

Grant County Health Officer Guidance for Grant County Schools

1. Recommendations where to start, where to go from here.

It would be desirable for all schools districts across the county to be somewhat universal or uniform with respect to what is done and how these issues are handled. The most important first step is to amend your emergency plans by a **written pandemic influenza outbreak plan** (via appendix or so). It is possible that similar pandemic flu plans have already been prepared and written in larger jurisdictions (consider Tacoma, Spokane, Seattle). You could modify them to our local needs. Such plan should, most importantly, define the pandemic flu incident leadership (and their backup) responsible for making decisions, organizational trees and templates of responsible individuals (and backups; with Email, phone numbers, cell phones, etc.) handling school administration, parent relations, media relations, logistics, computers /IT, on-line curriculum, etc. before and during the outbreak.

Next steps should be geared towards practicing, so called, social distancing and other flu control techniques (look your other questions below), and designing or planning for providing learning during prolonged school closures.

On your own personal level, all school district employees (especially the essential staff) should develop **family emergency plans**: store enough food, water, and Tylenol for one week, consider a face mask for each of the family members (see the discussion below in #2), discuss what you will do if one family member has to be at school for 2-3 days straight, etc.

2. Should school districts start buying masks?

To arrive at the answer, let's discuss the premises:

- if pandemic flu occurs it is unlikely that schools will remain open for long;
- surgical masks will not protect completely;
- individuals affected by flu are often infectious 1-2 days before any symptoms: how do you mask those??
- N95 masks, even though probably effective in some way, have never been tested in this scenario, need to be appropriately fitted, and used correctly;
- N95 masks are costly and WILL EXPIRE if not utilized by certain deadline (or if not stored correctly).

That is why it is probably impractical to stockpile quantities of face masks for all. On the other hand, purchasing a limited amount of N95 face masks, for all the staff members (possibly including the bus drivers and certainly any food-handlers, cafeteria staff, etc.), plus some extra N95 for discretionary use, as well as, a number of boxes of bulk packaged surgical masks (cheaper), might be reasonable. A surgical mask will not protect a healthy individual, but could limit spread from somebody who already has disease.

Such limited N95 plus surgical mask stockpile could become a part of **“INFLUENZA EMERGENCY KIT”** stored at the school clinic precisely for those emergency needs. I suggest such kit also includes: a number of tissue boxes (i.e. PUFFS or Kleenex), “towel-less” and “water-less” hands sanitizers, a number of boxes of medical (non-sterile) gloves, and the surgical masks. Copies of a phone tree and organizational templates would also be helpful. All of you have the answers of what else to put it. This kit should be simple, easy to store and use.

3. Seasonal flu preparedness (practicing early pandemic flu interventions): COVER YOUR COUGH, etc.

I envision that each year during the seasonal flu (starting about end of October, continuing through March, hopefully starting now for this year) all schools would display **sign at their entrances:**

1. Cover your cough signs
2. Wash your hands signs
3. Do not come to school signs

Annually, **educational information** should be sent home to parent about the same: sick, stay at home, etc.

As a significant part of that preparedness, schools could start designing strategic placement of **hand sanitizers** mounted on the walls by the rest rooms, by the class entrances, in the gym, at the entrance, or wherever else you deem appropriate. I agree that washing hands may take too long for some. Even though protective by themselves, hand sanitizers still should serve only as an addition to the generally accepted HANDWASHING. As for what to purchase, talk to your hospitals to see what they use. One product the CBFM uses is ALCARE PLUS by Steris (antiseptic hand rub with emollients). It is a foaming product that changes into liquid once applied on the hands and rubbed. It then dries without a towel. Does not require water. The funds to purchase could come from preparedness grants you should entertain.

4. What to do with students who are suspected to be sick?

First, define sick: high temperature, coughing, not feeling well (muscle, joint aches), sore throat, etc.

If such student is identified, **sequestration into an isolation room** (could be a clinic room, or designed place, unused staff room, etc.) would be sufficient.

Placing a mask may be helpful in some situations, but should be handled carefully not to create a perception of persecution. Consider this: a sick student has been infecting his peers for 1-2 days already, so why the facemask? Also consider that for each symptomatic student there are many infectious asymptomatic. So, it is your call.

5. Flu vaccine administered by school district staff?

Quite a complicated issue. Let's first distinguish between pandemic flu and seasonal flu vaccine.

In pandemic flu scenario, all school nurses would be enrolled during the mitigation or any potential vaccine administration. Remember, seasonal flu vaccine does not protect against pandemic flu. Secondly, there will be no vaccine for months to come should pandemic flu hit.

In seasonal flu preparedness, the situation is much more complicated:

1. For this year, the Health District does not have any more vaccine at its disposal. Nor are we planning to order any more.
2. Working under the health officer creates a number of labor regulations related issues: the nurse is not employed by the District, thus, is not covered by district liability, to mention one.
3. The health officer is a District employee while the school is a separate entity.
4. There would be no way to get reimbursed if the school employees plan to use their private insurance since the health officer under the Health District duties does not bill private insurance (including Premera).

In summary, GCHD would rather provide its staff to assist with such efforts. If school districts plan to have the vaccine purchased for themselves, and if the school district employees would be expected to pay cash and not use their insurance, and if the school nursing staff undergoes due training provided through the Health District—the vaccine could be administered under health officer, pending the development of such a new policy.

Otherwise, the school district could contract with private physicians to provide for such supervision, or the Health District could provide its nursing staff to assist with the effort. Of course, I agree to have further discussion about it and will entertain your suggestions.

Please, visit <http://www.cdc.gov/flu/school/qa.htm>.

THANK YOU,

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"Always working for a safer and healthier Grant County."