



Public Health Guidance for Child Care Programs and Schools (K to grade 12) regarding the Prevention and Management of Influenza-Like-illness (ILI), Including the Pandemic (H1N1) 2009 influenza Virus

H1N1 Flu Virus

General Information

- [H1N1 Surveillance](#)
- [Frequently Asked Questions](#)
- [News Conferences and Transcripts](#)
- [News Releases](#)
- [Pregnancy and H1N1 Flu Virus](#)
- [Info for Health Professionals](#)
- [Tools and Resources](#) 
- [Other Federal Information](#)

Related Information

- [FluWatch](#)
- [Information for Travellers](#)
- [Influenza](#)
- [Pandemic Preparedness](#)
- [How to Wash Your Hands](#)

May 3, 2009 - 16:00 EST

Updated: August 19, 2009

This guidance document is being provided for public health officials by the Public Health Agency of Canada in response to the pandemic (H1N1) 2009 influenza virus outbreak. This guidance is based on currently available scientific evidence about this emerging disease and is subject to review and change as new information becomes available. This document updates the May 3 Interim Recommendations Regarding Schools and Daycare Centres guidance. It should be noted that this guidance has been developed based on the Canadian situation and thus may differ somewhat from other guidance documents developed by other countries.

The following guidance document should be read in conjunction with relevant provincial and territorial guidance documents. The Public Health Agency of Canada will be posting regular updates and related documents at <http://www.phac-aspc.gc.ca/index-eng.php>.

This guidance document provides information regarding:

Child care programs: For the purpose of this guidance document, child care settings will refer to both licensed and unlicensed child care programs providing family home or centre-based child care in group settings. These settings provide care and education to children from infants and toddlers to preschool age as well as providing before and

after school care for school age children. Some child care programs are located in schools.

Schools: For the purpose of this guidance document, schools will refer to both public and private institutions providing Kindergarten to Grade 12 education programs (K to 12) to children and adolescents in group settings. Other school activities include sports, music and field trips into the community or to other schools and some schools provide meal programs for the children (breakfast & lunch). The school population may include children who require assistance with hygiene. Schools may also include populations such as international students that require special communication materials.

Introduction

The pandemic (H1N1) 2009 influenza virus has rapidly spread across the world. While influenza activity would normally be expected to wane during the summer months, the pandemic (H1N1) 2009 influenza virus has not and surveillance data suggest that community spread has continued.

To date, infection with the pandemic (H1N1) 2009 influenza virus has resulted in influenza-like-illness (ILI) similar to seasonal influenza.

ILI is defined as *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. Gastrointestinal symptoms may also be present and fever may not be prominent.*

This pandemic (H1N1) 2009 influenza virus is thought to be spread from person to person in the same way as seasonal influenza where transmission occurs predominantly through coughing or sneezing. Indirect transmission can also occur through self-inoculation after contact with surfaces and objects contaminated with the virus from infected persons.

Like seasonal influenza, the pandemic (H1N1) 2009 influenza infection in humans can vary in severity from mild to severe, with the most severe disease occurring mainly in known and emerging risk groups such as the immuno-compromised and pregnant women. Children with underlying medical conditions may also be at greater risk of severe illness or complications. Most illness from the pandemic influenza H1N1 virus (especially in children) to date has been relatively mild and self-limiting with most cases recovering quickly.

The incubation period for pandemic (H1N1) influenza virus is understood to be up to 4 days and the period of communicability up to 7 days from onset of symptoms in uncomplicated cases. This may be longer (up to 10 days) in individuals with severe illness and children in whom symptoms and virus shedding may persist. Consistent with seasonal flu, transmission of the pandemic (H1N1) influenza virus is most likely during the initial days of infection when the individual is symptomatic and has a high viral load.

Although illness among school-aged children and transmission within schools has occurred in various provinces and territories in Canada, in light of the current situation of community spread of this illness, **widespread school closures are not recommended at this time.** Decisions about individual school closures lie at the discretion of appropriate local authorities and would typically be based on considerations such as local public health concerns, school community or local community concerns, the impact of school absenteeism and/or staffing shortages on school operations and potential negative consequences resulting from the school closure.

Recommendations Regarding Infection

Prevention Measures

General Information

School and child care programs are known settings for amplification of influenza transmission including the pandemic (H1N1) 2009

influenza virus and children are also important vectors of transmission of the pandemic (H1N1) 2009 influenza virus at home and in the community. However, schools and child care programs are very controlled environments and should have the ability to identify potential pandemic H1N1(2009) influenza activity and to implement measures to limit transmission of the pandemic (H1N1) 2009 influenza virus.

Schools and child care centres should develop systems to identify individuals with ILI and to implement measures to limit transmission of illness. Generic screening and monitoring criteria using ILI should be used as there will be other circulating respiratory viruses and most children will not be tested for the pandemic (H1N1) 2009 influenza virus.

At this time, the most important factors in the control of the spread of the pandemic (H1N1) 2009 influenza virus in schools and child care programs are:

**Early identification of ill students, staff and children exhibiting symptoms of ILI,
Exclusion from the setting of anyone ill with symptoms of ILI and,
Practising cough/sneeze etiquette and frequent hand cleaning.**

Communication and age appropriate education programs for parents/guardians, students, children and staff play an important role in the control of the transmission of pandemic (H1N1) 2009 influenza virus in school and child care settings. The following section contains recommendations and information that can be shared by public health officials when communicating with school or child care administrations.

Self Care

Parents/guardians, students, children and staff should be taught and encouraged to;

Practise cough and sneeze etiquette
Use the correct hand washing technique,
Practise frequent hand cleaning (i.e. after sneezing or coughing, before and after eating, after recreation/play times, after going to the washroom etc.) and,
Take care of themselves when caring for someone who is ill.



[Top of Page](#)

Monitoring

Parents/guardians, students, children and staff should be provided basic information on how to recognize symptoms of ILI.

Parents/guardians should be encouraged to monitor the health of their children daily for symptoms of ILI.

Teachers and child care program staff should observe children for any signs of ILI.

Cases of ILI should be identified when illness reports are received from parents/guardians and reports of ILI should be recorded.

Reporting

Schools and child care programs should establish mechanisms to monitor pandemic (H1N1) 2009 influenza virus activity in their setting and processes for reporting staff and student/child illness above normal expected absenteeism levels to local public health officials.

Isolation

Schools and child care programs should be prepared to promptly isolate students/children who become ill with ILI while in school or child care settings in a room/area separate from others with adequate supervision until they can go home. To help prevent transmission, good

respiratory and hand hygiene practices are recommended, as well as, to the extent possible, having the ill children stay two meters away from others. In considering the school setting where people are not typically trained in the proper use of masks and considering the potential risk of infection associated with improper mask use, the use of masks in the school/daycare setting is not recommended.

Schools and child care programs should have protocols in place to notify parents/guardians if their child becomes ill with ILI while at school/child care.

Children who become ill with ILI while at school or child care should be sent home with their parent or guardian and not travel on school buses. If there is no other option and the child must ride a school bus, it is recommended that staff ensure the child sits on a seat by themselves and is able to cover their mouth and nose with a tissue.

Students/staff/children who become ill at home with ILI should stay at home until they are symptom free and are feeling well and able to fully participate in all normal day to day school activities (e.g., intra/extramural activities and school trips).

Children and staff should be excluded from child care settings if they are exhibiting symptoms of ILI and only return once they are symptom free and able to fully participate in daily programs.

Children excluded from one child care program for ILI should not be placed into another group child care program unless they are symptom free and able to fully participate in daily programs.

In settings where a large proportion of children have underlying illness that puts them at risk for severe illness or complications from the pandemic (H1N1) 2009 influenza virus, consideration should be given to having symptomatic children remain in isolation for 7 days after symptom onset or until all symptoms have resolved, whichever is longer.

Given the potential for more severe illness or complications from influenza infection, schools and child care centres should inform parents/guardians about the need for rapid medical assessment of high risk children.

Environmental Cleaning

Influenza viruses can survive on some surfaces for several hours to days but are rapidly destroyed by cleaning. Cleaning of objects and surfaces that are frequently touched by multiple students or staff, high touch surfaces such as doorknobs, faucet handles, toys, computer keyboards, telephones, school bus hand rails, etc., will help to prevent the transmission of the influenza virus from person to person through contaminated hands.

It is recommended that high touch surfaces in schools and child care centres be cleaned at least twice daily. No special disinfectants or waste handling practices are required for influenza; regular household or commercially available cleaning products are sufficient for this purpose, and waste handling would be according to usual standards.

Schools are advised to increase the frequency of cleaning during school hours as well as monitoring hand cleaning supplies. All sinks in washrooms, kitchens and classrooms should be well stocked with hand washing supplies at all times. (i.e., soap and paper towels). Consider the supervised use of alcohol-based hand rubs (with 60-90% alcohol) in classrooms without hand washing sinks.

Hand Hygiene and Respiratory Etiquette

Hand hygiene and covering coughs and sneezes are important means of preventing the transmission of pandemic H1N1 influenza virus.

Information on hand hygiene and cough etiquette can be found at:

<http://www.fightflu.ca/prot-eng.html>

Consideration should be given to providing increased numbers of hand wash stations (or alcohol based hand rub stations) as well as tissues and waste receptacles throughout schools and child care centres. It is recommended that additional tissue supplies and waste receptacles be kept in supervised areas (i.e., classrooms). If alcohol based hand rubs are provided to supplement hand washing facilities, locked dispensers that are permanently attached to a wall are recommended and should be located in supervised areas. It should be noted that hand washing with plain soap and water is the preferred method of hand hygiene in schools and child care centres as the mechanical action is effective at removing visible soil as well as microbes. In instances where hand washing sinks are not available, supervised use of alcohol based hand rubs may be considered. If hands are visibly soiled, alcohol based hand rubs may not be effective at eliminating the influenza virus.

 [Top of Page](#)

Outbreak Recommendations

Schools and child care centres should develop programs for monitoring of student/child and staff illness and develop a strategy to recognize an outbreak of pandemic (H1N1) 2009 influenza and/or other triggers that warrant consultation with local public health officials. Prompt action will help to ensure appropriate measures can be implemented to mitigate the impact and spread of the illness to both students/children and staff.

It is recommended that notification and consultation with public health officials occur in outbreaks or unusual situations. Examples of such situations would be when absenteeism of students/staff is greater than what would normally be expected on any day or when unusual or more severe illness is observed.

School Closure

The decision to close schools or child care centres, either proactively (in anticipation of disease or outbreaks), or more typically reactively (in response to disease or outbreaks), lies at the discretion of appropriate local authorities and would typically be based on considerations such as local public health concerns, school community or local community concerns, the impact of school absenteeism and/or staffing shortages on school operations and potential negative consequences resulting from the school closure.

Proactive closures-The Public Health Agency of Canada **does not recommend** widespread proactive school closures at this time during the pandemic. While some modelling studies have shown the potential for reduced transmission or blunting of peak epidemic waves from widespread and sustained proactive school closures, this potential benefit must be weighed against high economic and social costs, ethical issues including undue burden on specific populations and the possible disruption of key services such as healthcare. Currently, the virus is known to be easily spread from human to human and has been detected throughout Canada. An increasing number of community level outbreaks are occurring with the virus primarily causing mild illness in Canada. It is not felt that widespread proactive school closures at this point in the pandemic in Canada would be of sufficient benefit to warrant the many costs this measure would entail. If the epidemiology of the disease changes and the virus were to become highly virulent, these recommendations will be reconsidered along with other social distancing strategies.

This guidance document has proposed measures to mitigate the spread of the pandemic (H1N1) 2009 influenza virus in schools and child care settings. Widespread proactive school closures as a control measure have the potential of coming at high economic and social costs since this would impact the many families that have one or both parents working outside of the home. Increases in workplace absenteeism could possibly lead to societal disruption and may lead

to a less optimal pandemic response if significant absenteeism occurs among workers critical to the response. Consideration also needs to be given to the likeliness of students to congregate elsewhere in less controlled environments thus reducing the intended benefits of school closures.

Should **reactive closure(s)** be considered at the local level, it is anticipated that public health officials and school/child care administrations may take into account considerations such as the impact of school absenteeism and/or staff shortages on safe school or child care operations while balancing these factors against the goal of minimizing social disruption & child safety. If schools close reactively, consideration should be given to whether some programs (e.g., school meal programs) can continue in order to mitigate the effect of the closure.

It is important to note that there are many protective factors present in school and child care settings that must be considered especially during a time of disruption such as a pandemic. Such settings are excellent places to:

- educate, inform and communicate with children and their families in an efficient and timely manner,
- support the economic and social elements of the community by allowing parents to continue to work and volunteer,
- provide a structured environment able to support efficient and effective administration of vaccines to an important sub-group of the community.

Date Modified: 2009-08-19



[Top of Page](#)

[Important Notices](#)