

Ministry of Health and Long-Term Care

Guidelines for the Prevention and Management of Pandemic (H1N1) 2009 Influenza Virus in Colleges and Universities

These guidelines have been developed based on the best evidence available. As more information becomes available, these guidelines will be updated.

Issued September 9, 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 children and healthy young adults. Most cases are considered mild. Individuals between 5 and 24 years of age comprise a larger proportion of cases compared to other age groups.

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 reduce the spread of disease in the college and university-based setting. Colleges and universities and their education staff play an important role in protecting the health of students, staff, faculty 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, colleges and universities include colleges of applied arts and technology, private career colleges, universities, and other postsecondary institutions. Institutional populations are comprised of adults who live in on-campus housing, private accommodation off campus or in the family home.

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 colleges and universities, there are certain measures – such as hand hygiene, cough/sneeze etiquette, staying home when ill, and appropriate environmental cleaning practices – that can prevent or reduce the spread of pH1N1. Colleges and universities **should use/encourage these measures.**

Physical Layout/Supplies

Hand washing facilities should be checked regularly to ensure that running water, a supply of soap in a dispenser, and paper towels or hand dryers are always available and accessible for use.

Alcohol-based hand rub (ABHR) with 60-90% alcohol should be placed in locations where hand washing facilities are not available¹. Colleges and universities should liaise/consult with appropriate facility management staff in determining safe placement and storage of ABHR.

Screening

It is important to note that not all respiratory illness is ILI and the determination of ILI should

¹ 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/Communiqués/2004/2004-11at.asp.

be reserved for those individuals that fulfill the clinical criteria for ILI, as defined in the above section.

Active screening of students, staff, and faculty for ILI before entering the college, university, or residences is not recommended at this time.

Students, staff and faculty should monitor themselves for symptoms of ILI. Early recognition and separation of students, staff and faculty with ILI can reduce the risk of transmission to others. Staff and faculty should be aware of the symptoms of pH1N1 and the importance of reporting symptoms and/or absenteeism by phone through the institution's human resource procedures.

To assist with local surveillance activities, colleges and universities may consider working with their local public health units to develop strategies for reporting potential outbreaks of ILI at their institution.

Practise Hand Hygiene

Hand hygiene is one of the most important measures for preventing the spread of infections. Students, staff and faculty should be encouraged to practise hand hygiene frequently: either washing their hands with soap and running water for at least 15 seconds or, if hand washing facilities are not available, using a 60 – 90% ABHR. ABHR should only be used in situations when running water and soap are not available and hands are not visibly dirty.

Consistent hand hygiene practices should be reinforced (see hand washing poster at: www.health.gov.on.ca/en/public/programs/emu/pan_flu/employ/handwash_tech.pdf).

At a minimum, students, staff and faculty should practise proper hand hygiene:

- Before and after eating
- Before and after food preparation
- After using the toilet
- After sneezing or coughing
- After wiping their nose
- Before and after using shared computers and other equipment
- After riding public transit
- After recreational activities

Practise Respiratory Etiquette

Respiratory etiquette can also play an important role in reducing the spread of pH1N1. Students, staff and faculty 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
- Dispose of used tissues in a garbage can
- Perform hand hygiene after disposing of tissues

Stay Home When Ill

It is important that students, staff and faculty are aware of the signs and symptoms of ILI. Students, staff and faculty who develop signs and symptoms of ILI should stay home until they no longer have a fever and are feeling well.

Colleges and universities should seek to maximize methods of permitting students who are suspected of having ILI or recovering from ILI to access course materials and submit course materials via remote educational information technology. This will reduce the tendency of students incubating or still transmitting viruses from inappropriately attending crowded lecture halls and exam settings.

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 cleaning with commercially available cleaning products and does not require special cleaning agents or disinfectants.

It is recommended that colleges and universities frequently clean high traffic areas, such as:

- Push bars on doors
- Door handles
- Light switches
- Taps and sinks
- Photocopier handle and buttons
- Buttons on the printers and faxes

- Handrails in the stairwells
- Fridge handles in cafeterias
- Counters including reception areas, cafeterias, social facilities, etc.
- Telephone receivers, keyboards and computer mouse devices
- Fitness equipment in athletic facilities
- Tables, desks, and lecterns

Consultation with Public Health

Colleges and universities should consult with their local public health unit for guidance on infection prevention and control best practices and the latest information on the pH1N1. Contact information is available at: www.health.gov.on.ca/english/public/contact/phu/phuloc_mn.html

3. Managing ILI in Students, Staff and Faculty

- Students, staff and faculty with ILI symptoms should be advised to stay at 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, staff or faculty from returning to college or university
- Students, staff or faculty who become ill while at class should leave the class as soon as possible
- Colleges and universities should consider strategies for providing ill students who remain at home with remote access to lectures/ lecture materials (e.g., electronic access through a website)
- For colleges and universities that have a health care centre, health care workers providing direct care to students, staff, or faculty with ILI should follow the guidelines provided by the Ministry of Health and Long-Term Care for ambulatory care settings. For the latest information, visit the Ministry of Health and Long-Term Care's H1N1 website at www.ontario.ca/flu; click on the link to “[Health Care Professionals](#)” and scroll down the page to view the guidance materials for ambulatory care settings.
- Pregnant women in college and university 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
- Colleges and universities are encouraged to consult with their Joint Health and Safety Committees in developing workplace specific programs in regards to pandemic prevention and management

III Students in Residences

Depending on the size of the residence and logistical feasibility, the institution should try to separate students with ILI in specific rooms or areas (e.g., rooms at one end of the hall, designated wing or floor).

Consider the following when caring for ill students with ILI in residence:

- Place students with ILI in a single room; if that isn't possible, consider cohorting students with ILI in the same dorm room
- In shared rooms, arrange beds so that students lie head to toe and consider creating temporary physical barriers between beds, using sheets, curtains, or other barriers
- Provide easy access to washrooms if possible, particularly when accommodating a group of ill students
- If communal washrooms are used, ensure that the facilities are cleaned frequently and, if possible, consider identifying an area with separate toilets and sinks for ill students
- Clean common areas more frequently
- Ensure ill students have access to food, water, and medications

- Encourage students that experience ILI symptoms and have risk factors for complications from the flu (e.g., chronic health problem that requires regular medical attention) to call their doctor, health care centre, or Telehealth Ontario at 1-866-797-0000.
- Send ill students to their health care provider and/or hospital if they are experiencing severe signs and symptoms or their condition is worsening
- Reinforce hand hygiene and respiratory etiquette in these facilities.
- Encourage students to develop a personal preparedness strategy in the event that they get sick with influenza, which may include identifying who they will inform if they get sick, designating a potential “flu buddy” to check on them and assist when they are ill, and thinking about necessary supplies such as tissues, alcohol-based hand sanitizer, and other items.
- Students whose homes are not too far from the college or university should make contingency arrangements for a return to home until recovery is complete. NOTE transportation home in a private vehicle is strongly recommended while ill rather than using public or air transportation.

Ill Students Living off Campus

It is recommended that colleges and universities consider actions they should take to meet the needs of ill students living off campus – particularly if they live alone and do not have family or support systems in the community. Colleges and universities may wish to encourage students living off campus to establish a buddy system to make sure that a roommate, friend, or family member knows they are ill.

At a minimum, colleges and universities should have a means of communicating with ill students off campus.

Considerations Prior to Travel

Colleges and universities 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.

4. Consideration of College and University Closures

College and university 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.

A decision to close a college or university should be made in consultation with the local public health unit and Ministry of Training, Colleges, and Universities and would be based on a number of factors such as:

- Frequency and severity of ILI cases among students, staff, and faculty
- Unique characteristics of the student population
- Ability to continue to operate the institution in a safe and healthy manner
- Social and economic impact of closure

The college or university should also communicate with the Council of Ontario Universities or Colleges Ontario on decisions around institutional closures, as applicable.

5. Communication

Colleges and universities should develop communication programs that meet the needs of students, staff and faculty. It is recommended that information be sent to students and staff advising them of symptoms to be watchful for, proper infection control and prevention practices and what to do if they become ill.