GENERAL GUIDELINES FOR THE PREVENTION AND CONTROL OF OUTBREAKS IN EDUCATIONAL SETTINGS

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Introduction

Per New Jersey Administrative Code (N.J.A.C.) 6A:16-2.2 and N.J.A.C. 3A:52-7.1, each school district and childcare center shall immediately report by telephone to the health officer of the jurisdiction in which the school is located any communicable disease identified as reportable pursuant to N.J.A.C. 8:57-1, whether confirmed or presumed.

These regulations pertain to youth camps, childcare/early care and education programs (ECEs), schools and institutions of higher education. Additional outbreak guidance specific to the camp setting can be found on the New Jersey Department of Health (NJDOH) School Health webpage. Throughout the rest of this document, unless otherwise noted, these educational settings will be referred to generally as "schools". This document has been prepared to guide in both identification and response to outbreaks occurring in the school setting.

Reporting

Information related to school absenteeism plays a crucial role in detecting disease clusters or outbreaks. In accordance with N.J.A.C 8.57-2.12, **K-12 schools are required to submit weekly data**, including student census and absenteeism, to the New Jersey Department of Health (NJDOH) through the Surveillance for Infectious Conditions (SIC) Module in New Jersey's Communicable Disease Reporting and Surveillance System (CDRSS). Weekly reporting into the SIC Module does not take the place of reporting outbreaks to the local health department (LHD).

Reporting communicable disease outbreaks in schools serves various purposes. The primary objective is to immediately control the further spread of the disease. Additionally, insights gained from outbreak investigations assist schools and public health agencies in identifying and eliminating sources of infection, understanding emerging problems, identifying carriers to mitigate their role in disease transmission, and implementing new prevention strategies within schools.

In the school setting, determining if an outbreak is occurring can be challenging. **An outbreak is defined as an occurrence of disease greater than expected at a specific time and place**. The following examples of confirmed or suspected outbreaks should be reported by the school to their local health department (LHD). This list is not exhaustive; if the situation doesn't align with these criteria and an outbreak is suspected, consultation with the LHD is recommended.

A school may be experiencing an outbreak (i.e., occurrence of disease greater than expected) may be if:

1. Several children who exhibit similar symptoms are in the same classroom, the same wing of a facility or they attended a common event.
2. There is an increase in school absences with many parents reporting similar symptoms as the reason why their child is not attending school.

3. Two or more students are diagnosed with the same reportable disease (e.g., salmonellosis).
4. A single case of a highly infectious disease (e.g., measles) exists, or is suspected to exist. Do not wait for confirmation in these instances, as the potential for an outbreak exists.

During times of seasonal illnesses (such as influenza), schools should expect to see sporadic cases. NJDOH recommends that schools monitor students and staff and notify the LHD if the school is experiencing clusters as described above.

Reporting refers not only to the initial outbreak notification, but also to the provision of routine updates on the status of the outbreak. The school and the LHD should be in daily contact regarding case numbers, control measures taken, and other pertinent information. Upon receiving the initial report, the LHD shall immediately inform NJDOH of the situation.

- **The school shall:**
  Notify the LHD of the jurisdiction in which the school is located. A directory of LHDs can be found at http://localhealth.nj.gov. Notification MUST be made by phone. It is important to note that reports shall NOT be made via voicemail, fax, email, text message, etc. For immediately reportable diseases, LHDs have someone available 24/7 who can take the report.

  If the LHD staff cannot be immediately reached and it is an emergency, the report should be made directly to the Communicable Disease Service at NJDOH. The Communicable Disease Service is reachable at 609-826-5964 (business hours) and 609-392-2020 (after hours and holidays).

- **The LHD shall:**
  Notify the NJDOH during business hours at 609-826-5964 or after hours and holidays at 609-392-2020.

Case Investigation and Response

Upon notification, NJDOH will assess the report and, if an outbreak is verified, assign an "E" number. Clearly mark all correspondence, documentation and lab samples (if requested) with this number.

The LHD, in consultation with the NJDOH epidemiologist, shall lead the investigation by providing the school with guidance, support and assistance. The LHD should consider making an on-site visit for initial evaluation and ongoing assessment.

The LHD, with cooperation of the school nurse/director or designee, will follow the basic steps listed below. These steps may occur sequentially and/or simultaneously during the course of the investigation.

1. **Gather information to confirm an outbreak – provide as much of the following as possible:**
   - Provide total number of students and staff in school.

- Start a line list (also known as an illness log) that includes all ill children and staff. Line list templates, *School/Childcare Excel and Google Sheets Line Listing* can be found on the School Health webpage.
- For any gastrointestinal illnesses, compile a list of food handlers that have been ill, along with their specific duties. A food handler is any person directly preparing or handling food. Food handlers may range from staff providing snacks in a childcare setting to cafeteria staff in a school.
- Compile a list of extracurricular activities and special events held during the 2 weeks prior to the first illness onset. Examples of extracurricular activities or events might include sports, social events, clubs, etc.

2. Verify the diagnosis:

- There are a variety of ways to determine what is causing an outbreak. Occasionally, when an outbreak is reported, laboratory testing has already been conducted and a diagnosis has been made. For most outbreaks, however, this is not the case. Also, some diseases must be diagnosed clinically – there is no specific test that can be done.
- The LHD plays a crucial role in ensuring the disease under investigation has been accurately diagnosed or facilitating appropriate testing. This involves reviewing clinical findings and/or laboratory results for the case, and may require interviews with the patient, parent, or doctor.
- Based on the assessment of the LHD, confirmation of the diagnosis with a laboratory test may be necessary. Laboratory testing may be done through a private physician and laboratory, or for some tests, by public health at the NJ state Public Health and Environmental Laboratory (PHEL) or the Centers for Disease Control and Prevention (CDC). The LHD or NJDOH epidemiologist will work with the school to facilitate lab testing and/or specimen transport.
- To confirm the etiology of an outbreak (i.e., the germ responsible for the disease), a minimum of two laboratory-confirmed cases (e.g., Norovirus) or two physician-confirmed cases, when laboratory confirmation is not available (e.g., Coxsackievirus), is required.

3. Develop an outbreak case definition:

- An outbreak case definition describes the criteria that an individual must meet to be counted as an outbreak case. The definition includes clinical signs & symptoms, physical location, and a specific time period. Every outbreak will have a unique outbreak case definition. This differs from a clinical case definition, which is criteria of symptoms used to make a diagnosis (e.g., diagnosis of a case of scarlet fever may include symptoms of a rash, reddened sore throat, fever, swollen glands).
- Examples of outbreak case definitions associated with a school setting are shown below:
    1. Fever, nausea, and abdominal discomfort on or after mm/dd/yyyy **plus** two or more episodes of vomiting and/or loose or watery stools in classroom XYZ.
    2. Student or staff of classroom XYZ experiencing an illness characterized by fever and at least two of the following on or after mm/dd/yyyy: Rhinorrhea, nasal congestion, sore throat, cough (productive or non-productive), change in appetite, change in mental status, headache, lethargy, myalgia, respiratory distress, pleuritic chest pain, radiographic evidence of a pulmonary infiltrate.

- The outbreak case definition will be developed by the LHD or NJDOH epidemiologist with cooperation from the school based on the current situation. The NJDOH epidemiologist is available for consultation as needed.

4. **Perform active surveillance**:
   - Schools should seek out additional cases among students and staff by being alert for new-onset illness among exposed persons, and reviewing student and staff histories to identify previous onsets of illness that may not have been correctly recognized as being part of the outbreak.
   - When a student is absent, parents should be asked to provide the reason for the student's absence and if the student had a healthcare provider (HCP) visit for this illness. This information will help determine if the student is part of the outbreak and in need of further follow up by public health.
   - It may be necessary to collect additional specimens from newly ill cases if a diagnosis has not yet been established.
   - Consult public health to determine if notification to students, families or staff is recommended. The LHD in conjunction with the NJDOH CDS epidemiologist can assist in developing letters and/or fact sheets depending on the circumstances of the outbreak. Once a letter or notification is drafted, it should be sent to the LHD for review.

5. **Document and count cases:**
   - The school shall maintain a line list or daily log of the number of students and teachers absent due to illness related to the outbreak or suspected outbreak. See *School/Childcare Excel and Google Sheets Line Listing* at https://www.nj.gov/health/cd/topics/schoolhealth.shtml for a template.
   - The LHD investigator shall review the line list with the school and the NJDOH epidemiologist to assess the status of the outbreak and make recommendations regarding control measures.

6. **Identify and eliminate possible transmission sources:**
   - The school, LHD and NJDOH epidemiologist should collaborate to determine the outbreak source. The source of an outbreak is the person or item responsible for transmission of illness to others (where it originated). It can be a:
     1. single sick child
     2. contaminated surface or product in the school
     3. contaminated water supply
     4. classroom pet
   - Occasionally, even with thorough investigation, the source might not be identified.

7. **Institute control measures:**
   - Control measures are the tools that halt transmission and can end the outbreak.
   - The LHD, in consultation with the NJDOH epidemiologist, shall provide recommendations and guidance to the school regarding control measures.
   - The school should make every effort to institute and maintain adequate control measures until the outbreak is declared over.

- See School Outbreak Control Measures for a list of common control measures that a school may be asked to initiate.

8. Evaluate the effectiveness of control measures and modify as needed:

- Generally, the outbreak is over when two incubation periods have passed without a new case being identified. An incubation period is defined as the time between exposure to an organism and when symptoms and signs are first apparent. Waiting two incubation periods allows for recognition of potential secondary case-patients that are still asymptomatic but in whom the disease may be incubating. **Evaluate and enforce adherence to infection control precautions by all staff, students, and visitors.** Continue control measures until no new cases are identified for two incubation periods.
- When no new cases are identified after two incubation periods, control measures may be ceased unless otherwise indicated by local health or the NJDOH epidemiologist.

9. School Closure:

Schools should work with LHDs to ensure that recommended control measures (e.g., exclusions, increased cleaning) are being followed. In addition, the LHD in conjunction with NJDOH may recommend enhanced surveillance be conducted to monitor an outbreak as cases rise and ultimately fall.

While school closure is not typically recommended for outbreaks of infectious disease (e.g., influenza), there may be limited circumstances where a school closure may be utilized to prevent the spread of infection when:

1. Infections are expected to affect large numbers of susceptible individuals
2. Recommended control measures are inadequate
3. The facility is unable to function due to increased illness affecting students and staff
4. Declared by the board of health of any municipality as outlined in N.J.S.A. 18A:40-12

In the case of public schools, the LHD may serve notice of closure recommendation to district board of education. The LHD has the authority to close childcare centers.

10. Summarize the investigation in a written report:

Unless otherwise instructed by the NJDOH, the LHD shall collaborate with the director/school nurse and other public health partners involved in the investigation on a final report and submit it to NJDOH within **30 days** of completion of the investigation. See the NJDOH website for the report format, available at http://www.state.nj.us/health/forms/cds-38.dot (form CDS-38). A summary of the investigation may also be submitted in an alternate format as directed by the NJDOH Regional Epidemiologist.

Outbreak Prevention

Schools should put in place a core set of infectious disease prevention strategies as part of their normal operations. Implementing layered mitigation strategies can prevent illness and keep students in school learning with teachers, faculty, and staff. When a school experiences high illness rates that lead to significant staff and student absences, administrators should reinforce layered prevention strategies, such as:

- Maintaining up-to-date vaccinations
- Encouraging students and staff to stay home when sick
- Promoting hand hygiene and respiratory etiquette
- Conducting regular cleaning/disinfection
- Improving ventilation systems

1. Surveillance

Surveillance for communicable diseases is crucial for identifying and properly excluding sick individuals from school and extracurricular activities, which helps curb disease spread and enables early outbreak detection. It also allows for swift control measure implementation, contact tracing, and risk factor analysis to target prevention messaging to vulnerable groups. School nurses serve a vital role in conducting disease surveillance.

2. Cleaning and Disinfection

Routine cleaning and disinfection are important prevention measures against the spread of germs. Schools should follow their standard procedure for routine cleaning and disinfecting. Typically, this means daily sanitizing of surfaces and objects that are touched often, such as desks, countertops, doorknobs, computer keyboards, hands-on learning items, faucet handles, phones, and toys. For more information, see When and How to Clean and Disinfect a Facility | CDC.

While the following information applies to all school settings, CDC and NJDOH have additional resources targeted specifically for the childcare setting and are noted below.

In addition to following specific environmental requirements outlined in N.J.A.C. 3A:52 (Manual of Requirements for Childcare Centers) more information on cleaning and disinfection in childcare centers can be found at How to Clean and Disinfect Early Care and Educations Settings and NJDOH Toolkit for Keeping Your Child Care Center Healthy.

NJDOH also has guidance on keeping a healthy indoor environment in schools:

- What's the Difference Between Cleaners, Sanitizers, and Disinfectants?
- Safe Cleaning -- What's Wrong with Using Bleach?
- Safe Cleaning with Microfiber Cloths and Mops
- Air Fresheners -- What You Need to Know

Cleaning with all-purpose cleaners (certified green cleaners/soap/detergent) and water decreases the number of harmful germs (like viruses, bacteria, parasites, or fungi) on surfaces and reduces risk of infection from surfaces in schools. Cleaning also helps remove mold and allergens that can trigger

asthma symptoms. Schools should routinely clean high-touch surfaces such as door handles, stair rails, elevator buttons, touchpads, restroom fixtures, desks, counters, and tables.

Sanitizing reduces the number of germs on non-porous surfaces. Sanitizing is done with weaker bleach solutions than are used for disinfection or sanitizing sprays. Sanitizer labels should specify the surfaces they are intended to be used on. Sanitizers must be registered and are regulated by the U.S. Environmental Protection Agency (EPA). Surfaces or items should be cleaned before they are sanitized. Surfaces that come in contact with children's mouths, such as infant feeding items and toys should be sanitized.

Disinfecting kills most germs including bacteria and many viruses on non-porous surfaces. Disinfectants are pesticides regulated and registered by the EPA. By killing germs on a surface after cleaning, disinfecting can further lower the risk of spreading disease. Schools should refer to the EPA website to use an EPA-registered disinfecting product that are effective against common pathogens.

If making a bleach solution for general disinfection, household bleach (5.25%–6.15% sodium hypochlorite) should be used. Using alternative preparations (e.g., non-scented or splash-less bleach) of bleach may alter the dilution concentration needed to clean materials. Bleach should not be combined with any other disinfectants or cleaning products. Household bleach (or any disinfectants) should **never** be mixed with any other cleaners or disinfectants. Follow the label directions on the bleach product and determine if any protective equipment, such as gloves or eye protection should be worn.

200ppm (parts per million) - 1:250 dilution
Use for stainless steel, food/mouth contact items, toys
1 Tablespoon of bleach in 1-gallon water

1000ppm (parts per million) - 1:50 dilution
Use for non-porous surfaces, tile floors, countertops, sinks, toilets
1/3 cup bleach in 1-gallon water

5000ppm (parts per million) - 1:10 dilution
Use for porous surfaces, wooden floors
1 and 2/3 cup bleach in 1-gallon water

Green Cleaning refers to the use of cleaning products that have a reduced impact on human health and the environment, often because they have been re-formulated to eliminate the most potentially toxic ingredients. It is important to know when cleaning is good enough and when sanitization or disinfection, which may involve harsher chemicals, is called for. It is also important for schools to know how to identify and use green cleaning products.

EPA manages the Safer Choice program, which certifies products that contain safer ingredients for human health and the environment. In addition to the Safer Choice label, EPA offers the Design for the Environment (DfE) label on antimicrobial products, such as disinfectants and sanitizers. Whether a product displays the Safer Choice label or the DfE label, the same stringent requirements and high standards must be met for that product to become certified.

EPA provides online search tools to help consumers and purchasers find Safer Choice and DfE-certified products:

- Safer Choice-Certified Product Search
- DfE-Certified Product Search, including those also on List N (antimicrobial products, like disinfectants and sanitizers)

NJDOH Toolkit for Keeping Your Child Care Center Healthy
What's the Difference Between Cleaners, Sanitizers, and Disinfectants?

EPA Green Cleaning, Sanitizing, and Disinfection: A Curriculum for Early Care and Education

Microfiber has been shown to remove up to 98% of bacteria and 93% of viruses from surfaces using microfiber and water in tests published by the EPA. Microfiber mops used with a detergent cleaner have shown to remove bacteria as effectively as cotton mops used with a disinfectant.

Guidance for Clean-up of Vomit or Feces

Ideally, schools should maintain separate supplies (such as buckets) for cleaning these types of accidents, and refrain from using supplies that are used for routine cleaning.

Disposable masks, aprons/gown, shoe covers, and eye shields should be worn if they are available. At a minimum, the person cleaning should wear disposable single-use gloves.

The following procedure should be used to clean vomit or feces.

- Cordon off a 10-foot range in the area where the incident occurred until it is cleaned. If the incident occurred in the kitchen, cordon off a 25-foot range.
- Clean areas soiled with vomit or feces promptly after the incident occurs.
    - Vomit and diarrhea should be removed carefully to minimize airborne particles. Using disposable absorbent material (e.g., cloth, paper towels, kitty litter, baking soda) soak up vomit and diarrhea. Do not vacuum material; using gloves, pick it up using paper towels. Dispose of all waste in a plastic trash bag or biohazard bag, immediately close, and dispose of the bag.
    - Then, use soap and water to wash and rinse the area or object. Wipe dry with paper towels. Dispose of all waste in a plastic trash bag or biohazard bag, immediately close, and dispose of the bag.

- After the area or object has been cleaned, it must be disinfected. Liberally disinfect area and objects surrounding the contamination with an appropriate disinfectant (multiple applications may be required).
    - Ensure that the appropriate dilution and contact times for the disinfectant are used.
    - Begin by spraying the soiled area with a freshly prepared 10% household bleach solution. This solution can be made by mixing 1 2/3 cup (about 13 ounces) of bleach per gallon of water. This is stronger than the concentration used for routine disinfection. An EPA registered product effective against norovirus according to manufacturer's instructions may also be used. See Control Measures cleaning and disinfecting section.
    - Spray the entire area within a 10-foot range of the vomiting or fecal accident. If the incident occurs in the kitchen, consider the area within 25 feet of the vomit to be contaminated.
- After the affected area has been cleaned, supplies used to clean the incident (such as buckets) should be sprayed with a 10% household bleach solution and allowed to air-dry.
    - Place the gloves, apron, mask, cleaning cloths, shoe covers and paper towels in the trash bag and dispose of the bag in a trash receptacle.
    - The person cleaning the affected area should thoroughly wash their hands when finished.
- If the incident occurs outdoors or in an area that is not easily cleaned, attempt to remove as much vomit or feces as possible by the method described above. When outdoors, the affected area can be covered with soil or ground cover after removing as much vomit or feces as possible.
- If a person vomits or has a fecal accident in the dining hall/cafeteria, clean the affected area as indicated above. Food contact surfaces and dining tables near the accident should be sprayed with a 10% household bleach solution and then rinsed with clean water. Food that was in the area when the accident occurred should be thrown away.
- If applicable, students should be instructed to handle linens and clothing soiled with vomit or feces as little as possible. These items should be laundered with detergent in hot water at the maximum cycle length and then machine dried on the highest heat setting. If there are no laundry facilities onsite capable of reaching a suitable temperature, soiled items should be double bagged (using plastic bags) and taken offsite for proper washing and drying. If soiled items are sent home, instruct parents or caregivers of the proper washing and drying procedures.

Hard Surfaces

- For toilets, sinks, furniture, walls, floors and other hard, non-porous surfaces, carefully remove vomit and diarrhea, and clean contaminated objects and surfaces with soap and hot water. Then, disinfect with the bleach solution.

Diaper Changing Surfaces and Potty Chairs

- For diaper changing stations and potty chairs, clean with soap and hot water, and disinfect using the bleach solution after each use (including equipment or supplies that were touched). Rinse thoroughly with clean water afterwards.

Food/Mouth Contact Items

- For objects that may come in contact with food or the mouths of people (such as toys or dishes), carefully remove vomit and diarrhea. Then, disinfect with the bleach solution. Rinse thoroughly with clean water afterwards. Alternatively, dishes, utensils, and cups can be cleaned with a dishwasher (using hot water and dishwasher detergent) immediately after use.

Carpet / Upholstered Furniture

- Visible debris should be cleaned with a double layer of absorbent material and placed in a plastic bag to minimize exposure to aerosols. Since disinfecting with bleach may discolor carpet, they should be steam cleaned (heat inactivation) 158°F for 5 minutes or 212°F for 1 minute.

Clothing / Fabrics / Linens

- If soiled, vomit or feces should be carefully removed to minimize aerosols. Keep contaminated and non-contaminated clothes separated. Minimize disturbance of soiled linens and laundry. Aerosols may pose a risk for transmission. Wash items in a pre-wash cycle, then use a regular wash cycle using detergent. Dry items separately from uncontaminated clothing at high temperature greater than 170°F. Ensure separation of clean and soiled linens/clothing/textiles.

3. Ventilation

Ventilation moves fresh air from outside to replace stale air inside and clears odors, germs, and other harmful particles from the air. Good ventilation can reduce the number of virus particles in the air. Along with other preventive actions, ventilation can reduce the likelihood of spreading disease. Safely opening windows and doors, including on school buses and ECE transportation vehicles, and using portable air cleaners with HEPA filters, are examples of strategies to improve ventilation.

The Centers for Disease Control and Prevention (CDC) and the Environmental Protection Agency (EPA) outline ways that schools, ECEs and Institutions of Higher Education (IHE) can improve ventilation:

- Bring in as much outdoor air as possible:
  - Open doors & windows (if safe).
  - Use child-safe fans safely secured in windows to increase air flow.
  - Consider having classes, activities and lunches outside, if circumstances allow.
  - Open windows in transportation vehicles when it does not create a safety or health hazard.
  - Use exhaust fans in restrooms and kitchens.
- Ensuring Heating, Ventilation, and Air Conditioning (HVAC) settings maximize ventilation:
  - Consider HVAC improvements in consultation with an HVAC professional.
  - Make sure ventilation systems are serviced and meet code requirements. They should provide acceptable indoor air quality, as defined by ASHRAE Standard 62.1 for the current occupancy level for each space.
  - Set systems to bring in as much outdoor air as possible, including 2 hours before and after occupancy.

    - In classrooms or buildings controlled at the thermostat, set the fan to the "on" position (instead of "auto") to operate the fan continuously, even when heating or air conditioning is not required.
- Filter and/or clean the air by improving the level of air filtration as much as possible without significantly reducing air flow:
    - Ensure high-efficiency particulate air (HEPA) filters are sized, installed, and replaced according to manufacturer's instructions. Air filters should be changed on a more frequent basis, as per manufacturer's guidance.
    - Consider portable air cleaners that HEPA filters to enhance air cleaning wherever possible.
- EPA and CDC guidance on ventilation in the home and ventilation in buildings may be relevant for residential dormitories.

NJDOH also has guidance on improving ventilation in schools and ECEs.

- Tips to Improve Indoor Ventilation
- Maintaining Healthy Indoor Air Quality in Public School Buildings

References

1. Environmental Health| NJDOH
2. Healthy School Environments | EPA
3. When and How to Clean and Disinfect a Facility | CDC
4. How To Clean and Disinfect Early Care and Education Settings | CDC
5. New Jersey School Integrated Pest Management (IPM) Program | NJDEP
6. Early Care and Education Portal| CDC
7. Washington Integrated Food Safety Center of Excellence: Norovirus Toolkit for School or Childcare Center Outbreaks

NJDOH School Health

Local Public Health Directory

GENERAL GUIDELINES FOR THE CONTROL OF OUTBREAKS IN SCHOOL AND CHILDCARE SETTINGS
CONTROL MEASURES

The following is a list of some common control measures that may be requested of the school. This list is to serve as a guide, not all control measures are charted below, and not all are appropriate in every situation. The LHD can help the school determine which control measures are appropriate.

Description of Control Measure to be Implemented	Recommended	Date Instituted	Date Reinforced	Date Suspended
Exclude sick staff and students. Specific exclusion guidelines can be found in the School Exclusion List.				
Ill students/staff should be immediately isolated from well students/staff and sent home: ▪ Have a designated area for ill students to stay until they can be picked up.				
Review and maintain policies for: ▪ Illness ▪ Cleaning and disinfecting ▪ Improving ventilation ▪ Sanitizing (e.g., utensils, cups) ▪ Handwashing ▪ Diaper changing if applicable ▪ Swimming pools if applicable, consistent with N.J.A.C. 8:26 Public Recreational Bathing Regulation				
Educate parents, staff and students: ▪ Provide in-service to educate students and staff regarding prevention and transmission, including proper hand hygiene. ▪ During an outbreak meet with staff to review situation and control measures. ▪ Contact LHD for fact sheets or other pertinent educational materials.				
Have a policy in place regarding notification to parents/guardians. This may be accomplished by posting				

Description of Control Measure to be Implemented	Recommended	Date Instituted	Date Reinforced	Date Suspended
signage and/or sending notification home. See sample notification letter. Consult the local health department for recommendations regarding notification when a communicable disease of public health importance or an outbreak of illness is reported in a school.				
Frequent hand washing with soap and water especially; ▪ Before, during and after preparing food or beverages. ▪ Before and after eating food or feeding a child. ▪ Before giving medication. ▪ Before and after caring for someone who is sick with vomiting or diarrhea. ▪ After using the bathroom or assisting with toileting or diaper changes: o Wash children's hands after diaper changes. o Adults should supervise children during hand washing as needed. ▪ After playing outside or playing in water that is used by more than one person. ▪ After contact with animals. ▪ After cleaning spills or objects contaminated with body fluids. ▪ Before and after giving first aid. ▪ Before donning and after removing gloves. **Note: Hand sanitizers should not be substituted for soap and water hand washing during a GI outbreak. Alcohol based sanitizers do not work well against spore forming bacteria such as C. difficile, or viruses such as norovirus**. Have clean, disposable paper towel or a safe warm-air hand-drying device available. About Hand Hygiene in Schools and Early Care and Education Settings				

Description of Control Measure to be Implemented	Recommended	Date Instituted	Date Reinforced	Date Suspended
Gloves should be worn: ▪ During contact with blood, feces or body fluids. **Note: Remove and dispose of gloves after completing tasks, before touching anything else. Always perform hand hygiene after the use of gloves.**				
Reinforce respiratory etiquette to students and staff: ▪ Coughing and sneezing into a tissue or elbow. ▪ Properly disposing of tissues. ▪ Washing hands immediately after coughing, sneezing or blowing nose. o If soap and water are not readily available, use an alcohol-based hand sanitizer that contains at least 60% alcohol to clean hands.				
Use appropriate barriers including materials such as disposable diaper table paper, disposable towels and surfaces that can be sanitized in group care settings.				
Restrict use of equipment and toys to use within a specific area and do not allow children to share without cleaning and disinfecting.				
Staff assigned to affected classrooms should not rotate to unaffected classrooms.				
Cleaning and disinfecting: ▪ Increase frequency during an outbreak. o Frequently touched surfaces including lavatory surfaces, toys, cribs, tables, changing stations, cubbies, mats, blankets/sheets, keyboards, kitchen prep areas, desks, phones, handrails, doorknobs and equipment. o Common areas such as gym, cafeteria, restrooms.				

Description of Control Measure to be Implemented	Recommended	Date Instituted	Date Reinforced	Date Suspended
▪ Immediately after spills of body fluids, follow procedures for **Vomit and Fecal Clean Up** ▪ Clean surfaces before applying a disinfectant. ▪ Label directions should always be followed. Proper technique: Use a broad-spectrum product registered with the EPA as being tuberculocidal or effective against Norovirus List G: Antimicrobial Products Registered with EPA for Claims Against Norovirus (Feline calicivirus) according to manufacturer's instructions or a self-made bleach solution prepared daily; labeled and sealed ▪ 1/3 cup bleach per gallon of cool water or 1 Tbsp. bleach per quart of cool water (5-minute contact time). ▪ Use of a bleach wipe with a 6% concentration of sodium hypochlorite for the dwell time specified by the manufacturer and until the surface is completely dry may be substituted. o Disinfectant wipes should **not** be used in a classroom by a staff member while children are present. Discard fluid contaminated material in a plastic bag that has been securely sealed. Change mop heads when a new bucket of cleaning solution is prepared, or after cleaning large spills of emesis or fecal material. Mops should be cleaned, rinsed with a disinfecting solution, wrung as dry as possible and hung to dry completely. When disinfecting, surfaces should be wet for appropriate contact (dwell) time, then allow surface to air dry or dry with a fresh paper towel or microfiber cloth. Objects that come in contact with food or mouths of people (e.g., toys, dishes) should be rinsed thoroughly with clean water after disinfection or alternatively,				

Description of Control Measure to be Implemented	Recommended	Date Instituted	Date Reinforced	Date Suspended
dishes, utensils, and cups can be cleaned with a dishwasher (using hot water and dishwasher detergent) immediately after use. Do not use a common cloth for cleaning/disinfecting; use paper towels and dispose of them immediately after use. Provide good ventilation by opening windows and doors when using bleach or other disinfectants.				
Facilities serving or sharing food should: ▪ If applicable, suspend community dining or recreational activities where ill and well students would otherwise mingle. ▪ Restrict students' sharing of any communal food items in classrooms. ▪ Restrict sharing of foods brought from private homes. ▪ Hand out items to be shared. ▪ Stop using self-service bars. ▪ Do not let children serve themselves in any manner which might promote direct hand contact with shared foods. ▪ Exclude ill food handlers with GI illness according to exclusion list.				
Suspend admission of new students.				

General Guidelines for the Control of Outbreaks in School and Childcare Settings

School Exclusion List

This chart provides information about some communicable diseases that may occur in schools, day care centers, summer camps and other group settings for children. It is meant as a guide to answer questions frequently asked of persons responsible for groups of children. This is not an all–inclusive list of significant diseases or a comprehensive guide to all information about each disease or condition. More specific information about these and other diseases may be obtained by contacting your local health department or the New Jersey Department of Health, Communicable Disease Service**. Outbreaks and suspect outbreaks of illness are immediately reportable to the Local Health Department where the school is located.**[1]

Fever is defined as a body temperature ≥ 100.4 F (38°C) from any site.

Infection or Condition	Common Signs and Symptoms	Exclusion for School/Daycare Children	Exclusion for Childcare Provider and/or Food Handler	Notes	Individual Cases Reportable to Health Department
Acute Diarrheal Illness (organism/cause not identified or not yet determined) OR **Campylobacteriosis** **Cryptosporidiosis** **Giardiasis** **Yersiniosis**	Defined by stool that is occurring more frequent or is less formed in consistency than usual in the child and not associated with changes of diet.	Exclude children whose stool frequency exceeds 2 above normal per 24 hours for that child. Exclude diapered children whose stool is not contained in the diaper and toilet-trained children if diarrhea is causing "accidents". Until diarrhea has ceased for 24 hours (e.g., last episode Monday at noon, child may return on Wednesday).	Exclude from cooking, preparing and handling food until 24 hrs. after symptoms resolve.	See norovirus Medical evaluation for stools with blood or mucus.	Yes; Campylobacteriosis Cryptosporidiosis Giardiasis Yersiniosis
Acute Respiratory Illness (ARI)	Fever ≥ 100.4°F **and** rhinorrhea, nasal congestion, sore throat, or cough in absence of a known cause.	Until fever free for 24 hours without fever reducing medication and symptoms are improving.[2]			

Infection or Condition	Common Signs and Symptoms	Exclusion for School/Daycare Children	Exclusion for Childcare Provider and/or Food Handler	Notes	Individual Cases Reportable to Health Department
COVID-19	New or worsening cough, shortness of breath, difficulty breathing, new olfactory or taste disorder. Fever, chills, myalgia, headache, sore throat, GI, fatigue, congestion, rhinorrhea	Until fever free for 24 hours without fever reducing medication **AND** symptoms are improving.		Once individuals return to normal activities, they should take additional precautions for the next five days.[2]	
E. coli – Shiga toxin producing E. coli (STEC)	Nausea, vomiting, bloody diarrhea, abdominal cramps.	Daycare: Symptom free and two negative stools[3,4]. School: Symptom free.	Exclude from cooking, preparing and handling food until symptom free and have two negative stool tests.[3,4]	Stools of all childcare staff, attendees and household contacts with diarrhea, should be tested in outbreak situations.	Yes[5]
Fever (only)	Elevation of normal body temperature. Body temperature ≥ 100.4° F (38°C) from any site	Until fever free for 24 hours without fever reducing medication.			
Fifth Disease (Erythema infectiosum)	Mild cold symptoms followed by rash, characterized by "slapped face" appearance.	No exclusion.		Pregnant women and immuno- compromised persons should seek medical advice.	
Hand Foot and Mouth (coxsackievirus)	Fever, sore throat, malaise, ulcers in the mouth and blisters on hands and feet.	Daycare: Fever free for 24 hours without fever reducing medication and no longer drooling steadily due to mouth sores. School: Fever free for 24 hours without fever reducing medication.		Most often seen in summer and early fall.	

Infection or Condition	Common Signs and Symptoms	Exclusion for School/Daycare Children	Exclusion for Childcare Provider and/or Food Handler	Notes	Individual Cases Reportable to Health Department
Hepatitis A	Jaundice	1 week after onset of jaundice or illness and fever free (if symptoms are mild).	Exclude from cooking, preparing and handling food 1 week after onset of jaundice or illness and fever free (if symptoms are mild).		Yes, immediately[5]
Herpes Gladiatorum ("Wrestlers Herpes")	Cluster of blisters typically head neck and shoulders. Fever, sore throat, swollen lymph nodes, burning or tingling skin.	Sports: All lesions healed with well adhered scabs and no new vesicle formation and no swollen lymph nodes near area involved.[6]		Athletes with direct skin to skin contact with infected individual must be excluded from contact activity[6]	
Impetigo	Small, red pimples or fluid-filled blisters with crusted yellow scabs.	Until treatment is initiated Sports: Exclude until deemed non-infectious and adequately treated by HCP[6]		Found most often on the face but may be anywhere on the body. When possible, lesions should be covered until dry.	
Influenza[1]	Sudden onset of fever, headache, chills, myalgia, sore throat, nasal congestion, cough, mild pinkeye, fatigue, abdominal pain.	Fever free for 24 hours without fever reducing medication.			
Measles	Initially characterized by fever, reddened eyes, runny nose, cough, followed by maculopapular rash that starts on the head and spreads down and out.	Through 4 days from rash onset.		Rash onset = day 0	Yes, immediately[5]
Meningitis, Bacterial (including Haemophilus influenzae)	High fever, headache and stiff neck.	Until adequately treated, 24 hours after initiation of effective antimicrobial therapy.			Yes, immediately[5]

Infection or Condition	Common Signs and Symptoms	Exclusion for School/Daycare Children	Exclusion for Childcare Provider and/or Food Handler	Notes	Individual Cases Reportable to Health Department
Meningitis, Viral	High fever, headache and stiff neck.	Fever free for 24 hours without fever reducing medication.			
MRSA (methicillin-resistant *staphylococcus aureus*)	Red bumps that progress to pus-filled boils or abscesses.	If lesions cannot be adequately covered. Sports: Exclude until deemed non-infectious and adequately treated by HCP[6]			Two or more non-household, culture-confirmed cases of MRSA that occur within a 14-day period and may be linked.
Molluscum Contagiosum	Small, flesh-colored bumps on the skin, often with a tiny, hard, indented, seedlike center.	No exclusion recommended.			
Mumps	Fever with swelling and tenderness of one or both parotid glands located below and in front of ears.	Until 5 days after onset of parotid swelling and fever free for 24 hours without fever reducing medication.		Parotitis = day 0	Yes[5]
Norovirus	Nausea, vomiting, diarrhea, abdominal cramps. May also have low grade fever, chills, body aches, headache.	Until 24-48 hrs. after symptoms resolve and fever free for 24 hours without fever reducing medication.	Exclude from cooking, preparing and handling food 48-72 hrs. after symptoms resolve. Staff may perform duties not associated with food preparation 24 hrs. after symptoms resolve.	Exclusion time on a case-by-case basis after consultation with the local health department (i.e., during an outbreak).	

Infection or Condition	Common Signs and Symptoms	Exclusion for School/Daycare Children	Exclusion for Childcare Provider and/or Food Handler	Notes	Individual Cases Reportable to Health Department
Pink Eye (conjunctivitis)	May affect one or both eyes. Pink or red conjunctivae with white or yellow discharge, often with matted eyelids after sleep and eye pain or redness of the eyelids or skin surrounding the eye.	Symptom-free, which means redness and drainage are gone OR approved for return by HCP.		There are several types of conjunctivitis including; bacterial, viral, allergic and chemical. Sometimes will occur early in the course of a viral respiratory infection that has other signs or symptoms.	
Pertussis	Initial stage begins with URI symptoms and increasingly irritating cough. Paroxysmal stage is characterized by repeated episodes of violent cough broken by high pitched inspiratory whoop. Older children may not have whoop.	After 5 days of appropriate antibiotic therapy completed. If untreated, through 21 days from cough onset.			Yes[5]
Rubella (German measles)	Slight fever, rash of variable character lasting about 3 days; enlarged head and neck lymph nodes. Joint pain may occur.	Through 7 days from rash onset			Yes, immediately[5]
Salmonella Typhi (typhoid fever)	Fever, anorexia, lethargy, malaise, headache.	Fever free for 24 hours without fever reducing medication AND Daycare: Symptom free and three negative stool tests[3] School: Symptom free.	Exclude from cooking, preparing and handling food until symptom free and three negative stool tests.[3]	Stools of all childcare staff, attendees and household contacts with diarrhea, should be tested in outbreak situations.	Yes[5]

Infection or Condition	Common Signs and Symptoms	Exclusion for School/Daycare Children	Exclusion for Childcare Provider and/or Food Handler	Notes	Individual Cases Reportable to Health Department
Salmonella non-typhoid	Fever, nausea, vomiting, non-bloody diarrhea, abdominal cramps.	Symptom free[4] Fever free for 24 hours without fever reducing medication.	Exclude from cooking, preparing and handling food until symptom free and have two negative stool tests.[3]		Yes[5]
Scabies	Itchy raised areas around finger webs, wrists, elbows, armpits, beltline, and/or genitalia. Extensive scratching.	Until after treatment has been given. Contact Sports[6]		Refer for treatment at the end of school day and exclude until treatment has been started.	
Shigella	Nausea, vomiting, diarrhea (may be bloody, and abdominal cramps.	Daycare: Symptom free and 2 negative stools[3] School: Symptom free.	Exclude from cooking, preparing and handling food until symptom free and have two negative stool tests.[3]	Stools of all childcare staff, attendees and household contacts with diarrhea, should be tested in outbreak situations.	Yes[5]
Staphylococcal or streptococcal skin infections (not including MRSA & Impetigo)	Honey crusted draining lesions, skin lesions with a reddened base.	If lesions cannot be adequately covered. Sports: If lesions cannot be adequately covered or drainage cannot be contained by the bandage[6]			
Streptococcal pharyngitis (strep throat)	Fever, sore throat, exudative tonsillitis or pharyngitis, enlarged lymph nodes. May also have a sandpaper-like rash.	Until at least 12-24 hrs. after antibiotic treatment has been initiated and child able to participate in activities AND Fever free for 24 hours without fever reducing medication.		Exclusion time may vary on a case-by-case basis after consultation with the local health department (i.e., during an outbreak).	

Infection or Condition	Common Signs and Symptoms	Exclusion for School/Daycare Children	Exclusion for Childcare Provider and/or Food Handler	Notes	Individual Cases Reportable to Health Department
Tinea capitis (Ringworm of the scalp)	Hair loss in area of lesions.	Until after treatment has been started. Contact Sports[6]		Refer for treatment at the end of school day and exclude until treatment has been started.	
Tinea corporis (Ringworm of the body)	Circular well demarcated lesion that can involve the face, trunk, or limbs. Itching is common.	Until after treatment has been started. Contact Sports[6]		Refer for treatment at the end of school day and exclude until treatment has been started.	
Varicella (Chickenpox)	Slight fever with eruptions which become vesicular. Lesions occur in successive crops with several stages of maturity at the same time.	Until all lesions have dried and crusted usually 5 days after onset of rash.			Yes[5]
Vomiting	Children with vomiting from an infection often have diarrhea and sometimes fever.	If vomiting more than 2 times in the previous 24 hours and is not from a known non-communicable condition (e.g., gastroesophageal reflux). Until at least 24 hours after last episode (e.g., last episode Monday at noon, child may return on Wednesday).	Exclude from cooking, preparing and handling food until 24 hrs. after symptoms resolve.	See Norovirus	

Conditions Requiring Temporary Exclusion

Temporary exclusion is recommended when the illness prevents the child from participating comfortably in activities as determined by the staff of the school or program; the illness results in a greater need for care than the staff of the program determine they can provide without compromising their ability to care for other children; the child has any of the following conditions, unless a health professional determines the child's condition does not require exclusion, appears to be severely ill (this could include lethargy/lack of responsiveness, irritability, persistent crying, difficult breathing, or having a quickly spreading rash, fever (as defined above) and behavior change or other signs and symptoms (e.g., sore throat, rash, vomiting, and diarrhea).

[1] An outbreak may be occurring if: several children who exhibit similar symptoms are in the same classroom, same wing or attended a common event. There is an increase in school absences with report of similar symptoms. Two or more students diagnosed with the same reportable disease. A single case of a highly infectious disease exists or is suspected to exist.

[2] See Respiratory Illness Guidance for K-12 Schools, Youth Camps, and Early Care and Education Programs at https://www.nj.gov/health/cd/topics/schoolhealth.shtml

[3] Negative stool specimens taken at least 24 apart and at least 48 hours after cessation of antibiotic treatment

[4] During an outbreak negative stool specimens may be required before return to school and/or food handling

[5] For specific reporting requirements refer to NJDOH Reporting Requirements http://nj.gov/health/cd/reporting

[6] Wrestling and other contact sports refer to NJDOH School Health (search "Guidelines for Skin Infections in Contact Sports") for exclusion guidance

Sources:

A. American Academy of Pediatrics. Red Book 31st Edition
B. NJDOH http://nj.gov/health/cd/topics Communicable Disease Chapters
C. Centers for Disease Control and Prevention http://www.cdc.gov
D. National Collegiate Athletic Association. NCAA 2014-15 Sports Medicine Handbook
E. American Academy of Pediatrics. Managing Infectious Diseases in Child Care and Schools a Quick Reference Guide, 5th Edition

NJHealth
New Jersey Department of Health
Communicable Disease Service

Often in the school setting, it is difficult to determine if an outbreak exists especially when seasonal illnesses are circulating. An outbreak may be occurring if you are experiencing clusters of ill students and/or staff that are in the same classroom, same grade or wing of the facility or have attended a common event. The information in this checklist is outlined in detail in the NJDOH "***General Guidelines for the Prevention and Control of Outbreaks in Educational Settings***[1] The NJDOH recommends that if an outbreak is suspected schools take the following steps:

☐ **Notify the Local Health Department:** Report all suspect or confirmed outbreaks immediately to the local health department (LHD) where the school is located.[2]

☐ **Collect Information:** Gather information regarding the number ill, total number in the school, symptoms, and lab testing performed if any.

☐ **Track Ill Persons:** Track students and staff illness and absences. A line list template can be found on the NJDOH website.[1]

☐ **Implement Recommendations:** Implement and maintain measures recommended by the LHD to control the outbreak, such as environmental cleaning, handwashing and exclusion, while investigation is ongoing.

☐ **Inform Staff:** Communicate recommendations made by LHD to staff to ensure implementation of control measures.

☐ **Cleaning and Disinfection:** Maintain environmental cleaning as recommended with appropriate products. "Be sure the products being used, and the surfaces being cleaned match the organism you think may be making people sick."

☐ **Notification:** If notification is determined to be necessary after consultation with public health officials, provide information and resources to parents on current situation in consultation with public health officials. Once a letter or notification is drafted, it should be sent to the LHD for review prior to distribution.

☐ **Update LHD:** Provide the LHD with updates regularly throughout the outbreak.

☐ **Educate Students, Staff and Parents:** Inform staff, students and parents about the outbreak, signs and symptoms, prevention measures to use at home and school during and after the outbreak to reduce transmission.

☐ **Determine When the Outbreak is Over:** It is important to work with the local health department to determine when the outbreak is over. If notification of the outbreak was sent to parents be sure to notify them when the outbreak is over reminding them of the importance of prevention measures such as handwashing and keeping student and staff at home when sick.

[1]http://nj.gov/health/cd/topics/schoolhealth.shtml [2]http://localhealth.nj.gov

Sample Letter to Families about Exposure to Communicable Disease

Name of Program _____ Date _____

Telephone # _____

Dear Parent or Legal Guardian:

A child in our program has or is suspected of having:

_____

Information about this disease:

The disease is spread by: _____

The symptoms are: _____

It can be prevented by:

_____
_____

What the program is doing: _____

What you can do at home:

_____
_____

Where you can get additional information: _____

If your child has any symptoms of this disease, call your doctor or other healthcare provider to find out what to do. Be sure to tell him or her about this notice. If you do not have a regular provider to care for your child, contact your local health department for instructions on how to find a doctor, or ask other parents for names of their children's providers. If you have any questions, please contact:

_____at _____
School Nurse/Caregiver's name Phone number