Infection Control Guidelines

Includes:

MRSA
Noroviruses
Seasonal and Non-Seasonal Influenza

2009-2010 School Year

FINAL 9-24-09
Pocatello/Chubbuck School District No. 25
INFECTION CONTROL GUIDELINES

INTRODUCTION

Each year schools confront a range of infectious or communicable diseases including, but not limited to, chicken pox, lice, ringworm, impetigo, pink eye, and seasonal influenza.

Believing that a safe, supportive, caring, open, and respectful environment is critical to student learning, it is the priority of the administration of the Pocatello/Chubbuck School District No. 25 to respond proactively to these and other types of infectious diseases. We follow CDC guidelines and putting best practices into place district-wide. We appreciate all the input received from our local medical community and their thoughts regarding infection control. Included with these general infection control guidelines are additional guidelines with regard to methicillin-resistant staph aureus (MRSA), and non-seasonal influenza (such as H1N1, H5N1, etc). See also District’s Pandemic guidelines.

These guidelines have been designed to prevent, stop, or reduce the spread of infection. For more information regarding infection control, visit the Center for Disease Control and Prevention website at [www.cdc.gov](http://www.cdc.gov) or the District’s website at [www.d25.k12.id.us](http://www.d25.k12.id.us)

GENERAL INFORMATION

The main way that infectious diseases like colds and flu are spread is from germs through a cough, a sneeze, or by touching a germy surface (such as a desk or doorknob) and then touching your own eyes, mouth or nose before washing hands. Here are some ways to stop the spread of germs:

**Hand Hygiene:** Hand washing is a simple thing and has been proven to be the best way to prevent infection and illness. As you keep your hands clean, you can prevent illnesses at home and at school.

If soap and water are not available, use of an alcohol-based hand rub will work. Alcohol-based hand rubs significantly reduce the number of germs on skin and are fast acting. Then wash with soap and water as soon as possible.

Good hand hygiene is promoted at our schools through posters, teaching discussions, and soap and hand-sanitizer dispensers.

**When to wash your hands:**
- Before eating
- Before, during, and after handling or preparing food.
- After contact with blood or body fluids (like vomit, nasal secretions, or saliva).
- After using the bathroom.
- After handling animals, their toys, leashes, or waste.
- After touching something that could be contaminated (trash can)
- Before dressing a wound, assisting with medicine, or inserting contact lenses.
- More often when someone in your home is ill.
- Whenever they look dirty (especially under nails).
- Before putting on and after taking off gloves.
Wash your hands the right way:
-Wet hands with clean running water, apply soap. Use warm water if available.
-Rub hands together to make a lather, then scrub all surfaces – don’t forget your nails.
-Continue rubbing hands for 15-20 seconds. Sing the Happy Birthday song twice.
-Rinse hands well under running water.
-Dry hands with air dryer or towel. If possible turn off water with towel or your elbow.
-Always use soap and water if your hands are visibly dirty.

If soap and water are not available – use an alcohol-based hand rub:
-Apply product to the palm of one hand
-Rub hands together.
-Rub the product over all surfaces of hands and fingers until hands are dry.
-Wash with soap and water as soon as possible after using alcohol based hand rub.

Cover your mouth and nose when coughing or sneezing: Cough or sneeze into a tissue and then throw it away. If you do not have a tissue, cover your cough or sneeze into your elbow. Wash your hands each time you cough or sneeze.

Avoid touching your eyes, nose, or mouth: Germs are spread this way.

Cleaning surfaces vs. disinfecting surfaces: Cleaning surfaces temporarily removes germs from surfaces, whereas disinfecting actually destroys them. Cleaning with soap and water to remove dirt and most of the germs may not be enough. There will be times that disinfecting is the correct choice for that extra level of protection.

While surfaces may look clean, infectious germs may still be on the surface. In some instances, germs can live for hours, days, or even weeks. It is important to regularly clean and disinfect such surfaces as: light switches, door knobs, handrails, tables and desks. The district uses Oxivir as its broad spectrum disinfectant/germicide/virucide. This product is available for use at district facilities by requesting through the Warehouse or Maintenance & Operations through custodians. Oxivir will disinfect and kill germs (bacteria and viruses) simply by spraying on and leaving for one minute. If desired, after one minute wipe the surface with a clean paper towel. Surfaces should be regularly cleaned once each week (at a minimum). If communicable diseases are suspected, the disinfecting process should take place in the morning, at noon, and again at the end of the day. If communicable diseases are known to exist in that room, or if it is a high-risk area such as weight rooms, the disinfecting process should take place in between each class period. (Note: Oxivir and Bleach MSDS are available for viewing on the District’s Safety Web site.)

For those areas soiled with bodily fluids, the current practice of immediate bleach solution cleaning should be followed. Strength 1:10, made fresh daily as this solution loses its potency after 24 hours. Please use this product with caution as bleach can cause severe irritation or damage to eyes and skin if not properly used. Supervision with students is critical if you use any type of bleach to disinfect in a school setting.

Avoid close contact with sick people: If you are sick with a flu-like illness, stay home (except to get medical care). If you have a fever, stay home (except to get medical care). Do not return to school or work until your doctor has released you, or your fever is gone for 24 hours without the use of a fever-reducing medicine. You may be asked to bring a doctors note before returning to work or school.
If a student or staff member comes to school ill – or becomes ill at school with flu-like symptoms, they will be placed in isolation until they go home. This is necessary to keep from infecting others.

What are flu-like symptoms? According to the CDC flu-like symptoms include: Unusually high fever, headache, extreme tiredness, dry cough, runny or stuffy nose, muscle aches, sore throat, nausea, vomiting, and sometimes diarrhea. With the H1N1 virus you will probably see both a fever and cough; or fever and sore throat. Regardless of what type of illness may be present, it is necessary to take whatever measures necessary to keep from infecting others.

Practice Good Health Habits: Get plenty of sleep, be physically active, manage your stress, drink plenty of fluids and eat nutritious food.

Wounds: A wound is a break in the skin or in the mucous membrane lining. Because of this break in the skin, a wound opening allows germs to move about freely and must be covered to prevent any spread of germs. In some cases, entrance into our schools will be disallowed until the wound is completely healed. An acceptable wound covering would be a leak-proof bandage.

DISTRICT POLICIES

The District has Board Policies in place regarding general infection and communicable disease control. Policies are reviewed annually and revisions are made where indicated. For the most current policies, please visit the Pocatello / Chubbuck School District No. 25 website at www.d25.k12.id.us
## Communicable Diseases School Exclusion Information:

<table>
<thead>
<tr>
<th>Name</th>
<th>Incubation Period</th>
<th>How Is It Spread?</th>
<th>Return to School/Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cold Sore</td>
<td>2 days / 2 weeks</td>
<td>Direct contact with infected oral lesions or secretions</td>
<td>After lesions are scabbed over.</td>
</tr>
<tr>
<td>Common Cold</td>
<td>1-5 days</td>
<td>Contact with droplets from nose, eyes or mouth – virus can live in environment 24 hours.</td>
<td>No exclusion unless fever, or too ill to attend.</td>
</tr>
<tr>
<td>Conjunctivitis (Pinkeye)</td>
<td>Variable depending on bacterial, viral, or allergic.</td>
<td>Contact with secretions from eyes, or contaminated surfaces.</td>
<td>When cleared by physician, after 24 hours treatment if bacterial, not contagious if allergic.</td>
</tr>
<tr>
<td>Ear Infection</td>
<td>Variable</td>
<td>Not contagious</td>
<td>No exclusion unless too ill to attend.</td>
</tr>
<tr>
<td>Fever 100.4 degrees or higher</td>
<td>Unknown, until illness diagnosed.</td>
<td>Unknown until illness identified, safe to assume it may be spread by contact with any secretions.</td>
<td>After 24 hours without fever and child behaving normally.</td>
</tr>
<tr>
<td>Head Lice Pediculosis</td>
<td>Eggs (nits) hatch in 6-10 days</td>
<td>Close contact with infested individuals, and sharing combs, brushes, hats or bedding.</td>
<td>After treatment, if crawling lice are gone. Nits need to be removed, however, nits alone should not be a reason for exclusion.</td>
</tr>
<tr>
<td>Impetigo</td>
<td>1-10 days</td>
<td>Person-to-person skin contact (especially nasal discharge or hands).</td>
<td>After at least 24 hours or topical or oral antibiotics</td>
</tr>
<tr>
<td>Influenza</td>
<td>1-3 days</td>
<td>Contact with droplets from nose, eyes or mouth of infected person.</td>
<td>After 24 hours without fever and symptoms are improving.</td>
</tr>
</tbody>
</table>
METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS 
or MRSA

These guidelines have been designed to prevent, stop, or reduce the spread of skin infection(s), including, but certainly not limited to MRSA. Responsibility for cleaning, training, and educating is delineated herein. For more information regarding infection control, visit the Center for Disease Control and Prevention website. (www.cdc.gov) or the District’s Safety Information Web site. Cleaning procedures should focus on commonly touched surfaces and surfaces that come into contact with people’s bare skin each day.

WHO IS AT RISK? Skin infection occurs most often in the Middle and High Schools and is most common in the athletic departments due to communal locker rooms, person to person contact through sports, and sharing of equipment. Although it is most common in the Middle and High School athletic departments, this information shall be made available to all other staff by placing on the District’s Safety Information Web page.

Even though little physical contact occurs in some sports during participation, skin contact or activities that may lead to spread of MRSA skin infections may take place before or after participation such as in the locker or class rooms. Therefore, anyone participating in organized sports should be aware of the signs of possible skin infections and follow prevention measures.

This section primarily discusses athletics, but should MRSA exist in another setting, (such as a classroom) these guidelines should still be followed.

APPROVED CLEANERS: Follow the instruction labels on all cleaners and disinfectants, including household chlorine bleach to make sure they are used safely and correctly. Read the label to know:

• How the cleaner or disinfectant should be applied.
• Does the surface need to be clean prior to using the disinfectant? (Pre-clean surface.)
• Is it safe for the surface? (NOTE: Do not use bleach solution on wrestling mats!)
• How long do you need to leave the disinfectant on the surface for it to be effective (i.e., contact time)?
• Does the surface need to be rinsed with water after using the cleaner or disinfectant?
• If you are using bleach, see if the product has specific instructions for disinfection.
• If no disinfection instructions exist on bleach, use 1/4 cup in 1 gallon of water for disinfection of pre-cleaned surfaces.

The District’s approved product is Oxivir. This product was chosen because it has no known harmful response with use and is a broad spectrum germicide/virucide. In special situations, bleach solution may be approved for disinfecting. If bleach solution is used, please note that this solution is only good for 24 hours with a new solution to be mixed daily as it loses its potency. Caution must be also used with this produce as bleach can cause severe irritation or damage to eyes and skin if not properly used. Supervision with students is critical any type of bleach is used as a disinfectant in a school setting.

The District uses a dual-quat product for daily cleaning of wrestling mats. This gives an added level of disinfecting a high-risk area.
STAFF RESPONSIBILITIES:

1. Building Custodians shall be trained by their supervisors, on at least an annual basis, in proper usage of cleaning tools, responsibilities, products, and methods. Any outside vendors used by the District will also be trained on at least an annual basis by District Custodial Supervisors of the proper protocols in using tools, responsibilities, products, and cleaning methods to maintain District safeguards. These supervisors shall be responsible in making sure new custodians and/or new vendors are trained.

2. Secondary and Elementary Directors are responsible to make sure School Administrators (including, but not limited to, Principals, Assistant Principals, Athletic Directors) and School Health Teams (ACCIP and Nurses) are trained in responsibilities for proper protocols for various school programs, identification and reporting, and prevention on at least an annual basis.

3. School Administrators are responsible for adequately training all coaches, ACCIP, and other staff to their responsibilities, protocols, identification and reporting, and prevention on at least an annual basis and prior to the beginning of their first athletic event or first day students are in the classroom. School Administrators are responsible to ensure infection control guidelines are being followed and implemented at their schools.

4. Coaches are responsible for adequately educating, training, and monitoring student athletes to the protocols, identification and reporting, and prevention. Coaches are also responsible for informing and educating parents of the protocols, identification and reporting, and prevention. This training should be prior at the beginning of each sporting event (soccer, football, basketball, volleyball, baseball, wrestling, etc.)

STUDENT ATHLETES/PARENT RESPONSIBILITIES:

1. Student athletes are responsible for showering after each practice using liquid soap and making sure athletic clothing is properly cleaned after each practice and games following the clothing label’s instructions for washing and drying. Drying clothes completely in a dryer is preferred.

2. Student athletes are responsible for properly cleaning personal athletic equipment after each use with disinfectant or bleach solution, following product guidelines for safe and correct use. Oxivir is the District’s recommended broad spectrum germicide/virucide. If bleach solution is used, please note that solution is only good for 24 hours and a new solution must be mixed daily. Please use this product with caution as bleach can cause severe irritation or damage to eyes and skin if not properly used. Supervision with students is critical if you use any type of bleach as a disinfectant in a school setting.

3. Student athletes are responsible for removing all personal property from the locker areas so that Building Custodians can disinfect each locker. Anything left in the lockers will be thrown away. This will be completed at a minimum prior to the school year beginning, spring break, and winter break. If there is a suspected case, all shower and locker room areas will be sprayed at a minimum every other week until suspected case is no longer a threat.

4. Student athletes are responsible to report any open wounds to coach prior to game. Keep all wounds covered with a leak-proof bandage.

5. Student athletes will not share towels, water bottles, or other personal items with teammates.
6. Parents of student athletes are responsible to train their child in proper hygiene and make sure responsibilities listed above are honored.
   • At a minimum, hands should be cleaned before and after playing sports and activities such as using shared weight-training equipment, when caring for wounds including changing bandages, and after using the toilet.
   • If hands are not visibly dirty and sinks are not available for hand washing, for example, while on the field of play or in the weight-room, alcohol-based hand rubs and hand sanitizers can be used. Alcohol-based hand rubs with at least 60% alcohol content are preferred. Hands should still be washed using soap and water when it becomes available.
   • Shower immediately after exercise. Do not share soap or towels.
   • Wash your uniform and clothing after each use. Follow the clothing label's instructions for washing and drying. Drying clothes completely in a dryer is preferred.

**PROTOCOLS:**

**GENERAL:**

1. All hard environmental surfaces that may come in contact with body fluids shall be cleaned using approved cleanser using friction and sanitized three-times daily with District, EPA-approved disinfectant. This includes benches, weights, workout machines, etc. Clean after each use by a new student athlete.
   Responsible Party: Student Athletes; Coaches

2. All floor and wall padding in athletic area(s) are washed and disinfected daily, when athletic area is used.
   Responsible Party: Student Athletes; Coaches; Custodians (floors)

3. Separate mop heads/buckets are used for each activity area, locker rooms, and rest rooms. Mop heads and buckets are cleaned regularly. (Washable micro-fiber heads or disposable mop cloths are preferred.)
   Responsible Party: Building Custodian

4. Towels/linens laundered on premises are washed at a minimum of 160°F and dried in a hot dryer. Disposable towels are preferred and are available to be ordered through the District Warehouse.
   Responsible Party: Coaches

5. Athletic Directors will share these infection control guidelines with outside groups using District facilities. Visiting coaches and athletes will be required to adhere to these guidelines.
   Responsible Party: Athletic Directors and Principals

**WRESTLING ROOM / MATS:**

1. Wall padding, benches and door knobs are wiped-down with the District approved dual-quat disinfectant solution after each practice and meet. Please refer to manufacturer's directions for recommended contact times for the disinfectant. *Bleach solution should not be used on any kind of mat.*
   Responsible Party: Coaches; Student Athletes
2. Floors are cleaned before and after any moveable mats are used with District approved dual quat disinfectant. Please refer to manufacturer's directions for recommended contact times for the disinfectant.
   Responsible Party: Building Custodians

3. All side surfaces of mats are thoroughly cleaned before and after each use for practices and meets using District approved dual quat disinfectant. Please refer to manufacturer's directions for recommended contact times for the disinfectant.
   Responsible Party: Coaches; Student Athletes

4. Mat surfaces with small holes or tears are repaired with mat tape. When mat sides are in poor condition, mats are taped together for meets and for practice.
   Responsible Party: Coaches; Athletic Directors

5. Mat surfaces are requested for replacement when there are large holes or surfaces are excessively worn.
   Responsible Party: Coaches; Athletic Directors

6. A separate mop head/bucket is used specifically for cleaning mats; mop heads and buckets are washed regularly. Personnel may use “swiffer style” mop with disposable cloths that are discarded after each use using District approved dual quat disinfectant. Please refer to manufacturer's directions for recommended contact times for the disinfectant.
   Responsible Party: Building Custodians; Coaches; Athletic Directors

WEIGHT ROOM:

1. Weight machine padding is inspected regularly and replacement requested if punctured or torn.
   Responsible Party: Coaches; Student Athletes

2. Grip areas on weight bars, dumbbells, and machines are not to be taped.
   Responsible Party: Coaches; Student Athletes

3. Grip areas on weight bars, dumbbells, and machines, and lift belts are wiped down prior to each use with disinfectant spray provided.
   Responsible Party: Coaches; Student Athletes

4. Hand gel (≥ 60% alcohol) will be made available. Student Athletes and coaches are instructed to use hand gel when use of soap and water is not an option. Hands should be washed with soap and water as soon as it is available. May use more often. If hands are visibly dirty, the use of soap and water should be used prior to entering the weight room.
   Responsible Party: Student Athletes; Coaches

5. Benches, supports, pads, light switches, and door knobs are cleaned daily (when room in use.)
   Responsible Party: Coaches

6. Benches, supports and pads are cleaned daily (when room in use.)
   Responsible Party: Student Athletes

7. Floors are cleaned daily (when room in use.)
   Responsible Party: Building Custodian
LOCKER ROOMS / SHOWER ROOMS:

1. Liquid soap should be available in shower rooms. Student athletes should bring their own liquid soap to use.
   Responsible Party: Student Athletes

2. All shower and locker room areas are sprayed at a minimum prior to the school year beginning, spring break, and winter break by custodial staff using antibacterial spray. If there is a suspected case, all shower and locker room areas will be sprayed at a minimum every other week until suspected case is no longer a threat. Student Athletes are responsible for removing clothing and equipment from lockers for spraying to occur. If items are left in locker (clothing and/or equipment) they will be thrown away.
   Responsible Party: Building Custodians; Student Athletes

SPORTS EQUIPMENT:

1. Sports equipment (balls, racket, grips, bats, gloves, etc) is cleaned regularly and disinfected with the District’s approved dual quat disinfectant. Please refer to manufacturers directions for recommended contact times for the disinfectant.
   Responsible Party: Student Athletes; Coaches; Athletic Directors

2. All shared equipment that comes in direct contact with the skin of an athlete (wrestling head gear, football helmets, etc.) shall be cleaned and sanitized after each use using manufacturer's directions for recommended contact times for the disinfectant.
   Responsible Party: Student Athletes; Coaches

COACH / FIRST AID:

1. Hand sanitizer (60% alcohol or greater) is in first aid kit - to be used when soap and water may not be available. As soon as soap and water become available, hand washing should occur.
   Responsible Party: Coaches, Assistant Coaches, ACCIP, any person who assists with first aid.

2. When caring for any athlete injury, disposable gloves are used and hands are sanitized, both before and after providing first aid. (Please note: some individuals are allergic or sensitive to latex, non-latex gloves are available through the District Warehouse.)
   Responsible Party: Coaches, Assistant Coaches, ACCIP.

3. Scoops are used (not hands) to take ice out of cooler to make ice packs for injuries. Scoop is cleaned and disinfected daily when not in use and NOT stored in ice container.
   Responsible Party: Coaches; Student Athletes, Assistant Coaches, ACCIP, any person who assists with this care.

4. Single-use portions of salves and other ointments are removed from any larger dispensing unit prior to application. Any un-used product is NOT returned to the original dispenser, but discarded. (Vaseline is approved for use without medication request; Neosporin or other antibiotics are not approved for use without medication request and approval as stated in Board Policy 8128.)
   Responsible Party: Coaches, Assistant Coaches.
5. Student Athletes with open, potentially contagious wounds may be kept from participating in contact sports until wounds have healed, even if wounds are covered. Coaches should regularly check athletes for skin infections before practice or games/matches. Under armor may be required for protection of student athletes.
   Responsible Party: Student Athletes; Coaches; Assistant Coaches; Parents

6. Student Athletes with potential skin infections are referred to the team physician or their personal medical provider.
   Responsible Party: Coaches; Student Athletes; Parents

**EDUCATION OF STUDENT ATHLETES /PARENTS:**

1. Student Athletes are expected and encouraged to follow good hygiene practices, including frequent hand washing, showering immediately following each practice or competition, and NOT sharing “drinking” water bottles, towels, or clothing.
   Responsible Party: Student Athletes; Parents

2. Student Athletes are instructed to NOT share personal hygiene items (bar soap, razors, towels, etc.) or topical ointments, antibiotics and salves.
   Responsible Party: Student Athletes

3. Student Athletes are expected and encouraged to promptly report abrasions, lacerations, or skin infections to coaches, ACCIP, or school nurse or other licensed health care providers.
   Responsible Party: Student Athletes

4. Student Athletes are encouraged to refrain from cosmetic shaving.
   Responsible Party: Student Athletes

5. Student Athletes are encouraged to not use whirlpools or common tubs if they have any open wounds, and should shower prior to entry to the hot tub.
   Responsible Party: Student Athletes; Coaches

6. Student Athletes who use weight rooms are encouraged to wear workout clothes that minimize skin contact with benches and equipment. (Under armor)
   Responsible Party: Student Athletes

7. Student Athletes are expected to wash practice clothes/uniforms with soap and warm water and dry in a hot dryer.
   Responsible Party: Student Athletes; Parents

8. Student Athletes / Parents are informed of infection control precautionary measures, such as the importance of good personal hygiene, hand washing, showering immediately after sports activities, and washing practice clothes/uniforms after they are worn once.

   (Do not touch other people's skin infections, do not touch face, nose or groin while in practice/matches/games, do not share towels, refrain from cosmetic shaving. Treat any draining wound as a potential skin infection, Refrain from using whirlpools or common tubs if you have an open wound. Cover with leak-proof bandage and seek treatment.)
REPORTING/ASSESSMENT:
1. Student Athletes shall report any open wounds to their coach, ACCIP, or team physician prior to participating in a sports activity (practice included).

2. Coaches and ACCIP will observe Student Athletes for open wounds and log any reported issues. Coaches and ACCIP shall closely monitor reported open wounds for potential infection problem and will report information to Athletic Director.

3. Coach or ACCIP will refer Student Athletes to a licensed health provider when MRSA skin infection is suspected.

4. Athletic Director will report any infection problem status to appropriate Director and Business Services Coordinator.

OTHER:

1. Fact sheets and other hand outs are available at www.CDC.gov.

2. Bar soap will not be furnished and will not be allowed. Student athletes should use liquid soap that they have brought from home.

3. Ensure Building Custodians know schedule for outside events and clean prior to students’ use of equipment/facilities.
NON-SEASONAL INFLUENZA

Who is at Risk?

Schools tend to be affected by outbreaks more than other settings because their occupants – primarily children – easily transmit illnesses to one another as a result of their close proximity and their inefficiency at containing the droplets issued by their coughs and sneezes.

The CDC has identified Pregnant women, caretakers of infants 6 months and younger, teachers, adults with chronic illnesses like diabetes and asthma, children between the ages of 6 months and 24 years of age as those at risk for seasonal and non-seasonal influenzas.

Prevention / Mitigation:

Vaccination is the best method for preventing flu and its potentially severe complications in children. CDC recommends that all children aged 6 months up to their 19th birthday get a flu vaccine.

CDC also recommends that people in contact with certain groups of children and children or adults with underlying medical conditions such as asthma, diabetes, or are in other ways immunocompromised get a flu vaccine in order to protect them from the flu.

Communication regarding influenza shall be updated annually and made available to staff, students, and patrons on the District’s Safety Information web page informing them of precautions, risks, and actions taken by the District as well as resources for additional information.

Posters regarding hand washing and covering the mouth for coughs and sneezes will be sent from central office to each school location by late September or early October.

A procedure is in place to review attendance at each school location. This report will be monitored regarding absentee rates and District administrators will be kept apprised of any sudden changes.

Policies are reviewed on an on-going basis, with changes made when necessary. Areas of concern such as a continuity of operations plan and needs of our staff are also reviewed and revised when necessary.

District Safety Committee will continue to monitor WHO and CDC recommendations and will work with District administration to make sure the information is current.

CDC suggests cleaning with an EPA registered household disinfectant labeled for activity against bacteria and viruses. (Presently the District uses Oxivir as a disinfectant and is available through the District’s warehouse.) If EPA registered household disinfectant is not available – chlorine bleach can be used. Mix ¼ cup chlorine bleach with 1 gallon of cool water. Keep out of the reach of children and do not inhale fumes. It is the recommendation of the District to use Oxivir in place of bleach.

Preparedness/Response:

The Central Office will supply and deliver to each District facility an “infection control kit” to be used for suspected cases of an infectious disease. This kit will include: masks, gloves, tissues,
disinfecting wipes, virucide (Oxivir), and trash bags. The expected initial delivery date is late September or early October with an annual review of need based on CDC and local Health Department projections.

At the onset of a suspected case of influenza, the ill person will be immediately removed to an isolation room, a mask shall be worn by the ill person as well as any other person required to be in a close proximity with them. After the ill person vacates the building the isolation room will be disinfected using the District approved virucide located in the kit.

At the onset of the suspected illness, the emergency contact will be immediately notified to come as soon as possible and take the ill person home.

Infants and children can become quite ill with influenza very quickly and may require urgent medical attention. If a child has difficulty breathing, is lethargic, or appears to be worsening rapidly, a decision to call 911 in addition to the parent may be made.

Staff Responsibilities:

1. Building Custodians shall be trained by their supervisors on proper usage of cleaning tools, responsibilities, guidelines and methods on at least an annual basis. Any outside vendors used by the District will also be trained annually by District Custodial Supervisors of the proper protocols in using tools, responsibilities guidelines, and cleaning methods to maintain District safeguards. These supervisors shall be responsible in making sure new custodians and/or new vendors are trained.

2. Secondary and Elementary Directors are responsible to make sure School Administrators are annually trained in responsibilities for proper protocols for various school programs, identification and reporting, guidelines, and prevention on at least an annual basis.

3. School Administrators are responsible for communicating all protocols, identification and reporting, guidelines, and prevention as well as any updates to this process to all staff (this may be completed through their school safety committee). School administrators and staff shall be vigilant in identifying students or staff for flu-like symptoms throughout each day and immediately isolate them to prevent further illness.

4. School Administrators are responsible for keeping the inventory in each infection control kit up-to-date. To request items to replenish the kit, send an e-mail to gilescb@d25.k12.id.us listing those items necessary. Inventory information is labeled on the top of each kit.

5. Stay home if feeling ill. Especially if showing flu-like symptoms. Stay home for at least 24 hours after you no longer have a fever, or signs of a fever, without the use of fever-reducing medicines.

6. If someone in your household shows flu-like symptoms, you should stay home for five days from the day the first household member got sick. This is the time period you are most likely to get sick yourself.

7. If the severity of the illness increases, all people with flu-like illness should stay home for at least 7 days, even if no more symptoms. If anyone is still sick, they should stay home until 24 hours after they have no more symptoms.
Parent/Guardian Responsibilities:

1. Keep student home when sick. Those with flu-like illness should stay home for at least 24 hours after they no longer have a fever, or signs of a fever, without the use of fever-reducing medicines.

2. If someone in your household has flu-like illness, the student should also stay home for five days from the day the first household member got sick. This is the time period they are most likely to get sick themselves.

3. If the severity of the illness increases, all people with flu-like illness should stay home for at least 7 days, even if no more symptoms. If anyone is still sick, they should stay home until 24 hours after they have no more symptoms.

4. For all high-risk students, a physician should be consulted immediately upon showing flu-like symptoms. Parents/guardians concerned about missed assignments or extended absences, please contact the individual school to discuss.

District Responsibilities:

1. For those schools showing increased absenteeism, desks can be moved farther apart to increase the distance between students. In some cases, school routines may change, or classes may be canceled. Information of any of these procedures will be communicated on the District’s website and information sent home to parents/guardians.

2. District administrators will work closely with local health officials to balance the risk of infectious diseases in the community with the disruption school dismissal can cause. There may be “reactive” school closure if the school is unable to remain open or “preemptive” dismissal to decrease the spread of infectious diseases. Any decision of this nature will be thoroughly discussed and communicated.

Student Responsibilities:

1. Let parent/guardian and teacher know if not feeling well, especially if you have flu-like symptoms.
NOROVIRUSES
(Information from CDC)

INTRODUCTION

Noroviruses are members of a group of viruses called caliciviruses also known previously as “Norwalk-like viruses.” Infection with norovirus affects the stomach and intestines, causing an illness called gastroenteritis, or “stomach flu.” This “stomach flu” is not related to the flu (or influenza), which is a respiratory illness caused by influenza virus. In addition, noroviruses are not related to bacteria and parasites that can cause gastrointestinal illnesses. Norovirus is not a ‘new’ virus, but interest in it is growing as more is learned about how frequently Nora virus cause illness in people.

GENERAL INFORMATION

Norovirus infection causes gastroenteritis, which is an inflammation of the stomach and the small and large intestines. The symptoms of gastroenteritis are nausea, vomiting, and/or diarrhea accompanied by abdominal cramps. Some people also complain of headache, fever/chills, and muscle aches. Symptoms are usually brief and last only 1 or 2 days. However, during that brief period, people can feel very ill and vomit, often violently and without warning, many times a day. Symptoms usually begin 24 to 48 hours after ingestion of the virus, but can appear as early as 12 hours after exposure. There is no evidence that sick persons can become long-term carriers of the virus, but the virus can be in the stool and vomit of infected persons, from the day they start to feel ill to as long as 2 weeks after they feel better.

Other infectious and non-infectious agents can cause symptoms similar to those of norovirus gastroenteritis; people who have these symptoms and have questions about the cause of their illness should consult a physician.

Norovirus gastroenteritis is usually not a serious illness, and other than drinking liquids to prevent dehydration, there is no specific treatment. Most people recover completely within 1 to 2 days, with no long-term complications of norovirus illness. However, persons who are unable to drink enough liquids to replace those lost with vomiting and/or diarrhea may become dehydrated and require special medical attention. These people include young children, the elderly, and persons of any age unable to care for themselves.

Noroviruses are found in the stool or vomit of infected people. People can become infected with the virus in several ways, including:

● eating food or drinking liquids that are contaminated with norovirus;
● touching surfaces or objects contaminated with norovirus, and then placing their hand in their mouth;
● having direct contact with another person who is infected and showing symptoms (for example, when caring for someone with illness, or sharing foods or eating utensils with someone who is ill.)

Food and drinks can easily become contaminated with norovirus because the virus is so small and because it probably takes fewer than 100 norovirus particles to make a person sick. Food can be contaminated either by direct contact with contaminated hands or work surfaces that are contaminated with stool or vomit, or by tiny droplets from nearby vomit that can travel through air.
to land on food. Although the virus cannot multiply outside of human bodies, once on food or in water, it can cause illness.

Some foods can be contaminated with norovirus before being delivered to a restaurant or store.

People working with food who are sick with norovirus gastroenteritis are at particular risk to others, because they handle the food and drink many other people will consume. Since the virus is so small, a sick food handler can easily—without meaning to—contaminate the food he or she is handling. Many of those eating the contaminated food may become ill causing an outbreak.

Outbreaks of norovirus gastroenteritis have taken place in restaurants, hospitals, schools, and family dinners - in other words places where often people have consumed water and or food prepared or handled by others. It is estimated that as many as half of all food related outbreaks of illness may be caused by norovirus. In many of these cases, sick food handlers were thought to be implicated.

**PREPAREDNESS / RESPONSE**

Many local and state health departments require that food handlers and preparers with gastroenteritis not work until 2 or 3 days after they feel better. In addition, because the virus continues to be present in the stool for as long as 2 to 3 weeks after the person feels better, strict hand washing after using the bathroom and before handling food items is important in preventing the spread of this virus. Food handlers who were recently sick can be given different duties so they do not handle food.

People who are sick with norovirus illness can often vomit violently, without warning, and the vomit is infectious; therefore, any services near the vomit should be promptly cleaned and disinfected with bleach solution and then rinsed. Furthermore, food items that may have become contaminated with norovirus should be thrown out. Linens (including clothes, tablecloths, napkins) soiled to any extent with vomit or stool should be promptly washed at high temperature. Washing raw vegetables thoroughly before eating and appropriate disposal of sewage also help to reduce the spread of norovirus and prevent illness.

In special cases, when there is an outbreak of gastroenteritis, there is a need to identify norovirus as the cause of the illness. In these cases, norovirus can often be found in stool samples of infected persons by using special tests. Sometimes blood tests looking for antibodies against norovirus are also performed, when the stool tests are inconclusive or were not done. Food handlers will often be asked for stool sample or even a blood sample to help investigate the cause of an outbreak.

Can a person have norovirus more than once in their lifetime? And because there are many different noroviruses, and being infected with one type does not prevent infection from another type later. For this reason, it is difficult to develop a vaccine against norovirus.
The District Food Service Department Standard Operating Procedure:

**Purpose:** To control the spread of germs by sanitizing contaminated surfaces and discarding contaminated items.

**Scope:** This procedure applies to foodservice employees.

**Key Words:** Cross-Contamination, Sanitizing, Disinfecting

**Instructions:**
1. When someone vomits in the cafeteria, kitchen or near the serving line:
   - Immediately send children back to their classroom or the other end of the cafeteria (they need to be at least 25 feet away from the problem).
   - Notify the school office and custodian immediately of the situation.
   - Call the Central Office if additional food is needed and in what quantities.
   - If employee is away from the area where the vomiting occurred replace cloth apron with a disposable apron.
   - Be sure disposable mask and gloves are being worn to clean up.
   - Be sure to kneel on clean paper towels or a plastic garbage bag to minimize contaminating clothing.
   - Use the absorbent disposable towels to clean up the vomit and throw away in a garbage bag.
   - Wipe up area with disposable disinfecting wet wipes and throw away in the same garbage bag as above.
   - Be sure to have fresh, bleach water and use mop to clean the entire area.
   - Dispose of mop head in the garbage bag after the floor has been completely sanitized.
   - Use disinfecting wet wipes to sanitize the entire mop handle.
   - Use disinfecting wipes to clean off the tops and bottoms of employee shoes thoroughly to keep from spreading any contaminants to other areas.
   - Throw away disposable gloves and replace with new gloves.
   - Throw away all food that is near the area where the occurrence happened.
   - Use the sanitizing bucket with bleach water to disinfect all surfaces to include serving lines, cafeteria tables, etc., within 25 feet of affected area.
   - Dump mop water, sanitize mop bucket inside and out, and area where contaminated water has been dumped.
   - Throw away rag(s) used to disinfect area.
   - Throw away disposable mask and gloves.
   - Throw away disposable apron.
   - Throw away hair net with the rest of the contaminated items.
   - Tie up garbage bag securely and throw away in the outside dumpster immediately.
   - Thoroughly wash hands and arms up to employee elbows following the handwashing SOP.
   - Put on clean apron and hair net.
   - Wash hands again following the same procedure.
Monitoring:
A designated employee will visually observe the cleaning and sanitizing practices of the foodservice staff during all hours of operation. In addition, the designated employee will visually observe that cleaning areas and equipment are properly cleaned and sanitized after vomiting has occurred.

Corrective Action:
Employees observed not cleaning and sanitizing properly after vomiting has occurred will be instructed to complete the task again following proper procedure. Employee will be reinstructed on proper procedure.

Verification and Record Keeping:
Foodservice manager or designee will complete the Food Safety Checklist daily to indicate that monitoring is being conducted as specified.

END OF GUIDELINES
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