

# Guidelines for the Prevention and Management of H1N1 Flu Virus at the 2009 Canada Games

## 1) Background

The H1N1 Flu Virus has spread rapidly around the world. The majority of confirmed cases have been in healthy young adults, particularly those between 5 and 24 years of age. Cases of illness due to this virus continue to be diagnosed even during the warm summer months in Canada when the number of cases of influenza is usually very low.

The 2009 Canada Games (CG2009) is an area where young people will come together and this will provide an opportunity for viruses such as influenza to spread.

This document provides information and guidance for prevention and control of H1N1 Flu Virus at the CG2009. The risk of spread of the virus depends upon the number individuals and how they interact.

## 2) Influenza-like Illness

The symptoms of H1N1 Flu Virus are similar to many other influenza viruses or other viruses and bacteria. For this reason, this guideline should be used for those who have symptoms of Influenza-like Illness (ILI), while the presence of ILI symptoms does not mean that a person necessarily has illness due to H1N1 Flu Virus, the management of that person is generally the same.

*Influenza-like Illness (ILI) is defined as the sudden onset of respiratory symptoms with fever and cough and one or more of the following symptoms: sore throat, muscle aches, fatigue, joint pain or weakness.*

## 3) Infection Prevention and Control

H1N1 Flu Virus and other influenza viruses are spread mainly through direct contact with the virus (someone coughs and sneezes onto the mouth, nose, or eyes of another person) or by direct contact on hands that have touched contaminated surfaces. The following routine infection control practices are recommended to control the spread of influenza viruses:

### A) Hand Hygiene

Hand hygiene is one of the most important measures in preventing the spread of influenza viruses in the community.

Generally hand hygiene should be performed before and after eating (and preparing food), after using the washroom, and when hands are visibly soiled. If a person is in contact with someone with ILI, hand hygiene should be performed as soon as possible after contact.

- i) *Soap and Water:* Facilities for hand washing with running water, soap in a dispenser (not bar soap) and paper towels should be located at several sites around the Games' facilities. Facilities should be available for hand hygiene in places such as dining area and other areas where participants congregate.
- ii) *Alcohol-based hand rub:* The use of waterless alcohol-based hand rub (ABHR) containing between 60-90% alcohol is an excellent alternative to hand washing with soap and water when hands are not visibly dirty and when the product is used according to the directions on the bottle.

*The risk if accidental ingestion of ABHR should be considered and the risk minimized by placing the containers in areas where ingestion can be avoided.*

Alcohol is a highly flammable product and should not be stored in large quantities or be placed near sources of heat or fire.

#### B) Respiratory Etiquette

All Participants should be taught to cough and sneeze into the elbow or shoulder rather than the hands. If a tissue is used it should be discarded after a single use and hand hygiene performed.

#### C) Screening Participants for Illness

All Participants should be questioned about ILI upon orientation or preferably before leaving home to attend the CG2009.

- Participants who meet the criteria for ILI should be excluded from the Games before entry.
- If the Participant does not have ILI symptoms, they should be asked if they have had contact with a person with ILI symptoms within the past week. Those who answer yes to this question should be monitored closely for the development of symptoms.
- Once the Games have begun, Chefs should monitor all their Participants for symptoms of ILI, ideally on a daily basis.
- Chefs should monitor themselves for symptoms of ILI and they should report any ILI as soon as possible.

#### D) Physical Measures

- i) Participants should be separated approximately an arms length apart while sleeping and be placed head-to-foot in bunk beds.
- ii) Athletes' Village should have designated areas for isolation of ill Participants or a means separating ill from well Participants as much as possible.

#### E) Education

Chefs will be notified by the CMO if a Participant requires isolation due to ILI

The CG2009 should educate Participants and Volunteers regarding hygiene practices including hand washing, respiratory etiquette and avoiding sharing of personal items and eating utensils.

Chefs should be aware on how to monitor for ILI, what the policy of exclusion is and how to manage a Participant with ILI symptoms,

#### **4. Consultation with Public Health**

The CG2009 may consult with the Chief Health Office for guidance on best practices for preventing the spread of influenza if there is suspected cases.

#### **5. Access to Medical Assessment Services**

Chefs should be aware of where and how medical services can be accessed should a Participant require medical assessment or be in an emergency situation. There should be a means of transporting the ill Participant for medical assessment if this is necessary.

#### **6. Recommendation for Participants with ILI**

The recommendations for management of Participants with ILI are as follows:

- A) Participants who begin to show signs of ILI while at the CG2009 should be separated from other Participants as soon as possible.
- B) Those with ILI should be cared for in designated areas. One person should be assigned to care for the ill person until other arrangements can be made. Those who are at health risks should avoid looking after an ill person.
- C) Any Participant who has ILI symptoms will be removed from participating in the CG2009 pending culture results.
- D) Any Participant who has ILI symptoms within 1 week of the games beginning should not attend the games.
- E) If a rate of ILI reaches 10% or more of Participants then this should be considered an outbreak and the Chief Health Office should be notified.
- F) Any Participant suspected of having ILI should be assessed by the medical division of the CG2009 or in an emergency situation they should be transported directly to the hospital.

#### **7. Environmental Cleaning for CG2009**

The following cleaning and disinfection procedures are recommended in the event of an illness at the CG2009 where the illness is capable of being transmitted from person to person or via inanimate objects.

Management is required to maintain cleaning schedules and checklists to ensure all areas receive the proper attention. Management is also responsible for ensuring that staff fully understands the procedures necessary for effective cleaning and disinfection. Cleaning staff are encouraged to wear personal protective equipment such as gloves and uniforms and are encouraged to practice thorough and frequent hand washing with soap and warm water. Alcohol based hand sanitizers are also effective.

Areas with visible soiling must be cleaned as a first step before the disinfection process, or the disinfection may be ineffective. Proper cleaning and disinfection agents are required. Household bleach ( 5.25% available chlorine) at a concentration of one part bleach to ten parts water is an effective disinfectant. Quaternary Ammonium Compounds (QUATS) and other approved disinfectants diluted according to the manufacturer's recommendations are also acceptable.

Areas that require specific attention for cleaning and disinfection are as follows:

<b>Location</b>	<b>Procedure</b>
<b>Public and Communal Washrooms and Shower Rooms</b>	<p>Thoroughly clean and disinfect all surfaces in all washrooms (including light and air controls switches, door handles, sinks, facets, counter tops, soap dispensers, paper towel dispenser/air dryer, toilet, toilet flush handles, floor, shower stalls)</p> <p>Ensure that all washrooms are adequately stocked with liquid soap and paper towel dispensers and toilet paper in a dispenser. Remove garbage daily.</p> <p>Frequent spot checks in public and communal washrooms and shower rooms are necessary to address any cleaning and disinfection required throughout the day.</p>
<b>Activity Rooms</b>	<p>High contact or frequently touched surfaces in activity rooms such as light switched, door handles, tables, chairs, handrails, and computer keyboards require frequent cleaning and disinfection.</p> <p>Frequent spot checks in activity rooms are necessary to address any cleaning and disinfection required throughout the day.</p>
<b>Sleeping Quarters</b>	<p>Clean and sanitize all surfaces in the room including light and air control switches, door handles, hard surface floors, and TV and radio controls.</p> <p>Laundry all mattress covers, pillows, and any bed linen in hot water (use bleach when possible) and hot dry in dryer. Use disposable gloves when handling any bedding items.</p>