

**PANDEMIC RESPONSE  
PLAN  
For  
(H1N1) 2009  
Influenza Virus**



Updated: September 1, 2009

# Upper Grand District School Board

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## **Introduction**

Annual influenza epidemics occur because the influenza virus is able to change enough to cause infections within the general populations despite varying levels of immunity from previous infections. The influenza virus is also capable of major genetic changes known as “antigenic shift.” Influenza pandemic will result when the genetic shift causes the sudden and unpredictable emergence of a new influenza virus to which the population has no immunity.

Influenza pandemic is essentially an outbreak occurring over a large geographical area, often worldwide, affecting an exceptionally large proportion of the population with elevated mortality rates. Three pandemics have occurred in the last century - the Spanish (1918), the Asian (1957) and the Hong Kong (1968). Most notably, the Spanish Flu pandemic of 1918 resulted in approximately 20 million deaths worldwide. Mortality rates were reduced in both the Asian and Hong Kong pandemics due to improved health care. Experts are certain that another pandemic will occur; although, the timing and pattern is unpredictable. Therefore, contingency planning is essential for an effective response.

The following conditions make influenza pandemic more likely:

- ✓ a new influenza virus showing antigenic shift
- ✓ a susceptible population
- ✓ evidence that the virus is transmitted from person to person
- ✓ evidence of the “new virus” virulence

## **Methods**

A Steering Committee was established with representatives from the Human Resources, Health and Safety, Disability Management, and Communications Departments to develop a Draft Pandemic Response Plan specifically related to the Avian Influenza. Members were assigned to liaise with Wellington-Dufferin-Guelph Public Health and the Board’s Plant Operations Department to deal with infection control and education (communication) needs.

The Draft Avian Influenza Plan was reviewed by the Board’s Executive Committee and Leadership Team. It was also presented to the Families of Schools and Trustees. It has been subsequently amended and updated as a result of the widespread appearance of the H1N1 Influenza Virus and the need to have a pandemic plan specifically related to the H1N1 Virus.

## **Plan Overview**

The plan is described in the same manner as local Public Health plans and the World Health Organization (WHO) pandemic phases to ensure clarity in public communication.

### Inter-Pandemic Period

<i>PHASE 1</i>	<ul style="list-style-type: none"><li>• No new influenza virus subtypes have been detected in humans.</li><li>• An influenza virus subtype that has caused human infection is present in animals.</li></ul>
<i>PHASE 2</i>	<ul style="list-style-type: none"><li>• No new influenza virus subtypes have been detected in humans.</li><li>• However, a circulating animal influenza virus subtype poses a substantial risk of human disease.</li></ul>

### Pandemic Alert Period

<i>PHASE 3</i>	<ul style="list-style-type: none"><li>• Human infection(s) with a new subtype, but no human-to-human spread or at most rare instances in close contact only.</li></ul>
<i>PHASE 4</i>	<ul style="list-style-type: none"><li>• Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting the virus is not well adjusted to human hosts.</li></ul>
<i>PHASE 5</i>	<ul style="list-style-type: none"><li>• Larger cluster(s) but human-to-human spread still localized, suggesting the virus is adapting to humans, but may not yet be fully transmissible (substantial pandemic risk).</li></ul>

### Pandemic Period

<i>PHASE 6</i>	<ul style="list-style-type: none"><li>• Pandemic Phase: increased and sustained transmission to the general public.</li></ul>
<i>PHASE 7</i>	<ul style="list-style-type: none"><li>• Return to Inter-Pandemic Period.</li></ul>

### Legal Basis

The Medical Officer of Health determines the actions needed to be taken to protect the population from a communicable disease (Health Protection and Promotion Act 1990). The Medical Officer of Health has the authority to issue an order if she/he is of the opinion upon reasonable and probable grounds that a communicable disease exists or may exist or that there is

an immediate risk of an outbreak.

### **Medical Definition of Illness and Reporting Requirements**

A reportable influenza case is defined by the lab confirmed or epidemiological link to a lab confirmed case. Symptoms of influenza must have all of the following:

- fever  $> 38^{\circ}\text{c}$
- acute onset cough or sore throat, and
- malaise, myalgia (muscle discomfort) and /or fatigue

### **Testing**

Nasopharyngeal secretions will be taken by swabs of aspirates by sentinel physicians recruited by the College of Physicians of Ontario.

## UGDSB PANDEMIC PLAN

### Inter-Pandemic Period

<i>PHASE 1</i>	<ul style="list-style-type: none"> <li>• Educate Board's community on the importance on influenza and novel virus surveillance.</li> <li>• Educate Board's community on preventative measures to be taken, specifically cover coughs and sneezes, hand washing, and staying home if sick.</li> <li>• Promote annual flu immunization.</li> </ul>
<i>PHASE 2</i>	<ul style="list-style-type: none"> <li>• Review all infection control procedures, educate all plant staff on increased vigilance. *</li> <li>• Institute communication strategies to students and parents in the community.</li> </ul>

### Pandemic Alert

<i>PHASE 3</i>	<ul style="list-style-type: none"> <li>• Educate and reinforce reporting requirements by principals to Health Units (10% of staff or students-see sample).</li> <li>• Encourage vigilance in hand washing techniques.</li> <li>• Encourage use of all preventative programs.</li> <li>• Reinforce cross training of jobs to ensure essential services, specifically where they are only done by one person.</li> <li>• Reinforce education programs.</li> <li>• Enhanced training of plant staff.</li> <li>• Define essential services.</li> </ul>
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\* Infection control includes practices and procedures used to prevent disease transmission, and the knowledge and skills required to choose and maintain appropriate precautions.

The goal of enhanced control practices are to:

- ✓ ensure a consistent, high standard infection control in all settings
- ✓ ensure there are appropriate procedures in place to respond to an outbreak

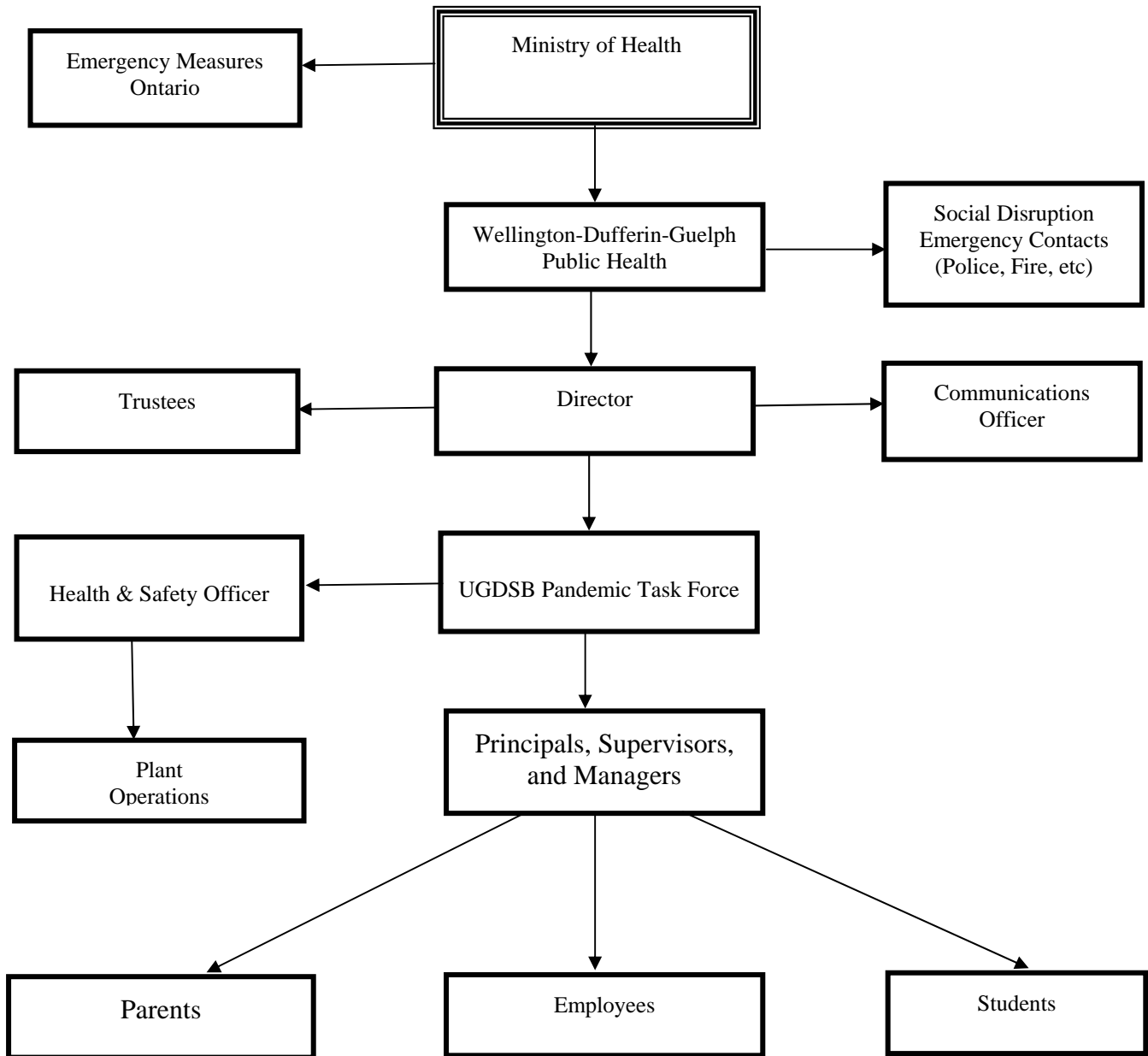
<i>PHASE 4</i>	<ul style="list-style-type: none"> <li>• Encourage parents to find alternate daycare options.</li> <li>• Obey all Ministry of Health orders, including school closure procedures.</li> <li>• Audit infection control practices.</li> <li>• Institute infection control post closure procedures.</li> <li>• Audit controls at other sites.</li> <li>• Cross training of staff in schools and Board Departments.</li> <li>• Check with suppliers about costs and storage required, including expiry dates.</li> </ul>
<i>PHASE 5</i>	<ul style="list-style-type: none"> <li>• Institute communication plan PHASE 5 across the system.</li> <li>• Define essential services and how they will be performed.</li> <li>• Continue all procedures in PHASE 4.</li> <li>• Order supplies.</li> </ul>

#### **Pandemic Period**

<i>PHASE 6</i>	<p>Depending upon the severity of the pandemic, any or all of the following may occur:</p> <ul style="list-style-type: none"> <li>• The Task Force may be convened.</li> <li>• Community, volunteer and visitor access to board facilities may be restricted.</li> <li>• IT support may be arranged to ensure the continuation of essential services, i.e. Payroll.</li> <li>• If required by the Medical Officer of Health or if there is insufficient staff to provide a safe learning environment, schools may be closed. Schools also may be commandeered to provide functions under the Ministry of Health/Municipalities such as clinics, information dissemination points, daycare centres.</li> <li>• The community would be notified of possible school closures should this situation occur.</li> <li>• Rigorous infection control procedures will be in place and staff access will be limited to essential services only.</li> </ul>
<i>PHASE 7</i>	<ul style="list-style-type: none"> <li>• Educate Board's community on the importance of influenza and novel virus surveillance.</li> <li>• Educate Board's community on preventative measures to be taken.</li> </ul>

**\*It is important to note that pandemics are susceptible to waves.**

**PANDEMIC RESPONSE DECISION-MAKING/COMMUNICATIONS FLOW CHART**



All external communications are issued by the Medical Officer of Health. All internal communications and directives will be through the Director’s office.

## ROLES AND RESPONSIBILITIES

### **Director**

- ✓ *all communication from the Medical Officer of Health will be transmitted to the Director;*
- ✓ *the Ministry of Health will handle all media requests for information;*
- ✓ *ensure all communication directives are promptly communicated;*
- ✓ *monitor the status of the school communities;*
- ✓ *convene briefing sessions as needed;*
- ✓ *convene UGDSB Pandemic Task Force as needed.*

### **Communication and Public Relations**

Below is a broad overview of the needs and responsibilities to be delegated and assumed in the event of a pandemic. These are broad areas of concern. Each of these areas of concern will be further broken down to specific tasks and delegation of responsibility in the following pages.

### **Public Relations of Board Operations**

When a pandemic occurs, the key spokesperson to the media is the regional Medical Officer of Health, not the Board. The communication with media by the school board would address school or board-specific concerns as outlined below.

Medical Officer of Health

A critical area for the Board is that of public relations activities, including press releases, press conferences, radio and television advertisements, private presentations to such groups as Regional Councils, Municipalities, letters to parents, letters to ratepayers, letters to students, meetings of Student Councils, meetings of Parent-Teacher Associations and School Councils, all initiated and provided by the Board.

Director of Education/  
Communications Officer

### **Communications**

The UGDSB Pandemic Task Force will govern public relations and internal communication with respect to schools only during the period of a pandemic. It will not, other than for public relations purposes, deal with any matters related to Board operations.

UGDSB Pandemic Task Force

### **Communications Liaison between UGDSB Pandemic Task Force and Principals/Vice-Principals**

Principals and Vice-Principals shall refer to and shall receive from the Superintendents of Education or designate all directions and communications from the UGDSB Pandemic Task Force. The UGDSB Pandemic Task Force may choose to make direct communication by voice mail or e-mail. Principals and Vice-Principals will be expected to monitor voice mail and e-mail regularly throughout the school day.

Superintendents of Education

**Communications/Electronic**

Any electronic communications related to the pandemic will be approved in advance by the UGDSB Pandemic Task Force.

UGDSB Pandemic Task Force

**Maintenance of Electronic Communications**

Specific personnel may be required to maintain e-mail and the Board's public website to maintain ongoing communication and to ensure updates are communicated in a timely manner to schools, other staff and to the media and public.

UGDSB Pandemic Task Force/  
Chief Information Officer

**Visitors to Schools**

In the event of a pandemic, caretakers may be authorized to monitor doors that may be open during school hours to ensure that unauthorized people are not present in the building. This plan is to be developed in advance, for rapid implementation only on the direction and order of the UGDSB Pandemic Task Force.

Superintendents of Education  
Principals  
Manager, Plant Operations

**Liaison Responsibilities**

Communications with the Ministry of Education, the Ministry of Labour, and other boards, would be effected only through the Director of Education and/or the Communications Officer.

Director of Education  
UGDSB Pandemic Task Force  
Communications Officer

**Community Use of Schools**

Night School and community school activities, specifically those which occur after normal school hours, would continue to be available to the community unless directed otherwise.

UGDSB Pandemic Task Force

A letter will be sent to all community school users and permit holders, to indicate that the pandemic may result in school closures.

Superintendent of Finance  
UGDSB Pandemic Task Force

Where it is necessary to close a building to the public, every effort must be made to inform permit holders as early as possible.

**Daily Reports**

Superintendents of Education will monitor the situation on a daily basis and provide daily reports to the UGDSB Pandemic Task Force and make recommendations as required.

Superintendents of Education

**Cancelling of Classes**

A directive will be provided with respect to the cancelling of classes.

UGDSB Pandemic Task Force

## ***UGDSB Pandemic Steering Committee***

### Purpose

To draft a Pandemic Response Plan.

### Role

- a) to liaise with appropriate community agencies;
- b) to develop communication strategies;
- c) to initiate Business Continuity Plans for Board departments and schools;
- d) to work with Plant Operations staff to ensure appropriate infection control;
- e) to monitor the progression of the pandemic periods and phases as well as the situation worldwide;
- f) to work cooperatively with Wellington-Dufferin-Guelph Public Health to introduce a system wide pandemic education program.

### Membership

Paul Scinocca, Manager of Capital Projects and Renewal

Jennifer Rose, Executive Officer of Human Resources

Rosemary Fyfe, Superintendent of Education

John Shanks, Chief Information Officer

Maggie McFadzen, Communications Officer

Jim Bowie, Health and Safety Officer

Cheryl Mousseau, Disability Manager

One elementary school principal

One secondary school principal

Jackie Bartok, Executive Assistant to Executive Officer of Human Resources

## ***UGDSB Pandemic Planning Committee***

### Purpose

To provide direction and guidance on operational issues in the Pre-Pandemic phases.

- Role
- a) to ensure that the Pandemic Response Plan is operational within the system;
  - b) to assist with the Business Continuity Plans and templates;
  - c) to call on any and all staff as resource, as required.

### Membership

Paul Scinocca, Manager of Capital Projects and Renewal

James Alder, Manager, Plant Operations

John Shanks, Chief Information Officer

Jennifer Rose, Executive Officer of Human Resources

Maggie McFadzen, Communications Officer

Rosemary Fyfe, Superintendent of Education

Four Principals (one from each family)

Murray Shannon, Principal, Continuing Education

Greg Seguin, General Manager, Wellington – Dufferin Student Transportation Services

Jim Bowie, Health & Safety Officer

Cheryl Mousseau, Disability Manager

Union Representatives

Jackie Bartok, Executive Assistant to Executive Officer of Human Resources

## ***UGDSB Pandemic Task Force***

### Purpose

The purpose of the Pandemic Task Force is to provide direction and guidance to the Board and staff in the event of a community pandemic during the Pandemic Period phases.

### Goals

The basic goals of the Upper Grand District School Board during a pandemic are:

- a) ensure systematic co-ordinated response that attempts to ensure the safety of students and staff;
- b) ensure clarity in all communications;
- c) to provide a forum for effective problem solving;
- d) to minimize any detrimental effect to the system;
- e) to collaborate with community agencies as necessary;
- f) to encourage an expeditious and normal return to school functions;
- g) to foster and maintain positive community relationships.

### Objectives

To ensure the Board is responsive rather than reactive, the UGDSB Pandemic Task Force will plan orderly closures, audit infection control, monitor communications, respond to requests for services by community agencies, and ensure all processes are followed prior to facilities re-opening.

### Membership

Martha Rogers, Director of Education  
Heather Boswell, Superintendent of Program  
Rosemary Fyfe, Superintendent of Education  
Erin Kelly, Superintendent of Education  
Linda Benallick, Superintendent of Education  
Brent McDonald, Superintendent of Education  
Janice Wright, Superintendent of Finance  
John Shanks, Chief Information Officer  
Paul Scinocca, Manager of Capital Projects and Renewal  
Jennifer Rose, Executive Officer of Human Resources  
Maggie McFadzen, Communications Officer

### Role

- a) to make rapid responsive decisions;
- b) to give clear direction to meet all contingencies;
- c) to assume responsibilities for and assist communications and information dissemination;
- d) to delegate spokespersons as required; and
- e) to advise and make recommendations to the Board.

## ***UGDSB Board/Public Health Education Committee***

### Purpose

The purpose of the Board/Public Health Education Committee is to ensure there is an education component in the pandemic response process.

### Role

- a) to educate staff, students, parents, and families about the “Don’t Get Sick” campaign and keep them up-to-date;
- b) to ensure that the Board-wide community is educated about the issues related to the flu pandemic.

### Membership

Jim Bowie, Health & Safety Officer

Cheryl Mousseau, Disability Manager

James Alder, Manager of Plant Operations

4 Principals (one from each family)

Jan Craig, Manager of Lifestyles & Communication, Wellington-Dufferin-Guelph Public Health

Brad De St. Aubyn, Public Health Nurse, Wellington-Dufferin-Guelph Public Health

### ***Principals, Supervisors, Managers***

- ✓ inform students, staff and parents about the symptoms and measures to be taken to reduce exposure;
- ✓ request that symptoms be reported to the principal, manager or supervisor;
- ✓ contact Public Health and their Superintendent of Education to report outbreaks in the school;
- ✓ contact the Disability Manager to report an outbreak of fever, acute onset of cough, and/or sore throat, malaise, and myalgia (muscle discomfort) and/or fatigue;
- ✓ follow all safe schools and school closure procedures;
- ✓ follow all communication directives;
- ✓ maintain contact with Superintendents;
- ✓ identify issues for UGDSB Pandemic Task Force problem-solving;
- ✓ facilitate and co-operate with community agencies in school utilization issues.

### ***Health and Safety Officer***

- ✓ provide consultative advice to the UGDSB Pandemic Task Force;
- ✓ maintain contact with Plant Operations to ensure infectious control audits are complete;
- ✓ maintain links with other school boards for enhanced problem solving;
- ✓ maintain contact with the Joint Health and Safety Committee;
- ✓ audit infection control program.

### ***Plant Operations***

- ✓ implement infection control program;
- ✓ train identified personnel on enhanced infection control procedures;
- ✓ institute and inspect any post-closure and pre-opening procedures;

- ✓ assist community agencies as necessary;
- ✓ provide enhanced security as warranted.

### ***Employees***

The control of influenza diseases is the responsibility of all employees of the Upper Grand District School Board. Maintaining proper immunizations, applying hygiene principles when exposed to viruses, bacteria, and body fluids requires knowledge, vigilance, and personal responsibility.

Principals/Managers/Supervisors have enhanced responsibilities (Education Act, Occupational Health & Safety).

When an outbreak occurs, communication is essential. Employees play a vital role in educating and disseminating accurate information. All enquires should be directed promptly to your direct principal/manager/supervisor.

### ***Essential Services (Phases 1-6)***

Principals/managers/supervisors are expected to report to work.

Designated employees in the Information Technology Department may be needed to maintain the Board's website and to assist Public Health in the event of illness of their employees.

Payroll services may be performed at a remote site if required.

Some sites may be appropriated by community agencies i.e. triage centres, information depots, crucial supply lines; therefore, adequate staffing must be maintained.

All Plant Operations personnel will be essential.

Employees may be required to supply documentation (medical certificates) for short periods of absence. This requirement may be modified or eliminated during a pandemic based on the capacity of the health care system to accommodate the provision of medical certificates.

### ***Education Programming (Phases 1-6)***

In consultation with Public Health, an education program will be designed to:

1. Augment prevention initiatives (hygiene program).
2. Ensure a consistent, sustained approach.
3. Ensure wide circulation of preventative materials.

Brochures, sample letters to parents and posters will be designed to appeal to wide ranges of audiences (sample attached).

### ***Infection Control Procedures***

The Plant Operations Department has developed enhanced measures that will occur through phases 5 and 6 as per the following document entitled "Operations (H1N1) 2009 Influenza Virus Infection Control Measures".

**OPERATIONS**

***(H1N1) 2009***

***INFLUENZA VIRUS***

**INFECTION CONTROL**

**MEASURES**

August 31, 2009

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### Appendix A

Wellington-Dufferin-Guelph Health Unit –  
Frequently Asked Questions

### Appendix B

Public Health Guidance for Child Care  
Programs and Schools (K to Grade 12)  
Public Health Agency of Canada

### Appendix C

Custodial Activities – Conditions 1 and 2

### Appendix D

Custodial Time Schedule

## **1.0 Background / Assumptions**

This document is created based on the information available as of August 2009 on the upcoming flu season which will have both seasonal influenza and H1N1 influenza viruses. The following assumptions are intrinsic to the strategy of this plan:

- 1) The virus strains of concern will generally not survive in an infectious state outside the body from the time school ends to the time school commences the next day (see *Appendix A*).
- 2) Multiple cleanings during occupied hours of objects and surfaces that are frequently touched by multiple staff or students is the preferred strategy to combat transmission of the influenza viruses (see *Appendix B*).

## **2.0 Objective**

To initiate an appropriate response to the H1N1 (2009) Influenza Virus based on the information and directions from the Wellington-Dufferin-Guelph-Health Unit by providing quality cleaning procedures focusing on infection control within the school environment. This is to be accomplished by refocusing the goals of custodial staff in order to increase the cleaning effort during school occupied times of surfaces frequently touched by multiple staff or students.

## **3.0 Strategy**

- Shift significant custodial efforts from maintaining school appearance and cleanliness of low risk surfaces (such as floors, outside glass and dusting) to high risk surfaces (such as handrails, door handles, washroom fixtures, etc.).
- This will be accomplished by reassigning custodial duties to disinfection of the high risk surfaces from normal housekeeping and cleaning of low risk surfaces. Consideration may be given to reassigning custodial staff from the afternoon to day shift.
- Priority will be given to the common surface areas and surfaces in the areas used by the youngest students such as the kindergarten classrooms who are less capable of adopting their own personal protection practices.
- Custodians are to be serviced at the first available opportunity.
- This strategy will be more effective if some of the standard practices at schools could be temporarily modified to reduce the number of surfaces to be attended to or to allow for more rapid implementation of a reduced night cleaning procedure.  
(See sections 4.0 and 6.0)

## **4.0 Requested Considerations at the School Sites**

In general, the Operations Custodial Staff will refocus their efforts on cleaning areas in the school which are most susceptible to cross-contamination by staff and students.

In order to facilitate this effort in addition to adopting practices to help protect themselves from unnecessary exposure to the influenza virus, as outlined by the Health Unit, we request that schools give consideration to changing some of the ways they operate to encourage students and staff to have less contact with surfaces used by multiple building occupants.

In addition to the main messages from the Health Unit, we ask that the following be considered:

- 1) Encourage staff and students to bring and use their own water bottles.
- 2) Doors (including classroom doors) that can be kept open should be kept open. This could include washroom doors where visibility issues are not of concern.

In the event of the significant outbreak of H1N1 in your school population, you may also choose to give consideration to additional measures such as the following:

- Eliminate or limit rotary classes. It would be better if each student was only using his/her own desk each day and the teachers moved from room to room. If rotary classes are required through, for example, a science room, and the school has extra space, then the home room in the science area could be relocated so that rooms requiring attention between periods could be reduced.
- Examine computer use in elementary schools with the objective of reducing the use of computers by multiple users. While high school students are more capable of taking personal responsibility for cleaning their keyboards, keyboards in elementary schools cannot be sufficiently cleaned between uses by custodial staff to eliminate the potential for cross-contamination.
- Eliminate or curtail after-hour activities and community use.

Prior to implementing any measure related to a significant H1N1 outbreak, a school would need to consult with their superintendent.

Please note that we will be requesting some changes to the way a school operates during the time this plan is in place. An example will be the way a classroom is left at the end of the day to facilitate cleaning. (See section 6.0)

## **5.0 Modified Housekeeping Expectations** **Changes in School Practices**

In general, the cleaning effort used to maintain housekeeping procedures such as dusting, floor cleaning, glass cleaning, etc., will be re-directed to cleaning / disinfecting surfaces of potential cross-contamination. Custodial staff will be seen during the day more frequently cleaning surfaces in the common areas of the school, such as handrails, washroom fixtures, door hardware and will attempt to clean as many surfaces used by primary students in their classrooms as possible during recess.

During the period where these measures are in effect, the following custodial activities are expected to continue:

- H<sub>2</sub>O flushing & documentation
- Emergency lighting checks & documentation
- Fire extinguisher checks & documentation
- Snow removal , salting and sanding & documentation
- Emergency response (eg. Gas smell, fire, etc....)
- Critical request from the Principal or designate will be responded to.

The following custodial activities will, in general, be performed with reduced frequency as outlined:

- Dusting to become WEEKLY event
- Chalk board and ledges to become WEEKLY event
- Total damp mopping to become spot mopping on a daily basis ONLY
- Total dry mopping to become large pickup debris on a daily basis ONLY
- Vacuuming of rugs to become WEEKLY event
- No stacking of chairs
- Minimal replacement of light bulbs to become MONTHLY
- Total glass cleaning changed to ONLY those with hand prints visible

Area carpets may be removed temporarily in some areas to facilitate cleaning of classrooms.

## **6.0 Infection Control Cleaning Practices**

In order to maximize infection control in common areas, the efforts of the custodian will concentrate on high risk surfaces. In general, for the purpose of this document, there are two conditions within a school, while it is occupied

The first condition exists when the students and teachers are in the classrooms, allowing the custodians to disinfect hallway and corridor door handles and handrails, washrooms, office areas, library and staffrooms. The second condition exists when the students are on lunch breaks and, or in the case of secondary schools, between class rotations. At these times, the custodians can enter the classrooms and disinfect the high risk areas.

While the students and teacher are in their classroom, (reference to Condition 1, Appendix C) the custodial staff are to work as a team, working their way systematically through the school, disinfecting as many high risk areas as possible. Starting in the hallways, the drinking fountains, handrails, door handles and any door window with visual hand or finger prints will be disinfected. Custodial staff will move through the hallways to the washrooms. The washroom push plates, sink fixtures, counter tops, toilet fixtures, toilet stall handles and stall separation walls will be treated as high risk areas and will be disinfected. (See Appendix C) In the staffroom area, the custodian will disinfect the washroom door handles and toilet and sink handles, eating area and horizontal surfaces.

During the recess breaks or nutritional breaks, or class rotations, the custodial staff will work through the classrooms starting in the JK/K classroom as a priority, disinfecting all desk top and horizontal surfaces, interior classroom door handles and sinks and fixtures that may be in the room. The custodial staff will attempt to clean as many rooms as they can during that period and will work methodically through the classrooms each time they become available. For details, see Condition 2 of Appendix C.

Each school is unique and we can customize the custodial staff's working schedule to maximize their effectiveness in order to achieve maximum efforts in cleaning and disinfection of high risk areas throughout the school. For details see Appendix D.

A sample custodial work schedule, (Appendix E) is included for illustrative purposes. It describes the activities to be performed during the school day. From the time the school is opened by the Head Caretaker at 7:00 a.m. up to 9:00 a.m., the mandatory activities, such as water flushing, emergency lighting and opening the rooms throughout the school will continue. Once the students arrive and enter their classrooms, the custodial staff will start disinfecting areas of high risk, as described above. Of course, a schedule particular to each school will need to be developed with the Principal.

In order to accomplish modified cleaning procedures at night, we temporarily ask that staff and students leave the classrooms at the end of the day as follows:

All classrooms to be left in a clean and orderly fashion with the chairs pushed under the desk and any personal items, such as shoes, be stored on the floor under the chair. The students' cooperation in removing garbage from the floor is requested. The desk top will be clean and accessible for our custodial staff to disinfect. Rooms that are not utilized throughout the day can be left closed.

# APPENDIX

# APPENDIX A

## Wellington-Dufferin-Guelph Health Unit Frequently Asked Questions

## **H1N1 Influenza Virus - Questions and Answers (Q & A)**

[What is the H1N1 flu virus?](#)

[Why are people concerned about this particular strain?](#)

[What are the signs & symptoms?](#)

[How is it spread?](#)

[How long can an infected person spread this virus to others?](#)

[How can I protect myself and my family from getting sick?](#)

[How long does the virus live outside the body?](#)

[Should I wear a mask?](#)

[What should I do if I get sick?](#)

[If I have a family member at home who is sick with the H1N1 flu virus, should I go to work/school?](#)

[Are there medications that can treat H1N1 flu virus flu?](#)

[Is there a vaccine for the H1N1 flu virus?](#)

[What's the difference between the seasonal flu vaccine and the pandemic flu vaccine?](#)

[I got my flu shot this year. Will it protect me against the H1N1 flu virus flu?](#)

### **What is the H1N1 flu virus?**

The H1N1 flu is caused by a new strain of influenza virus. On June 11, 2009 the World Health Organization (WHO) declared a global pandemic by raising its [pandemic alert level to 6](#). While this is the highest alert level, it does not reflect the severity of the illness caused by this virus.

### **Why are people concerned about this particular strain?**

The strain of H1N1 flu virus is a new influenza virus. Since it is new, people will have no natural immunity to protect against the virus. International experts are concerned that this strain is spreading quickly and will infect a large percentage of people around the world.

### **What are the signs & symptoms?**

The symptoms of H1N1 flu virus are similar to the symptoms of regular seasonal flu: fever, cough, shortness of breath, muscle aches, fatigue, severe headache, sore throat, and lack of appetite. Some people have reported vomiting and diarrhea. Most people with influenza will recover completely in 5-7 days. The H1N1 flu virus may cause a worsening of underlying medical conditions and has been associated with some deaths.

### **How is it spread?**

Influenza and other respiratory infections are spread from person-to-person when germs enter the nose and/or throat. Coughs and sneezes release droplets containing the influenza virus in the air where it can be breathed in by others within two meters (6 feet). Sometimes people may become infected by touching contaminated objects or surfaces with flu viruses on it and then touching their mouth, nose or eyes.

### **How long can an infected person spread this virus to others?**

Infected people may be able to infect others beginning 1 day before symptoms develop and up to 7 or more days after becoming sick. This means that although you are most infectious while you are sick, it is possible to pass the virus to others before you show symptoms. Children, especially younger children, might potentially be contagious for longer periods.

### **How can I protect myself and my family from getting sick?**

The best way to protect you and your family is:

[Clean your hands often.](#) Use an alcohol handrub or wash your hands with soap and warm water.

[Make sure your vaccinations, especially your flu shot, are up-to-date.](#)

[Stay home if you feel sick and limit contact with others.](#)

[Cover your mouth and nose when you sneeze or cough. Use a tissue or the bend of your elbow.](#)

Regularly clean and disinfect frequently touched surfaces such as doorknobs, countertops, telephones, and toys.

### **How long does the virus live outside the body?**

The H1N1 flu virus can live outside the body on hard surfaces, such as stainless steel and plastic for 24-48 hours and on soft surfaces, such as cloth, paper, and tissues for less than 8-12 hours; however, it can only infect a person for up to 2-8 hours after being deposited on hard surfaces, and for up to a few minutes after being deposited on soft surfaces.

**Should I wear a mask?**

If you are **caring for a sick person** at home and are in close contact (within 2 metres), it is recommended that you wear a surgical mask. You may be able to buy these masks at stores that sell surgical supplies, and pharmacies or hardware stores. Do not reuse disposable masks – throw them out after you take them off.

If you are **sick and exhibiting symptoms** (coughing, sneezing, etc.) and you must leave your home to get medical attention, wear a mask if you take public transit – otherwise, ask for a mask upon arrival. Patients in hospitals and clinics who have flu-like symptoms will be asked to wear masks to help stop the infection from spreading.

If you are **not sick**, the Public Health Agency of Canada does not recommend wearing masks in public. Evidence shows that people often use masks incorrectly, or contaminate themselves when putting masks on and taking them off, which could actually increase the risk of infection.

**What should I do if I get sick?**

**If you have mild flu-like symptoms and no underlying health conditions:**

Stay at home for 7 days from when your symptoms began. Staying home means avoiding normal activities, including work, school, travel, shopping, social events, and public gatherings. If you leave to get medical attention, ask for a mask upon arrival, or wear a mask if you take public transit.

Clean your hands often. Use an alcohol handrub or wash your hands with soap and warm water. Alcohol handrub should contain at least 60% alcohol for households (70% alcohol for health care settings).

Cover your mouth and nose when you sneeze or cough. Use a tissue or the bend of your elbow.

Avoid being within two metres of household members.

Use a separate bedroom and keep the door closed if possible.

Use a separate bathroom if possible and don't share your towels.

Don't share anything that touches your mouth such as utensils, drinking glasses, and toothbrushes.

Don't have visitors in the home.

Get plenty of rest and drink lots of fluids (such as water, broth, electrolyte beverages) to keep from being dehydrated.

Avoid smoking and second hand smoke.

Gargle with warm salt water, use throat lozenges, saline nose drops, and a cool mist humidifier as needed.

Check with your health care provider about medication to help lessen the symptoms of flu.

Check with your health care provider before taking flu medication if you are breastfeeding.

If your symptoms worsen or you have questions or concerns, contact your health care provider or TeleHealth Ontario (1-866-797-0000).

**If you have severe illness or you are at high risk for flu complications:**

If you are experiencing severe illness or are at high risk for flu complications, it is important that you contact your health care provider or seek medical care. They will determine whether treatment is needed.

**If your symptoms worsen or you experience any of the following warning signs seek medical attention:**

Difficulty breathing or chest pain.

Purple or blue lips.

Vomiting and difficulty keeping liquids down.

Signs of dehydration. For adults, the signs are dizziness when standing and absence of urination. For infants, the inside of the mouth is sticky or dry and there is lack of tears when crying.

Seizure.

Less responsive than normal or becomes confused.

Flu-like symptoms improve but then return with fever and worse cough

**If I have a family member at home who is sick with the H1N1 flu virus, should I go to work/school?**

Individuals who are well but who have an ill family member at home with the H1N1 flu virus can go to work

and/or school as usual. The individuals should monitor their health every day, and take everyday actions including cleaning their hands often with soap and water or an alcohol based handrub. If you become ill, you should notify your employer/school and stay home. Individuals who have an underlying medical condition or who are pregnant should call their health care provider to discuss contact with ill family members. Your health care provider may prescribe a medication to prevent illness

**Are there medications that can treat H1N1 flu virus flu?**

Yes. It appears that the H1N1 flu virus can be treated with [antiviral medications](#). There are two antiviral medications available in Canada, oseltamivir (Tamiflu) and zanamivir (Relenza) Antiviral medications are prescription drugs that fight against the flu by keeping flu viruses from reproducing in your body. If you take it shortly after becoming sick (within 48 hours), antiviral medications can make your illness milder and make you feel better faster. They may also prevent serious flu complications. It is important to note that antiviral medications do not make you immune to the virus.

The Public Health Agency of Canada (PHAC) is currently recommending that antiviral medications be used to treat H1N1 flu virus flu when the illness is moderate to severe and the patient is at great risk for serious complications.

**Is there a vaccine for the H1N1 flu virus?**

A vaccine for the H1N1 flu virus is currently in production. The Government of Canada will announce in the near future how this vaccine will be distributed. Check the Ontario Ministry of Health and Long-Term Care website for more information.

**What's the difference between the seasonal flu vaccine and the H1N1 flu vaccine?**

The seasonal flu vaccine is free and available every year in the fall. This vaccine is usually available in October and November, and can be obtained through doctor's offices and Public Health offices.

The H1N1 flu vaccine is different from the seasonal flu vaccine and is currently being produced. The Government of Canada will announce plans as to how this vaccine will be distributed.

**I got my flu shot this year. Will it protect me against the H1N1 flu virus?**

No. The influenza virus changes each year, which is why a new influenza vaccine comes out each year. This year's seasonal influenza immunization, or flu shot, does not protect against the new H1N1 flu virus.

**External Links**

- [Ministry of Health and Long-Term Care \(MOHLTC\)](#)
- [Public Health Agency of Canada \(PHAC\)](#)
- [Centers for Disease Control and Prevention \(CDC\)](#)
- [World Health Organization \(WHO\)](#)

**For more information, call:**

WDG Public Health 1-800-265-7293 ext. 4752

Telehealth Ontario 1-866-797-0000

Ministry of Health and Long-term Care public inquiry line 1-800-476-9708

Public Health Agency of Canada information line 1-800-454-8302

Was this article useful to you? Contact us at [info@wdghu.org](mailto:info@wdghu.org) and tell us how we can improve it.

# APPENDIX B

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



# 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

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 [www.phac-aspc.gc.ca](http://www.phac-aspc.gc.ca).

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

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### General Information

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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

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

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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.

#### 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

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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

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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

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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

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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.

### 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

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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

# **APPENDIX C**

## **CUSTODIAL ACTIVITIES**

### **All Students & Teachers in Classrooms – Condition #1**

Activities:

- Disinfect washroom
  - All fixtures for sink
  - All toilet handles
  - Hand dryer buttons
  - Door interior / exterior – handles / push plates
  - Replenish supplies
  - All counter tops
  - Toilet stall door & separation wall
- Disinfect hallways & corridors
  - Push handles on exit / separation and fire doors
  - Stairwell hand rails
  - Classroom exterior door handles (if door kept closed)
  - Drinking fountains (water spout, on/off handle or push button)
  - Washroom exterior door push plate
  - Hallway doors
  - Elevator button (exterior & interior)
- Disinfect office areas (horizontal surfaces only)
  - Reception desk horizontal
- Disinfect exit/entry doors and glass
- Disinfect hallway sitting areas
- Disinfect library
  - Tables
  - Front counter / sign out
  - Door handles
  - Glass (only if visible marks)
- Staff Room
  - Washroom door handle
  - Toilet/sink fixtures
  - Eating area (horizontal surfaces)

### **Recess or Nutritional Breaks – Condition #2**

Activities:

- First priority in elementary schools, is to disinfect JK / K classrooms (and work systematically through the grades.)
- Classrooms
  - Desk tops
  - Door handles (internal)
  - Light switches
  - Drinking fountains (if equipped)
  - Countertops
  - Sinks in classrooms, if equipped
  - Computer keyboards

# **APPENDIX D**

## **CUSTODIAL TIME SCHEDULE –** **TWO-NUTRITIONAL BREAKS**

### **7:00am – 8:45am**

- H<sub>2</sub>O flushing (daily)
- Snow removal (seasonal – 1hr. O/T if required)
- Open building (daily)
- Recycle to curb (weekly)
- Any work from processes 1 or 2 not completed previous day

### **8:45am – 9:00am**

- Break time period

### **9:00am – 10:15am**

- Perform Condition # 1 activities

### **10:15am – 11:15am**

- Perform Condition # 2 activities

### **11:15am – 11:45am**

- Maintain entrance hallways (safety requirement)

### **11:45am – 12:45pm**

- Lunch Break

### **12:45pm – 1:15pm**

- Perform Condition # 1
- Washrooms
- Door handles

### **1:15pm – 1:55pm**

- Perform Condition # 2

### **1:55pm – 2:35pm**

- Perform Condition # 1

### **2:30pm – 2:45pm**

- Break time period

### **2:45pm – Dismissal (any available rooms, main office / library / resource)**

- Garbage pickup
- Pickup large items on floors
- Disinfect desk tops & horizontal surfaces

### **3:15pm – 4:00pm**

- All garbage pickups
- All pencil sharpeners emptied & disinfected
- Perform Condition # 1
- Perform Condition # 2

## Sample Letter



Wellington Catholic  
District School Board  
*We Have Faith in Education*



**September 1, 2009**

Dear Parents and Caregivers:

This fall will be a different flu season. Both seasonal flu and H1N1 flu will be in the community. To help stop the spread of disease in our schools, we will work closely with Public Health. Here is what we have put in place.

### **When Your Child is Sick**

It's important to watch your child for flu symptoms. Symptoms include fever and cough, and one or more of the following: sore throat, muscle ache, joint pain, and weakness. Children under five years may vomit and have diarrhea. According to the Medical Officer of Health, children who have flu symptoms **must stay home for seven days after their symptoms begin.**

At all times, you need to let your school know if you are keeping your child home because of flu symptoms. This lets the school and Public Health keep track of how flu is spreading.

### **Emergency Contact and Backup Plan**

You need to:

- Review and update your school's emergency contact information. This is important if your child gets sick and needs to go home.
- Confirm your backup plan if you are not able to pick up your sick child. We need two emergency telephone numbers.

### **Preventing Illness**

The best way to stay healthy is to clean your hands often. With this in mind, our schools will:

- Ensure that all elementary school children will have breaks to wash their hands with soap and water. These breaks will be before snacks and lunch, and as needed.
- Set up more handwashing stations. Signs will be posted as reminders.
- Make sure alcohol handrub is in all supervised areas.

### **School Closures**

We will aim to keep schools open unless we are directed to close by the Medical Officer of Health.

**School Cleaning**

School board custodial staff will clean and disinfect frequently touched surfaces more often. They are trained on how to control the spread of germs in schools.

**Vaccinations**

It is important that you keep your family's vaccinations up to date. Talk to your doctor or call Public Health at 1-800-265-7293 ext. 4161 to find out about free shots for seasonal flu and H1N1.

**H1N1 Information**

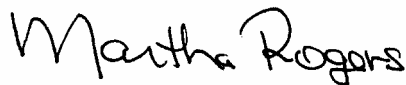
Visit Public Health's website at [www.wdghu.org](http://www.wdghu.org) or call the Flu Hotline at 1-800-265-7293 ext. 4161.

We are in regular contact with WDG Public Health and will keep you updated on new information.



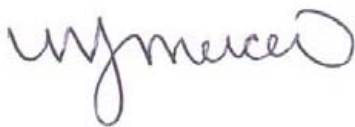
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Don Drone  
Director of Education  
Wellington Catholic District School  
Board



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Martha Rogers  
Director of Education  
Upper Grand District School Board



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Dr. Nicola Mercer  
Medical Officer of Health (A) and CEO  
Wellington-Dufferin-Guelph Public Health

## **INFLUENZA AND THE FLU VACCINE**

### **WHAT IS INFLUENZA?**

Influenza (the flu) is a serious illness. It is caused by influenza A and B viruses and occurs in Canada every year. Influenza causes fever, cough, headache, muscle soreness, sore throat, and stuffy nose. Influenza can lead to pneumonia. It can also make other illnesses worse, especially chronic illness that affect the lungs and heart.

Influenza spreads very easily from infected person to others through coughing and sneezing. It is also spread by direct contact with contaminated surfaces or objects like unwashed hands, clothes, toys, eating utensils, etc. after they have been contaminated by the flu virus.

### **WHAT IS FLU VACCINE?**

Influenza vaccine provides adults and children with active immunity against the influenza virus. It is not produced from human blood or blood products.

The vaccine cannot give you the flu because it does not contain live virus.

### **HOW WELL DOES INFLUENZA VACCINE PROTECT AGAINST THE FLU?**

- It protects about 70 percent of people who get a flu shot. You can still get the flu, but you will be less sick than if you were not vaccinated. In elderly people, this vaccine can prevent pneumonia in about 6 out of 10 people and can prevent death in more than 8 out of 10 people.
- Less than 1 out of 3 people have some pain at the spot where the needle is given. This lasts up to 2 days. Some people get muscle aches and fever and feel tired for a day, or two after the needle.

### **DO NOT GET THE FLU VACCINE IF YOU HAVE ANY OF THE FOLLOWING:**

- Severe allergy to eggs.
- Allergy to thimerosal (a preservative added to the influenza vaccine (0.01%) to keep the vaccine from spoiling).
- An active neurological disorder or a history of Guillain-Barre Syndrome.

**NOTE:** Pregnancy and breast-feeding is not considered a contraindication to vaccination.

Call your doctor if any of these symptoms happen within three days after the needle:

- hives
- swelling of the mouth or throat
- trouble breathing, hoarseness or wheezing
- paleness, weakness, a fast heart beat or dizziness
- red eyes, respiratory symptoms (ORS), facial swelling or a combination of these within 24 hours of receiving the vaccine and lasting 48 hours
- any other unusual condition or serious reaction to the vaccine

## **PREVENTING INFLUENZA**

### **WHAT CAUSES INFLUENZA?**

Influenza (the flu) is caused by a virus.

### **WHO IS AT RISK OF GETTING INFLUENZA?**

Anyone can get influenza.

### **WHAT ARE THE SYMPTOMS?**

Influenza usually causes at least 2-3 of the following:

- fever
- aches and pains
- fatigue
- headache
- cough
- sore throat
- stuffy or runny nose

### **HOW IS IT SPREAD?**

Influenza is spread in the following ways:

- through the air by coughing and sneezing
- on hands, cups, cutlery, tissues or other objects that have been in contact with the mouth or nose

### **HOW CAN I AVOID CATCHING INFLUENZA?**

- try and avoid contact with infected family and friends
- do not share eating or drinking utensils
- practice basic personal hygiene such as regular hand washing

**NOTE:** Adults are infectious (can spread influenza) for 5 days after symptoms appear. Children are infectious up to 7 days. Influenza virus can live on surfaces 24-72 hours.

### **DO ANTIBIOTICS HELP?**

Antibiotics do not work against viruses, so they do not work against influenza. Some people with influenza may need antibiotics for secondary infections caused by bacteria.

## **RELENAZA ® AND TAMIFLU (protection against influenza)**

### **WHAT ARE ZANAMIVIR AND OSELTAMIVIR?**

Zanamivir (Relenza®) and oseltamivir (Tamiflu®) are two new anti-viral drugs that are effective against both influenza A and B. Zanamivir is available as a powder that is inhaled. This may be difficult for older people. Oseltamivir is a pill. Both antiviral agents inhibit a necessary viral enzyme, which is required by the influenza virus to multiply, spread from cell to cell and eventually to other people. Both drugs may be used to:

- prevent influenza (prophylaxis) 70%-80% effective

- treat influenza to decrease the severity of symptoms

Zanamivir and oseltamivir should be given within 36-48 hours of onset of illness.

## **SIDE EFFECTS**

### **Zanamivir:**

People with asthma or chronic obstructive lung disease may experience irritation of the breathing passages and are not generally prescribed this medication.

### **Oseltamivir**

- mild gastrointestinal symptoms
- take with food
- 1-3% of nursing home residents report headaches
- people who have difficulty swallowing, mix with 10cc of warm water

## **PRECAUTIONS:**

If pregnant or breast-feeding, discuss with your physician.

**Motherrisk #1-800-267-1373**

**Tamiflu** is **not** indicated for either treatment or prophylaxis of influenza in children less than thirteen years of age.

# 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)<sup>1</sup>. Local fire departments should be consulted in determining safe placement and storage of ABHR.

<sup>1</sup> 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/Communiques/2004/2004-11at.asp](http://www.ofm.gov.on.ca/english/Publications/Communiques/2004/2004-11at.asp). 2

- 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](http://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](http://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 tissues 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.