



Principals' H1N1 Resource
Week of 9/28/09

Below are answers to questions submitted by principals, with potential relevance to the larger NYC public school community. Responses reflect the Department of Health and Mental Hygiene's (DOHMH) recommendations, made in consultation with the Department of Education. This resource page will be updated on a semi-regular basis.

If a staff member has a confirmed case of H1N1, do we need to report this?

There is no reporting requirement if you have a confirmed case of H1N1 among staff members.

Are we permitted to install hand sanitizer machines in cafeterias?

The Health Department strongly recommends that hand sanitizer be made available to students in schools, *especially classrooms*, so that children can clean their hands at times when they cannot get to a sink. Parents may bring in hand sanitizer and we encourage you to purchase hand sanitizer through www.shopdoe.org by searching for "hand sanitizer" for a full product listing. If you have ordering questions, please contact the Division of Contracts and Purchasing's Client Services at (718) 935 - 4444. Please note that wall mounted units are not permitted.

Are there lesson plans on H1N1 for teachers to implement with students?

Lesson plans can be found using the following link: <http://schools.nyc.gov/Academics/FitnessandHealth/EducatorResources/default.htm>. Additional lesson plans will be available on the Principals' Portal in the H1N1 section in late September.

What are the recommendations to staff the overflow rooms in situations when medical offices are overcrowded?

Principals will determine, based on the needs of their school, who on their staff should remain with students in the holding room waiting to be picked up by their parents. Where necessary a staff rotation schedule may be indicated. As a reminder, students in the holding room are to be masked by the nurse, adviser, health aide or other designated individual.

Who can supervise the holding rooms?

Principals have the discretion to assign staff members (*e.g.* school aides, family workers, teachers, supervisors) they believe are most appropriate to supervise these rooms and minimize impact on instructional services to students. In the event a staff member refuses to work in this assignment, principals should contact ISC Counsel or the Office of Labor Relations to determine what, if any, disciplinary steps may be taken.

Who may be assigned the task of escorting students to and from the nurse's office for vaccines?

More details regarding the Department's vaccine program will be released shortly. However, like vision screenings, general protocols for escorting students shall remain in place and principals have the discretion to assign staff members (e.g. teachers, paraprofessionals, school aides, family workers, supervisors) they believe are most appropriate for this task.

Who may be assigned the task of escorting students who may be ill to and from the nurse's office or waiting area?

Principals have the discretion to assign staff members (e.g. school aides, family workers, teachers, supervisors) they believe are most appropriate to escort students.

Will vaccinations be given to the staff as well at the elementary schools?

The DOHMH Bureau of Immunizations advises us that vaccinations provided in schools will only be given to students. Staff can obtain vaccinations using the traditional channels such as their private physician.

Do we know if the vaccination is safe?

The H1N1 vaccine is produced using the same methods as those used for seasonal influenza vaccine for many years.

We have extremely medical fragile students, are any accommodations being made to have D75 students vaccinated in school?

The current vaccination plan calls for school based vaccinations in elementary schools and community based vaccinations for middle and high schools. D75 schools may be vaccinated separately if they are in stand-alone buildings. We are still evaluating this.

In the event that the H1N1 mutates, how much will the current policy we have in place change?

The H1N1 virus has not changed since it appeared in the spring and we do not expect it to change significantly in the next few months. If the disease it causes becomes much more severe, we will reevaluate our current policies, but we doubt this will happen.

We want children to wash their hands often. Are we allowed to have hand sanitizer in the classrooms and about the schools?

Yes, hand sanitizer will be permitted in schools.

What is the monitoring and reporting that will be done with school-based health centers (SBHC)?

SBHCs will be asked to report number of ILI through a web-based system. The expectation is that SBHCs and school nurses will share the number of ILI with principals upon request.

Last spring we had to report absences and ILIs to the ISC and superintendent. Do we still need to do that?

There is no requirement to report ILI and absences to ISC and superintendents. School nurses will use a citywide database to report the number of students experiencing "influenza-like illness" (fever of 100 degrees or higher, with a cough or sore throat) while at school each day. The Health Department's website will have a daily list of schools reporting 5 or more cases of

influenza-like illness on the previous school day. We will also post attendance for every public school, although this is not an accurate measure of influenza activity in a school.

If parents do opt to have their child immunized, will the pupil accounting secretary need to enter this information into ATS in the child's immunization record? If not, how will records be kept?

Immunization information will not be entered into ATS since the vaccine is not mandated for school entry.

If staff are ill and stay home, will it be charged to an individual's sick time?

If staff are ill and stay home, this time must be charged to the individual's sick time.

If staff are not ill but are "at risk" and stay home, will it be considered sick time?

If staff are not ill and stay home, this time must be charged to the individual's sick time.