Coronavirus—How to Be Prepared
Bulletin for Teachers and School Staff
February 4, 2020

We are in the early days of an outbreak from a new coronavirus (2019-nCoV) spreading rapidly in China and expanding to other countries, including the United States. This virus is the latest of several newly emerging, highly infectious disease outbreaks. However, we do not know how severe the outbreak will be.

What We Do Know

As of Feb. 3, there were 11 confirmed cases in the United States: one in Arizona, six in California, two in Illinois, one in Massachusetts and one in Washington state. There are 260 cases under investigation. The Centers for Disease Control and Prevention and other public health authorities have responded appropriately to protect the health of people in the United States, using lessons learned from previous disease outbreaks, such as severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS). SARS, which was also a coronavirus originating in China, killed approximately 10 percent of the 8,000 people infected worldwide. H1N1 influenza was fatal for 11 percent of the cases, particularly young people.

Symptoms and Transmission

• Symptoms include fever and lower respiratory illness—coughing, difficulty breathing and pneumonia.

• It appears that infection is more prevalent in adults than children. Elderly people and those with predisposing conditions are more vulnerable to the viral illness.

• The coronavirus can be transmitted through inhalation of airborne infectious matter, through splashes from coughs onto mucous membranes, and by touching objects contaminated by splashes and then touching the nose, mouth or eyes.

• Thus far, the coronavirus has not been associated with upper respiratory symptoms—runny noses and sneezing.

Public Health Response

• The CDC and the World Health Organization are working to control the spread of the illness and to develop antiviral treatments and a vaccine.

• The CDC is warning against all nonessential travel to China, and the U.S. State Department has increased its advisory for China to Level 4: Do Not Travel.
• U.S. citizens, permanent residents, immediate family members of citizens and flight crew returning from travel in China within the last 14 days will be funneled into one of 11 airports for enhanced health screening. Those who have been in Hubei province within the last 14 days will be subject to mandatory quarantine for up to 14 days for medical care and monitoring. Those who have traveled within China in the last 14 days but not Hubei province will be required to self-quarantine with health monitoring for up to 14 days.

• The CDC has already developed a test used to diagnose patients and is working on making it available to local hospitals.

• Researchers suspect that the coronavirus is easily transmitted. It has been confirmed that infected people can transmit before they exhibit symptoms.

Infection Control in School Settings

Now is a good time for school districts to review and evaluate their current infection control practices. If schools follow the evidence-based guidance developed over the last few years, the risk of exposure to this newly identified coronavirus and other droplet/airborne diseases will be significantly reduced.

As much as possible, schools should evaluate general dilution ventilation to make sure that heating, ventilation and air conditioning (HVAC) systems deliver adequate fresh air to classrooms and other school areas. Good indoor air quality can dilute the concentration of infectious viral droplets and aerosols and thus reduce the risks of infection.


Other Important Practices Include:

1. Excluding children with fever and respiratory symptoms from school until symptoms are resolved. This is an ideal policy that is rarely followed. Many parents and guardians send sick children to school because they have no alternative. The school nurse or a designated responsible adult when no school nurse is available should work with teachers and staff to quickly identify sick children and isolate them from the general school population. These students should be cared for in a separate area until they can be picked up.

2. Working with the local public health department to adopt extraordinary measures if the coronavirus threat grows in the community. School districts should follow the directions of the health department in referring any suspected cases of the new virus to the appropriate healthcare facility or provider. For instance, the district should adhere to the protocol for referring students and staff with respiratory illness who have traveled outside the country or been in contact with anyone with suspected or confirmed coronavirus illness.

3. Stepping up education and good reminders (posters, etc.) in classrooms and to parents on the current infection control policies, including:
   • Good hand hygiene. Schools must provide soap and hand sanitizer. Students should be given additional time and opportunities to wash their hands. Instruct students to wash their hands with soap and water after using the bathroom and before eating. For more information and resources, such as posters, see www.cdc.gov/handwashing/index.html.
   • Reminders to all to avoid touching their faces, particularly eyes, nose and mouth, with unwashed hands.
• Students and staff should be encouraged to stay home from school for any respiratory illness and consult their healthcare provider. Staff should not be sanctioned for taking sick leave.

4. As much as possible, custodial and classroom staff should follow commonsense cleaning and disinfection practices and avoid the overuse of disinfectants. Exposure to disinfectants has been associated with asthma exacerbation. Staff may wish to use disinfectant to clean high-use areas, such as doorknobs and other frequently handled objects and surfaces, with diluted bleach or disinfectants recommended by the U.S. Environmental Protection Agency. Avoid using quaternary compounds (such as Lysol) to clean desks and other surfaces. These surfaces can be cleaned with general natural cleaners and microfiber cloths.

**For School Nurses:**

1. School nurses should ask students presenting with a fever if they have traveled outside the United States or been in contact with anyone who has.

2. Students who may have the coronavirus should be supported and given a surgical mask and treated away from other students.

3. If the school nurse suspects that the child may have the coronavirus, the nurse should don an N95 respirator while treating the child.

4. Contact the local or state public health department to report the case.

**For School Custodians:**

1. Custodians should be given adequate training and supplies to address any extraordinary cleaning and disinfection practices.

2. Under the Occupational Safety and Health Administration’s Hazard Communication Standard, workers covered by OSHA have the right to training on how to use cleaning supplies and other chemicals safely. They should have gloves that are appropriate for the chemicals used. To determine if you are in an OSHA-approved State Plan state, check here: [www.osha.gov/stateplans](http://www.osha.gov/stateplans).

3. Additional custodial staff may be needed if there are a lot of potential cases.

4. Custodians who routinely use disinfectants should be counseled to report any respiratory symptoms or asthma associated with use of the chemicals. They may need respirators and additional personal protective equipment to avoid symptoms or attacks.

Unions have a key role in defending workers’ rights to be protected from infectious disease—from seasonal flu to newly emerging, highly infectious diseases like the coronavirus. Local leaders can make information requests and demand to bargain on infection control plans and the location and supply of personal protective equipment, like gloves. For more information, see [https://www.aft.org/sites/default/files/coronavirus_info_request_local_leaders.pdf](https://www.aft.org/sites/default/files/coronavirus_info_request_local_leaders.pdf).

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