

H1N1 Flu Virus Pandemic Guidance Document for Childcare Facilities

Released: September 24, 2009

Guidance may change as provincial guidelines are released or the epidemiology of the virus evolves.

Key Messages:

- Children are highly susceptible to acquiring and transmitting respiratory infections and, depending on their age, may not be able to adhere to hygiene practices. The large numbers, and close proximity, of children in childcare settings may facilitate the spread of infections. Staff at childcare facilities can play an important role in the health of children and their local community by teaching and modeling recommended hygiene practices.
- The Ontario Ministry of Health and Long-Term Care interim guidelines for prevention of H1N1 in childcare facilities recommend:
 - Reinforcement of regular hand hygiene and instruction on cough etiquette practices
 - Awareness of signs and symptoms of influenza-like-illness (ILI)
 - Provision of alcohol-based hand rub (ABHR), with 60 to 90 per cent alcohol content, when hand washing facilities are not available – **which is to be used under adult supervision.**
 - Isolation and sending home of children with symptoms of influenza-like-illness
 - Reinforcement of existing “staying at home while ill” policies directed at parents with children in childcare
- Based on the current epidemiology of H1N1 flu virus, it is NOT recommended that system-wide or individual childcare facilities be closed.
- Children and their caregivers can lower their risk of contracting influenza by practicing the general preventative measures against a range of illnesses. These measures include covering their cough and practicing proper hand hygiene.
- Childcare facilities should develop strategies to communicate to all families the need to plan for alternate child care arrangements in the event their child is ill and needs to stay at home.
- Childcare facilities should ensure their influenza pandemic plans (e.g. for service/business continuity), including pandemic-related human resource policies, are current.
- H1N1 vaccine will be available by mid-November. Distribution of the vaccine will be completed in stages. The vaccine will not be mandatory.

Introduction

- The H1N1 flu virus is a respiratory illness that causes symptoms similar to those of the seasonal flu. **It is another strain of the influenza virus, and the methods to prevent and control it are the same as those for seasonal flu.**
- **Influenza-like-illness (ILI) symptoms include:** fever and cough and one or more of the following: sore throat, muscle aches, joint pain, or weakness. In children under 5, gastrointestinal symptoms may also be present and fever may not be prominent.
- H1N1 is most frequent among children, adolescents and young adults. Relatively few people over the age of 60 have contracted the virus.
- H1N1 spreads in the general population, in the same manner as seasonal influenza does.
- Measures to prevent/mitigate the spread of influenza, including the H1N1 strain, include regular hand-washing, proper cough etiquette, self-isolation of individuals who are ill, and immunization (vaccine).

Infection Prevention and Control Practices

- Overall, proper cough etiquette (coughing into a tissue, your sleeve, elbow or “crook” of your arm), hand hygiene measures, staying home when ill and keeping the childcare environment clean are the most effective ways to prevent transmission of influenza.

Physical Layout/Supplies

- Childcare facilities should:
 - Provide liquid soap, disposable towels and/or hand-dryers in all child care rooms, including washrooms, so people can practice proper hand hygiene; or
 - Provide 60-90 per cent alcohol-based hand rub (ABHR) if hand washing facilities are not available – ABHR is to be used under adult supervision.
- The influenza virus can be present on different surfaces. Frequent cleaning of surfaces/items commonly touched (e.g. toys, door handles) can help reduce spread of the virus.

Screening

- Active screening (e.g. taking temperatures) of children, staff, volunteers and visitors for ILI before entering the facility is not recommended at this time.
- Early recognition and separation of children, staff and volunteers with ILI can reduce the risk of transmission to others. Staff, parents and children should be aware of the symptoms of influenza and the importance of reporting ILI symptoms to their childcare facility.

Practice Hand Hygiene

- Hand hygiene is the single most important measure for preventing the spread of infections.
- Staff, children and volunteers should be encouraged to practise hand washing frequently washing their hands with soap and warm running water for at least 15 seconds. If hand washing facilities are not available, a 60 – 90 per cent alcohol-based hand rub (ABHR) should be used under adult supervision.
- Staff, children and volunteers should practise proper hand hygiene:
 - Before eating lunch or snacks
 - Before and after food preparation
 - After going to the bathroom/assisting with toileting
 - After sneezing or coughing
 - After wiping a child's nose (or a child wiping his/her own nose)
 - Before and after using shared items such as toys, chairs, etc.

Practice Cough Etiquette

- Cough etiquette can also play an important role in reducing the spread of influenza.
- Staff, children and volunteers should be encouraged to:
 - Cough and sneeze into their sleeve, elbow or “crook” of your arm (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, children, staff and volunteers should be encouraged to avoid touching their eyes, mouth and nose.

Stay Home When Ill

- Staff, children and volunteers who become ill should be encouraged to 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 children from returning to the facility.
- Parents should be encouraged to develop contingency (child care) plans for child care should their child become ill with ILI (which does not involve placing children in other group settings when their child is ill).

Environmental Cleaning

- The influenza virus can survive for up to 48 hours on different surfaces.
- Frequent cleaning of surfaces and items commonly touched (e.g. toys, door handles, table surfaces) can help reduce the spread of the virus.
- The influenza virus is easily killed by cleaning with regular household disinfectants and good cleaning practices.

Consultations with Public Health

- Childcare facilities are encouraged to consult with Region of Waterloo Public Health should they have any questions around these guidelines or about the H1N1 flu virus.
- Operators are to consult with Public Health if they are thinking about closing their facility due to H1N1 activity.
- Childcare facility closures are NOT recommended at present as a public health measure.

Managing ILI in Children, Staff and Volunteers

- Parents should be advised to keep children with ILI symptoms at home.
- Childcare facilities should have protocols in place to notify parents/guardians/designated alternates if their child becomes ill with ILI while in care.
- Children who become ill while in care or arrive at childcare facility 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 or volunteers should give ill children tissues to cover their mouth and nose when coughing and sneezing and try to keep a distance of at least two metres (six feet) away from ill students and practise frequent hand hygiene.
- Ill children should be encouraged to dispose of used tissue immediately in the garbage can and to practise hand hygiene.
- 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 children, staff or volunteers from returning to childcare.

- **Ill staff and volunteers should not come to work.** Staff/volunteers that develop symptoms of ILI while at work should leave the facility as soon as possible and not return until they no longer have a fever and are well.
- Pregnant women in childcare settings and individuals with pre-existing chronic conditions are not at an increased risk of contracting ILI. However, they appear to be at an increased risk of secondary complications if they become ill with the flu. They should practice proper hand hygiene and contact their healthcare provider as soon as possible if they become ill with symptoms of ILI.
- Childcare facilities are encouraged to work with their Health and Safety Committees to develop workplace specific programs in regards to influenza prevention and management.

Considerations of Childcare Facility Closures

- Childcare facility closures are NOT recommended at this time.
- The need for and the processes for such decisions will continue to be reviewed in light of the emerging epidemiology of influenza (including the H1N1 strain), this season.
- Operators are to consult with Public Health if they are thinking about closing their facility due to H1N1 activity.
- If a childcare facility is contemplating a closure, a number of factors should be considered in this decision, such as:
 - Frequency and severity of ILI cases among children, staff and volunteers
 - Unique characteristics of the children in care
 - Ability to continue to operate the facility in a safe and healthy manner
 - Social and economic impact of closure
- These factors are to be considered in consultation with Region of Waterloo Public Health.

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.

For more information

- Childcare facilities or members of the community who have questions or want more information can call Region of Waterloo Public Health at 519-883-2000.

Links and resources

Public Health Agency of Canada H1N1 flu virus website –
<http://www.phac-aspc.gc.ca/alert-alerte/h1n1/index-eng.php>

Ontario Ministry of Health and Long-Term Care H1N1 flu virus website –
<http://www.health.gov.on.ca/en/ccom/flu/default.aspx>

Region of Waterloo Public Health pandemic website –
<http://www.waterlooregionpandemic.ca>