PUBLIC HEALTH GUIDANCE FOR SCHOOLS & CHILD CARE PROVIDERS

JANUARY 2026

SACRAMENTO COUNTY PUBLIC HEALTH

SACRAMENTO COUNTY
PUBLIC HEALTH
Promote • Prevent • Protect

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Introduction

A MESSAGE FROM THE PUBLIC HEALTH OFFICER

Dear School Leaders & Child Care Providers,

We know that children learn and thrive best when they are healthy. While it's not possible to anticipate every health scenario you may encounter, we hope the *Public Health Guidance for Schools and Child Care Providers* offers practical direction and resources for many of the situations you're most likely to face.

This iteration reflects our transition toward a more evergreen model. In the past, we released new guidance at the start of each school year. Going forward, this document will be updated as needed and remain in effect until a new version is issued.

We encourage you to review the guidance and refer to it throughout the school year. If you come across a situation not covered in this document or need additional support, please don't hesitate to reach out to our team.

Thank you for your ongoing commitment to the health and safety of your school communities. We value our partnership and look forward to continued collaboration.

Sincerely,

Olivia Kasirye, MD, MS
Public Health Officer

SCPH Contacts

HOW TO REACH SACRAMENTO COUNTY PUBLIC HEALTH

DISEASE REPORTING & RESPONSE

For time sensitive guidance on reporting or responding to diseases, illnesses, or potential outbreaks, call:

(916) 875-5881

IMMUNIZATION ASSISTANCE

For guidance on immunization schedules, reporting, and resources, call the **Immunization Assistance Program** at:

(916) 875-7468

GENERAL SCHOOL-HEALTH INQUIRIES AND GUIDANCE

For general, non-urgent school-health inquiries and guidance, contact the **SCPH Schools Team** at:

SCPHschools@saccounty.gov

Air Quality & Extreme Heat

GUIDANCE & RESOURCES

GENERAL INFORMATION

As extreme heat and smoke events become more common in our region, it is essential that schools and child care operators to be prepared to adjust their operations to ensure the health and safety of children and employees. This may include:

- paying extra attention to sensitive individuals (e.g., asthma or other medical conditions);
- moving outdoor events and activities indoors;
- limiting vigorous activity; and/or
- postponing or cancelling events.

AIR QUALITY & SMOKE EVENTS

Poor air quality, such as that caused by wildfire smoke, can make being outdoors both unpleasant and unhealthy. Due to Sacramento County's size and geography, air quality can vary greatly throughout the county. The **Sacramento Metropolitan Air Quality Management District** has tools and resources that enable you to monitor air quality near your site(s) and make decisions about adjusting your operations accordingly.

Air Quality & Smoke Event Action Chart for Schools (SMAQMD)

Fire and Smoke Map (AirNow)

Health Impacts of Smoke (SMAQMD)

Outreach Toolkit (SMAQMD)

Wildfire Smoke Air Pollution Emergency Plan for Sacramento (SMAQMD)

INDOOR AIR QUALITY

Schools should consider steps to ensure good indoor air quality, regardless of outdoor conditions. Good ventilation and air filtration can reduce the spread of respiratory viruses and limit exposure to smoke and chemicals when outdoor air quality is poor.

Consider strategies for improving indoor air quality, including optimizing or upgrading HVAC systems, opening doors and windows when outdoor air quality is good, and adding portable air cleaning devices.

Improving Indoor Air Quality in Schools (CDPH)

Interim Guidance for Ventilation, Filtration, and Air Quality (CDPH)

Portable Air Cleaner Tips (CDPH)

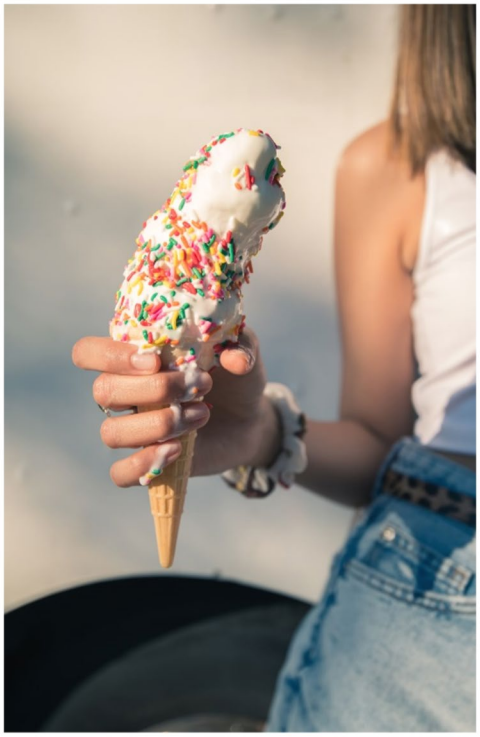
EXTREME HEAT

The Sacramento area is prone to hot weather and extreme heat events are projected to become more frequent. Heat-related illness is a leading cause of death among teen athletes and there are health risks for anyone engaging in high-exertion physical activity in extreme heat. The California Department of Public Health has produced **Health Guidance for Schools on Sports and Strenuous Activities During Extreme Heat**, which contains information and resources to help guide schools during extreme heat events.

Heat and Summer Safety Communications Toolkit (CDPH)

Heat Ready California

Heat Risk Grid (CDPH)



Animals

CONSIDERATIONS FOR KEEPING CLASSROOMS SAFE

GENERAL INFORMATION

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 school district and/or childcare licensing agency before bringing any pets to your childcare setting or school because there may be regulations that must be followed.

- 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.

GENERALLY ALLOWED (CHECK YOUR SITE'S SPECIFIC RULES):

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

NOT RECOMMENDED:

- aggressive or unpredictable domestic animals
- all wild animals (e.g., bats, raccoons, skunks, and foxes)
- amphibians
- ferrets
- hedgehogs
- inherently dangerous animals (e.g., lions, tigers, cougars, and bears)
- nonhuman primates (e.g., monkeys and apes)
- poultry (especially baby chicks and ducklings)
- reptiles (e.g., lizards, turtles, snakes, iguanas)
- stray animals with unknown health and vaccination history
- venomous or toxin-producing spiders and insects

Why are these not recommended?

- 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.

Do NOT feed wild or stray animals

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.

REDUCING 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

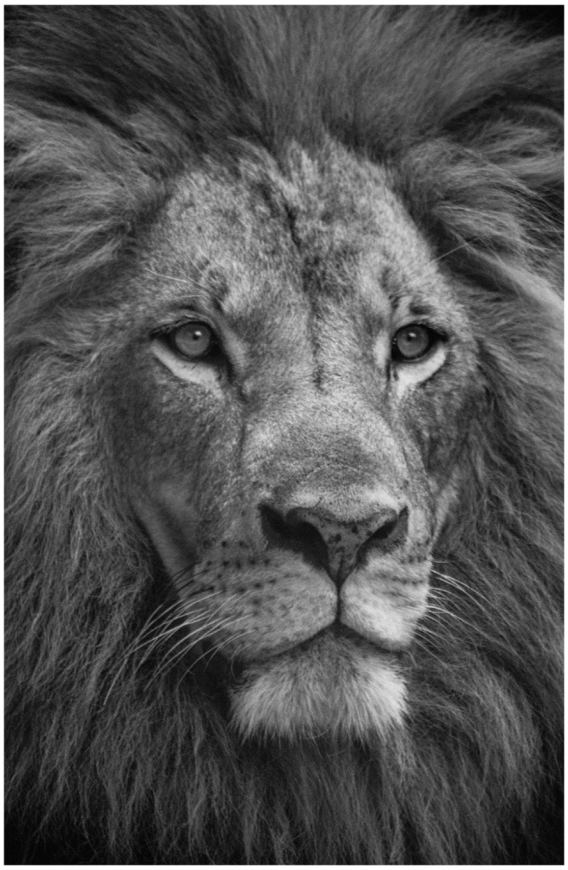
- **Wash hands to stop the spread of disease**. Immediately after contact with animals, children and adults should wash their hands. Running water, soap, and disposable towels should be available. Adults should closely monitor handwashing of all children. Wash hands after touching animals or their environments, 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**.

Wild Animals

Great for school mascots or even a field trip to the zoo.

Not so good for Show & Tell.



Communicable Diseases & Illnesses

WORKING WITH SCPH COMMUNICABLE DISEASE CONTROL

SCPH Communicable Disease Control aims to control and prevent the spread of diseases in the community and should be consulted regarding exclusion criteria and clearance requirements for return to child care, school, or work. Outbreaks of communicable diseases (e.g., respiratory, gastrointestinal (GI), rash-related illnesses, etc.) sometimes occur in classrooms. SCPH can provide your site with guidance on responding to suspected communicable disease outbreaks. Our nurses and epidemiologists can assist in determining if an outbreak is occurring at your site, 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 (e.g., greater than 10% of an entire school population or greater than 25% of an epidemiologically linked group (classroom, grade, sports/activity team, after-school group)) to SCPH via the **SCPH Outbreak Reporting Module**. 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., Nausea, vomiting or diarrhea; Fever* accompanied by one or more of the following: skin rash, difficulty breathing, persistent cough, decreased consciousness or confusion of recent onset, new unexplained bruising or bleeding (without previous injury), persistent diarrhea, persistent vomiting (other than air sickness), headache with stiff neck, or appears obviously unwell). 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(9). **The preferred method of reporting is to use the SCPH Outbreak Reporting Module.**

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 HIPAA privacy for schools to distribute testing kits, or for students to return kits to schools. Please be sure to include: student and parent names, date of birth, 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.

*Ear, forehead, rectum temperature of 100.4°F or greater; Oral temperature of 100.0°F or greater; Under arm temperature of 99.0°F or greater, or feels warm to the touch, or gives a history of feeling feverish

DISEASE REPORTING REQUIREMENTS

California Code of Regulations (CCR) §2500, §2593, §2641.5- 2643.20, and §2800-2812 Reportable Diseases and Conditions *

§ 2500. REPORTING TO THE LOCAL HEALTH AUTHORITY.

• **§ 2500(b)** It shall be the duty of every health care provider, knowing of or in attendance on a case or suspected case of any of the diseases or condition listed below, to report to the local health officer for the jurisdiction where the patient resides. Where no health care provider is in attendance, any individual having knowledge of a person who is suspected to be suffering from one of the diseases or conditions listed below may make such a report to the local health officer for the jurisdiction where the patient resides.

• **§ 2500(c)** The administrator of each health facility, clinic, or other setting where more than one health care provider may know of a case, a suspected case or an outbreak of disease within the facility shall establish and be responsible for administrative procedures to assure that reports are made to the local officer.

• **§ 2500(a)(14)** "Health care provider" means a physician and surgeon, a veterinarian, a podiatrist, a nurse practitioner, a physician assistant, a registered nurse, a nurse midwife, a school nurse, an infection control practitioner, a medical examiner, a coroner, or a dentist.

For the full list of Title 17 Reportable Conditions, including any locally reportable conditions, visit the SCPH Reportable Conditions page.

ADA REIMBURSEMENT FOR EPIDEMICS

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 10% less attendance than normal in any given day. School ADA during either 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 SCPH:

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 on 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 SCPH will do:

1. Determine if an "epidemic" situation existed in the community that meets the purposes of the California Education Code. SCPH 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 SCPH.
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 SCPH'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.

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.

ILLNESS SCREENING QUESTIONNAIRE

SAMPLE QUESTIONS FOR ASSESSING STUDENT ILLNESSES

School: _____

Student Name: _____

Parent/Guardian Name: _____

Contact Phone Number: _____

Date Completed: _____

1. **Age:** _____

2. **Gender:** _____

3. **Date symptoms started:** _____

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

- ☐ Chills
- ☐ Cough
- ☐ Diarrhea
- ☐ Fatigue
- ☐ Fever
  Ear, forehead, rectum 100.4°F+;
  Oral 100.0°F+;
  Under arm 99.0°F+
- ☐ Muscle or body aches
- ☐ Nausea
- ☐ Rash
- ☐ Runny or stuffy nose
- ☐ Sneezing
- ☐ Sore throat
- ☐ Vomiting
- ☐ Other: _____

5. **Has the child had the influenza vaccine for the current season?**

- ☐ Yes
- ☐ No

SAMPLE ILLNESS TRACKING SHEET

FOR ADA REIMBURSEMENT

Student Name	Parent Name	Classroom	Phone	Date(s) of Illness	Influenza Likely? Y/N	GI Illness Likely? Y/N	Other Illness Likely? Describe

SCHOOL:

DISTRICT:

EXCLUSION GUIDELINES

GENERAL GUIDELINES FOR ILL CHILDREN AND 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.

Schools and child care providers should have clear, written policies for excluding sick children and staff. These policies should be placed in the student and employee handbooks 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 staff.

Fever: Above normal body temperature 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:

- Ear, forehead, rectum 100.4°F or greater
- Oral 100.0°F or greater
- Under arm 99.0°F or greater

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 48 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 48 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 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. Hepatitis symptoms include yellow eyes or skin (jaundice), gray or white stools, or dark (tea or cola-colored) urine.

FOODBORNE ILLNESS

PREVENTION GUIDANCE

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 their hands. Fruit, vegetables, dairy products, meat and other food items can come into contact with soil, water, and 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, consider these steps:

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.

RESTRICT

In collaboration with SCPH, individuals diagnosed with certain enteric diseases may be restricted from sensitive occupations or situations (e.g., child under 5 who attends daycare, food handler, etc.) pending clearance from public health. If SCPH identifies an individual requiring exclusion for an enteric disease at your school, an official exclusion letter will be provided to the individual and school administration. Once the individual is cleared by SCPH, an official clearance letter will be issued to the individual and school administration.

Emergency Preparedness

PREPARE YOUR SITE. PREPARE YOUR FAMILIES.

GENERAL INFORMATION

Emergencies come in many forms and can range in scope, severity, and duration. Whether it is an earthquake, flood, fire, criminal or terrorist attack, or disease pandemic, it is important for child care and school sites to be prepared for an emergency and to help their families think about preparedness too. During an emergency, your site may be inaccessible through usual means (e.g., road closures), the site may be closed altogether, or emergency personnel may need to use your site for staging, sheltering, or point of dispensing or distribution of goods or services.

EMERGENCY OPERATIONS PLAN (EOP)

It is recommended that every district or school create and implement an Emergency Operations Plan (EOP). These plans describe how a school will prepare, respond to, and recover from an emergency. Components of the plan should include policies, procedures, and roles and responsibilities during an emergency. Staff training and drills or exercises can help prepare staff and students for how to respond in an emergency. There is comprehensive federal **guidance** for developing a School EOP as well as a **Sample School EOP**.

PREPARING FAMILIES FOR AN EMERGENCY

Sacramento County's Office of Emergency Services has partnered with local cities to provide residents with **evacuation zone maps online**. Knowing your evacuation zone and evacuation route before an unexpected disaster occurs can help you and your family stay safe.

- **Know Your Zone -** Visit the **interactive map online** and type in your home address. The map will generate your Zone Number.
- **Download Your Evacuation Zone Map & Emergency Go Kit Checklist –** Visit the **Evacuation Zone Map webpage** and click on your Zone Number.
- **Inform Family & Neighbors –** Share the map and checklist with household members and neighbors, then plan your evacuation route and meeting point.
- **Prepare Your Emergency Go Bag –** A checklist is provided with each map and your go bag should include essential items like food, water, chargers, a radio, a change of clothes, medications, and important documents for everyone in the household, including pets.
- **Sign Up for Emergency Alerts** – Visit **Sacramento-Alert.org** to receive emergency texts, calls, and/or emails to your device.
- **Prepare Little Ones** – The CDC's Ready Wrigley series of children's stories cover a variety of preparedness topics, including **earthquakes**, **extreme heat**, **storm and flood recovery**, **flu**, and **wildfires and smoke**.

Maps are accessible, downloadable, printable, and available in nine different languages. County residents will also receive a printed copy of their evacuation zone maps in the mail.

To learn how to prepare yourself and your family for an emergency like a wildfire or flood, visit **SacramentoReady.org**.

Epinephrine

AUTO-INJECTORS

GENERAL INFORMATION

Epinephrine auto-injectors can be used to treat anaphylaxis, a potentially life-threatening hypersensitivity to a substance. Symptoms of anaphylaxis can include shortness of breath, wheezing, difficulty breathing, difficulty talking or swallowing, hives, itching, swelling, shock, or asthma. Causes of anaphylaxis may include, but are not limited to, an insect sting, food allergy, drug reaction, and exercise.

STANDING ORDER

In partnership with the California Department of Education, the California Department of Public Health has issued a statewide standing order to help reduce morbidity and mortality associated with anaphylaxis by facilitating the distribution and administration of epinephrine in California schools. This standing order authorizes a California school (public, charter, or private), school district, or county office of education to obtain epinephrine auto-injectors for elementary schools, junior high schools, middle schools, and high schools.

STEP 1:
Complete CDPH Epinephrine **Standing Order application**. This will generate a prescription.

STEP 2:
Use the PDF generated standing order at a California pharmacy **OR** apply for free epinephrine auto-injectors from the **EpiPen4Schools Program**

TRAINING STANDARDS

The California Department of Education has issued **training standards** for the administration of epinephrine auto-injectors in accordance with **Education Code Section 49414**.

Immunizations

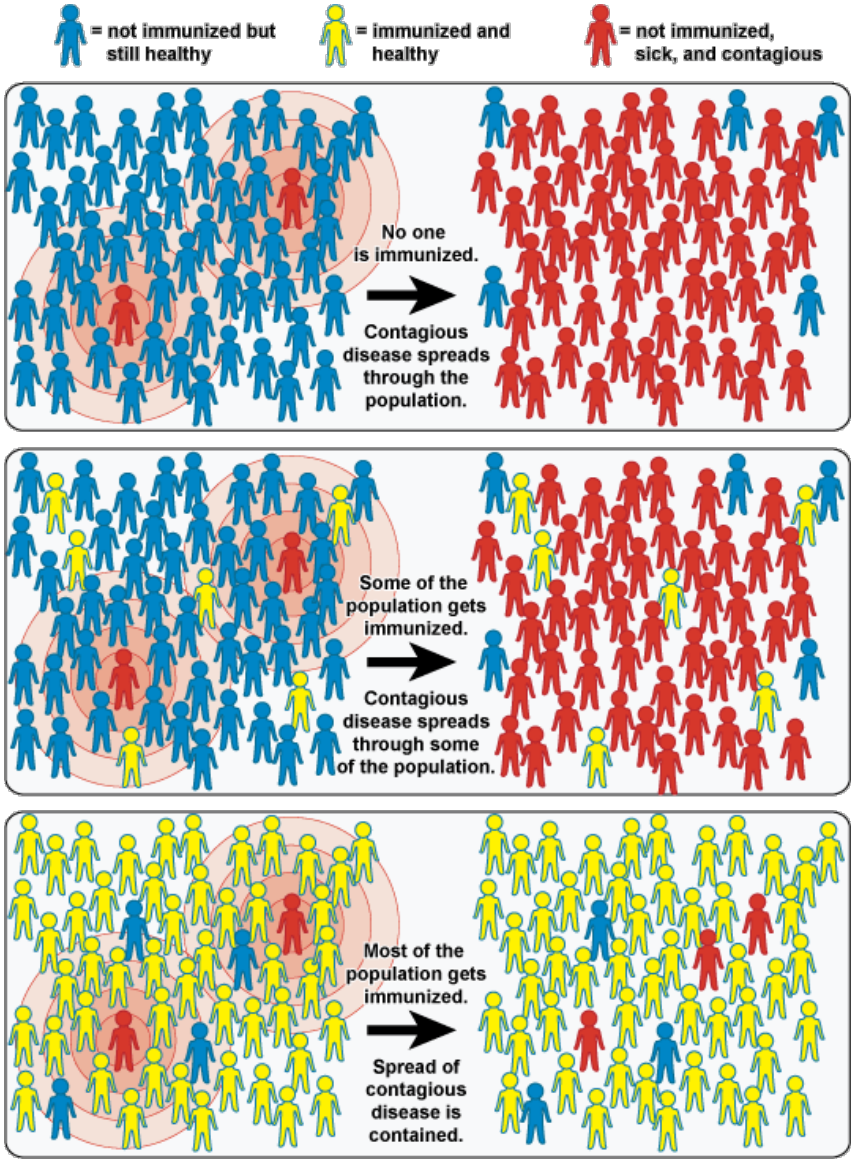
SCHEDULE, REQUIREMENTS, & REPORTING

GENERAL INFORMATION

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.

To prevent disease outbreaks in a community, a certain percentage 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 school or child care facility?

Check HERE

IMMUNIZATION SCHEDULE & REQUIREMENTS

CDPH IMMUNIZATION SCHEDULE

CDPH recommends immunization of children and adolescents in accordance with the **American Academy of Pediatrics Child and Adolescent Immunization schedule.**

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.

Child Care Entry Immunization Requirements for California (CDPH)

School Entry Requirements for California (CDPH)

Child Care and School Immunization Assessment Reporting (CDPH)

Tips for Locating Old Immunization Records (Immunize.org)

Medical Exemptions (CDPH)

DIGITAL VACCINE RECORD

Digital Vaccine Record (DVR) is an electronic vaccination record from the California Immunization Registry (CAIR). The DVR portal allows you to access your records anytime without having to visit your healthcare provider and can be used for school or work requirements.

OTHER VACCINE RESOURCES

Aids to Translating Foreign Immunization Records

CDPH Immunization Branch (CDPH)

Sacramento County Public Health Immunization Assistance Program (SCPH)

IMMUNIZATION REPORTING

CALIFORNIA REPORTING REQUIREMENTS

California Health and Safety Code Section 120325-75 requires students to provide proof of immunization for school and child care entry.

Additionally, California Health and Safety Code Section 120375 and California Code of Regulations, Title 17, Section 6075 require all schools and child care facilities to assess and report annually the immunization status of their enrollees.

REPORTING SITE LOGIN

All California schools and pre-kindergarten (child care/preschool) facilities are required to assess and annually report the immunization status of their enrollees. See instructions for reporting by grade in dropdown menu on the left.

Please visit the following links for reporting instructions and useful resources:

- **Instructions: Pre-K | TK/K | 7thGrade**
- **Reporting Online Training Modules: Pre-K | TK/K | 7th Grade**
- **Reporting site: CAIR Hub > Immunization Reporting application**
- **Worksheets: Pre-K (Excel) (PDF) | TK/K (Excel) (PDF) | 7th (Excel) (PDF)**
- **FAQs: All cohorts**

Infection Prevention & Control

COUGHS, DIAPERS, HANDWASHING, & GLOVES

COVER 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 face mask 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 sanitizer (at least 60% alcohol).
- 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.

DIAPERING GUIDANCE

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

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
- Before and after using gloves

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 TO 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.**

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 prior to putting on and 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.

Infestations: Lice

EXCLUSION FROM THE CLASSROOM IS NOT RECOMMENDED

GENERAL INFORMATION

Adult head lice are tan or greyish-white, wingless insects approximately ⅛ inch in length (similar in size to a sesame seed) that live in people's hair and feed on human blood. Adult females lay eggs (nits) by gluing them to the base of hairs of the head, close to the scalp. Nits are yellow or white in color and are most often found within ¼ inch of the scalp; those farther away from the scalp are usually empty (the lice have already hatched) or are dead. Lice do not fly or jump and are spread from person to person by head-to-head contact.

Lice can be detected by parting the hair and examining near the scalp, most commonly near the ears and the back of the neck. Wetting the hair before combing has been shown to be a helpful method in diagnosing an active lice infestation (Jahnke 2009). Children ages 3-11 years old are at highest risk for head lice infestation. Head lice, while a significant nuisance problem, do not transmit disease to humans.

RECOMMENDATIONS

Historically, school lice policies prevented children infested with head lice from attending school until nits were no longer found in their hair. There is no evidence that "no-nit" policies prevent or shorten the length of outbreaks. The California Department of Public Health (CDPH) recommends that schools and child care facilities maintain an active educational campaign for parents, guardians, and caregivers on the accurate diagnosis and proper treatment of head lice cases to prevent transmission of lice in schools and reduce lost school days due to head lice infestation.

Children should <u>not</u> be excluded from the classroom based on the finding of head lice or nits.

For the effective control of head lice in schools and child care facilities, CDPH recommends a multipronged approach:

- Distribution of educational material to school staff and parents/caregivers on head lice, nit combing, and treatment, such as CDPH's **head lice flyer** or **fact sheet** (available in English and Spanish). Parents/caregivers can also be directed to visit the **CDPH Head Lice webpage** for additional information
- Early detection of head lice infestations through routine screening by parents/caregivers
- Treatment of children found to have live lice

Guidance on Head Lice Prevention and Control for K-12 Schools and Child Care Facilities (CDPH)

Infestations: Bed Bugs

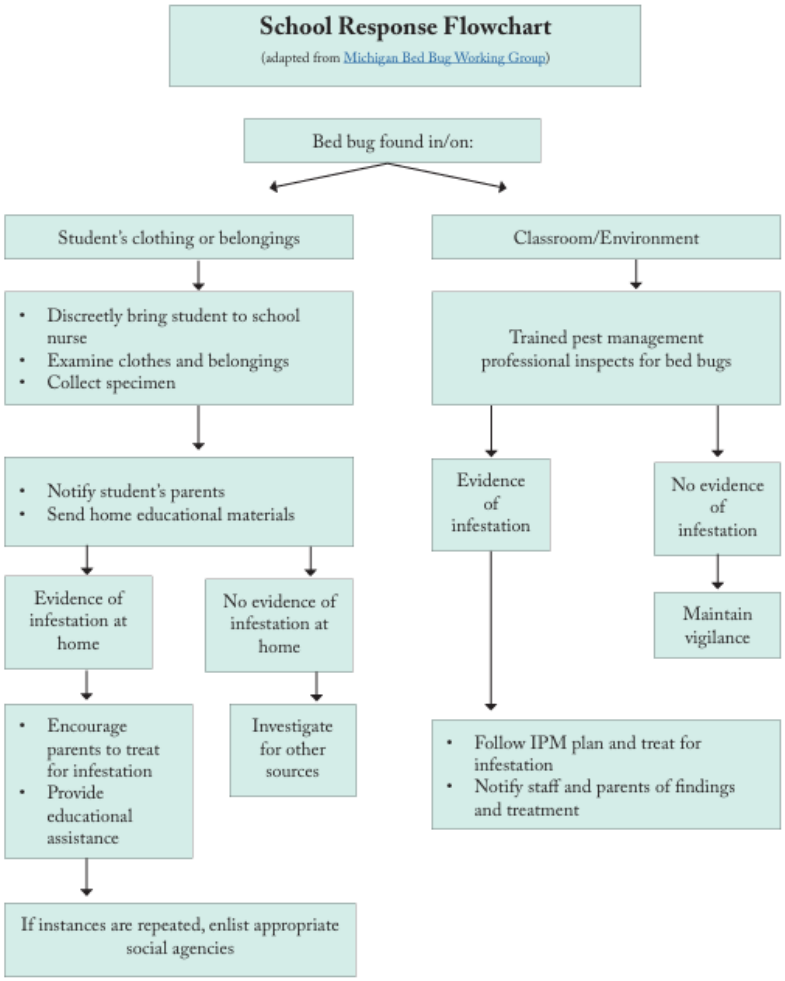
EXCLUSION FROM THE CLASSROOM IS NOT RECOMMENDED

GENERAL INFORMATION

Bed bugs are small, flat, reddish-brown insects that feed on human blood, typically at night while people sleep. Though they do not fly or jump, they can travel by hitchhiking on personal belongings such as backpacks, jackets, and clothing. In schools, bed bugs are not a sign of poor hygiene or cleanliness and can be brought in by anyone. A single bed bug sighting does not necessarily indicate an infestation. While bed bugs are a nuisance, they are not known to transmit disease.

Proactive education, early detection, and consistent response protocols can prevent minor sightings from becoming major problems.

RECOMMENDATIONS



Managing Pests Schools: Bed Bug Guidance for School Administrators, Teachers, and Staff (EPA)

Infestations: Scabies

EXCLUSION RECOMMENDED UNTIL TREATMENT

GENERAL INFORMATION

Scabies is caused by tiny mites that burrow into the skin, causing an intensely itchy rash. It is spread through prolonged skin-to-skin contact, not casual contact. First-time infections may not show symptoms for 2–6 weeks; those previously exposed show symptoms within 1–4 days.

Diagnosis is made by a healthcare provider, who may identify mites, eggs, or burrows via skin scraping or visual inspection of rash distribution.

RECOMMENDATIONS

1. Notification & Confidentiality
    - Once scabies is confirmed, parents/caregivers should inform school staff.
    - Discreetly notify others possibly exposed (e.g., classmates, staff) to watch for symptoms. **Confidentiality is essential.**
2. Treatment of Cases and Close Contacts
    - All household members and close contacts (skin-to-skin) should receive simultaneous treatment, even if symptom-free.
    - Treatment is prescription-only:
        - 5% permethrin cream (Elimite®) applied neck-to-toes overnight; include head/neck for infants.
        - Sulfur ointment 5–10% for infants or those unable to use permethrin.
        - Oral ivermectin only if topical treatments fail or are contraindicated; not routinely used in young children or pregnant women.
    - After treatment, itching may persist for up to 2–4 weeks; retreatment may be necessary if symptoms continue or reinfestation is suspected.
3. Environmental Control
    - Scabies mites survive off skin for only 2–3 days.
    - Handle contaminated items from the 3 days before treatment by:
        - Washing in hot water and drying on high heat, or
        - Dry-cleaning, or
        - Sealing in plastic bags for 4–7 days.
    - Vacuum carpets, upholstery, and furniture where the child sat or lay.
    - Routine pesticide spraying is not necessary or recommended.
4. Return to School
    - Once treatment is completed (typically overnight application), children may return the next day.
    - No further exclusion is needed unless symptoms persist due to inadequate treatment. In such cases, retreated individuals may return after completing the course.
    - Individuals exposed should not be excluded solely based on scabies exposure

Recommendations for the Prevention and Control of Scabies for School Districts and Child Care Facilities (CDPH)

Mental Health

STIGMA REDUCTION & SUICIDE PREVENTION

GENERAL INFORMATION

More than 300,000 people in Sacramento County live with mental illness. Two-thirds of people with a mental illness never seek professional help due to lack of awareness or knowledge about mental illness, uncertainty about how to access behavioral health services, discrimination, or self-stigma.

STOP STIGMA SACRAMENTO SPEAKERS BUREAU

The Stop Stigma Sacramento Speakers Bureau is part of the larger "Mental Illness: It's not always what you think" project, which aims to reduce stigma and discrimination, promote mental health and wellness, and inspire hope for people and families living with mental illness. The project ultimately seeks to reduce stigma and discrimination in Sacramento County by providing mental health information, resources, and support to individuals and families. By educating the community on the facts about mental illness, we can eliminate the barriers people living with mental illness experience and provide a deeper understanding about mental health issues in general. The Stop Stigma Sacramento Speakers Bureau (SSSSB), which is coordinated by SCPH, is comprised of trained speakers, including advocates, allies, and those with lived experience with mental health challenges, who share their stories of hope and recovery.

Scheduling a speaker for your school is a great way to start a conversation about mental health and help dispel stigma and discrimination surrounding mental illness. Speakers are great for classrooms, small school assemblies, or staff meetings. Consider augmenting your existing mental health lessons or events with a Speaker from the SSSSB.

Mental Illness: It's not always what you think

Stop Stigma Sacramento Speakers Bureau

Request a Speaker

Naloxone

REVERSING OPIOID OVERDOSE

GENERAL INFORMATION

Naloxone is an opioid antagonist, a medicine that can rapidly reverse an opioid overdose. Examples of opioids include heroin, fentanyl, oxycodone, hydrocodone, codeine, and morphine. Naloxone works by attaching to opioid receptors and reversing their effects. It can quickly restore normal breathing to someone whose breathing has slowed or stopped due to an opioid overdose. Naloxone has no effect on someone who does not have opioids in their system.

Naloxone comes in both injectable and nasal spray. Most sites prefer nasal spray due to its ease of use. Narcan is a common brand name of naloxone nasal spray.

Schools should consider keeping a supply of naloxone on campus and at school events and training staff on its use in case of suspected opioid overdose.

Administering Naloxone Training Video (CDPH YouTube)

Administering Naloxone Training Video, Spanish Language (CDPH YouTube)

CA Department of Health Care Services Naloxone Distribution Project (free naloxone)

Sacramento County Opioid Coalition (free naloxone and other resources)

Oral Health

KEY TO STUDENT ACHIEVEMENT

GENERAL INFORMATION

Good oral health, which is important to overall health, is key to student achievement. Dental disease is one of five leading causes of chronic absenteeism. According to the **2018-19 3rd Grade Basic Screening Survey conducted by the California Department of Public Health--Office of Oral Health**, more than 60% of third grade children have experienced tooth decay. Statewide, California schools lose an estimated $29 - $32 million per year due to dental related absences. Regular preventive care and early detection of dental problems help children to eat, speak and sleep better, which may also help them to perform better in school.

In 2005 AB 1433 was enacted to require children entering public school for the first time to have a dental screening to ensure that they are free of dental disease and ready to learn. For more information on this requirement, please visit **SacCountyOralHealth.net**.

BEST PRACTICES

Good oral health should begin before birth. Visiting the dentist during pregnancy is strongly recommended. When the first tooth has erupted, or by the first birthday, a child should begin to visit the dentist. This ensures a pleasant first visit and the opportunity for a fluoride varnish application to help prevent early childhood caries, or tooth decay.

Fluoride is an important tool in the prevention of tooth decay. Children who live in communities with fluoridated water have 25% fewer cavities than children who drink non-fluoridated water. According to the CDC, community water fluoridation is one of the greatest achievements of the 20th century! Encourage students to choose tap water over sugary drinks that can cause tooth decay. To find our if your drinking water is fluoridated, visit **First 5 Sacramento's County Water Fluoridation Map**. Children should also be brushing for two minutes with toothpaste that contains fluoride twice a day. Until the age of 3, a rice size amount should be used. After age 3, a pea-sized amount can be used under adult supervision.

RESOURCES

Sacramento County Oral Health Program provides **resources for preschool classrooms** that are interested in implementing classroom toothbrushing and promoting oral health literacy. Please reach out to **OralHealth@saccounty.gov** for more information.

Smile, California (State of CA)

Brushing Your Child's Teeth (National Center on Early Childhood Health & Wellness)

Brush, Book, Bed (healthychildren.org)

Dental Sealants Prevent Tooth Decay (SCPH)

Rethink Your Drink (CDPH)

Elmo's Toothy Dance (Sesame Workshop YouTube)

Rabies

NEVER TOUCH A WILD ANIMAL

GENERAL INFORMATION

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 Animal Services in your jurisdiction 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 Northern California schools:

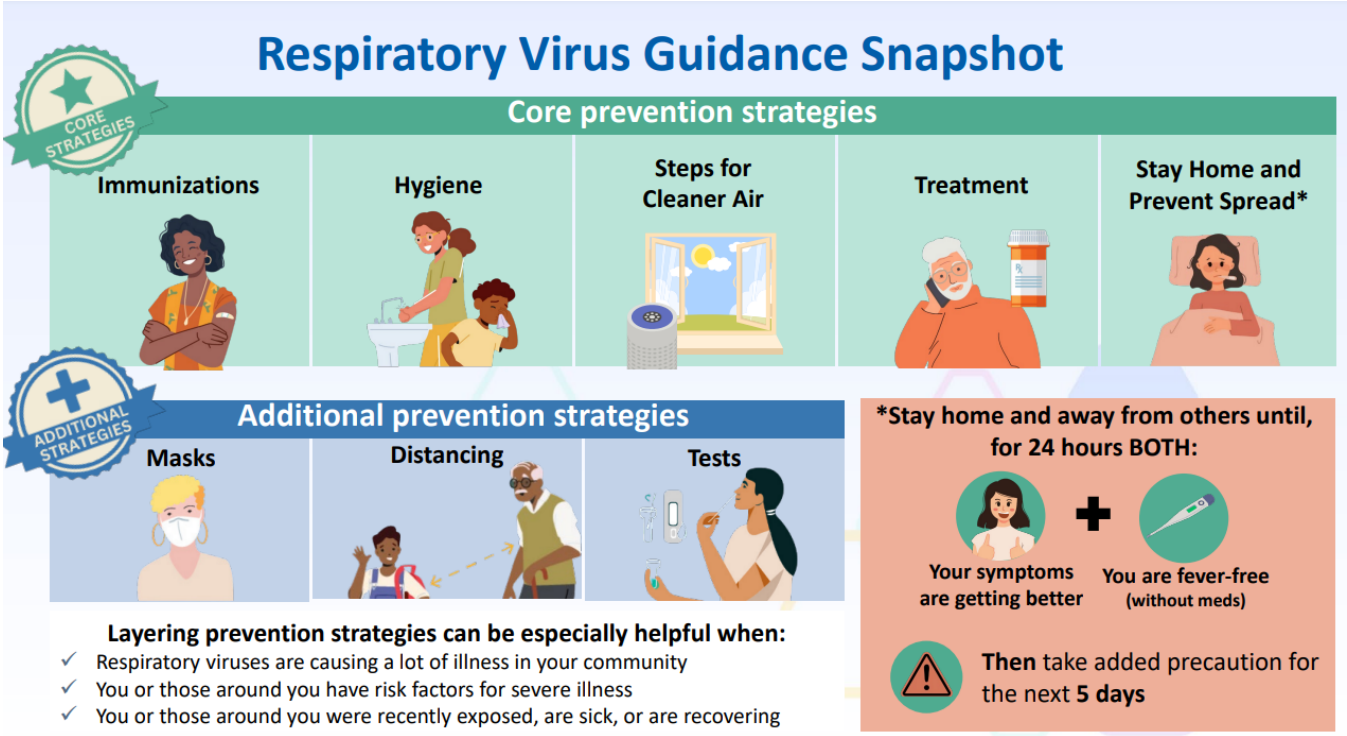
- A second grade student brought a dead bat to school for show and tell. The teacher notified school administrators, who called Animal Services. The bat later tested positive for rabies, and the student had to undergo post-exposure treatment. Thanks to the teacher's quick response, no other students 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.

Respiratory Viruses

COVID-19, FLU, RSV

GENERAL INFORMATION

Respiratory viruses, including COVID-19, influenza, and respiratory syncytial virus (RSV) cause symptoms, such as fever, chills, fatigue, cough, runny nose, and headache. They can be spread through the air by coughing or sneezing, or by touching contaminated items and then touching your eyes, nose, or mouth. Severity of symptoms can vary greatly and those at higher risk for complications, including people with compromised immune systems, should take extra precautions to prevent infection.



WHEN YOU HAVE A RESPIRATORY VIRUS

1. Stay home and away from others
2. Return to normal activities when, for at least 24 hours, both are true:
   - Your symptoms are getting better overall, **and**
   - You have not had a fever (and are not using fever-reducing medications)

When you go back to your normal activities, take added precaution over the next 5 days, such as taking additional steps for cleaner air, hygiene, masks, physical distancing, and/or testing when you will be around other people indoors.

Respiratory Viruses (CDPH)

Preventing Spread of Respiratory Viruses When You're Sick (CDC)

Respiratory Virus Guidance (CDC)

Respiratory Virus Guidance Snapshot (CDC)

Sexual Health

BIRDS, BEES, AND STIs

GENERAL INFORMATION

Quality sexual health education should include medically accurate, developmentally appropriate, and culturally relevant information and skill development to promote healthy attitudes and behaviors.

STATE REQUIREMENTS FOR COMPREHENSIVE SEXUAL HEALTH INSTRUCTION

The California Healthy Youth Act (**CA Education Code 51930-51939**) is State law with the following purposes:

- To provide pupils with the knowledge and skills necessary to protect their sexual and reproductive health from HIV and other sexually transmitted infections and from unintended pregnancy;
- To provide pupils with the knowledge and skills they need to develop healthy attitudes concerning adolescent growth and development, body image, gender, sexual orientation, relationships, marriage, and family;
- To promote understanding of sexuality as a normal part of human development;
- To ensure pupils receive integrated, comprehensive, accurate, and unbiased sexual health and HIV prevention instruction and provide educators with clear tools and guidance to accomplish that end; and
- To provide pupils with the knowledge and skills necessary to have healthy, positive, and safe relationships and behaviors.

For more detailed information on the California Health Youth Act and resources for meeting its requirements, visit the **CA Department of Education Comprehensive Sexual Health & HIV AIDS Instruction** page.

CHYA Frequently Asked Questions (CDE)

Curriculum Guidance (CDE)

Checklist for Guest Speakers (CDE)

Sacramento County Sexual Health Resources (CDE)

Sacramento County Sexual Health Clinic (SCPH)

Sample Parent/Guardian Notification Letter (CDE)

Sexual Health Educator Training Program (CA Prevention and Training Center)

Tobacco, Nicotine, & Vaping

NOT HARMLESS WATER VAPOR

GENERAL INFORMATION

Smoking remains the leading cause of preventable deaths in the United States. Over 480,000 people in the United States still die each year from tobacco-related illnesses (**Campaign for Tobacco-Free Kids**). In addition to cigarettes, cigars, hookah, and smokeless tobacco, vaping devices are also considered tobacco products by the Food and Drug Administration. They work by delivering electronically aerosolized chemicals into the mouth and lungs. Most vapes contain nicotine, the highly addictive chemical in traditional cigarettes, but they can also contain marijuana concentrates. Nicotine is highly addictive and can have serious impacts on a young person's brain. It can cause problems with attention, learning, and memory. Teens who vape are also more likely to start smoking traditional cigarettes.

According to the **2023 California Youth Tobacco Survey**, 19% of high school students in Sacramento County have ever used a tobacco product, and 1 in 20 high school students in Sacramento County currently use a tobacco product. Vaping products are still the most commonly used product among high school students, with 86% of current tobacco users using vapes. **Oral nicotine pouches** (Zyn, On!, and Velo) are also rising in popularity with youth.

RESOURCES

Sacramento County Office of Education (SCOE)'s **Prevention & Early Intervention Department** provides technical assistance and training for educators and community members through **Tobacco Use Prevention Education** (TUPE) Programs. TUPE also provides intervention and cessation services to youth who are currently using tobacco products. There are currently five TUPE-funded Tier 2 school districts in Sacramento County that offer these services (EGUSD, FCUSD, SCUSD, SJUSD, and TRUSD).

Guidance on Safe Disposal of Vape Waste (California Youth Advocacy Network)

Youth Vaping Alternative Program Education for Ages 12+ (YVAPE)

Cessation Services for Ages 13+ (Kick It CA)

The Tobacco Industry is Addicting Kids (UNDO.org)

Understanding and Addressing the Teen Vaping Epidemic: A Guide for Parents (YouTube)

Breaking Down Nicotine: Understanding Addiction and Finding Support (YouTube)

Wading Pools

NOT RECOMMENDED

GENERAL INFORMATION

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

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

WHY ARE WADING POOLS NOT RECOMMENDED?

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.

WHAT ARE THE POTENTIAL ISSUES 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.**

CAN I USE A PLASTIC FILL-AND-DRAIN POOL?

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.