

Thank you for participating. This survey is a collaboration between the Michigan Department of Education (MDE), the Michigan Department of Community Health (MDCH) and the Centers for Disease Control and Prevention (CDC).

This survey is to be completed online at <http://www.surveymonkey.com/s/CCBKYTE>

Questions can be directed to Dr. Melinda Wilkins, Director of Communicable Disease, Michigan Department of Community Health at wilkinsm@michigan.gov or telephone: (517) 335-8165.

IT questions can be directed to CDC Epidemic Intelligence Service Officers Rashid Njai and Carrie Dooyema at rnjai@cdc.gov or by telephone 404 200-1449. If you would like to fax in this survey, **instead of taking it online,** please send it to (517) 335-8263 (Attn: Melinda).

1. School building ID:

3. Name of person completing survey:

5. Contact e-mail:

2. School building name:

4. Title of person completing survey (Principal, Superintendent, other):

6. Contact phone #:

7. For each grade(s), do MOST students stay in one classroom or rotate classrooms for the majority of their the day?

If appropriate, check "grade not in school."

Exclude student movement for lunch, recess, gym, art, music.

	Kindergarten	1st	2nd	3rd	4th	5th	6th	7th	8th	9th—12th
<u>STAY</u> in one classroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>ROTATE</u> classrooms throughout the day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Grade not in school</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. How true is each following statement?

Check one box per row.

	Mostly True	Somewhat True	Neutral	Somewhat Untrue	Mostly Untrue
This past SPRING, the H1N1 flu caused significant illness in my school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This FALL, the H1N1 flu has caused significant illness in my school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our school has invested a lot of time and resources <u>preparing</u> for H1N1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our school has invested a lot of time and resources <u>responding</u> to H1N1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our interventions have made a difference in <u>preventing</u> flu in my school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following question asks for the number of students in your school with specific medical conditions. Students with these conditions may be at an increased risk for flu complications. This information is important for understanding the context in which schools respond to flu.

No information is collected about specific students.

Individual school buildings will NOT be identified in any reports or recommendations resulting from this survey.

All characteristics will be reported in aggregate.

9. Approximately, how many students currently enrolled...

For a given field, if zero - enter 0; if unknown - leave field blank.

... are pregnant?

... have a diagnosis of asthma?

... have a diagnosis of diabetes?

... have a history of heart disease?

... have a diagnosis of kidney disease?

... are medically fragile or have special medical needs?

10. Does your school or school district have access to a school nurse?

- ☐ Yes
- ☐ No

If yes, answer 11.

11. If yes please check one of the following.

- ☐ We have a full time (1.0 FTE) school nurse onsite every day
- ☐ We have a school nurse onsite 2 to 3 days a week (0.5 FTE)
- ☐ We have a school nurse onsite 1 day a week (0.25 FTE)
- ☐ We have a school nurse onsite every other week
- ☐ We have a school nurse onsite once a month
- ☐ We have a school nurse onsite less than once a month
- ☐ We do not have a school nurse onsite
- ☐ Other

Please describe: _____

Skip to question 12

12. Does your school have a health center onsite (A health center is defined as a center staffed with a physician assistant, nurse practitioner, or physician)

Check one.

- ☐ My school has a health center onsite
- ☐ My school does not have a health center onsite

The following questions ask about the policies and practices implemented in preparation for, or in response to, the 2009 influenza pandemic.

BY ASKING THESE QUESTIONS WE DO NOT IMPLY THAT THESE ARE THINGS THAT YOUR SCHOOL SHOULD BE DOING.

For guidance on recommended procedures, please consult the school guidelines: <http://www.cdc.gov/h1n1flu/schools>
Please note, in some of the following questions, we ask when a practice or policy was implemented.

13. In response to H1N1 flu, has your school closed for any period of time.

- ☐ Yes, our school closed and it WAS part of our flu plan
- ☐ Yes, our school closed but it WAS NOT part of our school's flu plan
- ☐ No, school did not close but school closure IS part of flu plan
- ☐ No, school did not close and school closure is NOT part of flu plan
- ☐ Don't know

Skip to question 18.

If yes, answer 14.

14. For each time period, which of the following were factors in deciding to close the school? Check all that apply

	Closed this <u>spring</u> ...		Closed this <u>fall</u> ...	
	Minor reason	Major reason	Minor reason	Major reason
... because of excessive student absenteeism in your individual school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... because of excessive staff/teacher absenteeism in your individual school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... to prevent spread of H1N1 flu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... to protect students at high risk for H1N1 flu complications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... to clean the school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... because a nearby school was severely affected by flu even though we were not yet severely affected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... because of district wide attendance policies requiring 75% attendance to count toward annual MDE "seat – time" requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... because the local or state health department recommended school closure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... because the local or state health department "ordered" school closure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... because of parental concern regarding H1N1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School closed for some other reason*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* If other, specify reason and when closed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. What were the three most important factors in school closure? Mark the top 3 reasons (Most important =1)

- ☐ excessive student absenteeism
- ☐ excessive staff/teacher absenteeism
- ☐ to prevent spread of H1N1 flu
- ☐ to protect students at high risk students
- ☐ to clean the school
- ☐ a nearby school was severely affected by flu
- ☐ It was a district wide closure
- ☐ the local or state health department recommended closure
- ☐ local or state health department "ordered" school closure
- ☐ because of parental concern

16. What was the daily rate of absenteeism in your school in the three days prior and the three days post school closure?

_____ %	_____ %	_____ %	_____	_____ %	_____ %	_____ %
3 days prior to school closure	2days prior to school closure	1day prior to school closure	Date of school closure (MMDDYYYY)	The day you reopened the school	2days after school closure	3days after school closure

17. Which of the following people were involved in your decision to close the school (s)

<u>Check all that apply.</u>	Highly involved with decision to close	Moderately involved in the decision to close	Involved in the decision to close	Not very involved in the decision to close	Not involved at all in the decision to close
... The district superintendent (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... The school principal (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... The local public health department/officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... The school nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... The health center staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... Michigan State Department of Education (MDE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... Other (Please fill in)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. For each time period, please select the best answer regarding the flu preparedness plans in your school.

	We didn't or don't, have a flu plan	We had a plan and IT REMAINED UNCHANGED during this period	We had a plan but WE CHANGED IT during this period	Don't know
Spring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Where were the following items currently available prior to Columbus Day (10/12/09)?

Check all that apply.	Classrooms	Bathrooms	Hallways	Administrative offices	Lunch room	Faculty/Staff breakroom	Not allowed in school
Tissues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-alcohol based hand sanitizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol based hand sanitizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. Who supplies/purchases the following items?

Check all that apply. LEAVE BLANK IF UNAVAILABLE	School or School District	Parents	Staff	Local Health Dept.	MI Department of Educa- tion.	N/A Item not in school
Tissues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-alcohol based hand sanitizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol based hand sanitizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgical/N95 masks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mirror clings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Posters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. Where does your school/district obtain information on the flu? Please check all that apply.

- ☐ Michigan Department of Community Health
www.michigan.gov
☐ Local health department
 ☐ School district office
 ☐ Media outlets
 ☐ Local physician's office or group
 ☐ Michigan Department of Education
 ☐ Centers for Disease Control and Prevention (CDC)
www.flu.gov or www.cdc.gov
☐ Other

22. If students with flu are sent home, what is recommended for students to return to school?

Check all that apply.

- ☐ Doctor's note
- ☐ Required to stay home until they are without fever for 24+ hours (without fever reducing medications)
- ☐ Required to stay home for at least one day
- ☐ Required to stay home for at least 3 days
- ☐ Required to stay home for 1 week
- ☐ No recommendations

☐ Other, specify:

23. Does your school have at least one "sick room" used exclusively for separating and caring for persons with flu-like illness?

- ☐ Yes
- ☐ No
- ☐ Don't know

If yes,
Answer
Q 24.

Skip to question 25.

24. Where is the main sick room in your school?

Check 1 box

- ☐ Nurses office
- ☐ School office
- ☐ Principal's Office
- ☐ Gym
- ☐ Extra Classroom
- ☐ Cafeteria
- ☐ Other (Write in) _____

25. How and when has your school communicated to parents or students about flu?

Check all that apply.
Check "Not implemented" if method was never used.

	Not implemented	From the beginning of the school year up to Columbus Day (10/12/09)	After Columbus Day (10/12/09)	Don't know
Letters (mailed home or given to students to take home)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School-wide handouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent meeting, open-house or special student assembly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Announcements (i.e. lunch, PA, homeroom teacher or primary teacher)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School-mandated lesson plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poster campaigns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School, district or community website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twitter, Facebook, or other social networking site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mass text messaging system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automated phone call / voice messaging system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If other, specify the method of communication and when used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<div></div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. Has your school communicated any of the following prevention messages for flu to teachers, staff and students, if so, when?

Check all that apply.
Check "Not implemented" if intervention was never used or is not available

	Not implemented	The beginning of the school year up to Columbus Day (10/12/09)	After Columbus Day (10/12/09)	Don't know
Cover your cough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wash your hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use hand sanitizers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stay home when sick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat healthy food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get adequate rest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
See your primary care provider if you have flu-like symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sanitation and Disinfection:

31. To **PREVENT** flu, (i.e., before any school kids became sick) did your school implement any of these other policies or practices, if so, when?

Check all that apply.
Check "Not implemented" if intervention was never used.

	Not Implemented	The beginning of the school year until Columbus Day (10/12/09)	After Columbus Day (10/12/09)	Don't know
Made tissues more available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Made soap more available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Made hand sanitizer more available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased disinfection of surfaces and items likely to have frequent hand contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. To **CONTROL** or in **RESPONSE** to flu (i.e., after several school kids became sick) in your school, did your school implement any of these other policies or practices, if so, when?

Check all that apply.
Check "Not implemented" if intervention was never used.

	Not Implemented	The beginning of the school year until Columbus Day (10/12/09)	After Columbus Day (10/12/09)	Don't know
Made tissues more available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Made soap more available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Made hand sanitizer more available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased disinfection of surfaces and items likely to have frequent hand contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. At any time did your school implement any of these other practices because of report of cases of flu-like illness in students or staff?

Check one box per row.

	Yes	No, but IS part of flu plan	No, and it is NOT part of flu plan	Don't know
Active screening of students and staff for fever, respiratory, or flu-like symptoms on arrival	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dividing classes into smaller groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rotation of teachers between classrooms rather than moving students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holding classes outdoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moving desks so that they are further apart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moving classes to larger spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extending the recommended period for ill persons to stay home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requiring students LIVING with people with the flu to remain home for a period of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employ modes of transportation that would reduce crowding (i.e. reduce bus use)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arranging an alternative to free-lunch program if school closes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arranging for classes to be taught online for high-risk students or if school closes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

34. Please share with us any of your school's success stories related to preventing or managing flu.

35. Please share with us any of the challenges your school faced related to preventing or managing flu?

36. Would you and your school (or school district) be interested in participating in a further study regarding pandemic H1N1 influenza in schools in Michigan?

- ☐ Yes
- ☐ No
- ☐ Maybe, but I would like more information

Thank you! This completes the survey of factors influencing school closures associated with pandemic H1N1 influenza in schools Michigan 2009.
Questions can be directed to Dr. Melinda Wilkins at wilkinsm@michigan.gov or (517) 335-8165.