



Ministry of Health and Long-Term Care

Guidance for the Prevention and Management of Influenza-Like Illness (ILI) in Child Care Settings during the Pandemic (H1N1) 2009 - Summary

VERSION: 1

DATE: November 4, 2009

During the fall and winter 2009/10, child care settings can expect to see an increase in seasonal influenza and/or pandemic (H1N1) 2009 influenza (pH1N1). The following is a high-level summary of the Ministry of Health and Long-Term Care (MOHLTC) recommendations for the prevention and management of influenza-like illness (ILI) in child care settings; more detailed discussion follows this page.

- Ensure appropriate **infection prevention and control and occupational health and safety measures** are in place (e.g., proper hand hygiene, cough and sneeze etiquette, cleaning of commonly touched surfaces). **Section 4** of this document outlines recommended measures.
- Encourage all family members/guardians/visitors to **self-screen** for ILI before visiting (see **Appendix A**). Post signage at the entry of each child care setting reminding persons not to enter if they are having symptoms of ILI. Remind staff of the importance of reporting if they develop ILI.

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Guidance for the Prevention and Management of Influenza-Like Illness (ILI) in Child Care Settings during the Pandemic (H1N1) 2009 – Full Document

VERSION: 1

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1. Purpose

This guidance document is being provided by the MOHLTC in response to pH1N1 influenza. It is based on current, available scientific evidence and expert opinion about this emerging disease and is subject to review and change as new information becomes available.

Given that there may be seasonal influenza and pH1N1 influenza circulating in the community at the same time, this guidance document should assist child care staff in preventing and managing ILI in child care settings.

2. Background

In the fall and winter of 2009/2010, it is anticipated that pH1N1 will become the predominant circulating influenza strain¹. Seasonal influenza is expected to circulate to a lesser degree, potentially later in the winter. During the 2009 influenza season in parts of the southern hemisphere, pH1N1 accounted for about 80% of influenza cases and seasonal influenza for only 20%.

Currently, evidence indicates that:

- pH1N1 is currently similar to seasonal influenza in overall clinical features, morbidity and mortality;

- pH1N1 has an incubation period of up to 4 days. People with pH1N1 are infectious for 24 hours before and up to 7 days after onset of symptoms, and possibly up to 10 days for children and people who are very ill. In each case this is longer than is the case with seasonal influenza;
- Most people who contract pH1N1 will have a typical course of influenza: they will be sick for a few days with cough and fever, and then recover;
- Most people born before 1957 are less susceptible to the pH1N1 influenza virus, and
- Although pH1N1 is a relatively mild strain, influenza can still be a serious illness, especially for people with conditions that increase their risk of complications. Ontario recommends vigilance, active prevention, and early treatment where clinically indicated.

Symptoms of both seasonal influenza and pH1N1 include:

- Acute onset of respiratory illness with fever and cough PLUS one or more of the following:
 - sore throat
 - joint pain
 - muscle pain
 - extreme tiredness

Fever may NOT be present in young children. As well, diarrhea and vomiting have been reported in children with the pH1N1 influenza.

¹ For information on influenza activity in Ontario visit the MOHLTC Ontario Influenza Bulletin website at: http://www.health.gov.on.ca/english/providers/program/pubhealth/flu/flu_09/flubul_mn.html.

3. Risk of Infection and Complications

The following groups are at higher risk of complications from pH1N1 influenza:

- (i) People with conditions that put them at high risk of complications from influenza, including:
 - cardiac disease
 - chronic pulmonary diseases (especially asthma)
 - diabetes mellitus and other metabolic diseases
 - cancer
 - immunodeficiency (e.g., HIV)
 - immunosuppression (e.g., transplant patients)
 - renal disease
 - anemia or hemoglobinopathy
 - morbid obesity (BMI>40)
 - conditions that compromise the management of respiratory secretions and are associated with an increased risk of aspiration (e.g., neurologic, neuromuscular, cognitive disorders)
- (ii) People over age 65 (although people over 65 years of age have the lowest risk of contracting pH1N1, they are still at highest risk of complications when they are infected)
- (iii) Children under age 5 (the risk is greater for children under 2 years old)
- (iv) Children under 18 years of age on long-term acetylsalicylic acid therapy
- (v) Pregnant women and women up to 6 weeks post-partum (the risk of developing complications from pH1N1 is higher later in pregnancy, 2nd and 3rd trimester and up to 6 weeks post-partum)
- (vi) Persons living in rural areas remote from hospital care (e.g., remote First Nations communities)
- (vii) Residents of long-term care homes (most of whom have chronic conditions that put them at risk of complications).

4. Prevention

4.1 Public health measures

All persons should be encouraged to consistently use public health measures to reduce/prevent influenza-like transmission, including pH1N1, such as:

- Proper hand hygiene
- cough and sneeze etiquette
- Social distancing (e.g., keep 2 metres or 6 feet away from people who are coughing or sneezing)
- Stay home from work when experiencing influenza symptoms or when diagnosed with influenza or ILI

4.2 Immunization

Because this is a different flu season, this year's immunization campaign is also different. Ontario is implementing a three step approach to influenza immunizations this year based on what we know about the science of the virus, the groups that are most susceptible to serious illness from seasonal influenza and pH1N1, and the health system's capacity to administer immunizations.

- In October, seasonal influenza vaccine will be offered to people 65 years and older and all residents of long-term care homes.
- pH1N1 vaccine will be offered to all Ontarians who want and need it. pH1N1 immunizations will occur in accordance with the sequencing guidelines identified nationally². Healthy children from six months to five years old are among the group to benefit most from the vaccine, along with household contacts (e.g., parents/ guardians).
- Following the pH1N1 immunization, seasonal influenza immunizations may be offered broadly to all Ontarians if there is seasonal influenza virus circulating.

² To see the national sequencing guidelines, visit Public Health Agency of Canada website at: <http://www.phac-aspc.gc.ca/alert-alerte/h1n1/vacc/vacc-eng.php>.

For additional details on influenza immunization activities in your area, contact the local public health unit.

5. Infection Prevention and Control/Occupational Health and Safety

Influenza is predominantly a droplet-borne disease; however, transmission via small airborne sized particles cannot be ruled out. Influenza virus can also survive on surfaces so both droplet and contact precautions are recommended to prevent transmission.

The nature of child care settings raises the probability of ILI transmission. Children in these settings are often young (< 5years) and may not be aware of or physically able to practice routine infection prevention and control measures. Therefore, it is often the responsibility of their child care provider to ensure that appropriate measures are taken to reduce transmission within these settings.

5.1 Screening: Early identification of ill children and child care providers

Early recognition and separation of child care attendees, staff and volunteers with ILI can reduce the risk of transmission to others.

Child care providers should self-screen for symptoms of ILI (see **Section 2 for definition for ILI**) prior to each shift using the MOHLTC Self-Assessment Tool (available online at www.ontario.ca/flu; click on the link to the “Flu Self-Assessment Tool” on the left-hand menu, or see **Appendix A**). Child care providers who have symptoms of ILI should not report to work and should notify their employer of their illness.

Staff, parents/guardians, and volunteers should be aware of the symptoms of influenza and the importance of reporting if their child develops ILI symptoms to the child care provider.

Children should be actively screened on entry to the child care setting for signs of ILI (as defined in **section 2**). Child care settings should have protocols in place to notify parents/ guardians/ designated alternates if their child becomes ill with ILI while at the child care setting.

Post signage (passive screening) at the entry to each child care setting reminding persons to refrain from entering the day care if they have symptoms of ILI such as fever, cough, shortness of breath, muscle aches, or sore throat. *NOTE: It is not unusual for individuals to experience a cough for days to weeks after a respiratory infection. The presence of a cough in the absence of other symptoms is not sufficient to keep someone away from work or child care setting.*

Signage should also provide clear instructions on how and when to perform hand hygiene and cough/sneeze etiquette.

5.2 Exclusion of all persons with symptoms of ILI

Child care providers who have ILI symptoms should not attend work. Child care providers who become ill during the course of their shift should make arrangements to leave the setting. If the ill provider is unable to leave the setting, they should wear a surgical mask and perform hand hygiene.

Parents/caregivers should be asked not to bring ill children to child care settings. Children who become ill during the course of their stay in the setting should be separated from the other children by at least 2 metres and their parents/guardians/designated alternate notified to arrange for the child to go home. *Note: If the child experiences a suddenness of the exacerbation of shortness of breath or weakness and discolouration of the lips, call 911.*

Ill persons can return when they no longer have a fever and are feeling well enough for 24 hours to resume normal activities.

5.3 Consistent use of hand hygiene and cough/sneeze etiquette

Hand hygiene

Hand hygiene is the single most important measure for preventing the spread of infections.

- Staff, parents/guardians, and volunteers should be encouraged to wash their hands often and thoroughly with soap and warm running water for at least 15 seconds or if hand washing facilities are not available, use a 60 – 90% alcohol-based hand rub, (children using alcohol-based hand rub should do so under adult supervision)
- Hand hygiene should be carried out on entry to the setting, before and after eating, after recreation/activity times, after toileting, and after sneezing or coughing. *NOTE: Children who are old enough to clean their own hands should do this with supervision. Younger children and infants will require child care providers to clean their hands (see hand washing poster at: www.health.gov.on.ca/en/public/programs/emu/pan_flu/employ/handwash_tech.pdf).*
- If hands are visibly soiled and soap and water are not available, a moist towelette (e.g., baby wipe) should be used to remove visible dirt followed by cleaning with alcohol-based hand rub.
- 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.
- Sinks used for handwashing should be dedicated to that purpose and not used for other activities (i.e., food preparation, toy cleaning, etc.).
- When a dedicated handwashing sink with running water is not available, alcohol-based hand rub should be used under supervision of the provider. Local fire departments should be consulted in determining safe placement and storage of alcohol-based hand rub.

Cough/sneeze etiquette

Child care providers, parents/guardians and children within the child care setting should be educated about cough/sneeze etiquette and should be encouraged to practice this behaviour at ALL times.

Child care providers should be vigilant for ILI symptoms and take measures to minimize transfer of respiratory secretions (e.g., child with runny nose rubbing nose on toys, clothing). Child care settings should ensure that there are adequate supplies of tissues located throughout the setting to assist child care providers in containing secretions.

Everyone 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, and
- Perform hand hygiene after disposing of tissues.

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 and staff should be encouraged to avoid touching their eyes, mouth, and nose.

5.4 Frequent cleaning of environmental surfaces and objects

The influenza virus can remain on surfaces for 48 hours if not cleaned. In day care settings the combination of young children, shared surfaces and toys may contribute to the spread of infections.

Routine procedures for cleaning and disinfecting common surfaces (e.g., tables, counters, changing areas, cots) should be in place:

- Clean and sanitize all surfaces daily and when soiled.
- Clean and sanitize toys daily.

These practices need to be stringently enforced during influenza season. The influenza virus is easily killed by regular cleaning with commercially available cleaning products and does not require special cleaning agents or disinfectants.

5.5 Consultation with Public Health

Day care providers 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. Contact information for local public health units is available at:

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

Stay Connected, Keep Informed...

For information about seasonal flu, pH1N1 and pandemic preparedness:

- Visit the MOHLTC's pH1N1 website at ontario.ca/flu
- Call ServiceOntario, Infoline at 1-800-476-9708, TTY 1-800-387-5559 (in Toronto, TTY 416-327-4282)

Appendix A: Self Assessment Tools

Chart A
Influenza Self-Assessment Chart CHILDREN UNDER 5 YEARS OF AGE

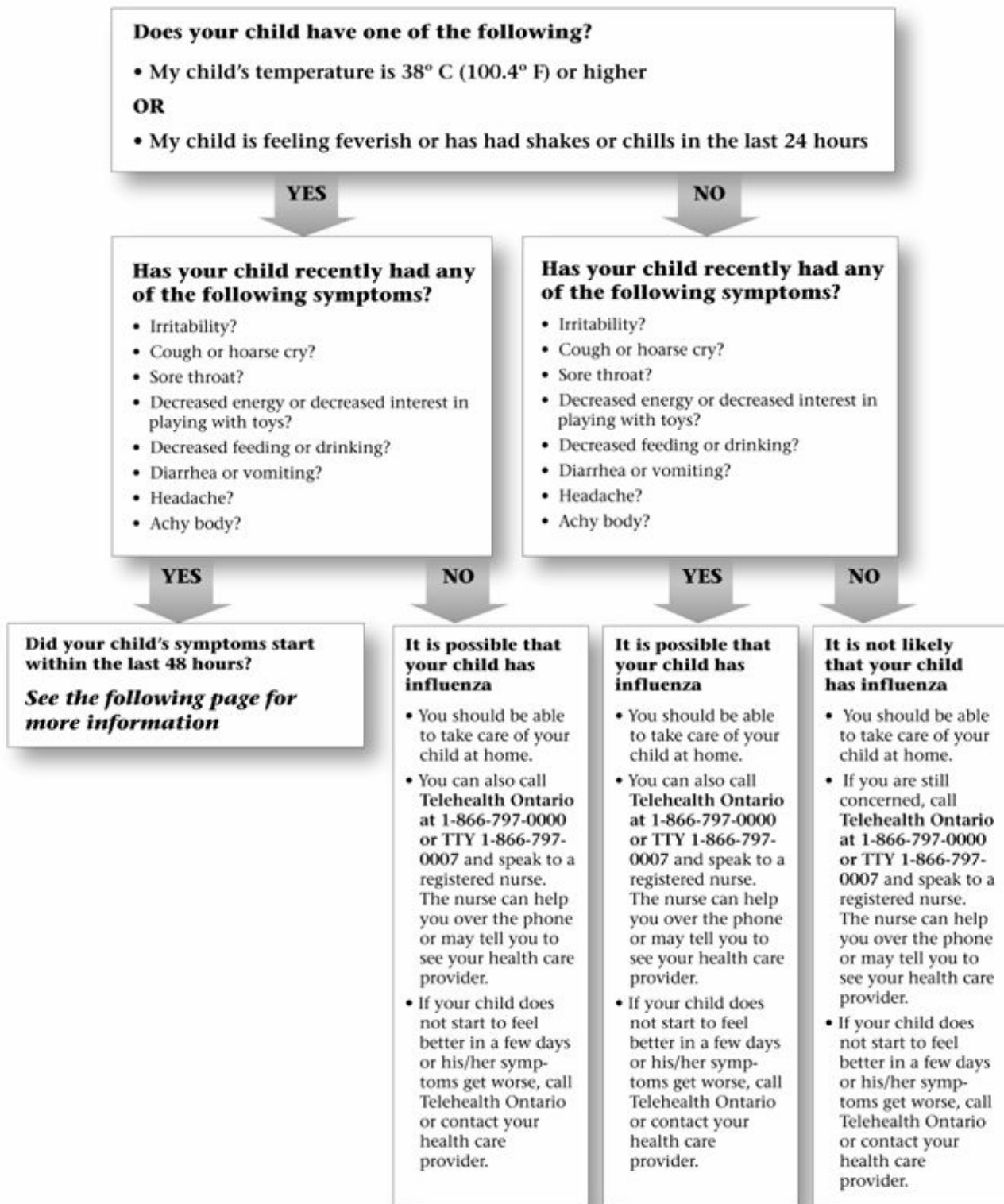


Chart A
Influenza Self-Assessment Chart CHILDREN UNDER 5 YEARS OF AGE

(Continued)



Call 911 right away or take your child to the nearest hospital emergency department if your child has new onset or worsening of the following symptoms:

- Difficulty breathing / shortness of breath when doing very little or resting
- Blue lips, cold feet, hands and/or toes; sudden paleness
- Extreme lack of energy; limp or unconscious
- Continuous vomiting or severe diarrhea with signs of dehydration such as dry tongue, dry mouth, decreased peeing (no urine for the past 6-8 hours), or very yellow/orange urine
- Stiff neck, sensitive to light
- Seizures or convulsions
- Confusion or disorientation

Chart B
Influenza Self-Assessment Chart for Individuals 5 Years of Age and Older who ARE at High Risk for Complications from Influenza

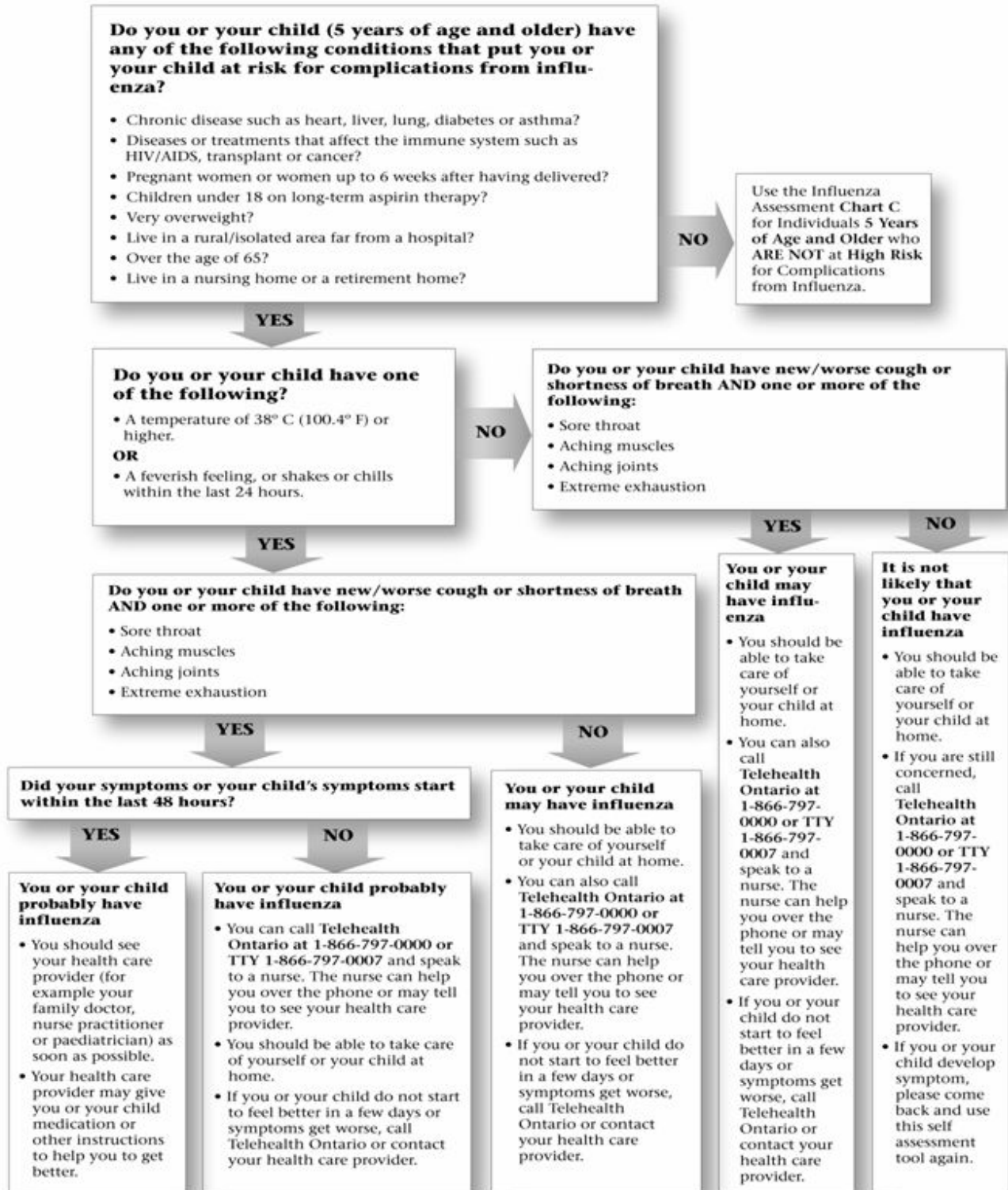


Chart B

Influenza Self-Assessment Chart for Individuals **5 Years of Age and Older** who **ARE** at **High Risk** for Complications from Influenza

(Continued)

Go to the nearest hospital emergency department or call 911 right away if you or your child has any of the following symptoms:

- Difficulty breathing / shortness of breath when doing very little or resting
- Continuous vomiting or severe diarrhea with signs of dehydration such as dry tongue, dry mouth, decreased peeing (no urine for the past 6-8 hours), or very yellow/orange urine
- Stiff neck, sensitive to light
- Seizures or convulsions
- Confusion or disorientation

Chart C

Influenza Self-Assessment Chart for Individuals **5 Years of Age and Older** who **ARE NOT** at **High Risk** for Complications from Influenza

Do you or your child (5 years of age and older) have any of the following health conditions? These conditions could put either of you at risk for problems if you got the flu.

- Chronic disease such as heart, liver, lung, diabetes or asthma?
- Diseases or treatments that affect the immune system such as HIV/AIDS, transplant or cancer?
- Pregnant women or women up to 6 weeks after having delivered?
- Children under 18 on long-term aspirin therapy?
- Very overweight?
- Live in a rural/ isolated area far from a hospital?
- Over the age of 65?
- Live in a nursing home or a retirement home?

YES

Use the Influenza Assessment Chart B for Individuals 5 Years of Age and Older who ARE at High Risk for Complications from Influenza.

NO

Do you or your child have one of the following symptoms?

- Temperature of 38° C (100.4° F) or higher? **OR**
- Feeling feverish or have you or your child had shakes or chills in the last 24 hours?

NO

Do you or your child have new/worse cough or shortness of breath AND one or more of the following:

- Sore throat
- Aching muscles
- Aching joints
- Extreme exhaustion

YES

Do you or your child have new/worse cough or shortness of breath AND one or more of the following:

- Sore throat
- Aching muscles
- Aching joints
- Extreme exhaustion

YES

You or your child may have influenza

- You should be able to take care of yourself or your child at home.
- You can also call **Telehealth Ontario** at 1-866-797-0000 or TTY 1-866-797-0007 and speak to a nurse. The nurse can help you over the phone or may tell you to see your health care provider.
- If you or your child do not start to feel better in a few days or symptoms get worse, call Telehealth Ontario or contact your health care provider.

NO

It is not likely that you or your child have influenza

- You should be able to take care of yourself or your child at home.
- If you are still concerned, call **Telehealth Ontario** at 1-8797-0000 or TTY 1-866-797-0007 and speak to a nurse. The nurse can help you over the phone or may tell you to see your health care provider.
- If you or your child develop symptoms, come back and use this self assessment tool again.

YES

You or your child probably have influenza

- You should be able to take care of yourself or your child at home.
- You can also call **Telehealth Ontario** at 1-866-797-0000 or TTY 1-866-797-0007 and speak to a nurse. The nurse can help you over the phone or may tell you to see your health care provider.
- If you or your child do not start to feel better in a few days or symptoms get worse, call Telehealth Ontario or contact your health care provider.

NO

You or your child may have influenza

- You should be able to take care of yourself or your child at home.
- You can also call **Telehealth Ontario** at 1-866-797-0000 or TTY 1-866-797-0007 and speak to a nurse. The nurse can help you over the phone or may tell you to see your health care provider.
- If you or your child do not start to feel better in a few days or symptoms get worse, call Telehealth Ontario or contact your health care provider.

Chart C

Influenza Self-Assessment Chart for Individuals **5 Years of Age and Older** who **ARE NOT** at **High Risk** for Complications from Influenza

(Continued)

Go to the nearest hospital emergency department or call 911 right away if you or your child has any of the following symptoms:

- Difficulty breathing / shortness of breath when doing very little or resting
- Continuous vomiting or severe diarrhea with signs of dehydration such as dry tongue, dry mouth, decreased peeing (no urine for the past 6-8 hours), or very yellow/orange urine
- Stiff neck, sensitive to light
- Seizures or convulsions
- Confusion or disorientation