

Guideline for Students and Staff at Post-Secondary Institutions and Private Vocational Training Providers

Prevention and Management of Student Exposure to Pandemic H1N1 (2009) Virus

These are general Guidelines for any student entering a post-secondary institution and private vocational training providers. Each institution is expected to evaluate their institution based on their Risk Assessment. This guidance document provides information for:

Post secondary/ Vocational / Adult Learning Settings: For the purpose of this guidance document these settings include public and private colleges, universities and vocational/technical schools. School populations are comprised of young adults who live in on-campus housing, private accommodation off campus or in the family home.

1.0 Introduction

At this time, the pandemic H1N1 (2009) influenza virus is being transmitted widely within the communities across Canada, however, in most cases the disease has been relatively mild and in keeping with seasonal influenza illness.

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.

The incubation period for pandemic H1N1 (2009) 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 influenza,

transmission of the pandemic H1N1 (2009) influenza virus is most likely during the initial days of infection when the individual is symptomatic and has a high viral load.

2.0 Recommendations Regarding Infection Prevention Measures For Facilities, Faculty and Students

General Information

Communication programs that educate students, faculty and staff play an important role in the control of the transmission of pandemic H1N1 (2009) influenza virus in private vocational training providers and post-secondary settings.

At this time, the most important factors in the control of the spread of the pandemic H1N1 (2009) influenza virus in post-secondary and private vocational training provider settings are:

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

Public health officials may consider sharing these key messages when communicating with post-secondary administrations.

Post-secondary and private vocational training providers should develop communication programs that meet the needs of students, faculty and staff. Information that can be included in these education programs is outlined below.

Monitoring & Self Care

- Faculty staff and students should follow established protocols related to reporting / managing ILI.
- Faculty staff and students should observe students for any signs of ILI and identify possible cases of ILI and record reports of ILI activity.
- Encourage faculty staff and students to monitor their health daily for symptoms of ILI. This link provides student, faculty and staff with the appropriate information for self-care once symptomatic.
- <http://www.albertahealthservices.ca/files/ns-2009-05-21-flu-self-care.pdf>

Reporting

- Post-secondary and private vocational training providers should establish mechanisms to monitor pandemic H1N1 (2009) influenza virus activity in their setting and report as appropriate to local public health officials.

- Post-secondary and private vocational training providers should consider establishing a dedicated phone line and/or web-based method of receiving illness reports from staff and faculty for the purpose of determining trigger points for activations.

Isolation

- Students/staff/faculty who becomes ill at home with ILI should be encouraged to remain at home until they are symptom free and are feeling well and able to fully participate in all normal day to day school activities (including intra/extramural activities).
- Student/staff/faculty who becomes ill at school should isolate themselves by going home until they are symptom free and are feeling well and able to fully participate in all normal day to day school activities (i.e. intra/extramural activities).
- Consider cohorting of students with ILI, as a measure to contain the spread of the virus, for on-campus residences and private vocational training providers.
- Review and revise, as needed, policies, such as student absenteeism policies and sick leave policies for faculty and staff that make it difficult for students, faculty and staff to stay home when they are ill or to care for an ill family member. Do not require a doctor's note to confirm illness or recovery. Doctor's offices may be very busy and may not be able to provide such documentation in a timely way.

Support

- Post-secondary and private vocational training providers may want to consider providing support for those students (residing on campus) who are ill who do not have other support available and are ill but not ill enough to be treated in hospital. This may include providing in-room meals and care.
- Students/staff/faculty and parents should be given information on how to take care of themselves when caring for someone who is ill.

Considerations Prior to Travel

- Institutions should communicate with individuals who are traveling from other parts of the country or other countries in advance of their travel and advise them not to travel while ill. Individuals should be warned of the possibility of quarantine measures while traveling.
- Institutions should develop plans in case of the temporary closure of study abroad programs and to support both ill and healthy individuals affected in the event they cannot return home.
- Individuals who are travelling should be warned of the possibility that quarantine or other public health measures may be applied at international borders.

Environmental Cleaning

Influenza viruses can survive on some surfaces for several hours to days but are rapidly destroyed by cleaning. Cleaning of objects and surfaces that are frequently touched by multiple

students or staff, high touch surfaces such as doorknobs, faucet handles, telephones, and computer keyboards should be cleaned appropriately by users. This 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 post secondary and private vocational training provider facilities be cleaned daily or as determined necessary from a risk perspective. No special disinfectants are required for influenza; regular household or commercially available cleaning products are sufficient for this purpose.

Post-secondary and private vocational training providers are recommended 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).

Hand Hygiene and Respiratory Etiquette

Hand hygiene and covering coughs and sneezes with one's sleeve are an important means of preventing the transmission of pandemic H1N1 influenza virus.

- Practice cough and sneeze etiquette. <http://www.albertahealthservices.ca/files/ns-2009-05-12-cover-cough.pdf>
- Practice frequent hand cleaning (i.e. after sneezing or coughing, before and after eating, after recreational activities, after going to the washroom, after riding on public transit etc.) Use the correct hand washing technique. <http://www.albertahealthservices.ca/files/ns-2009-05-06-hand-poster.pdf>

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 post secondary and private vocational training provider facilities. It is recommended that additional tissue supplies and waste receptacles be kept in 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 appropriate 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, then alcohol based hand rubs may not be effective at eliminating the influenza virus.

Recognizing Possible Outbreaks

Post secondary and private vocational training providers should develop programs for monitoring of student/staff and faculty illness and develop a strategy to recognize an outbreak of pandemic H1N1 (2009) influenza virus 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 and staff.

Realizing that consultation with public health officials may occur for any number of reasons, it is especially recommended that notification and consultation 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.

Self-Assessment

- All individuals working in and/or attending post-secondary institutions should perform daily self-assessment for symptoms of influenza (see questions below and should not work if they are experiencing an Influenza-Like Illness (ILI).

Adult:

Acute onset of NEW cough or change in an existing cough

PLUS one or more of the following:

- fever ($\geq 38^{\circ}\text{C}$ on arrival or by history)
- sore throat,
- arthralgia (joint pain)
- myalgia (muscle aches),
- prostration, (severe exhaustion)

NOTE: Older adults have a lower basal body temperature therefore fever may be present when the temperature is greater than 1.5° Celsius above baseline.

Pediatric:

Acute onset of any of the following respiratory symptoms: runny nose, cough, sneezing, +/- fever

3.0 Students in Clinical Experience and Placement Agreements

Faculty is taking the H1N1 (2009) virus very seriously and the health and the safety of our students is critically important. You may come into close contact with patients who are exhibiting influenza-like symptoms. We ask that the key points are followed;

Workplace Exposure

- A workplace exposure occurs when:
 - A Student is not wearing appropriate PPE within 2 meters of an individual with suspected or confirmed H1N1 2009 who is unable to contain their cough. OR
 - A Student is not wearing appropriate PPE while an Aerosol Generating Medical Procedure (AGMP), as defined by the Public Health Agency of Canada, is being performed on a suspected or confirmed case of H1N1 2009.
- Students who have been exposed may continue to work unless he or she develops symptoms.

- Recommendations for prophylaxis in outbreak situations will be directed by the Medical Officer of Health and the outbreak management team and may include exclusion from work.
- Students who have already had influenza-like illness should not assume they are immune unless a diagnosis of H1N1 has been confirmed.
- Questions about accessing antiviral medication within AHS facilities should be directed to OHS. If OHS is not available, contact the Zone Medical Officer of Health on call. Questions about accessing antiviral medication in the community should be directed to the Zone Medical Officer of Health on call.

ILI or Symptomatic Students

- Whether related to workplace exposure, or exposure in the community or home, any student who exhibits influenza symptoms, should follow the guidelines described above under Self Assessment.
- Student who are not receiving treatment must be off work seven (7) days after the onset of symptoms.
 - Symptoms such as cough may continue for longer than seven (7) days. However, **if a Student is otherwise healthy**, he or she is unlikely to still be infectious after seven (7) days following the onset of symptoms, and it is appropriate for him / her to return to work.
- People who receive antiviral treatment may be infectious for a shorter time. Students who receive antiviral treatment may return to work as soon as their symptoms resolve and after they have received at least three (3) full days of treatment.

Medically Compromised or Pregnant Students/Faculty/Staff.

- Medically compromised or pregnant students should not work in designated influenza assessment clinics, hospital influenza units or be present while an aerosol generating medical procedure (AGMP) is being performed on a patient suspected or confirmed to have H1N1 2009.
- In outbreak situations, Students with medical conditions that place them at high risk for severe diseases or complications of influenza should reflect on their capacity to continue to provide services in clinical settings that are self directed. In addition, they may discuss with their Department Head or Zone Medical Leader their capacity to continue within AHS facilities.

It is important to remember that as more information becomes available regarding the Pandemic H1N1 (2009) virus and best practices, these guidelines may be revised to reflect that information.