



General guidance following initial identification of gastrointestinal infections in schools

Checklist for Schools when Outbreaks of Gastroenteritis are Suspected

Question – “How do we know if there might be an outbreak of gastroenteritis at our school?”

Answer – Outbreaks can generally be defined as an increase in illness above the expected or “normal” rate. One general guideline that can be used as a rough indicator of an outbreak is a doubling in the number of students absent due to a vomiting and/or diarrheal illness over that of normal for a particular time of year. In this case, it is reasonable to initiate investigation and prevention measures. In some instances, measures might be appropriate even if fewer students become ill. Some examples might include 2 or more students diagnosed with *Salmonella* or other reportable bacteria; 2 or more students with bloody diarrhea; one student diagnosed with *E. coli* O157 and evidence of other diarrheal illness; or, multiple illnesses in one class or other group of students (e.g., a science club). If you think there might be an outbreak, but you’re not sure, please contact the local health department as soon as possible for advice.

Question – “Who should I call when there is (or I think there might be) an outbreak of gastrointestinal illness at our school?”

Answer – Call the Sheboygan County Division of Public Health at 920-459-4382 or toll free at 1-800-596-1919, ext. 4382.

When an outbreak is suspected, the following checklist of activities needs to be accomplished:

- 1. Gather information to confirm/characterize an outbreak – provide as much of the following as possible:**
 - A. Provide the number of children and staff in school.
 - B. Start a line list with the number of children and staff in school.
 - Provide this information by grade and classroom (e.g., for each grade and classroom, provide number ill vs. number well).
 - Record the onset of symptoms for each ill individual.
 - Record the symptoms for each individual.
 - C. Record the names of students, teachers, or staff who have seen a health care provider, including contact information for the health care provider, and test results, if known.
 - D. Compile a list of food service staff (those who have been ill, and those well).

- E. Compile a list of extracurricular activities, clubs, special events were held during the 2 weeks prior to the first illnesses (including birthday or holiday treats distributed in individual classrooms).
- F. Obtain school lunch menu (breakfast and lunch) for the 2 weeks prior to the first illness.
- G. Collect rosters for children who attend before/after school child care at the school.
- H. Usual absentee rates for previous years.

2. Contact local health department and provide information obtained from above checklist.

If further investigation is deemed necessary, it likely will involve contacting ill and well students to determine specific sources of illness. To do this, the local health department will need a roster of all students, including parent's names, home telephone number, grade, and classroom.

3. In conjunction with the cooperating local health department, implement interim outbreak control measure while the investigation is ongoing:

- A. Restrict sharing of foods brought from student's/staff's homes.
- B. Restrict students' passing/sharing of any communal food items/snacks in classrooms or elsewhere. Instead, the teacher should hand out items to be shared after washing his/her hands.
- C. Stop using self-service food bars for school breakfast/lunch (i.e., don't let children serve themselves in any manner which might promote direct hand contact with shared foods).
- D. Redouble efforts to promote hand washing (i.e., educate children on proper technique and promote hand washing prior to every snack and meal). In the lower grades, supervise the hand washing.
- E. Food service staff should not handle food if they have been recently (in the last few weeks) ill with any gastrointestinal symptoms until they can be interviewed/further evaluated by public health professions.

4. Communications with staff and parents.

The school should do communications with staff and letters to parents with help from local and state public health officials. The content of such communications can be extremely variable, depending on the situation. One possible request may be for parents of recently ill children to call the local or state health department at a given number. During the initial stages of the investigation, the agent causing the outbreak is often unknown. However, regardless of the agent, the prevention measures outlined above should be stressed in communications to staff and parents. When the agent is identified, local or state public health officials will provide fact sheets and/or other information about the agent to the school. Local and state public health officials will help craft the communication messages; letters, from the

school to parents should be reviewed by local and state public health officials to ensure accuracy and completeness of the message.

5. Disinfection at the school.

- Wearing of masks and gloves should be recommended to custodial staff that clean areas contaminated by feces or vomitus.
- Thoroughly clean and disinfect contaminated surfaces immediately after an episode of illness with a 10% bleach solution. Follow with a thorough rinsing.
- Thoroughly disinfect all bathroom areas including toilet handles, door handles, and sink handles.
- Disinfect the area well beyond the immediate area of contamination.
- Carpeting and furniture with cloth coverings should be steam cleaned.

6. Hand washing, Hand washing, Hand washing!!!

- Hand washing is the key to controlling all gastrointestinal outbreaks. This should be reinforced in the school and the message should be reinforced with the parents so hand washing becomes routine when the students and other family members are at home as well.

Developed from materials provided by the Minnesota Department of Health.