

Infectious Disease & Pandemic Influenza Plan

Senatobia Municipal School District



****THIS booklet is NOT intended to be used to diagnose an illness or infection. It SHOULD NOT REPLACE a diagnosis by trained MEDICAL personnel. ****

SENATOBIA MUNICIPAL SCHOOL DISTRICT INFECTIOUS DISEASE PLAN

I. Introduction

Infectious diseases are human illnesses caused by viruses, bacteria, parasites, fungi and other microbes. Spread may occur by direct contact with an infected person or animal, by ingesting contaminated food or water, by insects like mosquitoes or ticks (disease vectors), or by contact with contaminated surroundings like animal droppings or contaminated air.

II. Modes of Transmission

A. Contact

- **Person to person.** The most common way for infectious disease to spread is through the direct transfer of bacteria, viruses or other microorganisms from one person to another. This can occur when an individual with the bacterium or virus touches, coughs on or kisses someone who is not infected. These germs can also spread through the exchange of body fluids from sexual contact or a blood transfusion.
- **Animal to person.** Being bitten or scratched by an infected animal can make you sick, and in extreme conditions could cause death.
- **Indirect Contact.** Many microorganisms can linger on an inanimate object such as a tabletop, doorknob or faucet handle. When you touch a contaminated object you pick up the germ and then touch your eyes, mouth or nose.

B. Droplet

- Transmission which Involves contact of the conjunctivae of the eye or mucous membranes of the nose or mouth of a susceptible person with large-particle droplets containing microorganisms generated from a person who has a disease or is a carrier of the microorganism. Transmission via large-particle droplet requires close contact between source and recipient persons.

C. Vector and other vehicles

- **Bites and stings.** Mosquitoes, fleas, lice or ticks carry microorganisms on their body or in their intestinal tract which can infect humans.
- **Food contamination.** Food and water infected with a microorganism can cause illness when ingested by an animal or a human.

III. Basic Prevention and Infectious Disease Control

- A. **Routine hand hygiene.** Always wash hands before, during and after preparing food, before and after using the bathroom or changing diapers, and after handling animals or animal waste.
- B. **Get Immunized.** Immunization can drastically reduce the chance of contracting many diseases.
- C. **Routinely clean and disinfect surfaces.** Cleaning with soap and water removes dirt and most microorganisms. Using a disinfectant kills additional disease-causing germs. All common surfaces should be disinfected frequently.
- D. **Stay at home if you signs and symptoms of an infection.** Social distancing is a good way to reduce the spread of infectious disease. Students who become ill while at school should be sent home as quickly as possible.
- E. **Handle and prepare food properly.** Buy and refrigerate perishable foods quickly, Store food properly. Wash hands, kitchen surfaces and utensils while preparing food. Wash raw foods and vegetables.
- F. **Avoid exposure to all blood and other body fluids.**

IV. School-Based Guidance and Responsibility

- A. **Surveillance of Absentees.** Absences of 15% over the normal rate should be reported immediately. This means that if normal daily student absences are 65 during September, and one day 74 students are absent, a report should be made.
- B. **Universal/Standard Precautions.** According to the concept of Universal Precautions, all human blood and certain body fluids should be treated as if they are known to contain HIV, HBV or other blood borne pathogen, or other infectious microorganisms.
 - Always use appropriate equipment and disposable gloves when cleaning up body fluid spills.
 - Clean up blood and other body fluids spills promptly.
 - Inspect the skin on all exposed parts, especially the hands to determine whether broken skin areas are present. Cover with band-aids prior to donning disposable gloves.
 - Clean up all spills with appropriate solution.
 - Always wash hands after contact with body fluids. This should be done immediately in order to avoid contaminating other surfaces or parts of the body.

C. Procedure for Needle stick or Other Blood borne Pathogen Exposure.

In the event of a needle stick or other blood borne pathogen exposure, **immediately** take the following steps. The person should be treated within one hour of exposure!

- Go immediately to the closest Emergency Room.
- Have someone call Central Office to advise them of the situation.
- If the person whose blood exposed the person is known, make a copy of any medications they are on and whether they are immunized for hepatitis B.
- **Alert: Remember that the exposed person should be seen within one hour of exposure if possible.**

D. Biomedical Waste.

- Red, puncture resistant, leak-proof containers should be used to discard all contaminated sharps such as syringes, lancets and other sharps. Filled containers should be closed, taped and transported to the Tate County Health Department for disposal.
- Materials saturated with blood or potentially infectious body fluids to the point of dripping can be placed either in a red bag if available or into the sharps container. If the sharps container is used it must be closed, sealed and dated and delivered to the Health Services office within 48 hours. If a red bag is used, it should be sealed and delivered to the Tate County Health Department as soon as possible.
- All other contaminated materials should be placed into garbage container lined with a plastic bag. Large quantities of unsaturated materials should be placed into a plastic lined garbage container, tied and placed into second plastic garbage bag. **Alert: Red bags should never be disposed of in regular trash containers. They should always be delivered to the Health Services office.**

E. Reporting Suspected Communicable Disease. When a student is reported to have a communicable disease such as bacterial meningitis, giardiasis, hepatitis etc.

- Collect demographic information such as student name, date of birth, address, phone number, parent's name and number where they can be reached.
- Collect information about the symptoms, last day in school, physician, hospital and who reported the possible disease.
- Call school nurse

F. Exclusion Guidelines. Students with certain infectious disease should be excluded from school. See **Health Services Guidelines.**

HEALTH SERVICES GUIDELINES

The following list gives guidelines and recommendations for exclusion from school due to illness. Children need not be excluded for a minor illness unless one or more of the following exists.

ILLNESS OR DISEASE	EXCLUSION IS NECESSARY
Chicken Pox (Varicella)	Yes. Child with uncomplicated chicken pox may return on the sixth day after onset of rash; may return sooner if all lesions are crusted.
Conjunctivitis (pink or red eyes with yellow or green drainage)	Yes. May return 24 hours after treatment started. If health care provider does not treat the child, a note from provider is needed.
Coxsackie Virus (Hand, Foot and Mouth Disease)	No. May attend if able to participate in school activities.
Diarrhea with other signs illness, e.g., vomiting or fever	Yes. May attend if cause of diarrhea is determined to not be illness related, e.g., from antibiotics or food sensitivity
Fifth's Disease Head Lice	No. By the time the rash has appeared child is no longer contagious. Pregnant staff in direct contact with child May check with own health care provider for advice. Yes. May return the morning after treatment is given and all lice and nits are removed from hair.
Hepatitis A	Yes. May return 1 week after onset of jaundice and when able to participate in school activities.
Herpes	Yes. Exclude if area is oozing and cannot be covered, e.g., mouth sores
Impetigo (MRSA, MSSA)	Yes. May return 24 hours after treatment starts
Rash with fever or behavior change	Yes. May return if health care provider has determined illness is not a communicable disease.
Ringworm	No. Needs medical treatment and areas covered.
Roseola	Yes. Needs medical advice. Child with rash and fever may not return to child care or school.
Scabies	Yes. May return after treatment has been completed.
Strep Throat	Yes. May return 24 hours after treatment and no fever
Vomiting	Yes. May return if cause of vomiting is not illness related
Mild Cold Symptoms, e.g., stuffy nose with clear drainage, sneezing, mild cough)	No. May attend if able to participate in school activities.
Upper Respiratory Complications -large amt. of yellow/green nasal discharge -extreme sleepiness/lethargy -stiff neck -ear pain -fever (above 100 ⁰ orally)	Yes. Medical care is highly recommended. Child may return when symptoms are improved or with direction from the health care provider
Vaccine Preventable Diseases -mumps, measles, pertussis (whooping cough)	Yes. May return if judged not to be infectious by a health care provider. Report cases to School Nurse Coordinator
Other Infectious Diseases -hepatitis, meningitis, mononucleosis, Tuberculosis	Yes. Report to School Nurse Coordinator

❖ **CHICKENPOX (VARICELLA)**

Chickenpox is a highly infectious viral disease that begins with small red bumps that turn into blisters after several hours. The blisters generally last for 3-4 days and then begin to dry up and form scabs. These lesions (bumps/blisters) almost always appear first on the trunk rather than the extremities.

➤ **MODE OF TRANSMISSION**

Airborne droplets of nose and throat secretions coughed into the air by someone who has chickenpox. Also, indirectly through articles freshly soiled with discharge from the lesions (blisters) and/or discharge from the nose and mouth (e.g., tissues, handkerchiefs, etc.).

➤ **VACCINE INFORMATION**

A vaccine for chickenpox is available and is recommended for children after 12 months of age and for adolescents and adults who do not have a reliable history of chickenpox disease. This vaccine is now required to attend school or proof the student has had chickenpox.

➤ **RETURN TO SCHOOL**

Once the diagnosis has been made, determine the day that the lesions (bumps/blisters) first appeared. The child may return to school on the sixth day after the lesions first appeared or earlier if the lesions are crusted and dry and no new ones are forming. Keeping the child home until all the lesions are completely healed is unnecessary and results in excessive absence from class.

❖ **FIFTH DISEASE (ERYTHEMA INFECTIOSUM)**

This is an infectious disease characterized by a "slapped-face" (redness) appearance of the cheeks followed by a rash on the trunk and extremities.

➤ **MODE OF TRANSMISSION**

Person-to-person spread by direct contact with nose and throat secretions of an infected person. Transmission of infection can be lessened by routine hygienic practices which include hand-washing and the proper disposal of facial tissues containing respiratory secretions.

➤ **RETURN TO SCHOOL**

Children with fifth disease may attend school if they are free of fever, since by the time the rash begins they are no longer contagious. The rash may come and go for several weeks. Pregnant teachers should consult their obstetrician if children in their class have fifth disease.

❖ **FLU (INFLUENZA)**

Influenza is an acute (sudden onset) viral disease of the respiratory tract characterized by fever, headache, muscle aches, joint pain, malaise, nasal congestion, sore throat and cough. Influenza in children may be indistinguishable from diseases caused by other respiratory viruses.

➤ **MODE OF TRANSMISSION**

Direct contact with nose and throat secretions of someone who has influenza or by airborne spread by these secretions being coughed into the air.

➤ **RETURN TO SCHOOL**

The student may return to school when free of fever and feeling well. The closing of individual schools has not proven to be an effective control measure. By the time absenteeism is high enough to warrant closing, it is too late to prevent spread.

❖ **HEAD LICE (PEDICULOSIS)**

This is an infestation of the scalp by small "bugs" called lice. They firmly attach egg sacs called "nits" to the hairs, and these nits are difficult to remove. Head lice, *Pediculus humanus capitis*, are a common problem in school children in Mississippi. Although they do not transmit any human disease, they may be a considerable nuisance, and require conscious effort on the part of school officials and parents/guardians to control.

It should be understood that head lice can only be controlled in schools, not eliminated; they will occur sporadically, and will recur even after control efforts. The goal of control efforts is to reduce the problem and its impact, and minimize spread.

Head lice are not a product of poor personal hygiene or lack of cleanliness and their presence is not a reflection on the school or the family. More harm is probably caused by misconceptions about head lice than by the lice themselves.

➤ **MODE OF TRANSMISSION**

Direct contact with an infested person's hair (head-to-head) and, to a lesser extent, direct contact with their personal belongings, especially shared clothing and headgear. Head lice do not jump or fly from one person to another, but they can crawl very quickly when heads are touching.

➤ **IDENTIFYING INFESTED CHILDREN**

• *By Screening:*

It is important to establish a regularly scheduled screening program for all students in grades K-6 and for older age groups if the problem arises. Screening should be done by the school nurse, teachers or other school staff after they have been instructed in the technique. The recommended times for screenings are at the beginning of the school year and after winter and spring breaks. Screening should occur more often if infested children are found.

- *By Individual Case:*
Throughout the year, any student suspected of having head lice (usually because he/she is scratching his/her head frequently) should be examined by the teacher, and if evidence of infestation is seen, re-examined by the school nurse or other “confirming” examiner. If infested, the child should be handled as described in Appendix A, Section 1.1.1.

Note: If one child in a classroom is found to be infested, the whole class should be screened as described above.

➤ **HANDLING OF INFESTED CHILDREN**

- *EXCLUSION*
An infested child’s parents/guardians should be notified that the child has been found to have head lice and that he or she must receive the proper treatment before returning to school. It is not necessary to remove the infested child from school before the end of the school day. Care must be taken not to embarrass or stigmatize the child.
- *RETURN TO SCHOOL*
 - The child may return to class without a physician's release 24 hours after the first treatment has been given. Evidence of treatment should be provided, such as a note from a parent/guardian describing the treatment (e.g., "Johnny was treated with 'name of product used' according to package directions on 0/00/00.") or presenting the empty bottle, with the label intact, of the product used. The treatment should be an approved medical treatment and not a home remedy.
 - Examination of a treated child by a physician or the county health department is usually not indicated and unnecessarily involves health care personnel.
 - Nits may still be seen even in an adequately treated child. This is not evidence of continuing infestation if the child has been properly treated and no adult lice are present..

Note: According to the American Academy of Pediatrics, Red Book 2000, “no-nit” policies that require children be free of nits before returning to school have not been proven effective in controlling the transmission of head lice.

Recommendations For The Control Of Head Lice In Schools

➤ TREATMENT

• **INDIVIDUAL**

Several effective pediculicides (lice-killing products) are available such as Nix®* (permethrin) creme rinse (10 minute hair rinse) which is available over the counter and has ovicidal (egg or nit-killing) capability. It is the only over-the-counter pediculicide covered by Medicaid. The pyrethrin/pyrinates products (10 minute shampoos) include such products as Rid®*, A-1000®*, R&C®*, Clear®* and Triple-X®* and are available over the counter at pharmacies. Kwell®* (1% lindane), a 4 minute shampoo, requires a prescription. Central nervous system toxicity with lindane has been documented with prolonged administration. Ovide®* lotion (Malathion 0.5%) has been re-approved by the Food and Drug Administration (FDA) as a prescription drug for the treatment of head lice infestation in the United States. Treatment with any approved pediculicidal (lice-killing) product should be adequate.

▪ *One Treatment vs. Two Treatments*

Most products require two treatments. An initial treatment will kill adult and larval lice, but will not kill all the eggs. A second treatment 7 to 10 days later, after the eggs left by the first treatment have all hatched, will kill the newly hatched lice before they mature and reproduce and will complete the treatment process. Nix®* requires only one treatment since it is an ovicidal (also kills the eggs or nits); however, a second treatment is desirable since the product is not likely to kill 100% of the nits. Ovide®* lotion is also ovicidal and requires a second treatment 7 to 10 days after the first one only if crawling lice are seen.

Parents/guardians should be required to furnish evidence of the second treatment no earlier than 7 days and no longer than ten days after the first. The school may choose to require evidence of a second treatment even if the treatment is Nix®*. The same evidence, a note from parent/guardian or empty bottle with label, should be required.

▪ *Retreatment*

Pediculicides should kill lice soon after application. However, in some situations (e.g., a person is too heavily infested, pediculicide is used incorrectly, re-infestation or possible resistance to the medication), the lice may still be present. Immediate retreatment with a different class or type of pediculicide is generally recommended if live lice are detected on the scalp 24 hours or longer after the initial treatment.

- *Removal Of Nits*

The need to remove nits is somewhat controversial. However, removing the nits may prevent re-infestation by those nits hatching that may have been missed by the treatment. It may also decrease confusion about infestation when the person who has been treated is being re-examined for the presence of head lice, and it will avoid embarrassment to the infested child. Nits may be removed by the use of a nit comb or by manually (“nit-picking”) removing them. Most of the nits that are easily seen and more easily removed with the nit comb are those that are grayish white in color, have grown out one or more inches on the hair shaft and have already hatched. The new, viable nits are closer to the scalp (within about 1/4 inch) and are more of a brownish color. These nits are firmly attached to the hair shaft with a glue-like substance. There are commercial products available to help loosen the glue-like substance for easier removal.

- ***FAMILY***

Persons living in the same home as a child with head lice should be examined for lice by a family member who knows how or by someone else knowledgeable about lice. Any infested persons should be treated as described above. The one exception is any person over two years of age who shares a bed with an infested child: these persons should be treated presumptively. If the child is less than two years of age, consult the child’s physician for treatment recommendations. (The safety of head lice medications has not been tested in children two years of age and under.)

- ***ENVIRONMENTAL CONTROL***

Clothing, cloth toys, and personal linens (such as towels and bedclothes used within the previous 48 hours by an infested person) can be disinfected by washing in hot water and drying in the dryer using hot cycles. Non-washables should be dry cleaned, or stored in air-tight plastic bags for 2 weeks. Spraying with insecticides is usually not necessary. If there are cloth surfaces, such as furniture or carpet, with which the infested person's hair has had extensive contact, they should be vacuumed thoroughly.

***Note: Use of specific product names is for example purposes only, and is not intended as endorsement of specific brands over others.**

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SAMPLE LETTER TO PARENT/GUARDIAN OF CHILD WITH HEAD LICE

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Dear Parent or Guardian:

Your child has been found to have head lice. Head lice do not transmit disease and they do not result from lack of cleanliness. School age children get them commonly, sometimes more than once.

You should consult a pharmacist or your child's physician for a recommendation about which of several effective products to use to treat your child. As soon as you have treated your child with an approved pediculicidal (lice-killing) product, he or she may return to school. To be readmitted to school, your child needs a note from you stating the name of the product you used and the date of use, or you may send the empty bottle of the product used, with the label on it, to the school. Most products must be used twice, once to start and then again not less than 7 days and not more than 10 days after the first treatment. Your child does not need to miss any school after the first treatment, but if the product that you use requires a second treatment, you must send a second note with your child one week to 10 days after the first treatment stating the date of the second treatment and the product used.

There are 3 steps in the successful management of head lice:

1. Treatment (killing the lice with an approved medical treatment) - It is very important to follow the instructions given by your physician when using prescription medication. If you use over-the-counter medication, you should follow the package directions. The other members of your family should be checked for head lice and treated if they are found to have them. Persons over 2 years of age who sleep in the same bed with the infested child should be treated regardless. For children less than 2 years of age, consult the child's physician for treatment recommendations.

2. Removal of the nits - The Mississippi State Department of Health recommends that you attempt to remove the nits to avoid re-infestation by those nits hatching that may have been missed by the treatment. The nits can be removed by dividing the hair into sections and working each section separately. Look for small grayish-white or yellowish-brown specks that are attached to the hair shaft close to the scalp. Nits are attached to the hair shaft very firmly with a glue-like substance and are not easily brushed out. They must be picked out with the fingernails or combed with the nit comb that usually comes with the lice-killing product. This can be done outdoors under bright sunlight or indoors with a good reading lamp as nits are sometimes hard to see.

3. Environmental control - Clothing and personal linens (such as towels and bedclothes used by infested persons) should be machine washed (use hot water) and dried (on hot); non-washables can be dry cleaned or stored in an air-tight plastic bag for 2 weeks. Cloth-covered furniture and carpet that have been in extensive contact with an infested person's head should be thoroughly vacuumed. Lice-killing sprays are generally not necessary.

Sincerely,

❖ HEPATITIS A

Hepatitis A is an infectious viral disease characterized by jaundice (yellowing of eyes and skin), loss of appetite, nausea, and general weakness.

➤ **MODE OF TRANSMISSION**

Hepatitis A virus is found in the stool of persons with hepatitis A. The virus is usually spread from person to person by putting something in the mouth that has been contaminated with the stool of an infected person; for this reason, the virus is more easily spread under poor sanitary conditions, and when good personal hygiene, especially good hand-washing, is not observed. In rare cases, the virus is contracted by drinking contaminated water or by eating raw seafood (e.g., raw oysters) that has been collected from contaminated waters. Schoolroom exposure generally does not pose a significant risk of infection, and treatment of school contacts is not usually indicated.

➤ **RETURN TO SCHOOL**

Children may return to school one week after the onset of jaundice or one week after the onset of other signs and symptoms if no jaundice is present.

❖ HEPATITIS B

Hepatitis B is an infectious viral disease characterized by loss of appetite, abdominal discomfort, jaundice (yellowing of eyes and skin), joint aches, and fever in some cases. There is no risk of transmission of hepatitis B in a normal classroom setting unless a person who is infected with hepatitis B is bleeding. Since hepatitis B and HIV/AIDS are both transmitted through blood exposure, the precautionary measures for HIV/AIDS would also apply to hepatitis B.

➤ **MODE OF TRANSMISSION**

The most common mode of transmission is through sexual intercourse with someone who has the virus; however, it can be transmitted when infected blood enters the body through cuts, scrapes or other breaks in the skin. Injecting drug users are at risk when they share needles with an infected person. It is also possible for infected pregnant women to transmit the virus to their children during pregnancy or at delivery.

If an exposure to a person who is infected with hepatitis B has occurred, the person exposed should be referred to his/her physician since hepatitis B vaccine and hepatitis B immune globulin may be indicated.

➤ **RETURN TO SCHOOL**

Student may return to school when released by their personal physician.

❖ HEPATITIS C

Hepatitis C is also a viral disease that affects the liver. Again, hepatitis C should pose no risk of exposure in the normal classroom setting unless the infected person is bleeding. There is no vaccine available for hepatitis C at this time.

➤ **MODE OF TRANSMISSION**

Since it is also transmitted through blood exposure, the same precautionary measures for hepatitis B and HIV/AIDS would apply to hepatitis C.

➤ **RETURN TO SCHOOL**

Student may return to school when released by their personal physician.

❖ HUMAN IMMUNODEFICIENCY VIRUS (HIV) & ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

HIV is any of the severe retroviruses that infect and destroy helper T cells of the immune system, causing the marked reduction in their numbers that is diagnostic of AIDS. AIDS is the disease of the human immune system caused by HIV.

➤ **MODE OF TRANSMISSION**

The most common mode of transmission is through sexual intercourse with someone who has the virus; however, it can be transmitted when infected blood enters the body through cuts, scrapes or other breaks in the skin. Injecting drug users are at risk when they share needles with an infected person. It is also possible for infected pregnant women to transmit the virus to their babies during pregnancy or at delivery. Although HIV and hepatitis B are transmitted in the same way, HIV is much more difficult to transmit from one person to another than hepatitis B.

HIV infection in children causes a broad spectrum of disease manifestations and a varied clinical course. No cases of HIV transmission in school have been reported, and current epidemiologic data do not justify excluding children with HIV infection from school or isolating them in school to protect others. Because blood exposures from fights, unintentional injuries, nosebleeds, shed teeth, menstruation and other causes may occur at school, all schools should be prepared to handle blood and blood-containing body fluids using the principles of universal precautions (treating blood and body fluids of all persons as infectious). Supplies of gloves, disposable towels and disinfectants should be readily available. There is no evidence that HIV, hepatitis B or hepatitis C is transmitted through tears, perspiration, urine or saliva unless these body fluids contain visible blood.

Participation in some contact sports may increase a child's risk of exposure to blood: forceful contact with hard surfaces, equipment, or other players may result in laceration or abrasion and close player-to-player contact may lead to direct exposure to another person's blood. Nonetheless, the risk of HIV transmission during sports is probably low. However, because of the potential risk to the athlete's own health and the theoretical risk of HIV transmission to others during contact sports, athletes with HIV infection interested in participating in contact sports such as wrestling, boxing or football should be evaluated on a case-by-case basis. The Mississippi State Department of Health is available for consultation in these situations.

❖ **IMPETIGO**

This is a contagious skin disease characterized by spreading pustular lesions (sores with pus) and should receive medical treatment. This is quite important to avoid the risk of complications involving the heart and kidneys.

➤ ***MODE OF TRANSMISSION***

Skin-to-skin contact with the sores.

➤ ***RETURN TO SCHOOL***

The child may return to class 24 hours after treatment has been started. Lesions that are still oozing and are on exposed skin surfaces should be covered.

❖ **MEASLES (RUBEOLA)**

This is a serious viral infection characterized by a rash (red, flat lesions) starting on the head and neck, which enlarge and coalesce (run together), and spread to the trunk, then to the extremities. Other symptoms include a high fever, conjunctivitis (red, inflamed eyes), cough and nasal congestion. The Health Department must be notified on first suspicion.

➤ ***MODE OF TRANSMISSION***

Direct contact with nose and throat secretions of an infected person. May be airborne by droplets of these secretions coughed into the air. Tiny droplets can be suspended in the air for two hours or more. Measles is very easily spread.

➤ ***RETURN TO SCHOOL***

The child may return to school when free of fever and the rash is fading (this usually takes 5 to 7 days).

❖ **MENINGITIS**

Meningitis is an inflammation or infection of the meninges (the membranes that cover the brain and spinal cord). Meningitis can be caused by a variety of organisms or germs.

➤ **MODE OF TRANSMISSION**

These germs are most commonly spread by direct contact with nose and throat secretions from an infected person. Most people exposed to these germs do not develop meningitis or serious illness. Some people may carry a particular germ and have no symptoms at all. Anyone exhibiting signs and symptoms of meningitis (e.g., severe headache, fever, vomiting, stiffness and pain in the neck, shoulders and back, drowsiness) should seek medical attention promptly.

Meningitis is a reportable disease. The MSDH evaluates each case individually to determine what public health intervention, if any, might be required. The two types of meningitis that require public health intervention most often are caused by the organisms *Haemophilus influenzae* type b and *Neisseria meningitidis* (meningococcal).

➤ **RETURN TO SCHOOL**

The individual may return to school whenever he or she has been released by their personal physician.

❖ **MONONUCLEOSIS-INFECTIOUS**

This is an infectious disease characterized by fever, sore throat, swollen glands in the neck area, and generalized weakness. Intimate contact, such as kissing or sharing drinking glasses or straws, is usually required for transmission.

➤ **MODE OF TRANSMISSION**

Person-to-person spread by direct contact with the saliva of an infected person.

➤ **RETURN TO SCHOOL**

The child need not be excluded from class, unless requested for medical reasons, but may return when feeling well enough. Children should not share food or utensils.

❖ **MUMPS (PAROTITIS)**

This is an infectious viral disease characterized by swelling and pain of the salivary glands.

➤ **MODE OF TRANSMISSION**

Person-to-person spread by direct contact with the saliva of an infected person.

➤ **RETURN TO SCHOOL**

Children may return to school 9 days after the beginning of the salivary gland swelling.

❖ **PINK EYE (CONJUNCTIVITIS)**

This is an infectious disease characterized by redness of the eye(s), excessive tearing, itching, and discharge. Some cases may require antibiotics; therefore, a physician should be consulted.

➤ **MODE OF TRANSMISSION**

Contact with discharges from the eye, nose or throat of an infected person. Also, from contact with fingers, clothing and other articles such as shared eye make-up applicators that have been contaminated with the discharge.

➤ **RETURN TO SCHOOL**

Children may return to school after a physician has been consulted, or when redness/discharge is improving.

❖ **RINGWORM (TINEA)**

Ringworm is a fungus, not a worm. *Tinea corporis*, *Tinea pedis*, *Tinea versicolor*, ringworm any place except on the scalp or under the nails, can be successfully treated with several over-the-counter medicines. When the lesions (red, circular places) are found, it is reasonable to send a note home with the child indicating a need for treatment.

➤ **MODE OF TRANSMISSION**

Direct skin-to-skin contact or indirect contact (e.g. toilet articles, such as combs and hair brushes, used towels, clothing, and hats contaminated with hair from infected persons or animals).

Tinea capitis, ringworm of the scalp, is characterized by inflammation, redness, and hair loss and does not respond to over-the-counter medicines; therefore, the student should see his/her physician. Students should be discouraged from sharing combs, brushes, and hats because these are possible sources for infection. Medical treatment is also indicated for ringworm of the nails.

➤ **RETURN TO SCHOOL**

The child may return to school after treatment has been started. Treatment usually lasts several weeks, but prolonged absence from class is unnecessary. When ringworm is discovered, there is no need for the parent/guardian to make a special trip to school to get the child.

❖ **SCABIES (SARCOPTES)**

Scabies is a highly communicable disease caused by an arachnid, *sarcoptes scabie*, also known as the “itch mite.”

Any child with evidence of severe itching especially around webs of fingers, wrists, elbows, under arms and belt line should be referred to his/her physician. Scabies requires treatment by prescription drugs.

➤ **MODE OF TRANSMISSION**

Direct skin-to-skin contact with an infested person.

➤ **RETURN TO SCHOOL**

The child may return to school as soon as treatment has been administered. It must be noted that itching may continue for several days, but this does not indicate treatment failure or that the child should be sent home.

❖ **SCARLET FEVER (SCARLATINA)**

Scarlet fever is a streptococcal infection with a rash (scarlatina-form rash). It is most commonly associated with strep throat. In addition to the signs and symptoms of strep throat, the person with scarlet fever has an inflamed, sandpaper-like rash and sometimes a very red or “strawberry” tongue. The rash is due to a toxin produced by the infecting strain of bacteria.

➤ **MODE OF TRANSMISSION**

Contact with nasal and/or oral secretions of an infected and/or carrier of streptococcus.

➤ **RETURN TO SCHOOL**

The student may return to class 24 hours after treatment has been started if free of fever.

❖ **SHINGLES (VARICELLA ZOSTER)**

Shingles (varicella zoster) is a reactivation of the chickenpox virus (varicella). After the initial infection with chickenpox, the virus continues to lie dormant (inactive) in a nerve root. People often think of the elderly and immunosuppressed individuals as the ones who have shingles; however, it can and does occur sometimes in children. The lesions or blisters of shingles resemble those of chickenpox and usually appear in just one area or on one side (unilateral) of the body and run along a nerve pathway. A mild shingles-like illness has been reported in healthy children who have had the chickenpox vaccine. This is a rare occurrence.

➤ **MODE OF TRANSMISSION**

It is possible for someone who has never had chickenpox disease or the vaccine to get chickenpox by coming in contact with the fluid from the lesions of someone who has shingles. Shingles itself is not transmissible. A person who has shingles does not transmit chickenpox through the air as does someone who has chickenpox disease.

➤ **RETURN TO SCHOOL**

The child who has shingles may attend school if the lesions can be

covered by clothing or a dressing. If the lesions cannot be covered, the child should be excluded until the lesions are crusted and dry. Thorough hand-washing is warranted whenever there is contact with the lesions.

❖ **"STREP THROAT" (STREPTOCOCCAL PHARYNGITIS)**

Strep throat is a communicable disease characterized by sore throat, fever, and tender, swollen lymph glands in the neck. The child should see a physician to obtain prescription medication; this is quite important to avoid the risk of complications involving the heart and kidneys.

➤ ***MODE OF TRANSMISSION***

Direct or indirect contact (e.g., contaminated hands, drinking glasses, straws) with throat secretions of an infected person.

➤ ***RETURN TO SCHOOL***

The student may return to class 24 hours after treatment has been started if free of fever.

❖ **TB (TUBERCULOSIS)**

TB is an infectious disease caused by the tubercle bacillus, mycobacterium. TB is characterized by inflammatory infiltrations, necrosis, fibrosis, and calcification most often seen in the respiratory system but able to affect other body parts.

➤ ***MODE OF TRANSMISSION***

Airborne droplets of respiratory secretions coughed or sneezed into the air by a person with active TB disease.

➤ ***RETURN TO SCHOOL***

Those who have a positive TB skin test only may attend school since they have no disease process that is contagious. Persons diagnosed with active TB disease will need written permission from the Mississippi State Department of Health Tuberculosis Control Program to return to school.

❖ **WHOOPING COUGH (PERTUSSIS)**

Pertussis is a contagious disease characterized by upper respiratory tract symptoms with a cough, often with a characteristic inspiratory (breathing in) whoop. The child will need to see a physician to be treated with antibiotics. Furthermore, the contacts of the child will also need to be treated with antibiotics.

➤ ***MODE OF TRANSMISSION***

Direct or indirect contact (contaminated articles) with nose and throat secretions of an infected person or by inhaling droplets of these secretions coughed into the air.

➤ ***RETURN TO SCHOOL***

The student may return to school five days after treatment has begun.

“STAPH”

Methicillin-Resistant *Staphylococcus aureus* (MRSA) in Schools: Prevention and Control Recommendations

❖ Background

Staphylococcus aureus, often referred to as “staph,” is commonly found on the skin or in the nose of healthy people. Approximately 25% to 30% of the population are colonized with staph bacteria (i.e., carry the bacteria without becoming ill). Sometimes staph causes a minor skin infection (pimple, pustule, or boil) that can be treated conservatively, without antibiotics. However, on occasion, staph bacteria can cause more serious illnesses, such as infections involving soft tissue, bone, the bloodstream or the lungs.

Over the past years, treatment of some staph infections has become more difficult because the bacteria have become resistant to various antibiotics. *S. aureus* that is resistant to methicillin/oxacillin is called methicillin-resistant *Staphylococcal aureus* (MRSA). While 25% to 30% of the general population is colonized with *S. aureus*, approximately only 1% is colonized with MRSA. Infections caused by MRSA have historically been associated with ill persons in health-care institutions (e.g., hospital and long-term care facilities). However, MRSA has now emerged as a cause of skin and soft tissue infections in previously healthy adults and children who have not had prior contact with health-care settings. This type of MRSA infection is known as community-associated MRSA (CA-MRSA).

CA-MRSA can be transmitted from person to person through close contact. Risk factors associated with the spread of MRSA includes direct skin-to-skin contact with colonized or infected persons (non-intact skin serves as a point of entry for the bacteria), sharing contaminated personal items (e.g., body towels, razors, soap, clothing), poor personal hygiene, direct contact with contaminated environmental surfaces, and living in crowded settings.

Although outbreaks of MRSA should be routinely reported to the Mississippi Department of Health (MDH), sporadic cases of MRSA infection are not. There has been an increase in the number outbreaks of CA-MRSA skin and soft-tissue infections reported at the national level. Outbreaks of CA-MRSA have occurred among prison inmates, participants in contact sports (e.g., football, wrestling), military recruits, and men who have sex with men.

Strategies for the Prevention and Recognition of MRSA in School Settings

To limit the spread of MRSA infections in school settings, MDH recommends the following with respect to policy, infection control, and education/increased awareness:

❖ POLICY

- The school nurse should take an active role in evaluating students who complain of painful skin lesions, including lesions that resemble a “bug bite,” or other pustule skin lesion that appears to be infected. Any unusual skin lesion or other draining wound is potentially infectious to others and infection control measures should be in place to prevent the spread of infection.
- Transmission of MRSA infection among students and student athletes can have substantial public health impact. Therefore, a policy for active surveillance for skin infections should be implemented by the school nurse; and/or coach or trainer of sports teams (especially those teams involved in contact sports) to expedite referral for medical evaluation. Coaches and/or athletic trainers should be encouraged to assess student athletes for any unusual skin lesions before practice or competition.
- When MRSA infection is suspected, athletes should be referred to their primary care provider for evaluation and treatment. Following the medical evaluation, the student or parent should be asked to provide verification of the healthcare provider’s treatment plan. (Those infected with MRSA should follow their healthcare provider’s treatment plan, including completing antibiotic therapy, if an antibiotic was prescribed.)
- If MRSA is diagnosed, interview the student (parent/guardian for young children) to investigate the possibility of other cases among their friends, roommates, teammates, and/or family members. Evaluate other risk factors, as appropriate.

❖ INFECTION CONTROL

Any student with a draining skin lesion could transmit potentially infectious agents to others. When a student with a suspect or confirmed MRSA skin infection is in the classroom, the following infection control measures (based on Centers for Disease Control and Prevention [CDC] guidance) should include, but may not be limited to:

➤ Keeping the wound covered

All skin infections, particularly those that produce pus must be covered with a clean, dry bandage to contain the drainage. Because bandages can shift or dislodge with activity or when wet, students that participate in contact sports or other contact activities should ensure that the wound dressing stays intact during the anticipated activity. Keeping the site covered will help control the spread of potentially infectious drainage to others and can

protect the environment from contamination. If a wound cannot be adequately covered or the drainage cannot be adequately contained by the bandage, consider excluding the player from practice or competition until the lesion is healed. When providing wound care or dressing changes in the school setting, the staff must follow contact precautions. Contaminated dressings and other materials associated with the infected lesion should be placed in a plastic bag before discarding, as appropriate.

➤ **Practicing Good Basic Hygiene**

The infected student, medical staff, sport team staff, and anyone expected to have contact with the infected student must be diligent with hand hygiene. To this end, ensure availability of adequate soap and hot water. Advise the MRSA-infected student and all those who might have contact with the infected wound or wound dressing to thoroughly wash their hands using soap and warm water or, if this is not practical, to use an alcohol-based waterless hand sanitizer immediately after contact. In addition, emphasize the importance of good hygiene overall, including showering and washing with soap after all practices and competitions, before using the gymnasium, or immersing in a whirlpool, hot tub, or swimming pool.

➤ **Prohibiting students from sharing personal items**

Instruct students and athletes to avoid sharing personal hygiene supplies and other items such as athletic clothing, towels, uniforms, skin balms, skin lubricants, razors, and certain sports equipment at all times. It is particularly important to avoid sharing personal items that may have been in contact with the infected wound or bandage. Also, do not permit students to share soap in the shower or at the sink for hand washing by using soap dispensers. Provide antiseptic waterless hand gel rubs when soap and water is not available.

➤ **Laundering soiled clothing appropriately**

Parents/caregivers should be instructed to wash clothes and other soiled items (e.g. towels, sheets) with hot water and laundry detergent as appropriate. They should also be advised to dry items in a hot dryer to help eliminate bacteria when possible.

➤ **Cleaning environmental surfaces**

Establish a written procedure and schedule for routine surface cleaning of shared athletic equipment. Clean and disinfect environmental surfaces and athletic equipment that has been in contact with potentially infectious wound drainage, blood, or non-intact skin utilizing an EPA-registered disinfectant cleaner that meets the requirements of the Bloodborne Pathogens Standard developed by the Occupational Safety and Health Administration. Athletic equipment that is in contact with intact skin or not normally in contact with individuals (e.g., wrestling mats) can be cleaned with an intermediate (e.g., ready-to-use tuberculocidal solution) or low-level disinfectant (e.g., quaternary ammonium solution).

EDUCATION/INCREASED AWARENESS

- Transmission of MRSA skin and soft tissue infections among students who participate in competitive sports is a concern. All persons (e.g., coaches, trainers, parents/caregivers, and teammates) associated with the school's competitive sport activities and sport teams should engage in initiatives to increase awareness and adherence to the school's policies and procedures designed to prevent transmission of MRSA skin infections.
- Possible risk factors for MRSA skin and soft tissue infection among students who participate in competitive contact sports include:
 - Physical contact/skin trauma
 - "Turf burns" (football players)
 - Contact with teammates' uncovered skin lesions
 - Sharing protective equipment, clothing, or towels
 - Sharing sports equipment
 - Sharing personal hygiene items
 - Reuse of unlaundered towels
 - Inadequate supply of dispensable soap for hand washing or showering
 - Poor personal hygiene practices
 - Poor environmental cleaning of locker rooms/sport rooms

To reiterate: Skin infections must be recognized promptly and steps must be taken to limit the spread of infection to others. Students with any open, weeping, or pustular lesion on the skin should be immediately referred to their primary care provider for appropriate medical management.

Additional Resources:

CA-MRSA Information for the Public. Centers for Disease Control and Prevention. Available at: http://www.cdc.gov/ncidod/hip/ARESIST/ca_mrsa_public.htm

The changing epidemiology of *Staphylococcus aureus*? Emerg Infect Dis. 2001;7(2):178- 82. Available at: <http://www.cdc.gov/ncidod/eid/vol7no2/chambers.htm>

Centers for Disease Control and Prevention. Methicillin-resistant *Staphylococcus aureus* infections among competitive sports participants--Colorado, Indiana, Pennsylvania, and Los Angeles County, 2000-2003. MMWR Morb Mortal Wkly Rep. 2003;52(33):793-5. Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5233a4.htm>

National Collegiate Athletic Association. Skin infections in wrestling. In: NCAA Sports Medicine Handbook 2005-06. Available at: http://www.ncaa.org/library/sports_sciences/sports_med_handbook/2005-06/2005-06_sports_medicine_handbook.pdf

Boyce JM, Pittet D; Healthcare Infection Control Practices Advisory Committee; HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force. Guideline for Hand Hygiene in Health-Care Settings. Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force. Society for Healthcare Epidemiology of America/Association for Professionals in Infection Control/Infectious Diseases Society of America. MMWR Recomm Rep. 2002 Oct 25;51(RR-16):1-45. Available at: <http://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf>

Begier EM, Frenette K, Barrett NL, Mshar P, Petit S, Boxrud DJ, et al. A high-morbidity outbreak of methicillin-resistant *Staphylococcus aureus* among players on a college football team, facilitated by cosmetic body shaving and turf burns. Clin Infect Dis. 2004;39(10):1446-53.

PANDEMIC INFLUENZA PLAN

SENATOBIA MUNICIPAL SCHOOL DISTRICT PANDEMIC INFLUENZA PLAN

Purpose

The purpose of this Pandemic Influenza Plan is to provide a coordinated school response to protect students, staff and our community should a pandemic incident occur in Tate County and within the Senatobia City School District. This plan is based on the four phases of emergency management planning which include Mitigation and Prevention, Preparedness, Response and Recovery.

Pandemic Illness – Description and Background for Planning

A pandemic is defined as an outbreak of disease occurring over a wide area and affecting many people. Listed below are some of the characteristics and challenges of a pandemic:

Characteristics and Challenges of a Pandemic

Some pandemics are mild and some are fierce. The next pandemic could strike one in every three people on the planet

Rapid Worldwide Spread

- For example, should a pandemic flu virus emerge, a global spread is considered inevitable.
- Preparedness activities should assume that the entire world population would be susceptible.

Medical Supplies Inadequate

- The need for vaccine is likely to occur.
- There is a current shortage of effective antiviral drugs
- A pandemic flu can create a shortage of hospital beds and/or medical supplies.
- Difficult decisions will need to be made regarding who gets limited antiviral drugs and vaccines.

Health Care Systems Overloaded

- A substantial percentage of the world's population will require some form of medical care. Infection and illness rates are expected to soar.
- Death rates may be high due to:
 - The number of people who become infected
 - The strength of the virus
 - The underlying characteristics and vulnerability of affected populations.

Economic and Social Disruption

- Travel bans, closings of schools and businesses and cancellations of events could have a major impact on communities and residents.
- Care for sick family members and fear of exposure could result in significant worker absenteeism.

Planning Assumptions

According to the U.S. Department of Health and Human Services there are several assumptions that must be made regarding a pandemic event.

1. Susceptibility to the pandemic influenza virus will be universal
2. Efficient and sustained person-to-person transmission signals an imminent pandemic.
3. The clinical disease attack rate will likely be 30 percent or higher in the overall population during the pandemic. Illness rates will be highest among school-aged children (about 40 percent) and decline with age. Among working adults, an average of 20 percent will become ill during a community outbreak.
 - i. Some persons will become infected but not develop clinically significant symptoms. Asymptomatic or minimally symptomatic individuals can transmit infection and develop immunity to subsequent infection.
4. Of those who become ill with influenza, 50 percent will seek outpatient medical care.
 - i. With the availability of effective antiviral drugs for treatment, this proportion may be higher in then next pandemic.
5. The number of hospitalizations and deaths will depend on the virulence of the pandemic virus. Estimates differ about ten-fold between more and less severe scenarios. Planning should include the more severe scenario.
 - i. Risk groups for severe and fatal infection cannot be predicted with certainty but are likely to include infants, the elderly, pregnant women and persons with chronic medical conditions.
6. Rates of absenteeism will depend on the severity of the pandemic.
 - i. In a severe pandemic, absenteeism attributable to illness, the need to care for ill family members and fear of infection may reach 40 percent during the peak weeks of a community outbreak, with lower rates of absenteeism during the weeks before and after the peak.
 - ii. Certain public health measures (closing schools, quarantining household contacts of infected individuals, "snow days") are likely to increase rates of absenteeism.
7. The typical incubation period (interval between infection and onset of symptoms) for influenza is approximately two days.
8. Persons who become ill may shed virus and can transmit infection for up to one day before the onset of illness. Viral shedding and the risk of transmission will be greatest during the first two days of illness. Children usually shed the greatest amount of virus and therefore are likely to pose the greatest risk for transmission.
9. On average, infected persons will transmit infection to approximately two other people.

Planning Assumptions – cont'd

10. In an affected community, a pandemic outbreak will last about six to eight weeks.
11. Multiple waves (periods during which community outbreaks occur across the country) of illness could occur with each wave lasting two to three months. Historically, the largest waves have occurred in the fall and winter, but the seasonality of a pandemic cannot be predicted with certainty.

Mitigation and Prevention

To help with preventing the spread of any infectious disease, schools have an opportunity to educate students, staff, and the community on social etiquette and disease prevention. The following topics can be presented to students in the classroom setting, to staff through in-service training, and the community through public information announcements via websites, e-mail, and media releases. Examples of available educational materials are included in this section.

The District will encourage parents and community members to learn more about Pandemic Influenza by accessing outside resources including the internet sources such as:

General Influenza (Pandemic, Seasonal, Avian) Information

Mississippi Department of Health/ Pandemic Flu
<http://www.msdh.state.ms.us>

Centers for Disease Control and Prevention (CDC)
<http://www.cdc.gov/flu>

World Health Organization (WHO)
<http://www.who.int/topics/influenza/en/>

National Association of School Nurses
<http://www.nasn.org/Default.aspx?tabid=316>

U.S. Department of Education
<http://www.ed.gov/index.jhtml>

Hand Washing and Respiratory Etiquette Sites

National Science Foundation (NSF) Scrub Club
<http://www.scrubclub.org/home.aspx>

It's a SNAP (School Network for Absenteeism Prevention)
<http://www.itsasnap.org/index.asp>

Stopping the Germ at Home, Work and School
<http://www.cdc.gov/germstopper/>

Cover That Cough Game
<http://www.aahealth.org/coughgame.asp>

CDC Ounce of Prevention Program
<http://www.cdc.gov/ounceofprevention/>

Public Health Instructions During Pandemic Influenza Event

During a pandemic flu, people may be asked or required to take steps to reduce the spread of disease. Infection control in the community should focus on "social distancing," promoting respiratory hygiene / cough etiquette and hand hygiene to decrease exposure to others. A limitation on movement may be implemented to protect the healthy individuals by reducing or limiting the spread of disease.

Avoid Large Groups

People, even those who are well, should stay away from gatherings of people such as sporting events, movies and festivals. During a flu pandemic, these kinds of events could be cancelled because large gatherings of people help spread the flu virus.

Stay Home

People who are sick should stay home. Children should not go to school if they are sick. To limit the spread of disease during a pandemic, staying home will be absolutely necessary. It is extremely important to listen to what your community health leaders are advising and to follow their instructions.

"Sheltering" means to seek shelter (usually in your own home) and remain there during an emergency rather than evacuating the area. During a pandemic, individuals acting out of their own interest would limit their social interaction so they are not exposed to illness. During a pandemic, "sheltering" may be necessary for a period of days or weeks, so it is extremely important that families stock their homes to accommodate a lengthy period of sheltering.

Isolation

Isolation is for people who are already ill. When someone is isolated, they are separated from people who are healthy. Having the sick person isolated (separated from others) can help to slow or stop the spread of disease. Individuals who are isolated can be cared for in their homes, in hospitals or other health care facilities. Isolation is usually voluntary but local, state and federal government have the power to require the isolation of sick people to protect the public.

Quarantine

Quarantine is for people who have been exposed to the disease but are not sick. When someone is placed in quarantine, they are also separated from others. Even though the person is not sick at the moment, they have been exposed to the disease. They may still become infectious and spread the disease to others. Quarantine can help to slow this from happening.

Preparedness and Response

Pandemic flu will be monitored as it progresses throughout the world. This will provide schools with an opportunity to prepare for a local outbreak and response.

A coordinated school response is critical to the health and welfare of the community. It is imperative that all school staff members work to prevent the spread of influenza through proper hygiene. Building administrators shall be responsible to make sure all building staff are properly trained in infection control measures to prevent the spread of the flu. To assist in this process all staff members will be trained in recognition of symptoms that may indicate infection of influenza. Common flu symptoms include:

- Fever 100.0 F or greater (usually high)
- Headache
- Tiredness (can be extreme)
- Cough
- Sore throat
- Runny or stuffy nose
- Body aches
- Diarrhea and vomiting (more common among children than adults)

A person may be infected with influenza and not present these symptoms for several days. A person may or may not present all the aforementioned symptoms of infection.

The school nurse in conjunction with the building administrator will begin identifying students and staff who may be more vulnerable to infection and encouraging them to consult health care professionals regarding additional health / safety precautions. This will also include requesting parents of students who may have an increased level of susceptibility stay home.

As the pandemic progresses the Tate County Health Department will consult with the Superintendent and recommend actions to be taken.

When requested to do so, schools will monitor and report student and staff absenteeism to the Tate County Health Department.

The Tate County Health Department will consult with the district when they move from a passive to active surveillance of influenza cases within the county. It will be the responsibility of the building secretary or administrator to solicit information regarding a student's illness if they are absent from school. Each school building will use the log at the end of this section for maintaining a record of absences. Each building will submit a summary of absences to the Superintendent and the Tate County Health Department on a daily basis.

Based on recommendations by the CDC and local health authorities any ill students or staff should voluntarily stay home for 7 - 10 days after flu symptoms are present. The district should be prepared to act liberally with sick leave during the pandemic event. At this time the superintendent will determine critical staff needed to maintain the function of the district should a closure be the next option. If critical staff remains in the district during the closure social distancing should be utilized to prevent potential exposure to the influenza virus.

Should students become ill at school the district may consider busing ill students to a local medical treatment facility for care. Instructions on how or where to transport students will be made by Fairfield County EMA. The district will make sure that all students have emergency medical authorizations on file.

At this time the district will prepare for full response to the pandemic event. In consultation with local health authorities, other school districts and/or based on mass student and staff absences the district may:

- Cancel all nonacademic events and/or
- Close schools for an extended period of time (12 weeks).
- Follow outlined procedures in the Tate County EMA Emergency Plan.

During the pandemic it would be in the best interest of public health that districts work together regarding closure and cancellation of events.

When preparing to dismiss students for an extended period of time, students should take all academic materials home with them. Prior to school staff being dismissed lesson plans should be prepared if possible to promote student study at home during school closure. Alternative avenues for student instruction while the school is closed include:

- Radio
- E-mail
- Newspapers
- Lessons prepared on CD and delivered via mail if possible.

Avenues of communication to staff may also utilize building phone trees to contact staff at home.

Prior to and during school closures students who receive free or reduced lunch should be referred to Tate County Job and Family Services to be linked to additional nutritional services within the county.

While the schools are closed the Superintendent will work with Tate County EMA officials regarding the utilization of school facilities / resources by health care and emergency personnel per the Tate County Emergency Plan.

The district will continue to communicate to the community via media and / or internet throughout the pandemic response regarding any relevant information leading to recovery and return to normal operations

Note:

Statewide orders to close schools and other community places can / may be declared by the governor at any time. Several states emergency management plans include closing all schools within the state when there is one confirmed case of pandemic flu in that state.

Local orders to close schools can only be made by the county health commissioner. The Superintendent also has the authority to close the school if needed.

Recovery

The district will communicate with the Tate County Health Department and Tate County EMA regarding when it is safe for the district to resume normal operation. When it is determined to be safe to resume the district will notify the community in advance via normal media routes. The district will relay to the community information regarding expectations and schedule changes.

As the district resumes normal operation it will remain in contact with the Health Department regarding disease surveillance and any need to return to a response mode. It is estimated that pandemic flu will come in waves and understood that the recovery process may repeat several times.

The district will prepare in advance of re-opening for needs of staff and students. If available, local mental health professional will be requested in school buildings to assist staff and student emotion needs when school resumes. The district will follow the procedures outlined in the recovery portion of this plan.

The following mental health considerations are noted in the Flu Toolkit:

Everyone will have different reactions to and different ways of coping with difficult events in their lives. Some individuals may need extra support or even professional help. Long-term mental / behavioral health effects may be seen for months and even years after we experience a pandemic.

Possible Mental Health Symptoms

Some signs that additional help may be necessary include:

- Difficulty communicating thoughts
- Difficulty sleeping
- Difficulty maintaining balance
- Easily frustrated
- Increased use of drugs and alcohol
- Limited attention span
- Poor work performance
- Headaches / stomach problems
- Tunnel vision / muffled hearing
- Disorientation or confusion
- Feeling of hopelessness, depression, sadness
- Overwhelming guilt and self-doubt
- Impulse control problems
- Worsening of prior behavioral health symptoms
- Mood swings
- Fears of crowds, strangers or being alone
- Domestic violence

Senatobia Municipal Schools Influenza Outbreak Report

School Year

School:

Address:

Contact person	Phone number () -
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City	County
------	--------

Number of school buildings in your school district....._____

Number of schools affected by this influenza outbreak....._____

Total enrollment of district (approx.)....._____

Total enrollment of schools affected by outbreak (approx.)....._____

The date on which this outbreak apparently began ____ / ____ / ____

	Date	#Normally Absent	#Absent this Outbreak
Day one of outbreak	____ / ____ / ____	_____	_____
Day two of outbreak	____ / ____ / ____	_____	_____
Day three of outbreak	____ / ____ / ____	_____	_____
Day four of outbreak	____ / ____ / ____	_____	_____
Day five of outbreak	____ / ____ / ____	_____	_____

Please list the major symptoms being reported by students or staff:

1. _____
3. _____

2. _____
4. _____

Please check below the grade level most affected by the influenza outbreak

Elementary Middle School High School Staff