PREVENTING SPREAD OF INFECTIONS IN K-12 SCHOOLS

A "Lunch Box" Workshop for K-12 Schools

Facilitator Guide

This workshop was developed by the Centers for Disease Control and Prevention.

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The findings and conclusions in this report are those of the author(s) and do not necessarily represent the official position of the Centers for Disease Control and Prevention (CDC).

Guide Purpose

This guide offers resources and strategies to support your role as a workshop facilitator, including support for planning your workshop, a script, and notes to help you present key concepts and lead discussions and activities.

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Overview

Purpose

This workshop was developed to provide a set of ready-to-use educational content and activities for public health officials and others to use in K-12 school settings to convey and support implementation of evidence-based infection prevention and control practices.

Specific goals of the workshop are to:

- Introduce school administrators, staff, and teachers to school roles in infection prevention and control;
- Support and involve participants in learning about routine infection prevention strategies;
- Explore additional strategies schools can use to reduce disease spread during times of elevated illness in their schools or community; and
- Emphasize the importance of including an Infection Prevention Annex in school emergency plans.

Foundations

The workshop content is based on Centers for Disease Control and Prevention (CDC) guidance for preventing the spread of infections in K-12 schools. The guidance is based on a science brief that compiles evidence-based practices for prevention and control of respiratory and gastrointestinal infections in K-12 schools.

The workshop also draws from the American Academy of Pediatrics (AAP) Summit Report (Powering Up Preparedness: Partnering to Support Student Health and Wellness During Public Health Emergencies), which was developed from a meeting in April 2024. The AAP Summit Report identifies and prioritizes strategies and solutions that state health and education agencies can implement to improve public health emergency preparedness and response in schools.

The AAP Summit Report includes several checklists to guide schools and their public health partners towards taking structured actions to build relationships and infrastructure for addressing public health emergencies. This workshop aligns with recommendations for identifying planning considerations (**Exhibit 1**).

Exhibit 1. AAP Summit Report Planning Considerations for State Health and Education Agencies*

- ☐ Learn your agency's organizational structure, chain of command, and overall role during non-emergency and emergency periods.
- ☐ Increase emergency planning and response expertise through training and resources.
- ☐ Meet with leaders, partners, and community members to determine priorities related to schools and public health emergencies.
- ☐ Visit schools to better understand their operations.
- ☐ Learn your jurisdiction's public health emergency structures and resources.

**from "Objective 5: Identifying Planning Considerations" on page 5 of the AAP Summit Report*

Delivering this workshop to school partners in your community or professional service area is an important contribution to school emergency preparedness. Thank you for your efforts!

Workshop Structure & Components

What is a workshop?

A workshop is a "short-term learning experience that encourages active, experiential learning and uses a variety of learning activities to meet the needs of diverse learners."[1] This workshop includes short didactic lectures to present core concepts and several activities and discussions to support active engagement and learning.

Audience

The workshop is designed to be used with groups of 12 to 15 school staff, administrators, or school district officials. Groups of fewer than 6 or more than 20 individuals are not recommended due to the interactive nature of the materials. An optional exercise is included for use with school administrators or school district officials who oversee infection prevention policies or support emergency planning and response.

Format

The workshop can be delivered in person or virtually with modifications for group work, such as the use of electronic breakout rooms.

The **base workshop** was designed to take approximately two hours and provides foundational knowledge and review of recommended infections prevention practices for a varied audience of school staff, administrators, or district officials.

The base workshop can be expanded to a longer **extended workshop,** which is designed to take approximately three hours for an audience of school administrators or district officials who oversee infection prevention policies or support emergency planning and response.

The extended version of the workshop includes an added exercise (the "RACI Exercise") to help participants develop a deeper understanding of operational planning and role management when implementing infection prevention practices.

Materials

Base workshop (2-hour duration)

The base workshop consists of a brief overview of workshop logistics followed by four sections of content and activities. It can be delivered continuously in a single sitting or split among multiple shorter sessions to accommodate busy schedules. Each section includes a short didactic lecture with multiple hands-on activities including large- and small-group discussions and individual reflections for action planning.

[1] Brooks-Harris JE, Stock-Ward SR. 1999. *Workshops: Designing and Facilitating Experiential Learning*. Sage Publications, Inc. https://doi.org/10.4135/9781452204864

The presentation is made up of 72 presentation slides, which include short didactic lectures on key concepts with frequent opportunities for participants to actively engage with the content, promoting interactive learning. To enhance clarity and ease of navigation, the workshop sections are color coded, visually marking the transitions between different topics and sections. The five workshop sections are:

- **Introduction and Logistics (Slides 1-6, dark blue)**
- **Infection Prevention Roles and Resources (Slides 7-12, royal blue)**
- **Everyday Actions to Reduce the Spread of Illness (Slides 13-39, green)**
- **Additional Strategies for Times of Elevated Illness (Slides 40-57, orange)**
- **Planning for Infection Prevention and Control (Slides 58-72, red)**

The workshop materials include a packet of information for participants to take home, which can be distributed in printed or electronic format.

The participant packet includes the following materials:

- Participant Notes,
- Resource List,
- Everyday Actions Handout,
- Additional Strategies Handout,
- Action Planning Worksheet, and
- Community Partners Worksheet.

Extended workshop (3-hour duration)

In addition to the base workshop materials listed above, the extended workshop includes an exercise designed for participants to engage in hands-on practice with using a tool called a "RACI Matrix" for naming and managing roles and responsibilities when implementing infection prevention strategies.

The RACI exercise (Responsible-Accountable-Consulted-Informed) gives participants several opportunities during the workshop to apply their learning through considering the activities and roles needed to effectively implement infection prevention strategies.

If using the extended workshop, the participant packet will include the following materials:

- Participant Notes,
- Resource List,
- Everyday Actions Handout,
- Additional Strategies Handout,
- Action Planning Worksheet,
- Community Partners Worksheet, and
- RACI Worksheet.

Workshop evaluation

An optional **Workshop Evaluation** has been provided at the end of this guide to use if you would like to receive participant feedback. The questions focus primarily on facilitator performance and learning outcomes for the participants. CDC will not collect or receive these evaluations; they are strictly for personal use to develop your facilitation skills. You can distribute the workshop evaluation with the participant packet at the beginning of the workshop or at the end of the workshop, as you prefer.

Planning Your Workshop

Engaging schools

To effectively engage school staff and administrators, it is important to understand how schools function and their goals and priorities. The National Association of State Boards of Education (NASBE) Guide for Working with Schools (How Schools Work & How to Work with Schools: A Primer for Those Who Want to Serve Children and Youth in Schools) provides some key principles to keep in mind when partnering with school districts or schools on infectious disease planning and preparedness training (**Exhibit 2**).

Exhibit 2. NASBE's Guiding Principles and Concepts for Working with Schools*

- **Education's primary goal is to educate students**, so any actions proposed must support—either directly or indirectly—this goal.
- **Health, safety, development, and well-being may be secondary priorities** for the education partner.
- **Concerns about safety**, in particular, can affect access to some schools.
- Like all professional worksites, **schools are busy places**; your involvement with them must be carefully planned.
- School leaders and personnel have **multiple responsibilities and priorities,** and your issue may not be one. It is your responsibility to know what their priorities are.
- The **needs of schools differ** from district to district and often from school to school within the same district. Don't make assumptions based on one class or one school.
- **Education decision making is diffused and variable**. Some decisions are made at the school level, while others are made at the district level and still others at the state level. Further, multiple people or groups are usually involved in the decision-making process.
- There are often several levels of review that must be conducted before decisions are made so the **decision-making process** could take a long time.
- Education **leaders recognize they cannot address all of their needs alone;** they need outside help, but that help must conform to their governing laws, rules, regulations, and practices.
- **Education, like other sectors, has its own acronyms and terminology**. People and organizations wanting to engage with schools should become familiar with their acronyms, terms, and phases.

**From page 28 of the NASBE Guide for Working with Schools*

Scheduling your workshop

If the school district or school affirms interest in hosting a workshop, ask your contact for help with identifying and contacting participants, confirming a convenient date, and finding a meeting room for delivering the workshop. If the school district or school does not have a suitable location available, consider reaching out to nearby libraries, local public health agencies, hospitals, or colleges and universities to find a suitable venue.

Send a save-the-date message to participants as early as possible—at least several weeks before the workshop. You can adapt the save-the-date email template (**Exhibit 3**) to suit your needs. If you have a co-facilitator or colleagues helping with workshop logistics, consider introducing them in this email.

Exhibit 3. Pre-Workshop Save-the-Date Email Template

Subject: Save the Date: Workshop on Preventing the Spread of Infections in K-12 Schools

Dear **[Recipient]**,

[I/we] work with **[Your Organization Name]**. **[I am/We are]** excited to be partnering with your **[school district or school]** to provide an infectious disease prevention workshop on **[Date]** from **[Start Time] - [End Time]**. The workshop will be held at **[location name and address – consider including a link to an online map if the location is not a familiar school or administrative building]**.

The workshop will cover:

- School infection prevention roles and responsibilities,
- Everyday actions schools can take to reduce the spread of illnesses,
- Additional strategies that schools can take during times of elevated spread of illnesses, and
- Infectious disease response planning.

The workshop includes several discussions and hands-on activities to help you apply the content.

[Include other information here specific to your workshop. For example, if your organization will be sponsoring breakfast or snacks, you might include. "A light breakfast of pastries and coffee will be provided."]

[Include a brief description of your background and qualifications. If you have a co-facilitator or colleague helping with workshop logistics, you can also introduce them here and include a short biographical paragraph. For example, "My colleague, Jane Smith, will be co-facilitating the workshop. Jane's background is…"].

Please save the date and **[I/we]** will send you a calendar invitation closer to the workshop date.

[I/we] look forward to learning with you!

Sincerely,

[Your name and contact information]

Planning your agenda

Work with your contacts to set an agenda that best fits their specific training needs and available time. Below are several sample agendas that you can change to meet your audience's needs and available time.

The base workshop takes approximately two hours to complete and includes a break at the midpoint (**Exhibit 4**).

Exhibit 4. Example Agenda: Base Workshop

Total Time	Duration	Content	Slide Numbers
0:00-0:15	15 min.	Introduction and Logistics	1-6
0:15-0:25	10 min.	Infection Prevention Roles and Resources	7-11 (omit 12)
0:25-0:55	30 min.	Everyday Actions to Reduce the Spread of Illness	13-33, 38 (omit 34-37)
0:55-1:10	15 min.	Break	39
1:10-1:40	30 min.	Additional Strategies for Times of Elevated Illness	40-54, 56 (omit 55, 57)
1:40-1:55	15 min.	Planning for Infection Prevention and Control and Wrap-up	58-72
Optional	5 min.	**Workshop Evaluation**	

The base workshop can also be split into two one-hour sessions. A sample two-day agenda is provided below (**Exhibit 5**). If you split the workshop over two days, consider using **Slide 3** to begin the session on Day 2 to welcome participants with a short ice breaker before moving into the next section of content.

Exhibit 5. Example Agenda: Two-Day Base Workshop

Day (Time)	Duration	Content	Slide Numbers
1 (0:55)	15 min.	Introduction & Logistics	1-6
	10 min.	Infection Prevention Roles and Resources	7-11 (omit 12)
	30 min.	Everyday Actions to Reduce the Spread of Illness	13-33, 38 (omit 34-37, 39)
2 (0:55)	10 min.	Day 2 Welcome	3
	30 min.	Additional Strategies for Times of Elevated Illness	40-54, 56 (omit 55, 57)
	15 min.	Planning for Infection Prevention and Control and Wrap-up	58-72
2 (Optional)	5 min.	**Workshop Evaluation**	

The extended workshop takes approximately three hours to complete and includes the RACI Exercise and two short breaks (**Exhibit 6**).

Exhibit 6. Example Agenda: Extended (3-hour) Workshop

Total Time	Duration	Content	Slide Numbers
0:00-0:20	20 min.	Introduction and Logistics	1-6
0:20-0:30	10 min.	Infection Prevention Roles and Resources	7-11
0:30-0:35	5 min.	Break	12
0:35-1:25	50 min.	Everyday Actions to Reduce the Spread of Illness	13-38
1:25-1:40	15 min.	Break	39
1:40-2:30	50 min.	Additional Strategies for Times of Elevated Illness	40-56
2:30-2:35	5 min.	Break	57
2:35-2:55	20 min.	Planning for Infection Prevention and Control and Wrap-up	58-72
Optional	5 min.	Workshop Evaluation	

The extended workshop can also be split into two 90-minute sessions. An example two-day agenda is provided below (**Exhibit 7**). If you split the workshop over two days, consider using **Slide 3** to begin the session on Day 2 to welcome participants with a short ice breaker before moving into the next section of content.

Exhibit 7. Example Agenda: Two-Day Extended Workshop

Day (Time)	Duration	Content	Slide Numbers
1 (1:20)	20 min.	Introductions and Logistics	1-6
	10 min.	Infection Prevention Roles and Resources	7-12
	50 min.	Everyday Actions to Reduce the Spread of Illness	13-38
2 (1:20)	10 min.	Day 2 Welcome	3
	50 min.	Additional Strategies for Times of Elevated Illness	40-57
	20 min.	Planning for Infection Prevention and Control and Wrap-up	58-72
Optional	5 min.	Workshop Evaluation	

You can adapt these agendas to meet your audience's needs and available time.

Inviting participants

Once you have finalized your agenda, send a calendar invitation with the meeting location address or a virtual meeting link.

After you send the calendar invitation, consider following up with an email providing more information on the agenda and any materials you want to distribute to participants in advance. For example, the participant packets can be distributed by email prior to a virtual meeting so participants can download and review them before the start of the workshop.

For an in-person event, printed materials will likely be easier for participants to use during the workshop and some participants might also appreciate a preview of the electronic versions. If you aren't sure what would be best received by your participants, ask your school contact about common practices in their district or school. You can change the agenda email template in **Exhibit 8** to suit your specific needs.

Exhibit 8. Pre-Workshop Agenda Email Template

Subject: Infection Prevention Workshop Agenda and Details

Dear **[Recipient]**,

[I am/We are] excited to see you on **[Date]** from **[Start Time] - [End Time]** for the workshop on Preventing the Spread of Infections in K-12 Schools. You should have received a calendar invitation with **[the location of the workshop/the meeting link]**. If you did not receive the invitation, please let me know.

An agenda is provided below to help you plan your day. Please plan to arrive a few minutes before **[Start Time]** so we can get started promptly. **[Include other information here specific to your workshop. For example, if your organization will be sponsoring breakfast or snacks, you might include. "A light breakfast of pastries and coffee will be provided."]**

[Example agenda below for a 2-hour workshop starting at 9:00 am with a light breakfast]

Start Time	Topic
8:45 am	Arrival and Breakfast
9:00 am	Introductions and Logistics
	Infection Prevention Roles and Resources
	Everyday Actions to Reduce the Spread of Infections
~10:00 am	Break
~10:15 am	Additional Strategies for Times of Elevated Illness
	Planning for Infection Prevention and Control
11:00 am	Adjourn

[If you are providing participant materials electronically, you might include: The worksheets and handouts you'll need for the workshop are attached (or available at shared folder link).]

[If you are hosting an in-person workshop, include: "The workshop materials are attached. Printed copies will be provided for use during the workshop." Include guidance on where to park or instructions on how to find the meeting room.]

[I/we] look forward to learning with you! Please reach out if you have any questions.

Sincerely,

[Your name and contact information]

Preparing your supplies

The supplies you will need may depend on the amenities available at the location you have selected for your workshop. You can work with your school contact or contact at the location hosting your workshop to learn more about what resources will be provided in the meeting room. Supplies to consider are listed in the checklist below, and you can adjust this list based on what will work best for your workshop location (**Exhibit 9**).

Exhibit 9. Workshop Materials and Supplies Checklist

Facilitation Supplies

- ❑ Sign-in sheet (Note: A printable **Sign-in Sheet** is available at the end of this guide)
- ❑ Flip chart, stand, and markers (or whiteboard markers or chalk and erasers if a whiteboard or chalkboard is available in the meeting room)
- ❑ Computer, projector, and foldable screen (if a projector and screen or white wall are not available in the room)
- ❑ HDMI and USB cords and adapters (to connect your laptop to the room projector/speakers)
- ❑ Lapel microphone, extra batteries, and speakers (if needed)
- ❑ Presentation slides prepared for use (preparation guidance is provided below)
- ❑ Name tags or tents and markers
- ❑ Pens or pencils

Printed Participant Packets (1 per participant plus several extras)

- ❑ Everyday Actions Handout
- ❑ Additional Strategies Handout
- ❑ Resource List Handout
- ❑ Presentation Slides Handout
- ❑ Action Planning Worksheet
- ❑ Community Partners Worksheet
- ❑ RACI Worksheet (*optional, for use in 3-hour extended workshop*)
- ❑ Workshop Evaluation (*optional, for use at facilitator discretion*)

Optional Considerations for Breaks

- ❑ Hand sanitizer or wet wipes
- ❑ Individually packaged light snacks and beverages for breaks
- ❑ Coffee and tea supplies such as portable carafes, filters and ground coffee, individually packaged tea bags, sweeteners, and non-dairy creamers
- ❑ Plates, napkins, and spoons
- ❑ Insulated cups for tea or coffee
- ❑ Paper towels
- ❑ Trash bags

The presentation slides are provided ready-for-use as the base workshop with just two locations where you will need to customize the slides (**Slides 2 and 5**, instructions below).

If you plan to use the extended workshop, you will also need to unhide optional short break and RACI exercise slides (**Slides 12, 34-37, 55, and 57**, instructions below). See **Exhibit 10** for a tutorial on how to unhide slides in Microsoft PowerPoint.

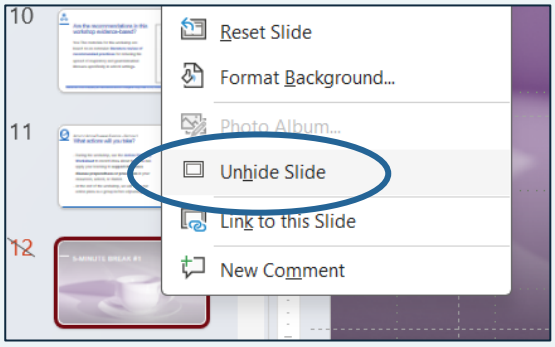
Slide 2	Remove the highlighted placeholders and enter your name, affiliation, and contact information.
Slide 5	• If you will not be using the RACI Worksheet, delete item 7 under "Session Materials" and adjust the numbering for the Workshop Evaluation, if needed. • If you will not be using the Workshop Evaluation, delete item 8 under "Session Materials". • If you are using these items in your workshop, remove the yellow highlighting from items 7 and 8.
Slide 12	If your agenda includes a short break between Sections 3 and 4, unhide **Slide 12**.
Slides 34-37 and Slide 55	If you plan to include the optional RACI exercise in your workshop, unhide **Slide 34-37** and **Slide 55**.
Slide 57	If your agenda includes a short break between Sections 3 and 4, unhide **Slide 57**.

Exhibit 10. Tutorial – How to Unhide a Slide in Microsoft PowerPoint

To unhide a slide, right click on the thumbnail version of the hidden slide in the Navigation pane on the left to display the menu. Select "Unhide slide" from the menu (**circle**).

Hidden slides have a "\" across the slide number (**first arrow**) and have a muted color in the thumbnail image in the Navigation pane on the left.

When you have successfully unhidden the slide, the number will not be crossed out and the thumbnail image color will brighten to match the other unhidden slides (**second arrow**)



Preparing to be a Facilitator

What is facilitation?

Facilitation is a complex task, and even professional facilitators vary in how they define this task (see also Discovering the Definition of Facilitation). Broadly, facilitation is the act of guiding meeting participants through a series of tasks to arrive at a shared result—like learning or decision making—that is created, understood, and accepted by all participants. Facilitation is about creating an environment in which participants can explore new ideas and concepts together.

What is my role as a workshop facilitator?

You don't have to be a leading expert in infection prevention in schools to deliver this workshop effectively. The workshop materials were developed for use by individuals who have a working knowledge of infection prevention practices and the ability to facilitate thoughtful discussions.

You don't have to be a "sage on the stage"—an expert who has all the answers to convey to passive participants. Instead, your workshop delivery will be most effective if you position yourself as a "guide on the side"—someone who walks through the topics with the participants, helping them engage with the content and with each other. **Exhibit 11** offers several tips for facilitating your workshop.

Exhibit 11. Tips for Facilitators*

- Give participants the information they need in advance
- Arrive early to set up and greet participants
- Think about how your room configuration might affect interaction
- Be flexible in your approach as you learn about your audience
- Encourage questions
- Model active listening
- Encourage participants to teach each other
- Remain neutral and be respectful of participants' knowledge and experiences
- Enjoy yourself and have fun!

**Modified from Planning and Presenting Workshops That Work*

Key Resources

American Academy of Pediatrics. Powering Up Preparedness Partnering to Support Student Health and Wellness During Public Health Emergencies. Summit Report. August 2024. https://downloads.aap.org/AAP/PDF/SHEPR-Summit-Report-Final.pdf

Brownlee D. 2021. Facilitation Skills Just Might Be the Best Kept Leadership Secret. *Forbes*. 4 Aug 2021. https://www.forbes.com/sites/danabrownlee/2021/08/04/facilitation-skills-just-might-be-the-best-kept-leadership-secret/

Centers for Disease Control and Prevention. Preventing Spread of Infections in K-12 Schools. https://www.cdc.gov/orr/school-preparedness/infection-prevention/index.html

Centers for Disease Control and Prevention. Prevention and Control of Respiratory and Gastrointestinal Infections in Kindergarten through Grade 12 (K-12) Schools. https://www.cdc.gov/orr/school-preparedness/infection-prevention/docs/IPC-Science-Brief_508.pdf

National Association of State Boards of Education. How Schools Work & How to Work with Schools: A Primer for Those Who Want to Serve Children and Youth in Schools. 2014. https://nasbe.nyc3.digitaloceanspaces.com/2020/01/How-Schools-Work-2014.pdf

Zenni EA, Turner TL. Planning and Presenting Workshops That Work: A Faculty Development Workshop. MedEdPORTAL: The Journal of Teaching and Learning Resources 2021;17:11158. https://doi.org/10.15766/mep_2374-8265.11158

Sipponen-Damonte M. Discovering the Definition of Facilitation. Global Flipchart. 2017(8). https://www.iaf-world.org/site/global-flipchart/8/definition.

Workshop Welcome

Introductions and Logistics

CONTENTS

Section Overview

This section of the guide covers **Slides 1 to 6**. These slides offer an opportunity to exchange introductions and offer an overview of the workshop to help participants get the most out of their experience.

You will hand out participant packets during this section of the presentation and complete two short activities (an ice breaker and setting ground rules) in this section.

Each slide includes a written narrative to help you prepare for your presentation (labelled "**SAY**"). You are not expected to read or recite the narrative word-for-word during your workshop. Rather, the example narrative is there to help you plan what you would like to say on each slide and to serve as an example for how to transition between topics within and between slides. Some slides will have added guidance on tasks to do while on a specific slide (labelled "**DO"**).

Pre-Workshop Preparation

Room Set-Up

If you can, arrive at the meeting location early to set up the room and greet your participants. Consider the layout of your room to make sure everyone will be able to see the screen and each other during large group discussions. If possible, arrange seating grouped at small tables for small-group exercises.

Participant Packets

Prepare your participant packets BEFORE the workshop begins. You may find it easier to distribute the participant packets quickly if you prepare the stacks in advance and place them in individual folders or staple or paperclip each packet together.

Make sure to prepare a few extra packets to have ready for any unexpected participants. These extra packets can also be used as a source of replacement documents if a participant gets an incomplete packet or damaged handout or worksheet.

Slide Updates

Make the following updates to your presentation slides BEFORE your workshop begins:

- Edit **Slide 2** to list your name, role or title, affiliation and contact information.
- Edit **Slide 5** to include the correct list of packet contents for your planned agenda.

Ice Breaker

Select an ice breaker activity for **Slide 3**. If you need ideas, this resource has several ice breakers you can consider: Icebreakers and Community Building.

Ground Rules

Ground rules create a comfortable space for exploring new ideas together. **Slide 6** provides several general ground rules and offers participants the opportunity to contribute more rules. Group norms

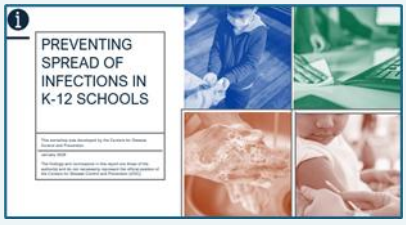
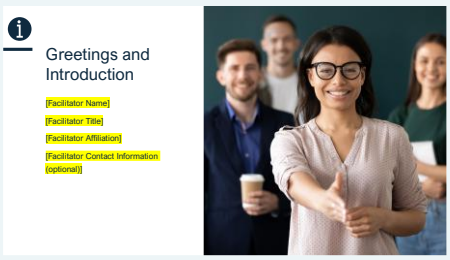
around behaviors like cell phone use or punctuality can vary among organizations. Inviting participants to contribute ground rules allows the group to decide what is acceptable based on their typical practices.

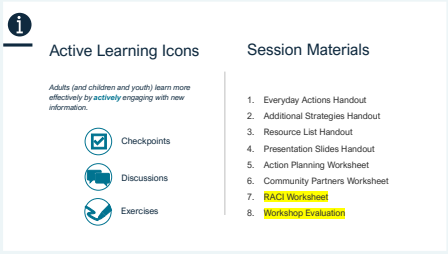
If you haven't used ground rules with a group before, you may find this resource helpful.

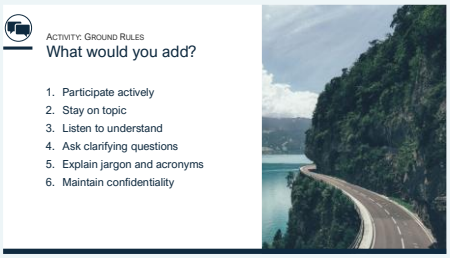
Slide Notes

Notes for **Slides 1-6** are provided in **Exhibit 12**. Notes for all slides have also been compiled at the end of this document if you would like to print a **Complete Run-of-Show** for use during your workshop.

Exhibit 12. Slides 1-6—Introductions and Logistics

Slide	Thumbnail Image	Notes
1		**SAY:** Welcome to the workshop on Preventing Spread of Infections in K-12 Schools. This workshop was developed by the Centers for Disease Control and Prevention.
2		**SAY:** My name is **[Your Name]** and I am **[Your Job Title or Role]** at **[Your Affiliation]**. After the workshop, you can reach me at **[Your Contact Information]**. Thank you for taking the time to participate in this workshop.
3		**SAY:** We'll take a few minutes before we start the first section to get to know each other and to go over the schedule for today. First, let's do a round of introductions and an ice breaker. ***DO:*** *Lead your participants through introductions and a short ice breaker. Be mindful of your time and provide clear guidance on how much time each participant has for sharing so you can stay on schedule.*

Slide	Thumbnail Image	Notes
4		**SAY:** This workshop has four sections that cover important topics related to preventing the spread of infectious diseases in schools. These are the topics we plan to cover today. We'll take a 15-minute break between sections 2 and 3. ***DO:*** *Remind participants of the agenda you sent to them in advance and note important time points for planning purposes, like the approximate time breaks will occur. Provide general logistical information, such as the location of the nearest restrooms, vending machines, or water fountains.*
5		**SAY:** As educators, you know that people learn more effectively when they actively engage with new information. In this workshop, we'll pause periodically to give you a chance to work with the material using quick checkpoints, discussions, and written exercises. The slides will include these icons to let you know it's time to learn by doing an activity. The check box means you get a chance to test your knowledge with a multiple-choice question. The chat icon means we'll be pausing for a short discussion. And the pen icon means that we'll be breaking into groups to work on a longer written exercise. As I hand out the packets, please check to make sure that you have all the materials listed here. Note that the handouts titled "Worksheet" will be used for the written exercises. The other handouts are summaries of the materials for you to take with you for review or quick reference after the workshop. ***DO:*** *Hand out the participant packets during this slide. If you do not have a co-facilitator, consider asking a participant to hand out the packets while you explain the contents of the packet and help participants as they review their packets for completeness.*

Slide	Thumbnail Image	Notes
6		**SAY:** Every organization or group has different local norms for meetings. That's why it's important to establish the ground rules for this workshop up front so we all feel comfortable participating fully and we have a mutual understanding of how we're going to learn together. For this workshop we will have the following ground rules: • Participate actively • Stay on topic • Listen to understand • Ask clarifying questions • Explain jargon and acronyms • Maintain confidentiality Are there other rules you would like to add to this list so we can make the best use of our time together? Let's write these additional rules down so we remember them. ***DO:*** *Record any additional ground rules nominated by the participants.* *Consider asking a participant to record the complete list including these rules on the slide on a whiteboard or flip chart that will remain visible throughout the workshop, if you have access to one of these resources.*

Key Resources

Emory University Rollins School of Public Health. Icebreakers and Community Building. https://sph.emory.edu/rollins-tlc/course-design/icebreakers/index.html

SessionLab. 10 Effective Workshop Rules for More Productive Sessions. https://www.sessionlab.com/blog/workshop-rules/

Workshop Section 1

Infection Prevention Roles and Resources

CONTENTS

Section Overview

This section of the guide covers **Slides 7 to 12**.

These slides discuss the important role that schools play in preventing infectious diseases and explain the evidence base for the actions and strategies included in the workshop.

This section also introduces the Action Planning Exercise and ends with an optional short (5-minute) break for use in the extended (3-hour) workshop.

Pre-Workshop Preparation

Slide Updates

Make the following update(s) to your presentation slides BEFORE your workshop begins based on your planned agenda:

- If you plan to have a break between sections 1 and 2, unhide **Slide 12** following the instructions in **Exhibit 10**.

Action Planning Exercise

Purpose

The Action Planning Exercise provides participants with several opportunities to reflect on what they've learned. In each section, you will pause for several minutes to allow participants to think on their own about what they've learned and name practical actions they can take to improve infectious disease preparedness or prevention in their school or district.

Materials Needed

Slide 11 in the presentation

Action Planning Worksheet

Pens or pencils

Time

3-5 minutes

Instructions

For this activity, provide participants 3-5 minutes of silent thinking. You will invite participants to use this time to reflect on what they're learning and consider how they can apply the workshop materials to support infectious disease preparedness or prevention at their school or district.

Encourage participants to write their ideas on the Action Planning Worksheet so they can review their thoughts at the end of the workshop and share their ideas with the group.

You will revisit this exercise on slides 24, 51, 69, and 71.

Additional Notes

This first introduction to the Action Planning Exercise occurs relatively early in the workshop, so it is okay if participants do not have many ideas for actions to take just yet. The goal in this section is to introduce the Action Planning Exercise so that participants will be thinking about opportunities to apply their learning as they engage in the rest of the workshop.

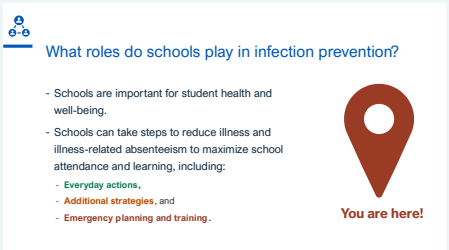
Learning Objectives

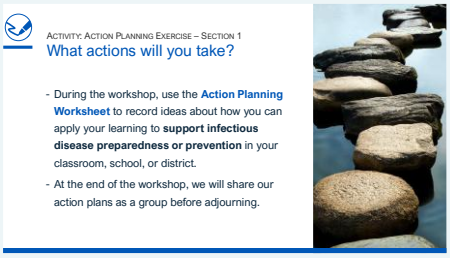
1. **Understand** the role of schools in infection prevention.
2. **Identify** key resources on preventing the spread of infections in schools and infectious diseases that commonly affect school-aged children and youth.

Slide Notes

Notes for **Slides 7-12** are provided in **Exhibit 13**. Notes for all slides have also been compiled at the end of this document if you would like to print a **Complete Run-of-Show** for use during your workshop.

Exhibit 13. Slides 7-12—Infection Prevention Roles and Resources

Slide	Thumbnail Image	Notes
7		**SAY:** We'll start today by reviewing the important roles that schools play in infection prevention and reviewing our resources for the workshop.
8		**SAY:** At the end of this section, you should understand the role of schools in infection prevention. You should also be able to identify key resources for preventing the spread of illness in schools and for learning about infectious diseases that commonly affect school-aged children and youth.
9		**SAY:** Schools do many things that support the health and well-being of children and youth. One of their vital roles beyond education is to provide all children and youth with a safe and supportive environment and stability of daily health and safety routines. Some specific school health and safety roles and activities include teaching hygiene practices and health policies, supporting vaccination programs, cleaning and sanitizing school facilities and equipment, ensuring food

Slide	Thumbnail Image	Notes
		safety, performing health monitoring, collaborating with health officials, and preparing for emergencies. Schools have many resources and tools available to reduce the spread of illnesses and minimize illness-related absenteeism to make sure children and youth can attend school consistently and learn. This workshop will cover those tools, including the Everyday Actions that schools can take to reduce the spread of illness and the Additional Strategies that schools can deploy when illnesses are spreading in the community. We'll also cover emergency planning, including the role of School Health Advisory Committees, to prepare and respond to outbreaks or pandemics and the importance of routine training in health and safety topics to stay response ready. Your attendance at this workshop today is an investment in the health and safety of your students and staff and we're so glad you're here!
10		**SAY:** The materials for this workshop were developed from a comprehensive literature review, or science brief, that was completed to identify the most effective practices for reducing the spread of respiratory illnesses, like colds and influenza, and gastrointestinal illnesses, like norovirus, in school settings. The Everyday Actions and Additional Strategies that we'll discuss today are based on this comprehensive review of the evidence for the effectiveness of these approaches *specifically* in school environments.
11		**SAY:** During this workshop, we will pause during each section so you can think about how you can apply your learning to your work. Pull out your Action Planning Worksheet. Take about 3-5 minutes to consider what you've learned so far that might be helpful for supporting infectious disease preparedness or prevention efforts in your classroom, school, or district. Since we've only covered a little bit of information so far, it's okay if you don't have specific action steps for this section. If you do, please write them on your worksheet

Slide	Thumbnail Image	Notes
		to remember for the end of the workshop when we'll all report out on our intended actions for applying what we've learned today. You can also write down questions you hope the workshop will answer to reflect on as we move through the material. We'll come back to this worksheet at the end of each section to add more ideas and at the end of the workshop, we'll share our action plans as a group before adjourning. ***DO:*** *Provide participants with 3-5 minutes of silent thinking.* *Invite them to use this time to reflect on what they're learning and consider how they can apply the workshop materials to support infectious disease preparedness or prevention at their school or district.* *Encourage participants to write their ideas on the Action Planning Worksheet so they can review their thoughts at the end of the workshop and share their ideas with the group.*
12		*Optional Break* ***NOTE:*** *Unhide this slide prior to the workshop if you plan to use the optional break.* **SAY:** We'll take a short 5-minute break. Please be back and ready at **[insert time based on current time plus 5 minutes]**.

Key Resources

American Academy of Pediatrics. Powering Up Preparedness Partnering to Support Student Health and Wellness During Public Health Emergencies. Summit Report. August 2024. https://downloads.aap.org/AAP/PDF/SHEPR-Summit-Report-Final.pdf

Centers for Disease Control and Prevention. Preventing Spread of Infections in K-12 Schools. https://www.cdc.gov/orr/school-preparedness/infection-prevention/index.html

Centers for Disease Control and Prevention. Prevention and Control of Respiratory and Gastrointestinal Infections in Kindergarten through Grade 12 (K-12) Schools. https://www.cdc.gov/orr/school-preparedness/infection-prevention/docs/IPC-Science-Brief_508.pdf

Workshop Section 2

Everyday Actions to Reduce the Spread of Illness

CONTENTS

Section Overview

This section of the guide covers **Slides 13 to 39**.

These slides discuss how infectious diseases spread in schools and review routine actions schools can take to reduce the spread of infections. This section includes two in-depth sections ("deep dives")—one about cleaning and disinfecting and one about ventilation.

If you find you are running behind at this point in the workshop, you can skip one or both deep dive sections to get back on schedule. Consider asking the participants which topic they prefer to cover if you only have time for one deep dive before the midpoint break.

This section includes the second part of the Action Planning Exercise. If your workshop includes the RACI Exercise, you'll complete the first part of this exercise in this section also.

Pre-Workshop Preparation

Slide Updates

Make the following update(s) to your presentation slides BEFORE your workshop begins based on your planned agenda:

- **For the extended workshop with optional exercise, Slides 34-37** are hidden in the original presentation file available for download. If you plan to include the RACI Exercise in your workshop, unhide these slides following the instructions in **Exhibit 10**.

Action Planning Exercise

Purpose

The Action Planning Exercise provides participants with several opportunities to reflect on what they've learned. In each section, you will pause for several minutes to allow participants to think on their own about what they've learned and name practical actions they can take to improve infectious disease preparedness or prevention in their school or district.

Materials Needed

Slide 24 in the presentation

Action Planning Worksheet

Pens or pencils

Time

3-5 minutes

Instructions

For this activity, provide participants 3-5 minutes of silent thinking. You will invite participants to use this time to reflect on what they're learning and consider how they can apply the workshop materials to support infectious disease preparedness or prevention at their school or district.

Encourage participants to write their ideas on the Action Planning Worksheet so they can review their thoughts at the end of the workshop and share their ideas with the group.

You will revisit this exercise on **Slides 51, 69, and 71**.

RACI Exercise (*Optional*)

Purpose

A RACI chart (or RACI matrix) is a project management tool for identifying and communicating roles and responsibilities. RACI stands for: Responsible, Accountable, Consulted, and Informed.

If you are not familiar with using a RACI chart, you can review these additional resources:

1. What Is A RACI Chart? How This Project Management Tool Can Boost Your Productivity | Forbes Advisor
2. Foodborne illness outbreaks: Roles and responsibilities | National Collaborating Centre for Environmental Health | NCCEH - CCSNE
3. Lessons Learned: The RACI Diagram Tool | Office of Population Affairs, HHS

The first part of this exercise introduces this planning tool and gives participants two opportunities to practice using the RACI chart to consider roles and responsibilities for implementing school infection prevention activities.

Materials Needed

Slides 34-37 in the presentation

RACI Worksheet

Pens or pencils

Flip chart or whiteboard and markers, if available

Time

10-15 minutes

Instructions

Use **Slide 34** to explain the tool and the different roles that individuals can take in a project (Responsible, Accountable, Consulted, and Informed) and describe the rules for filling out a RACI chart as described on the slide.

Then walk through the example on **Slide 35** with participants reminding them of the rules for using each role and answering any questions that arise about how to use the tool.

Then explain the instructions for Part 1 of the worksheet. The slide notes for **Slides 36 and 37** offer ways that you can approach this exercise as either a large group interactive exercise or a small-group collaborative exercise, as best suits your time and group dynamic.

You will revisit this exercise to complete Part 2 of the exercise on **Slide 55**.

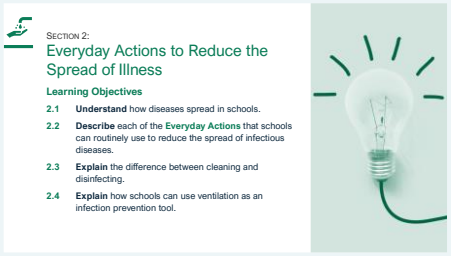
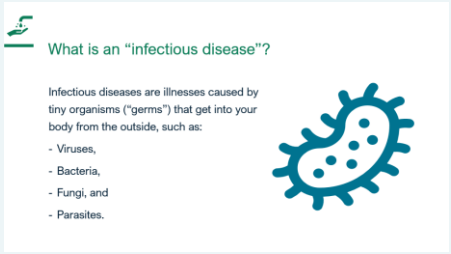
Learning Objectives

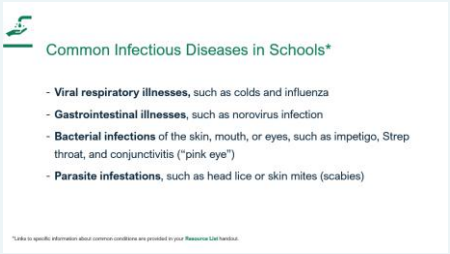
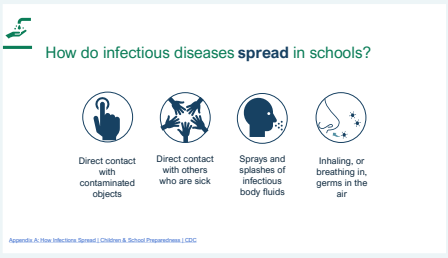
1. **Understand** how diseases spread in schools.
2. **Describe** each of the Everyday Actions that schools can routinely use to reduce the spread of infectious diseases.
3. **Explain** the difference between cleaning and disinfection.
4. **Explain** how schools can use ventilation as an infection prevention tool.

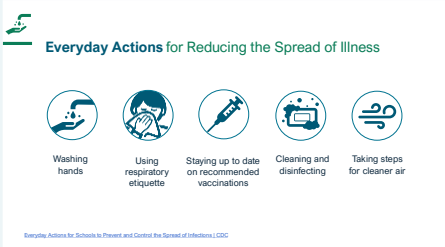
Slide Notes

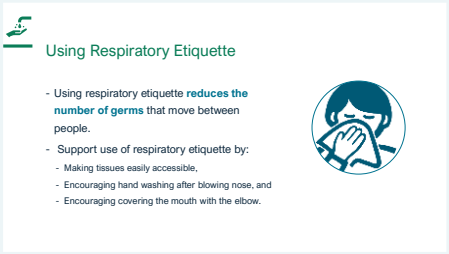
Notes for **Slides 13-39** are provided in **Exhibit 14**. Notes for all slides have also been compiled at the end of this document if you would like to print a **Complete Run-of-Show** for use during your workshop.

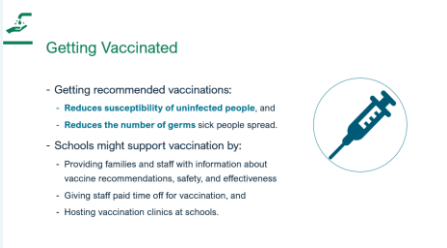
Exhibit 14. Slides 13-39—Everyday Actions to Reduce the Spread of Illness

Slide	Thumbnail Image	Notes
13		**SAY:** In this next section, we'll spend some time reviewing actions that schools can take every day to reduce the chances of illnesses spreading. These are great practices to use continuously to reduce the spread of multiple diseases and using these tools routinely will instill strong infection prevention routines in classrooms.
14		**SAY:** At the end of this section, you should understand how infectious diseases spread in schools. You should also be able to describe each of the Everyday Actions that schools can routinely use to reduce the spread of infectious diseases.
15		**SAY:** Infectious diseases are caused by tiny organisms that get into your body from the outside. These are sometimes collectively called "germs", but really these include several different types of infectious agents, such as viruses, bacteria, fungi, and parasites. Viruses are very small and are not even an organism because they don't have their own cells and instead use our bodies to make more of themselves. Bacteria and fungi can be seen using a normal light microscope and are all around us in our environments, but most don't cause us any harm. Some bacteria and

Slide	Thumbnail Image	Notes
		fungi can cause illnesses when they get into our bodies, and these are the ones we want to avoid by using infection prevention approaches. Some parasites are also very small, but many—like head lice or intestinal worms—are relatively large and can be seen without a microscope.
16		**SAY:** We are familiar with infectious diseases because there are several common illnesses in school-aged children and youth that occur periodically or seasonally. These include: • Viral respiratory illnesses such as colds and influenza; • Gastrointestinal illnesses such as norovirus infection; • Bacterial infections of the skin, mouth, or eyes, such as impetigo, which is a flaky skin infection caused by a specific type of bacteria, Strep throat, and pink eye; and • Parasite infections, such as head lice or skin mites. Several infectious diseases that used to be common in childhood are now much rarer due to widespread vaccination, so they are not typically seen routinely in school settings. Examples of these vaccine-preventable illnesses include measles and whooping cough. Schools do occasionally experience outbreaks of these illnesses when vaccination levels are not high enough to suppress spread. Please note that in your Resource List handout, there are several links to CDC resources on the most common infectious diseases affecting school-aged children and youth.
17		**SAY:** Infectious diseases spread in schools through several different routes. Some infectious diseases spread through direct contact with or touching contaminated surfaces or objects or by direct contact with other people such as holding hands. If hands and high-touch objects and surfaces are not being cleaned or disinfected regularly, then the chance of spread is higher.

Slide	Thumbnail Image	Notes
		Some infectious diseases are primarily spread through sprays or splashes. An infected person can cough, sneeze, or vomit and small droplets can travel short distances and land on surfaces or even in a person's eyes, nose, or mouth. Other germs can be suspended in the air in tiny particles that can travel through the air over longer distances and then be inhaled. How far such germs can travel depends on many things like the type of germ and the ventilation in the space. It's important to note that it's not possible to completely avoid infectious diseases. Living and interacting with others in schools and other communal settings has many social and emotional benefits and exposure to infectious diseases will occur when we come together in groups. However, understanding how diseases spread lets us intervene to reduce the number of people who get sick and protect individuals who may be at higher risk of severe illness from common childhood diseases. On the next slide we are going to talk through things we can do daily to reduce the spread of some common infections in a school setting.
18		**SAY:** The five Everyday Actions are simple measures that we can implement in schools to reduce the chances of students and staff getting sick. They are called the Everyday Actions because they are routine infection prevention activities that are highly effective when done correctly and consistently each day. The five Everyday Actions are: • Washing hands, • Using respiratory etiquette, • Staying up to date on recommended vaccinations, • Cleaning and disinfecting, and • Taking steps for cleaner air. The good news about the Everyday Actions is that we don't have to know which specific illnesses are present in our community to make a difference. These actions create multiple layers of protection when used together.

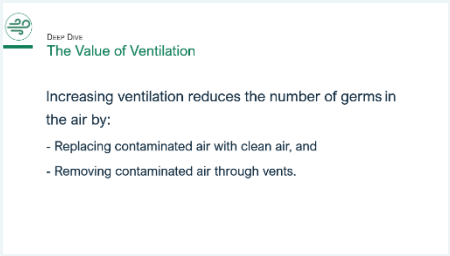
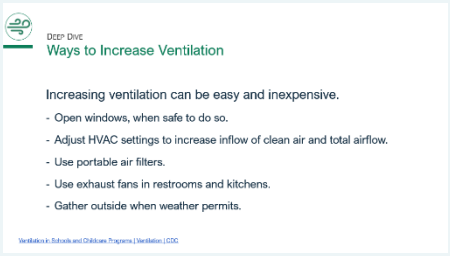
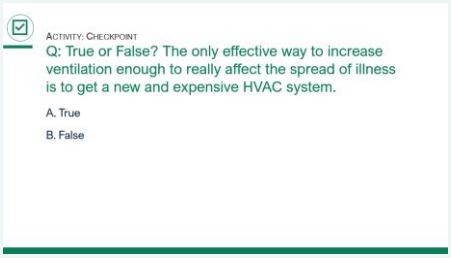
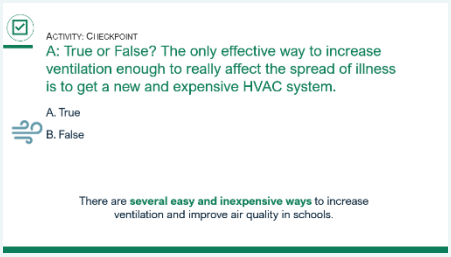
Slide	Thumbnail Image	Notes
		In the next few slides, we'll spend some additional time exploring each action to consider how the action helps us reduce the spread of infectious diseases.
19		**SAY:** Hand washing is a cornerstone of infection prevention. We touch so many objects and surfaces throughout the day. Regular handwashing helps us remove germs before they make their way into the body. Schools can promote regular handwashing by setting daily handwashing routines for students that include washing after toileting and before eating. Schools can support proper handwashing techniques by making sure bathrooms and washing sinks are well-stocked with supplies like soap and paper towels. For younger children, schools can also teach handwashing skills and monitor handwashing to make sure students are using soap and water and are washing long enough to be effective. While soap and water are preferred, alcohol-based hand sanitizers with at least 60% alcohol can be used when running water is not readily available with appropriate adult supervision for children under 6 years old. Handwashing is an important daily infection prevention measure because proper and regular handwashing can prevent the spread of multiple types of infectious illnesses, including respiratory and gastrointestinal infections.
20		**SAY:** Respiratory etiquette is a set of practices that prevent infectious secretions from the mouth and nose from contaminating hands, surfaces, or the air. Schools can support the use of proper respiratory etiquette by making sure classrooms have enough tissues and that they are easily accessible by students. Students can also be encouraged to wash hands or use hand sanitizers after blowing their nose. Finally, schools can teach students to cover their coughs with their elbows instead of their hands to keep their hands clean. Covering coughs and sneezes and keeping respiratory secretions contained keeps respiratory droplets from getting into the air or landing on shared items where other students could encounter them.

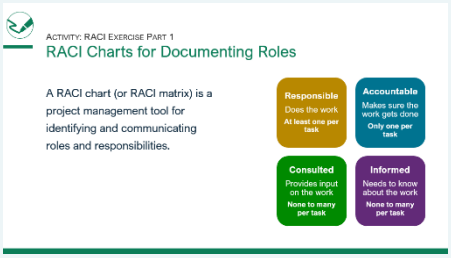
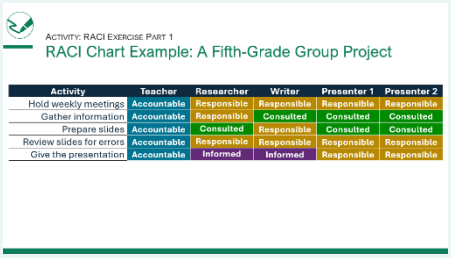
Slide	Thumbnail Image	Notes
21		**SAY:** Vaccines are available for several infectious diseases that affect children, youth, and adults. While vaccinations do not always perfectly prevent infection, they reduce the chances of becoming infected and can also reduce the duration and severity of illness. When someone who has been vaccinated does get sick, they often produce fewer germs while they are sick, which makes them less likely to pass the illness to others. Schools and health departments can help promote equitable access to routine and annual vaccinations, including for influenza and COVID-19 if recommended. For example, schools can provide families and staff with information about recommended vaccines and promote vaccine safety and effectiveness. Schools can support staff with staying up to date on vaccinations by providing them with paid time off to receive their vaccines. And finally, schools can consider partnering with public health departments to host vaccination clinics to provide a local and accessible way for families to get everyone vaccinated at once.
22		**SAY:** Cleaning and disinfecting remove or inactivate germs on surfaces before they are passed to uninfected people. Schools should regularly clean and disinfect frequently touched surfaces and shared items such as desks, countertops, doorknobs, faucets, handles, and toys. Schools can refer to local policy or other regulations for procedures on disinfecting specific areas of the school, such as food service areas and restrooms. Surfaces that are visibly soiled with blood or other body fluids should be cleaned immediately using proper personal protective equipment and should then be disinfected. All other areas should be cleaned and disinfected on a regular schedule. We'll talk a bit more about cleaning and disinfecting in a few slides.

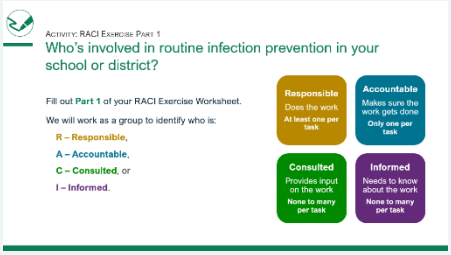
Slide	Thumbnail Image	Notes
23		**SAY:** The final Everyday Action is taking steps for cleaner air. We learned during the COVID-19 pandemic that good ventilation with high inflow of fresh air made a huge impact on reducing indoor spread of the virus. Many businesses upgraded their heating, ventilation, and air conditioning systems, or HVACs, during the pandemic to make their workplaces safer and reduce staff illnesses. We also learned that we could keep each other safer through smaller, less expensive changes when gathering by turning on fans, running indoor air purifiers, or opening windows or gathering outside when the weather permits. Similar strategies can be used by schools to reduce the transmission of most respiratory viruses. Schools can pay special attention to their HVAC systems when planning building updates or new construction. Teachers can use fans or portable air filters to increase air circulation and when the weather is nice, can open windows or even take their classes outside. We'll talk a bit more about ventilation shortly.
24		**SAY:** That was a long stretch of listening, so let's pause and take a moment to absorb and reflect. Pull out your Action Planning Worksheet. Take about 3-5 minutes to consider what you've learned in this section that might be helpful for supporting infectious disease preparedness or prevention efforts in your classroom, school, or district. Write your ideas on your worksheet to remember for the end of the workshop when we'll all report out on our intended actions to apply what we've learned today. We'll come back to this worksheet in the next section to add more ideas. ***DO:*** *Provide participants with 3-5 minutes of silent thinking.* *Invite them to use this time to reflect on what they're learning and consider how they can apply the workshop materials to support infectious disease preparedness or prevention at their school or district.*

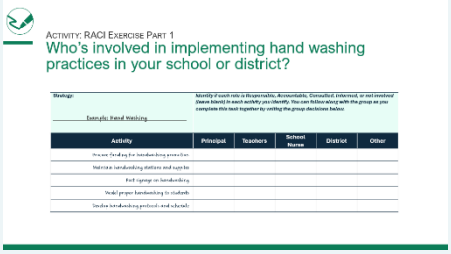
Slide	Thumbnail Image	Notes
		Encourage participants to write their ideas on the Action Planning Worksheet so they can review their thoughts at the end of the workshop and share their ideas with the group.
25		**SAY:** We've already talked broadly about how regular cleaning and disinfecting help prevent the spread of germs that make people sick. But what IS cleaning? What is disinfecting? And how are they different? Cleaning is a mechanical process that removes germs from surfaces and items. Soap helps to loosen debris, oils, and germs attached to the surface and scrubbing, wiping, and rinsing remove the loosened particles. Surfaces should always be cleaned before they are disinfected because debris and oils can deactivate disinfectants or keep them from reaching the germs attached to surfaces. Disinfecting is the process of killing germs on surfaces and items using solutions called disinfectants, that have been tested for their ability to destroy specific germs like viruses or bacteria. ***NOTE:*** *One or both Deep Dive sections can be omitted if you are running behind schedule. The information will still be included in the Presentation Slides Handout provided to participants if they wish to review this information after the workshop.* ***Slides 26-28****: Deep Dive on Cleaning and Disinfection* ***Slides 29-33****: Deep Dive on Ventilation*
26		**SAY:** It's important to select the right products for cleaning and disinfecting to effectively reduce the spread of illnesses. Cleaning products are typically soaps or detergents that interfere with how debris, oils, and germs attach to surfaces. Different cleaning products are formulated for different types of surfaces to clean effectively while not damaging the material. Since cleaning is a primarily mechanical process of removing germs through scrubbing, wiping, or rinsing, most cleaning products are equally effective for reducing the number of germs on the surfaces.

Slide	Thumbnail Image	Notes
		Disinfecting products are registered with the U.S. Environmental Protection Agency and are labelled for use against specific germs that they can destroy or irreversibly inactivate. When using a disinfectant, it's important to read the label to make sure the product remains on the surface long enough to kill the germs. Disinfectants are chemicals that can be used safely when they are stored and used according to the product instructions. Open windows and doors and use the recommended personal protective equipment when working with disinfectants. Disinfectants may also lose activity over time after being opened or diluted and they should be disposed of according to the product label when they are no longer effective.
27		**SAY:** This is your first chance to test your understanding. Why is it important to clean before disinfecting? ***DO:*** *Read the answer choices out loud. With a very interactive group that seems comfortable together, consider a vote by show of hands for the correct answer as you read the choices out loud.* *If the group does not know each other well, you can let them answer silently to themselves and ask for a volunteer to guess the answer.*
28		**SAY:** The answer is D. ***DO:*** *Discuss any questions or different perspectives on this answer before moving on to the next slide.*
29		**SAY:** Ventilation is the movement of clean air into a room or building. This can be done mechanically with fans or building air handling systems or can be accomplished passively by opening doors and windows to allow wind and fresh air to enter and replace inside air. ***NOTE:*** *One or both Deep Dive sections can be omitted if you are running behind schedule. The information will still be included in the Presentation Slides Handout*

Slide	Thumbnail Image	Notes
		provided to participants if they wish to review this information after the workshop. ***Slides 29-33:*** *Deep Dive on Ventilation*
30		**SAY:** Increasing ventilation reduces the number of germs in the air by replacing contaminated air with clean air and by removing contaminated air through vents or other exit points. Increasing ventilation is a simple strategy that can be highly effective for reducing the spread of illnesses.
31		**SAY:** Small changes in air flow can make a difference, so reducing infections by increasing ventilation can be relatively easy and inexpensive. Schools can open windows when it's safe to do so to increase the inflow of outdoor air. Schools can also work closely with HVAC experts to optimize setting to increase inflow of clean air and total airflow. The air quality in individual rooms can be improved by using portable air filters and exhaust fans. And finally, the easiest way to get outdoor air is to go outside when weather and activities permit.
32		**SAY:** Another pop quiz. True or False? The only effective way to increase ventilation enough to really affect the spread of illness is to get a new and expensive HVAC system. ***DO:*** *Ask for a show of hands for True and then for False.*
33		**SAY:** The answer is False. There are several easy and inexpensive ways to increase ventilation and improve air quality in schools. ***DO:*** *Discuss any questions or different perspectives on this answer before moving on.*

Slide	Thumbnail Image	Notes
34		*Optional* ***NOTE:*** *Unhide* ***Slides 34-37*** *prior to the workshop if you plan to use the RACI Exercise.* **SAY:** Pull out your RACI Exercise worksheet. Now we're going to spend some time thinking about how we organize and document roles and responsibilities for routine infection prevention. How many of you have used a RACI chart or RACI matrix for project planning? ***DO:*** *Comment on raised hands. You can invite one or several participants with raised hands to tell the group about their experience.* **SAY:** Great! So, for those of you who aren't as familiar with this tool, a RACI chart is a tool for project management that helps identify and communicate roles and responsibilities to make sure everything gets done. RACI stands for Responsible, Accountable, Consulted, and Informed. A Responsible person (or group of people) does the work. The Accountable person makes sure the work gets done. A Consulted person provides input or feedback on the work. And an Informed person needs to know about the work but does not contribute to its completion. Let's look at a simple example.
35		*Optional* **SAY:** Let's consider the example of students completing a group project. The teacher has asked four fifth-grade students to research and prepare a presentation about the solar system. With the teacher's help, the students organize the work into roles: a researcher, a writer, and two presenters. The teacher provides support to make sure the students stay on task and that everyone contributes to the project.

Slide	Thumbnail Image	Notes
		Everyone is responsible for attending weekly meetings during class to work on the project. The researcher gathers information based on what the team decides they want to talk about. The writer prepares the slides and gets feedback from their teammates. The whole team reviews the slides for errors before the presenters deliver the talk to their class. Each task has only one accountable person and at least one responsible person. In this example, the adult teacher is listed as the accountable person for all steps, but on teams of adults, multiple individuals can be accountable for different steps in a distributed leadership structure where there isn't a single team leader. Does anyone have any questions about how this example worked? ***DO:*** *Address any questions or misconceptions and reiterate that there is only one Accountable person per task and must be at least one Responsible person. A participant may note that some tasks don't have a consulted person or informed person. Confirm that it is okay to not have a consulted or informed person in every row.*
36		*Optional* **SAY:** So now we'll fill out a simple RACI chart together for practice. Then after the next section, you'll break into groups and do your own RACI chart on a topic of your choosing. Right now, we'll ONLY be filling out Part 1 of the worksheet. For this first exercise, we've provided you with the activities and roles. Let's work together to fill in the grid on the next slide. You have this grid on the worksheet if you would like to record the discussion for reference when we return to this exercise in the next section.

Slide	Thumbnail Image	Notes
37		*Optional* ***DO:*** *You can choose different ways to do this part of the activity depending on how interactive your group is.* *For a very talkative crowd, you could have them shout out their answers as you move cell to cell and use a show of hands to break ties if you are hearing two different roles equally loudly.* *For a quieter group, you could break into five teams and have each team fill out their row and then bring their responses to you to enter into the slide.* *If you have a whiteboard or flip chart, you can also draw this grid and ask a participant to fill in the answers as you facilitate.* *The goal is to work through this quickly and efficiently while getting a sense of how well the participants understand the principles:* • *Must have one accountable person per activity;* • *Must have at least one responsible person per activity;* • *Can have more than one responsible, consulted, or informed person per activity; and* • *Sometimes a role will not be involved in a specific activity and that cell can be left blank for the affected row.*
38		**SAY:** Great! We've finished section 2 and we're going to take a longer break so you can visit the facilities, have a snack, or catch up on email or messages. Before we go to the break, I want to open the floor for any questions about what we've covered so far. ***DO:*** *Address any questions or clarifications.*
39		**SAY:** We'll break for 15 minutes. Please be back and ready at **[insert time based on current time plus 15 minutes]**. I'll be here in case you have any individual questions you want to discuss. ***DO:*** *Take a quick break yourself, if needed and then remain available for participants who may have questions or need assistance.*

Key Resources

American Academy of Pediatrics. Powering Up Preparedness Partnering to Support Student Health and Wellness During Public Health Emergencies. Summit Report. August 2024. https://downloads.aap.org/AAP/PDF/SHEPR-Summit-Report-Final.pdf

Centers for Disease Control and Prevention. When and How to Clean and Disinfect a Facility. https://www.cdc.gov/hygiene/about/when-and-how-to-clean-and-disinfect-a-facility.html

Centers for Disease Control and Prevention. Preventing Spread of Infections in K-12 Schools. https://www.cdc.gov/orr/school-preparedness/infection-prevention/index.html

Centers for Disease Control and Prevention. Prevention and Control of Respiratory and Gastrointestinal Infections in Kindergarten through Grade 12 (K-12) Schools. https://www.cdc.gov/orr/school-preparedness/infection-prevention/docs/IPC-Science-Brief_508.pdf

Centers for Disease Control and Prevention. Ventilation in Schools and Childcare Programs. https://www.cdc.gov/niosh/ventilation/guidelines/

Miranda D, Day B, Williams R. What is a RACI Chart? How This Project Management Tool Can Boost Your Productivity. Forbes Advisor. https://www.forbes.com/advisor/business/raci-chart/

National Collaborating Centre for Environmental Health (Canada). Foodborne illness outbreaks: Roles and Responsibilities. https://ncceh.ca/resources/evidence-reviews/foodborne-illness-outbreaks-roles-and-responsibilities#h3-1

Office of Population Affairs, Department of Health and Human Services. Lessons Learned: The RACI Diagram Tool. https://www.opa.hhs.gov/sites/default/files/2020-12/short-lesson-learned-raci-diagram-tool.pdf

Workshop Section 3

Additional Strategies for Times of Elevated Illness

CONTENTS

Overview

This section of the guide covers **Slides 40 to 57**.

These slides review additional strategies that schools can use when their school or community is experiencing elevated spread of an infectious disease. This section also supports participants with thinking about the factors they might consider when selecting a strategy or strategies to implement.

This section includes the third part of the Action Planning Exercise. If your workshop includes the RACI Exercise, you will also complete the second part of this exercise in this section.

Pre-Workshop Preparation

Slide Updates

Make the following update(s) to your presentation slides BEFORE your workshop begins based on your planned agenda:

- If you plan to have a break between sections 3 and 4, unhide **Slide 57** following the instructions in **Exhibit 10**.
- **For the extended workshop with optional exercise, Slide 55** is hidden in the original presentation file available for download. If you plan to include the RACI Exercise in your workshop, unhide these slides following the instructions in **Exhibit 10**.

Action Planning Exercise

Purpose

The Action Planning Exercise provides participants with several opportunities to reflect on what they've learned. In each section, you will pause for several minutes to allow participants to think on their own about what they've learned and name practical actions they can take to improve infectious disease preparedness or prevention in their school or district.

Materials Needed

Slide 51 in the presentation

Action Planning Worksheet

Pens or pencils

Time

3-5 minutes

Instructions

For this activity, provide participants 3-5 minutes of silent thinking. You will invite participants to use this time to reflect on what they're learning and consider how they can apply the workshop materials to support infectious disease preparedness or prevention at their school or district.

Encourage participants to write their ideas on the Action Planning Worksheet so they can review their thoughts at the end of the workshop and share their ideas with the group.

You will revisit this exercise on **Slides 69 and 71**.

Prioritization Discussion

Purpose

The Prioritization Discussion is a brief small-group discussion to help participants think about the factors they might consider when selecting additional strategies to address an infectious disease concern in their school or district. There are two scenarios that will likely lead participants to different interventions, which will provide you with the opportunity to compare how participants approach different types of illnesses.

Materials Needed

Slide 54 in the presentation

Time

15-20 minutes

Instructions

Divide the room into at least two groups of three to four people. If you have more than eight participants, you can have multiple groups of three people assigned to each of the scenarios.

Assign a scenario to each group and then read the scenarios aloud and confirm everyone understands the scenarios. Tell the groups to select two Additional Strategies that they would consider implementing to reduce spread for their assigned scenario and discuss within their group why they think those are feasible options for their school or district.

Guide participants with thinking about which strategies to choose by reminding them to consider previous slides that explain how each strategy works to reduce the spread of infections along with what is feasible for their school or district based on the age of the children, resources, and other factors.

Give the groups 10 minutes to discuss and then reconvene to share these discussions with the large group. Circulate among the groups to guide discussion as needed.

Reconvene the group and facilitate a report out on their choices and reasons. Make sure to affirm each group's choices and use appreciative inquiry to help them explain their reasoning for their choices.

There is not a single right answer for these scenarios—the goal of this exercise is to get participants thinking about the effectiveness of each strategy for different types of illnesses and what factors in their specific settings might affect the feasibility of implementing each strategy.

If you have a whiteboard or flip chart, participants can be invited to add notes about which strategies they picked and why.

RACI Exercise

Purpose

A RACI chart (or RACI matrix) is a project management tool for identifying and communicating roles and responsibilities. RACI stands for: Responsible, Accountable, Consulted, and Informed.

If you are not familiar with using a RACI chart, review these articles for more background on this tool:

1. What Is A RACI Chart? How This Project Management Tool Can Boost Your Productivity | Forbes Advisor
2. Foodborne illness outbreaks: Roles and responsibilities | National Collaborating Centre for Environmental Health | NCCEH - CCSNE
3. Lessons Learned: The RACI Diagram Tool | Office of Population Affairs, HHS

The second part of this exercise gives participants the opportunity to apply what they have learned about Additional Strategies while getting additional practice with using the RACI chart.

Materials Needed

Slide 55 in the presentation

RACI Worksheet

Pens or pencils

Flip chart or whiteboard and markers, if available

Time

15-20 minutes

Instructions

Use **Slide 55** to remind participants about the different roles that individuals can take in a project (Responsible, Accountable, Consulted, and Informed) and the rules for filling out a RACI chart as described on the slide.

Break participants into groups of three to four people and instruct them to select an activity related to one of the Additional Strategies to use for filling in the provided RACI chart in Part 2 of their worksheet. Instruct them to first identify several activities required to implement the selected strategy and then fill in the roles using R, A, C, and I as in Part 1 of the exercise.

If you have limited time, you can have everyone work together as a large group on a single RACI chart for a single strategy. Consider having the participants select which activity they would prefer to explore in this exercise. Example activity grids for each Additional Strategy are provided below. You can use these examples to help participants keep moving if they are having a hard time identifying activities.

Example Activities

Strategy: **Masking and respiratory protection**	***Identify if each role is Responsible, Accountable, Consulted, Informed, or not involved (leave blank) in each activity you identify. Record your role assignments in the grid below.***				
Activity: Enter 4-6 activities to implement your strategy	Principal	Teachers	School Nurse	District	Other
Review CDC's K-12 school infection prevention guidance **and state and local masking policy**					
Create an action plan and staff training that communicates when to mask and who to mask					
Train staff on their role(s) for implementing the plan					
Provide the plan to parents and caregivers					
Provide visual instructions and practice for students					
Determine support needs of students with medical conditions or difficulty masking					

Strategy: **Increasing distance or cohorting**	***Identify if each role is Responsible, Accountable, Consulted, Informed, or not involved (leave blank) in each activity you identify. Record your role assignments in the grid below.***				
Activity: Enter 4-6 activities to implement your strategy	Principal	Teachers	School Nurse	District	Other
Review CDC's K-12 school infection prevention guidance **and state and local guidelines for physical distancing and cohorting (static student grouping)**					
Create an action plan and staff training that communicates how to implement physical distancing and cohorting					
Train staff on their role(s) for implementing the plan					
Provide the plan to parents and caregivers					
Provide visual instructions, signage, and practice for students					
Determine support needs of students with medical conditions					

Strategy: **<u>Illness monitoring</u>**	***Identify if each role is Responsible, Accountable, Consulted, Informed, or not involved (leave blank) in each activity you identify. Record your role assignments in the grid below.***				
Activity: Enter 4-6 activities to implement your strategy	Principal	Teachers	School Nurse	District	Other
Review CDC's K-12 school infection prevention guidance **and state and local guidelines for illness monitoring**					
Create an action plan and staff training with protocols and symptom checklists					
Train staff on their role(s) for implementing the plan					
Provide parents and caregivers with guidance on when to keep sick children home and when to return to school					
Determine support needs of students with medical conditions					

Strategy: **<u>Testing</u>**	***Identify if each role is Responsible, Accountable, Consulted, Informed, or not involved (leave blank) in each activity you identify. Record your role assignments in the grid below.***				
Activity: Enter 4-6 activities to implement your strategy	Principal	Teachers	School Nurse	District	Other
Review CDC's K-12 school infection prevention guidance **and state and local policies for screening and diagnostic testing**					
Create an action plan with a budget and procurement considerations (cost and availability of needed supplies) and staff training on testing protocols					
Train staff on their role(s) for implementing the plan					
Communicate to parents and caregivers about in school and home testing protocols					
Establish processes for compliance monitoring and maintaining confidentiality of test results					
Provide resources for clinic-based (offsite) testing, care, and treatment options, as needed					

Strategy: **Managing exposure**	***Identify if each role is Responsible, Accountable, Consulted, Informed, or not involved (leave blank) in each activity you identify. Record your role assignments in the grid below.***				
Activity: Enter 4-6 activities to implement your strategy	Principal	Teachers	School Nurse	District	Other
Review CDC's K-12 school infection prevention guidance **and state and local policies for managing exposure**					
Create an action plan and staff training on symptom checklists					
Identify separate spaces with increased air circulation to keep students who are sick away from others until a parent or caregiver picks them up					
Train staff on their role(s) for implementing the plan					
Develop a communication plan for notifying parents if their child had close contact with a sick student					
Develop a communication plan for contacting the state or local health department to report illnesses (if needed)					

Learning Objectives

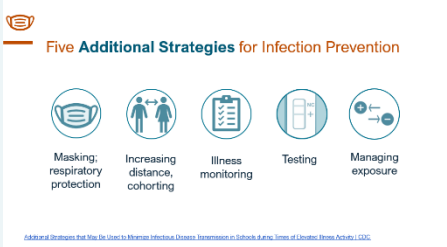
1. **Define** "times of elevated illness."
2. **Describe** each of the Additional Strategies that schools can use during times of elevated illness.
3. **Identify** and prioritize strategies to use for preventing respiratory illnesses from spreading in schools.
4. **Identify** and prioritize strategies to use for preventing gastrointestinal illnesses from spreading in schools.

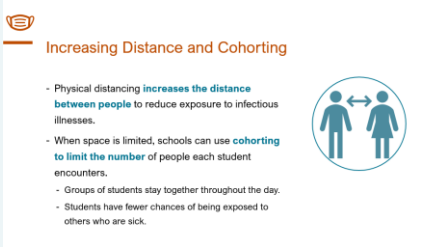
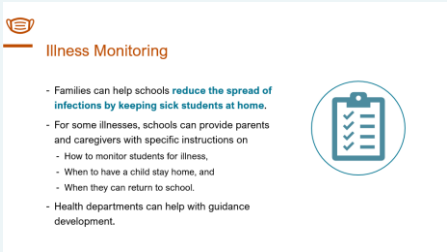
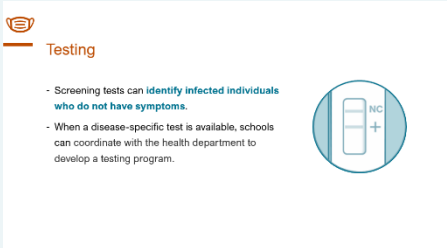
Slide Notes

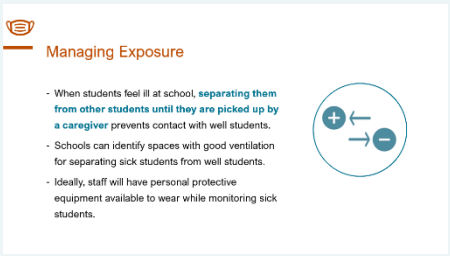
Notes for **Slides 40-57** are provided in **Exhibit 15**. Notes for all slides have also been compiled at the end of this document if you would like to print a **Complete Run-of-Show** for use during your workshop.

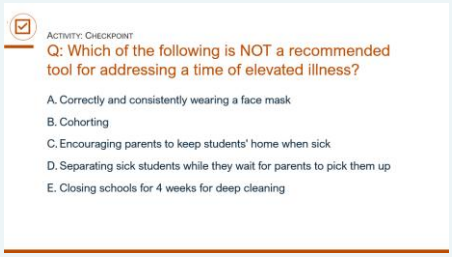
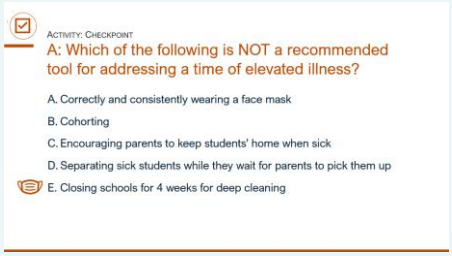
Exhibit 15. Slides 40-57—Additional Strategies for Times of Elevated Illness

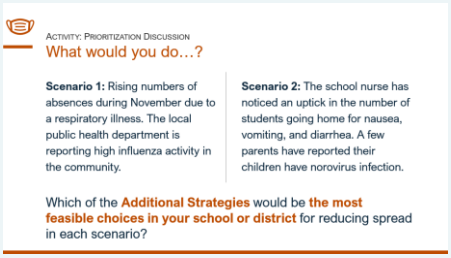
Slide	Thumbnail Image	Notes
40		**SAY:** Welcome back! We have two more sections to cover. In this third section, we'll spend some time discussing additional infection prevention strategies that schools can take when illnesses are spreading in the community. These Additional Strategies offer an additional layer of protection to reduce spread.
41		**SAY:** At the end of this section, you should be able to define a "time of elevated illness" and describe each of the five Additional Strategies that schools can use to address elevated spread of illness in the community. You should also be able to identify and prioritize strategies to use for preventing respiratory and gastrointestinal illnesses from spreading in schools.
42		**SAY:** Typically, one to several students and staff may be absent from school due to common childhood or seasonal infectious diseases. You can review attendance records from previous years to get a sense of the variability in typical levels of illness throughout the school year. Understanding these typical patterns can make it easier to recognize when the number of absences is higher than expected. When absences due to illness rise above the typical or expected level for several days or more, this may indicate the school or district is experiencing a **time of elevated illness**. Schools may also choose to implement additional infection prevention measures if their local health department is reporting increased hospitalizations for an illness of concern or has indicated that elevated spread has been documented in the broader community, even if the school has not yet detected a rise in cases through absence reports. During a time of elevated illness, schools can work closely with their local health department to identify the infectious disease and to decide which additional strategies will limit the spread of illness effectively.

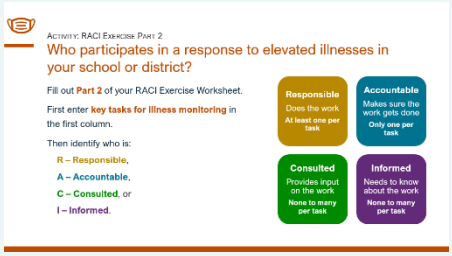
Slide	Thumbnail Image	Notes
43		**SAY:** When there is a higher level of illness in the school community, schools can add these Additional Strategies to their routine infection prevention activities as another layer of protection. The five **Additional Strategies** are: • Masking and respiratory protection • Increasing distance and cohorting • Illness monitoring • Testing • Managing exposure In the next few slides, we'll explore how each strategy can help reduce the spread of illnesses. It's important to remember that each of these strategies is evidence-based and has demonstrated effectiveness in school settings for reducing transmission of illness. However, which strategy or strategies will be most helpful depends on the type of illness, age of the students, and other local factors. We will do an exercise near the end of this section to consider which strategies might be most helpful for addressing a possible rise in flu cases and a possible norovirus outbreak. As you listen to the next few slides, consider which strategies might be helpful for managing each scenario and why.
44		**SAY:** When the spread of respiratory illnesses is elevated, correct and consistent use of masks can reduce transmission by preventing germs from moving between people. Masks work on two levels. When an infected person wears a mask, droplets of respiratory secretions that would otherwise be released in the air are trapped in the material of the mask and aren't able to move through the air or land on surfaces. When a well person wears a mask, germs that are in the air get trapped in the material, which reduces the chance of inhaling the germs. Where consistent with local laws, schools can use indoor masks as an additional layer of protection to reduce the

Slide	Thumbnail Image	Notes
		spread of illness when respiratory illnesses are elevated in the community.
45		**SAY:** Physical distancing, or increasing the distance between people, can reduce the chances of exposure to infectious diseases through coughs and sneezes. Physical distancing also inherently limits direct physical contact, reducing the chances of spreading germs on contaminated hands. Many schools may find physical distancing hard to do because of class sizes and space limitations. When this is the case, schools can cohort students into smaller groups who stay together throughout the school day. Staying in smaller groups with limited contact with other groups of students has a similar effect to increasing distance between students. It results in having contact with a smaller number of people, so there are fewer chances of being exposed to harmful germs.
46		**SAY:** Families can help schools reduce the spread of infections by keeping students home when they are feeling sick. For some illnesses, schools can provide parents and caregivers with instructions on how to watch for signs of illness, what signs and symptoms indicate that a student should remain at home, and how to determine when it is acceptable to return to school when the child or youth is feeling better. Health departments can help schools develop this specific guidance to ensure students and staff remain home when they are most likely to be infectious and when they can return to school after they have recovered.
47		**SAY:** Screening tests can identify infected individuals who do not have symptoms. When disease-specific tests are available, schools can coordinate with their local health department to develop a testing program appropriate to their needs and the illness.

Slide	Thumbnail Image	Notes
48		**SAY:** When students feel ill while at school, separating them from other students until they are picked up by a parent or caregiver can prevent additional contact with students who are well. Schools can identify spaces with good ventilation where sick students can rest apart from well students while waiting to be picked up. Ideally, staff who monitor sick students will have access to appropriate personal protective equipment to reduce their likelihood of getting sick.
49		**SAY:** Schools are important to children, youth, and their families. They provide critical services, support, and structure that families rely on. For this reason, changing a school's operational status is not recommended as a routine infection prevention measure. Schools have many options for adding layers of protection to reduce spread while safely staying open. Local public health officials can help with identifying strategies that will be most helpful for each specific infectious disease concern. School closure should only be used to control the spread of infectious diseases when other effective strategies are not available. Closures should be as short as possible and should be carefully planned to reduce educational, social, and economic impacts. The goal is to keep students and staff safe, healthy, and learning.
50		**SAY:** Schools can work with local public health officials to determine the best strategies to use in each situation. It will be important to consider the type and severity of illness and how harmful germs are likely to spread in the school environment. A third important consideration is how effectively each strategy will work for a given infectious disease. While some approaches are effective against illnesses that spread in multiple ways, others may only be effective when germs spread in a specific manner, such as using masks to protect against coughs and sneezes. Student and staff characteristics can also be important factors when selecting strategies. While the five

Slide	Thumbnail Image	Notes
		Additional Strategies have been shown to be effective in school settings, children, youth, and staff with different personal characteristics may vary in their ability to apply each strategy effectively. Students and staff may also have different susceptibility to specific illnesses that might influence how a school manages spread. Finally, schools may vary in the resources available for prevention and control of infections. Each school and district will need to decide if they have the right resources and setting for using each strategy effectively.
51		**SAY:** Pull out your Action Planning Worksheet. Take about 3-5 minutes to consider what you've learned in this section that might be helpful for supporting infectious disease preparedness or prevention efforts in your classroom, school, or district. Write your ideas on your worksheet to remember for the end of the workshop when we'll all report out on our intended actions to apply what we've learned today. We'll come back to this worksheet in the next section to add more ideas. ***DO:*** *Provide participants with 3-5 minutes of silent thinking.* *Invite them to use this time to reflect on what they're learning and consider how they can apply the workshop materials to support infectious disease preparedness or prevention at their school or district.*
52		**SAY:** Let's pause for a quick check point. Which of the following is NOT a recommended tool for addressing a time of elevated illness? ***DO:*** *Read the answer choices and engage participants in identifying the answer as for previous checkpoints.*
53		**SAY:** The answer is E. Lengthy school closures are not recommended as a routine infection prevention measure. Using layered protection to reduce the spread of illnesses can help schools safely maintain operations so students can learn.

Slide	Thumbnail Image	Notes
		DO: *Discuss any questions or different perspectives on this answer before moving on.*
54		**SAY:** Now let's practice what we've learned about choosing a strategy or strategies to add effective layers of protection when a school is facing a time of elevated illness. ***DO:*** *Divide the room into at least two groups—keep group size small enough for a meaningful discussion.* **SAY:** Group 1 **[or assign to multiple groups, if needed]** will consider Scenario 1. In Scenario 1, a school is experiencing rising numbers of absences during November due to a respiratory illness. They don't have confirmed diagnosis yet, but the health department is reporting high influenza activity in the community. Group 2 **[or assign to multiple groups, if needed]** will consider Scenario 2. In Scenario 2, a school nurse raises concerns that they are seeing an uptick in the number of students going home for nausea, vomiting, and diarrhea. A few parents have reported that their children have been diagnosed with norovirus infections. As a group, select two Additional Strategies that you would consider implementing to reduce spread and discuss why you think those are feasible options for your school or district. When thinking about which strategies to choose, consider the previous discussions about how each strategy works to reduce the spread of infections as well as what is feasible for your school or district based on the age of the children, your resources, and other factors. We'll come back together in about 10 minutes to share your decisions and insights from the discussion. ***DO:*** *Circulate to guide discussion as needed and then facilitate a report out on their choices and reasons. Make sure to affirm each group's choices and use appreciative*

Slide	Thumbnail Image	Notes
		inquiry to help them explain their reasoning for their choices. *There is not a single right answer for these scenarios—the goal of this exercise is to get participants thinking about the effectiveness of each strategy for different types of illnesses and what factors in their specific settings might affect feasibility of implementing each strategy. After the groups have had some time to discuss, elicit input and work through a discussion of each scenario, comparing how the groups approach these different illnesses as discussion develops.* **SAY:** Can I get a volunteer who worked on Scenario 1 to tell us which of the Additional Strategies your group would prioritize to address rising cases of respiratory illness? ***DO:*** *Facilitate a report out on Scenario 1. If you have a whiteboard or flip chart, participants can be invited to add notes about which strategies they picked and why.* **SAY:** Can I get a volunteer who worked on Scenario 2 to tell us which of the Additional Strategies your group would prioritize to address rising cases of respiratory illness? ***DO:*** *Facilitate a report out on Scenario 2. If you have a whiteboard or flip chart, participants can be invited to add notes about which strategies they picked and why.*
55		*Optional* ***NOTE:*** *Unhide this slide prior to the workshop if you plan to use the RACI Exercise.* **SAY:** Pull out your RACI Exercise worksheet. Now we're going to spend some time thinking about how we organize and document roles and responsibilities for scaling up prevention efforts due to elevated illness. Break into your previous teams to fill out Part 2 of the worksheet. Pick one of the Additional Strategies and add four to six activities that are needed to implement the strategy to your worksheet. Then work on assigning roles and responsibilities for each activity using the coding on the screen. I'll be moving around the room to help and answer any questions. Remember, this is an exercise to learn the

Slide	Thumbnail Image	Notes
		tool, so it doesn't have to be perfect. The goal is to gain an understanding of how you could use this tool for planning and documenting roles and responsibilities during times of elevated illnesses. Let's take the next 15 minutes to work on your worksheets and then we'll come back together to talk about what you discovered while completing the table. ***DO:*** *Circulate to guide discussion as needed and then facilitate a brief report out. You likely will not have enough time to have each team explain their entire RACI chart to the full group. Instead ask each team to highlight any challenges or insights that arose*
56		**SAY:** Great! We've finished section 3. I want to open the floor for any questions about what we've covered so far. ***DO:*** *Address any questions or clarifications.*
57		*Optional Break* ***NOTE:*** *Unhide this slide prior to the workshop if you plan to use the optional break.* **SAY:** We'll take a short 5-minute break. Please be back and ready at **[insert time based on current time plus 5 minutes].**

Key Resources

American Academy of Pediatrics. Powering Up Preparedness Partnering to Support Student Health and Wellness During Public Health Emergencies. Summit Report. August 2024. https://downloads.aap.org/AAP/PDF/SHEPR-Summit-Report-Final.pdf

Centers for Disease Control and Prevention. When and How to Clean and Disinfect a Facility. https://www.cdc.gov/hygiene/about/when-and-how-to-clean-and-disinfect-a-facility.html

Centers for Disease Control and Prevention. Preventing Spread of Infections in K-12 Schools. https://www.cdc.gov/orr/school-preparedness/infection-prevention/index.html

Centers for Disease Control and Prevention. Prevention and Control of Respiratory and Gastrointestinal Infections in Kindergarten through Grade 12 (K-12) Schools. https://www.cdc.gov/orr/school-preparedness/infection-prevention/docs/IPC-Science-Brief_508.pdf

Centers for Disease Control and Prevention. Ventilation in Schools and Childcare Programs. https://www.cdc.gov/niosh/ventilation/guidelines/

Miranda D, Day B, Williams R. What is a RACI Chart? How This Project Management Tool Can Boost Your Productivity. Forbes Advisor. https://www.forbes.com/advisor/business/raci-chart/

National Collaborating Centre for Environmental Health (Canada). Foodborne illness outbreaks: Roles and Responsibilities. https://ncceh.ca/resources/evidence-reviews/foodborne-illness-outbreaks-roles-and-responsibilities#h3-1

Office of Population Affairs, Department of Health and Human Services. Lessons Learned: The RACI Diagram Tool. https://www.opa.hhs.gov/sites/default/files/2020-12/short-lesson-learned-raci-diagram-tool.pdf

Workshop Section 4

Planning for Infection Prevention & Control

CONTENTS

Overview

This section of the guide covers **Slides 58 to 72**.

These slides discuss the importance of developing an infectious disease annex and the types of information that are included in a typical infectious disease annex. The section ends with a discussion about important partners for infectious disease planning and response.

This section includes the fourth part of the **Action Planning Exercise** and the **Community Partners Exercise**.

Pre-Workshop Preparation

Pair and Share Exercise

Purpose

The Pair and Share Exercise is a brief discussion to gather the collective experience and knowledge of your participants on what types of information might be included in an infectious disease annex. This exercise will also help you understand how much your audience knows about infectious disease planning so you can provide them with the right level of support on the other actions in this section.

Materials Needed

Slides 63-64 in the presentation

Flip chart or whiteboard and markers

Time

3-5 minutes

Instructions

Instruct participants to pair with a person sitting near them to come up with several ideas about what information might be included in an infectious disease annex. This should be a brief discussion. Give participants about three to five minutes or pull the group back together when the room starts to get quieter, indicating that discussion is settling down. Consider asking one participant to be your recorder and have them write the ideas that are shared on a whiteboard or flip chart, if you have access to one of these resources.

Ask each pair to share one new idea until you aren't getting new ideas anymore or every group has shared.

Slide 64 captures some of the possible answers you may hear from participants and is included in the participant version of the slides for notetaking so that they have this information to take home with them. You do not need to spend time on this slide beyond letting the participants know that some of the possible answers have been summarized for them in their notes.

Community Partners Exercise

Purpose

The Community Partners Exercise gives participants a chance to think about who their community partners are and practice developing a partner engagement plan.

Materials Needed

Slide 67 in the presentation

Community Partners Worksheet

Pens or pencils

Time

10-15 minutes

Instructions

Instruct participants to pair with someone sitting near them to make a list of community partners who should be involved when planning or implementing an infectious disease annex. Tell them to identify as many partners as they can think of quickly and then choose one or two partners to focus on for developing a more detailed plan for engaging those partners in writing, reviewing, or implementing an infectious disease plan.

Circulate among the pairs to guide discussion as needed. After about 10 minutes or when discussion seems to be settling down, pull the groups together to discuss what the partners they identified and the plans they developed for engaging with them.

Keep the large-group discussion focused so that it doesn't take too much time. Consider first asking each group to contribute up to two partners who have not been mentioned yet to build a list of partners on a whiteboard or flip chart. Then ask each group to share any "Aha!" moments that came from their discussions.

After each group has shared, ask them whether any key partners are missing and explain that it's always important to ask: Who are we missing?

If there are voices and perspectives you have not previously included, the planning stage is a great opportunity to build and foster relationships with new and existing partners.

Action Planning Exercise

Purpose

The Action Planning Exercise provides participants with several opportunities to reflect on what they've learned. In each section, you will pause for several minutes to allow participants to think on their own about what they've learned and name practical actions they can take to improve infectious disease preparedness or prevention in their school or district.

Materials Needed

Slides 69 and 71 in the presentation

Action Planning Worksheet

Pens or pencils

Time

3-5 minutes

Instructions

For this activity, provide participants three to five minutes of silent thinking. You will invite participants to use this time to reflect on what they're learning and consider how they can apply the workshop materials to support infectious disease preparedness or prevention at their school or district.

Encourage participants to write their ideas on the Action Planning Worksheet so they can review their thoughts at the end of the workshop and share their ideas with the group.

You will then revisit this exercise for a report out on **Slide 71**. Ask participants to each share one idea for an action they plan to take after the workshop. As participants report out on their ideas, listen for common themes among the responses to reflect on after everyone has had a turn to speak.

Learning Objectives

1. **Understand** what an infectious disease annex is and why it is important to include one in your school emergency operations plan.
2. **Describe** the types of information that could be included in an infectious disease annex.
3. **Identify** key community partners to include in infectious disease prevention planning.

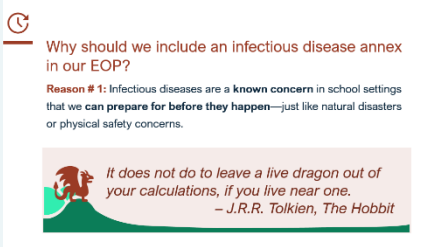
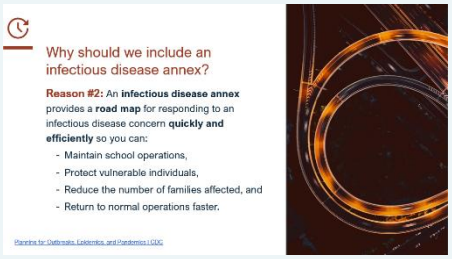
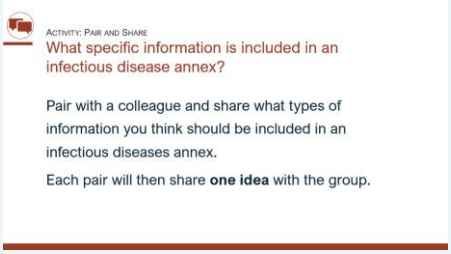
Slide Notes

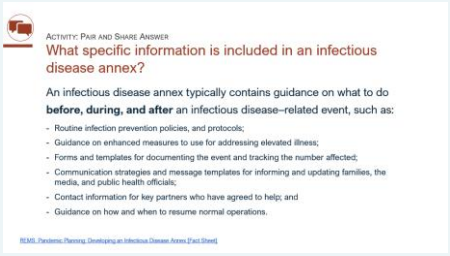
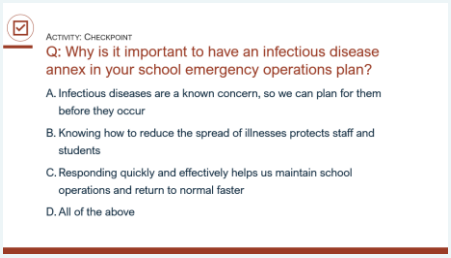
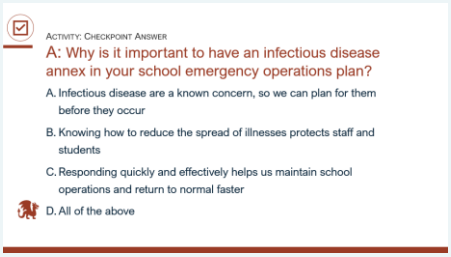
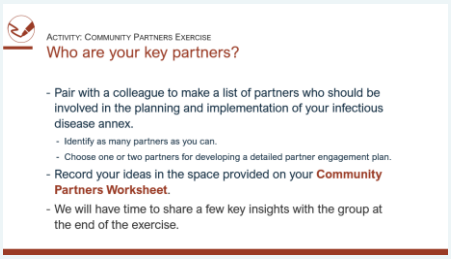
Notes for **Slides 58-72** are provided in **Exhibit 16**. Notes for all slides have also been compiled at the end of this document if you would like to print a **Complete Run-of-Show** for use during your workshop.

Exhibit 16. Slides 58-72—Planning for Infection Prevention and Control

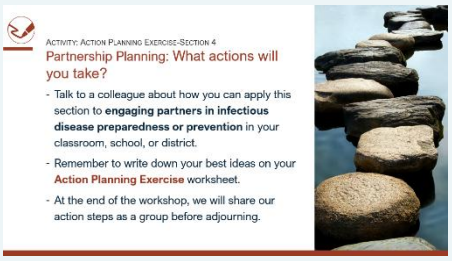
Slide	Thumbnail Image	Notes
58		**SAY:** We've reached the last section of the workshop. In this section, we'll talk about infectious disease planning to make sure your school is response ready for all hazards, including illnesses. We'll also spend some time considering how to approach partners to get their input and support for infectious disease planning and response. External partners play many important roles in supporting schools during these activities.

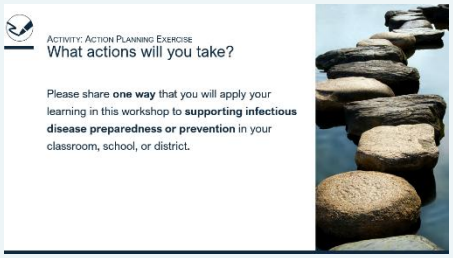
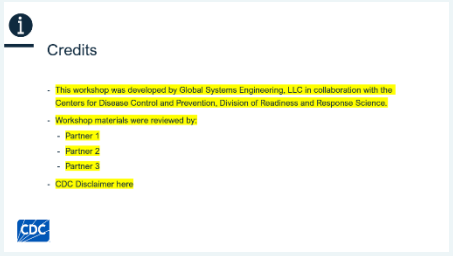
Slide	Thumbnail Image	Notes
59		**SAY:** At the end of this section, you should understand what an infectious disease annex is and why it is important to include one in your school emergency operations plan. You should also be able to describe the types of information that could be included in an infectious disease annex. And finally, you should be able to identify some key community partners to include in infectious disease planning and response.
60		**SAY:** Schools are experts at planning ahead to keep students and staff safe during emergency situations like natural disasters and physical safety concerns. Nearly all schools have an Emergency Operations Plan (EOP) that includes routine practice of emergency skills for students and staff. Before the pandemic, infectious disease planning was sometimes included as its own section of the EOP, but many more schools have started developing detailed plans for specifically addressing infectious disease concerns as an addition to their EOP. This addition is typically called the "infectious disease annex." The infectious disease annex provides additional guidance on how the school plans to respond to infectious disease concerns and documents how and when the school will use additional public health measures to reduce the spread of illnesses. The infectious disease annex can also document templates and draft messages for letting families and the public know what's going on so that these communications can be developed and sent quickly when needed. Finally, the annex may document key community partners who can provide additional support and resources, including their contact information and any formal agreements to provide aid. ***DO:*** *Consider asking participants if they know whether their school(s) have an Infectious Disease Annex in their emergency response plans. Allow a few participants to share what they know about their plans briefly.*

Slide	Thumbnail Image	Notes
61		**SAY:** The first reason that it's important to include an infectious disease annex in each school's Emergency Operations Plan is that infectious diseases are a known concern in school settings that we can prepare for in advance, just like we prepare for natural disasters and physical safety concerns. Including an infectious disease annex helps schools be ready for all hazards and can also help align response strategies across different hazard scenarios to be able to respond effectively and efficiently to more than one event if concerns overlap. The COVID-19 pandemic made it clear that large outbreaks that affect schools can and do happen, making it even more important to prepare for this possibility in advance. Infectious diseases are a live dragon that we should include in our calculations.
62		**SAY:** A second important reason to include an infectious disease annex is that this document can provide you with a roadmap for how to respond to an infectious disease concern quickly and efficiently. Instead of having to do all the hard work figuring out what to do in the middle of a crisis, you'll have done the hard work in advance so you're ready to implement the right strategies to address the concern as quickly and efficiently as possible. Implementing a fast, thoughtful, and efficient response can help schools maintain operations safely, protect vulnerable individuals, reduce the number of families who experience illness, and get back to normal as soon as possible.
63		**SAY:** Let's take a few minutes to gather the collective wisdom of the room on what types of information might be included in an infectious disease annex. Pair with someone sitting next to you and share your thoughts on the types of information that you think should be included in an infectious disease annex. Then we'll make a list together based on your discussion. ***DO:*** *This should be a brief discussion. Give participants about 3-5 minutes or pull the group back together when the room starts to get quiet, indicating that discussion is*

Slide	Thumbnail Image	Notes
		settling down. Consider asking one participant to be your recorder and have them write the ideas that are shared on a whiteboard or flip chart, if you have access to one of these resources. *Ask each pair to share one new idea until you aren't getting new ideas anymore or every group has shared.*
64		***NOTE:*** *This slide captures some of the possible answers you may hear from participants and will be included in the participant version of the slides for notetaking so that they have this information to take home with them. You do not need to spend time on this slide beyond letting the participants know that some of the possible answers have been summarized for them in their notes.*
65		**SAY:** This is a chance to test your understanding. Why is it important to have an infectious disease annex in your school emergency operations plan? ***DO:*** *Read the answer choices and engage participants in identifying the answer as for previous checkpoints.*
66		**SAY:** The answer is D. ***DO:*** *Discuss any questions or different perspectives on this answer before moving on.*
67		**SAY:** Find your Community Partners Worksheet. We'll be pairing up to make a list of community partners who should be involved when you plan or implement your infectious disease annex. First, identify as many partners as you can quickly. Then choose one or two partners to focus on for developing a more detailed plan for how you would engage them in writing, reviewing, or implementing your plan during an infectious disease response. We've provided spaces for you to document your discussion on the worksheet.

Slide	Thumbnail Image	Notes
		We'll come together as a group in 10 minutes to report out on what you learned during this discussion. ***DO:*** *Circulate to guide discussion and then facilitate a group report out. You'll want to keep this discussion focused so it doesn't take too much time. Consider first asking each group to contribute up to two partners that have not been mentioned yet to build a list of partners on a whiteboard or flip chart. Then ask each group to share any "Aha!" moments that came from their discussions.* **SAY:** Thank you all for sharing your thoughts and experiences with partner engagement. It's such an important piece of the emergency response puzzle to make sure our plans and responses include the needs of everyone in our schools and communities. It's important to always be asking ourselves: *Who are we missing?* If there are voices and perspectives you have not previously included, the planning stage is a great opportunity to build and foster relationships with new and existing partners.
68		**SAY:** An Infection Prevention and Control (IPC) Advisory Committee is a group of school officials and external partners who meet regularly to guide infection prevention and control efforts within a district or school. IPC Advisory Committee meetings provide a valuable opportunity for schools to develop and maintain relationships with the local health department, tribal public health, hospital system, or local healthcare providers as well as parents and caregivers. The IPC advisory committee members can also be part of a school health advisory committee or SHAC. SHACs often advise schools on a wide array of health topics including infectious disease planning. These teams can help support a local education agency with developing and implementing tailored infection prevention and control policies. The team composition may differ between schools based on organizational structure and specific needs. The team should closely collaborate with the partners involved in emergency operations plan development. Engaging in periodic training and tabletop exercises that include all partners can support schools' readiness for

Slide	Thumbnail Image	Notes
		an unexpected event. Maintaining these partnerships over time will ensure that schools have expert support if an infectious disease emergency occurs.
69		**SAY:** Pull out your Action Planning Worksheet. Take about 3-5 minutes to consider what you've learned in this section that might be helpful for engaging partners in infectious disease preparedness or prevention efforts in your classroom, school, or district. Write your ideas on your worksheet to remember for the end of the workshop when we'll all report out on our intended actions to apply what we've learned today. ***DO:*** *Provide participants with 3-5 minutes of silent thinking.* *Invite them to use this time to reflect on what they're learning and consider how they can apply the workshop materials to support infectious disease preparedness or prevention at their school or district.*
70		**SAY:** We've reached the end of our time together and we've covered a lot of ground. Before we report out on our action planning, let's review what we've covered. We talked about the important role that schools play in infection prevention. We reviewed the Everyday Actions you can take to reduce the spread of illnesses and considered Additional Strategies that can be layered on these routine actions during times of elevated illness. Finally, we talked about the value of planning for infectious disease concerns as part of your emergency plan and discussed the importance of identifying and engaging partners in infectious disease response planning activities. I appreciate your active engagement in this workshop, and I hope this material will help keep your school and community healthy.

Slide	Thumbnail Image	Notes
71		**SAY:** Before we adjourn, we will close by setting our intentions for putting today's learning to work for the health and safety of our students, their families, and school staff. For those who feel comfortable, please share one way that you plan to apply your learning in this workshop to support infectious disease preparedness or prevention in your classroom, school, or district. ***DO:*** *Invite each participant to share one action they plan to take when they leave the workshop. Remember to affirm each idea and ask clarifying questions, where needed for understanding.* ***[DO: Optional]*** *If you have elected to use the course evaluation, ask participants to take a few minutes before leaving to provide you with feedback on your workshop delivery. Request a volunteer to collect the evaluations for you and step out of the room to answer questions and say goodbye as participants leave.* **[SAY: Optional]** Before you go, please fill out a workshop evaluation. This information will stay with me and will be applied to help me improve my facilitation of future workshops. I appreciate your honest feedback. Our volunteer will collect your evaluations, and I will be outside the room to see you off and answer any final questions before you depart.
72		**[CDC – need input on what you would like on this slide and any disclaimers that should be included here and/or on the first slide]**

Key Resources

American Academy of Pediatrics. Powering Up Preparedness Partnering to Support Student Health and Wellness During Public Health Emergencies. Summit Report. August 2024. https://downloads.aap.org/AAP/PDF/SHEPR-Summit-Report-Final.pdf

Centers for Disease Control and Prevention. Planning for Outbreaks, Epidemics, and Pandemics. https://www.cdc.gov/orr/school-preparedness/infection-prevention/planning.html

Readiness and Emergency Management for Schools. School EOPs In-Depth: Planning for Infectious Diseases. https://rems.ed.gov/trainings/CourseInfectious.aspx

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Sign-In Sheet

Workshop date and time: _____

	Name	Organization	Role
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Workshop Evaluation

Thank you for attending this workshop. Your feedback will be used by your facilitator to improve their delivery and facilitation of future workshops.

Please select one answer per question indicating your level of disagreement or agreement with each statement.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I was satisfied with the workshop overall.	○	○	○	○	○
I would recommend this workshop to others.	○	○	○	○	○
The pre-workshop communications prepared me to take part in the workshop.	○	○	○	○	○
The workshop content was relevant to my needs.	○	○	○	○	○
The facilitator encouraged engagement and active participation.	○	○	○	○	○
There was enough time given to each topic.	○	○	○	○	○
The group activities supported my understanding of the information.	○	○	○	○	○
I gained new skills or knowledge from taking part in this workshop.	○	○	○	○	○
I am leaving the workshop with several actions I plan to take to improve infection prevention or emergency preparedness at my school or district.	○	○	○	○	○

Were there any logistical issues that negatively affected your experience?

Do you have any suggestions to improve the delivery or facilitation of this workshop?

Thank you for your feedback!

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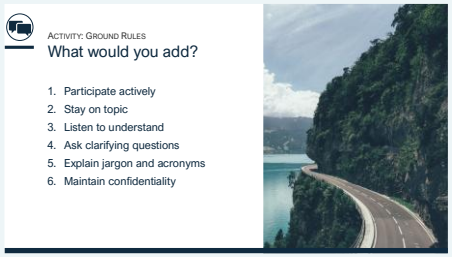
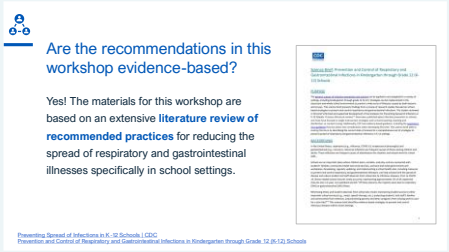
Complete Run-of-Show

Notes	Slide	Thumbnail Image	Notes
	1		**SAY:** Welcome to the workshop on Preventing Spread of Infections in K-12 Schools. This workshop was developed by the Centers for Disease Control and Prevention.
	2		**SAY:** My name is **[Your Name]** and I am **[Your Job Title or Role]** at **[Your Affiliation]**. After the workshop, you can reach me at **[Your Contact Information]**. Thank you for taking the time to participate in this workshop.
	3		**SAY:** We'll take a few minutes before we start the first section to get to know each other and to go over the schedule for today. First, let's do a round of introductions and an ice breaker. ***DO:*** *Lead your participants through introductions and a short ice breaker. Be mindful of your time and provide clear guidance on how much time each participant has for sharing so you can stay on schedule.*

Notes	Slide	Thumbnail Image	Notes
	4		**SAY:** This workshop has four sections that cover important topics related to preventing the spread of infectious diseases in schools. These are the topics we plan to cover today. We'll take a 15-minute break between sections 2 and 3. ***DO:*** *Remind participants of the agenda you sent to them in advance and note important time points for planning purposes, like the approximate time breaks will occur. Provide general logistical information, such as the location of the nearest restrooms, vending machines, or water fountains.*
	5		**SAY:** As educators, you know that people learn more effectively when they actively engage with new information. In this workshop, we'll pause periodically to give you a chance to work with the material using quick checkpoints, discussions, and written exercises. The slides will include these icons to let you know it's time to learn by doing an activity. The check box means you get a chance to test your knowledge with a multiple-choice question. The chat icon means we'll be pausing for a short discussion. And the pen icon means that we'll be breaking into groups to work on a longer written exercise. As I hand out the packets, please check to make sure that you have all the materials listed here. Note that the handouts titled "Worksheet" will be used for the written exercises. The other handouts are summaries of the materials for you to take with you for review or quick reference after the workshop. ***DO:*** *Hand out the participant packets during this slide.*

Notes	Slide	Thumbnail Image	Notes
			If you do not have a co-facilitator, consider asking a participant to hand out the packets while you explain the contents of the packet and help participants as they review their packets for completeness.
	6		**SAY:** Every organization or group has different local norms for meetings. That's why it's important to establish the ground rules for this workshop up front so we all feel comfortable participating fully and we have a mutual understanding of how we're going to learn together. For this workshop we will have the following ground rules: • Participate actively • Stay on topic • Listen to understand • Ask clarifying questions • Explain jargon and acronyms • Maintain confidentiality Are there other rules you would like to add to this list so we can make the best use of our time together? Let's write these additional rules down so we remember them. ***DO:*** *Record any additional ground rules nominated by the participants.* *Consider asking a participant to record the complete list including these rules on the slide on a whiteboard or flip chart that will remain visible throughout the workshop, if you have access to one of these resources.*

Notes	Slide	Thumbnail Image	Notes
	7		**SAY:** We'll start today by reviewing the important roles that schools play in infection prevention and reviewing our resources for the workshop.
	8		**SAY:** At the end of this section, you should understand the role of schools in infection prevention. You should also be able to identify key resources for preventing the spread of illness in schools and for learning about infectious diseases that commonly affect school-aged children and youth.
	9		**SAY:** Schools do many things that support the health and well-being of children and youth. One of their vital roles beyond education is to provide all children and youth with a safe and supportive environment and stability of daily health and safety routines. Some specific school health and safety roles and activities include teaching hygiene practices and health policies, supporting vaccination programs, cleaning and sanitizing school facilities and equipment, ensuring food safety, performing health monitoring, collaborating with health officials, and preparing for emergencies. Schools have many resources and tools available to reduce the spread of illnesses and minimize illness-related

Notes	Slide	Thumbnail Image	Notes
			absenteeism to make sure children and youth can attend school consistently and learn. This workshop will cover those tools, including the Everyday Actions that schools can take to reduce the spread of illness and the Additional Strategies that schools can deploy when illnesses are spreading in the community. We'll also cover emergency planning, including the role of School Health Advisory Committees, to prepare and respond to outbreaks or pandemics and the importance of routine training in health and safety topics to keep your school(s) response ready. Your attendance at this workshop today is an investment in the health and safety of your students and staff and we're so glad you're here!
	10		**SAY:** The materials for this workshop were developed from a comprehensive literature review, or science brief, that was completed to identify the most effective practices for reducing the spread of respiratory illnesses, like colds and influenza, and gastrointestinal illnesses, like norovirus, in school settings. The Everyday Actions and Additional Strategies that we'll learn today are based on this comprehensive review of the evidence for effectiveness of these approaches *specifically* in school environments.

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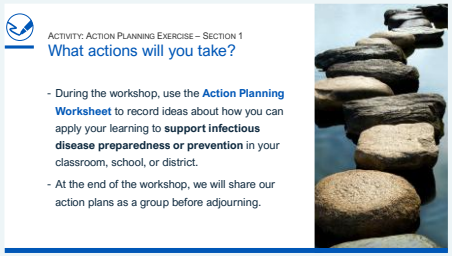
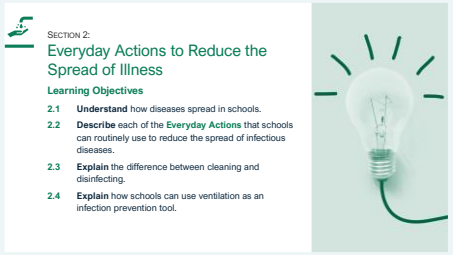
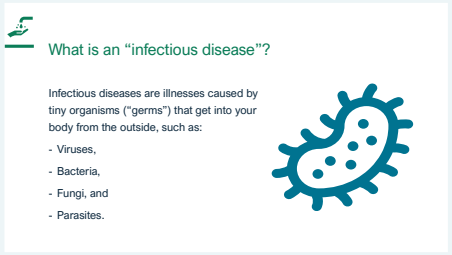
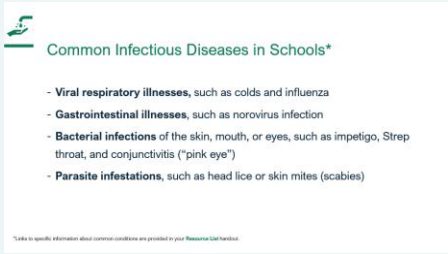
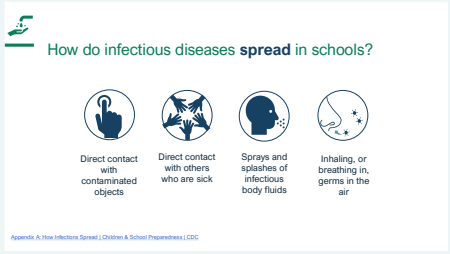
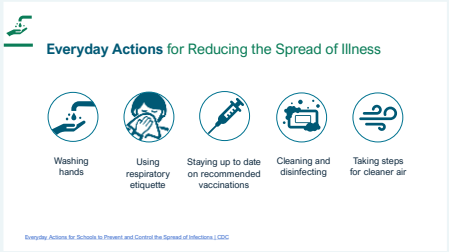
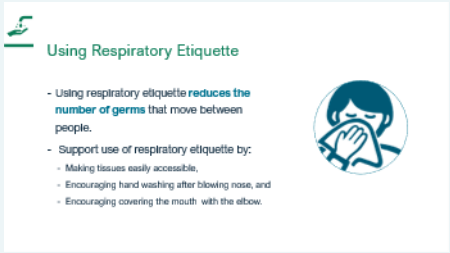
	11		**SAY:** During this workshop, we will pause during each section so you can think about how you can apply your learning to your work. Pull out your Action Planning Worksheet. Take about 3-5 minutes to consider what you've learned so far that might be helpful for supporting infectious disease preparedness or prevention efforts in your classroom, school, or district. Since we've only covered a little bit of information so far, it's okay if you don't have specific action steps for this section. If you do, please write them on your worksheet to remember for the end of the workshop when we'll all report out on our intended actions for applying what we've learned today. You can also write down questions you hope the workshop will answer to reflect on as we move through the material. We'll come back to this worksheet at the end of each section to add more ideas and at the end of the workshop, we'll share our action plans as a group before adjourning. ***DO:*** *Provide participants with 3-5 minutes of silent thinking.* *Invite them to use this time to reflect on what they're learning and consider how they can apply the workshop materials to support infectious disease preparedness or prevention at their school or district.* *Encourage participants to write their ideas on the Action Planning Worksheet so they can review their thoughts at the end of the workshop and share their ideas with the group.*

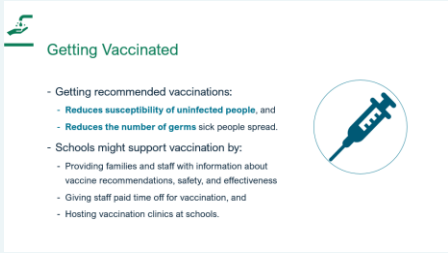
Notes	Slide	Thumbnail Image	Notes
	12		**SAY:** At the end of this section, you should understand the role of schools in infection prevention. You should also be able to identify key resources for preventing the spread of illness in schools and for learning about infectious diseases that commonly affect school-aged children and youth.
	13		**SAY:** In this next section, we'll spend some time reviewing actions that schools can take every day to reduce the chances of illnesses spreading. These are great practices to use continuously to reduce the spread of multiple diseases and using these tools routinely will instill strong infection prevention routines in classrooms.
	14		**SAY:** At the end of this section, you should understand how diseases spread in schools. You should also be able to describe each of the Everyday Actions that schools can routinely use to reduce the spread of infectious diseases.
	15		**SAY:** Infectious diseases are caused by tiny organisms that get into your body from the outside. These are sometimes collectively called "germs", but really these include several different types of infectious agents, such as viruses, bacteria, fungi, and parasites.

Notes	Slide	Thumbnail Image	Notes
			Viruses are very small and are not even an organism because they don't have their own cells and instead use our bodies to make more of themselves. Bacteria and fungi can be seen using a normal light microscope and are all around us in our environments, but most don't cause us any harm. Some bacteria and fungi can cause illnesses when they get into our bodies, and these are the ones we want to avoid by using infection prevention approaches. Some parasites are also very small, but many—like head lice or intestinal worms—are relatively large and can be seen without a microscope.
	16		**SAY:** We are familiar with infectious diseases because there are several common illnesses in school-aged children and youth that occur periodically or seasonally. These include: • Viral respiratory illnesses such as colds and influenza; • Gastrointestinal illnesses such as norovirus infection; • Bacterial infections of the skin, mouth, or eyes, such as impetigo, which is a flaky skin infection caused by a specific type of bacteria, Strep throat, and pink eye; and • Parasite infections, such as head lice or skin mites. Several infectious diseases that used to be common in childhood are now much rarer due to widespread vaccination, so they are not typically seen routinely in school settings. Examples of these vaccine-preventable illnesses include measles and whooping cough. Schools do

Notes	Slide	Thumbnail Image	Notes
			occasionally experience outbreaks of these illnesses when vaccination levels are not high enough to suppress spread. Please note that in your Resource List handout, there are several links to CDC resources on the most common infectious diseases affecting school-aged children and youth.
	17		**SAY:** Infectious diseases spread in schools through several different routes. Some infectious diseases spread through direct contact with or touching contaminated surfaces or objects or by direct contact with other people such as holding hands. If hands and high-touch objects and surfaces are not being cleaned or disinfected regularly, then the chance of spread is higher. Some infectious diseases are primarily spread through sprays or splashes. An infected person can cough, sneeze, or vomit and small droplets can travel short distances and land on surfaces or even in a person's eyes, nose, or mouth. Other germs can be suspended in the air in tiny particles that can travel through the air over longer distances and then be inhaled. How far such germs can travel depends on many things like the type of germ and the ventilation in the space. It's important to note that it's not possible to completely avoid infectious diseases. Living and interacting with others in schools and other communal settings has many social and emotional benefits and exposure to infectious diseases will occur when we come together in groups. However, understanding how diseases spread lets us intervene to reduce the number of people who get sick and protect

Notes	Slide	Thumbnail Image	Notes
			individuals who may be at higher risk of severe illness from common childhood diseases. On the next slide we are going to talk through things we can do daily to reduce the spread of some common infections in a school setting.
	18		**SAY:** The five Everyday Actions are simple measures that we can implement in schools to reduce the chances of students and staff getting sick. They are called the Everyday Actions because they are routine infection prevention activities that are highly effective when done correctly and consistently each day. The five Everyday Actions are: • Washing hands, • Using respiratory etiquette, • Staying up to date on recommended vaccinations, • Cleaning and disinfecting, and • Taking steps for cleaner air. The good news about the Everyday Actions is that we don't have to know which specific illnesses are present in our community to make a difference. These actions create multiple layers of protection when used together. In the next few slides, we'll spend some additional time exploring each action to consider how the action helps us reduce the spread of infectious diseases.

Notes	Slide	Thumbnail Image	Notes
	19		**SAY:** Hand washing is a cornerstone of infection prevention. We touch so many objects and surfaces throughout the day. Regular handwashing helps us remove germs before they make their way into the body. Schools can promote regular handwashing by setting daily handwashing routines for students that include washing after toileting and before eating. Schools can support proper handwashing techniques by making sure bathrooms and washing sinks are well-stocked with supplies like soap and paper towels. For younger children, schools can also teach handwashing skills and monitor handwashing to make sure students are using soap and water and are washing long enough to be effective. While soap and water are preferred, alcohol-based hand sanitizers with at least 60% alcohol can be used when running water is not readily available with appropriate adult supervision for children under 6 years old. Handwashing is an important daily infection prevention measure because proper and regular handwashing can prevent the spread of multiple types of infectious illnesses, including respiratory and gastrointestinal infections.
	20		**SAY:** Respiratory etiquette is a set of practices that prevent infectious secretions from the mouth and nose from contaminating hands, surfaces, or the air. Schools can support the use of proper respiratory etiquette by making sure classrooms have enough tissues and that they are easily accessible by students. Students can also be encouraged to wash hands or use hand sanitizers after

Notes	Slide	Thumbnail Image	Notes
			blowing their nose. Finally, schools can teach students to cover their coughs with their elbows instead of their hands to keep their hands clean. Covering coughs and sneezes and keeping respiratory secretions contained keeps respiratory droplets from getting into the air or landing on shared items where other students could encounter them.
	21		**SAY:** Vaccines are available for several infectious diseases that affect children, youth, and adults. While vaccinations do not always perfectly prevent infection, they reduce the chances of becoming infected and can also reduce the duration and severity of illness. When someone who has been vaccinated does get sick, they often produce fewer germs while they are sick, which makes them less likely to pass the illness to others. Schools and health departments can help promote equitable access to routine and annual vaccinations, including for influenza and COVID-19 if recommended. For example, schools can provide families and staff with information about recommended vaccines and promote vaccine safety and effectiveness. Schools can support staff with staying up to date on vaccinations by providing them with paid time off to receive their vaccines. And finally, schools can consider partnering with public health departments to host vaccination clinics to provide a

Notes	Slide	Thumbnail Image	Notes
			local and accessible way for families to get everyone vaccinated at once.
	22		**SAY:** Cleaning and disinfecting remove or inactivate germs on surfaces before they are passed to uninfected people. Schools should regularly clean and disinfect frequently touched surfaces and shared items such as desks, countertops, doorknobs, faucets, handles, and toys. Schools can refer to local policy or other regulations for procedures on disinfecting specific areas of the school, such as food service areas and restrooms. Surfaces that are visibly soiled with blood or other body fluids should be cleaned immediately using proper personal protective equipment and should then be disinfected. All other areas should be cleaned and disinfected on a regular schedule. We'll talk a bit more about cleaning and disinfecting in a few slides.
	23		**SAY:** The final Everyday Action is taking steps for cleaner air. We learned during the COVID-19 pandemic that good ventilation with high inflow of fresh air made a huge impact on reducing indoor spread of the virus. Many businesses upgraded their heating, ventilation, and air conditioning systems, or HVACs, during the pandemic to make their workplaces safer and reduce staff illnesses. We also learned that we could keep each other safer through smaller, less expensive changes when gathering by turning

Notes	Slide	Thumbnail Image	Notes
			on fans, running indoor air purifiers, or opening windows or gathering outside when the weather permits. Similar strategies can be used by schools to reduce the transmission of most respiratory viruses. Schools can pay special attention to their HVAC systems when planning building updates or new construction. Teachers can use fans or portable air filters to increase air circulation and when the weather is nice, can open windows or even take their classes outside. We'll talk a bit more about ventilation shortly.
	24		**SAY:** That was a long stretch of listening, so let's pause and take a moment to absorb and reflect. Pull out your Action Planning Worksheet. Take about 3-5 minutes to consider what you've learned in this section that might be helpful for supporting infectious disease preparedness or prevention efforts in your classroom, school, or district. Write your ideas on your worksheet to remember for the end of the workshop when we'll all report out on our intended actions to apply what we've learned today. We'll come back to this worksheet in the next section to add more ideas. ***DO:*** *Provide participants with 3-5 minutes of silent thinking.* *Invite them to use this time to reflect on what they're learning and consider how they can apply the workshop materials to*

Notes	Slide	Thumbnail Image	Notes
			support infectious disease preparedness or prevention at their school or district. *Encourage participants to write their ideas on the Action Planning Worksheet so they can review their thoughts at the end of the workshop and share their ideas with the group.*
	25		**SAY:** We've already talked broadly about how regular cleaning and disinfecting help prevent the spread of germs that make people sick. But what IS cleaning? What is disinfecting? And how are they different? Cleaning is a mechanical process that removes germs from surfaces and items. Soap helps to loosen debris, oils, and germs attached to the surface and scrubbing, wiping, and rinsing remove the loosened particles. Surfaces should always be cleaned before they are disinfected because debris and oils can deactivate disinfectants or keep them from reaching the germs attached to surfaces. Disinfecting is the process of killing germs on surfaces and items using solutions called disinfectants, that have been tested for their ability to destroy specific germs like viruses or bacteria. ***NOTE:*** *One or both Deep Dive sections can be omitted if you are running behind schedule. The information will still be included in the Presentation Slides Handout provided to participants if they wish to review this information after the workshop.* ***Slides 26-28****: Deep Dive on Cleaning and Disinfection* ***Slides 29-33****: Deep Dive on Ventilation*

Notes	Slide	Thumbnail Image	Notes
	26		**SAY:** It's important to select the right products for cleaning and disinfecting to effectively reduce the spread of illnesses. Cleaning products are typically soaps or detergents that interfere with how debris, oils, and germs attach to surfaces. Different cleaning products are formulated for different types of surfaces to clean effectively while not damaging the material. Since cleaning is a primarily mechanical process of removing germs through scrubbing, wiping, or rinsing, most cleaning products are equally effective for reducing the number of germs on the surfaces. Disinfecting products are registered with the U.S. Environmental Protection Agency and are labelled for use against specific germs that they can destroy or irreversibly inactivate. When using a disinfectant, it's important to read the label to make sure the product remains on the surface long enough to kill the germs. Disinfectants are chemicals that can be used safely when they are stored and used according to the product instructions. Open windows and doors and use the recommended personal protective equipment when working with disinfectants. Disinfectants may also lose activity over time after being opened or diluted and they should be disposed of according to the product label when they are no longer effective.

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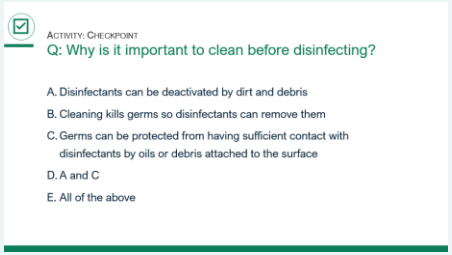
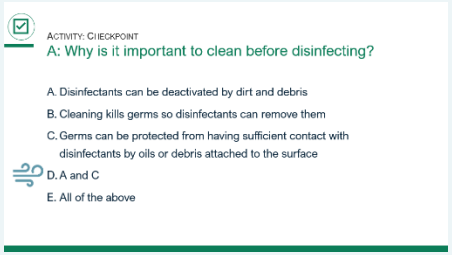
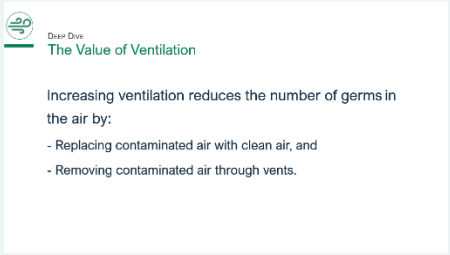
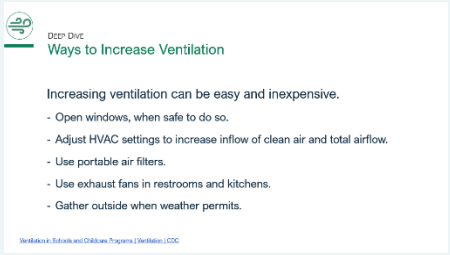
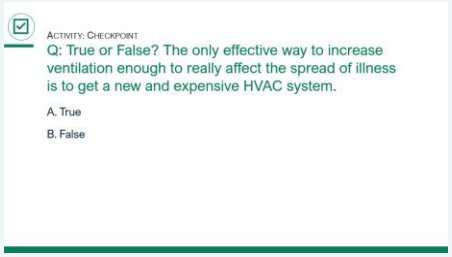
	27		**SAY:** This is your first chance to test your understanding. Why is it important to clean before disinfecting? ***DO:*** *Read the answer choices out loud. With a very interactive group that seems comfortable together, consider a vote by show of hands for the correct answer as you read the choices out loud.* *If the group does not know each other well, you can let them answer silently to themselves and ask for a volunteer to guess the answer.*
	28		**SAY:** The answer is D. ***DO:*** *Discuss any questions or different perspectives on this answer before moving on to the next slide.*
	29		**SAY:** Ventilation is the movement of clean air into a room or building. This can be done mechanically with fans or building air handling systems or can be accomplished passively by opening doors and windows to allow wind and fresh air to enter and replace inside air. ***NOTE:*** *One or both Deep Dive sections can be omitted if you are running behind schedule. The information will still be included in the Presentation Slides Handout provided to participants if they wish to review this information after the workshop.*

Notes	Slide	Thumbnail Image	Notes
			Slides 29-33: *Deep Dive on Ventilation*
	30		**SAY:** Increasing ventilation reduces the number of germs in the air by replacing contaminated air with clean air and by removing contaminated air through vents or other exit points. Increasing ventilation is a simple strategy that can be highly effective for reducing the spread of illnesses.
	31		**SAY:** Small changes in air flow can make a difference, so reducing infections by increasing ventilation can be relatively easy and inexpensive. Schools can open windows when it's safe to do so to increase the inflow of outdoor air. Schools can also work closely with HVAC experts to optimize setting to increase inflow of clean air and total airflow. The air quality in individual rooms can be improved by using portable air filters and exhaust fans. And finally, the easiest way to get outdoor air is to go outside when weather and activities permit.
	32		**SAY:** Another pop quiz. True or False? The only effective way to increase ventilation enough to really affect the spread of illness is to get a new and expensive HVAC system. ***DO:*** *Ask for a show of hands for True and then for False.*

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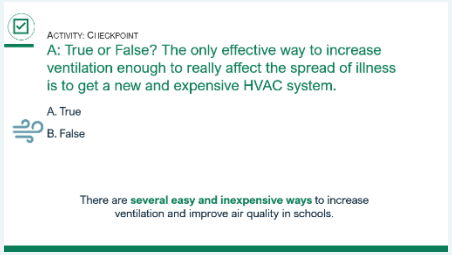
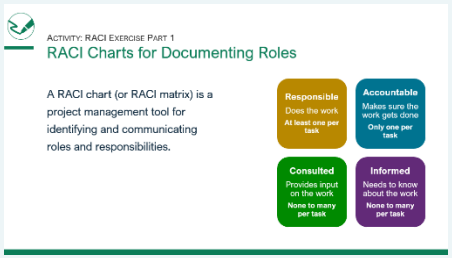
	33		**SAY:** The answer is False. There are several easy and inexpensive ways to increase ventilation and improve air quality in schools. ***DO:*** *Discuss any questions or different perspectives on this answer before moving on.*
	34		*Optional* ***NOTE:*** *Unhide **Slides 34-37** prior to the workshop if you plan to use the RACI Exercise.* **SAY:** Pull out your RACI Exercise worksheet. Now we're going to spend some time thinking about how we organize and document roles and responsibilities for routine infection prevention. How many of you have used a RACI chart or RACI matrix for project planning? ***DO:*** *Comment on raised hands. You can invite one or several participants with raised hands to tell the group about their experience.* **SAY:** Great! So, for those of you who aren't as familiar with this tool, a RACI chart is a tool for project management that helps identify and communicate roles and responsibilities to make sure everything gets done. RACI stands for Responsible, Accountable, Consulted, and Informed. A Responsible person (or group of people) does the work.

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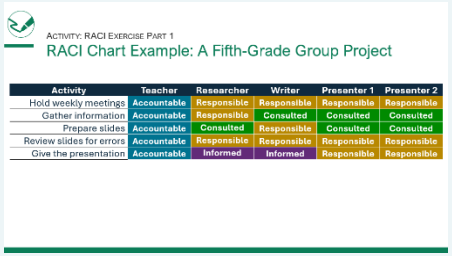
			The Accountable person makes sure the work gets done. A Consulted person provides input or feedback on the work. And an Informed person needs to know about the work but does not contribute to its completion. Let's look at a simple example.
	35		*Optional* **SAY:** Let's consider the example of students completing a group project. The teacher has asked four fifth-grade students to research and prepare a presentation about the solar system. With the teacher's help, the students organize the work into roles: a researcher, a writer, and two presenters. The teacher provides support to make sure the students stay on task and that everyone contributes to the project. Everyone is responsible for attending weekly meetings during class to work on the project. The researcher gathers information based on what the team decides they want to talk about. The writer prepares the slides and gets feedback from their teammates. The whole team reviews the slides for errors before the presenters deliver the talk to their class. Each task has only one accountable person and at least one responsible person. In this example, the adult teacher is listed as the accountable person for all steps, but on teams of adults, multiple individuals can be accountable for different

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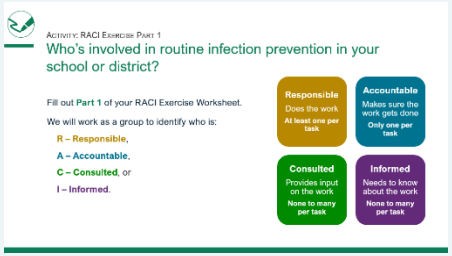
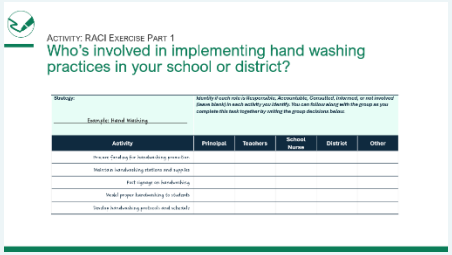
			steps in a distributed leadership structure where there isn't a single team leader. Does anyone have any questions about how this example worked? ***DO:*** *Address any questions or misconceptions and reiterate that there is only one Accountable person per task and must be at least one Responsible person. A participant may note that some tasks don't have a consulted person or informed person. Confirm that it is okay to not have a consulted or informed person in every row.*
	36		*Optional* **SAY:** So now we'll fill out a simple RACI chart together for practice. Then after the next section, you'll break into groups and do your own RACI chart on a topic of your choosing. Right now, we'll ONLY be filling out Part 1 of the worksheet. For this first exercise, we've provided you with the activities and roles. Let's work together to fill in the grid on the next slide. You have this grid on the worksheet if you would like to record the discussion for reference when we return to this exercise in the next section.
	37		*Optional* ***DO:*** *You can choose different ways to do this part of the activity depending on how interactive your group is.* *For a very talkative crowd, you could have them shout out their answers as you move cell to cell and use a show of*

Notes	Slide	Thumbnail Image	Notes
			hands to break ties if you are hearing two different roles equally loudly. *For a quieter group, you could break into five teams and have each team fill out their row and then bring their responses to you to enter into the slide.* *If you have a whiteboard or flip chart, you can also draw this grid and ask a participant to fill in the answers as you facilitate.* *The goal is to work through this quickly and efficiently while getting a sense of how well the participants understand the principles:* • *Must have one accountable person per activity;* • *Must have at least one responsible person per activity;* • *Can have more than one responsible, consulted, or informed person per activity; and* • *Sometimes a role will not be involved in a specific activity and that cell can be left blank for the affected row.*
	38		**SAY:** Great! We've finished section 2 and we're going to take a longer break so you can visit the facilities, have a snack, or catch up on email or messages. Before we go to the break, I want to open the floor for any questions about what we've covered so far. ***DO:*** *Address any questions or clarifications.*

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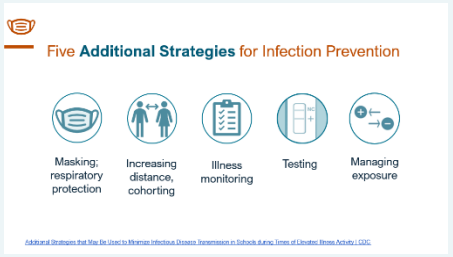
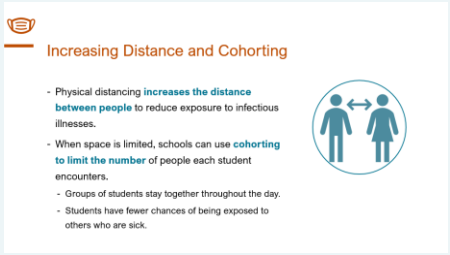
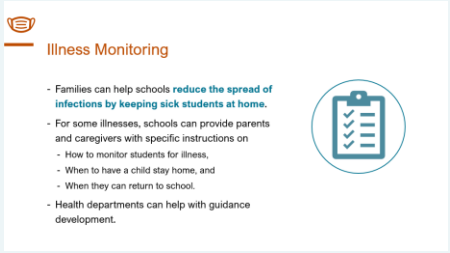
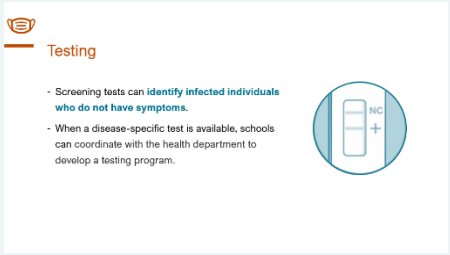
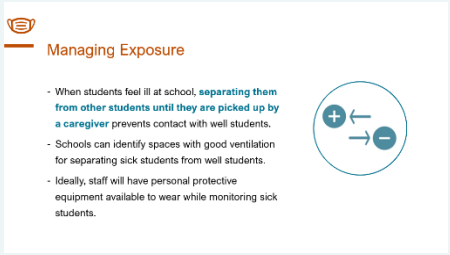
	39		**SAY:** We'll break for 15 minutes. Please be back and ready at **[insert time based on current time plus 15 minutes]**. I'll be here in case you have any individual questions you want to discuss. ***DO:*** *Take a quick break yourself, if needed and then remain available for participants who may have questions or need assistance.*
	40		**SAY:** Welcome back! We have two more sections to cover. In this third section, we'll spend some time discussing additional infection prevention strategies that schools can take when illnesses are spreading in the community. These Additional Strategies offer an additional layer of protection to reduce spread.
	41		**SAY:** At the end of this section, you should be able to define a "time of elevated illness" and describe each of the five Additional Strategies that schools can use to address elevated spread of illness in the community. You should also be able to identify and prioritize strategies to use for preventing respiratory and gastrointestinal illnesses from spreading in schools.

Notes	Slide	Thumbnail Image	Notes
	42		**SAY:** Typically, one to several students and staff may be absent from school due to common childhood or seasonal infectious diseases. You can review attendance records from previous years to get a sense of the variability in typical levels of illness throughout the school year. Understanding these typical patterns can make it easier to recognize when the number of absences is higher than expected. When absences due to illness rise above the typical or expected level for several days or more, this may indicate the school or district is experiencing a **time of elevated illness**. Schools may also choose to implement additional infection prevention measures if their local health department is reporting increased hospitalizations for an illness of concern or has indicated that elevated spread has been documented in the broader community, even if the school has not yet detected a rise in cases through absence reports. During a time of elevated illness, schools can work closely with their local health department to identify the infectious disease and to decide which additional strategies will limit the spread of illness effectively.
	43		**SAY:** When there is a higher level of illness in the school community, schools can add these Additional Strategies to their routine infection prevention activities as another layer of protection. The five **Additional Strategies** are: • Masking and respiratory protection • Increasing distance and cohorting • Illness monitoring

Notes	Slide	Thumbnail Image	Notes
			• Testing • Managing exposure In the next few slides, we'll explore how each strategy can help reduce the spread of illnesses. It's important to remember that each of these strategies is evidence-based and has demonstrated effectiveness in school settings for reducing transmission of illness. However, which strategy or strategies will be most helpful depends on the type of illness, age of the students, and other local factors. We will do an exercise near the end of this section to consider which strategies might be most helpful for addressing a possible rise in flu cases and a possible norovirus outbreak. As you listen to the next few slides, consider which strategies might be helpful for managing each scenario and why.
	44		**SAY:** When the spread of respiratory illnesses is elevated, correct and consistent use of masks can reduce transmission by preventing germs from moving between people. Masks work on two levels. When an infected person wears a mask, droplets of respiratory secretions that would otherwise be released in the air are trapped in the material of the mask and aren't able to move through the air or land on surfaces. When a well person wears a mask, germs that are in the air get trapped in the material, which reduces the chance of inhaling the germs.

Notes	Slide	Thumbnail Image	Notes
			Where consistent with local laws, schools can use indoor masks as an additional layer of protection to reduce the spread of illness when respiratory illnesses are elevated in the community.
	45		**SAY:** Physical distancing, or increasing the distance between people, can reduce the chances of exposure to infectious diseases through coughs and sneezes. Physical distancing also inherently limits direct physical contact, reducing the chances of spreading germs on contaminated hands. Many schools may find physical distancing hard to do because of class sizes and space limitations. When this is the case, schools can cohort students into smaller groups who stay together throughout the school day. Staying in smaller groups with limited contact with other groups of students has a similar effect to increasing distance between students. It results in having contact with a smaller number of people, so there are fewer chances of being exposed to harmful germs.
	46		**SAY:** Families can help schools reduce the spread of infections by keeping students home when they are feeling sick. For some illnesses, schools can provide parents and caregivers with instructions on how to watch for signs of illness, what signs and symptoms indicate that a student should remain at home, and how to determine when it is

Notes	Slide	Thumbnail Image	Notes
			acceptable to return to school when the child or youth is feeling better. Health departments can help schools develop this specific guidance to ensure students and staff remain home when they are most likely to be infectious and when they can return to school after they have recovered.
	47		**SAY:** Screening tests can identify infected individuals who do not have symptoms. When disease-specific tests are available, schools can coordinate with their local health department to develop a testing program appropriate to their needs and the illness.
	48		**SAY:** When students feel ill while at school, separating them from other students until they are picked up by a parent or caregiver can prevent additional contact with students who are well. Schools can identify spaces with good ventilation where sick students can rest apart from well students while waiting to be picked up. Ideally, staff who monitor sick students will have access to appropriate personal protective equipment to reduce their likelihood of getting sick.

Notes	Slide	Thumbnail Image	Notes
	49		**SAY:** Schools are important to children, youth, and their families. They provide critical services, support, and structure that families rely on. For this reason, changing a school's operational status is not recommended as a routine infection prevention measure. Schools have many options for adding layers of protection to reduce spread while safely staying open. Local public health officials can help with identifying strategies that will be most helpful for each specific infectious disease concern. School closure should only be used to control the spread of infectious diseases when other effective strategies are not available. Closures should be as short as possible and should be carefully planned to reduce educational, social, and economic impacts. The goal is to keep students and staff safe, healthy, and learning.
	50		**SAY:** Schools can work with local public health officials to determine the best strategies to use in each situation. It will be important to consider the type and severity of illness and how harmful germs are likely to spread in the school environment. A third important consideration is how effectively each strategy will work for a given infectious disease. While some approaches are effective against illnesses that spread in multipleways, others may only be effective when germs spread in a specific manner, such as using masks to protect against coughs and sneezes.

Notes	Slide	Thumbnail Image	Notes
			Student and staff characteristics can also be important factors when selecting strategies. While the five Additional Strategies have been shown to be effective in school settings, children, youth, and staff with different personal characteristics may vary in their ability to apply each strategy effectively. Students and staff may also have different susceptibility to specific illnesses that might influence how a school manages spread. Finally, schools may vary in the resources available for prevention and control of infections. Each school and district will need to decide if they have the right resources and setting for using each strategy effectively.
	51		**SAY:** Pull out your Action Planning Worksheet. Take about 3-5 minutes to consider what you've learned in this section that might be helpful for supporting infectious disease preparedness or prevention efforts in your classroom, school, or district. Write your ideas on your worksheet to remember for the end of the workshop when we'll all report out on our intended actions to apply what we've learned today. We'll come back to this worksheet in the next section to add more ideas. ***DO:*** *Provide participants with 3-5 minutes of silent thinking.* *Invite them to use this time to reflect on what they're learning and consider how they can apply the workshop materials to support infectious disease preparedness or prevention at their school or district.*

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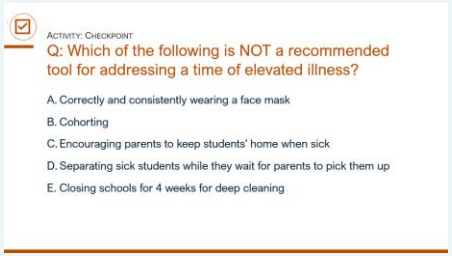
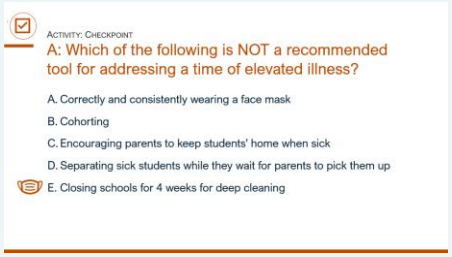
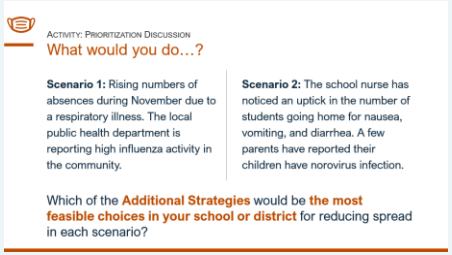
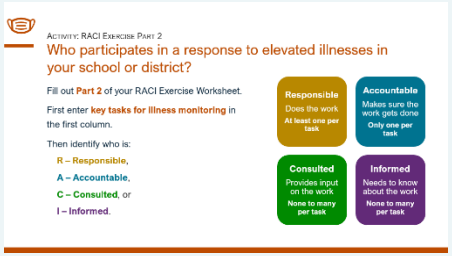
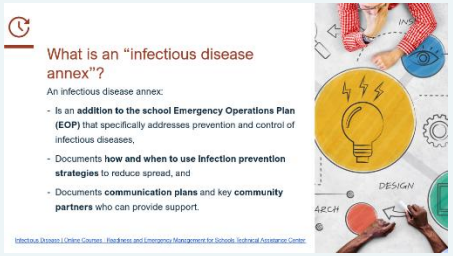
	52		**SAY:** Let's pause for a quick check point. Which of the following is NOT a recommended tool for addressing a time of elevated illness? ***DO:*** *Read the answer choices and engage participants in identifying the answer as for previous checkpoints.*
	53		**SAY:** The answer is E. Lengthy school closures are not recommended as a routine infection prevention measure. Using layered protection to reduce the spread of illnesses can help schools safely maintain operations so students can learn. ***DO:*** *Discuss any questions or different perspectives on this answer before moving on.*
	54		**SAY:** Now let's practice what we've learned about choosing a strategy or strategies to add effective layers of protection when a school is facing a time of elevated illness. ***DO:*** *Divide the room into at least two groups—keep group size small enough for a meaningful discussion.* **SAY:** Group 1 **[or assign to multiple groups, if needed]** will consider Scenario 1. In Scenario 1, a school is experiencing rising numbers of absences during November due to a respiratory illness. They don't have confirmed diagnosis yet, but the health department is reporting high influenza activity in the community. Group 2 **[or assign to multiple groups, if needed]** will consider Scenario 2. In Scenario 2, a school nurse raises

Notes	Slide	Thumbnail Image	Notes
			concerns that they are seeing an uptick in the number of students going home for nausea, vomiting, and diarrhea. A few parents have reported that their children have been diagnosed with norovirus infections. As a group, select two Additional Strategies that you would consider implementing to reduce spread and discuss why you think those are feasible options for your school or district. When thinking about which strategies to choose, consider the previous discussions about how each strategy works to reduce the spread of infections as well as what is feasible for your school or district based on the age of the children, your resources, and other factors. We'll come back together in about 10 minutes to share your decisions and insights from the discussion. ***DO:*** *Circulate to guide discussion as needed and then facilitate a report out on their choices and reasons. Make sure to affirm each group's choices and use appreciative inquiry to help them explain their reasoning for their choices.* *There is not a single right answer for these scenarios—the goal of this exercise is to get participants thinking about the effectiveness of each strategy for different types of illnesses and what factors in their specific settings might affect feasibility of implementing each strategy. After the groups have had some time to discuss, elicit input and work through a discussion of each scenario, comparing how the groups approach these different illnesses as discussion develops.*

Notes	Slide	Thumbnail Image	Notes
			SAY: Can I get a volunteer who worked on Scenario 1 to tell us which of the Additional Strategies your group would prioritize to address rising cases of respiratory illness? ***DO:*** *Facilitate a report out on Scenario 1. If you have a whiteboard or flip chart, participants can be invited to add notes about which strategies they picked and why.* **SAY:** Can I get a volunteer who worked on Scenario 2 to tell us which of the Additional Strategies your group would prioritize to address rising cases of respiratory illness? ***DO:*** *Facilitate a report out on Scenario 2. If you have a whiteboard or flip chart, participants can be invited to add notes about which strategies they picked and why.*
	55		*Optional* ***NOTE:*** *Unhide this slide prior to the workshop if you plan to use the RACI Exercise.* **SAY:** Pull out your RACI Exercise worksheet. Now we're going to spend some time thinking about how we organize and document roles and responsibilities for scaling up prevention efforts due to elevated illness. Break into your previous teams to fill out Part 2 of the worksheet. Pick one of the Additional Strategies and add four to six activities that are needed to implement the strategy to your worksheet. Then work on assigning roles and responsibilities for each activity using the coding on the screen. I'll be moving around the room to help and answer any questions. Remember, this is an exercise to learn the tool, so

Notes	Slide	Thumbnail Image	Notes
			it doesn't have to be perfect. The goal is to gain an understanding of how you could use this tool for planning and documenting roles and responsibilities during times of elevated illnesses. Let's take the next 15 minutes to work on your worksheets and then we'll come back together to talk about what you discovered while completing the table. ***DO:*** *Circulate to guide discussion as needed and then facilitate a brief report out. You likely will not have enough time to have each team explain their entire RACI chart to the full group. Instead ask each team to highlight any challenges or insights that arose*
	56		**SAY:** Great! We've finished section 3. I want to open the floor for any questions about what we've covered so far. ***DO:*** *Address any questions or clarifications.*
	57		*Optional Break* ***NOTE:*** *Unhide this slide prior to the workshop if you plan to use the optional break.* **SAY:** We'll take a short 5-minute break. Please be back and ready at **[insert time based on current time plus 5 minutes].**

Notes	Slide	Thumbnail Image	Notes
	58		**SAY:** We've reached the last section of the workshop. In this section, we'll talk about infectious disease planning to make sure your school is response ready for all hazards, including illnesses. We'll also spend some time considering how to approach partners to get their input and support for infectious disease planning and response. External partners play many important roles in supporting schools during these activities.
	59		**SAY:** At the end of this section, you should understand what an infectious disease annex is and why it is important to include one in your school emergency operations plan. You should also be able to describe the types of information that could be included in an infectious disease annex. And finally, you should be able to identify some key community partners to include in infectious disease planning and response.
	60		**SAY:** Schools are experts at planning ahead to keep students and staff safe during emergency situations like natural disasters and physical safety concerns. Nearly all schools have an Emergency Operations Plan (EOP) that includes routine practice of emergency skills for students and staff. Before the pandemic, infectious disease planning was sometimes included as its own section of the EOP, but many more schools have started developing detailed plans for specifically addressing infectious disease concerns as an addition to their EOP. This addition is typically called the "infectious disease annex."

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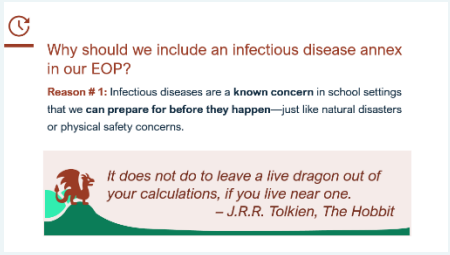
			The infectious disease annex provides additional guidance on how the school plans to respond to infectious disease concerns and documents how and when the school will use additional public health measures to reduce the spread of illnesses. The infectious disease annex can also document templates and draft messages for letting families and the public know what's going on so that these communications can be developed and sent quickly when needed. Finally, the annex may document key community partners who can provide additional support and resources, including their contact information and any formal agreements to provide aid. ***DO:*** *Consider asking participants if they know whether their school(s) have an Infectious Disease Annex in their emergency response plans. Allow a few participants to share what they know about their plans briefly.*
	61		**SAY:** The first reason that it's important to include an infectious disease annex in each school's Emergency Operations Plan is that infectious diseases are a known concern in school settings that we can prepare for in advance, just like we prepare for natural disasters and physical safety concerns. Including an infectious disease annex helps schools be ready for all hazards and can also help align response strategies across different hazard scenarios to be able to respond effectively and efficiently to more than one event if concerns overlap.

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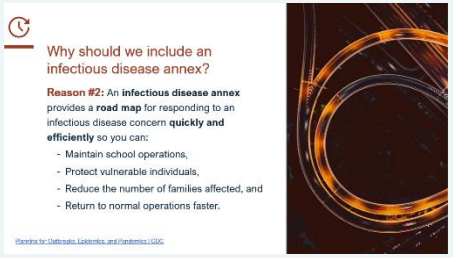
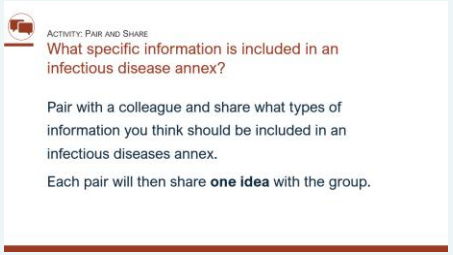
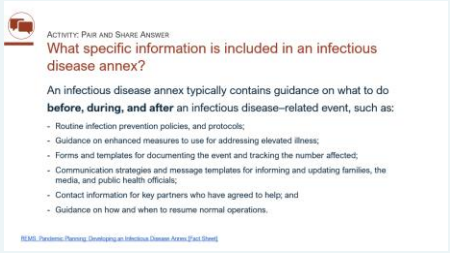
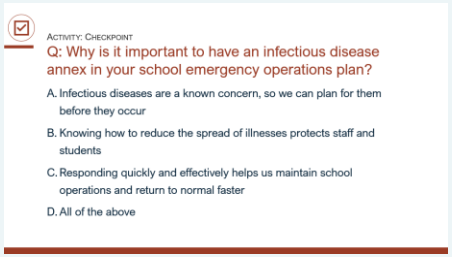
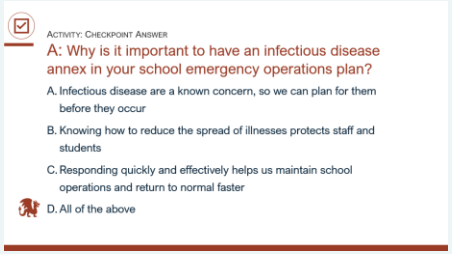
			The COVID-19 pandemic made it clear that large outbreaks that affect schools can and do happen, making it even more important to prepare for this possibility in advance. Infectious diseases are a live dragon that we should include in our calculations.
	62		**SAY:** A second important reason to include an infectious disease annex is that this document can provide you with a roadmap for how to respond to an infectious disease concern quickly and efficiently. Instead of having to do all the hard work figuring out what to do in the middle of a crisis, you'll have done the hard work in advance so you're ready to implement the right strategies to address the concern as quickly and efficiently as possible. Implementing a fast, thoughtful, and efficient response can help schools maintain operations safely, protect vulnerable individuals, reduce the number of families who experience illness, and get back to normal as soon as possible.
	63		**SAY:** Let's take a few minutes to gather the collective wisdom of the room on what types of information might be included in an infectious disease annex. Pair with someone sitting next to you and share your thoughts on the types of information that you think should be included in an infectious disease annex. Then we'll make a list together based on your discussion. ***DO:*** *This should be a brief discussion. Give participants about 3-5 minutes or pull the group back together when the room starts to get quiet, indicating that discussion is settling*

Notes	Slide	Thumbnail Image	Notes
			down. Consider asking one participant to be your recorder and have them write the ideas that are shared on a whiteboard or flip chart, if you have access to one of these resources. *Ask each pair to share one new idea until you aren't getting new ideas anymore or every group has shared.*
	64		***NOTE:*** *This slide captures some of the possible answers you may hear from participants and will be included in the participant version of the slides for notetaking so that they have this information to take home with them. You do not need to spend time on this slide beyond letting the participants know that some of the possible answers have been summarized for them in their notes.*
	65		**SAY:** This is a chance to test your understanding. Why is it important to have an infectious disease annex in your school emergency operations plan? ***DO:*** *Read the answer choices and engage participants in identifying the answer as for previous checkpoints.*
	66		**SAY:** The answer is D. ***DO:*** *Discuss any questions or different perspectives on this answer before moving on.*

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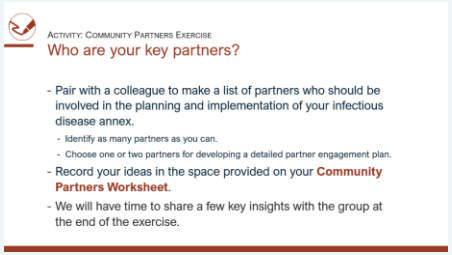
	67		**SAY:** Find your Community Partners Worksheet. We'll be pairing up to make a list of community partners who should be involved when you plan or implement your infectious disease annex. First, identify as many partners as you can quickly. Then choose one or two partners to focus on for developing a more detailed plan for how you would engage them in writing, reviewing, or implementing your plan during an infectious disease response. We've provided spaces for you to document your discussion on the worksheet. We'll come together as a group in 10 minutes to report out on what you learned during this discussion. ***DO:*** *Circulate to guide discussion and then facilitate a group report out. You'll want to keep this discussion focused so it doesn't take too much time. Consider first asking each group to contribute up to two partners that have not been mentioned yet to build a list of partners on a whiteboard or flip chart. Then ask each group to share any "Aha!" moments that came from their discussions.* **SAY:** Thank you all for sharing your thoughts and experiences with partner engagement. It's such an important piece of the emergency response puzzle to make sure our plans and responses include the needs of everyone in our schools and communities. It's important to always be asking ourselves: *Who are we missing?*

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			If there are voices and perspectives you have not previously included, the planning stage is a great opportunity to build and foster relationships with new and existing partners.
	68		**SAY:** An Infection Prevention and Control (IPC) Advisory Committee is a group of school officials and external partners who meet regularly to guide infection prevention and control efforts within a district or school. IPC Advisory Committee meetings provide a valuable opportunity for schools to develop and maintain relationships with the local health department, tribal public health, hospital system, or local healthcare providers as well as parents and caregivers. The IPC advisory committee members can also be part of a school health advisory committee or SHAC. SHACs often advise schools on a wide array of health topics including infectious disease planning. These teams can help support a local education agency with developing and implementing tailored infection prevention and control policies. The team composition may differ between schools based on organizational structure and specific needs. The team should closely collaborate with the partners involved in emergency operations plan development. Engaging in periodic training and tabletop exercises that include all partners can support schools' readiness for an unexpected event. Maintaining these partnerships over time will ensure that schools have expert support if an infectious disease emergency occurs.

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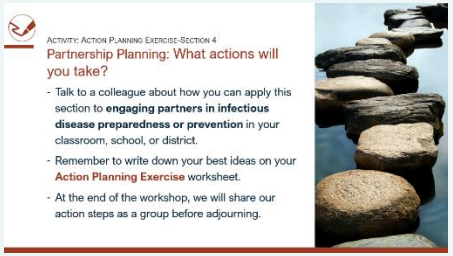
	69		**SAY:** Pull out your Action Planning Worksheet. Take about 3-5 minutes to consider what you've learned in this section that might be helpful for engaging partners in infectious disease preparedness or prevention efforts in your classroom, school, or district. Write your ideas on your worksheet to remember for the end of the workshop when we'll all report out on our intended actions to apply what we've learned today. ***DO:*** *Provide participants with 3-5 minutes of silent thinking.* *Invite them to use this time to reflect on what they're learning and consider how they can apply the workshop materials to support infectious disease preparedness or prevention at their school or district.*
	70		**SAY:** We've reached the end of our time together and we've covered a lot of ground. Before we report out on our action planning, let's review what we've covered. We talked about the important role that schools play in infection prevention. We reviewed the Everyday Actions you can take to reduce the spread of illnesses and considered Additional Strategies that can be layered on these routine actions during times of elevated illness. Finally, we talked about the value of planning for infectious disease concerns as part of your emergency plan and discussed the importance of identifying and engaging partners in infectious disease response planning activities.

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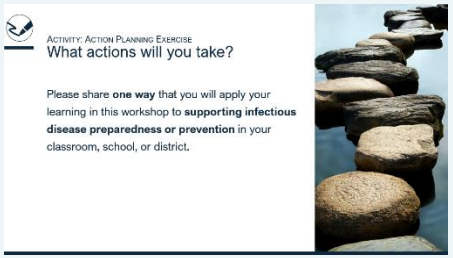
			I appreciate your active engagement in this workshop, and I hope this material will help keep your school and community healthy.
	71		**SAY:** Before we adjourn, we will close by setting our intentions for putting today's learning to work for the health and safety of our students, their families, and school staff. For those who feel comfortable, please share one way that you plan to apply your learning in this workshop to support infectious disease preparedness or prevention in your classroom, school, or district. ***DO:*** *Invite each participant to share one action they plan to take when they leave the workshop. Remember to affirm each idea and ask clarifying questions, where needed for understanding.* ***[DO: Optional]*** *If you have elected to use the course evaluation, ask participants to take a few minutes before leaving to provide you with feedback on your workshop delivery. Request a volunteer to collect the evaluations for you and step out of the room to answer questions and say goodbye as participants leave.* **[SAY: Optional]** Before you go, please fill out a workshop evaluation. This information will stay with me and will be applied to help me improve my facilitation of future workshops. I appreciate your honest feedback. Our volunteer will collect your evaluations, and I will be outside the room to see you off and answer any final questions before you depart.