Uchucklesaht Tribe Government

PANDEMIC INFLUENZA PLAN

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Life Safety Specialists

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Record of Amendments

Amendment Change Number	Subject	Page	Date Amended	Inserted by
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Pandemic Influenza

Influenza is a respiratory illness of the nose, throat and lungs caused by influenza virus type A, B or C. It is characterized by:

- Sudden onset with fever
- Cough
- Runny Nose
- Sore Throat
- Joint & Muscle pain
- Extreme Exhaustion

Spread occurs either through the air by formation of droplet aerosols, or through direct contact with respiratory secretions. Influenza can spread rapidly through a community. It can be the cause of secondary bacterial infections such as pneumonia, which in some cases can lead to death. In fact in Canada, between 4 and 8 thousand people die each year from influenza related secondary bacterial infections, and as many as 100 to 250 thousand people worldwide.

Because the virus continuously changes (virus drift) each year, there is a need to develop new vaccines to protect ourselves, as well, there can be more than one influenza virus circulating in a flu season. In Canada the flu season runs between the months of October to April.

A pandemic is a World Wide event that happens everywhere at almost the same time. A pandemic is not restricted to influenza; there are many people in the world who one day hopes for pandemic peace!

A pandemic influenza is a result of a major change in the virus (virus shift) which results in a never seen before virus, not introduced into people before, and once that virus manifests itself and meets the following 5 criteria, an influenza pandemic is likely to result. They are:

- Never seen before virus
- We have no immunity against it
- Spreads person to person
- Causes higher than usual rates of illness and/or death
- No developed vaccine

History of pandemic influenza*:* Influenza pandemics have been occurring every 10 to 40 years since 1650, with four pandemics within the last 100 years. The most severe one being the Spanish influenza pandemic of 1918/1919, is estimated that it affected ½ the world's population and killing as many as 50 million people worldwide.

As most influenza outbreaks more severely affects those very young and the elderly, this particular strain was different in that the attack rates and mortality were highest among adults 20 to 50 years of age, with between 30,000 and 50,000 Canadians having died.

In 1957 the Asian influenza pandemic was first identified in the Far East. Unlike the virus that caused the 1918 pandemic, the 1957 pandemic virus was quickly identified. This pandemic caused about 70,000 deaths in the US, with immunity rare in those under 65, but mortality rates highest in the elderly.

In 1968 the Hong Kong influenza pandemic was first detected in Hong Kong. The first cases in the U.S. were detected as early as September of that year, although illness did not become widespread in the U.S. until December. This pandemic was the mildest of the three pandemics, affecting all age groups on all continents, causing about 34,000 deaths in the US.

In 2009, a swine flu originating in Mexico, was discovered. This influenza was a result of a major shift in the virus mixed up in the belly of a pig. It like pandemics of the past was a Type A influenza, subtype H1N1, which was a similar virus type of the 1918 Spanish Flu.

Swine flu viruses do not normally infect humans; however, human infections with swine flu do occur and cases of person-to-person spread of these viruses have been documented. Swine flu viruses cause high levels of illness and low death rates in pigs.

These viruses may circulate among swine for many years before being passed onto humans and at which time can lead to large influenza outbreaks of a brand new virus.

The symptoms of swine flu in people are similar to the symptoms of regular human seasonal influenza and include high fever, cough, headache, general aches, fatigue, eye pain, shortness of breath, and lack of appetite. During the 2009 outbreak there were also reports of people who had shortness of breath, bad cough, sore throat, nausea, vomiting and diarrhea.

Like the 1918 Spanish flu, the average age of people most severely affected by the 2009 outbreak were those between 20 and 40, with the average age of those hospitalized in the USA being 24 years old.

Avian influenza (Bird Flu)*:* A type of influenza virus carried by wild birds, and can be passed onto domestic birds (chickens & ducks). Infected birds may have reduced egg production, coughing, sneezing or diarrhea. The virus is found in saliva, nasal secretions, and feces. Usually, ‘avian influenza virus’ refers to influenza A viruses found chiefly in birds, but with these viruses can occur in humans.

The risk from avian influenza is generally low to most people, because the viruses do not usually infect humans. However, confirmed cases of avian influenza infection in humans have resulted from contact with infected poultry (e.g., domesticated chicken, ducks and turkeys) or surfaces contaminated with secretion/excretions from infected birds.

Preparing for Pandemic Influenza

Why plan for a pandemic? Pandemics are unpredictable, but occur on average three or four times a century. Experts agree that another influenza pandemic is inevitable and possibly imminent (World Health Organization, Jan 15 2004). Planning ahead for such a public health emergency can minimize serious illness and deaths. It is also important in order to minimize the social disruption that would probably result.

British Columbia "Planning Assumptions" (BCPIPP, section 1.1, 2005):

- Based on the last two pandemics, it is estimated that the next pandemic virus will arrive in Canada within 3 months after it emerges in another part of the world. This time could be much shorter due to increases in the volume and speed of air travel.
- The first peak of illness in Canada will 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.
- If the pandemic virus arrives close to the usual annual flu season, the time interval between emergence, arrival and / or peak illness and mortality will be shortened.
- A pandemic usually has two or more waves, either in the same year or in successive flu seasons.
- A second wave will occur within 3 to 9 months of the initial outbreak wave and may cause more serious illnesses and deaths than the first.
- Each wave of illness will last 6 to 8 weeks.
- Vaccine will be the primary means of prevention of pandemic influenza. The supply will be limited during the early stage of the pandemic; therefore, plans for the first wave should assume lack of influenza vaccine and priorities for vaccination will need to be established.
- A substantial proportion of the workforce will not be able to work for some period of time due to illness in themselves or in their family members.
- Health care workers are likely to be at higher risk of illness due to their exposures.
- Effective preventive and therapeutic resources will be in short supply.
- Essential community services are likely to be disrupted.

GOALS and OBJECTIVES of this Plan

Specific objectives of influenza pandemic planning in Aboriginal Communities:

- To minimize serious illness and overall deaths
- To minimize suffering
- To increase awareness
- To develop a plan that ensures readiness to respond appropriately to an influenza pandemic

- To develop a plan that is consistent with your Health Authority, and FNIHB.
- To develop a plan that is a living document, changing to meet future needs

Public Health and Prevention

How to minimize risk of spreading the flu:

- Get your annual flu shot
- Use disposable tissues for nose
- Sneeze or cough into the crease of your elbow
- Keep hands away from eyes, nose and mouth
- Stay at home when you are sick
- Individuals who are sick with Flu symptoms should be isolated.
- Clean hard surfaces with 10% bleach solution

NOTE: Proper hand washing has been proven to reduce influenza spread by 50%, and is considered the single best prevention measure against spreading the influenza virus from one person to another. Wash hands thoroughly with soap and water for at least 15 to 20 seconds. Waterless alcohol-based (62% Isopropanol) hand sanitizers can be used in conjunction with hand washing to supplement hygiene when hand washing facilities are not available, however it is not to be used as a replacement for proper hand washing.

For protection against germs and disease, always wash hands:

- Before preparing food and after handling uncooked foods
- Before eating or smoking
- Before breastfeeding
- After toileting or diapering
- Before and after providing first aid
- After handling blood or body fluids
- Before and after providing care to an ill person

Community-based disease control strategies:

Public health control measures alone will probably not be effective at controlling spread of pandemic influenza in the community. Control will likely require availability and use of an effective vaccine. The following are recommendations for community-based strategies:

- Self-isolation: is strongly recommended
- There may be a need to cancel public gatherings (Schools, Church, Pow Wows, Sporting events).
- Hand sanitizing stations are recommended in public buildings (Band Offices, Community Halls, Health Centres, and Schools).

Isolated Communities:

There may be potential in some of these local areas to delay the introduction of the Pandemic strain of the antivirals or vaccines become available:
By introducing:

- Strict Public Health Measures
- Monitoring and if necessary restricting access to communities during a Pandemic

Before Pandemic
Community Responsibilities

- ❑ Community leadership and health team members will be responsible for supporting a Pandemic Influenza Preparedness Response Plan as an appendix to their Emergency Preparedness Plan. They should also coordinate with their Health Authority to ensure it is integrated with the Health Authorities Pandemic Influenza plan.

- ❑ Community leadership is responsible to support the work required to review, revise and exercise this pandemic influenza annually, or as needed.

- ❑ Community leadership will ensure that all community members are made aware of this pandemic influenza plan by providing copies of this plan to each household located in the community and to band members living within close proximity to the community.

- ❑ Community health team members are responsible to ensure that community leaders and community members are kept apprised of any updates or information as it relates to health emergencies, such as localised outbreaks, epidemics, or pandemics.

- ❑ Pandemic planning team will ensure that everyone whose name has been included in this plan with any responsibilities will be provided a copy of the plan and have their responsibilities explained to them.

- ❑ Ensure that you have established contacts with:

    - ❑ NTC Nursing Supervisor
    - ❑ VIHA Medical Health Officer
    - ❑ First Nations Inuit Health
    - ❑ Regional District Emergency Managers/Coordinators
    - ❑ Nearest Hospital
    - ❑ Nearest Pharmacy

- ❑ Designate a central spokesperson (to the community and media).

Plan: The community spokesperson will conduct any media interviews, or communications required on behalf of the community.

During A Pandemic
Community Responsibilities

Emergency Response

❑ The community Incident Command team shall meet as soon as possible to review and activate this plan, as well as any local control measures. Each local control measure (such as individual isolation or cancelling of events) will need to be discussed, and decided upon separately, before being implemented.

The following has been established as your Incident Command team:

Incident Command Structure:

- Incident Commander: Scott Coulson
- Health Board: CHN, Charlotte Rampanen
- Community Spokesperson: Charlie Cootes Sr.
- Operations: CHN
- Planning: CHN
- Logistics: Charlotte Rampanen
- Finance/Admin: Scott Coulson

Note - Each Key Person is aware that they will need to compose a team of one other (if possible) to assist in the event of an emergency.

Incident Command
- ✓ Sets objectives and priorities
- ✓ Has overall responsibility at the site

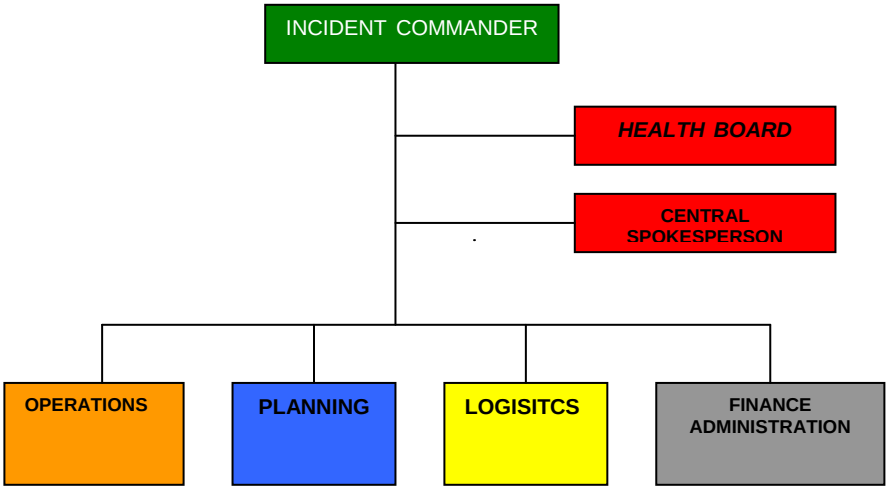
Operations
- ✓ Directs resources
- ✓ Carries out the response activities described in the plan
- ✓ Directs operations and ensures safety of staff

Planning
- ✓ Collects and evaluates information
- ✓ Develops incident action plans
- ✓ Maintains resource status (personnel, equipment)
- ✓ Maintains incident documentation

Logistics
- ✓ Provides support to meet the incident needs
- ✓ Provides resources
- ✓ Provides other services to support the incident

Finance/Administration

- ✓ Monitors costs related to the incident
- ✓ Provides accounting, procurement, time recording and cost analysis



- ❑ Health team members will need to coordinate responses with their own Health Authorities, as well as FNIH, BCCDC and the FNHC when applicable.

- ❑ Establish communication links with the following:

NTC Contact:

Ina Seitcher, Nurse Manager
Ina.Seitcher@nuuchahnulth.org
(250) 724-5757

Jeannette Tremblay, H&CC Supervisor
Jeannette.Tremblay@nuuchahnulth.org
(250) 724-5757

Health Authority Contact: Dr. Charmaine Enns (Medical Health Officer)
Charmaine.enns@viha.ca
Tel: (250) 331-8591 or direct line 331-8592
Fax: (250) 331-8513

Health Council Contact: Eunice Joe
Cell: (604) 340-3716
EJoe@fnhc.ca

Health Canada (FNIH): Tess Juliano, Communicable Disease Control Coordinator
Work: 604-666-8365
tess.juliano@hc-sc.gc.ca

- ❑ Open communication with other communities in your area is important, as it is likely that what affects them can and will affect your community as well. Open communication will be important in the event that one of the communities is severely affected by the outbreak and needs help.

Vaccine

The single best way to protect against the flu is to get vaccinated each year. The "flu shot" is an inactivated vaccine (containing double killed virus) that is given with a needle usually in the arm, or by a nasal spray of children. Each year the influenza vaccine contains three influenza virus strains, as a way to attempt to cover all possible strains which may be circulating during that influenza season.

The viruses in the vaccine change each year based on international surveillance and scientists' estimations about which types and strains of viruses will circulate in a given year. It takes on average 6 months to evaluate and develop the vaccine to be produced for each flu season, with manufacturers ensuring it is ready during the influenza season.

After being vaccinated, it commonly takes between 14 and 21 days for someone to develop enough antibodies to become fully protected against one of the influenza viruses contained in the vaccine.

During a pandemic, a vaccine cannot be produced until the pandemic strain of influenza has been identified, which means there can be no stockpiling of the vaccine. Therefore, the supply of vaccine available to each region will be limited during the early stages of the pandemic and issued based on risk.

- ❑ Plan for mass influenza vaccination clinics.

Plan: Once informed vaccine is available and will be coming to the community for a vaccination clinic, a meeting with Health Team members, and Logistics shall occur to confirm dates, times, location, and the best way to advise community members.

Currently the Health Centre has been identified as the location of the clinic.

Logistics will ensure the building is open with sufficient tables, chairs and supplies to support the health team to complete the vaccination clinic.

Signs will be posted outside of the vaccine clinic stating who may not be eligible to receive vaccine at this time. For example, those people displaying influenza symptoms, or those people who may not be in the priority group for that clinic etc. Also, the health team will identify someone to triage the waiting line to ensure that if someone is not sure they can receive the vaccine or to assist with diagnosing symptoms, and to ensure those with mobility issues are not having to stand and wait for extended periods of time.

As a result of the recent H1N1 outbreak in 2009, it was identified that all First Nations people living on reserve are considered high risk, and therefore a list of all persons living on reserve will be at the vaccine clinic to ensure all community members who want the vaccine, receive it.

Ensure you have the total number of band members living on reserve up to date. If for some reason a community member cannot attend the clinic, either the CHN will attend that persons home or a member of the logistics team will arrange to pick up that community member.

Health Team will ensure that your Health Authority is kept up to date on the number of community members immunized, and how many are remaining.

It is the responsibility of the Health Team to monitor vaccine coverage and adverse affects. It is also their responsibility to report adverse affects to their Health Authority and FNIH.

Antivirals

Consult your doctor early if you develop flu-like symptoms and you have a condition that puts you at higher risk of complications.

Antiviral medication is most effective if given within 48 hours once symptoms start, and the sooner the better. You should also call your doctor if your symptoms get worse, such as shortness of breath or difficulty breathing, chest pain, or signs of dehydration (dizziness when standing, low urine output).

Reference: http://www.healthlinkbc.ca/healthfiles/hfile12b.stm

Health Services

❑ Implement infection control measures.

Plan: Appropriate **i**nfection control measures when dealing with influenza, is a mask (an N95 when possible) and gloves. As influenza is a droplet spread virus, as long as the care giver is conscientious of possible droplet spread surfaces they will be fine utilizing these respiratory infection control measures.

Note: It will be the responsibility of the Health Team to consult with either their Health Authority, or FNIH to ensure that these precautions are appropriate.

❑ Provide health care services on a priority basis.

Plan: Once notified by a community member of an illness, a member of the Health Team will either attend their residence, or have them attend a location to triage their level of illness. As other members of the community become ill, the Health Team may establish a priority list indicating who requires what level of care (e.g. at home, alternative care site or hospitalization).

When community members are triaged, they may be classified in one of the following ways:

1) Have influenza symptoms and can care for themselves (advise them to self isolate for 7 days), check back with them 4 – 6 hours later to re-triage.

2) Have influenza symptoms and have family or others who can care for them (advise them to self isolate for 7 days), check back with them 4 – 6 hours later to re-triage.

3) Cannot care for them and have no family who can care for them, arrange for a health team member to care for them or set up an alternative care site.

4) They are having severe symptoms and need advanced medical care, either call 811 (BC Nurse line) or an ambulance or have them taken to the hospital

- ❑ Establishing Isolation (Individual, Household, Community)

Plan: There are 3 levels of isolation which can be used to assist the community and its members to remain safe in the event that the outbreak is localized. In the case of persons who become isolated, someone will need to be identified to check on those people to ensure they are not getting sicker, or require supplies such as food or medication.

1) **Individual Isolation**:
In the event that a community member becomes ill, they will be required to isolate themselves from other family members and community. To do this, individuals will stay in one room of their home (or the home of a care giver), and remain there for a minimum of 72 hours or longer if advised by a health team member. Someone should clean the home, and ensure that the washroom used by the ill person is cleaned regularly. When possible the ill person should have the use of their own washroom away from others, when not possible it will need to be cleaned after each use.

It will be important to keep those persons who are at a high risk away from the ill person, and it may be necessary to either remove the ill person or the person at risk as a way to keep them safe.

Ensure that the Health Team has been notified that the person is sick.

2) Household Isolation:
When there are 2 or more persons who live within one house who are sick, then this household should be isolated. A sign indicating that there are sick people inside and to not enter without permission should be posted at the door.
For medical confidentiality purposes, the persons living in the home will need to be advised that a sign is to be placed at their door indicating that persons are sick and to not enter. Permission will need to be given by household members before the sign is posted.

3) Community Isolation:
There may be a need to isolate the community for one of two reasons:
a) In the event there is large outbreak of illness in the community;

b) There is a large outbreak of illness in the surrounding area, and isolation is being used to keep the outbreak away from the community.

The Medical Health Officer for your Health Authority does have the legal ability to isolate your community if required, as does the Chief and Council; however a Band Council Resolution may be required first.

Because of the severity of community isolation, it will be imperative to advise the community of the impending isolation so that they can pick up food, medication or other items before the community becomes isolated.

When the community is isolated, a meeting/communication must take place explaining fully as to the reasons for the isolation, and any restrictions that are in place because of it, as well as expected timelines of the isolation.

❑ Establish alternate sites for providing medical care.

Plan: In the event that community members become too ill to care for themselves (or a loved one cannot care for them), or there are too many community members sick and unable to care for themselves, an alternative care site will be established.

When possible these sites should possess the following: an area large enough for more than 5 people to be cared for, running water, washroom facilities, a place to cook, large sinks, heat, and enough room to have patients separated by 3 feet. Other considerations include: Beds, bedding, buckets, lights, thermometers, gloves, masks, wash clothes, sponges, paper towels, scissors, water, soap, oxygen, patient record keeping material.

❑ Arrange for transportation of ill cases.

Plan: If a member of the community has been identified as being too ill to be cared for within the community, the Health Team will arrange for transportation to the closest hospital. The means of transportation will depend upon availability of the BC Ambulance Service.

❑ Recognise the need for corpse management.

Plan: The most current information regarding dealing with persons who have died as a result of the Flu indicates respiratory precautions (mask, gloves) will be sufficient for handling of the deceased. This will be monitored closely by FNIH and if information changes regarding handling of the deceased during the pandemic, then infection control measures may need to be altered.

In the case where the number of deaths as a result of the pandemic is so overwhelming that the Hospital, Coroner's Office, or Funeral Homes cannot receive a deceased person immediately, they may be required to stay in the community. This period of time may be for hours, days or in extreme cases, the community may be advised to keep the corpse on site and to make direct funeral arrangements. (needs to be discussed with chief and council)

A place in the community (Cool & Dry) will need to be identified at the time in order to store any deceased remaining in the community.

As long as the death was as a direct result from the Flu, there may not be a need for the Coroner's Office or the Family Physician to view the deceased. After speaking to the Physician, they will decide if there is a need to view the deceased. If the deceased is remaining in the community, then the CHR/CHN needs to complete a *Registration of Death* (form number HLTH 406 REV 92/12) Province of British Columbia – Ministry of Health et al.

- ❑ Discuss funeral arrangement issues.

Plan: If the deceased person follows "usual" protocol and is sent to the Hospital, Coroner's Office, or Funeral Home then returns to the community, normal traditions will be followed. For any person(s) who comes into contact with the deceased, there is currently no evidence to support the need for those persons who are sitting with the deceased (no contact) to wear any protective equipment. This will be monitored by the MHO/Health Canada and if information changes communities will be notified to make applicable changes.

If the deceased remains in the community from death to funeral, mask and gloves may be required for all persons attending the funeral in case someone attending is ill. The community will also make every effort to bury the deceased as soon as appropriate and possible. It is recommended that only direct family members attend the funeral as a way to limit the number of persons at the funeral (minimize large gatherings).

Note: A Death Certificate must be issued before the deceased can be buried.

Surveillance

- ❑ Establishing local surveillance (monitoring ill people).

Plan: It will be a requirement for all community members to report their illness to the Health Team during a pandemic. The Health Team, during annual influenza season, will inform community members of their responsibility to inform the Health Team when they are ill.

- ❑ Ensure timely reporting of influenza activity to the communities Health Authority and FNIH.

Plan: When a community member is suspected as having the flu, they will notify a member of the health team and be triaged as per the triage section above.

Communication

- ❑ As soon as the community leadership has been made aware of a health emergency, a community meeting will be held to provide information to community members. Encourage community members who do not live in the community full time to attend.

Plan: Hold a community meeting and discuss the following information.

- ♦ What a pandemic influenza is.
- ♦ Getting Vaccinated (this is very important to community members who do not live in the community full time, especially if you decided to limit travel into your community).
- ♦ Antiviral information.
- ♦ Self-monitoring (if a community member becomes ill, they must inform the Health Team of their illness to get quick and proper treatment).
- ♦ Personal Hygiene (importance of hand washing).
- ♦ Travel restrictions (ill people returning to the community).
- ♦ Infection control measures (the use of gloves and masks).

Often experts from your Health Authority, FNIH or Consultants are available to attend these meetings to assist.

- ❑ Have a clearly identified central spokesperson.

Plan: The community spokesperson or their delegate will conduct any media interviews, or communications required on behalf of the community.

After Pandemic
Community Responsibilities

The Pandemic is over when the local, provincial, and federal public health authorities declare it being over. As a pandemic comes in waves, communities should not assume a pandemic is over until it has been announced as formally being over.

- ❑ Your community incident command team shall meet and:
  - Deactivate the plan;
  - Assess the effectiveness of this plan;
  - Revise the plan as necessary.

- ❑ Inform the community members of the pandemic being over, and discuss how it affected the community. It would be best to do this in a community gathering, as this would be a good time to support each other as well. As there will be very few persons not affected by the pandemic influenza outbreak, many community members may feel the need for support and counselling.

- ❑ Arrange for the return of any community members who may be out of the community in hospital, or at other care sites.

- ❑ Provide grief counselling to the community as needed.

- ❑ Document lessons learned by the community. There are only a few times in history where we have the opportunity to possibly save our community from future pandemics. It is important to write down and pass along how the community did during the outbreak, what worked and what didn't.

- ❑ If the community was financially impacted by the health emergency, then seek financial redress.

- ❑ Health Team will complete your surveillance report. The information required by your Health Authority and FNIH.

- ❑ Resume regular surveillance activities.

Note: There will be a continued need for regular surveillance for illness in the community for some time. Although the pandemic influenza has passed, we need to ensure that if community members become ill, that it is reported to the Health Team. The affects of a pandemic influenza can and will be felt for a long time in the community once the pandemic is over.

- ❑ Encourage planning for future pandemics!

Appendix A

Notice to all community:

There has been a recent outbreak of the influenza (Flu) Virus,

Date outbreak started: _____

Please pay attention to the poster titled "Ways to Prevent the Spread of Influenza." This poster gives information on how to protect yourself and others from becoming ill.

At all hand sanitizer stations please use 2-3 pumps and rub thoroughly into hands (no water or paper towel is needed).

Note: If you or someone in your family is experiencing some or all of the following symptoms, please stay home as much as possible; rest and drink plenty of fluids.

- A temperature of 100° F or 37.8° C or higher
- Severe aches and pains
- Chills and/or shivering
- Cough- usually dry (mucous is usually not a common symptom of flu
- Moderate to severe tiredness
- A headache
- Chest discomfort
- Sudden onset of above symptoms usually indicate flu

Your child should receive medical care right away, if you notice:

- Fast or troubled breathing;
- Bluish or dark coloured lips or skin colour;
- Drowsiness to the point that you can't wake up your child;
- Severe crankiness, not wanting to be held;
- Not drinking enough fluids and not peeing

Adults should receive medical care right away, if you notice:

- Difficultly breathing or shortness of breath
- Pain or pressure in the chest;
- Confusion or disorientation;
- Coughing up bloody sputum;
- Severe vomiting.

Appendix B

Ways to Prevent the Spread of Influenza

Hand Washing

One of the most important things you can do to keep from getting sick is to wash your hands.

One of the most common ways to become ill is by rubbing your nose, eyes or mouth after your hands have been contaminated with viruses. By frequently washing your hands you wash away viruses that can be picked up from other people, or from contaminated surfaces, or from animals.

It is especially important to wash your hands

- Before, during, and after you prepare food
- Before you eat, and after you use the bathroom
- After handling animals or animal waste
- When your hands are dirty
- After you sneeze or blowing your nose or
- After caring for someone that is ill

You should also….

Cover your mouth and nose with a tissue when you cough or sneeze

Throw your tissues away immediately

Stay at home if you are sick

- Sneeze or cough into the inside of your arm if you do not have a tissue
- Drink lots of fluids. Fluids that do not have caffeine is best (caffeine makes you lose fluids)
- Take basic pain/fever relievers e.g. Acetaminophen (Tylenol)
- Take cough medicine. This helps especially if you have a dry cough
- Use a hot water bottle or heating pad. Applying heat carefully, for short periods of time, can help reduce muscle pain.
- Get lots of rest.

To report symptoms please call (250) 724-1832 please leave a message if no one answers.

Please call 811 (BC Nurse Line), your doctor or 911 if you experience severe symptoms

Appendix C

Basic Cleaning Tips

As the Influenza Virus can live on smooth unclean surfaces for more than 24 hours, during an influenza outbreak it will be very important to disinfect your home, especially if you have a loved one at home who is sick. The following are a few tips on where to clean and how to clean.

As bleach has been proven to kill 99.9% of common household germs, such as E. coli, Staphylococcus (Staph), Salmonella and viruses that can cause colds and flu, your cleaning solution should be made up of 9 parts water and 1 part bleach.

The following common surfaces should be kept clean especially when someone is sick:

- Refrigerator and microwave door handles
- All sinks, tubs & faucets
- Toilet handles, seats & bowls
- TV remotes
- Telephones
- Light switches
- Doorknobs
- Computer keyboards & Mouse's
- Countertops

These surfaces can be cleaned by using the bleach/water cleaning solution, with just a few quick sprays of the cleaning solution and wiping the surface with a cloth. Be sure to give the surface a good rub, while wiping off the cleaning solution.

A sink drain needs to be cleaned at least weekly. After you've washed out the sink with the cleaning solution, flush the drain by pouring in 1 cup (8 0z.) of bleach down the drain and flush again with hot water.

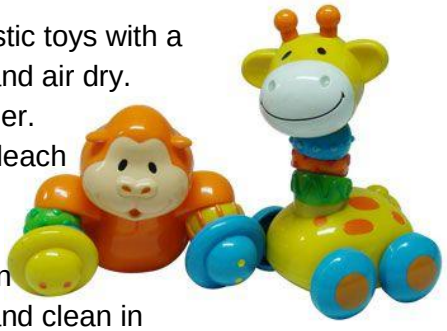
Sweep then mop kitchen and bathroom floors with the cleaning solution, and vacuum carpets at least weekly or as needed.

To clean plastic cutting boards, wash or rinse with liquid dishwashing detergent and water. Then soak in a solution using 1 tablespoon of bleach per gallon of water. Let stand 2 minutes, then air dry.

To clean wooden cutting boards, use approximately 3 tablespoons of bleach per gallon of water to create a sanitizing solution. Wash, wipe, or rinse with dishwashing detergent and water, then apply solution. Let stand 2 minutes. Rinse with a solution of 1 tablespoon of bleach per gallon of water. Do not rinse or soak overnight.

When cleaning telephones, be sure to clean both the receiver and the buttons on the phone, this way the entire phone is clean.

Scrubbing toys weekly is your safest bet. Clean washable, colorfast plastic toys with a solution of ¾ cup bleach per gallon of water. Soak for 5 minutes, rinse and air dry. Keep in mind that many toys can simply join your dishes in the dishwasher.
If your child has been ill you will want to disinfect hard plastic toys with bleach as soon as your child shows symptoms of influenza.



Have your children use a plastic tub for the hard plastic toys they've been playing with that day. This way, you can simply pick the whole thing up and clean in one batch. Don't forget to wipe down and rinse the toys and the bin!

Toys that trap water (like rubber ducky's) also need to be cleaned regularly, rinsed well and left to dry.

*Some of the above information came from the Clorox Bleach website

Flu Treatment **Appendix D**

Need help deciding which treatments are effective for the flu? Though flu treatments won't cure the flu, there are flu treatments that can relieve common flu symptoms such as fever, aches, fatigue, and congestion. Some flu treatments may actually shorten the time you have flu symptoms. However, Health Canada now says that over-the-counter cough and cold medicines should not be given to children under 6.

There is some basic home treatment which can help to alleviate the flu symptoms:

- Get plenty of rest. Stay home from work or school as bed rest will also help you avoid spreading the virus to others.
- Drink plenty of extra fluids to replace those lost from fever.
- Avoid smoking and breathing other people's smoke.
- Breathe moist air from a hot shower or from a sink filled with hot water to help clear a stuffy nose.
- Anti-influenza drugs or antivirals are available by prescription, but these must be started early. They will shorten symptoms by about three days if given within 12 hours, and by about 1.5 days if given with two days of the start of symptoms.
- Over-the-counter medications can help relieve symptoms such as pain and fever. These are *not* recommended for children under six years of age. Non-prescription flu remedies are also available at the pharmacy.

Information found at http://www.bccdc.ca/dis-cond/a-z/_f/Flu/overview/default.htm

Which flu treatments should I take for flu symptoms?

The flu treatment you should take depends on your symptoms. For example, if you have nasal or sinus congestion, then a decongestant can be helpful. However, decongestants should not be used for more than a few days because, if they are used too long and then stopped, they can cause rebound symptoms.

If you have a runny nose, postnasal drip, or itchy, watery eyes -- then an antihistamine may be helpful for your flu symptoms.

Over-the-counter antihistamines often make people drowsy, whereas decongestants can make people hyper or keep them awake. Antihistamines can make mucus thick, which can be a problem if you have lung disease such as COPD or asthma. Keep in mind that both decongestants and antihistamines can interact with other drugs you may be taking for conditions such as heart disease, and they may worsen some conditions. Talk to your doctor or pharmacist about which flu treatment may be best for you.

Which flu treatment should I use for nasal congestion?

If you need immediate relief for swollen, congested nasal passages, you may get relief with an over-the-counter decongestant nasal spray. It is important to stop using decongestant nasal sprays after three to five days to avoid the development of rebound congestion or recurrent congestion.

Some doctors suggest using a saline spray instead of a medicated spray. Saline spray works more slowly but has no rebound effect. It may be used for extended periods of time without significant side effects.

Is it safe to take a decongestant if I have high blood pressure?

Decongestants can increase blood pressure and heart rate and increase the risk of heart attacks and strokes. Pseudoephedrine is the primary oral decongestant available. In general, if your blood pressure is well controlled with medications, then a decongestant shouldn't be a problem as long as you monitor your blood pressure. This may not be true, however, with certain types of blood pressure medications.

Check with your doctor or pharmacist about which type of medicine may be best for you.

Which flu treatment works best for my cough?

An occasional cough may clear the lung of pollutants and excess phlegm. A persistent cough should be diagnosed and treated specifically. On the pharmacy shelf, you'll find numerous cough medicines with various combinations of decongestants, antihistamines, and cough suppressants, ask your pharmacist which combination, if any, would be right for your cough.

Which flu treatment should I take to lower my fever and body aches?

Fever may be a good thing. It helps the body fight off infection by suppressing the growth of bacteria and viruses and activating the immune system. Doctors no longer recommend suppressing fever for most people, except perhaps for the very young, the very old, and those with certain medical conditions such as heart disease or lung disease. However, if you are uncomfortable, then it's fine to take medications.

Young people (including those in their early 20s) should avoid aspirin. Acetaminophen (Tylenol and others) or the numerous other medicines like ibuprofen (Advil and others) are your best choices. Each medication has risks. Check with your doctor or pharmacist as to which medication may be best for you.

Be careful not to overdose! These drugs are often mixed in with other cough and cold and flu remedies you may also be taking. Your pharmacist can help you make the right choice.

Which flu treatment is best for my sore throat?

Drinking lots of fluids and using salt water gargles (made by combining a cup of warm water and a teaspoon of salt) can often be helpful for easing the pain of a sore throat. Some oral medications (such as Tylenol) and medicated lozenges and gargles can also temporarily soothe a sore throat. Get your doctor's approval before using any medications, including over-the-counter drugs, and don't use lozenges or gargles for more than a few days. The medications could mask signs of strep throat, a bacterial infection that should be treated with antibiotics.

Can antibiotics help my flu symptoms?

Antibiotics cannot help flu symptoms. The flu is caused by a virus, and antibiotics only treat bacterial infections. Taking antibiotics needlessly may increase your risk of getting an infection later that resists antibiotic treatment. If you get a secondary bacterial infection with the flu virus, your doctor may prescribe an antibiotic to treat the secondary infection.

If your doctor does prescribe an antibiotic for a sinus infection or respiratory tract infection associated with flu, and you do not get relief within a few days, check back with your doctor to see if the antibiotic is working for your particular infection. Certain bacteria have become resistant to some antibiotics in some locales, and stronger medications may be needed.

When do you need to seek medical advice?

If you do not start to feel better in a few days or your symptoms get worse, you should seek medical advice:

- Chest pain
- Difficulty breathing
- Wheezing
- High or persistent fever: more than 38.5ºC for more than 24 hours
- Severe headache or neck pain
- Severe throat pain

Seek medical advice if you get sick and you have the following health concerns:

- Heart or lung disease
- Any chronic health concern that requires regular medical attention
- An immune system weakened by disease or medical treatment, or
- You are frail or at risk of serious illness or complications

Information found http://www.bccdc.ca/dis-cond/a-z/_f/Flu/overview/default.htm, http://www.canadianliving.com/health/prevention/colds_and_the_flu_symptoms_and_treatment.php, http://www.webmd.com/cold-and-flu/9-tips-to-treat-colds-and-flu-the-natural-way?page=2

Is It a Cold or the Flu?

Appendix E

Cold and flu viruses are both respiratory illnesses, but they have different symptoms. The following chart will help you know the difference between the two.

Signs and Symptoms	Influenza	Cold
Fever	Usually present	Rare
Aches	Usual, often severe	Slight
Chills	Fairly common	Uncommon
Tiredness	Moderate to severe	Mild
Symptom onset	Symptoms can appear within 3 to 6 hours	Symptoms appear gradually
Coughing	Dry, unproductive cough	Hacking, productive cough
Sneezing	Uncommon	Common
Stuffy nose	Uncommon	Common
Sore throat	Uncommon	Common
Chest discomfort	Often severe	Mild to moderate
Headache	Common	Uncommon
Complications	Bronchitis, pneumonia; can be life threatening	Sinus Congestion or earache

Information for this chart found at http://www.bccdc.ca/dis-cond/a/f/Flu/overview/default.htm, www.flufacts.com and www.webmd.com

High risk groups for seasonal flu include:

- anyone aged 65 years or older
- people with chronic heart, lung, or metabolic disorders (including diabetes)
- those with chronic kidney disease, anomia, a weakened immune system, or asthma
- residents of nursing homes
- children receiving long-term ASA therapy who may be at risk of developing Reye's syndrome
- children 6 months or older with respiratory disorders

Written and reviewed by the MediResource Clinical Team Updated, April 8, 2011

http://bodyandhealth.canada.com/channel_section_details.asp?text_id=2383&channel_id=1020&relation_id=10882

Child's Symptoms and Care Guide Appendix F

The answers to these questions can help determine whether a child is fighting the flu or combating a cold:

Flu vs. Colds: A Guide to Symptoms		
Questions	**Flu**	**Cold**
Was the onset of illness ...	Sudden?	Slow?
Does your child have a ...	High fever?	No (or mild) fever?
Is your child's exhaustion level ...	Severe?	Mild?
Is your child's head ...	Achy?	Headache-free?
Is your child's appetite ...	Decreased?	Normal?
Are your child's muscles ...	Achy?	Fine?
Does your child have ...	Chills?	No chills?

If most of your answers fell into the first category, chances are that your child has the flu. If your answers were usually in the second category, it's most likely a cold.

Some bacterial diseases, like strep throat or pneumonia, also can look like the flu or a cold. It's important to get medical attention immediately if your child seems to be getting worse, is having any trouble breathing, has a high fever, that doesn't break (or for more than 24 hours), has a bad headache, has a sore throat, or seems confused.

While even healthy kids can have complications of the flu, kids with certain medical conditions are at more of a risk. If you think your child might have the flu, contact your doctor.

Caring for your child:

Offer plenty of fluids (fever, which can be associated with the flu, can lead to dehydration). If your child is tired of drinking plain water, try ice pops, icy drinks mixed in a blender, and soft fruits (like melons or grapes) to maintain hydration.

Encourage your child to rest in bed or on the couch, with a supply of magazines, books, quiet music, and perhaps a favorite movie.

Give acetaminophen or ibuprofen for aches and pains (but do not give aspirin unless your doctor directs you to do so).

Dress your child in layers so you can add and remove layers during bouts of chills or fever.

Take care of yourself and the other people in your family ensure you wash your hands thoroughly and often after taking temperatures and picking up used tissues. It's also a good idea to give your house a thorough cleaning using a bleach and water solution, focus on: common areas such as door knobs, TV remotes, light switches, sinks and taps.

Information reference:
http://kidshealth.org/parent/h1n1_center/h1n1_center_treatment/tips_take_care.html

Appendix G

Community Illness Reporting Form

Name	Date	Time	Symptoms
			❑ A temperature of 100° F or 37.8° or higher ❑ Severe aches and pains ❑ Chills and/or shivering ❑ Cough- usually dry (mucous is usually not a common symptom of flu ❑ Moderate to severe tiredness ❑ A headache ❑ Chest discomfort ❑ Sudden onset of above symptoms usually indicate flu Other:
			❑ A temperature of 100° F or 37.8° or higher ❑ Severe aches and pains ❑ Chills and/or shivering ❑ Cough- usually dry (mucous is usually not a common symptom of flu ❑ Moderate to severe tiredness ❑ A headache ❑ Chest discomfort ❑ Sudden onset of above symptoms usually indicate flu Other:
			❑ A temperature of 100° F or 37.8° or higher ❑ Severe aches and pains ❑ Chills and/or shivering ❑ Cough- usually dry (mucous is usually not a common symptom of flu ❑ Moderate to severe tiredness ❑ A headache ❑ Chest discomfort ❑ Sudden onset of above symptoms usually indicate flu Other:

First Nation Reference Websites

1) British Columbia Government: http://www.gov.bc.ca/
2) Interior Health: http://www.interiorhealth.ca/
3) First Nation and Inuit Branch: http://www.hc-sc.gc.ca/fniah-spnia/index-eng.php
4) BC Centre for Disease Control: http://www.bccdc.ca/default.htm
5) Health Canada: http://www.hc-sc.gc.ca/index-eng.php
6) HealthLink BC: http://www.healthlinkbc.ca/kbaltindex.asp
7) Environmental Health BC: http://www.vch.ca/environmental/
8) Public Health Agency of Canada: http://www.phac-aspc.gc.ca/index-eng.php
9) World Health Organization (WHO): http://www.who.int/en/
10) Assembly of First Nations. A First Nations Holistic Approach to Pandemic Planning: A lesson for Pandemic Planning. Available at: www.afn.ca/cmslib/general/pan-planning.pdf
11) Interior Health Pandemic Influenza Plan: www.interiorhealth.ca – Pandemic Influenza Pandemic Plan