

6 September 2009



MINISTRY OF HEALTH

2 - 4 KING STREET, KINGSTON, JAMAICA

EMERGENCY, DISASTER MANAGEMENT AND SPECIAL SERVICES BRANCH

TELEPHONE NOS: 967-1100 / 1110 EXT. 2236/2240 TELEFAX: 967-0997 e-mail : mohneocja@yahoo.com

GUIDELINES FOR THE RESPONSE TO INFLUENZA H1N1 IN SCHOOLS

(This document has been adapted from the WHO and CDC Guidelines for Control of Influenza H1N1 in Schools)

The Ministry of Health, Jamaica continues to implement the MOH Influenza Pandemic Preparedness and Response Plan, 2006 (Revision 2-November 2007), which is in keeping with the plans of the WHO and Pan American Health Organization (PAHO) for all six (6) phases of the pandemic.

The following document serves as a guide to the management of the expected increase in the cases of flu-like illnesses that may be observed after school re-opens in September 2009. "Schools" in this document will refer to both public and private educational institutions including nurseries and childcare facilities.

Based on the severity of 2009 H1N1, many persons have experienced mild to no symptoms while being infected with the virus, these persons however, are still capable of transmitting the virus. Many persons with influenza illness will continue shedding influenza virus 24 hours after the fever goes away, but shedding of influenza virus, as detected in laboratory tests, can continue for 10 days or more in some cases, especially children. Therefore, when individuals who may have had influenza A (H1N1) or any flu-like illness, return to school, they are capable of transmitting the virus and should continue to practice good respiratory etiquette and hand hygiene and avoid close contact, such as hugging and kissing, with people they know to be at increased risk of influenza-related complications.

This guidance is designed to decrease exposure to the 2009 H1N1 flu **and** regular seasonal flu while limiting the disruption of day-to-day activities and the vital learning that goes on in schools. The Ministry of Health will continue to monitor the situation and update the current guidance as more information is obtained on the novel 2009 H1N1 flu virus.

Principles of infection control in school settings should always be promoted and facilitated, not only during an influenza pandemic, but also to prevent other communicable diseases. During flu season, schools should be particularly vigilant about ensuring that sick students and staff remain at home. Schools should be proactive, develop contingency plans to cover key positions (for example, school nurses) when staff are home ill, and regularly remind parents and staff of the recommendations.

It must be reiterated that the vast majority of individuals contracting the flu will have a mild illness and recover without treatment. Individuals with underlying conditions (such as

6 September 2009

asthma, pregnancy and diabetes) should be monitored for the appearance of more serious symptoms such as:

- difficulty breathing
- chest pain
- lethargy
- confusion
- dehydration with severe dizziness
- blood streaked sputum)
- low blood pressure
- turning blue

The World Health Organization and Centers for Disease control **does not** currently recommend anti-viral prophylaxis for household or classroom contacts. The CDC estimates that the transmission rate to healthy contacts is only 16-18%

SURVEILLANCE

Once local transmission of the pandemic virus has been identified, the aim of monitoring is to minimize the spread of the virus and its public health impact. In close settings such as schools, the risk of transmission is higher and as the severity of the course pandemic is unpredictable, it is critical for surveillance in this setting to be enhanced. Communication between the Parish Health Department and the schools within the parish is critical for the early detection and control of outbreaks. **High risk groups (children under five years of age, pregnant women, persons with chronic conditions such as diabetes, obesity, asthma and other lung diseases) should be closely observed.**

Specific recommendations:

- Each principal will be provided with the contact information for the Medical Officer (Health)/Parish Health Department (and vice versa)
- Each principal (or his/her designate) should provide the Parish Health Department with the total school population by class/faculty at the beginning of each academic year (Appendix I)
- Each class teacher should keep a daily log and report to the principal on a weekly basis* (Appendix II) the following:
 1. # attending
 2. # absent (indicate if it is known if absenteeism is due to a flu-like illness)
 3. # students attending with a flu-like illness
- An officer duly assigned by the principal will review the staff attendance register daily and log the number of staff members absent and the reason(s) for absence (Appendix III). The number of staff members absent for flu-like illnesses should be reported to the principal (or his/her designate) on a daily basis.
- The school nurse, if one is present, should keep a daily log and report to the principal on a weekly basis* (Appendix IV) the number of staff members and students with a flu-like illness.

6 September 2009

- The principal (or his/her designate) will report to the Medical Officer (Health)/ Health Department immediately if any of the following are identified
 - Increases in flu-like illnesses among staff and students
 - Unusual levels of absenteeism among both staff and students
 - The principal (or his/her designate) should seek to determine the cause(s) of the absence simultaneously
- The Senior Public Health Nurse from the Parish Health Department will do a preliminary review of the school's records/causes of absence of staff and students to determine if there is a true outbreak of ARIs
 - If there is no outbreak, the school will continue daily monitoring and continue to report any increase in flu-like illnesses
 - Once an outbreak has been confirmed, the Regional Health Authority and the Ministry of Health will be immediately informed and an investigation conducted by the Medical Officer (Health) and team.

***If there is a sudden increase in absenteeism/flu-like cases, this should be reported immediately to the principal.**

MANAGEMENT OF SUSPECTED CASE

This can be done by a teacher, principal or school nurse at the school.

Student or staff member presents with **fever** and/or a history of such in addition to a recent onset of at least one of the following: **rhinorrhea (runny nose); nasal congestion; sore throat, or cough.**

- **Direct individual immediately to a sick bay or isolation room (where available)**
- **Give individual a surgical mask immediately and instruct them how to wear it.**
- **Measure the temperature using the axilla (armpit) and add 1 degree**
- **Observe for signs and ask about symptoms indicating severe illness, e.g. shortness of breath, chest pain, weakness**
- ***Remember to wash hands after!***

If positive for temperature of 37.8° C (100.4° F) or greater or hot to touch;

- 1. Both staff and students should be advised to seek care from their health care provider of choice**
- 2. Notify parents of students**
- 3. Notify the Health Department immediately**

- 1. *If febrile with respiratory distress, chest pain, dizziness, persistent vomiting, blue lips or extremities, refer immediately to the nearest hospital.***
- 2. Call parents and notify the Health Department**

If not febrile;

Both student and staff should be advised to seek further assessment from their health care provider

Ill students and staff should always be required to stay home. The Ministry of Health recommends that **staff as well as students who appear to have an influenza-like illness on arrival at school or become ill during the day be promptly separated from other students and staff and sent home.** Schools should regularly update contact information for parents so that they can be contacted more easily if they need to pick up their ill child.

ISOLATION AND QUARANTINE OF SUSPECTED CASES

Schools should identify a room or area for isolation of suspected cases. Recognizing that space is often limited, early planning on the location for a sick/isolation room is essential. This room should not be one commonly used for other purposes for example, the lunchroom during non-meal times. Nor should it be a space through which others regularly pass. It is not necessary for this room to have a separate air supply. Ill persons should be placed in well ventilated areas with a hand washbasin inside and placed in areas where at least 6 feet of distance can be maintained between the ill person and others. While arrangements are being made for transportation to a health facility the individual should not be left alone and any deterioration should be reported immediately to the principal or nurse.

A limited number of staff should be designated to care for ill persons while in the isolation room/area and should be provided with the necessary personal protection equipment. When possible, these should be people with limited interactions with other students and staff and therefore at decreased risk of spreading influenza. These persons should not be at increased risk of influenza complications (for example, pregnant women) and they should be familiar with infection control recommendations to prevent spread of influenza. When possible and if the sick person can tolerate it, he or she should wear a surgical mask when in the company of other persons.

Suspected cases to be referred to a primary care provider should not be allowed to take public transportation. If the parent is unable to provide private transportation, the school system in collaboration with the health department should make arrangements for the transportation of the student to the health facility.

INSTITUTIONS WITH RESIDENTIAL FACILITIES

For institutions with residential facility e.g. colleges and universities, an isolation dorm or hall attended by healthcare personnel must be made available for individuals who become ill. The isolation facility should be self contained (kitchen and bathroom facilities) and interactions with others persons on and off campus should be restricted. Ideally, meals should be brought into ill persons where necessary. Provision should also be made for close daily monitoring for early detection of complications. Students may choose to stay at this facility or self isolate i.e. go home. Where possible, students should be encouraged to recover at home. Isolation may discontinue when the person has no fever for at least 24 hours while off all fever reducing medicines.

Students and staff with influenza-like signs and symptoms must be advised **not to go to class**. Teachers should work with ill students to facilitate assignments, tests etc. There must be no penalties for missing school activities.

If at all possible emergency room visits should be reserved for true influenza emergencies i.e. individuals who experience signs and symptoms outlined above. It is important to remember that emergency departments also provide care for many persons with serious underlying conditions and whose risk of getting H1N1 after contact is significant. Uncomplicated influenza may cause significant symptoms but is rarely a true emergency.

CRITERIA FOR THE CLOSURE OF SCHOOLS

It is not recommended that there be wide-spread closure of schools in the event of confirmed H1N1 cases. The decision to close school will be made on a case by case basis. School closures shall be determined by the Ministry of Health in association with the Ministry of Education. School and health officials will balance the risks of influenza in their community with the disruption dismissals will cause in both education and the wider community. **School officials should work closely and directly with the officials from their Parish Health Department to make sound decisions, based on local conditions, and to implement strategies in a coordinated manner.**

It is recommended that schools be closed where there is an unusually high number of staff and/or students who are absent from school due to an influenza like illness. This figure will be decided on by the school principal in collaboration with the Medical Officer of Health. Continuous information received through regular surveillance activities will assist in making this determination.

If the school dismisses students or closes, all school related gatherings should also be cancelled and parents and students discouraged from congregating outside of the school. Once the decision has been taken to close school, this should be conveyed to the Ministers of Health and Education through the responsible officer in each respective ministry, e.g. Chief Medical Officer and Chief Education Officer.

Reporting of new cases among staff or students is essential during the period of closure; parents and staff should be advised to contact the school administration regarding any such case.

Schools are encouraged to develop an emergency plan, if one does not already exist. It should include coordinated communication of school closure information to staff, students, parents and the community.

RE-OPENING OF SCHOOL

Re-opening of schools should be considered if no additional confirmed or suspected cases are identified among students (or school-based personnel) for a period of 14 days. The decision to re-open schools should again be taken jointly by the Ministry of Health and the Ministry of Education. This decision will also be based on the epidemiology of the disease in the community in which the school is located.

The school should be disinfected prior to re-opening.

DISINFECTION PRIOR TO REOPENING

6 September 2009

Schools should regularly clean all areas and items that are more likely to have frequent hand contact (for example, taps, toys, keyboards, door handles or desks) and also clean these areas immediately when visibly soiled by persons with influenza-like illnesses. Common commercial disinfection agents should be used and the package directions adhered to.

School officials should contact their Parish Health Department for additional guidance. Schools should ensure that custodial staff and others (such as classroom teachers) who use cleaners or disinfectants understand their safe and appropriate use.

PUBLIC EDUCATION

Parents, teachers and students should be reminded of the following;

- Cover your nose and mouth with a tissue when you cough or sneeze and throw the tissue in the trash after use.
- Sneeze or cough into your elbow if no tissue is available.
- Wash hands often with soap and water, especially after coughing or sneezing. Wash hands for at least 15-20 seconds. Alcohol-based disposable hand wipes or gel sanitizers can also be used. Rub hands until gel is dry.
- Avoid touching your eyes, nose or mouth with unclean hands. Germs spread this way.
- Try to avoid close contact with sick people.
- If sick with influenza, stay home from work, school or social events and limit your contact with others to keep from infecting them.
- Clean surfaces that may have been contaminated by germs from coughs, sneezes or unclean hands with a diluted bleach solution (10%- 1 part bleach to 9 parts of water). Allow the bleach solution to dry by itself- ***do not wipe it off***. The control of the spread of any flu-like like in great part will be determined by personal infection control measures.
- Avoid sharing of utensils, e.g. cups, glasses etc.

Educational flyers and posters provided by the Ministry of Health should be posted on classroom doors. Parents should be encouraged to supply their children with alcohol-based sanitizers. Where possible, schools should also provide automatic dispensers of hand sanitizer gel for use by students and staff.

6 September 2009

APPENDIX II

WEEKLY STUDENT ABSENTEEISM AND FLU-LIKE ILLNESS RECORD**

SCHOOL: _____

CLASS: _____

TEACHER: _____

CLASS POPULATION: _____

Flu-like illness: a fever (or history of fever) and cough or sore throat; other symptoms such as runny nose, headache, muscle/joint pain and vomiting may be present.

DAY	Date (dd-mm-yy)	Number in attendance	Number absent		Number of attending students with a flu- like illness
			Due to flu-like illness (if known)	Total	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
TOTAL					

Remarks:

** This record is to be submitted to the principal on a weekly basis; if the number of students with flu-like illnesses and/or absenteeism is more than expected on any day (e.g. greater than 10% absent) this should be reported to the principal immediately.

REPORTING MECHANISMS FOR SURVEILLANCE PURPOSES

