

Frequently Asked Questions: Educational Institutions

1. Recently I have had a flu shot to protect against the seasonal flu. Will it protect me from the H1N1 Influenza (Swine Flu)?

Probably not, however, this year's seasonal flu is still circulating and the vaccine will protect you against these flu viruses.

2. What is the incubation period for the H1N1 flu?

The estimated incubation period is unknown for certain. It is most likely 1-4 days and could range from 1-7 days.

3. Should we be tracking absenteeism due to flu-like symptoms?

Yes, it will be important to know as soon as possible whether and where the virus is spreading throughout the state. Symptoms of H1N1 infection include: fever (over 100 degrees F.), runny nose, congestion, sore throat, cough. Some additional symptoms may be experienced with H1N1 flu, including muscle pain, fatigue, and sometimes vomiting or diarrhea.

4. Can we require students, faculty and staff to wear masks? If so, what are the associated protocols?

If a student, faculty or staff person reports to the school nurse with flu-like symptoms, s/he should be provided with a mask to prevent possible transmission of the virus to others while waiting for clinical evaluation or transportation home. The benefit of wearing masks by well persons in public settings has not been established. Nevertheless, persons may choose to wear a mask as part of an individual protection strategy that includes respiratory hygiene/cough etiquette, hand hygiene, and social distancing.

5. How can we and should we, track and identify students who traveled to Mexico? What do we do with the people who have traveled to highly affected areas, but who have no symptoms?

It is important to survey for symptoms of influenza-like illness in the school community regardless of travel history. It is not necessary to track individuals who have recently travelled to Mexico or any area affected with H1N1 influenza.

6. Does DOH have a stance on students traveling to Mexico?

At this time, CDC recommends that U.S. travelers avoid all nonessential travel to Mexico. Changes to this recommendation will be posted at <http://www.cdc.gov/travel/>. Please check this site frequently for updates.

7. Should the school exclude a student if there is an ill family member?

At this time there are no recommendations for exclusion of a healthy student or faculty member.

8. When can an ill student return to school?

If the student is a suspected, probable, or confirmed H1N1 case, then s/he should not return to school for 7 days after illness onset or until symptoms resolve, whichever is longer. These

guidelines will be re-evaluated as more information becomes available. A longer duration (10 days) is recommended for young children (less than 5 years of age).

9. Will sporting events be affected? When, how and who decides if a sporting event should be cancelled? How will school events (proms, socials, after-school activities) be affected?

Decisions about cancelling sporting events and other school events will be local decisions, made cooperatively by both the sponsoring institution and the local health department. However, if the school has closed, then all school activities should be cancelled. Ill persons should limit contact with others and not attend large social gathering. Local authorities may advise persons who are at high risk of complications from flu to consider not attending the event, based on their assessment of the situation, even if they do not recommend cancellation of the event.

10. School bus rides are a major gathering place for kids to be in close proximity, what precautions should be made?

Unless the student is ill, there are no special precautions for riding on a school bus or public transportation.

11. Is there special guidance for residential schools and colleges/universities?

Residential schools and colleges/universities should have a supply of face masks available to give to students who report to the infirmary with flulike symptoms to wear while they are waiting to be seen. People with H1N1 flu infection should be considered contagious as long as they are symptomatic and for 7 days following illness onset. Children, especially young children, may be infectious much longer.

Close contacts of sick students, such as roommates, should self-monitor for symptoms and minimize contact in the community to the extent possible during their incubation period. For more information, refer to the Pandemic Influenza Preparedness Packet for Colleges and Universities at:

http://www.nyhealth.gov/diseases/communicable/influenza/pandemic/docs/pandemic_influenza_college_toolkit.pdf

12. How will decisions for school dismissal/closures be made?

School dismissals related to H1N1 flu are a local decision that should be made by school officials in consultation with local health departments on a case by case basis. Such decisions should be considered when a confirmed or suspected case with epidemiological links to a known case occurs in a student of the school. There are many other factors that local officials should consider in making their decision including the number of cases in the surrounding community, number of absences of school students and faculty, and the number of faculty and students that may be at increased risk for flu complications.

13. What sort of cleaning should schools be doing because of the H1N1 flu outbreak?

Environmental infection control should focus on regular cleaning for most surfaces and only target use of disinfection for surfaces touched frequently by hand. Environmental infection control actions are supplemental to increased emphasis on proper hand hygiene and cough etiquette as described above. Routine application of disinfectants to housekeeping surfaces (e.g., floors, bookcases, tops of filing cabinets) is unnecessary. Air sanitizers products have

not been shown to disinfect airborne influenza virus or reduce disease transmission and are, therefore, not recommended.

Good cleaning with soap or detergent in water will remove most microorganisms, as well as soil and organic matter that would otherwise reduce the effectiveness of subsequent disinfection. Schools should follow environmentally-sensitive cleaning guidance available from the Office of General Services web site:

<http://www.ogs.state.nv.us/bldgadmin/environmental/default.html>

Clean bathroom surfaces on a regular basis. Where disinfectants are used, disinfectant products should be registered with USEPA and NYS DEC and labeled as effective against influenza virus on clean, hard non-porous surfaces. For a list of NYSDEC registered products go to:

<http://www.nyhealth.gov/diseases/communicable/influenza/seasonal/swineflu/>

Follow label instructions carefully when using disinfectants and cleaners. Many surface disinfectants require the treated surface to remain wet for several minutes to be effective. Take note of any hazard advisories and indications for using personal protective items (such as household gloves). Do not mix disinfectants and cleaners unless the labels indicate it is safe to do so. Combining certain products (such as chlorine bleach and ammonia cleaners) can be harmful, resulting in serious injury or death.

14. Are there guidelines for hand sanitizing gels, lotions or wipes?

Alcohol-based hand sanitizers (ABHSs) are not cleaning products. When considering the use of ABHSs, school officials should remember that these products are not a substitute for proper hand washing (soap, warm water, and friction for 20-30 seconds). Proper hand washing will remove 99% or more of harmful microorganisms from hands. Also, washing will remove soils and contaminants that are often found in soil, such as lead.

However, ABHSs can be effective for reducing the numbers of harmful microorganisms on hands and are an acceptable alternative in the absence of traditional soap and water hand washing facilities.

The decision to use alcohol-based hand sanitizers lies with each school and is not affected by the green cleaning guidelines for schools. Alcohol-based hand sanitizers are considered over-the-counter (OTC) drugs by the US Food and Drug Administration (FDA), and, as with any drug, their use can have benefits as well as possible adverse effects. Skin dryness or irritation can be mitigated by selecting a product that contains an emollient or moisturizing lotion or cream can be provided. Respiratory irritation can occur if alcohol-based hand sanitizers are used where room ventilation is poor.

15. Are there guidelines for antimicrobial hand soaps and hand cleaners?

As part of the green cleaning guidelines for schools, New York State adopted a standard for hand cleaners and hand soaps that was jointly developed by Green Seal and Environmental Choice (GS-41/CCD-104) and completed in June 2006. The standard states that hand cleaner/hand soap products must "make no antibacterial, disinfecting, antiseptic or sanitizing product claims."

Studies show that proper hand washing with soap and water reduces the levels of harmful micororganisms on hands by at least 99%. Evidence suggests that hand soaps or cleaners containing antimicrobial ingredients do not provide additional benefit beyond what is obtained by washing with plain soap and water unless used for at least 30 seconds of continuous hand washing. This is unlikely to be achieved in schools.