

CDPH Guidance for Responses to Influenza for Institutions of Higher Education during the 2009-2010 Academic Year

Like the CDC guidance, this document provides guidance to help decrease the spread of flu among students, faculty, and staff of institutions of higher education (IHE) and post-secondary educational institutions during the 2009-2010 academic year. The CDPH endorses the concepts and recommendations found in the "CDC Guidance for Responses to Influenza for Institutions of Higher Education during the 2009-2010 Academic Year" (For more information, visit <http://www.flu.gov/plan/school/higheredguidance.htm>) For the purpose of this guidance, IHE will refer to public and private, residential and nonresidential, degree-granting and non-degree-granting institutions providing post-secondary education in group settings regardless of the age of their students. Portions of this guidance pertaining to dormitories and residence halls may serve as a useful supplement to residential (boarding) schools providing primary and secondary education, with adaptations as needed for their younger population and to residential military training centers. IHEs should tailor the guidance to account for the size, diversity, and mobility of their students, faculty, and staff; their location and physical facilities; programs; responsibilities and student and employee health services. Decisions about strategies should balance the goal of reducing the number of people who become ill, or die from flu with the goal of minimizing educational, economic and social disruption.

Although the severity of flu outbreaks during the fall and winter of 2009-10 is unpredictable, more communities may be affected than were affected in spring/summer 2009, reflecting wider transmission and possibly greater impact. The recommendations below are divided into two groups: 1) recommendations to use now, during this academic year, assuming a similar severity to the spring/summer H1N1 flu outbreak, and 2) recommendations to consider adding if the flu begins to cause more severe disease.

Please refer to the CDC guidance document for specific recommended responses to influenza for the 2009 – 2010 academic year (For more information, visit <http://www.flu.gov/plan/school/higheredguidance.htm>)

CDPH recommended strategies to complement the CDC guidance under flu conditions with severity similar to the Spring/Summer 2009 outbreak.

Facilitate self-isolation of residential students with flu-like illness

- Those with flu-like illness should stay away from classes and limit interactions with other people (called "self-isolation"), except to seek medical care, for at least 24 hours after they no longer have a fever, or signs of a fever, without the use of fever-reducing medicines, whether they are taking antiviral drugs for treatment of the flu or not. Some people with influenza will not have fever; therefore, for people with ILI without fever, stay away from others until 3-5 days after onset of illness when sneezing and coughing have decreased. In dormitory settings, staff and

students who have fully recovered from Influenza may be excellent candidates to provide care and support to others on campus who become ill later. (For more information, visit <http://www.cdc.gov/h1n1flu/guidance/exclusion.htm> .)

- Review and revise, as needed, policies, such as student absenteeism policies and sick leave policies for faculty and staff.,
- Travel by private car or taxi, if possible, which is preferred over using of public transportation.
- Students with a private room should remain in their room and receive care and meals from one person who is not at risk for serious complications from flu and preferably from a recovered colleague. Additionally, staff can make daily contact by e-mail, text messaging, phone calls, or other methods with each student who is in self-isolation.
- If close contact with others cannot be avoided, the ill student should be asked to wear a surgical mask during any period of contact likely to result in exposure of others to their respiratory droplets.
- Those who are ill with flu should avoid kissing, and sharing eating or drinking utensils.
- For those who cannot leave campus, and who do not have a private room, IHEs may consider providing temporary, alternate housing for ill students until 24 hours after they are free of fever.
- Instruct students with flu-like illness who are not at risk for serious complications and who are concerned about their illness to learn about self care from CDC and CDPH websites. Health care facilities may be very busy, so self care at home may be the most expedient way to manage flu. For more information about home care see: http://www.cdc.gov/h1n1flu/guidance_homecare.htm
- Instruct students with flu-like illness to promptly seek medical attention if they have a medical condition that puts them at increased risk of severe illness from flu, or develop severe symptoms such as increased fever, shortness of breath, chest pain or pressure, or rapid breathing. For more information about care needed by those seriously ill from the flu see: <http://www.cdc.gov/h1n1flu/sick.htm>
 - Visit <http://www.cdc.gov/h1n1flu/guidance/exclusion.htm> for more information on staying home while sick.
- **Vaccination** One of the best ways to protect against the flu is to get vaccinated against the flu, as soon as vaccine is available. For more information, visit <http://www.cdc.gov/h1n1flu/vaccination>.
- IHE management should preregister to become a vaccine dispensing site by going to the www.calpanflu.org website and by planning mass vaccination strategies with local health officials.

Discourage campus visits by ill persons: Use a variety of marketing techniques.

Encourage hand hygiene and respiratory etiquette of both people who are well and those that have any symptoms of flu: Emphasize the importance of the basic foundations of flu prevention: stay home when sick, wash hands frequently with soap and water when possible, or alcohol based hand sanitizers and cover nose and mouth with a tissue when coughing or sneezing (or a shirt sleeve or elbow if no tissue is available). Provide alcohol based hand sanitizers widely on campus.

Routine self care: Some students who are away from home for the first time experiment with risky behaviors. During a serious flu outbreak, this may result in more severe illness or greater susceptibility. This is a time for moderation. Even though students have heard these recommendations before, they need to be emphasized: Get enough rest, eat a balanced diet with at least 5 fruits and vegetables a day, drink alcohol in moderation or avoid, and begin or maintain exercise regimens. Avoid smoking cigarettes or being around cigarette smoke. Hand shaking is a routine practice in the USA; it is a great way to share germs. If students and staff could routinely substitute a form of greeting which does not involve touching hands, spread of flu can be reduced.

Minimizing Your Stress during a Crisis

It is normal to experience stress during any disaster or dramatic change in routine, but stress can be identified and managed. For more information see

<http://mentalhealth.samhsa.gov/disasterrelief/publications/allpubs/SMA-4113/chapter4.asp#ch4stress> .

You are the most important player in controlling your stress. There are specific steps you can take to help minimize stress during a crisis.

- Adhere to established safety policies and procedures to prevent the spread of flu.
- Encourage and support coworkers and colleagues.
- Recognize that "not having enough to do" is often experienced by those encountering a crisis.
- Take regular breaks whenever you experience troubling incidents and after each "work" day. Use time off to "decompress."
- Practice relaxation techniques such as deep breathing, meditation, and gentle stretching.
- Stay in contact with your family and friends.
- Pace self between low and high-stress activities.
- Eat regular, nutritious meals and get enough sleep.
- Avoid alcohol, tobacco, drugs, and excessive caffeine.

Routine cleaning

- Provide disposable wipes so that commonly used surfaces (for example, doorknobs, keyboards, remote controls, desks) can be wiped down by students before each use.

Living quarters and Facility Hygiene: The general business guidance recently released by CDC (<http://www.cdc.gov/h1n1flu/business/guidance/>) states:

Clean surfaces and items that are more likely to have frequent hand contact

- Frequently clean all commonly touched surfaces in the workplace, such as workstations, countertops, and doorknobs. Use the cleaning agents that are usually used in these areas and follow the directions on the label.
- No additional disinfection beyond routine cleaning is recommended." (For more information on cleaning in the home see http://www.cdc.gov/h1n1flu/guidance_homecare.htm#d .

Considerations for specific student populations

- Review policies for study abroad programs, including accessing health services abroad and reporting illness to the IHE.
- Communicate plans, policies, and strategies to partner K-12 schools regarding "early/middle college" students, prospective student tours, and other K-12 students regularly on campus.
- Determine if special communication strategies are needed to meet the needs of students with disabilities.
- Remind health-care profession students to follow infection control guidance for health-care workers. Visit <http://www.cdc.gov/h1n1flu/clinicians> for guidance for health care settings.

Under conditions with increased severity compared to spring/summer 2009

CDC, state, local public health, and IHE officials may recommend additional strategies to help protect IHE students, faculty, and staff if global, national, or regional assessments indicate that flu is causing more severe disease. Please refer to the specific recommendation in:

<http://www.flu.gov/plan/school/higheredguidance.htm>

Increase social distances:

- Explore innovative ways to increase the distances between students (for example, moving desks apart or using distance learning methods). Ideally, there should be at least 6 feet between people at most times.
- Consider whether to suspend or modify public events such as films, sporting events, or commencement ceremonies.

Extend the self-isolation period: If flu severity increases, people with flu-like illness should stay home for at least 7 days after the onset of their symptoms, even if they have no more symptoms. If people are still sick after 7 days, they should stay home until 24 hours after they have no symptoms. See information above for self-isolation in different types of housing.

Consider suspending classes

- IHE and health officials should work closely to balance the risks of flu in their community with the disruption that suspending classes will cause in both education and the wider community.
- Use multiple channels to communicate a clear message about the reasons for suspending classes and the implications for students, faculty, staff, and the community.

Deciding on a course of action

CDC recommends and CDPH endorses a combination of strategies applied early and simultaneously. Strategies should be selected a) based on trends in the severity of disease, virus characteristics, feasibility, and acceptability and b) through collaborative decision-making with public health agencies, IHE faculty and staff, students, students' families, and the wider community. Disease patterns vary from community to community, so specific recommendations will require local judgment and deliberations with appropriate stakeholders, as noted in the CDC guidance.