

This guidance has been prepared by the Office of the President to assist you in issuing your local policy. It applies to both medical centers and campuses – **all UC locations.**



**Guidance for Epidemiology & Infection Prevention
University Child Care & Day and Residential Camp
H1N1 Influenza Prevention and Management Guidance**

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This document is intended to provide guidance to Program administrators in addressing concerns related to the novel influenza A H1N1 flu (H1N1 flu) in University Child Care Centers and Day and Residential Camp programs. The recommendations below will help slow the spread of H1N1 and seasonal influenza.

Novel H1N1 Influenza Virus

The symptoms of influenza usually include fever ($\geq 100^{\circ}$ F/ 37.8° C) plus at least either a cough or sore throat. These symptoms are referred to as an influenza-like illness. Influenza infection can also lead to additional symptoms like headache, tiredness, runny or stuffy nose, body aches, chills, diarrhea, and vomiting. Like seasonal flu, H1N1 infection can vary in severity from mild to severe.

H1N1 influenza spreads in the same way that seasonal influenza viruses spread, mainly through the coughs and sneezes of people who are sick with the virus. People may also become infected by touching something with flu viruses on it and then touching their mouth or nose.

I. CHILD CARE FACILITIES/PROGRAMS

At this time, the Centers for Disease Control and Prevention (CDC) recommends that efforts to reduce the spread of influenza in child care programs focus on the **early identification of ill students and staff, staying home when ill, and good cough and hand hygiene etiquette.** Decisions about child care program closure should be at the discretion of campus and local authorities based on local considerations, including public concern and the impact of child care program absenteeism and staffing shortages. Closure of child care programs is **not** currently recommended in response to H1N1 influenza in the greater community or in the child care facility.

- **Child care providers should conduct daily health checks on all children.** Daily health checks had been recommended for child care programs before the current H1N1 flu situation, and programs that do not conduct routine daily health checks should institute this practice. (See “Caring for Our Children – National Health & Safety Performance Standards” Chapter 3.001 and 3.002; and Appendix F – Symptom Screening Form: <http://nrckids.org/CFOC/index.html>.)

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- **Ill children should stay home until at least 24 hours after they are free of fever ($\geq 100^{\circ}$ F/ 37.8° C), and signs of a fever without the use of fever-reducing medications.** Child care facilities for children *younger than 5 years old* should exclude ill children until complete resolution of *all* influenza symptoms. Ill children should not be taken out of one child care program and put into another child care program, even temporarily.
 - **All staff, volunteers, and children should diligently follow established handwashing procedures at the following times:**
 - Upon arrival for the day or when moving from one child care group to another.
 - Before and after:
 - Eating, handling food, or feeding a child;
 - Giving medication;
 - Playing in water that is used by more than one person.
 - After:
 - Diapering;
 - Using the toilet or helping a child use a toilet;
 - Handling bodily fluid from sneezing, wiping, and blowing noses; from mouths; or from sores;
 - Handling pets and other animals;
 - Playing in sandboxes;
 - Cleaning or handling the garbage.
 - **Child care facilities should clean and sanitize frequently-touched surfaces** (such as desks, doorknobs, computer keyboards, toys) daily and immediately if they become visibly soiled. Toys that cannot be washed and sanitized should not be used.

For more details on cleaning and sanitizing, see:

http://nrckids.org/CFOC/HTMLVersion/Chapter_3.html#1076310

<http://www.cdc.gov/h1n1flu/qa.htm>

<http://www.epa.gov/oppad001/influenza-disinfectants.html>

- Visits between classrooms should be postponed.

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- Communal sensory curriculum activities (e.g. Play-Doh, water play) should be postponed if children and/or staff become ill.
 - Child care programs should include educational activities aimed at promoting ways to reduce the spread of influenza, including hand hygiene and cough etiquette.
 - Child care programs should work closely and directly with their campus and local public health officials to make appropriate decisions and implement strategies in a coordinated manner.

For more information, please see:

H1N1 Flu (Swine Flu): Resources for Child Care Programs, Schools, Colleges, and Universities (August 5, 2009): <http://www.cdc.gov/h1n1flu/schools/>

CDC Recommendations for the Amount of Time Persons with Influenza-Like Illness Should be Away from Others (August 5, 2009): <http://www.cdc.gov/h1n1flu/guidance/exclusion.htm>

Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care, 2nd Edition (2002): <http://nrckids.org/CFOC/index.html>

II. DAY AND RESIDENTIAL CAMPS

At this time, CDC recommends that efforts to reduce the spread of influenza in camps focus on the **early identification of ill campers and staff, staying home (or away from others) when ill, good cough and hand hygiene etiquette, and environmental controls** that encourage use of these hygiene practices.

This interim guidance provides suggested means to reduce the spread of the H1N1 influenza virus in day, residential, or overnight camp settings. Camps for children, young adults, and families range from programs conducted for several hours in a day (not overnight) to programs that are residential and involve many weeks in group settings. This guidance will address general recommendations that apply to all programs and some specific guidance that applies to residential programs.

General Recommendations and Preparedness for Camps

- It is recommended that Student Health Services and program administrators work together to plan for possible contingencies. Plans should include what to do if staff or camp participants become ill, including how to separate them from others to limit spreading influenza to other staff and campers, when to seek additional medical evaluation, and how to provide care for them. Camp administrators should work with campus health officials to develop mechanisms and protocols for monitoring

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influenza-like illness and any requirements for reporting influenza-like illness among campers or camp staff.

- Consider pre-planning with parents/guardians regarding how illnesses or health emergencies among children attending the camp will be handled. Arrangements should also be made with the parents/guardians of staff, volunteers, and other campers who are legally minors. Include logistics for transportation of ill persons for medical care or return home that limits exposures to other persons, multiple ways to contact parents/guardians, authorization for care and isolation at the camp (if applicable), and planning for additional medical evaluation or emergency care.
- Develop a training program for camp staff regarding communicable disease prevention including specific information on how to recognize influenza-like illness and how to report possible cases of influenza-like illness to camp leadership.
- Educational materials and information should be provided to campers in a way that is age-appropriate and can be understood by both English and non-English speakers. Spanish-language materials are available at: Influenza H1N1 (gripe porcina) (07 de agosto del 2009) <http://www.cdc.gov/h1n1flu/espanol/>. Materials and information in other languages are available at <http://www.cdc.gov/other/languages/>

General Infection Control Recommendations

Encourage all persons to effectively cover their cough or sneeze and to use good hand hygiene.

- Hand washing facilities including running water and liquid hand soap should be readily accessible; alcohol-based hand sanitizers may be used if hands are not visibly soiled.
- Plan ahead to ensure that enough alcohol-based hand sanitizers are available for situations when hand washing facilities may not be available, for example during hikes.
- Clean all areas and items that are likely to have frequent hand contact (e.g., doorknobs, faucets, handrails) daily; before/after meals as needed; and also immediately when visibly soiled. Use the cleaning agents that are usually used for these purposes it is not necessary to conduct disinfection of environmental surfaces beyond routine cleaning. See: Clean Hands Save Lives! (<http://www.cdc.gov/cleanhands/>)

Reduction of Risk of Introduction of H1N1 Influenza Virus into the Camp Setting

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- Prior to arrival at the camp, provide camp attendees, staff, and volunteers with clear notice that they are not allowed to attend camp if they have had influenza-like illness with a high fever ($\geq 100^{\circ}$ F/ 37.8° C) less than 24 hours before the start of the camp. In addition, they should be reminded that, if they have been exposed to a person with influenza or influenza-like illness in the 7 days prior to the start of camp, they may attend camp but should closely self-monitor and immediately report development of influenza-like illness symptoms.
- Consider instituting the active screening of ALL newly arriving camp attendees, staff, and volunteers by asking if they have had any symptoms of influenza-like illness in the previous 7 days. Provide education to individual campers about reporting influenza-like illness. A careful health history of each arriving camper should be taken. Note any conditions that may place them at high risk for complications of influenza.
- Camp attendees, staff, and volunteers should be instructed to immediately inform camp management if they currently have or have had influenza-like illness in the 7 days prior to arrival.
- Persons who currently have or have had influenza-like illness in the previous 7 days should not attend camp until at least 24 hours after they are free of fever without the use of fever-reducing medications.

Rapid Detection and Management of Influenza-Like Illness Cases in the Camp Setting

- Camp staff and volunteers should be diligent about early recognition of illness and rapid isolation of those who are experiencing influenza-like illness symptoms.
- Campers who develop influenza-like illness should be immediately separated from the general population and kept away from well campers until they can be safely returned home or taken for medical care, if needed, OR for at least 24 hours after they are free of fever without the use of fever-reducing medications (if the child is to remain at a residential camp).
- Protocols should be in place for when medical evaluation of persons ill with influenza-like illness should be done and how monitoring will be conducted. Not all persons with suspected influenza infection need to be seen by a health care provider. A medical provider should be consulted for persons with severe illness and those at high risk for complications from influenza.
- Aspirin or aspirin-containing products should not be administered to any person aged 18 years old or younger with a confirmed or suspected case of influenza virus infection, due to the risk of Reye's Syndrome.

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- Further information on care for persons with influenza-like illness can be found at:
 - Interim Guidance for H1N1 Flu (Swine Flu): Taking Care of a Sick Person in Your Home (August 5, 2009) http://www.cdc.gov/h1n1flu/guidance_homecare.htm
 - Interim Guidance for Infection Control for Care of Patients with Confirmed or Suspected Novel Influenza A (H1N1) Virus Infection in a Healthcare Setting (May 13, 2009) http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm
 - Antiviral Drugs and H1N1 Flu (Swine Flu) (April 29, 2009) <http://www.cdc.gov/h1n1flu/antiviral.htm>
 - If providing individual rooms for persons with influenza-like illness is not feasible, consider using a large room, cabin, or tent specifically for ill persons with beds at least 6 feet apart and, if possible, with temporary barriers between beds and with nearby bathroom facilities separate from bathrooms used by healthy campers.
 - Linens, eating utensils, and dishes used by those who are sick do not need to be cleaned separately, but they should not be shared without thorough washing. Linens (such as bed sheets and towels) should be washed in hot water using laundry soap and tumbled dry on a hot setting. Individuals should wash their hands with soap and water immediately after handling dirty laundry.
 - Designate staff to care for ill persons and limit their interaction with other campers during their shift to decrease the risk of spreading influenza to other parts of the camp.
 - Anyone with a medical condition that would increase their risk of severe illness from influenza, including pregnant women, should NOT be designated as caregivers for ill persons.
 - For proper technique in caring for an ill person, refer to the following guidance: Interim Guidance for H1N1 Flu (Swine Flu): Taking Care of a Sick Person in Your Home (August 5, 2009) http://www.cdc.gov/h1n1flu/guidance_homecare.htm
 - Close contacts (such as roommates) of persons with influenza-like illness should be encouraged to self-monitor for influenza-like illness symptoms and report illness to camp officials.

For more information, please see:

Interim CDC Guidance on Day and Residential Camps in Response to Human Infections with the Novel Influenza A (H1N1) Virus (June 14, 2009): <http://www.cdc.gov/h1n1flu/camp.htm>

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CDC Recommendations for the Amount of Time Persons with Influenza-Like Illness Should be Away from Others (August 5, 2009): <http://www.cdc.gov/h1n1flu/guidance/exclusion.htm>