

## **Recommendations for School Administrations (K to Grade 12) Regarding Pandemic (H1N1) 2009**

**May 8, 2009 - Updated September 18, 2009**

This recommendation document is based on the guidance from the Public Health Agency of Canada, with additional information from Alberta Health and Wellness (AHW) and Alberta Health Services (AHS) regarding considerations for school closures and other public health measures in schools in response to pandemic (H1N1) 2009 in Canada. This document is based on currently available scientific evidence and is subject to change as further information becomes available.

This document updates the May 8 guidance from AHW and AHS entitled "Guidance for School Administrations Regarding H1N1 Influenza Virus". It is intended for children and adolescents in school settings, and encompasses classroom activities, sports, music and field trips into the community or to other schools.

The goal of the Canadian Pandemic Influenza Plan is to first minimize serious illness and overall deaths, and second to minimize societal disruption among Canadians as a result of an influenza pandemic.

### **Background:**

The pandemic (H1N1) 2009 influenza virus has spread around the world since it was first recognized in April 2009. Cases of illness have continued to be reported in Alberta over the summer months, a time when influenza activity would normally be expected to be minimal. To date, infection with pandemic (H1N1) 2009 influenza virus has resulted in influenza-like illness (ILI) that is similar to seasonal influenza viruses. ILI is defined as:

*Sudden onset of respiratory symptoms with new cough and fever (not always present) with one or more of: sore throat; muscle aches; joint pain; weakness. Gastrointestinal symptoms such as vomiting or diarrhea may also be present.*

While the majority of pandemic (H1N1) 2009 cases in Canada have been mild (especially in children) with full recovery, severe illness has occurred in immune compromised and pregnant individuals.

This influenza virus is thought to spread from person to person through coughing or sneezing in the same way that seasonal influenza is transmitted. The virus can also be picked up on hands and cause infection through self-inoculation for up to 8 hours after being deposited on a surface. Once infected by the virus, symptoms can appear up to 4 days later, and an individual is infectious from one day before symptom onset and up to 7 days after symptoms appear. Some individuals may be infectious for up to 10 days or more, especially children. Infectiousness is greatest during the first few days of symptoms.

### **Recommendation Regarding Parent Notification of H1N1**

The protocol around the reporting of H1N1 cases in schools has been changed and schools will not be notified of individual cases of H1N1 in their students and staff as was initially done in spring 2009. As a result it is not recommended that School Authorities contact parents when individual or small groups of H1N1 are identified. Under a new protocol, whenever there is greater than 10% absenteeism due to illness in the school setting, public health will investigate and

recommend preventive measures to the school. Public Health will work with the School Authority to notify the school community and to outline the appropriate preventive measures.

### **Recommendation Regarding School Closures:**

Though transmission of pandemic (H1N1) 2009 influenza virus does occur among school-aged children at school, it is also occurring in other community settings. As a result, **the Public Health Agency of Canada continues to recommend against the widespread closure of schools and this recommendation will be followed in Alberta.** Individual school closures may be considered if there are significant public health concerns, school community or local community concerns, or if school absenteeism is such that school operations are negatively impacted. Such decisions would be made jointly between public health and the school administration.

### **Other Recommendations for School Settings:**

Children are known to be important contributors to the spread of influenza, including pandemic (H1N1) 2009 influenza virus, at school and in the community. In a school setting, transmission of the virus may be amplified because of the close contact amongst individuals. In most cases of ILI in children and healthy adults, testing will not be done for pandemic (H1N1)2009 influenza virus infection because people with mild symptoms generally do not require testing.

It is important for schools to implement the following measures to limit transmission of illness:

1. **Promote and model basic infection control practices** such as respiratory etiquette, and frequent hand cleaning:
  - ♦ If ill, stay home from work, school and avoid public places. Seek medical attention if symptoms progress.
  - ♦ One of the best ways to prevent influenza is to get the influenza vaccine every year. A vaccine for the pandemic H1N1 influenza virus is expected to be available by November, 2009.
  - ♦ Hands should be cleaned before preparing food, eating, touching one's face and after coughing or sneezing, using the toilet and after handling soiled material.
  - ♦ Wash your hands with soap and water, or use an alcohol-based hand rub.
    - Hand washing with soap and water must be done when hands are visibly soiled. The mechanical action of rubbing soapy hands under warm running water for a minimum of 15 seconds and then patting the hands dry with either a clean towel or paper towel is effective in removing bacteria from the skin.
    - Alcohol-based hand rub (60-90% alcohol) may be used when soap and water are not available and hands are not visibly soiled. Hands must be dry before the application of the alcohol - based hand rub. Apply enough alcohol-based hand rub to spread the product over all surfaces of the hands, concentrating on finger tips, backs of hands and the base of the thumb. Continue to rub the hands until all the product is dry, which should take a minimum of 15-20 seconds.
  - ♦ Cough or sneeze into your sleeve rather than your hand.
  - ♦ Do not touch your eyes, nose, or mouth after shaking hands or touching hard surfaces like counters and door handles or other surfaces that may contain influenza and other viruses.
2. **Identify and isolate ill students, staff** or others quickly.
  - ♦ Parents/guardians, staff, volunteers, and students should be provided with basic information on the recognition of ILI. Parents/guardians, teachers and other staff should monitor the health of their children/students daily or more often for ILI.

- ♦ School staff should be prepared to **quickly isolate students/staff who become ill with ILI at school** in a room separated from others with adequate supervision until they can go home. Avoid transmission by practicing excellent hand and respiratory etiquette, and maintaining 2 metres distance from the ill individual as much as possible. Masks are not recommended by the Public Health Agency of Canada because individuals lack the necessary training in their safe use.
- ♦ **Students ill with ILI should be sent home with a parent or guardian**, not on the school bus. If a bus must be taken, the student should be separated from others and should cover their cough with a tissue or cough/sneeze into their sleeve.
- ♦ **Individuals ill with ILI should stay at home until they are free of symptoms and feeling well**, and are able to fully participate in all normal school activities.
- ♦ In school settings where a large proportion of children have underlying medical conditions that put them at high risk for severe illness or complications from pandemic (H1N1) 2009 influenza virus, symptomatic children should stay isolated at home for 7 days after onset of symptoms or until all symptoms have resolved, whichever is longer.
- ♦ Schools with **special needs** students who have a tracheostomy, use nebulizers or metered dose inhalers, the same recommendations apply when they become ill with ILI. Isolate the ill student in a separate area and make arrangements for the parent or guardian to take the student home. As these students may be more at risk for complications, they may be advised to seek medical attention depending on the severity of their illness and their pre-existing conditions.
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3. Carry out **frequent environmental cleaning**.

- ♦ **Clean high touch surfaces** (e.g., doorknobs, hand rails, faucet handles, computer keyboards, telephones) **at least twice daily** to prevent transmission of the virus from person to person through contaminated hands.
- ♦ Use regular commercial cleaning products according to product instructions.
- ♦ Provide adequate numbers of garbage receptacles in classrooms and hallways, and empty garbage at least daily.

4. **Monitor for and report outbreaks** of respiratory illness.

- ♦ Continue to report school absences of more than 10% to public health using regular communication channels.
- ♦ Public Health will investigate the causative agent, and will advise on control measures as required.

**Public Health Response:**

As pandemic (H1N1) 2009 influenza virus continues to circulate in our community, individuals with mild ILI are not being tested for the disease as per recommendations from AHW and AHS. Accordingly, Public Health follow-up of cases of pandemic (H1N1) 2009 is now limited to hospitalized cases only. Therefore, **schools will not be notified of individual cases** of pandemic (H1N1) 2009 influenza illness in their students or staff as was initially done in spring 2009. It is expected that all students and staff with influenza-like illness will stay home until they are feeling well enough to return to school and participate in normal activities. There is no requirement for close contacts of cases of pandemic (H1N1) 2009 influenza virus to stay home from school or work if they remain free of symptoms.

## Triggers for School Closure

Currently closure of schools proactively is not recommended on a wide scale basis. Any potential benefit in reduced transmission of illness in the community would be outweighed by negative consequences of such a measure related to high social and economic cost, and possible societal disruption. Reactive closure may be considered in some circumstances:

1. In the event of an ILI outbreak with confirmation of pandemic (H1N1) 2009 influenza virus in a class or school occurring over a period of days to weeks (indicating ongoing transmission), Public Health may recommend temporary closure of a school to break the chain of transmission in that setting. This would only be considered if the benefits outweighed the negative consequences. This measure would be undertaken by local public health officials in consultation with the Chief Medical Officer of Health for Alberta and the affected school.
2. Local school officials may decide to temporarily close a school for reasons such as insufficient staff available to function safely. If an affected school is closed, dismissed students should be encouraged not to congregate in large numbers in other settings where transmission of pandemic (H1N1) 2009 influenza virus could continue unchecked.
3. If the current situation of mild illness should change such that illness became more severe, new recommendations regarding school closures would be issued.

## Recommendations for Field Trips, School Events

There are currently no restrictions for school field trips (except for visits to health care facilities); however, it is recommended that:

- ♦ Ill students remain at home;
- ♦ There is no sharing of drinks or food;
- ♦ Appropriate hand sanitizer or hand washing facilities are available;
- ♦ There is a process whereby parents can pick up their child if their child falls ill with influenza like symptoms during a school field trip.

### **For field trips involving overnight stays, it is recommended that:**

Students and staff be screened for influenza-like symptoms before embarking on the trip. It is recommended that those who have ILI not attend the field trip until they are symptom free and are feeling well and able to fully participate in all camp activities. In the case of special needs students, they should not have had symptoms of influenza like illness in the previous 7 days.

**Tours and visits by school groups to health care facilities**, including long term care and other seniors' living options:

- It is recommended that no tours of hospitals and other facilities be conducted at this time for children in Grade 6 and under, including daycares.
- Student participation in the PARTY program can continue; however, it is recommended that:
  - Ill students remain at home;
  - Tours are restricted to Emergency departments and classrooms, with no access to other patient areas.
  - Appropriate hand sanitizer or hand washing facilities are available.

## References:

Public Health Agency of Canada. 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. [www.phac-aspc.gc.ca/alert-alerte/h1n1/interim-provisaires0819-eng.php](http://www.phac-aspc.gc.ca/alert-alerte/h1n1/interim-provisaires0819-eng.php).

Public Health Agency of Canada. Prevention and Management of Cases of Influenza-Like-Illness (ILI) Suspected to be due to the Pandemic (H1N1) 2009 Influenza Virus in Summer Camps ([www.phac-aspc.gc.ca/alert-alerte/h1n1/guidance-orientation-06-30-eng.php](http://www.phac-aspc.gc.ca/alert-alerte/h1n1/guidance-orientation-06-30-eng.php)).

Public Health Centres, Disease Control and Affiliates. Community Infection Prevention and Control Manual. Capital Health Edmonton Area. April 2008.