

Ministry of Health and Long-Term Care

Guidelines for the Prevention and Management of Pandemic (H1N1) 2009 in Elementary and Secondary Schools

These guidelines have been developed based on the best evidence available. As more information becomes available, these guidelines will be updated.

Issued August 28, 2009

1. Introduction

The pandemic (H1N1) 2009 influenza virus (pH1N1) has rapidly spread across the world. In Ontario, the majority of confirmed cases of the pandemic strain have been reported in healthy young adults and most cases have been mild. People between 5 and 24 years of age comprise a larger proportion of cases compared to other age groups. Younger children are most at risk of acquiring infection, presumably due to difficulty in maintaining routine practice in hand hygiene and appropriate coughing /sneezing etiquette.

It is essential, as part of the development of a comprehensive, scaled and integrated series of public health measures, to have strategies in place to prevent the spread of disease in the school-based setting. However, it is important to note that these strategies are not necessarily new but rather a reinforcement of the existing infection prevention and control practices to prevent or reduce the spread of influenza and procedures for dealing with staff, students or volunteers who become ill.

Schools and education staff play an important role in protecting the health of students, staff and local community members, through their educational role, their own modeled health behaviours and their informed decision-making.

For the purpose of this guidance document, schools refer to institutions providing kindergarten to grade 12 education programs to children and adolescents in group settings.

Influenza-like Illness

Influenza-like illness (ILI) is the acute onset of respiratory symptoms with fever and cough and one or

more of the following symptoms: sore throat, muscle aches, joint pain, or weakness. In children under 5, gastrointestinal symptoms may also be present and fever may not be prominent.

2. Infection Prevention and Control Practices

To reduce the spread of pH1N1 in schools, certain measures -- such as hand hygiene, cough/sneeze etiquette, staying home when ill and keeping the school environment clean -- can prevent or reduce the spread of influenza.

Schools should use/encourage these measures, where appropriate.

Physical Layout/Supplies

- Hand washing facilities should be checked to ensure that running water, supply of soap in a dispenser and paper towels or hand dryers are always available and accessible for use
- If hand washing facilities are not available, alcohol-based hand rub (ABHR) with 60-90% alcohol should be placed in locations, under adult supervision (e.g., classrooms without sinks)¹. Local fire departments

¹ As hand sanitizers are normally dispensed and used in very small quantities, they present minimal fire hazards under the direct supervision of staff. Please refer to the Ontario Fire Marshall's Communiqué dated January 14, 2005 at www.ofm.gov.on.ca/english/Publications/Communiqués/2004/2004-11at.asp.

should be consulted in determining safe placement and storage of ABHR

- Students should be encouraged to use their own pens, pencils, tissues, etc. at school to reduce the need to share supplies

Screening

Active screening of students, staff, volunteers and visitors for ILI before entering the school setting is not recommended at this time.

Early recognition and separation of students, staff and volunteers with ILI can reduce the risk of transmission to others. Staff, parents and students should be aware of the symptoms of influenza and the importance of reporting ILI symptoms to their school.

Practise Hand Hygiene

Hand hygiene is the single most important measure for preventing the spread of infections. Students, volunteers and teachers should be encouraged to practise hand washing frequently washing their hands with soap and warm running water for at least 15 seconds or if hand washing facilities are not available, using a 60 – 90% ABHR under adult supervision. ABHR can be used in situations such as in classrooms without running water, after an individual coughs or sneezes, in the cafeteria prior to eating, or during school trips, when hand hygiene is needed and hands aren't visibly dirty.

Consistent hand hygiene practice should be reinforced at an early age (see hand washing poster at: www.health.gov.on.ca/en/public/programs/emu/pan_flu/employ/handwash_tech.pdf).

Students, staff and volunteers should practise proper hand hygiene:

- Before eating lunch or snacks
- Before and after food preparation
- After using the toilet
- After sneezing or coughing
- After wiping a child's nose (or a child wiping his/her own nose)
- Before and after using shared computers, sports equipment, etc.

Practise Respiratory Etiquette

Respiratory etiquette can also play an important role in reducing the spread of influenza. Students, staff and volunteers should be encouraged to:

- Cough and sneeze into their sleeve (not their hands) or to cover their mouth and nose with a tissue when coughing or sneezing
- Immediately dispose of used tissues in a garbage can
- Perform hand hygiene after disposing of tissues

Avoid Touching Eyes, Mouth and Nose

Influenza spreads when the respiratory secretions from the mouth or nose of an infected person come in contact with the mouth, nose or eyes (i.e., mucous membranes) of another person. To reduce the spread of ILI, students and staff should be encouraged to avoid touching their eyes, mouth, and nose.

Stay Home When Ill

Students, staff and volunteers who become ill should be encouraged to stay home until they no longer have a fever and are well. Parents should be encouraged to develop contingency plans for child care should their child become ill with ILI.

Environmental Cleaning

The influenza virus can survive for 8 to 48 hours on different surfaces. Frequent cleaning of surfaces/items commonly touched can help reduce spread of the virus. The influenza virus is easily killed by regular cleaning with commercially available cleaning products and does not require special cleaning agents or disinfectants.

Consultation with Public Health

School boards should consult with their local public health unit for guidance on required surveillance activities, infection prevention and control best practices and the latest information on the pH1N1 and give this information to their schools. Contact information for local public health units is available at:

www.health.gov.on.ca/english/public/contact/phu/phuloc_mn.html

Also, to assist with surveillance efforts, schools are asked to report student absenteeism rates to their local public health unit once a week.

3. Managing ILI in Students, Staff and Volunteers

- Parents should be advised to keep children with ILI symptoms at home
- Schools should have protocols in place to notify parents/guardians/designated alternates if their child becomes ill with ILI while at school
- Students who become ill while at school or arrive at school ill should be separated from other children and supervised by staff or volunteers until they can be picked up by parents/guardians/designated alternates
- Supervising staff should give ill students tissues to cover their mouth and nose when coughing and sneezing and try to keep a distance of at least two metres away from ill students and practise frequent hand hygiene
- Ill students should be encouraged to dispose of used tissue immediately in the garbage can and to practise hand hygiene using a 60 - 90% ABHR
- Parents/guardians/designated alternates should be contacted to pick up their ill child as soon as possible and be advised that the child should stay home until they no longer have a fever and are well. Some individuals may experience a cough for days to weeks after infection. Presence of a cough in the absence of other symptoms should not prevent students or staff from returning to school
- Ill staff and volunteers should not come to work. Staff/volunteers that develop symptoms of ILI while at work should leave the school as soon as possible and not return until they no longer have a fever and are well
- Pregnant women in school settings and individuals with pre-existing chronic disease are not at an

increased risk of contracting ILI. However, they appear to be at an increased risk of secondary complications and should ensure that they practise proper hand hygiene and contact their health care provider as soon as possible if they become ill with symptoms of ILI

- Schools are encouraged to work with their Joint Health and Safety Committees to develop workplace specific programs in regards to pandemic prevention and management

4. Consideration of School Closures

School closures are not recommended at present. The need for and the processes for such decisions will continue to be actively reviewed in light of emerging epidemiology of ILI due to pH1N1. If school closures are being contemplated within a school or school board, contact must be made with the local public health unit.

However, if a school is contemplating a closure, a number of factors should be considered in this decision, such as:

- Frequency and severity of ILI cases among students, staff and volunteers
- Unique characteristics of the student population
- Ability to continue to operate the school in a safe and healthy manner
- Social and economic impact of closure

These factors must be considered in consultation with local public health units and school boards.

5. Communication

It is recommended that information be sent to staff, volunteers and parents advising them of symptoms to be watchful for, proper infection control and prevention practices and what to do if their child becomes sick.