

**Guidance on Helping Child Care and Early Childhood Programs  
Respond to Influenza During the 2009 - 2010 Influenza Season**

September 10, 2009

**INTRODUCTION**

This document provides guidance to help decrease the spread of influenza (flu) among children and staff in child care programs and among early childhood providers during the 2009-2010 flu season. This document has three sections: 1) recommendations for updating influenza plans and leave policies of child care programs and early childhood providers, 2) recommended actions with conditions in Harris County being of similar severity to spring 2009 and 3) recommended actions if public health officials find that the flu starts causing more severe impact than was seen in spring 2009. *Public health officials will consider several factors when determining impact, such as illness severity, disease spread, health care system capacity, etc.*

Additional detailed information can be found in the following three documents from the Center for Disease Control and Prevention (CDC):

- CDC Guidance on Helping Child Care and Early Childhood Programs Respond to Influenza during the 2009–2010 Influenza Season: <http://www.cdc.gov/h1n1flu/childcare/guidance.htm>
- Technical Report for State and Local Public Health Officials and Child Care and Early Childhood Providers on CDC Guidance on Helping Child Care and Early Childhood Programs Respond to Influenza during the 2009-2010 School Year: <http://www.cdc.gov/H1N1flu/childcare/technical.htm>
- Preparing for the Flu: A Communication Toolkit for Child Care and Early Childhood Programs: <http://www.cdc.gov/h1n1flu/childcare/toolkit/>

Please remember that children under 5 years old are at increased risk of complications from the flu; the risk is even greater for children less than 2 years old. **Importantly, infants less than 6 months of age represent a particularly vulnerable group because they are too young to receive the seasonal or 2009 H1N1 flu vaccine. As a result, people who care for these children a high-priority group for early vaccination.**

For more general information on novel H1N1 influenza, please visit [www.hcphe.org](http://www.hcphe.org), [www.cdc.gov](http://www.cdc.gov), or [www.flu.gov](http://www.flu.gov).

## **SECTION 1: KEY PLANNING CONSIDERATIONS FOR CHILD CARE AND EARLY CHILDHOOD PROGRAMS**

- Develop plans to cover key positions when staff are absent from work.
- Share these plans with families and staff.
- Update contact information for families and staff.
- Develop flexible leave policies that:
  - allow employees to stay home when ill without losing their jobs or having to provide a doctor's note and
  - allow employees to stay home, without losing their jobs or having to provide a doctor's note, to care for sick family members. Be aware that more employees may need to stay home to care for ill children or other ill family members than is usual.
- Post educational materials in the child care setting. Examples are available at <http://www.hcpbes.org/flu/edflu.htm>.
- Encourage parents to develop alternate child care plans in case the early childhood program or school closes (for example, individual or small group care by relatives or neighbors; changes to work schedules or locations).

**Share your pandemic influenza plan with employees and explain what human resources policies, workplace and leave flexibilities, and pay and benefits will be available to them.**

## SECTION 2: ACTIONS CHILD CARE AND EARLY CHILDHOOD PROGRAMS SHOULD IMPLEMENT NOW

Under conditions with **similar severity** as in spring 2009

### ***Encourage employees to get vaccinated***

The five primary target groups for vaccination against 2009 H1N1 flu include pregnant women, people who live with *or care for* children younger than 6 months of age, healthcare and emergency medical services personnel, people age 6 months through 24 years, and people age 25 through 64 years who have underlying medical conditions that put them at higher risk of complications from the flu. **All children and many staff in early childhood settings will fall within these groups and should be among the first to receive the 2009 H1N1 flu vaccine.**

- Encourage staff to get vaccinated for seasonal influenza.
- Encourage parents to get their children vaccinated for seasonal influenza as recommended by public health officials.
- Encourage staff to get vaccinated for 2009 H1N1 influenza as recommended by public health officials when vaccines are available.
- Encourage parents to get their children vaccinated for 2009 H1N1 influenza as recommended by public health officials when vaccines are available.

### **Stay home when sick:**

- Children and staff with flu-like illness should stay home for at least 24 hours after they no longer have a fever, or signs of a fever, without the use of fever-reducing medicines. They should stay home even if they are taking antiviral drugs.
- Keep in mind that most people with 2009 H1N1 flu who were not hospitalized had a fever that lasted 2 to 4 days. This would result in children and/or staff staying home approximately 3 to 5 days after symptoms began.
- Early childhood programs and parents who are considering requiring children to stay home for a longer time period should talk to their local health department to determine if this action is appropriate.

### **Conduct daily health checks:**

- Observe children and staff for signs or symptoms of a flu-like illness as they arrive.
- Ask each parent/guardian if the child appears to have a flu-like illness.
- Look for changes in the child's behavior.
- Throughout the day, observe children and staff for signs or symptoms of a flu-like illness.
- Ill children and staff should be further screened by taking their temperature and asking about their symptoms. An example of how to perform daily health checks to determine if a child is ill from the flu or other illness can be found at <http://www.hcphes.org/flu/edflu.htm>.

### **Separate ill children and staff:**

- Children and staff who appear to have a flu-like illness should be separated from others until they can be sent home. Children should be supervised at all times.
- Staff who become ill while at work, and cannot go home, should wear a surgical mask when near other persons when possible and if they can tolerate it.

### **Hand hygiene and cough procedures:**

- Encourage children and staff to:
  - wash their hands often with soap and water, or use hand sanitizers;

- cover noses and mouths with a tissue when coughing or sneezing (or a shirt sleeve or elbow if no tissue is available); and,
- keep hands away from their nose, mouth and eyes.
- Closely monitor children who are learning self-care skills for proper hand washing (wash for 20 seconds with soap and water) and cough procedures.
- Remind children and staff not to share cups or eating utensils.

**Routine cleaning:**

- Areas and items that are soiled should be cleaned immediately.
- Routinely clean areas that children and staff touch often with the cleaners you typically use. Special focus should be given to items that are more likely to have frequent contact with hands, mouths and bodily fluids (for example, toys, tables and play areas).

**Encourage early treatment of high-risk children and staff:**

- Parents and staff should be encouraged to talk with their health care provider to learn if they or a family member are at a high risk for flu complications.
- Staff at high risk for flu complications who become ill with flu-like illness should call their health care provider as soon as possible to learn if they need antiviral treatment.
- Parents (of children under age 5) who become ill with flu-like illness should call their health care provider as soon as possible to learn if they need antiviral treatment.

**Consider selective early childhood closure:**

- Public health officials are available to work with child care programs and early childhood providers where all or most children are at high risk (for example, programs for medically fragile children) to determine if closure is an appropriate strategy to better protect these high-risk children.
- If the flu is spreading rapidly in a community, after speaking with the local public health department, some early childhood programs may decide to close temporarily to decrease the spread of flu among children less than age 5.

### **SECTION 3: ACTIONS CHILD CARE AND EARLY CHILDHOOD PROGRAMS MAY BE ADVISED TO IMPLEMENT LATER**

*Under conditions with **increased severity** compared with spring 2009*

#### **Permit high-risk staff to stay home:**

Allow high-risk staff to stay home from work if directed to do so by their doctor.

#### **Increase distance between people:**

Look for ways to increase distance between children such as separating them into small groups (6 or less) and discourage mixing between the groups.

#### **Encourage children with ill household members stay home:**

Children who live with a household member with a flu-like illness should stay home for five days from the day the first household member got sick.

#### **Extend the period for ill persons to stay home:**

*If flu severity increases*, children and staff with flu-like illness should stay home for at least 7 days, even if they no longer have symptoms. If after 7 days they are still sick, they should stay home until 24 hours after they no longer have symptoms.

#### **Early childhood program closures:**

Early childhood programs/providers and public health officials should work together closely to balance the risks of flu in their community with the problems that closing these programs would cause. Decisions to close early childhood programs should be carefully considered and clearly stated. The length of time early childhood programs should be closed will vary depending on the reason for closing as well as the severity and extent of illness. Early childhood programs that close should do so for 5 to 7 calendar days, based on local public health recommendations.

- *Preemptive* closures can be used proactively to decrease the spread of flu. Local public health officials may recommend preemptive early childhood closures if the flu starts to cause more severe impact. Public health officials will work closely with early childhood programs/providers to balance the risks of flu in Harris County communities with the disruption early childhood closures will cause in both education and the wider community.
- *Reactive* closures might be an appropriate administrative action when early childhood programs are not able to maintain normal functioning for example, when a significant number of children have documented fever or due to high staff absenteeism despite the early childhood program/provider having implemented the above recommendations.

As always, decisions to close early childhood programs due to operational considerations (i.e. *administrative* dismissals) are at the discretion of the early childhood official and are not based on public health issues.