

GUIDELINES FOR MANAGEMENT OF VIRAL RESPIRATORY ILLNESSES IN SCHOOLS



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BACKGROUND

Schools are an essential part of community infrastructure and have a critical role both in providing supportive learning environments and ensuring the health and wellbeing of students, teachers, and staff. Schools also serve as employment for community members, while providing many parents, guardians, and caregivers the opportunity to work and support their households. Nevada schools should plan to minimize the risk of respiratory illness transmission and should be prepared for occurrences of respiratory illness such as COVID-19, influenza, and Respiratory Syncytial Virus (RSV). This guidance is based on [recommendations](#) from the Centers for Disease Control and Prevention (CDC) and should help school program administrators support safe, in-person learning while managing the spread of respiratory illnesses.



Many of the layered prevention strategies outlined in this document can also help prevent the spread of other infections and support healthy learning environments for students, teachers, and staff.

This document will continue to be updated as more is learned about the transmission of diseases within schools and to align with any further guidance produced by CDC.

KEY TIMES FOR PREVENTION

All the prevention strategies described in this guidance document are helpful to reduce the burden associated with increased infectious disease transmission. They are especially helpful when:

- Respiratory viruses are causing a lot of [illness in your community](#).
- You or the people around you were recently exposed to a respiratory virus, are sick, or are recovering from an illness.
- You or the people around you have [risk factors for severe illness](#).

RECOMMENDATIONS ON CORE PREVENTION STRATEGIES

Vaccination

Staying up to date with vaccinations is the leading public health strategy to prevent illness and to prevent severe disease and death. Not only do vaccines provide individual protection, but high vaccination coverage reduces the burden of respiratory illness in people, schools, healthcare systems and communities. Schools can help promote equitable access to routine and annual vaccinations, including influenza and COVID-19, for staff and students in many ways:

- Provide [information about vaccines](#), taking into account the needs of persons with limited English proficiency who require language services, and individuals with disabilities who require accessible formats.
- Encourage evidence based [trust and confidence in vaccines](#).
- Establish supportive policies and practices that make getting vaccinated easy and convenient. For example, establishing a workplace vaccination program or assisting employees and families with receiving vaccination information.
- Make vaccinations available on-site by hosting school-located vaccination clinics, or connect eligible children, students, teachers, staff, and families to off-site vaccination locations.

Hand Washing

[Hand washing in schools](#) is the most effective way to prevent the spread of respiratory illnesses as well as many other contagious diseases such as norovirus or the stomach flu. Schools are encouraged to teach, monitor and reinforce [proper hand washing](#) to assist in

lowering the risk of spreading illnesses, especially during key times of the day (before and after eating and after recess) as well as provide adequate handwashing supplies, including soap, water and disposable paper towels.

- Resources such as posters, stickers, and fact sheets can be found here: https://www.cdc.gov/clean-hands/communication-resources/?CDC_AAref_Val=https://www.cdc.gov/handwashing/materials.html#cdc_listening_res3-posters
- Remind everyone in the facility to wash hands frequently and thoroughly and to assist young children with handwashing.
- Washing hands with soap and water is preferred because it reduces the amount of all types of germs, dirt, and chemicals on hands. However, if handwashing is not possible, use hand sanitizer containing at least 60% alcohol (for teachers, staff, and older students who can safely use hand sanitizer). Hand sanitizers should be stored up, away, and out of sight of young children and should only be used with adult supervision for children under 6 years of age.

Respiratory Etiquette

Schools are encouraged to teach and reinforce respiratory etiquette to help keep individuals from getting and spreading respiratory viruses, including but not limited to [influenza](#), [RSV](#), and [COVID-19](#). Staff and teachers should reinforce [covering of the mouth and nose](#) with a tissue when coughing or sneezing and throwing the used tissue in the trash after use. This might require locating tissues in areas convenient for students to easily access (e.g., at workstations near play centers and next to trash cans). If a tissue is not available, students and staff can be reminded to sneeze into the elbow, not the hands. [Handwashing](#) should be performed immediately after blowing the nose, coughing, or sneezing.

Take Steps for Cleaner Air

Improving air quality can reduce viral particle concentration and can reduce the likelihood of spreading diseases, particularly respiratory viruses.

Some strategies that can be implemented to have cleaner air include:

- Ensure existing heating, ventilation and air conditioning (HVAC) systems are providing the minimum outdoor air ventilation requirement in accordance with ventilation design codes.
- Consider ventilation design and/or enhancements when remodeling or constructing new buildings to optimize clean air.
- Open windows when doing so does not create a safety hazard. Even just leaving a crack in the window is better than keeping all the windows closed. Using fans will increase the effectiveness of open windows by drawing outdoor air into classrooms and other spaces.

- Use portable air cleaners in spaces with low ventilation.
- Hold some activities outside, such as lunch, certain classes, or recess/social periods.
- Keep bus windows open when it does not create a safety or health hazard.

For more detailed information on how to improve ventilation in the school setting please visit CDC's webpage [here](#).

Cleaning, Sanitizing, and Disinfecting

Daily cleaning and sanitizing are usually enough to sufficiently remove potential viruses that may be on surfaces. Please refer to CDC's webpage for a through overview of [when and how to clean and disinfect a facility](#).

When someone is sick with a [respiratory illness](#), open outside doors and windows to increase air circulation in the area if it is safe to do so. The infected areas should be cleaned, sanitized and disinfected before being used again.

Cleaning staff should clean, sanitize and disinfect all areas (e.g., offices, bathrooms, and common areas) used by the ill persons, focusing on frequently touched surfaces (e.g. doorknobs, drinking faucets, keyboards, touchscreens, and hallway handrails). When someone is cleaning, sanitizing and disinfecting an area that has been occupied by a sick person within the last 24 hours, the cleaning staff should consider wearing a mask to reduce the inhalation of viral particles.

Staff/personnel should ensure that desk surfaces are cleared of items at the end of the day to facilitate rapid cleaning and sanitizing of surfaces without having to remove student and teachers' possessions.

Schools should avoid or minimize shared items (water bottles, cups, utensils, food, drinks, etc.) between students and staff. Water bottles, cups and utensils must be properly disinfected and sanitized between students and teachers and distributing shared food and drinks must be done or monitored by staff members.

If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to sanitizing and disinfecting.

- For disinfection, most common EPA-registered household disinfectants should be effective. A list of products that are EPA-approved for use against the virus that causes COVID-19 is available at <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).
- Additionally, diluted household bleach solutions can be used, if appropriate, to disinfect surfaces. Follow manufacturer's instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach

will be effective against coronaviruses when properly diluted. Prepare a bleach solution by mixing $\frac{1}{2}$ cup of bleach per one gallon of water.

- Avoid using splash-less, color-fast, or bleach with fragrance as those include additives that make them unsafe for food contact surfaces as some districts and schools may be using classrooms for nutrition services.

ADDITIONAL PREVENTION STRATEGIES

When illness absence levels in the school community rise above typical daily absences, schools can add other strategies to their regular routines in addition to increasing everyday actions like hand washing and ventilation.

Additional strategies include:

- Optional masking
- Increasing distance and cohorting
- Illness monitoring and tracking
- Viral respiratory illness testing
- Managing exposures

Mask Use

Correctly and consistently wearing a [mask](#) can help lower the risk of respiratory virus transmission. When worn by a person with an infection, masks reduce the spread of the virus to others. Masks can also help protect wearers from breathing in infectious particles from people around them. Different [masks](#) offer different levels of protection. Wearing the most protective mask you can comfortably wear for extended periods of time that fits well (completely covering the nose and mouth) is the most effective option. Cloth masks generally offer lower levels of protection to wearers, surgical/disposable masks usually offer more protection, international filtering facepiece respirators (like KN95 respirators) offer even more protection, and the most protective respirators are NIOSH Approved® filtering facepiece respirators (like N95® respirators).

During times when respiratory disease spread and school absence is high, an outbreak is occurring, or there is an epidemic or pandemic/public health emergency, wearing a mask may help [protect those most at risk for severe illness from respiratory disease](#) (e.g., children with asthma or cystic fibrosis). Wearing masks can also decrease the spread of illness in the school setting by helping to minimize infectious particles in the environment. Some students and staff may elect to wear masks at additional times, even when disease burden is not high, due to personal health circumstances or preference. Schools should support anyone who chooses to wear a mask or respirator regardless of illness- spread levels. Mask wearing can be included into existing programming (e.g., antibullying programming). Schools should also support students or staff who might have [difficulty wearing masks](#), or need clear masks.

Physical Distancing and Cohorting

Physical distancing is a way to increase space between people in settings where there is commonly close contact with one another, such as schools. The closer you are to a greater number of people, the more likely you are to be exposed to infectious illnesses. There is no single number that defines a “safe” distance, since spread of viruses can depend on many factors. Often in the school setting, space is limited, making achieving distancing in a classroom difficult. Schools can consider moving activities outdoors when feasible to allow greater distancing, as respiratory illnesses are less likely to spread when people can stay apart. If weather permits and it is safe to move activities outside, schools can increase the number of classes or group activities done outside during times of elevated illness activity.

When space is limited, schools can also use cohorting as a strategy to minimize disease spread. Cohorting involves creating groups of students that are separated from other groups. Each group of students is kept together with the same peers and staff throughout the school day to reduce the risk for illness or limit spread throughout the school. Students with immunocompromising conditions or other underlying medical conditions or disabilities that increase risk for getting very sick should not be placed into separate classrooms or otherwise segregated from other students, as this could limit engagement in learning activities. Schools can develop cohorting plans in advance, to ensure that they are available for use promptly when needed.

Illness Monitoring

Schools, with support from their local health authority, can provide parents and caregivers with instructions on how to monitor students for illness or when to have a child stay home. This may be especially important in cases where new or emerging pathogens are causing illness. This can include a standardized symptom list that parents need to consider prior to students arriving at school. Procedures for allowing students or staff to return to the school setting (based on the infectious disease of concern) should also be outlined. Schools should communicate procedures to parents and caregivers and include clearly defined reasons for school exclusion in these instances.

Testing

Screening tests identify people with an infection who do not have symptoms or have known or suspected exposures so that steps can be taken to prevent further spread of the disease. During an outbreak or a pandemic, and when disease-specific tests are available, a testing program may be implemented to help prevent spread of disease. Currently, rapid tests are available for influenza and COVID-19. Schools can work with their local health authority to help determine when and how to implement screening tests and when there are reporting requirements for specific infection types.

Schools should consider the characteristics of different test types (including accessibility, accuracy, turnaround time, cost, and practicality) to determine which best suits their needs as well as public health guidance for the particular pathogen.

Schools should conduct testing in a way that ensures the ability to maintain confidentiality of results and protect privacy in accordance with applicable laws and regulations, which may include the Family Educational Rights and Privacy Act (FERPA). Schools should address obtaining appropriate consent to testing consistent with applicable law.

Schools can provide information about the appropriate use of testing within home settings and can communicate with families the importance of following pertinent public health guidance for anyone who tests positive, including information about when to contact a healthcare provider for additional management. For individuals who have symptoms consistent with the circulating illness, schools can identify local facilities and healthcare providers for referral to testing and management. This resource can be shared with students, families, and staff if they do not have a primary care physician capable of testing and treating the pathogen. For some individuals, diagnostic testing for certain respiratory illnesses, like influenza and COVID-19, may be important especially if they are at increased risk for severe disease and could benefit from [treatment](#).

Managing Exposure

Schools should have designated spaces to separate sick students from well students while waiting for them to leave school. Ideally, such a space will allow for staff to monitor the sick student, have a door that separates the space, and have increased air circulation. It is important that staff who are monitoring students use appropriate PPE and other precautions.

Schools are required to report certain occurrences of communicable diseases to their local health authority in accordance with [NAC 441A](#). Schools should also notify caregivers of exposures to certain communicable diseases. The Nevada Office of State Epidemiology has published communicable disease facts sheets for both parents and school/daycare providers which can be found [here](#). The local health authority will work with schools and caregivers to conduct contact tracing and identify contacts who may require notification.

RESPONDING TO OUTBREAKS

Schools should prepare for infectious disease events like outbreaks or a pandemic by making sure they have an [emergency operations plan \(EOP\) with an infectious disease section](#). This section will help schools plan for what to do before, during, and after an infectious disease event. Schools may need to consider how they would implement public health interventions such as illness screening, testing, contact tracing, physical distancing and cohorting, separation of sick students and staff at school, and masking. Schools may also need to consider suspending high-risk activities in order to control a school-or program- associated outbreak. Schools should consider how to meet the needs of children

with disabilities in their EOPs and can consult with caregivers and the student's healthcare providers to discuss these plans. Schools may also consider recovery plans that include items such as mental health support. For more information and training on how to create an infectious disease annex visit the [Readiness and Emergency Management for Schools Technical Assistance Center](#).

Schools that are experiencing outbreaks should work with their local health authority to ensure all required reporting and intervention methods are in place to interrupt ongoing transmission.

If an outbreak is suspected:

Please notify the Office of State Epidemiology as soon as possible by emailing stateepi@health.nv.gov or calling 775-400-0333.

EXCLUSION AND READMITTANCE CRITERIA:

Children and staff with viral respiratory illness including COVID-19, RSV and Influenza should be excluded from school or work until:

1. At least 24 hours have passed since symptoms began improving; and,
2. Fever free for 24 hours without the use of fever reducing medications.