

**Pandemic Preparedness Plan**

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**BELKIN HOUSE PANDEMIC PLAN**

# Plan outline:

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# Purpose & Outline of this Plan

As a component of the Belkin House Safety Plan, this plan outlines the emergency response procedures that will be implemented at Belkin House in the event of a pandemic outbreak (see sections 2 through 4). This plan also provides background information on pandemic influenza (see section 5), and direction to Staff related to self and client care (see section 6).

“Look After Yourself”- a pandemic preparedness guide produced by Vancouver Coastal Health, will be referenced in this plan and made available to Staff and Residents as part of the Belkin House preparedness response.

The Toronto Pandemic Influenza Plan - A Planning Guide for Homeless and Housing Service Providers June 20, 2006 – was used for the construction of this plan.

# General Pandemic Information What to expect

Pandemic influenza will be caused by a new sub-type of the influenza A virus. Since pandemic influenza will simultaneously affect the City, the Province and other jurisdictions, for planning purposes we are assuming that there will be no aid from other sources.

When the World Health Organization (WHO) declares “Pandemic Phase 6” (which means increased and sustained transmission in the general population), the pandemic influenza strain will probably appear in Vancouver a short time afterwards.

There will be two or three waves of pandemic influenza activity over a one to two year period. During the course of an influenza pandemic it is estimated that 15 to 35% of the population will become ill enough that they will be unable to continue with their usual activities for a period of time.

The severity of illness and the death rate may be just moderately worse than in the usual influenza seen every winter or it may be much more severe. Specifics such as who will be most affected and how they will be affected will not be known until the pandemic virus actually emerges. Children and otherwise healthy adults may be at more risk of becoming ill than elderly adults. Elderly people may have some residual immunity if the pandemic is caused by a virus

related to one that has previously caused widespread influenza, and if they were infected by that virus earlier in their lives.

Physical illness is not the only effect of an influenza pandemic. The psychological impact on the public will likely be significant. Important services and programs may need to be curtailed, consolidated, or suspended because of widespread absenteeism in the workplace. Belkin House activities may need to be curtailed or cancelled to prevent the spread of infection. Supply chains of resources from every sector will likely be disrupted.

# What is influenza?

Influenza, commonly known as “the flu,” is a highly contagious and common respiratory illness caused by a virus. There are three known types of influenza virus – A, B, and C. Types A and B cause seasonal influenza. Only type A is associated with pandemics.

Influenza is usually transmitted from person to person by droplet spread or direct contact.

* + Droplet spread refers to spray with relatively large, short range droplets produced by sneezing, coughing, talking or singing. These droplets may spray up to one meter (about three feet) and can land directly in the eye or be breathed in through the nose or mouth.
  + Direct contact occurs when there is immediate transfer of the virus through skin to skin contact or kissing. For example, an infected person may cough into his or her hands and then shake hands with another person who may then touch his or her eyes, nose or mouth.

The incubation period (the time between being exposed to the virus and the point at which one starts to experience symptoms) is one to three days. Most people recover in seven to 10 days. Most adults are infectious to others between 24 hours before and up to five days after they develop symptoms. Children and some adults may be infectious for seven or more days after they develop symptoms. Humans are usually infected by other humans. However, in some rare cases, humans may be infected by close contact with infected birds or mammals such as pigs.

About 30 to 50% of those who are infected by the influenza virus experience no symptoms at all. The remainder will experience symptoms ranging from mild to severe.

* The first symptoms are usually fever, headache, chills, muscle aches, physical exhaustion, and a dry cough.
* Later, the infected person may have a sore throat, a stuffy or runny nose, and a worsening cough.
* Children may feel sick to their stomach, and may vomit or have diarrhea.
* Elderly people and those whose immune system is weak may not develop a fever.

These symptoms may be caused by other viruses or bacteria, not just the influenza virus. Diagnosing influenza depends on laboratory testing and epidemiological characteristics. In North America, the influenza season is usually from October to April. The virus is constantly changing or mutating, resulting in minor changes known as “antigenic drift.” A new vaccine must be developed every year based on current and emerging viral strains identified through worldwide disease surveillance. For most people, seasonal flu is not life-threatening. The most seriously affected are the elderly, people with chronic medical conditions, and children less than two years old. For these people, the flu may lead to complications such as pneumonia, which can be fatal.

# Annual influenza immunization

The best way to protect yourself from seasonal influenza is to get vaccinated every fall. The influenza vaccine (or “flu shot”) is made from particles of influenza viruses that have been killed and contains three different types of influenza viruses (two types of influenza A and one type of influenza B). Every year, doctors and scientists around the world identify the strains of influenza virus that are circulating, and the vaccine is prepared to protect against the types that are most likely to occur that year. The body needs about two weeks after being vaccinated to build up protection against the virus, and this protection lasts about four to six months. The influenza virus changes each year, so a different vaccine has to be created and used each year. Everyone should consider being vaccinated against seasonal influenza each year. This immunization may also reduce the chances of a new influenza virus emerging through genetic mixing.

# What is an influenza pandemic?

An influenza pandemic occurs when there is an abrupt and major change in the structure of the influenza “A” virus (known as “antigenic shift”). This change may occur in two ways:

1. When two different influenza viruses infect the same cell, their genetic material may mix, resulting in a completely new strain of virus. For example, this may occur when a bird virus and a human virus both infect a pig. Such mixing most often occurs where pigs, birds, and humans live in close proximity to one another.
2. A virus may undergo random mutation. This type of change may occur during the sequential infection of humans and other mammals and lead to a virus more efficiently transmitted between humans.

Since people have little or no immunity to the completely new strain of influenza A virus, it can spread very quickly. When outbreaks occur in one or more countries or worldwide, the event is called a pandemic. The exact nature of the pandemic virus (such as how severely it affects people, how long the incubation period is, and how easily the virus is transmitted from one person to another) cannot be known until the new strain emerges.

# How often do influenza pandemics occur?

From historical records, we know that a pandemic strain of influenza tends to emerge three or four times each century.

In the last century, influenza pandemics occurred in 1918 (Spanish flu), 1957 (Asian flu) and 1968 (Hong Kong flu). The pandemic of 1918-1919 caused between 20 and 40 million deaths worldwide, while the pandemics of 1957 and 1968 caused much less mortality and morbidity. It is generally believed that another influenza pandemic will occur but there is no way of predicting when that might be, nor precisely the level of illness that might result.

# What is the difference between seasonal influenza and pandemic influenza?

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| --- | --- |
| **Seasonal influenza** | **Pandemic influenza** |
| Occurs every year (October to April). | Occurred three times in the 20th century. |
| Occurs during the winter. | Occurs at any time of the year. |
| For most people, it is an unpleasant but not life-threatening infection. | It is typically a more serious infection for everyone. |
| Most people recover within one or two weeks without requiring medical treatment. | Some people will not recover, even with medical treatment. Because the illness is more severe, there is greater risk that an infected person may die. |
| The very young, the very old and people with chronic illness are most at risk of serious illness. | People of every age may be at risk of serious illness. |
| Vaccine is available in advance. | Vaccine will not be available in advance. |
| Annual vaccination is recommended, especially for those at risk of serious illness. | The whole population will be offered vaccination when the specific vaccine required becomes available. |
| Antiviral drugs are available to treat those at special risk. | Antiviral drugs are likely to be in limited supply and will be used according to how the disease develops. |

* *Toronto Pandemic Influenza Plan - A Planning Guide for Homeless and Housing Service Providers June 20, 2006*

# What is avian influenza?

Avian influenza or “bird flu” is a contagious disease of animals, caused by influenza viruses that normally infect only birds and sometimes pigs. Avian influenza viruses have on rare occasions crossed the species barrier to infect humans.

Infection with avian influenza viruses causes two main forms of disease in domestic poultry. One is a mild form that causes hens to have ruffled feathers and produce fewer eggs, and the other is very severe, spreading rapidly and killing most infected poultry.

The H5N1 sub-type that is currently circulating in Asia and parts of Europe is the severe form. This sub-type has infected some humans who have been in close contact with infected birds and over half of these infected individuals have died. There is a possibility that the virus may change to a highly infectious form that spreads very easily from person to person. Such a change could mark the start of a pandemic.

However, current strains of avian influenza will not necessarily become a pandemic strain. The next pandemic could arise from a different influenza virus altogether.

# Human Resources

Health Canada estimates that 15 to 35% of the population will become ill during the course of a pandemic and will be unable to work for a period of time. Many people who are not ill may be required to stay home to care for children, other family members, or friends who are ill.

Strategies to manage staffing shortages will include redeploying staff from non-urgent activities or drawing on additional workers such as recent retirees, students, or volunteers including Residents.

# Communication

Communication is critical to an effective response to a pandemic. Belkin House will ensure that Employee contact information is kept up-to-date. Regular pandemic bulletins will be issued in accordance with the direction provided in section 4. The Human Resources Department will assist Departmental Directors and Managers in the communicating of essential health, service and program related information to Staff, Residents and community stakeholders.

# Education and training

Information in the form of this plan, the “Looking After Yourself” brochure and regular health and policy related bulletins will be provided to staff so they will know their roles and responsibilities. Staff will also be informed as to infection control precautions and the proper use of personal protective equipment. Updates and information related to pandemic preparedness will also be provided at the quarterly Departmental Staff meetings and on Staff and Resident’s bulletin boards.

# Skill set inventory

The skills of all Belkin House Employees have been recorded and will be updated periodically. The skill set inventory will be used to identify transferable skills that will allow an Employee to be transferred from one task, job, or workplace to another without the need for extensive training or close supervision.

# Attendance management

During an influenza pandemic, it will be the policy of Belkin House that ill Employees stay home. The requirement for Employees to obtain a physician note due to illness for an extended period of time may be suspended if it is determined that the health care system is overwhelmed with people seeking necessary medical attention.

# Ill Employees at work

Employees must not come into work when they have influenza-like symptoms. For those Employees who develop symptoms of influenza while at work it will be the policy of Belkin House that these individuals immediately leave the workplace and not return to work until five days after the onset of symptoms, or when they feel well enough to return to their duties, whichever is longer. This procedure will help slow the transmission of the virus in the workplace. Ill employees will be requested by their Manager or Supervisor to leave work even if they do not have sick day credits.

# Stay home if you are ill

Most adults infected with influenza can transmit the virus from 24 hours before and up to five days after they begin to experience symptoms. For some adults and for young children, this period may last for seven or more days. Some experts believe that people are most infectious in the first three days after they are infected with influenza. However there are no clear data on how long a person should wait before returning to work or school to minimize the risk of infecting others. The best advice at this time is that adults should not return to their usual activities for at least five days after they begin to experience influenza symptoms (seven days for young children) or when they feel well enough to return to their duties, whichever is longer.

# Staff staying on site

For those Employees who may be required to remain at Belkin House for overtime shifts or short notice change-overs due to operational demands, or who may have difficulty securing transportation to and from their homes as a result of a pandemic related strain on the community transportation resources will be provided sleeping quarters on-site at Belkin House.

If required, the 8th floor boardroom will be converted into sleeping quarters for female Staff and room 204 will be converted into sleeping quarters for male Staff. Cots and blankets will be made available. Staff will use the lunchrooms provided to their Departments and the showers allocated to the Staff change rooms assigned to their Departments.

# Staff Briefing

In the event of an all out pandemic - room 213 will be utilized as a Staff briefing room, with general briefings and updates taking place 3 times daily at the commencement of each general rotation of Staff. Topics of discussion will include updates regarding health bulletins & community news, residential services updates, revisions to job assignments, other critical information.

# Emergency scheduling / changes in staffing and redeployment

High rates of absenteeism may result. This will affect staffing, chains of command, hours of work, and/or Employee responsibilities. Based upon skill set and availability, Employees from non-urgent activities and programs will be temporarily reassigned to essential programs as outlined in section 5. Otherwise, the priority system indicated below will be used to fill human resource needs for critical Belkin House programs in the event of a pandemic.

Where an essential Department or Program has a staffing need, the need will be filled by

* 1. Where possible, the Employees within the Department affected by absenteeism
  2. Temporary casual hires
  3. Supervisors of the Department affected by absenteeism
  4. Employees from outside Departments not affected by absenteeism and with applicable skill sets
  5. Supervisors from outside Departments not affected by absenteeism
  6. Volunteers (including Residents)

It must be stated that leading up to and during a pandemic event, every effort will be made to maintain all Programs currently operating within Belkin House and to keep Employees within the Departments they normally work. Discontinuation of “non-urgent programs and activities” and redistribution of Staff will only occur when

1. Abnormal Staffing shortages due to pandemic influenza occur
2. A marked increase in illness among Residents occurs resulting in significant increases in Departmental workloads or needs to increase Staffing
3. It is determined that to do so will prevent potential spread of influenza virus

In all cases, Funding and critical program requirements, BC Employment Standards, The Salvation Army Human Resource Policies and the terms of the Collective Agreement between Belkin House and the BCGEU will govern staffing and redeployment in the event of a pandemic. See section 5 for more information.

# Psychosocial support

Recognizing that Employees may require emotional and psychological support during a pandemic event, Employees will be encouraged to seek counseling services and assistance through The Salvation Army Employee Assistance Program. Depending upon operation requirements and staffing requirements, Belkin House Officers and Chaplains, will also be available to provide guidance and encouragement.

# Notification Procedures

Notification regarding the threat or actual development of a pandemic influenza outbreak at Belkin House, will be according to a graduating system of “phases” as outlined further in this document. Depending on the phase, the following will be notified by the Belkin House HR Department and provided with the general information and direction contained in this plan:

* + Belkin House Management
  + Employees
  + Residents
  + Volunteers
  + BCGEU

Other parties that may be notified include:

* + DHQ
  + Vancouver Coastal Health
  + Partner Salvation Army Ministry Units
  + Other partnering Social Service Agencies
  + Belkin House Funders (CSC, BC Housing, MEIA)

# Alert Phases

1. **Pre-pandemic Phase**

**Communication**

The Pandemic plan (including “Look After Yourself”) will be distributed to all Staff. Employees will be encouraged to familiarize themselves with the information obtained within these documents.

Pandemic related health bulletins and public health notices related to influenza will be posted as received on Staff and Residential bulletin boards.

Hand washing notices are posted over all washroom and public sinks within the building.

# HR Distribution

As per normal operating practices and policies

# Program Changes

As per normal operating practices and policies

# Facility

As per normal operating practices and policies

# Infectious Control Measures

* + As per section 6.
  + General personal hygiene information will be posted at sinks and bulletin boards throughout Belkin House.
  + All Staff and Residents will be encouraged to follow proper and accepted basic hygiene practices and obtain a seasonal influenza vaccination.
  + An annual flu shot clinic will be held at Belkin House in the fall to ensure that Staff and Residents have access to seasonal influenza vaccination.
  + “Sneeze/cough” privacy barriers installed between beds in all dorms (male and female).

# Supporting Ill Individuals

As per normal operating practices and policies

# Housekeeping

As per normal operating practices and policies

# Equipment & Supplies

Belkin House will, wherever possible, make plans for regular shipments, and will stockpile six to eight weeks of critical supplies (those required to maintain service operations). Included in these critical supplies; adequate supply of disposable tissues, hand sanitizers, and hand-washing supplies, gloves, masks and safety eyewear, medications used to bring fevers down, such as

acetaminophen, soap, paper towels, hand wipes, cleaning supplies, garbage bags, and other waste disposal supplies, and thermometers.

# Notification Phase 1 - in the event of a confirmed pandemic outbreak elsewhere in the world

**Communication**

Belkin House Management, Employees, Residents and Volunteers will be advised regarding the confirmed outbreak by posted notices within 48 hours of confirmed outbreak.

If more than 6 months has elapsed since the Pandemic plan (including “Look After Yourself”) has been distributed to Staff – redistribution of the above will take place. Employees will be encouraged to refamiliarize themselves with the information obtained within these documents.

Pandemic related health bulletins and public health notices related to influenza will continue to be posted as received on Staff and Residential bulletin boards.

# HR Distribution

HR Department to circulate Belkin House skills set inventory to all Departments for planning purposes. Department Heads will work with HR Dept. and BCGEU to plan for the reassignment of Staff from non-urgent programs and activities to other essential programs. Employees will be identified and designated for reassignment. Reassignment plans will be communicated to all affected Employees asap. Reassignment will take place in the event of a pandemic outbreak within the facility.

# Program Changes

Certain programs and activities, though vital in and of themselves, will be deemed non- urgent due to human resource shortages in essential programs in the event of a severe or sustained pandemic. In this phase Dept. Heads will plan for wind down of non-urgent programs and activities. Essential and non-urgent programs and activities are as indicated below:

Essential Programs

* + Residential – including Shelters, PDP & CRF
  + Administration & HR (payroll, benefits, accounts payable)
  + Food Services
  + Housekeeping & Janitorial
  + Chaplaincy
  + Volunteer Coordination
  + Basic Counseling Services (as manpower allows)

Non-urgent programs and activities in the event of sustained/severe pandemic outbreak are

* + Skills training & instructional activities and courses
  + Multi-purpose room and other social activities
  + Comprehensive counseling services
  + Spiritual formation activities
  + Administration (general clerical support, statistics, filing)

In any event, should there be a confirmed pandemic outbreak elsewhere in the world; the applicable Dept. Heads will prepare plans for the wind down of all non-urgent programs and activities. The wind down and reassignment plans will be communicated to all affected Employees as soon as possible.

# Facility & Infectious Control Measures

As per section 6:

Extra hand sanitization stations to be implemented at the entrance ways to all Residential floors, in the main entrance way (before proceeding through main doors into lobby, at entrance ways to dining room and in each shelter common area.

Hand soap made available to all PDP Residents.

All Residents to a receive copy of “Look After Yourself”

# Supporting Ill Individuals

As per normal operating practices and policies

# Housekeeping

As per normal operating practices and policies

# Equipment & Supplies

As per normal operating practices and policies

# Notification Phase 2 - in the event of a confirmed pandemic outbreak within Country, Province or community

**Communication**

Belkin House Management, Employees, Residents and Volunteers will be advised regarding the confirmed outbreak by posted notices within 24 hours of confirmed outbreak.

If more than 6 months has elapsed since the Pandemic plan (including “Look After Yourself”) has been distributed to Staff – redistribution of the above will take place. Employees will be encouraged to refamiliarize themselves with the information obtained within these documents.

Pandemic related health bulletins and public health notices related to influenza will continue to be posted as received on Staff and Residential bulletin boards.

# HR Distribution

In the event of a confirmed pandemic outbreak within the country or province, the applicable Dept. Heads will notify all affected Employees of the pending reassignment to other essential programs. Reassignment will take place in the event of a pandemic outbreak within the facility.

# Program Changes

In the event of a confirmed pandemic outbreak within the country or province, the applicable Dept. Heads will commence with plans to wind down all non-essential programs and activities.

# Facility

Hand soap made available to all PDP Residents.

All new Residents to a receive copy of “Look After Yourself”

# Infectious Control Measures

As per section 6.

# Supporting Ill Individuals

As per normal operating practices and policies (see section 6.)

# Housekeeping

As per normal operating practices and policies (see section 6.)

# Equipment & Supplies

As per normal operating practices and policies

# Notification Phase 3 - in the event of a confirmed pandemic outbreak within Belkin House

A pandemic outbreak will be considered to have occurred at Belkin House when one or more Residents or Staff are confirmed or suspected to have contracted the pandemic influenza virus.

The outbreak will be considered severe when 10% or more of Staff or Residents have been confirmed or suspected to have contracted the pandemic influenza virus.

# Communication

* Belkin House Management
* Employees
* Residents
* Volunteers
* BCGEU

Other parties that will be notified include:

* DHQ
* Vancouver Coastal Health
* Partner Salvation Army Ministry Units
* Other partnering Social Service Agencies
* Belkin House Funders (CSC, BC Housing, MEIA)

# HR Distribution

In the event of a confirmed pandemic outbreak within the facility, the applicable Dept. Heads will work with HR Dept and BCGEU to reassign Employees, as necessary, from non-essential programs to those programs identified as essential.

# Program Changes

Some or all non-essential programs and activities within Belkin House may be cancelled until further notice.

# Facility

Belkin House residential floors benefit greatly from a 100% fresh air return. Practically speaking, this means that should a PDP or CRF Resident be confined to their room due to infection, the risk of contamination to other Residents is greatly reduced.

The following public spaces will be closed to Residents and members of the public at large in the event of pandemic outbreak at Belkin House:

* + Multi-purpose room
  + Classrooms
  + Welcome Center (except for use as a Health Services Center provided Health Services Staff are available).

The following public spaces may be closed to Residents and members of the public at large in the event of a severe pandemic outbreak at Belkin House:

* + 2nd floor
  + dining room
  + main floor lobby
  + counseling offices

Should the dining room be closed – meals will be distributed to each of the shelter floors.

Counseling areas offering proper ventilation and distance between worker and client will be set up in the Multi-Purpose room for Residents requiring meetings with their Counselors.

# Infectious Control Measures

As per normal operating practices and policies (see section 6.)

Shelter bed assignments will be adjusted to ensure that Shelter residents who are infected are not residing in dorm rooms with unaffected Residents. Shelter Residents who are infected will be assigned a bed in designated “convalescent” dorm rooms and allowed to remain in bed during the day. Extra housekeeping duties will be assigned to Shelter floors to ensure that washrooms are kept clean and sanitized and to deal with infected linen and garbage.

# Supporting Ill Individuals

As per normal operating practices and policies (see section 6.)

# Housekeeping

As per normal operating practices and policies (see section 6.)

# Equipment & Supplies

1. **Self Care / Client Care Information Infection prevention and control measures**

This section provides general information on infection prevention and control. Infection control measures are actions that can help prevent the spread of the influenza virus in the workplace and other settings. These measures include:

# Practice hand hygiene

Clean your hands frequently with an alcohol-based hand sanitizer or soap and water, especially after you cough, sneeze, or blow your nose. A 60 to 90% alcohol-based hand sanitizer is the preferred agent for hand hygiene unless your hands are visibly soiled. If your hands are visibly soiled, you should wash them with soap and water. If you are not near water and your hands are visibly soiled, clean your hands with a moist towelette to remove visible debris, then use an alcohol-based hand sanitizer. The influenza virus is easily killed by soap, hand wash or hand sanitizer products. Therefore gloves or special antibacterial hand wash products are not needed. Hand washing/sanitizing is a very important method to prevent the spread of pandemic influenza.

# Hand washing procedure

* + Wet hands.
  + Apply soap.
  + Lather for 15 seconds. Rub between fingers, back of hands, fingertips, under nails.
  + Rinse well under running water.
  + Dry hands well with paper towel or hot air blower.
  + Turn taps off with paper towel, if available.

# Hand sanitizing procedure

* + Follow the manufacturer's recommendations on the amount of hand sanitizer to use.
  + Apply the alcohol-based sanitizer to the palm of one hand.
  + Rub hands together.
  + Work the sanitizer in between fingers, the back of hands, and fingertips (covering all parts of the hands and fingers).
  + Keep rubbing hands until they are dry.

# Practice respiratory etiquette

People should be encouraged to cover their mouth and nose when they cough or sneeze. This will help stop the spread of germs that can make people sick. It is important to keep your distance (e.g., more than one meter/three feet) from people who are coughing or sneezing, if possible.

# Cover your cough procedure

* + Cover your mouth and nose with a tissue when you cough or sneeze or, if no tissues are available, cough or sneeze into your upper sleeve, not your hands.
  + Put your used tissues into the waste.
  + Wash your hands with soap and water or clean with alcohol-based hand sanitizer

# Avoid touching your eyes, mouth and nose

Influenza spreads when the infected respiratory secretions from the mouth or nose of one person come into contact with the mucous membranes (mouth, nose or eyes) of another person. Without even realizing it, you may touch the infected nose and mouth secretions of someone who has influenza (e.g., by shaking hands). If you go on to touch your mouth, nose or eyes, the influenza virus may gain entry into your body causing infection.

# Criteria for selecting eye protection

* + Eyewear must provide a barrier to splashes from the side.
  + May be safety glasses or face shields. May be single use disposable or washable before reuse. Prescription eye glasses are not acceptable as eye protection.

# How to put on and remove eye protection

* + Position eyewear over eyes and secure to head using ear pieces.
  + Outside of eyepiece is “dirty”; handle by earpieces.
  + To remove, grasp earpieces with ungloved hands.
  + Pull away from face.
  + Place in designated receptacle for processing.

# Use of masks

Staff may request masks for protection on the job. The use of masks is a difficult and unresolved issue. There is no evidence that the use of masks in public will protect an individual from infection when the influenza virus is circulating widely in the community. However, a person wearing a surgical mask properly at the time of exposure to influenza may benefit from the barrier that a mask provides.

At this time, federal and provincial plans recommend the use of surgical masks and eye protection for health care workers who provide direct care involving face-to-face contact to patients with influenza-like illness. The plans also recommend that people who are ill with influenza-like illness and who must leave their home to receive medical attention should wear a mask. The plans do not recommend the widespread use of masks as a community-based disease control strategy. However, the federal plan states that members of the public may wish to purchase and use masks for individual protection.

# How to put on and remove a surgical mask

* + Wash your hands before putting on a mask.
  + Secure on head with ear loops.
  + Place over nose, mouth, and chin.
  + Fit flexible nose piece over bridge.
  + Adjust fit – snug to face and below chin.
  + To remove a mask, front of mask is ‘dirty’; handle by earpieces.
  + Remove from face, in a downward direction, using ear-loops.
  + Dispose of the mask in an appropriate receptacle, such as a garbage can. Do not re-use the mask.
  + Wash your hands after removing the mask.

# Tips on selecting gloves

The Public Health Agency of Canada recommends disposable medical gloves made of rubber, vinyl, nitrile, neoprene or latex. Some people may be allergic to latex. Medical gloves should never be used when handling cleaning chemicals. For environmental cleaning and disinfecting, general-purpose reusable rubber gloves are appropriate.

# How to put on and remove gloves

* + Gloves should be used whenever physical contact is expected with any bodily fluid (e.g., saliva, blood, mucous, stool).
  + Wash your hands before putting on gloves.
  + Pull gloves onto your hands and over the cuffs of your gown, (if wearing gown).
  + Change gloves between caring for different individuals.
  + To remove gloves, pull the first glove off without touching your hand (glove to glove) and roll the glove inside out as you slip it off. Pull the second glove off by sliding your finger inside the glove (skin to skin) and roll the glove inside out as you slip it off.
  + Dispose of the gloves in an appropriate receptacle, such as a garbage can. Do not re-use gloves.
  + Wash your hands after removing gloves.

# Vaccine administration and distribution

In the event of an influenza pandemic, it will take approximately four to six months to produce a suitable vaccine. Initially, there will not be enough vaccine for everyone. The federal and provincial governments have identified “priority groups” to receive the vaccine. The groups, listed in order of highest to lowest priority, are:

* + health care workers
  + essential service workers
  + persons at high risk of serious illness
  + healthy adults
  + healthy children

The priority groups may change depending on the nature of the influenza pandemic.

# Use of antiviral medication

The Provinces are developing a stockpile of the antiviral medication oseltamivir (Tamiflu). Currently the stockpile is limited. Therefore during a pandemic antiviral medication will most likely be used to treat those with severe influenza illness. However, as the antiviral stockpile increases, the goal will be to provide treatment to everyone who is ill with influenza. Although the effectiveness of antiviral medications against a novel pandemic virus is unknown it is likely that they will reduce the severity of influenza illness caused by a pandemic. At this time, the potential role of antiviral medication for prevention of infection (or prophylaxis) during an influenza pandemic is being considered at both the federal and provincial levels of government.

# Cleaning workplaces

People with influenza may contaminate their surroundings with respiratory secretions from their nose and mouth. Surfaces that are touched frequently by people (e.g., door knobs, computer terminals, bathroom faucets or other shared equipment) should be cleaned more often than usual during a pandemic, if possible. The influenza virus is easily killed by regular cleaning products, therefore special cleaning agents or disinfectants are not required. Organizations should follow their current infection control protocols for cleaning and disinfecting. Garbage created by a person with known or suspect influenza does not need any special handling and may be placed with the regular garbage for disposal.

* + Do laundry frequently.
  + Every day, clean common rooms and rooms where ill individuals are staying. Be sure to clean tables, doorknobs, and other surfaces that are touched frequently. Use a solution of bleach and water. For general disinfecting, use a mix of 1 part bleach to 100 parts water (approximately 1 teaspoon bleach to 2 cups water). For surfaces that may be contaminated with body fluids, use a more concentrated solution of 1 part bleach to 10 parts water.
  + Wipe down phones, computer keyboards, and other equipment with a cloth dampened with a bleach and water solution or use disposable sanitizing wipes. During a pandemic, consider wiping communal phones and computers between each use or restricting the use of frequently used items.
  + Dispose of all waste promptly.

# Social distancing in the workplace

During an influenza pandemic, the more people you are in contact with, the more you are at risk of coming in contact with someone who is infected with influenza. Social distancing means reducing or avoiding contact with other people as much as possible. Some workplace strategies to achieve this may include:

* + minimizing contact with others by using stairs instead of crowded elevators; canceling non-essential face to-face meetings and using teleconferencing, e-mails, and faxes instead; staying one meter (three feet) away from others when a meeting is necessary. Sit next to rather than in front of a coughing client when providing care.
  + avoiding shaking hands, hugging, or kissing people
  + bringing lunch and eating at your desk or away from others

# Cleaning up body fluids

1. Ensure that the area where the body fluid spill has occurred is blocked off.
2. Wash hands for 15 seconds.
3. Put on disposable rubber gloves specific for cleaning. Do not use latex gloves, as they are not designed to withstand cleaning solutions.
4. Pick up any needles or sharps using tongs and place them in a sharps container.
5. Wipe up the spill using disposable paper towels, then place paper towels in a garbage bag.
6. Pour the bleach disinfecting solution (see above) onto all contaminated areas. Be careful not to spill the solution on your skin or clothing.
7. Let the bleach solution sit for 20 minutes.
8. Wipe up any remaining bleach solution with a mop or paper towels.
9. Soak mops or non-disposable materials in the bleach solution and let them air-dry.
10. Remove gloves and place in the garbage bag. Double bag and secure the garbage bag before throwing it out.
11. Wash hands for at least 15 seconds using soap and water.

# Food services

During an influenza pandemic, community living settings should reinforce routine food safety and sanitation practices. Facilities should also consider the following:

* + reinforce regular hand washing by staff members who prepare food
  + discourage the sharing of dishes, cutlery, and other items
  + use disposable cutlery and pre-packaged food, if staffing levels are low
  + consider stockpiling a 6–8 week supply of non-perishable food, in case deliveries of food are disrupted
  + if regular services are interrupted, plan for alternative food supplies

# Reduce client mobility

Homeless and under housed populations tend to be highly mobile in part because services are spread across multiple agencies. Over the course of a day, one individual may visit several agencies. During a pandemic, this high mobility may promote the rapid spread of the virus through this population. Strategies to reduce individuals’ mobility include:

* + limiting the movement of residents, such as transfers between shelters
  + limiting the number of clients or visitors at drop-ins or other day programs
  + canceling or postponing group activities, if possible
  + providing incentives to reduce mobility; for example, re-organizing services so that three meals are offered at one facility, instead of one meal each at three different agencies

# Supporting ill individuals

During an influenza pandemic, community living settings may need to provide basic support to ill individuals, since hospitals will be overwhelmed.

# Identifying influenza symptoms What are the symptoms of influenza?

Infection with influenza can result in a wide range of illness. Half of the infected people will experience symptoms and the other half may not have any symptoms. Symptoms may include the following:

* + sudden onset of fever, headache, chills, muscle aches, physical exhaustion, and a dry cough
  + subsequent onset of sore throat, stuffy or runny nose, and worsening cough
  + children may feel sick to their stomach, vomit or have diarrhea
  + elderly and immune compromised people may not develop a fever

# How do I know someone has a fever?

Sometimes we think someone has a fever by simply touching their forehead or neck but it is important to confirm a fever by checking his/her temperature. We can measure a person’s temperature by using a thermometer with a sleeve placed in the mouth (oral), the ear (tympanic), under the armpit (axillary) or in the bum (rectal). The use of glass mercury thermometers is not recommended as mercury is a toxic substance and there is a risk that glass may be broken.

Ideally, a digital thermometer should be used for taking oral, axillary or rectal temperatures and a special ear thermometer should be used for taking a tympanic temperature. These thermometers can be purchased at drug stores.

# Someone has a fever if:

* + The oral/tympanic temperature is 38°C (100.4°F) or higher.
  + The axillary temperature is 38°C (100.4°F) or higher.
  + The rectal temperature is 38.5°C (101.3°F) or higher.

# Isolation

Not all ill individuals will be able or need to be hospitalized. As a result, ill Residents will need to be isolated in their rooms. Ideally, an ill individual should be isolated as soon as possible to reduce the transmission of the virus.

* + Individuals in isolation need easy access to washrooms. This may pose challenges in dormitory-style settings. When accommodating a group of ill individuals, consider access to washrooms. If communal washrooms are used, clean them frequently.
  + Ill individuals need access to food, drinks, and medications. Staff need to wear appropriate PPE when bringing supplies and providing support to ill individuals (e.g., surgical mask and eye protection if providing direct face-to-face care within 1 meter of the ill person).
  + Agencies should develop strategies for handling violent, aggressive, or non-cooperative clients who are ill and are required to remain in isolation. Ill individuals in isolation may also have other mental health issues that require intervention.
  + During an influenza pandemic, policies related to access to smoking, drugs, or alcohol may need to be changed, particularly for individuals in isolation.
  + Individuals in isolation may need to refill prescriptions or need access to daily medications such as methadone. Consider what assistance clients and guardians may need for obtaining and taking regular or over-the-counter medications.

# Deaths on site

An ill individual may die from influenza while residing at Belkin House. The Coroner’s office must be notified of all deaths that occur at Belkin House.

* + The bodies of people who died of influenza are not considered contagious to others.
  + Particular cultural responses to death should be considered when handling human remains.
  + Staff and clients may experience heightened anxiety if a death occurs on site (see Psychosocial support Section 2
  + Bodies will be stored temporarily in the basement of Belkin House until transportation to a morgue can be arranged, as well as appropriate storage for the deceased’s personal effects.

# Children whose parents are ill

If a client with children becomes ill in a family shelter and is unable to supervise his or her children, consider the following strategies:

* + Ensure client emergency contact information is up to date and, if possible and appropriate, ask clients to identify temporary caregivers for their children.
  + Try to locate family members or friends of the client who could care for the children temporarily.
  + Find appropriate caregivers within the agency.
  + Call Ministry of Children and Families for support or to arrange temporary custody as a last resort.