

PANDEMIC FRAMEWORK FOR CHILD CARE AGENCIES

1.0 INTRODUCTION

The influenza virus is capable of changing its genetic make up and presenting new strains that can infect large numbers of people around the world, sometimes with severe symptoms or complications, creating Influenza pandemic. Parents and guardians who live in the City of Greater Sudbury and area will be best served by a coordinated child care agency response to an influenza pandemic. Therefore, this template plan has been created to facilitate consistent planning across agencies devoted to child care.

The goal of the plan is to lay out key resources and activities for a response to a pandemic of influenza, in order to minimize morbidity, mortality and social disruption during the pandemic. The template plan is organized into the following sections:

- preventative measures;
- pre-pandemic;
- pandemic; and
- post-pandemic.

Sub-sections are based on several main areas of focus in typical pandemic plans for the health sector: surveillance, communications, emergency measures; vaccines.

.1 About Influenza

Influenza is caused by a virus that circulates world-wide, causing outbreaks where 10-20% of the population is normally affected between the months of November and April each year in Canada. The influenza virus is made up of pieces that combine to create different subtypes and strains. The hemagglutinin pieces of protein on the virus' surface are designated H (16 types) and the neuraminidase pieces are designated N (9 types). This rearranging of the influenza virus' genetic material makes it necessary to continue producing new strains of influenza vaccine to build individuals' immunity against the specific strains circulating each year. Normally, the influenza vaccine is about 70-90% effective in preventing infection with the matching strain.

Influenza spreads through contact with infected individuals' respiratory secretions, often shared through coughing or sneezing within one metre of others. The influenza virus can also survive for 48 hours on hard, non-porous surfaces, for 8 to 12 hours on tissues and cloth, and for five minutes on hands. The virus enters the body through the eyes, mouth and nose. Most people who are infected with the influenza virus can expect a sudden onset of fever, cough, headache, sore muscles, fatigue and a sore throat one to three days after exposure to the virus. Infected people can pass on the virus from 24 hours before they have symptoms, and while symptoms continue, up to five days for adults and seven days for children. Some people have no symptoms when they are infected with the virus. Others with certain chronic illnesses, or those greater than age 65 or less than two years of age, may suffer complications such as pneumonia and hospitalization, even death, when infected with the regularly circulating influenza virus.

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People of certain age groups may be more susceptible to different influenza viruses. Each year, from 500 to 1500 deaths due to influenza, mainly of older adults, are reported in Canada.

One way new strains of influenza can appear is when strains normally found in birds mix with human influenza subtypes in pigs or humans, to create a new subtype that can infect humans. When the influenza virus rearranges its genetic make up and presents a new strain for which people have very little immunity, influenza infections may spread rapidly around the world and create a pandemic.

The World Health Organization (WHO) states that, “specific mutations and evolution in influenza viruses cannot be predicted, making it difficult if not impossible to know if or when a virus such as H5N1 might acquire the properties needed to spread easily and sustainably among humans”^a

Nonetheless, experts agree that at some point, some new strain of influenza will have, or gain, the ability to infect large numbers of people. The experiences of past pandemics of influenza teach us that the impact of the pandemic can be severe, in terms of number of deaths and societal impact, (as in 1918), or more moderate (as in 1957 and 1968). The latest updates can be found on the World Health Organization’s website: <http://www.who.int/csr/disease/influenza/pandemic/en/>. Once on the website, the information can be found in French. For Canadian on-line information and resources, go to: www.fightflu.ca.

2.0 ASSUMPTIONS

Assumptions regarding an influenza pandemic:

- The pandemic virus will be present in Canada 3 months after it emerges in another part of the world, but could arrive much sooner due to the increased volume and speed of air travel.
- The first peak of illness in Canada may occur within two to four months after the virus arrives in Canada.
- The first peak in mortality will be one month after the peak in illness.
- The time interval before the virus reaches its maximum impact on the population will be shortened if the virus arrives close to the usual annual influenza season.
- A pandemic usually spreads in two or more waves. A second wave may occur within 3 to 9 months of the initial outbreak wave and may cause more serious illnesses and death than the first.
- In any locality, the length of each wave of illness is likely to be 6 to 8 weeks.
- Vaccination will be the primary means of prevention of pandemic influenza. However, the supply may be limited during the early stage of the pandemic; therefore, priorities for vaccination will be followed.

^a Quoted in: James S and Sargent T. 2006. *The Economic Impact of an Influenza Pandemic*, p4.

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- A substantial number of the workforce may not be able to work for some period of time due to illness (their own or that of family members). The federal government's plan suggests that 20% of the workforce may be absent at some point over the first 6-8 weeks of the pandemic in a locality. A peak period of absenteeism is expected to last about 3 weeks.
- Health care workers are likely to be at higher risk of illness due to their occupational exposures.
- Effective preventive and therapeutic resources will likely be in short supply.
- Essential community services are likely to be disrupted.
- Public Health Guidance for Child Care Programs and Schools (K to grade 12) regarding the Prevention and Management of Influenza-Like-illness (ILI), Including the Pandemic (H1N1) 2009 influenza Virus can be found at: <http://www.phac-aspc.gc.ca/alert-alerte/h1n1/interim-provisaires0819-eng.php>

2.0 PREVENTATIVE MEASURES

.1 Surveillance

.1 Supervision of children, staff, enhanced staff

- absenteeism records (reporting requirements);
- record information weekly and monitor. (The health unit may be interested in hearing if something notable is occurring, such as > than 10% absenteeism);
- for staff;
- line listing will be implemented and reported to the Sudbury and District Health Unit;
- communication and surveillance will be one of the most important aspects in the pandemic response;
- ensure that daycares/schools who share activities (and children) with other daycares/schools advise their executive directors, supervisors and principals to keep in communication with other directors, supervisors and principals.

Ensure children exhibit no signs of ill health at drop off time, and if so, inform parents of centre policy of excluding sick children from the program. Should an illness develop during the day, call parents or emergency contact for pick up of child, while ensuring child is not exposed to other children until pick up arrives.

Note: prior to this, ensure all parents, guardians, and emergency contact numbers are current, eliminating any confusion should calls need to be made.

.2 Communication

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The Public Health Agency of Canada and the federal government will co-ordinate inter-provincial communications. Monitoring and FAQ can be found at: <http://www.phac-aspc.gc.ca/cpip-pclcpi/>

The *Canadian Pandemic Influenza Plan* contains detailed direction on communications. Provincial health communications strategies will be aligned with the federal plan. The current *Ontario Health Plan for an Influenza Pandemic* can be accessed at: http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/pan_flu_plan.html

Local communications will follow provincial direction. Lead agencies will be the Sudbury & District Health Unit, as well as the City of Greater Sudbury. Child Care Resources will serve to communicate to Supervisors' Network throughout pandemic response in the province.

Please ensure you have current contact information as outlined below:

- .1 Contact list (you will have key names and numbers here, example)
 - Health Unit
 - CCR/CGS/Ministry
 - ED/Supervisors – Boards of Directors
 - WSIB contact
 - Whoever else your centre deems appropriate???

- .2 Education / Training
 - CCR to create generic communication strategy with info going to Centre management then each centre informs employees and parents;
 - centre to inform CCR of any pertinent training or resources that they have to share with other centres;
 - information should be made available for all custodial staff;
 - all centres must ensure that their team (which also includes offsite locations) is aware of all procedures and information in case of an emergency and high absenteeism (back up plan);
 - integrating a link to the Health Unit on our own individual websites (if we have one) and to www.mysudbury.ca;
 - centres organize Flu Shot Clinics for their staff (or ensure staff have access to one) more information on organizing such see www.beattheflu.ca;
 - ensure that all groups (parents, volunteers, students, staff etc.) receive documentation concerning hand washing documents; flu shot clinics and others via newsletters and/or memos/websites etc. (Whichever way you effectively communicate to everyone now?).

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.3 Emergency measures

.1 Custodial practices

Cleaning necessary items such as toys telephones and handles definitions:

- cleaning: the removal of soil and the reduction of the number of germs from a service;
- disinfection: the inactivation of bacteria, viruses and fungi;
- can be achieved by boiling or by chemical means. All items should be thoroughly cleaned prior to disinfection if disinfection is required;

Cleaning procedures

Mix cleaning solution as per Health Unit recommendations Wet a cloth or sponge in the detergent solution and wash until clean. Rinse cloth often to remove loosened dirt. Rinse with rinse water and wipe dry.

Disinfection procedures

Make a fresh disinfecting solution everyday using Health Unit recommendation. Clean off any visible soil with soap and water. Disinfect by spraying with solution. Wipe disinfectant over the surface with a paper towel. Leave glittering wet. Do not dry off. Allow to air dry for 10 minutes.

Frequency of maintenance requirements:

Items	Frequency requirement
Telephone receiver	Disinfect daily
Doors and doorframes	Clean daily
Handles	Clean daily and disinfect weekly
Keyboards and mouse	Clean daily and disinfect weekly (takes more time and difficult because of the electronics)
Toys	Clean daily and disinfect weekly

Enhance custodial staff during this time to allow for more intense disinfecting due to age of children involved (toddlers – everything in mouth)

.4 Vaccine management

The province will identify the number and type of emergency responders and other workers who will have priority access to vaccine and antiviral. We will respond to directives from the Health Unit.

3.0 PRE-PANDEMIC

What does Pre-Pandemic mean? “Human infection confirmed elsewhere”, but the pandemic influenza virus is not yet present in the City of Greater Sudbury’s area.

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.1 Surveillance checklist

.1 In conjunction with the Health Unit

- develop an information letter ;
- monitor all media releases-assign a staff and alternate ;
- assign a staff to monitor and record the absenteeism due to flu like symptoms, of front line staff, children and other program staff and report as required to the health unit.
- Examine adequacy of existing resources and infrastructure in light of a potential pandemic influenza impact with regards to:
 - Staffing
 - Adequacy of supplies
 - Communication with stakeholders and general public
 - Contact the Health Unit to review and update fact sheets/FAQ on influenza, influenza vaccine and antiviral agents
 - Surveillance plan in collaboration with SDHU's recommendations

.2 Discussion questions

Staffing Checklist-see appendix B “Essential Services / Functions Staffing Allocation Template”

.3 Communication

During the **pre-pandemic** period, it is necessary to ensure that all program staff are fully prepared to respond in the event of an influenza pandemic. In doing so, it is of utmost importance that staff attends a general orientation session outlining the Pandemic Influenza Plans. This is to ensure that all staff are aware of the plans in the event of an influenza pandemic.

.1 Program Staff

- The designated staff of the program will release information in respect to program closures
- Programs will ensure the availability of medical consultation and advice of emergency response
- Review possible staffing issues that may include Occupation Safety Act or Human Legislation, program policy on sick leave and the amount of hours staff may work in one week
- Require staff that are ill to stay home if they think they might be sick. If staff become ill while in the program, plan for staff to go home
- Provide staff and families with information regarding the recommendation of yearly flu vaccines, see www.cdc.gov/flu/protect/preventing.htm

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- Establish guidelines prior to the notification of a pandemic on flexible work sites/work schedules (staggered shifts)

Collect supplies of program material and maintain a good supply of items you may require within your program including medical supplies. See appendix

.2 All staff

All staff, including educators, human resources, janitors, cooks and volunteers will be required to call in with flu like symptoms (voluntary disclosure) through an assigned phone number. Child Care Programs will monitor extra curricular activities and after hour use of day care programs especially in programs that occupy shared space in building with other groups or organizations. Should a child care program be located within a school, a protocol for communication, sharing of information and monitoring of flu like symptoms should be developed. Regular contacts with the school during a pre-pandemic are essential.

A registry of staff containing home address, home telephone number, fax number, pager number, cellular number, and alternate contact numbers should be accessible. This list is to be updated yearly to ensure accuracy of contact information. See appendix

.3 Team Leaders

All team leaders are to be in possession of the centre pandemic plan. This plan should contain all updated information regarding influenza. Anticipate employee fear and anxiety, rumours and misinformation and plan communication accordingly.

.4 Administrative Support

An updated list of volunteer (contact information) should be available in the event of notification of pandemic influenza. This is to ensure programs are appropriately staffed. When notification of a novel virus is received, all volunteers on this list will attend an orientation session whereby volunteer roles and responsibilities are reviewed.

.5 Volunteers

An updated list of clerical support staff (with contact information) should be updated yearly. When the influenza pandemic is declared, all clerical staff will attend an orientation session whereby roles and responsibilities are outlined.

.6 Additional Information

- Updated information should be made available for the following issues;
 - self-care advice for possible illness for both adults and children

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- when, how and where to seek medical advice and care
- dates, times and arising issues that may affect their daily lives such as school/day care centre closures and other services available should closure occur
- Availability of fact sheets and websites. Provide staff with information on the items listed below;
 - FAQ for schools and daycares: http://www.phac-aspc.gc.ca/alert-alerte/h1n1/faq_rg_h1n1-eng.php#faq2a
 - For an information poster, see <http://www.fightflu.ca/tools-outils-eng.html>
 - For general information and updates, see: <http://www.fightflu.ca/index-eng.html>
 - How to develop a family plan for dealing with a flu pandemic, see www.pandemicflu.gov/planguide

Learn about services in your area that can help staff and their children to deal with stress and other problems caused by the potential oncoming of a pandemic

All child care programs will approach a declaration of pandemic influenza in the same manner as the main office. Who will make the decision of reducing levels of service and or cancelling services temporarily?

Encourage families to have a “Plan B” for finding care for their children. Have handbooks ready to provide to families and maintain open communication with other child care providers in the event of closures and or open services for families.

.4 Families

Ensure that families are regularly updated on the plan and that there is a developed communication strategy with your program. Develop a plan for keeping in touch with families. Include several methods of contacting them, i.e. telephone trees, special web sites, local radio and or television.

- Updated information should be made available for the following issues:
 - Self-care advice for possible illness for both adults and children
 - When, how and where to seek medical advice and care
 - Dates, times and arising issues that may affect their daily lives such as school/day care centre closures and other services available should closure occur
- Provide families with information on the items listed below;

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- Current information from the Ministry of Health see <http://www.health.gov.on.ca/en/ccom/flu/>

Families should have an action plan for child care, a “Plan B” for child care. Parents can discuss with their child care programs what steps of notification could they expect in the event of a closure

Orientation sessions with families for regular updates will be scheduled as well as fact sheets available. It will also be necessary for families to report illnesses to the child care programs.

.5 Community checklist

- Discuss and establish reporting requirements to decision makers such as the Supervisor’s Network, Health Unit/Medical Officer of Health, City & Ministry officials
- Community resource list of volunteers, other essential services, private sector agencies for purchasing of necessary supplies and essential program needs. Does your agency have a list of all your suppliers and alternate suppliers?
- Have alternate service providers been identified to assist with maintaining your services. What duties will they have and what additional training will they require? Have insurance coverage and union issues been addressed?
- Have support services been planned for workers such as transportation, day care, meals and grief counselling?
- Do you have a list of retired staff and other volunteers within the community?
- If mail service is interrupted or other essential deliveries are interrupted, are there critical items you need?
- How will you send out public notice announcements and news releases?

.6 Emergency measures checklist

Once there has been a declaration of an outbreak of a pandemic within the world, there are essential services, public safety and security measures that can assist, please refer to the following:

.1 Custodial practices

- additional cleaning and other supplies will be purchased;
- replenish depleted supplies as required and planned;
- increase custodial hours for prevention cleaning/provide training and other new disinfectants that may be used in day cares

.2 High Risk Groups

- review the Emergency Contact Lists/Staff lists and ensure that it is accessible by all program staff;
- review your day care plans for implementation;

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- identify at risks groups and begin documentation of Absenteeism of both staff/children and other visitors of the program.

.3 Vaccine Management

- the province will identify the number of emergency responders and other workers considered essential for the vaccine and antivirals;
- the Sudbury & District Health Unit will provide information on the availability of vaccine and antiviral medications during a pandemic;
- the Day Care will ensure that all information is provided to staff, parents and volunteers;
- staff will be made aware of the basic infection control guidelines to prevent the transmission of the influenza/training and information sessions;
- parents whose children are at high risk will be recommended to consult their family physician; children considered at risk are those that may have respiratory ailments and or other compromised health risks.

.4 Enhance the general practices by reviewing the following;

- practice good hygiene;
- wash hands frequently;
- get adequate rest;
- eat healthy foods.

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.7 Staffing roles

This form will assist you in identifying current roles and other roles that staff can provide should the need arise. Please list in detail.

Date: _____

Staff name	Current role	Other experience	Certificates / Diplomas

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4.0 DURING THE PANDEMIC INFLUENZA

During the pandemic is defined as the period when the pandemic strain has spread to the City of Greater Sudbury and area.

.1 Staffing needs checklist

- posting of roles and responsibilities for all centre staff;
- follow centre's schedule;
- verify the registry of all centre staff and Board of Directors is updated;
- verify the registry of all volunteers (students, grandparents, retirees...);
- verify list of Emergency Response Team Members.
- ensure all centre staff are aware and follow all policies and procedures
 - emergency evacuation
 - sick policy (centre staff, children, parents, volunteers, visitors)
 - health Care Plans
 - sneezing/coughing recommendations
 - universal precautions–basic hygiene–hand washing
 - sanitary practices--disinfecting of washrooms, toys, food safety, kitchen, dishes, equipment
 - boil advisory practices
 - diapering
 - body fluids
 - pets
 - administration of medication

.2 Surveillance

.1 With information from the Health Unit

- develop information letter;
- monitor all media news release - assign staff and alternate;
- information letter forwarded to schools , daycare and local agencies;
- assign staff for the weekly reporting to the Health Unit;
- provide information on staff and children absenteeism;
- develop guidelines.

.3 Discussion questions

The Ontario Health Plan for an Influenza Pandemic will outline the benefits and limitations to closing schools and child care and early learning programs as a public health measure.

From the Ontario Plan:

.1 Closing schools

Closing schools to reduce the large number of contacts that children have in schools and day care centres. In industrialized countries, the first wave of an

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epidemic primarily begins in school-aged children. Children shed more viruses for a longer period of time than older people, so they are more efficient vectors for spreading influenza viruses. Although there is limited scientific evidence that school closures slow the spread of influenza, anecdotal reports indicate they can limit influenza outbreaks and mathematical modeling suggests that they can flatten the epidemic curve and reduce disease – particularly if schools are closed long enough early in the pandemic.

Summary: School closures may be considered but the logistics are formidable.

Public health officials may recommend school closures prior to or during a pandemic, especially if the novel strain preferentially affects school-aged children or causes unusually severe illness in any age group. If public health authorities decide to close schools, they would do so early in the pandemic to have the greatest possible benefit from this measure. To determine whether school closures would be effective, public health authorities would consider the following:

- Are there contingency plans in place for: alternate methods of schooling (e.g., home teaching tools, internet learning) and alternate childcare supports?
- What impact will the closure have on the workforce and the community's ability to maintain critical services?
- Are school closures sustainable for long periods of time?
- Could other measures be used to curtail transmission (e.g., limiting after-school activities and gatherings)?
- Will the public be receptive?
- Has there been ongoing dialogue with the community, especially parents?

There are a number of risks associated with this measure. If schools and daycares are closed, children may gather in other settings which could limit the effect of school/day-care closures. This measure will also cause considerable societal disruption.

Many parents, some of whom may work in critical services may not be able to work if they have to stay home to look after their children, and older children may congregate in other setting outside school. This will affect the community's ability to maintain a functional infrastructure.

There may also be risks associated with not using this measure. For example:

- school boards may decide to close schools independently;
- parents may decide to keep children home even if there is no formal order.

Who will participate in the Sudbury Community Planning Body?

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.4 Communication

- Medical Officer of the Sudbury District Health Unit
- Child Care Resources
- Main centre for information dissemination
- City of Greater Sudbury Web site
- Centre MCYS
- Boards of the centres
- Staff Parents

.1 Things to consider

- Contact list: Who develops and maintains a staff registry?
- Develop a plan for keeping in touch with staff members and families. Include several different methods of contacting them i.e. hotlines, telephone trees, special websites, local radio and/or television. Make plans to handle the large volume of calls
- Make sure staff and families have seen and understood the pandemic plan. Explain why you need to have a plan. Give them a chance to ask questions
- Learn who has legal authority to close child care programs
- Prioritize child/family concerns: (what services are to be discontinued during the pandemic influenza, prepare a script for parents.)
- Agency/City/MCSS website? Will give an update on childcare services available during the pandemic
- Who will be the communication officer on all media interviews? Have an alternate also named
- Have sample media release been prepared? Have all avenues of public communication been identified?
- Plan identified for communicating pertinent information to board, staff and founders
- Plan identified for communicating when outside agencies will become involved
- Key persons with contact information of all outside agencies identified

.2 Communicate to and educate your employees

- develop and disseminate programs and materials covering pandemic fundamentals (i.e. signs and symptoms of influenza, modes of transmission, personal family protection and response strategies (i.e. hand hygiene, coughing /sneezing etiquette, contingency plans);
- anticipate employee fear and anxiety, rumours and misinformation and plan communications accordingly;
- ensure that communications are linguistically appropriate;

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- disseminate information to employees about your pandemic preparedness and response plan;
- prepare information for the at-home care of ill employees and family members;
- develop platforms (i.e. hotlines, dedicated websites) for communicating pandemic status and actions to employees, vendors, inside and outside the worksite in a consistent and timely way, including redundancies in the emergency contact system;
- identify community sources for timely and accurate pandemic information and resources for obtaining counter-measures (i.e. vaccines and anti-virals);
- updated information should be made available for the following issues:
 - self care advice when they become ill for both adults and children
 - when, how and where to seek medical advice and care
 - dates, times and location of influenza vaccination clinics
 - how to deal with arising issues that may affect they daily lives such as school closures, and the availability of products and service
- develop staffing needs checklist (see example) Appendix A;
- develop staff registry;
- develop a flu pandemic planning checklist.

.3 Education and training

- availability of influenza fact sheets and preventative measures info sheets on Health unit website and have a hard copy;
- sample media releases provide by the Health unit are to be utilized;
- medical officer of Health Unit will be the lead on all media interviews related to health and measures needed for infection control; child care agencies should decide upon a lead communicator for their agencies and sector;
- assigned communication officer for Child Care to contact with the Medical Officer of Health, CCR, Day Cares, City, Ministry;
- give staff and students and families reliable information on the issues listed below:
 - how to help control the spread of flu by hand washing/cleansing and covering the mouth when coughing or sneezing
 - how to recognize a person that may have the flu and what to if they think they have the flu
 - how to care for ill family members and themselves
- learn about services in your area that can help staff, families and their children to deal with stress and other problems caused by a flu pandemic;
- encourage parents to have a “Plan B” for finding care for their children if the program is closed during a flu pandemic; give them ideas about what they may require based on your knowledge of the local child care community; have handbooks ready for parents on how to choose quality child care.

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.4 Target groups: staff, parents and children

- messengers need to model a calm approach designed to reduce fear , avoid panic and encourage vigilance;
- centres need to release information in respect to centre closures, field trips etc.;
- plan how you would deal with program closing, staff absences and gaps in child care that could occur during a flu pandemic;
- plan ways to help families continue their child's learning if your centre is closed i.e. (give parents things they can teach at home); tell them on how to find ideas on the internet;
- ensure of availability of medical consultation and advice for emergency response;
- update list of volunteers- Who does this? Who does the training?
- update list of clerical support- Who does this ?, Who does the training?
- develop a list of team leaders - include centre supervisors;
- cross-reference possible staffing issues- Occupation Safety Act, Day Nurseries Legislation, Centre's policy on sick leave, how many hours can an employee work in one work-week, etc.

.5 **Emergency measures**

.1 Infection control policies and actions

- give special attention to personnel, parents and children on how to limit the spread of infection;
- keep a good supply of items that you will need to help control the spread of infection (see example) Appendix F;
- tell families that experts recommend yearly flu shots for all children 6 months and up and for anyone who care for children:
<http://www.cps.ca/caringforkids/immunization/influenza.htm>
- tell parents to let your program know of their children are sick. Keep accurate records of when children or staff are absent. Include a record of kind of illness that caused the absence (e.g. diarrhea/vomiting/coughing /breathing problems/ rash or other);
- teach staff standard set steps for checking children and adults each day as they arrive to see if they are sick. Make it clear that any child or adult who is ill will not be admitted;
- have a plan for keeping children who become sick at your program away from other children until the family arrives, such as a fixed place for a sick room;
- require staff members to stay home if they think they might be sick; if they become sick while at the program, require them to go home and stay home; give staff paid sick leave so they can stay home without losing wages;
- require ill staff and children to stay at home until their flu symptoms are gone and they feel ready to come back to work.

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- .2 Establish policies to be implemented during the pandemic
 - establish policies for employee compensation and sick-leave absences unique to a pandemic (i.e.: non-punitive liberal sick leave) including policies on when a previously ill person is no longer infectious and can return to work after an illness;
 - establish policies for flexible worksites (i.e.: staggered shifts);
 - establish policies for preventing influenza spread at the worksite(i.e.: promoting respiratory hygiene / cough etiquette and prompt exclusion of people with influenza symptoms);
 - establish policies for employees who have been exposed to pandemic influenza, are suspected to be ill or become ill at the worksite (i.e.: infection control responses, immediate mandatory sick leave).

- .3 High Risk population group
 - Should children who are too young to be taught proper hygiene practices continue to attend the centre?
 - Should children with medical needs continue to attend the centre?
 - Should children with special needs continue to attend the centre?

- .4 Identify all the ways a flu pandemic might affect your program and develop a plan action
 - food service;
 - transportation;
 - staffing;
 - administration of medication.

- .5 Collaborate with insurers, health plans and major local health facilities

- .6 Custodial practices
 - increase hours and change routines to address sanitization needs;
 - extra funds may be needed.

- .7 Vaccine management
 - the Province will identify the number and type of emergency responders and other workers who will have priority access to vaccine and anti virals.

- .8 External demands of our resources
 - Provide facilities to implement a mass immunization campaign?
 - Suspend before and after school programs?
 - How can we access a grieving team as needed?

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5.0 POST-PANDEMIC

Post-pandemic is defined as the time after the pandemic has impacted the community. It is a time to focus on lessons learned and recovery.

1 Surveillance

- Did our emergency response plan work?
- Were all involved aware of their role/responsibilities?
- Were the attendance/absenteeism records taken in a consistent manner?
- Did we report the absenteeism with symptoms of the influenza to the Health Unit?
How adequate was our training plan?
- Were fact sheets available to parents and staff?
- Were our staffs aware of the definition of Pandemic Influenza?
- Were the adults/children educated on the symptoms of the influenza?
- Were the adults/children aware how to protect themselves?
- Did we follow universal precautions to control the spreading of infection?
 - Isolate children/adults showing symptoms of influenza
 - Ensuring that sick children/adults stayed at home
 - hand washing
 - Covering mouth when coughing, sneezing
 - Disinfect all equipment in the child care setting
 - Did we have adequate supplies
 - Gloves
 - Antibacterial soap
 - Masks
 - Appropriate cleaning/disinfecting agents
 - Additional water
 - Additional food supplies

.2 Staffing

- Did we have enough adults to provide adequate supervision?
- Were we able to either share or access staff from other child care centres?
- Do we have enough staff available for our centre to return to "business as usual"?
- Monitor the unexpected return of the virus
- Remind all parents/staff of the symptoms of the virus

.3 Communication

- Do we have a back to regular business plan? Review finances and where do we get financial support if required?
- Who will be assigned to inform the community, parents and staff when the pandemic influenza is over?

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- Develop a recovery plan to support staff, parents, children that may have suffered greatly during the Pandemic Influenza—loss of children, parents, grandparents, co-workers, create a list to identify possible services, community partners that may be able to provide support ex. Counselling, determine who will be contacting these services.
- Inventory of supplies should be completed--who will be replenishing the supplies.
- Sanitize rooms, equipment.
- Staff/parents to continue to monitor health of children/parents/staff.

.4 Emergency measures

- Were emergency procedures followed?
- Were all policies appropriate--sick policy, isolate children/adults when showing signs of the influenza, sanitizing?
- Children/adults at high risk due to medical conditions – were they closely monitored when in our care ex. followed specific recommendations?
- Grieving support--was it available to our families/staff during the influenza?

.5 Review / evaluation of our plan

- After the Pandemic phase, individuals involved in the development of the Child Care Pandemic Influenza Plan will need to review, evaluate the plan in order to take measures to improve or enhance the plan for future emergency situations.
- Identify strengths, weaknesses and proposed suggestions to enhance our response to emergency situations.
- Would it be helpful to gather all the tools/list of resources into an Appendix?