

Influenza Tool Kit

2009 – 2010 Issue 1 December 2009

Pandemic
H1N1/ILI and
Seasonal
Influenza:

Group Homes,
Developmental
Residents,
Small Options &
Residential
Care Facilities
Services
Tool Kit

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Introduction

This toolkit has been developed to provide guidance to Group Homes, Developmental Residents, Small Options and Residential Care Facilities in response to Influenza Like Illness (ILI) which would include both pandemic H1N1 and seasonal ILI. Although your organization may not have established practices to identify and respond to cases of seasonal influenza or H1N1/ILI, it is now recommended that organizations develop processes and implement practices to prevent transmission of H1N1/ILI in subsequent influenza seasons. The epidemiology of the virus has been rigorously studied and these guidelines reflect the current standards of practice in influenza control. They have been developed from local, provincial and national expertise, discussions, and review of the literature. They are subject to review and change as new scientific information becomes available.

Background

Influenza is an acute viral illness of the respiratory track characterized by fever, headache, muscle aches, extreme fatigue, runny nose, sore throat and cough. Most people will recover from influenza within a week or ten days, but some - including those over 65 and adults and children with chronic conditions, such as diabetes and cancer - are at greater risk of more severe complications, such as pneumonia.

The H1N1 flu virus is a new strain of pandemic influenza which is different than the seasonal flu. People have no natural immunity to protect against this virus. The H1N1 flu virus emerged in April 2009 and surveillance of its spread shows that it is affecting more young and healthy people than the regular seasonal flu, which normally affects seniors and young children. People with underlying medical conditions and pregnant women may be at a greater risk for severe illness.

Risk of Complications

Everyone is at risk of catching the H1N1 flu virus but individuals that have any of the following diseases or characteristics may be at an increased risk for complications:

People at risk of influenza-related complications include:

1. < 5 years of age (especially < 2 years of age)
2. pregnancy (especially 2nd and 3rd trimester)
3. chronic conditions requiring regular medical follow-up, such as:
 - asthma and other chronic respiratory disease
 - diabetes and other metabolic disorders
 - cardiac disease
 - chronic hepatic disease
 - chronic renal disease
 - immunocompromised and immunosuppressed conditions
 - blood disorders (including anemia and sickle cell anemia)
 - neurologic and neurodevelopmental disorders (causing disordered swallowing and breathing)
 - morbid obesity (BMI > 35)



H1N1/ILI: What to Look For

Like seasonal flu, some people who get H1N1/ILI will have a mild illness while other people may become very sick.

The symptoms for H1N1/ILI include:

Acute onset of respiratory illness with fever and/or cough plus one or more of the following:

- Extreme exhaustion
- Head ache,
- Muscle/joint aches
- Sore throat
- Fever may NOT be present in young children and the elderly.
- Some have reported diarrhea and vomiting associated with H1N1/ILI influenza.

(See Appendix A: *Know the Difference Between a Cold and H1N1/ILI Symptoms*)

How It Spreads

The H1N1 flu virus is contagious and is spread the same way as regular seasonal influenza. This happens when an infected person coughs or sneezes and their germs enter the nose, eyes, or throat of another person. The germs can also rest on hard surfaces like counters and doorknobs, and can be picked up on hands and transmitted to the respiratory system when someone touches their mouth, nose or eyes.

What You Do If You Suspect A Client Has H1N1/ILI

If a client has H1N1/ILI report this to the supervisor. There is no requirement for reporting individual cases of H1N1/ILI to local public health.

Client:

If a client has suspected H1N1/ILI, request that the ill individual not enter the common living areas of the home, if possible. The ill client should maintain a distance of 2 metres from the other household members (where possible) at all times.

Educate the client on infection prevention and control measures, such as:

- Hand hygiene.
- Cough and sneeze etiquette "Coughs and sneezes spread diseases". The ill person should cover their cough and/or sneeze with a tissue or their arm. Tissues should be carefully placed in a waste basket and then the hands cleaned with soap and water or an alcohol based hand sanitizer.
- Social distancing (i.e. keeping at least 2 metres away from other people in their household or wear a surgical/procedure mask if coughing or sneezing within two metres of other people, not going out in public while symptomatic).
- Each sick person should have his/her own towel, face cloth, toothbrush, etc. that are kept away from those who are well.



- Staying home from work/day programs or other activities until the fever has passed and the person is feeling well and able to resume normal activities. It is not unusual for individuals to experience a cough for days to weeks post infection. Presence of a cough in the absence of other symptoms is not sufficient to keep an individual away from the work/activities.
- Calling their health care provider if their symptoms become worse.

Supportive therapy for the client

For clients with H1N1/ILI that are otherwise healthy or not at risk of complications see the following care suggestions:

- Rest.
- Drink plenty of fluids.
- Take steps to treat fever, such as wearing lightweight clothing and keep the room temperature around 20°C (68°F).
- Take basic pain or fever relievers such as acetaminophen (Tylenol®), ibuprofen (Advil®, Motrin®), or acetylsalicylic acid (ASA or Aspirin®). Children or teenagers under the age of 18 should NOT TAKE Acetylsalicylic acid (ASA or Aspirin®) or any cold medicine that has ASA.
 - ***Note depending on your agency policies you may need to discuss with your health care providers to have a prn order in place as opposed to taking them to a doctor's office or emergency room for treatment of mild symptoms.**

See Appendix C: Fact Sheet: *Self Care of H1N1*

When to seek medical advice (see Appendix 2: Influenza Decision Chart)

Be on alert for complications. Most people will begin to feel better after a few days. Sometimes complications develop, such as pneumonia. Asthma, diabetes, and heart disease may worsen.

Contact a health care provider if the sick person:

- Starts to feel better, then fever returns and illness worsens
- Experiences wheezing, severe shortness of breath, or difficulty breathing
- Notices blood in the phlegm
- Experiences severe persistent chest pain
- Is hard to wake up, unusually quiet, or unresponsive
- Experiences hallucinations
- Has new onset of diarrhea, vomiting, or abdominal pain after starting to feel better

Staff:

What you can do to reduce the spread of Influenza virus in the home:

When providing care to a client who is sick with influenza, the most important ways to protect yourself and others who are not sick are to:



- Keep the sick person away from other people as much as possible, in a room separate from the common areas of the house. (For example, a spare bedroom with its own bathroom, if that's possible.)
- Remind the sick person to cover their coughs, and clean their hands with soap and water or an alcohol-based hand sanitizer often, especially after coughing and/or sneezing.
- Have everyone in the household clean their hands often, using soap and water or an alcohol-based hand sanitizer.
- Unless necessary for medical care, persons with the flu should not leave the home when they have a fever or during the time that they are most likely to spread their infection to others (this is until they are feeling well and can resume regular activities).
- If persons with the flu need to leave the home (for example, for medical care), they should cough or sneeze into their sleeve (cough etiquette) or wear a surgical/ procedure mask if available and able to tolerate
- Have the sick person practice cough etiquette or wear a mask, and practice good hand hygiene, if they need to be in a common area of the house near other people (within 2 metres). Assist them with hand hygiene if needed.
- If possible, sick persons should use a separate bathroom. This bathroom should be cleaned daily with household disinfectant.

Protect other persons in the home

- The sick person should not have visitors other than caregivers. A phone call is preferable to a visit.
- If possible, have only one person in the home take care of the sick person.
- All persons in the household should clean their hands with soap and water or an alcohol-based hand sanitizer frequently, including after every contact with the sick person or the person's room or bathroom.
- Use paper towels for drying hands after hand washing or dedicate cloth towels to each person in the household. For example, have different colored towels for each person.

For the caregiver

- Avoid having face-to-face contact (within 2 metres) with the sick person as much as possible.
- If you must have close contact with the sick person (for example, feeding, brushing teeth), spend the least amount of time possible in close contact and wear a surgical/procedure mask and eye protection.
- Respiratory treatments should be performed in a separate room away from common areas of the house when at all possible.
- Used masks should be removed carefully by the ties and placed immediately in the waste container so they don't touch anything else. (see Appendix 3: How to Use Personal Protective Equipment)
- Do not re-use disposable masks. After you take off a mask, discard it in a waste container and clean your hands with soap and water or an alcohol-based hand sanitizer.
- Review Infection Prevention and Control Measures below.



Infection Prevention and Control Measures for Influenza

As during regular influenza season, staff should follow Routine Practices and Universal Precautions. The measures outlined below are to be practiced when clients start to exhibit H1N1/ILI symptoms and continue until symptoms have resolved.

Routine Practices (Universal Precautions)

Before taking care of a client with H1N1/ILI, staff providing care should:

- Perform hand hygiene frequently using either alcohol-based hand sanitizer (60-90%) or liquid soap and water i.e.:
 - Before and after client care
 - After removal of gloves or other personal protective equipment (PPE) such as masks or eye protection.
 - Before eating and drinking
 - After coughing and sneezing or using tissues
- All equipment used on one client should be cleaned and disinfected before use on someone else.
- Staff who are in close contact (within 2 metres) with clients with H1N1/ILI should:
 - wear a surgical/procedure mask, particularly if the client is unable to tolerate a surgical mask.
 - wear eye protection
 - wear gloves (when there is a risk of hand contact with a client's bodily fluids)
 - wear gown (when clothing might be contaminated while providing care to the client).**(See Appendix 3: How to Use Personal Protective Equipment)**
- Clean your hands often, with either soap and water or an alcohol based hand sanitizer before and after putting on or taking off a mask, after touching anything that a sick person has touched (such as dishes, towels, clothes, and trash), before you eat and before touching your eyes, nose or mouth.
(See Appendix D: How to Use Personal Protective Equipment)

Household cleaning, laundry, and waste disposal

- Surfaces and items also commonly touched can be cleaned with commercially available cleaning products. You can disinfect door knobs and light switches with a bleach-based cleaner or by cleaning them with a mixture that is 1 part bleach and 10 parts water. Clean the bathroom daily.
- Throw away tissues and other disposable items used by the sick person in the regular waste container/compost. Wash your hands after touching used tissues and similar waste.
- Staff should follow routine food safety and sanitation practices by washing hands regularly and discouraging the sharing of dishes, cutlery and other items
- Linens, eating utensils, and dishes belonging to those who are sick do not need to be cleaned separately, but importantly these items should not be shared without washing thoroughly first.



- Eating utensils should be washed either in a dishwasher or by hand with hot water and soap.
- Wash linens (such as bed sheets and towels) by using household laundry soap and tumble dry on a hot setting. Avoid “hugging” laundry while carrying it prior to washing it to prevent contaminating yourself. Clean your hands with soap and water or alcohol-based hand sanitizer immediately after handling dirty laundry.

Occupational Health

- Encourage staff to perform self-assessment for symptoms of H1N1/ILI. (Page 4 - What To Look For)
- Staff that develop H1N1/ILI symptoms should stay home from work until feeling well and able to resume normal activities. **NOTE:** It is not unusual for individuals to experience a cough for days to weeks after an acute respiratory infection. The presence of a cough in the absence of other symptoms is not sufficient to keep someone away from work.
- Staff should be reminded of the importance of reporting illness to those responsible for Occupational Health, or the manager, if symptoms of H1N1/ILI develop while on duty.
- Staff who have had contact with someone who is confirmed to have H1N1/ILI but have no H1N1/ILI symptoms themselves can attend work but should be alert for the signs and symptoms of flu in themselves.



Appendix A

Know the Difference Between a Cold and H1N1/ILI Flu Symptoms

Symptom	Cold	H1N1/ILI Flu
Fever	Fever is rare with a cold.	Fever is usually present with the flu in up to 80% of all flu cases. A temperature of 100°F or higher for 3 to 4 days is associated with H1N1/ILI.
Coughing	A hacking, productive (mucus-producing) cough is often present with a cold.	A non-productive (non-mucus producing) cough is usually present with H1N1/ILI flu (sometimes referred to as a dry cough).
Aches	Slight body aches and pains can be part of a cold.	Severe aches and pains are common with H1N1/ILI flu.
Stuffy Nose	Stuffy nose is commonly present with a cold and typically resolves spontaneously within a week.	Stuffy nose is not commonly present with H1N1/ILI flu.
Chills	Chills are uncommon with a cold.	60% of people who have H1N1/ILI flu experience chills.
Tiredness	Tiredness is fairly mild with a cold.	Tiredness is moderate to severe with H1N1/ILI flu.
Sneezing	Sneezing is commonly present with a cold.	Sneezing is not common with H1N1/ILI flu.
Sudden Symptoms	Cold symptoms tend to develop over a few days.	H1N1/ILI has a rapid onset within 3-6 hours. The flu hits hard and includes sudden symptoms like high fever, aches and pains.
Headache	A headache is fairly uncommon with a cold.	A headache is very common with H1N1/ILI flu, present in 80% of flu cases.
Sore Throat	Sore throat is commonly present with a cold.	Sore throat is also commonly present with H1N1/ILI flu.
Chest Discomfort	Chest discomfort is mild to moderate with a cold.	Chest discomfort is often severe with H1N1/ILI flu.



Appendix B



Influenza Decision Chart

Have flu symptoms? Need help deciding what to do?

Use this table to help make the best decision for you and your loved ones.

<p>Symptoms for an adult or child: <i>No fever (temperature less than 38.5°C or 101.3°F), but has these symptoms:</i></p> <ul style="list-style-type: none"> • Sore throat • Stuffy nose • Runny nose • Cough 	<p>Decision Probably a cold. Rest at home.</p>
<p>Symptoms for a healthy, non-pregnant adult or healthy child 5 years of age and older: <i>A sudden fever over 38.5°C (101.3°F) with these symptoms:</i></p> <ul style="list-style-type: none"> • Cough • Sore throat • Extreme tiredness • Headache • Sore muscles and joints 	<p>Decision Probably the flu. Rest at home. Refer to the Self Care fact sheet under General Information at www.gov.ns.ca/h1n1 or, if you need advice, call 811.</p>
<p>Symptoms for an adult or child at risk of complications: <i>A sudden fever over 38.5°C (101.3°F) with these symptoms:</i></p> <ul style="list-style-type: none"> • Cough • Sore throat • Extreme tiredness • Headache • Sore muscles and joints <p><i>Those at risk of developing complications include:</i></p> <ul style="list-style-type: none"> • Children under 5 years of age, • Pregnant women, • People with chronic conditions requiring regular medical care, such as: <ul style="list-style-type: none"> • Asthma and chronic lung disease • Diabetes • Heart disease • Chronic kidney or liver disease • Immunosuppressed conditions • Blood disorders, such as anemia and sickle cell anemia • Neurological disease and disorders causing swallowing and breathing problems • Severe obesity 	<p>Decision Visit a flu assessment centre, or see a health care provider (doctor, nurse practitioner or family practice nurse) today. If uncertain, call 811.</p> <p>For details on flu assessment centres, visit www.gov.ns.ca/h1n1, call your local district health authority or call 811.</p>
<p>Symptoms for a very sick adult or child:</p> <ul style="list-style-type: none"> • High fever greater than 38.5 C (101.3°F) for more than three days • Severe persistent chest pain • Severe shortness of breath • Severe or persistent vomiting • Confusion or disorientation • Grey skin color or blue lips • In children, failure to eat or drink sufficiently, sleepiness and difficulty waking, lack of interaction, irritability and no urination in 12 hours 	<p>Decision Go to the emergency room immediately, or call 911, if necessary.</p>

Important: Should your symptoms continue or get worse, see a health care provider to be reassessed.

For health information and advice, call **HealthLink 811**.

For information on H1N1 and seasonal flu, visit www.gov.ns.ca/h1n1.



Appendix C

Self Care of H1N1 and other Influenza-like Illnesses (ILI)

Seasonal influenza and H1N1 are acute viral illnesses of the respiratory tract. Influenza has many strains. H1N1 is a new type.

Symptoms of H1N1: Fever or cough or both, with one or more of sore throat, head ache, muscle aches, joint aches, unusual tiredness, and in children under five years, vomiting and diarrhea.

If someone you know becomes sick, care for them in ways that reduce the risk of others getting sick. Pregnant women and people with severe chronic illness should avoid providing care to people with influenza-like illness if possible.

Here are 10 things you can do if you are sick or caring for a sick person:

- 1. Keep your distance.** Minimize contact with the sick person. Give care and comfort for the sick person, but do not stay with them at all times. Supervise sick children closely. Encourage the sick person to stay in their own room. This will reduce the spread the virus throughout the house. Encourage rest. Restrict visitors—use telephone, e-mail, or letters instead.
- 2. Wash your hands often.** Everyone in the home should wash their hands often or use an alcohol-based hand sanitizer, even when hands look clean:
 - Before and after being close to someone who is sick
 - After being in a sick person's room or touching anything that a sick person has touched, such as dishes, towels, clothes, or trash
 - Before you prepare and eat food
 - Before touching your eyes, nose, or mouth
 - When coughing or sneezing into a tissue
- 3. Cover coughs and sneezes.** Encourage the sick person to cough and sneeze into a sleeve or tissue. This will reduce the spread of infection.
- 4. Stay at home until feeling well.** The sick person should not go out in public. They should not return to daycare, school, or work until they are feeling well and able to resume normal day-to-day activities. Health care workers should follow the policy of their employer.
- 5. Keep common surfaces clean.** Clean door knobs and light switches with regular household cleaning products at least once a day. Clean the phone or other surfaces after use by the sick person. Keep the sick person's things separate. Clean and disinfect items handled by the sick person before handling them. Provide the sick person with their own towel, face cloth, and toothbrush. Wash dishes, dirty laundry, and towels with hot water and soap, as soon as removing them from the room. Use a household cleaner on bedside tables, bathroom surfaces, and children's toys. Wash linens, eating utensils, and dishes used by the sick person before they are

used by others. Wash bed sheets and towels with household laundry soap and dry on a hot setting. Clean your hands with soap and water or alcohol-based hand rub immediately after handling dirty laundry. Line garbage cans with a plastic bag or use a garbage bin with a foot pedal, minimizing contact with the contents. Disinfect



commonly used surfaces such as door knobs, taps, and light switches with a household cleaner or a mixture that is one part bleach and ten parts water.

6. Drink fluids and eat nutritious foods. Offer plenty of warm drinks, such as tea with honey and lemon, and chicken broth. These can sooth sore throats. Offer simple foods, such as cooked oatmeal, mashed vegetables, bananas, rice, apples, or toast.

7. Open the windows. Fresh air is best. If weather permits, open windows to keep rooms well ventilated.

8. Keep the air smoke free. Smoking and exposure to second hand smoke is especially hard on the lungs when there is an infection. Ensure that no one smokes near the sick person.

9. Treat the fever. Fever often comes with chills or aches and pains. Acetaminophen or ibuprofen may help bring down the fever and take away the aches. For children, acetaminophen is recommended. If you are using ibuprofen with children, only give it to them if they are drinking lots of fluids. Do not give aspirin to children as it has been linked to Reye's syndrome. A cool face cloth to the face and neck or body can help the fever. When taking medication, follow the instructions on the label or the directions given by your health care provider.

10. Be on alert for complications. Most people will begin to feel better after a few days. Sometimes complications develop, such as pneumonia. Asthma, diabetes, and heart disease may worsen. Contact a health care provider if the sick person

- Starts to feel better, then fever returns and illness worsens
- Experiences wheezing, shortness of breath, or difficulty breathing
- Notices blood in the phlegm
- Experiences chest pain
- Is hard to wake up, unusually quiet, or unresponsive
- Experiences hallucinations
- Has new onset of diarrhea, vomiting, or abdominal pain after starting to feel better

If you or the person you are caring for is **pregnant**, please contact a health practitioner for advice.

If you are **pregnant** and caring for a person sick with flu-like symptoms, it is recommended that someone else care for the ill person. If this is not possible, please be extra careful about these prevention steps and seek medical care if you develop flu-like symptoms.

Remember, most cases we have seen in Nova Scotia have been typical flu-like illness that patients can treat at home. However, more people with severe illness are expected. Wash your hands frequently. Cough or sneeze into your sleeve. If you are sick, stay home until you are feeling well. Follow the medical advice given to you.

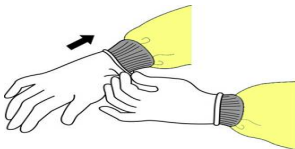
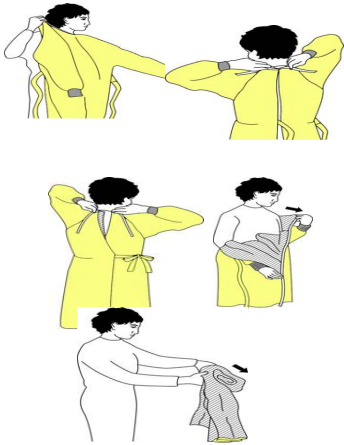


For advice on H1N1, call HealthLink 811 to talk to a registered nurse.

Help play a part in managing influenza-like illness in Nova Scotia!



Appendix D

Personal Protective Equipment

	<p>GLOVES</p> <ul style="list-style-type: none"> • Wear to protect skin • Disposable - use only once! <p>GLOVE REMOVAL</p> <ul style="list-style-type: none"> • Remove gloves first • Do not touch the outside of gloves as they are contaminated • Grasp outside of glove with opposite gloved hand; peel off • Hold removed glove in gloved hand • Slide fingers of ungloved hand under remaining glove at wrist • Peel glove off over first glove • Discard gloves in waste container • Perform hand hygiene
	<p>GOWNS</p> <ul style="list-style-type: none"> • Wear gown if contamination of skin, uniform or clothing is anticipated • Gowns made of water resistant material can be re-usable or disposable • Fasten in back of neck and waist • Remove immediately if wet <p>GOWN REMOVAL</p> <ul style="list-style-type: none"> • Remove gown after you remove gloves • Do not touch the outside of the gown front and sleeves as they are contaminated • Unfasten ties at neck • Pull away from neck and shoulders; touching inside of gown only • Turn gown inside out • Fold or roll into a bundle and discard or if reusable place in laundry bin • Use only once
	<p>PROCEDURE MASKS</p> <ul style="list-style-type: none"> • Wear mask to protect nose and mouth from likely splashes and sprays of blood or body fluids. Wear within 2 metres of a client with ILI • Large enough to cover nose and mouth • Secure ties or elastic bands at middle of head and neck • Fit flexible band to the bridge of your nose • Avoid touching your face while wearing the mask . Do not let the mask hang around your neck • Replace the mask when it becomes wet or damp: a mask only works when it is dry <p>REMOVE MASKS</p> <ul style="list-style-type: none"> • Disposable – use only once! Never reuse! • Do not touch the front of mask as it is contaminated • Grasp bottom, then top ties, or elastics and remove • Discard in waste container • Wash your hands immediately
	<p>EYE PROTECTION AND FACE SHIELDS</p> <ul style="list-style-type: none"> • Wear to protect the mucous membranes of the eyes, nose and mouth • Use face shields or safety glasses • Prescription eye glasses are not suitable eye protection (face shields or safety glasses must fit over prescription glasses) • Place over face and eyes and adjust to fit • Can be reusable, must be cleaned and disinfected between use. e.g. disinfectant wipes <p>REMOVE EYE PROTECTION AND FACE SHIELDS</p> <ul style="list-style-type: none"> • Do not touch the outside of eye protection and face shield as it is contaminated • To remove, handle by head band or ear pieces • Dispose in garbage or clean immediately

Resources

Infection Prevention & Control Centre, Nova Scotia (902) 424-0416 Consultants

Suzanne Rhodenizer Rose

Patsy Rawding

Health Promotion & Protection website: <http://www.gov.ns.ca/hpp/h1n1/>

Public Health _____ (add contact number)

References

Public Health Agency of Canada: "Your H1N1 Preparedness Guide
<http://www.phac-aspc.gc.ca/alert-alerte/h1n1/guide/index-eng.php>

Guidance: Infection Prevention and Control Measures for Health Care Workers in Long-term Care Facilities
<http://www.phac-aspc.gc.ca/alert-alerte/h1n1/hp-ps/prevention-eng.php>

Guidance: Infection prevention and control measures for Health Care Workers Providing Care or Service in the Home

DATE: November 4, 2009

http://www.phac-aspc.gc.ca/alert-alerte/h1n1/guidance_lignesdirectrices/prevention1102-eng.php

Ministry of Health and Long-Term Care

Clinical Guidance for the Management of Clients with Influenza-like Illness in Home Care Settings During the Pandemic (H1N1) 2009 - Summary VERSION: 1

DATE: October 28, 2009

http://www.health.gov.on.ca/en/ccom/flu/h1n1/pro/docs/homecare_guidance.pdf

Ministry of Health and Long-Term Care

Guidance for the Prevention and Management of Influenza like Illness in Shelters During the Pandemic (H1N1) 2009 –Summary VERSION: 1

DATE: October 27, 2009

http://www.health.gov.on.ca/en/ccom/flu/h1n1/pro/docs/shelters_guidance.pdf

