



County of Sacramento

September 10, 2019

RE: Disease Outbreaks and Vaccine-Preventable Diseases in Sacramento County Schools

Dear School Administrators and School Nurses:

This letter and enclosed attachments contain information on selected communicable diseases and conditions commonly encountered in school and in child care settings. Sacramento County Public Health (SCPH) is available as a resource for information about communicable diseases, disease outbreak control, and immunization requirements.

Sacramento County Communicable Disease Control aims to control and prevent the spread of diseases in the community. SCPH should be consulted regarding exclusion criteria and clearance requirements for return to daycare/school/work. Outbreaks of communicable diseases (e.g., respiratory, gastrointestinal (GI), rash-related illnesses etc.) sometimes occur in school classrooms. SCPH would like to provide your school with information on what to do if a communicable disease outbreak is suspected. The SCPH Disease Control and Epidemiology Unit (DCEU) can assist in determining if such an outbreak is occurring at your school, but we need your help in tracking and reporting disease clusters.

Below are actions that are requested of you:

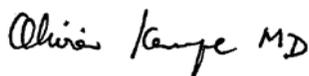
1. **Collect** and track illness-related absence information at the time of student or staff absence.
2. **Report** any unusually high number of *illness-related* student absences (i.e., greater than 10% of an entire school population or greater than 25% of a single classroom or grade) to SCPH via phone (916) 875-5881. Do **not** include other types of school absences (e.g., family vacations).
3. **Require** students and staff with acute flu-like symptoms to remain home until 24 hours after fever has resolved, and 48 hours after GI-related illness has subsided. Contact SCPH at (916) 875-5881 for guidance on duration required to exclude students and staff in the event of rash illness.

These additional actions may be requested of you if an outbreak is suspected in your school:

4. **Provide** a complete daily line list of all students and staff with respiratory, GI or rash illness if, and only if, your school is experiencing unusually high numbers of illness-related absenteeism. Line lists should include at a minimum, student's first and last name, parent/guardian name, contact phone number, grade, classroom, school, date of illness onset and symptoms (e.g., vomiting or diarrhea; or fever $>100^{\circ}\text{F}/37.8^{\circ}\text{C}$ with one or more of the following: body aches, chills, coughing, sore throat, runny/stuffy nose, rash). It is not a violation of HIPAA to obtain and report this information to SCPH. (14) H&S §120130, (15) H&S §120130 (17) C.C.R. § 2500(g).
5. **Coordinate** with SCPH to dispense sample collection kits to a few students and staff currently experiencing illness (i.e., individuals symptomatic for <72 hours) for testing at the SCPH Laboratory. SCPH cannot confirm the cause of any outbreak without at least two positive specimens from each school outbreak. Additionally, tests will not be done on specimens that are incorrectly labeled. It is not a violation of HIPPA privacy for schools to distribute testing kits, or for students to return kits to schools. Please be sure to include: Student and parent names, phone number, grade, classroom, collection date and time on each returned kit.
6. **Follow** other public health guidelines to prevent spread of illness. This may include disinfection of surfaces or other prevention measures.

For more information, please call Sacramento County Public Health Communicable Disease Control at (916) 875-5881 Monday through Friday between 8:00 am and 5:00 pm.

Sincerely,



Olivia Kasirye, MD, MS
Public Health Officer

Attachments:

1. Illness screening questionnaire
2. Sample illness tracking sheet*
3. School average daily attendance (ADA) reimbursement for disease epidemic fact sheet
4. Disease fact sheet – Flu
5. Disease fact sheet – Norovirus
6. Immunizations and Vaccine Preventable Diseases
7. Immunization Checklist– California Immunization Requirements For Child Care and School
8. California Immunization Requirements for Pre-Kindergarten
9. California Immunization Requirements for K- 12th Grade
10. General Exclusion of Ill Children and Staff
11. Preventing Foodborne Illness
12. Covering Your Cough
13. Gloving
14. Handwashing
15. Diapering and Soiled Articles
16. Wading Pools in Child Care and School Settings
17. Animals in Child Care Settings and Schools
18. Wild Animals Prohibited/RABIES
19. Air Quality & Outdoor Activity Guidance for Schools

**Sacramento County Public Health will provide an electronic (Excel) version of a tracking sheet in the event of an outbreak*

Relevant California Statutes

California Code of Regulations, Title 17, Section 2500, mandates that certain communicable and non-communicable diseases/conditions be reported to the local health department using specified methods and time frames. The California Health and Safety Code Sections 101025, 101375, and 120175 provide local health officers with the authority and responsibility to control communicable diseases and to take whatever steps may be necessary to prevent the spread of communicable diseases or the occurrence of additional cases.

California law requires schools to annually assess and report the immunization status of their students. SCPH Nurses visit and review students' immunization records and/or medical exemptions every year. During these visits, nurses provide education and resources to assist in protecting the public against vaccine-preventable diseases. Information regarding current and future school immunization laws can be found at the Shots for School website: <https://www.shotsforschool.org/>. (SCPH) Nurses may be available to provide vaccinations at your school or at our Sacramento County Immunization clinic prior to or throughout the school year. Please call the Immunization Assistance Program at (916) 875-7468 for more information.

Contacts:

For disease reporting and general information, please call Sacramento County Communicable Disease Control at (916) 875-5881 Monday through Friday between 8:00 am and 5:00 pm. For immunization information, please call the Immunization Assistance Program at (916) 875-7468.

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Illness Screening Questionnaire

School	
Student Name	
Parent/Guardian Name	
Contact Phone Number	
Date Completed	

1. Age: _____

2. Gender

- Female
- Male

3. Date symptoms started: _____

4. What symptom(s) is the student experiencing?
(Select all that apply.)

- Chills
- Cough
- Diarrhea
- Fatigue
- Fever >100°F (37.8°C)
- Muscle or body aches
- Nausea
- Rash
- Runny or stuffy nose
- Sneezing
- Sore throat
- Vomiting
- Other: _____

5. Has the student had the influenza vaccine for the current season?

- Yes
- No



County of Sacramento

School Average Daily Attendance (ADA) Reimbursement for a Disease “Epidemic” FACT SHEET

Background information

The California Codes provide a means to prevent potential funding losses from a “material decrease” in average daily attendance (ADA) due to an epidemic. A material decrease in ADA is defined as at least ten percent less attendance than normal in any given day. The ADA of the school during either the month of May or October of the same school year, at the District’s discretion, is used as the baseline for normal attendance.

What Schools need to provide to Sacramento County Public Health

1. A list of the dates when absences were more than 10% below the October or May ADA of the same school year, as defined by the California Department of Education (CDE), along with the number of children in attendance those dates.
2. The baseline ADA for October or May.
3. Send comments as to why you think the excess absenteeism may be due to an epidemic situation (e.g. many doctors’ notes, many students ill at school).

What Public Health will do:

1. Determine if an “epidemic” situation existed in the community that meets the purposes of the California Education Code. Public Health collects disease data from a variety of sources:
 - a. Monitoring of influenza, and other infectious diseases in the community
 - b. Lab reports of certain respiratory and gastrointestinal diseases
 - c. Reports of hospitalizations of children with severe influenza
 - d. Results of respiratory disease laboratory tests collected by sentinel physicians
 - e. Other reports of outbreaks of illness in the community
2. Compare disease data and reports (disease agent or syndrome, time period of community illness) with the absenteeism data sent by the school(s) to public health.
3. Determine if an “epidemic” in the community is likely contributing to a particular school’s or district’s material decrease in attendance.
4. Send a letter to the school superintendent regarding Public Health’s determination of whether an epidemic existed that is likely related to the increased absenteeism for the dates submitted. This letter may be used to support an application for reimbursement of ADA funds, via the School Board and SCOE, to CDE.



County of Sacramento

Contact Information

Sacramento County Communicable Disease Control:
7001- A East Parkway, Suite 600
Sacramento, CA 95823

Phone: (916) 875-5881

Fax: (916) 854-9709

References

California Code of Regulations (CCR), Title 5, Section 428 – Material decrease.

- Decrease in ADA must be at least 10 % below normal attendance (of October or May ADA) to be considered material. Normal attendance defined.

California Code of Regulations (CCR) Title 17, Section 2500

- “Outbreak. The occurrence of cases of a disease (illness) above the expected baseline level, usually over a given period of time, in a geographic area or facility, or in a specific population group.”
- California Education Code, Section 35252 – “average daily attendance of any school district has been materially affected . . . by . . . epidemic of unusual duration and prevalence”

California Education Code, Section 46392 and 41422– Causes of “material decrease”

- Causes of material decrease in ADA that may qualify to prevent loss of ADA funding include: fire, flood, impassable roads (e.g. snow days), epidemic, earthquake, imminent major safety hazard determined by local law enforcement, strike, school closure or order of civil or military officer related to emergency (war or other extraordinary condition), or absence of teachers.

(**Note:** Public Health deals only with epidemic as a potential cause of material decrease in attendance.)

- Endocrine disorders (such as diabetes mellitus)
- Kidney disorders
- Liver disorders
- Metabolic disorders (such as inherited metabolic disorders and mitochondrial disorders)
- Weakened immune system due to disease or medication (such as people with HIV or AIDS, or cancer, or those on chronic steroids)
- People younger than 19 years of age who are receiving long-term aspirin therapy
- People who have extreme obesity (Body Mass Index, or BMI, of 40 or greater)

If you (or your child) are in one of the groups above and develop flu-like symptoms, consult a health care provider to get advice about seeking medical care. Also, it's possible for otherwise healthy people to develop severe illness, so any one concerned about their illness should consult their doctor.

There are "emergency warning signs" that should signal anyone to seek medical care urgently.

Emergency Warning Signs In Children:

- Fast breathing or trouble breathing
- Bluish skin color
- Not drinking enough fluids
- Not waking up or not interacting
- Being so irritable that the child does not want to be held
- Flu-like symptoms improve but then return with fever and worse cough
- Fever with a rash

In Adults:

- Difficulty breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Sudden dizziness
- Confusion
- Severe or persistent vomiting

Are there medicines to treat infection with flu?

Yes. Antiviral drugs are prescription medicines (pills, liquid or an inhaled powder) that fight against the flu in your body. While a flu vaccine is the first and most important step in preventing flu, antiviral drugs are a second line of defense to treat the flu if you get sick. Antiviral drugs are not sold over-the-counter; you must have a prescription to get them. Antiviral drugs are not a substitute for vaccination.

How long should I stay home if I'm sick?

CDC recommends that you stay home for at least 24 hours after your fever is gone except to get medical care or for other necessities. (Your fever should be gone without the use of a fever-reducing medicine.) Stay away from others as much as possible to keep from making others sick. Continue to cover coughs and sneezes and wash hands even after you return to work. It is important to know that even if you don't have a fever, you may have flu and be contagious if you get flu symptoms.

Flu Symptoms can include

- fever *
- cough
- sore throat
- runny or stuffy nose
- body aches
- headache
- chills
- fatigue
- sometimes diarrhea and vomiting

*It's important to note that not everyone with flu will have a fever.

For more information, visit
<http://www.cdc.gov/flu>
 or call
800-CDC-INFO.

August 2016
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Flu & You



Centers for Disease Control and Prevention
 National Center for Immunization and Respiratory Diseases

Influenza (Flu)

Flu is a serious contagious disease that can lead to hospitalization and sometimes death.

How does flu spread?

Most experts think that flu viruses are spread mainly by droplets made when people with flu cough, sneeze or talk. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. A person might also get flu by touching a surface or object that has flu virus on it and then touching their own eyes, mouth or nose.

How long can a sick person spread flu to others?

People infected with flu shed virus and may be able to infect others from 1 day before getting sick to about 5-7 days after getting sick. This can be longer in some people, especially children and people with weakened immune systems. This means that you may be able to pass on the flu to someone else before you know you are sick, as well as while you are sick.

How severe is illness associated with flu?

Each flu season, different flu viruses spread and affect people differently based on their body's ability to fight infection. Even healthy children and adults can get very sick from the flu and spread it to friends, co-workers, and family. In the United States, millions of people have to visit the doctor because of flu and hundreds of thousands are hospitalized from flu complications each year.

While flu can make anyone sick, certain people are at greater risk for severe illness resulting in hospitalization or death. This includes older adults, young children, people with certain long term health conditions such as asthma, diabetes, and heart disease and women who are pregnant. (See "What should I do if I get sick?" for the full list of high risk factors.)

What can I do to protect myself from getting sick from flu?

CDC recommends a three-step approach to fighting flu: vaccination, everyday preventive actions, and the correct use of antiviral drugs if your doctor recommends them.

Prevention

#1 A flu vaccine is the first and most important step in protecting against flu viruses.

■ While there are many different flu viruses, the flu vaccine protects against the viruses that research indicates will be most common.

■ Flu vaccines protect against three or four viruses; an H1N1, an H3N2, and one or two influenza B viruses, depending on the vaccine.

■ Everyone 6 months of age and older should get vaccinated against the flu each year.

■ Vaccination of high risk persons is especially important to decrease their risk of severe flu illness. Vaccination also is important for health care workers, and those who live with or care for high risk people to keep from spreading flu to high risk people.

■ Children younger than 6 months are at high risk of serious flu illness, but are too young to be vaccinated. People who care for or live with them should be vaccinated to protect these babies.

#2 Take everyday actions to help prevent the spread of germs that cause respiratory illnesses.

■ Try to avoid close contact with sick people.

■ If you are sick with flu-like illness, CDC recommends that you stay home for at least 24 hours after your fever is gone except to get medical care or for other necessities. Your fever should be gone without the use of a fever-reducing medicine.

■ While sick, limit contact with others as much as possible to keep from infecting them.

■ Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.

■ Wash your hands often with soap and water. If soap and water are not available, use an alcohol-based hand rub.

■ Avoid touching your eyes, nose and mouth. Germs spread this way.

■ Clean and disinfect surfaces and objects that may be contaminated with germs like the flu.

#3 Take flu antiviral drugs if your doctor prescribes them.

■ If you get the flu, antiviral drugs can treat your illness. These drugs can make illness milder and shorten the time you are sick.

■ Antiviral drugs work best when started in the first 2 days of symptoms to treat people who are very sick (such as those who are hospitalized) or people who are sick with flu symptoms and who are at increased risk of severe flu illness.

If You Get Sick

What should I do if I get sick?

If you become ill with influenza symptoms you should stay home and avoid contact with other people except to seek medical care. Most people are able to recover at home from flu without medical care.

However, some people are at greater risk of serious flu-related complications. They are:

- Children younger than 5, but especially children younger than 2 years old
- People 65 and older
- Pregnant women (and women up to two weeks postpartum)
- People who have:
 - Asthma
 - Neurological and neurodevelopmental conditions [including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy (seizure disorders), stroke, intellectual disability (mental retardation), moderate to severe developmental delay, muscular dystrophy, or spinal cord injury].
 - Chronic lung disease (such as chronic obstructive pulmonary disease [COPD] and cystic fibrosis)
 - Heart disease (such as congenital heart disease, congestive heart failure and coronary artery disease)
 - Blood disorders (such as sickle cell disease)

Norovirus Illness: Key Facts

Norovirus—the stomach bug

Norovirus is a highly contagious virus. Norovirus infection causes gastroenteritis (inflammation of the stomach and intestines). This leads to diarrhea, vomiting, and stomach pain.

Norovirus illness is often called by other names, such as food poisoning and stomach flu. Noroviruses can cause food poisoning, as can other germs and chemicals. Norovirus illness is not related to the flu (influenza). Though they share some of the same symptoms, the flu is a respiratory illness caused by influenza virus.



Anyone can get norovirus illness

- Norovirus is the most common cause of acute gastroenteritis in the U.S.
- Each year, norovirus causes 19 to 21 million cases of acute gastroenteritis in the U.S.
- There are many types of norovirus and you can get it more than once.

Norovirus illness can be serious

- Norovirus illness can make you feel extremely sick with diarrhea and vomiting many times a day.
- Some people may get severely dehydrated, especially young children, the elderly, and people with other illnesses.
- Each year, norovirus causes 56,000 to 71,000 hospitalizations and 570 to 800 deaths, mostly in young children and the elderly.

Norovirus spreads very easily and quickly

- It only takes a very small amount of norovirus particles (fewer than 100) to make you sick.
- People with norovirus illness shed billions of virus particles in their stool and vomit and can easily infect others.
- You are contagious from the moment you begin feeling sick and for the first few days after you recover.
- Norovirus can spread quickly in enclosed places like daycare centers, nursing homes, schools, and cruise ships.
- Norovirus can stay on objects and surfaces and still infect people for days or weeks.
- Norovirus can survive some disinfectants, making it hard to get rid of.

Norovirus can spread in many ways

Norovirus can spread to others by—

- having direct contact with an infected person, for example, touching an infected person while caring for them,
- eating food or drinking liquids that are contaminated with norovirus,
- touching objects that have norovirus on them and then putting your fingers in your mouth, for example, touching a countertop that has vomit droplets on it and then putting your fingers in your mouth and
- sharing utensils or cups with people who are infected with norovirus.

There's no vaccine to prevent norovirus infection and no drug to treat it

- Antibiotics will not help with norovirus illness because antibiotics do not work on viruses.
- When you have norovirus illness, drink plenty of liquids to replace fluid loss and prevent dehydration.
- If you or someone you are caring for is dehydrated, call a doctor.



What is the Right Way to Wash Your Hands?

1. Wet your hands with clean, running water (warm or cold) and apply soap.
 2. Rub your hands together to make a lather and scrub them well; be sure to scrub the backs of your hands, between your fingers, and under your nails.
 3. Continue rubbing your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.
 4. Rinse your hands well under running water.
 5. Dry your hands using a clean towel or air dry them.
- See Handwashing: Clean Hands Saves Lives (www.cdc.gov/handwashing/)

5 Tips to Prevent Norovirus From Spreading

1. Practice proper hand hygiene

Always wash your hands carefully with soap and water—

- after using the toilet and changing diapers, and
- before eating, preparing, or handling food.

Alcohol-based hand sanitizers can be used in addition to hand washing. But, they should not be used as a substitute for washing with soap and water.

2. Wash fruits and vegetables and cook seafood thoroughly

Carefully wash fruits and vegetables before preparing and eating them.

Cook oysters and other shellfish thoroughly before eating them.

Be aware that noroviruses are relatively resistant. They can survive temperatures as high as 140°F and quick steaming processes that are often used for cooking shellfish.

Food that might be contaminated with norovirus should be thrown out.

Keep sick infants and children out of areas where food is being handled and prepared.

3. When you are sick, do not prepare food or care for others

You should not prepare food for others or provide healthcare while you are sick and for at least 2 to 3 days after you recover. This also applies to sick workers in schools, daycares, and other places where they may expose people to norovirus.

4. Clean and disinfect contaminated surfaces

After throwing up or having diarrhea, immediately clean and disinfect contaminated surfaces. Use a chlorine bleach solution with a concentration of 1000–5000 ppm (5–25 tablespoons of household bleach [5.25%] per gallon of water) or other disinfectant registered as effective against norovirus by the Environmental Protection Agency (EPA).

5. Wash laundry thoroughly

Immediately remove and wash clothes or linens that may be contaminated with vomit or stool (feces).

You should—

- handle soiled items carefully without agitating them,
- wear rubber or disposable gloves while handling soiled items and wash your hands after, and wash the items with detergent at the maximum available cycle length then machine dry them.



Visit CDC's Norovirus Web site at www.cdc.gov/norovirus for more information.

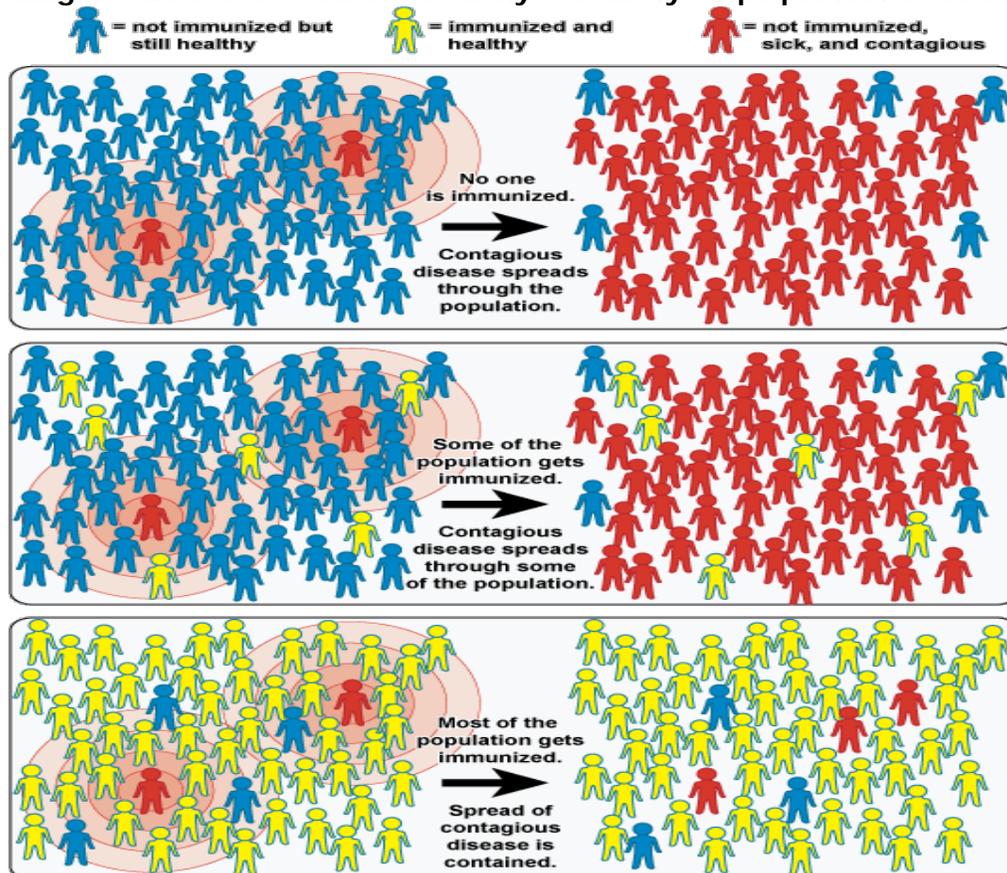
IMMUNIZATIONS AND VACCINE PREVENTABLE DISEASES

General Information

California law requires all children enrolled in state schools, both public and private, to have certain immunizations, or receive them when they enroll.

To prevent disease outbreaks in a community, at least 90% of its population must be immunized (“community or herd immunity”), depending on the disease. When parents choose not to vaccinate, they put their children, and our community, at greater risk of severe, vaccine preventable diseases by reducing community immunity.

See the diagram below for how community immunity helps protect all of us:



How well-vaccinated is your child’s child care facility?

<http://www.shotsforschool.org/childcare-facilities-lookup/>

How well-vaccinated is your child’s kindergarten?

<http://www.shotsforschool.org/kindergartenlookup/>

LINKS TO IMMUNIZATION SCHEDULE AND REQUIREMENTS FOR AGE 0-18

CDC Immunization Schedule

Because immunization recommendations can change, please contact your health care provider or check the Centers for Disease Control and Prevention (CDC) website for the most current recommendations. For the CDC's recommended immunization schedule for persons age 0-18 visit:

<http://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>

School Immunization Requirements

The following links include California state vaccine requirements for child care and school entry, immunization reporting resources for schools, tips for finding a lost immunization record, and information regarding medical exemptions.

California guide to immunizations required for child care entry	http://eziz.org/assets/docs/IMM-230.pdf
California guide to immunizations required for school entry	http://eziz.org/assets/docs/IMM-231.pdf
Child care and school immunization assessment reporting	http://www.shotsforschool.org/reporting/
Tips for locating old immunization records	http://www.immunize.org/catg.d/p3065.pdf
Vaccine exemptions	http://www.shotsforschool.org/laws/exemptions/

For immunization questions in Sacramento County:

Immunization Assistance Program
 (916) 875-7468

CDC vaccine information statements:

<http://www.cdc.gov/vaccines/hcp/vis/>

General recommendations on immunization from Advisory Committee on Immunization Practices (ACIP):

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6002a1.htm>

California State Immunization Branch:

<http://www.cdph.ca.gov/programs/immunize/Pages/Default.aspx>

CDC's 10 things you need to know about vaccines:

<http://www.cdc.gov/vaccines/vac-gen/10-shouldknow.htm>



Children are required to receive certain immunizations before starting child care or school.

TK/K- 12 students need the following immunizations:

- ✓ 5 DTaP (diphtheria, tetanus, pertussis) immunizations
- ✓ 4 doses of polio
- ✓ 3 doses of hepatitis B
- ✓ 2 doses of MMR
- ✓ 2 doses of varicella (chickenpox)

7th graders need to meet TK/ K-12 Requirements if they:

- ✓ Had personal belief exemptions in elementary school or
- ✓ Are new admissions

CALIFORNIA IMMUNIZATION REQUIREMENTS FOR PRE-KINDERGARTEN



(any private or public child care center, day nursery, nursery school, family day care home, or development center)

Doses required by age when admitted and at each age checkpoint after entry¹:

AGE WHEN ADMITTED	TOTAL NUMBER OF DOSES REQUIRED OF EACH IMMUNIZATION ^{2,3}			
2 through 3 months	1 Polio	1 DTaP	1 Hep B	1 Hib
4 through 5 months	2 Polio	2 DTaP	2 Hep B	2 Hib
6 through 14 months	2 Polio	3 DTaP	2 Hep B	2 Hib
15 through 17 months	3 Polio	3 DTaP	2 Hep B	1 Varicella
	On or after the 1st birthday:			1 Hib ⁴ 1 MMR
18 months through 5 years	3 Polio	4 DTaP	3 Hep B	1 Varicella
	On or after the 1st birthday:			1 Hib ⁴ 1 MMR

1. A pupil's parent or guardian must provide documentation of a pupil's proof of immunization to the governing authority no more than 30 days after a pupil becomes subject to any additional requirement(s) based on age, as indicated in the table above (Table A).
2. Combination vaccines (e.g., MMRV) meet the requirements for individual component vaccines. Doses of DTP count towards the DTaP requirement.
3. Any vaccine administered four or fewer days prior to the minimum required age is valid.
4. One Hib dose must be given on or after the first birthday regardless of previous doses. Required only for children who have not reached the age of five years.

DTaP = [diphtheria toxoid](#), [tetanus toxoid](#), and acellular [pertussis](#) vaccine
 Hib = [Haemophilus influenzae, type B](#) vaccine
 Hep B = [hepatitis B](#) vaccine
 MMR = [measles](#), [mumps](#), and [rubella](#) vaccine
 Varicella = [chickenpox](#) vaccine

INSTRUCTIONS:

California pre-kindergarten (child care or preschool) facilities are required to check immunizations for all new admissions and at each age checkpoint.

UNCONDITIONALLY ADMIT a pupil age 18 months or older whose parent or guardian has provided documentation of any of the following for each immunization required for the pupil's age as defined in table above:

- Receipt of immunization.
- A permanent medical exemption in accordance with 17 CCR section 6051.
- A personal beliefs exemption (filed prior to 2016) in accordance with Health and Safety Code section 120335.

CONDITIONAL ADMISSION SCHEDULE FOR PRE-KINDERGARTEN

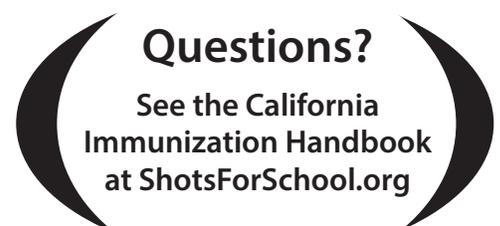
Before admission a child must obtain the first dose of each required vaccine and any subsequent doses that are due because the period of time allowed before exclusion has elapsed.

DOSE	EARLIEST DOSE MAY BE GIVEN	EXCLUDE IF NOT GIVEN BY
Polio #2	4 weeks after 1st dose	8 weeks after 1st dose
Polio #3	4 weeks after 2nd dose	12 months after 2nd dose
DTaP #2, #3	4 weeks after previous dose	8 weeks after previous dose
DTaP #4	6 months after 3rd dose	12 months after 3rd dose
Hib #2	4 weeks after 1st dose	8 weeks after 1st dose
Hep B #2	4 weeks after 1st dose	8 weeks after 1st dose
Hep B #3	8 weeks after 2nd dose and at least 4 months after 1st dose	12 months after 2nd dose

CONDITIONALLY ADMIT any pupil who lacks documentation for unconditional admission if the pupil:

- has commenced receiving doses of all the vaccines required for the pupil's age (table on page 1) and is not currently due for any doses at the time of admission (as determined by intervals listed in Conditional Admission Schedule, column entitled "EXCLUDE IF NOT GIVEN BY"), or
- is younger than 18 months and has received all the immunizations required for the pupil's age (table on page 1) but will require additional vaccine doses at an older age (i.e., at next age checkpoint), or
- has a temporary medical exemption from some or all required immunizations (17 CCR section 6050).

Continued attendance after conditional admission is contingent upon documentation of receipt of the remaining required immunizations. The pre-kindergarten facility shall notify the pupil's parent or guardian of the date by which the pupil must complete all remaining doses.





GRADE	NUMBER OF DOSES REQUIRED OF EACH IMMUNIZATION ^{1, 2, 3}				
K-12 Admission	4 Polio⁴	5 DTaP⁵	3 Hep B⁶	2 MMR⁷	2 Varicella
(7th-12th)⁸	K-12 doses	+ 1 Tdap			
7th Grade Advancement^{9,10}		1 Tdap⁸			2 Varicella¹⁰

- Requirements for K-12 admission also apply to transfer pupils.
- Combination vaccines (e.g., MMRV) meet the requirements for individual component vaccines. Doses of DTP count towards the DTaP requirement.
- Any vaccine administered four or fewer days prior to the minimum required age is valid.
- Three doses of polio vaccine meet the requirement if one dose was given on or after the 4th birthday.
- Four doses of DTaP meet the requirement if at least one dose was given on or after the 4th birthday. Three doses meet the requirement if at least one dose of Tdap, DTaP, or DTP vaccine was given on or after the 7th birthday (also meets the 7th-12th grade Tdap requirement. See fn. 8.)
- One or two doses of Td vaccine given on or after the 7th birthday count towards the K-12 requirement.
- For 7th grade admission, refer to Health and Safety Code section 120335, subdivision (c).
- Two doses of measles, two doses of mumps, and one dose of rubella vaccine meet the requirement, separately or combined. Only doses administered on or after the 1st birthday meet the requirement.
- For 7th-12th graders, at least one dose of pertussis-containing vaccine is required on or after the 7th birthday.
- For children in ungraded schools, pupils 12 years and older are subject to the 7th grade advancement requirements.
- The varicella requirement for seventh grade advancement expires after June 30, 2025.

DTaP/Tdap = diphtheria toxoid, tetanus toxoid, and acellular pertussis vaccine
 Hep B = hepatitis B vaccine
 MMR = measles, mumps, and rubella vaccine
 Varicella = chickenpox vaccine

INSTRUCTIONS:

California schools are required to check immunization records for all new student admissions at TK /Kindergarten through 12th grade and all students advancing to 7th grade before entry. Students entering 7th grade who had a personal beliefs exemption on file must meet the requirements for TK/K-12 and 7th grade. See shotsforschool.org for more information.

UNCONDITIONALLY ADMIT a pupil whose parent or guardian has provided documentation of any of the following for each immunization required for the pupil's age or grade as defined in table above:

- Receipt of immunization.
- A permanent medical exemption in accordance with 17 CCR section 6051.
- A personal beliefs exemption (filed in CA prior to 2016) in accordance with Health and Safety Code section 120335; this is valid until enrollment in the next grade span, typically at TK/K or 7th grade.

CONDITIONALLY ADMIT any pupil who lacks documentation for unconditional admission if the pupil has:

- Commenced receiving doses of all the vaccines required for the pupil's grade (table above) and is not currently due for any doses at the time of admission (as determined by intervals listed in Conditional Admission Schedule, column entitled "EXCLUDE IF NOT GIVEN BY"), or
- A temporary medical exemption from some or all required immunizations (17 CCR section 6050).

CONDITIONAL ADMISSION SCHEDULE FOR GRADES K-12

Before admission a child must obtain the first dose of each required vaccine and any subsequent doses that are due because the period of time allowed before exclusion has elapsed.

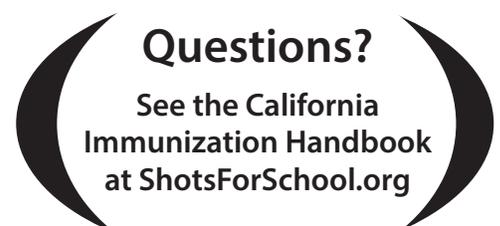
DOSE	EARLIEST DOSE MAY BE GIVEN	EXCLUDE IF NOT GIVEN BY
Polio #2	4 weeks after 1st dose	8 weeks after 1st dose
Polio #3	4 weeks after 2nd dose	12 months after 2nd dose
Polio #4¹	6 months after 3rd dose	12 months after 3rd dose
DTaP #2	4 weeks after 1st dose	8 weeks after 1st dose
DTaP #3²	4 weeks after 2nd dose	8 weeks after 2nd dose
DTaP #4	6 months after 3rd dose	12 months after 3rd dose
DTaP #5	6 months after 4th dose	12 months after 4th dose
Hep B #2	4 weeks after 1st dose	8 weeks after 1st dose
Hep B #3	8 weeks after 2nd dose	12 months after 2nd dose and at least 4 months after 1st dose
MMR #2	4 weeks after 1st dose	4 months after 1st dose
Varicella #2	Age less than 13 years: 3 months after 1st dose	4 months after 1st dose
	Age 13 years and older: 4 weeks after 1st dose	8 weeks after 1st dose

1. Three doses of polio vaccine meet the requirement if one dose was given on or after the fourth birthday.
2. If DTaP #3 is the final required dose, DTaP #3 should be given at least six months after DTaP #2, and pupils should be excluded if not given by 12 months after second dose. Three doses meet the requirement if at least one dose of Tdap, DTaP, or DTP vaccine was given on or after the seventh birthday. One or two doses of Td vaccine given on or after the seventh birthday count towards the requirement.

Continued attendance after conditional admission is contingent upon documentation of receipt of the remaining required immunizations. The school shall:

- review records of any pupil admitted conditionally to a school at least every 30 days from the date of admission,
- inform the parent or guardian of the remaining required vaccine doses until all required immunizations are received or an exemption is filed, and
- update the immunization information in the pupil's record.

For a pupil **transferring** from another school in the United States whose immunization record has not been received by the new school at the time of admission, the school may admit the child for up to 30 school days. If the immunization record has not been received at the end of this period, the school shall exclude the pupil until the parent or guardian provides documentation of compliance with the requirements.



GENERAL EXCLUSION GUIDELINES FOR ILL CHILDREN/STAFF

Certain symptoms in children may suggest the presence of a communicable disease. Excluding an ill child may decrease the spread of the disease to others in the child care and school settings. Recommended exclusion varies by the disease or infectious agent. Children with the symptoms listed below should be excluded from the child care or school setting until symptoms improve, or a healthcare provider has determined that the child can return.

NOTE: It is recommended that child care/preschool providers and schools have policies that are clearly written for excluding sick children and staff. These policies should be placed in the student handbook or on the child care or school website. Parents/guardians and staff should be given, or directed to, these resources at the beginning of each school year or when the child is enrolled or the staff member is hired. This will help prevent problems later when the child or staff member is ill.

Exclude children with any of the following:

Illness: Unable to participate in routine activities or needs more care than can be provided by the child care/school staff.

Fever: Elevation of body temperature above normal when accompanied by behavior changes, stiff neck, difficulty breathing, rash, sore throat, and/or other signs or symptoms of illness; or is unable to participate in routine activities. **Measure temperature before giving medications to reduce fever.** The following temperature is considered above normal:

- **Oral temperature:** **100.4** degrees F or higher.

Signs/Symptoms of Possible Severe Illness: Exclude until a healthcare provider has done an evaluation to rule out severe illness when the child is unusually tired, has uncontrolled coughing, unexplained irritability, persistent crying, difficulty breathing, wheezing, or other unusual signs for the child.

Diarrhea: Until 24 hours after diarrhea stops or until a medical exam indicates that it is not due to a communicable disease. Diarrhea is defined as an increased number of stools compared with a child's normal pattern, along with decreased stool form and/or stools that are watery, bloody, or contain mucus.

Vomiting: Until 24 hours after vomiting stops, unless determined to be caused by a non-communicable condition and the child is not in danger of dehydration.

Mouth Sores with Drooling: Until a medical exam indicates the child may return or until sores have healed.

Rash with Fever or Behavior Change: Until a medical exam indicates these symptoms are not those of a communicable disease that requires exclusion.

Eye Drainage: When purulent (pus) drainage and/or fever or eye pain is present or until a medical exam indicates that a child may return.

Unusual Color of Skin, Eyes, Stool, or Urine: Until a medical exam indicates the child does not have hepatitis. Symptoms of hepatitis include yellow eyes or skin (jaundice), gray or white stools, or dark (tea or cola-colored) urine.

PREVENTING FOODBORNE ILLNESS

What is a foodborne illness?

A foodborne illness is a disease that can be caused by a germ (virus or bacteria) or a chemical that contaminates the food you eat.

How does the food become contaminated?

Food can be contaminated when a person who is preparing the food has not washed his/her hands. Fruit, vegetables, dairy products, meat and other food items can come into contact with soil, water, human/animal waste that contains illness-causing germs. Foodborne illness can be caused when food is not kept at the correct temperature and a germ in a food is allowed to multiply. Food can also become unsafe if a chemical (such as a cleaning product) is spilled into food.

What are the kinds of germs that make food unsafe?

The most common causes of foodborne illness are:

Salmonella: bacteria that is in many different foods, most often in raw chicken or other meat (protein sources). Symptoms of salmonella infection include diarrhea, fever and stomach cramps.

Campylobacter: bacteria that is also in raw chicken. Symptoms of campylobacter include fever, headache, nausea, diarrhea and abdominal cramps.

E. coli: bacteria which may be spread by water or food that has been contaminated by animal or human waste (stool). There are many kinds of E. coli. Some kinds can cause illness in humans. Symptoms of E. coli include severe diarrhea, sometimes even bloody diarrhea.

Shigella: bacteria that is spread from an infected person who prepares/touches the food of others.

How can foodborne illness be prevented?

Foodborne illness is more prevalent in warmer weather. There's a higher risk of foodborne illness in the summertime because foodborne bacteria grow fastest at temperatures from 90 to 110 °F. Also, more people cook outside at picnics, barbecues and camping trips, away from refrigeration and washing facilities that a kitchen provides. To keep food safe during summer, and all year round, the Food Safety and Inspection Service of the United States Department of Agriculture recommends we "**Clean**," "**Separate**," "**Cook**" and "**Chill**":

Clean

Wash Hands and Surfaces Often. Unwashed hands and cooking and eating surfaces are a prime cause of foodborne illness.

- Wash your hands with hot, soapy water before handling food and after using the bathroom, changing diapers, and handling pets.
- When eating away from home, find out if there's a source of clean water. If not, bring water for preparation and cleaning or pack clean, wet, disposable washcloths, moist towelettes or antibacterial hand gel and paper towels for cleaning hands and surfaces.

Separate

Don't Cross-Contaminate. Cross-contamination during preparation, grilling and serving food can lead to foodborne illness.

- When packing the cooler chest for an outing, wrap raw meats securely; avoid raw meat juices from coming in contact with ready-to-eat food.
- Wash plates, utensils, and cutting boards that held the raw meat or poultry before using again for cooked food.
- Do not use marinade that's been used for raw meats to baste food once you've started to cook. Instead, set aside some of the marinade before you add the raw meat, poultry or fish.
- Do not use the loose ice used to pack your cooler as ice for your drinks. Pack beverage ice in separate, re-sealable bags.

Cook

Cook Food to Proper Temperatures. Food is properly cooked when it's heated for a long enough time and at a high enough temperature to kill bacteria that cause foodborne illness.

- Take your thermometer along. Meat and poultry cooked on a grill often browns very fast on the outside, so be sure that meats are cooked thoroughly. Check them with a food thermometer.
- Cook steaks and roasts that have been tenderized, boned, rolled, etc., to an internal temperature of 160 °F for medium and 170 °F for well-done. Whole steaks and roasts may be cooked to 145 °F for medium rare.
- Whole poultry should be cooked to 180 °F in the thigh; breast meat to 170 °F.
- Cook hamburger and other ground meats (veal, lamb, and pork) to an internal temperature of 160 °F, and ground poultry to 165 °F.
- Properly cooked fish should flake easily with a fork.
- Cook meat and poultry completely at the picnic site. Partial cooking of food ahead of time allows bacteria to survive and multiply to the point that subsequent cooking cannot destroy them.

Chill

Refrigerate Promptly. Holding food at an unsafe temperature is a prime cause of foodborne illness. Keep cold food cold.

- Marinate raw meat, poultry and fish in a covered dish in the refrigerator. Do not let marinating foods sit on the counter. Transport in a cooler separate from ready-to-eat foods.
- Cold refrigerated perishable food like luncheon meats, cooked meats, chicken, and potato or pasta salads should be kept in an insulated cooler packed with several inches of ice, ice packs, or containers of frozen water.
- Consider packing canned beverages in one cooler and perishable food in another cooler because the beverage cooler will probably be opened frequently. Keep coolers in the coolest part of the car, and place in the shade or shelter, out of the sun, whenever possible.
- If the ice starts to melt, put more into the cooler.

COVERING YOUR COUGH

Why should I cover my cough?

- Respiratory illnesses like influenza, the common cold, respiratory syncytial virus (RSV), and pneumonia are spread by coughing or sneezing.
- These viruses can be spread to others when the ill person coughs or sneezes into the air, or into their hands and then contaminates surfaces and objects.
- These illnesses spread easily in crowded places where people are in close contact.

How do I stop the spread of germs if I am sick?

- Cover your mouth and nose with a tissue when you cough or sneeze.
- Put your used tissue in the waste basket.
- If you don't have a tissue, cough or sneeze into your upper sleeve or elbow, **not into your hands.**
- You may be asked to put on a facemask to protect others.
- Wash your hands often with soap and warm water for 20 seconds.
- If soap and water are not available, use an alcohol-based hand rub.
- Stay home when you are sick.
- Do not share eating utensils, drinking glasses, towels or other personal items.
- Clean and disinfect surfaces and objects that could be contaminated by the ill person.

How can I stay healthy?

- **Get vaccinated!** Vaccines are available for diseases that can be transmitted through coughing or sneezing including: seasonal influenza, pneumococcal, pertussis (whooping cough), diphtheria, measles, mumps, rubella, and *Haemophilus influenzae*.
- Avoid close contact with people who are sick. When you are sick, keep your distance from others to protect them from getting sick too.
- Avoid touching your eyes, nose or mouth.
- Wash your hands often with soap and warm water for 20 seconds.
- If soap and water are not available, use an alcohol-based hand rub.
- Do not share eating utensils, drinking glasses, towels or other personal items.
- Clean and disinfect surfaces and objects that could be contaminated by the ill person.

Influenza prevention instructions for the school and child care setting:

<http://www.cdc.gov/flu/school/index.htm> CDC “Cover Your Cough” poster:

http://www.cdc.gov/flu/pdf/protect/cdc_cough.pdf



GLOVING

The following information is provided as a general recommendation. Always follow the glove use policies established by your facility.

General information

- Gloves are NOT a substitute for handwashing.
- Throw away single-use gloves after each use.
- Hands must be washed after removing gloves.
- Use non-latex gloves when touching people or food whenever possible.
- Gloves should fit well.
- Gloves should be durable, so they do not rip or tear during use.

Types and use of gloves

- **Medical gloves** (e.g., surgical gloves, examination gloves)
 - Used for exposure-related tasks where there is contact with blood and body fluids. For example, when handling blood (e.g., nosebleeds, cuts) or items, surfaces, or clothing soiled by blood or bloody body fluids.
 - Used when changing the diaper of a child with diarrhea or with an infection that is spread through stool, or if the child has open areas on the skin.
 - Worn by staff if they have open cuts, sores, or cracked skin.
 - Must be approved by the FDA. Plastic film food handling gloves are not considered to be appropriate for use for these activities.
- **Utility gloves**
 - Used for cleaning and disinfecting bathrooms, diapering areas, or any areas contaminated with stool, vomit, or urine.
- **Food handling gloves**
 - May be recommended for handling ready-to-eat foods in some jurisdictions. Follow the glove use policies established by your facility or check with Sacramento County Environmental Management Department at (916) 875-8440.

HANDWASHING



When should you wash your hands?

- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone who is sick
- Before and after treating a cut or wound
- After using the toilet
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage

How should you wash your hands?

- **Wet** your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
- **Lather** your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.
- **Scrub** your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.
- **Rinse** your hands well under clean, running water.
- **Dry** your hands using a clean towel or air dry them.

What should you do if you don't have soap and clean, running water?

Washing hands with soap and water is the best way to reduce the number of microbes on them in most situations. If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol. Alcohol-based hand sanitizers can quickly reduce the number of microbes on hands in some situations, but sanitizers do **not** eliminate all types of germs, such as norovirus. **Hand sanitizers are not as effective when hands are visibly dirty or greasy.**

How do you use hand sanitizers?

- Apply the product to the palm of one hand (read the label to learn the correct amount).
- Rub your hands together. Rub the product over all surfaces of your hands and fingers **until** your hands are **dry**.

DIAPERING AND SOILED ARTICLES

General Information

Child care providers and school staff can help prevent the spread of infectious organisms by changing diapers in a separate designated area and by using effective cleaning and disinfecting practices. Germs found in the stool can be spread when the hands of caregivers or children contaminate objects, surfaces, or food. Infections that can be spread by contact with stool include:

- Bacteria (e.g., *Salmonella*, *E.coli*, *Shigella*, *Campylobacter*)
- Parasites (e.g., *Cryptosporidium*, *Giardia*, pinworms)
- Viruses (e.g., rotavirus, norovirus, hepatitis A virus)

Note: The importance of using good body mechanics cannot be over emphasized when changing diapers of larger or older children, as well as infants and toddlers. Use appropriate bending and lifting techniques to prevent injury.

Basic Principles

- Change diapers in a designated diapering area.
- Follow safety procedures and do not leave children unattended.
- Use surfaces that can be easily cleaned and disinfected.
- Use a separate area for diapering that is away from the medication, food storage, food preparation, and eating areas.
- Dispose of soiled diapers in a covered waste container.
- Wash hands of both staff and children after diapering.
- DO NOT allow objects such as toys, blankets, pacifiers, or food in the diapering areas.
- Consult with your child care health consultant or school nurse for any special diapering issues.

Handwashing Procedures

The hands of the provider and child must be washed after each diaper change. Please see the handwashing attachment.

Disinfecting Procedures

- Diapering area must be wiped down with disinfectant after every diapering.
- Add **1 tablespoon of bleach to 1 quart (4 cups) of water**, if an EPA-registered disinfectant is not available.
- The disinfectant should be kept handy, but out of the reach of children.

Soiled Articles

- Articles soiled with contaminated secretions, such as toys, need to be disposed of or cleansed properly.
- Soiled disposable diapers and tissues are to be placed in covered waste containers.
- Contaminated clothing or linens are to be laundered with detergent and hot water. If laundering is not available, they are to be placed in a **sealed** plastic bag and sent home with the child.
- Contaminated surfaces and equipment should be cleaned routinely, preferably with a disinfectant.
- Soiled washable toys should be washed with soap

DIAPERING PROCEDURES

Preparation

- Wash hands
- Assemble supplies (make sure they are all within reach)
- Cover diapering surface
 - The paper should be the length of the child.
- Put gloves on

Dirty Phase

- Place child on diapering surface
- Remove soiled diaper
 - Roll diaper inward. Place diaper directly into a covered waste container or out of child's kick space/reach.
- Cleanse diaper area of child
 - Cleanse from front to back; one swipe per wipe.
- Remove gloves

Clean Phase

- Put clean paper under child if the paper is soiled
- Apply ointment, as directed -Use a clean glove or swab to apply. Diaper and dress child
- Wash child's and provider's hands
- Return child to activity

Clean Up

- Dispose of soiled items
 - Put soiled clothing, without rinsing, in a plastic bag for parent/guardian to take home.
 - Put diaper, wipes, paper towels, changing paper, cotton swabs, and gloves into the plastic-lined waste container.
- Clean and disinfect diapering area
- Wash hands

Communicate

- Record diaper change
- Record concerns to parents
 - unusual color, odor, frequency, or consistency of stool; rash

WADING POOLS IN CHILD CARE AND SCHOOL SETTINGS

Sacramento County Public Health and Environmental Health strongly discourage the use of wading pools in school and day care settings.

What is a wading pool?

A wading pool is a shallow pool of water frequently used for children’s play.

Why are wading pools not recommended for child care and school settings? Unlike swimming pools that are chemically treated and inspected to prevent disease transmission, wading pools are typically filled with tap water and may or may not be emptied and disinfected on a daily basis. Wading pools are designed for use by small children, many of whom are not fully toilet-trained. If a child has an “accident” in the pool, it may release germs into the water, and other children may swallow the contaminated water. Spread of these infections can occur under the care of the most diligent and thoughtful childcare providers, since these infections can spread even when children have mild to no symptoms.

How serious are the potential consequences associated with wading pools?

Disease-causing agents including Norovirus, *E.coli*, *Giardia*, *Cryptosporidium*, and *Shigella* are efficiently transmitted in wading pools. All of these agents can cause severe illness in children, with symptoms such as **diarrhea, vomiting, nausea and dehydration.**

I just bought a plastic fill-and-drain pool from the local store. Should I use it at my facility?

NO. Portable, plastic fill-and-drain pools are intended for individual family use and should not be used at facilities in which multiple children could be sharing the water.

Is there an alternative to wading pools?

Sprinklers provide water play opportunities, and carry less risk of drowning and disease transmission compared to wading pools.

Questions?

Sacramento County
Communicable Disease Programs
(916) 875-5881



ANIMALS IN CHILD CARE SETTINGS AND SCHOOLS

The benefits of pet ownership outweigh the risks, but precautions are encouraged. If you choose to have an animal in the childcare or school setting, follow the listed guidelines to decrease the risk of spreading disease. Check with your local health department or childcare licensing agency before bringing any pets to your childcare setting or school because there may be state and/or local regulations that must be followed.

General considerations

- Inform parents/guardians of the benefits and potential risks associated with animals in the classroom.
- Consult with parents/guardians to determine special considerations needed for children with weakened immune systems and who have allergies or asthma.
- Notify parents/guardians of any child whose skin is broken by an animal bite or scratch.
- Supervise children when handling animals.

Types of pets allowed in child care and school settings include:

Check your schools specific rules.

- guinea pigs
- gerbils
- domestic-bred rats
- rabbits
- dogs
- birds (must be free of *Chlamydophila psittaci*)
- fish
- domestic-bred mice
- hamsters
- cats



Animals not recommended in school settings and not allowed for childcare settings include:

- ferrets
- hedgehogs
- reptiles (e.g. lizards, turtles, snakes, iguanas)
- amphibians
- poultry (especially baby chicks and ducklings)
- inherently dangerous animals (e.g., lions, tigers, cougars, and bears)

- nonhuman primates (e.g., monkeys and apes)
- all wild animals (e.g., bats, raccoons, skunks, and foxes)
 - Do **NOT** feed wild or stray animals
- aggressive or unpredictable domestic animals
- stray animals with unknown health and vaccination history
- venomous or toxin-producing spiders and insects



These animals are not allowed or recommended because:

- Reptiles, amphibians and poultry can carry *Salmonella* bacteria and can be a source of infection to infants, children, and staff.
- Wild animals can be a source of infectious bacteria, parasites, viruses (such as the rabies virus), and fungi. Biting incidents from animals are a concern especially from wild animals.
- Animals kept in suboptimal husbandry conditions are more likely to spread diseases.

Where to keep pets

- Keep pets in designated areas only. They should be separated from food preparation, food storage, or eating areas.
- Keep pets in clean living quarters. Cages should be covered, sturdy, and easy to clean, and they should sit on surfaces that are solid and easy to clean.

Care and maintenance

- Develop and follow written procedures concerning the care and maintenance of pets with the advice of your veterinarian.
- Assure that pets are appropriately vaccinated, free of parasites (this includes ticks, fleas, and intestinal worms), and fungal skin infections (e.g., ringworm).
- Keep animals that are in good health and show no evidence of disease. Healthy animals make better pets.
 - Feed pets appropriate commercial foods on a regular basis and keep fresh water available at all times.
 - Keep bedding dry and clean.
 - Clean cages daily. School or childcare staff should do this – NOT children. - Use a janitorial area to wash and clean cages or aquariums. DO NOT use the kitchen or food service sinks.
 - Wash hands thoroughly after contact with animals and their cages.
- Minimize contact with urine and stool. Urine and stool not confined to an enclosed cage should be cleaned up immediately. Dispose of this waste in a covered container not accessible to children.
- **WASH HANDS IMMEDIATELY** after handling animals and their stool/urine and their environments.
- Check with local authorities (police) for regulations concerning appropriate disposal of a pet when it dies.
- Avoid changing cat litter boxes, handling animals, and contacting their environments if you are pregnant.
- Cover children’s sandboxes when not in use.

Other considerations to reduce disease risks to children at petting zoos and farms Germs can occur naturally in the gut of certain animals without causing the animal any harm. These germs are then shed into the environment in the stool of these animals. When people have contact with animals or their

living areas, their hands can become contaminated. Disease spread can occur when dirty (unwashed, contaminated) hands go into the mouth or are used to eat food.

- DO NOT allow children under 5 years to have contact with farm animals. These children are at greater risk for developing severe illness because their immune systems may not yet be fully developed.
- Educate childcare and school staff about the potential for transmission of enteric (intestinal) pathogens from farm animals to humans and strategies to prevent spread. Outbreaks of *E. coli* O157:H7, salmonellosis, and cryptosporidiosis have been attributed to children visiting farms and petting zoos. Certain farm animals, including calves, young poultry, and ill animals, pose a greater risk for spreading enteric infections to humans.
- Apply childcare or school policies and procedures to animals brought in for show and tell, entertainment, or educational programs.

Prevention and control

- **Wash hands to stop the spread of disease.** Immediately after contact with animals, children and adults should wash their hands. Running water, soap, and disposable towels should be available. Adults should closely monitor handwashing of all children. Wash hands after touching animals or their environments, upon leaving the area in which the animals are kept, and before eating. Emphasize these recommendations with staff training and posted signs. Communal wash basins are not adequate handwashing facilities. Where running water is not available, waterless hand sanitizers provide some protection.
- Ensure that at farms or petting zoos:
 - Two separate areas exist, one in which contact with the animals occurs and one in which animals are not allowed.
 - Food and beverages should be prepared, served, and consumed only in animal free areas.
 - Toys and pacifiers should **not** be allowed in the animal contact areas.
 - Animal contact should occur only under close adult supervision.
- DO NOT consume unpasteurized milk, apple cider, or juices.
- DO NOT eat unwashed fruits and vegetables.
- Consider the type of animals and the facilities before visiting an educational farm or petting zoo.

Other resources can be found through California Department of Public Health, Veterinary Public Health Section. **VPHS can be contacted at VetPH@cdph.ca.gov or 916-552- 9740** with any questions or concerns. Or visit the website at: <http://www.cdph.ca.gov/programs/vphs/Pages/default.aspx>

WILD ANIMALS PROHIBITED/RABIES

Wild animals can be a source of infections and should never be brought into schools or handled by children. Animal biting incidents are a concern especially from wild animals and wild mammals pose a risk for transmitting rabies. **NEVER TOUCH A WILD ANIMAL (Dead or Alive)!**

Immediately contact [Sacramento County Animal Services](#) at (916) 875-4311 for safe removal of wild animals from the facility grounds. Notification should be made for the following wild animal and domestic animal groups:

- bats
- other mammals at higher risk of transmitting rabies (e.g., raccoons, skunks, and foxes)
- inherently dangerous animals (e.g., lions, tigers, cougars, and bears)
- aggressive or unpredictable animals, wild or domestic
- feral animals with unknown health and vaccination history

In addition, when a bat or other wild mammal at high risk of transmitting is found on the facility grounds make sure to contact Sacramento County Public Health, Communicable Disease Programs, at (916) 875-5881 in a timely manner for communicable disease exposure assessment.

RABIES is a fatal, viral infection of animals and humans. Rabies can infect any mammal, but it is more common among certain mammals like bats, raccoons, skunks, and foxes. Rabies can be spread to domestic animals and to humans through contact with an infected animal's saliva, usually through a bite or scratch, or through contact with its nervous tissues (brain and spinal cord). Rabies virus causes an infection of the brain, which is always fatal in those who are infected and do not receive protective treatment after an exposure. Wild mammals pose a risk for transmitting rabies and should never be brought into schools or handled by children.

EXAMPLES OF SCHOOL-RELATED RABIES SITUATIONS

The following are specific instances where wild animals that are generally unacceptable for classroom settings (because of their risk of transmitting rabies and other zoonotic diseases), were brought into Contra Costa County schools:

- A second grade student brought a dead bat to school for show and tell. The teacher notified school administrators, who called Contra Costa Animal Services. The bat later tested positive for rabies, and the student had to undergo post-exposure treatment. Thanks to the teacher's quick response, no other students needed treatment.
- During elementary school recess, a playground aide noticed a crowd of children examining a sick bat, crawling on the blacktop. Animal Services was called. They collected the bat from the playground and submitted it for testing. Fortunately, the bat was negative for rabies. In the absence of that result, several children would have needed treatment for rabies exposure.

RESOURCES

Sacramento County - Communicable Disease Control Unit - (916) 875-5881

Guidelines (CDC): <http://www.cdc.gov/features/animalsinschools/>

Poster (Bat Conservation International):

http://www.batcon.org/pdfs/rabies/Bat%20in%20School%20Notice_10rl2_B_Color.pdf

Air Quality & Outdoor Activity Guidance for Schools

Air Quality Index

The Air Quality Index (AQI) is used for reporting daily air quality. It tells you how clean or polluted your air is, and what associated health effects might be a concern for you. The AQI focuses on health effects you may experience within a few hours or days after breathing polluted air. The table to the right shows when to modify outdoor physical activity.

24-Hour Average ($\mu\text{g}/\text{m}^3$)	AQI $\text{PM}_{2.5}$	AQI $\text{PM}_{2.5}$ Category
0-12	0-50	Good
13-35	53-99	Moderate
36-55	102-149	Unhealthy for Sensitive Groups
56-150	151-200	Unhealthy
151-250	201-300	Very Unhealthy
251-500	301-500	Hazardous

Green - Great day to be active outside

Yellow - Good day to be active outside, students who are sensitive to air pollution could have symptoms.

Orange - It's ok to be active outside for short activities

such as recess or P.E. Watch for symptoms and take action as needed, students with asthma should follow their asthma action plans and keep their quick-relief medicine handy.

Red - During outdoor activities, take breaks and do less intense activities. Consider moving longer or more intense activities indoors or re-scheduling. Watch for symptoms and take action as needed, students with asthma should follow their asthma action plans and keep their quick-relief medicine handy.

Purple - Move all activities indoors or re-schedule. School districts may consider school closures based on site-by-site concerns.



To monitor your air quality visit: www.sparetheair.com/aqirealtime.cfm



Q&A

Q: How long can students stay outside when the air quality is unhealthy?

A: There is no exact amount of time, the worse the air quality, the more breaks and less intense activities. Remember students with asthma are more sensitive.

Q: What times is air pollution worse?

A: Ozone pollution is worse on hot sunny days (afternoon and early evening). Particle pollution can be high at any time of the day (smoke, dust, dirt, drops of liquid, soot).

Q: What physical activities can students do inside?

A: Encourage indoor activities to keep all students moving, do an aerobic exercise (jumping, skipping, pushups) or if you have a large open space, use cones, hula-hoops and sports balls. If you are restricted to a classroom, have students come up with games (act out action words from a story).

Q: What is an asthma action plan?

A: This is a written plan developed by a student's doctor for daily management of asthma (a sample plan can be found at cdc.gov/asthma/actionplan.html). It includes medication plans, control of triggers and how to recognize and manage worsening asthma symptoms.

For more information, go to SacramentoReady.org or AirQuality.org