



CHIPPEWAS OF THE THAME FIRST NATION PANDEMIC PLAN

The Pandemic Plan is a guidance document developed to assist in the preparation for and respond to an influenza pandemic in our community. Being well prepared is critical to ensure that we can mitigate the effects of an influenza pandemic on-reserve. The pandemic plan will support an effective response and is incorporated into the larger emergency response plan within the community to guarantee a coordinated community response.

Pandemic influenza refers to an influenza virus changing and becoming a new strain against which people have little or no immunity; this new strain is easily spread from person to person. Examples are: Influenza, SARS and H1N1 viruses.

The following components included in pandemic preparedness are surveillance, vaccines, antivirals, health services emergency planning, public health measures and communications. It also outlines the responsibilities of our community, provincial government and the federal government for the delivery of health services in the event of a pandemic in our community.

The plan continues evolve as diseases change and mutate. We are continuing to add new information to our pandemic plan as it comes into us on the new COVID-19 virus.

UPDATED: March 20, 2020



Chippewas of the Thames First Nation

Pandemic Plan

May 2014



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What is Influenza Pandemic?

Influenza is a common and highly contagious seasonal respiratory illness caused by one or of the constantly evolving influenza viruses.

The influenza virus is constantly changing and mutating. This usually results in minor changes in the protein structure but occasionally there is an abrupt and major change known as antigenic shift. Since people have no immunity to this new strain, it can spread quickly causing outbreaks in wide geographic areas.

The term “pandemic” refers to a worldwide epidemic covering a wide geographic area and affecting a high proportion of the population.

Transmission

Influenza is usually transmitted from person to person by direct contact or by droplet spread. Direct contact occurs when there is transfer of the virus through skin to skin contact e.g. handshaking or by kissing. Droplet spread refers to spray produced by sneezing, coughing, talking or singing. The droplet can spray for up to one meter and another person can inhale these through the nose or mouth or the spray can land directly in the eyes.

People with influenza can also contaminate their surroundings with respiratory secretions. The virus can live for up to 5 minutes on hands, 8-12 hours on soft surfaces, and up to 2 days on hard surfaces. Transmission can occur if someone touches these secretions and touches their mouth, nose or eyes.

Communicability

This is time period during which the virus can be spread from an infected person to another person. Most adults infected with virus can transmit the virus from 1 day before and up to 3-5 days after the onset of symptoms. This period may be longer (7 days or more) in children and some adults.

Incubation Period

This is the time period from infection to the development of symptoms. The incubation period for influenza is 1-3 days.

Symptoms

About half of influenza infections are without symptoms while the other half shows a range of symptoms. These include:

- sudden onset of fever, headache, chills, muscle aches, fatigue and a dry cough
- onset of sore throat, stuffy or runny nose and worsening cough
- children may develop nausea, vomiting or diarrhea
- elderly and immunocompromised people may not develop a fever

Complications

A major threat of influenza infection is its tendency to exhaust the body's immune capacity. The virus can affect the respiratory tissues and leave them in a damaged state. This can lead to complications such as pneumonia. Pneumonia can be caused by the virus or by secondary bacterial infection.

Potential for Death

It is difficult to predict the likelihood of death among influenza victims. Much depends on the viral strain that causes the pandemic, how readily it resists the body's many immune defenses, and the physical condition of those infected.

Rational use of personal protective equipment for coronavirus disease 2019 (COVID-19)

Interim guidance
27 February 2020



Coronavirus disease 2019 (COVID-19), caused by the COVID-19 virus, was first detected in Wuhan, China, in December 2019. On 30 January 2020, the WHO Director-General declared that the current outbreak constituted a public health emergency of international concern.

This document summarizes WHO's recommendations for the rational use of personal protective equipment (PPE) in healthcare and community settings, as well as during the handling of cargo; in this context, PPE includes gloves, medical masks, goggles or a face shield, and gowns, as well as for specific procedures, respirators (i.e., N95 or FFP2 standard or equivalent) and aprons. This document is intended for those who are involved in distributing and managing PPE, as well as public health authorities and individuals in healthcare and community settings, and it aims to provide information about when PPE use is most appropriate.

WHO will continue to update these recommendations as new information becomes available.

Preventive measures for COVID-19 disease

Based on the available evidence, the COVID-19 virus is transmitted between people through close contact and droplets, not by airborne transmission. The people most at risk of infection are those who are in close contact with a COVID-19 patient or who care for COVID-19 patients.

Preventive and mitigation measures are key in both healthcare and community settings. The most effective preventive measures in the community include:

- performing hand hygiene frequently with an alcohol-based hand rub if your hands are not visibly dirty or with soap and water if hands are dirty;
- avoiding touching your eyes, nose and mouth;
- practicing respiratory hygiene by coughing or sneezing into a bent elbow or tissue and then immediately disposing of the tissue;
- wearing a medical mask if you have respiratory symptoms and performing hand hygiene after disposing of the mask;
- maintaining social distance (a minimum of 1 m) from individuals with respiratory symptoms.

Additional precautions are required by healthcare workers to protect themselves and prevent transmission in the healthcare setting. Precautions to be implemented by healthcare workers caring for patients with COVID-19 disease include using

PPE appropriately; this involves selecting the proper PPE and being trained in how to put on, remove and dispose of it.

PPE is only one effective measure within a package that comprises administrative and environmental and engineering controls, as described in WHO's *Infection prevention and control of epidemic- and pandemic-prone acute respiratory infections in health care (1)*. These controls are summarized here.

- **Administrative controls** include ensuring the availability of resources for infection prevention and control measures, such as appropriate infrastructure, the development of clear infection prevention and control policies, facilitated access to laboratory testing, appropriate triage and placement of patients, adequate staff-to-patient ratios and training of staff.
- **Environmental and engineering controls** aim at reducing the spread of pathogens and reducing the contamination of surfaces and inanimate objects. They include providing adequate space to allow social distance of at least 1 m to be maintained between patients and between patients and healthcare workers and ensuring the availability of well-ventilated isolation rooms for patients with suspected or confirmed COVID-19 disease.

COVID-19 is a respiratory disease that is different from Ebola virus disease, which is transmitted through infected bodily fluids. Due to these differences in transmission, the PPE requirements for COVID-19 are different from those required for Ebola virus disease. Specifically, coveralls (sometimes called Ebola PPE) are not required when managing COVID-19 patients.

Disruptions in the global supply chain of PPE

The current global stockpile of PPE is insufficient, particularly for medical masks and respirators; the supply of gowns and goggles is soon expected to be insufficient also. Surging global demand – driven not only by the number of COVID-19 cases but also by misinformation, panic buying and stockpiling – will result in further shortages of PPE globally. The capacity to expand PPE production is limited, and the current demand for respirators and masks cannot be met, especially if the widespread, inappropriate use of PPE continues.

Recommendations for optimizing the availability of PPE.

In view of the global PPE shortage, the following strategies can facilitate optimal PPE availability (Fig. 1).

Fig. 1. Strategies to optimize the availability of personal protective equipment (PPE)



(1) Minimize the need for PPE

The following interventions can minimize the need for PPE while protecting healthcare workers and other individuals from exposure to the COVID-19 virus in healthcare settings.

- Consider using telemedicine to evaluate suspected cases of COVID-19 disease (2), thus minimizing the need for these individuals to go to healthcare facilities for evaluation.
- Use physical barriers to reduce exposure to the COVID-19 virus, such as glass or plastic windows. This approach can be implemented in areas of the healthcare setting where patients will first present, such as triage areas, the registration desk at the emergency department or at the pharmacy window where medication is collected.
- Restrict healthcare workers from entering the rooms of COVID-19 patients if they are not involved in direct care. Consider bundling activities to minimize the number of times a room is entered (e.g., check vital signs during medication administration or have food delivered by healthcare workers while they are performing other care) and plan which activities will be performed at the bedside.

Ideally, visitors will not be allowed but if this is not possible, restrict the number of visitors to areas where COVID-19 patients are being isolated; restrict the amount of time visitors are allowed to spend in the area; and provide clear instructions about how to put on and remove PPE and perform hand hygiene to ensure visitors avoid self-contamination (see <https://www.who.int/csr/resources/publications/putontakeoff/PPE/en/>).

(2) Ensure PPE use is rationalized and appropriate

PPE should be used based on the risk of exposure (e.g., type of activity) and the transmission dynamics of the pathogen (e.g., contact, droplet or aerosol). The overuse of PPE will have a further impact on supply shortages. Observing the following recommendations will ensure that the use of PPE is rationalized.

- The type of PPE used when caring for COVID-19 patients will vary according to the setting and type of personnel and activity (Table 1).
- Healthcare workers involved in the direct care of patients should use the following PPE: gowns, gloves, medical mask and eye protection (goggles or face shield).
- Specifically, for aerosol-generating procedures (e.g., tracheal intubation, non-invasive ventilation, tracheostomy, cardiopulmonary resuscitation, manual ventilation before intubation, bronchoscopy) healthcare workers should use respirators, eye protection, gloves and gowns; aprons should also be used if gowns are not fluid resistant (1).
- Respirators (e.g., N95, FFP2 or equivalent standard) have been used for an extended time during previous public health emergencies involving acute respiratory illness when PPE was in short supply (3). This refers to wearing the same respirator while caring for multiple patients who have the same diagnosis without removing it, and evidence indicates that respirators maintain their protection when used for extended periods. However, using one respirator for longer than 4 hours can lead to discomfort and should be avoided (4–6).
- Among the general public, persons with respiratory symptoms or those caring for COVID-19 patients at home should receive medical masks. For additional information, see *Home care for patients with suspected novel coronavirus (COVID-19) infection presenting with mild symptoms, and management of their contacts* (7).
- For asymptomatic individuals, wearing a mask of any type is not recommended. Wearing medical masks when they are not indicated may cause unnecessary cost and a procurement burden and create a false sense of security that can lead to the neglect of other essential preventive measures. For additional information, see *Advice on the use of masks in the community, during home care and in healthcare settings in the context of the novel coronavirus (2019-nCoV) outbreak* (8).

(3) Coordinate PPE supply chain management mechanisms.

The management of PPE should be coordinated through essential national and international supply chain management mechanisms that include but are not restricted to:

- using PPE forecasts that are based on rational quantification models to ensure the rationalization of requested supplies;
- monitoring and controlling PPE requests from countries and large responders;
- promoting the use of a centralized request management approach to avoid duplication of stock and ensuring strict adherence to essential stock management rules to limit wastage, overstock and stock ruptures;
- monitoring the end-to-end distribution of PPE;
- monitoring and controlling the distribution of PPE from medical facilities stores.

Handling cargo from affected countries

The rationalized use and distribution of PPE when handling cargo from and to countries affected by the COVID-19 outbreak includes following these recommendations.

- Wearing a mask of any type is not recommended when handling cargo from an affected country.
- Gloves are not required unless they are used for protection against mechanical hazards, such as may occur when manipulating rough surfaces.

- Importantly, the use of gloves does not replace the need for appropriate hand hygiene, which should be performed frequently, as described above.
- When disinfecting supplies or pallets, no additional PPE is required beyond what is routinely recommended. To date, there is no epidemiological information to suggest that contact with goods or products shipped from countries affected by the COVID-19 outbreak have been the source of COVID-19 disease in humans. WHO will continue to closely monitor the evolution of the COVID-19 outbreak and will update recommendations as needed.

Table 1. Recommended type of personal protective equipment (PPE) to be used in the context of COVID-19 disease, according to the setting, personnel and type of activity^a

Setting	Target personnel or patients	Activity	Type of PPE or procedure
Healthcare facilities			
Inpatient facilities			
Patient room	Healthcare workers	Providing direct care to COVID-19 patients.	Medical mask Gown Gloves Eye protection (goggles or face shield).
		Aerosol-generating procedures performed on COVID-19 patients.	Respirator N95 or FFP2 standard, or equivalent, Gown Gloves Eye protection Apron
	Cleaners	Entering the room of COVID-19 patients.	Medical mask Gown Heavy duty gloves Eye protection (if risk of splash from organic material or chemicals). Boots or closed work shoes
Other areas of patient transit (e.g., wards, corridors).	Visitors ^b	Entering the room of a COVID-19 patient	Medical mask Gown Gloves
	All staff, including healthcare workers.	Any activity that does not involve contact with COVID-19 patients.	No PPE required
	Triage	Healthcare workers	Preliminary screening not involving direct contact ^c
Patients with respiratory symptoms.		Any	Maintain spatial distance of at least 1 m. Provide medical mask if tolerated by patient.
Patients without respiratory symptoms.		Any	No PPE required
Laboratory	Lab technician	Manipulation of respiratory samples.	Medical mask Gown Gloves Eye protection (if risk of splash)
Administrative areas	All staff, including healthcare workers.	Administrative tasks that do not involve contact with COVID-19 patients.	No PPE required

Outpatient facilities			
Consultation room	Healthcare workers	Physical examination of patient with respiratory symptoms.	Medical mask Gown Gloves Eye protection
	Healthcare workers	Physical examination of patients without respiratory symptoms.	PPE according to standard precautions and risk assessment.
	Patients with respiratory symptoms.	Any	Provide medical mask if tolerated.
	Patients without respiratory symptoms.	Any	No PPE required
	Cleaners	After and between consultations with patients with respiratory symptoms.	Medical mask Gown Heavy duty gloves Eye protection (if risk of splash from organic material or chemicals). Boots or closed work shoes
Waiting room	Patients with respiratory symptoms.	Any	Provide medical mask if tolerated. Immediately move the patient to an isolation room or separate area away from others; if this is not feasible, ensure spatial distance of at least 1 m from other patients.
	Patients without respiratory symptoms.	Any	No PPE required
Administrative areas	All staff, including healthcare workers.	Administrative tasks	No PPE required
Triage	Healthcare workers	Preliminary screening not involving direct contact ^c	Maintain spatial distance of at least 1 m. No PPE required
	Patients with respiratory symptoms.	Any	Maintain spatial distance of at least 1 m. Provide medical mask if tolerated.
	Patients without respiratory symptoms.	Any	No PPE required
Community			
Home	Patients with respiratory symptoms.	Any	Maintain spatial distance of at least 1 m. Provide medical mask if tolerated, except when sleeping.
	Caregiver	Entering the patient's room, but not providing direct care or assistance.	Medical mask
	Caregiver	Providing direct care or when handling stool, urine or waste from COVID-19 patient being cared for at home.	Gloves Medical mask Apron (if risk of splash)
	Healthcare workers	Providing direct care or assistance to a COVID-19 patient at home	Medical mask Gown Gloves Eye protection
Public areas (e.g., schools, shopping malls, train stations).	Individuals without respiratory symptoms	Any	No PPE required

Points of entry			
Administrative areas	All staff	Any	No PPE required
Screening area	Staff	First screening (temperature measurement) not involving direct contact ^c	Maintain spatial distance of at least 1 m. No PPE required
	Staff	Second screening (i.e., interviewing passengers with fever for clinical symptoms suggestive of COVID-19 disease and travel history).	Medical mask Gloves
	Cleaners	Cleaning the area where passengers with fever are being screened.	Medical mask Gown Heavy duty gloves Eye protection (if risk of splash from organic material or chemicals). Boots or closed work shoes
Temporary isolation area	Staff	Entering the isolation area, but not providing direct assistance.	Maintain spatial distance of at least 1 m. Medical mask Gloves
	Staff, healthcare workers	Assisting passenger being transported to a healthcare facility.	Medical mask Gown Gloves Eye protection
	Cleaners	Cleaning isolation area	Medical mask Gown Heavy duty gloves Eye protection (if risk of splash from organic material or chemicals). Boots or closed work shoes
Ambulance or transfer vehicle	Healthcare workers	Transporting suspected COVID-19 patients to the referral healthcare facility.	Medical mask Gowns Gloves Eye protection
	Driver	Involved only in driving the patient with suspected COVID-19 disease and the driver's compartment is separated from the COVID-19 patient.	Maintain spatial distance of at least 1 m. No PPE required
		Assisting with loading or unloading patient with suspected COVID-19 disease.	Medical mask Gowns Gloves Eye protection
		No direct contact with patient with suspected COVID-19, but no separation between driver's and patient's compartments.	Medical mask
	Patient with suspected COVID-19 disease.	Transport to the referral healthcare facility.	Medical mask if tolerated
	Cleaners	Cleaning after and between transport of patients with suspected COVID-19 disease to the referral healthcare facility.	Medical mask Gown Heavy duty gloves Eye protection (if risk of splash from organic material or chemicals). Boots or closed work shoes

4. Janssen L, Zhuang Z, Shaffer R. Criteria for the collection of useful respirator performance data in the workplace. *J Occup Environ Hyg.* 2014;11(4):218–26. doi:[10.1080/15459624.2013.852282](https://doi.org/10.1080/15459624.2013.852282).
5. Janssen LL, Nelson TJ, Cuta KT. Workplace protection factors for an N95 filtering facepiece respirator. *J Occup Environ Hyg.* 2007;4(9):698–707. doi:[10.1080/15459620701517764](https://doi.org/10.1080/15459620701517764).
6. Radonovich LJ Jr, Cheng J, Shenal BV, Hodgson M, Bender BS. Respirator tolerance in health care workers. *JAMA.* 2009;301(1):36–8. doi:[10.1001/jama.2008.894](https://doi.org/10.1001/jama.2008.894).
7. Home care for patients with suspected novel coronavirus (COVID-19) infection presenting with mild symptoms, and management of their contacts: interim guidance, 4 February 2020. Geneva: World Health Organization; 2020 (WHO/nCov/IPC/HomeCare/2020.2; <https://apps.who.int/iris/handle/10665/331133>, accessed 27 February 2019).
8. Advice on the use of masks in the community, during home care and in healthcare settings in the context of the novel coronavirus (2019-nCoV) outbreak: interim guidance, 29 January 2020. Geneva: World Health Organization; 2020 (WHO/nCov/IPC_Masks/2020; [https://www.who.int/publications-detail/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-\(2019-ncov\)-outbreak](https://www.who.int/publications-detail/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-(2019-ncov)-outbreak), accessed 27 February 2020).

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World Health Organization Alert Phases

Central to pandemic planning is the World Health Organization (WHO) Classification of pandemic periods and phases. The WHO phases have been incorporated into federal and Ontario plans. The WHO will declare the beginning of the pandemic and will identify which phase is currently occurring internationally. The Public Health Agency of Canada (PHAC) will declare the beginning of the pandemic period in Canada and Ministry of Health and Long Term Care Ontario will do the same in this province.

World Health Organization Pandemic Phases

<p>Interpandemic period 1</p>	<p>Phase 1 No new influenza virus subtypes have been detected that has caused human infection may be present in animals. If present in humans, the risk of human infection or disease is considered to be low</p>
	<p>Phase 2 No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease</p>
<p>Pandemic Alert Period 2</p>	<p>Phase 3 Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to close contact.</p> <p>Phase 4 Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans</p> <p>Phase 5 Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk)</p>
<p>Pandemic Period</p>	<p>Phase 6 Pandemic phase, increased and sustained transmission in general population</p>
<p>Post pandemic Period</p>	<p>Return to interpandemic period</p>

1 The distinction between phase 1 and phase 2 is based on the risk of infection or disease from circulating strains in animals.

2 The distinction between phase 3, phase 4 and phase 5 is based on the risk of a pandemic

Components of Preparedness and Response

Surveillance

Surveillance involves the systematic collection, analysis, and dissemination of disease related information to monitor influenza activity. During a pandemic, information that is timely and shared among international, national and local health authorities is needed to monitor disease transmission and to prepare an effective response. Surveillance activities will be guided by the phase of the pandemic.

Influenza- Like Illness

Year round surveillance of ILI symptoms will be implemented in the elementary school and daycare.

The Community Health Nurse, school secretary and daycare staff would be responsible for monitoring for ILI on a daily/weekly basis.

When a higher than usual number of students/children is absent because of ILI symptoms (greater than 10%) an ILI Outbreak Summary form is completed by the CHN and faxed to Regional Epidemiologist. A decision would have to be made as to whether or not to close the school/daycare.

COMMUNITY HEALTH NURSE WEEKLY ACTIVITY GUIDE

Community: _____ Date: _____

Name of nurse: _____

Prevention	Yes	No	Comments
Do you have signs posted in the community about hand washing?			Where (store, health centre, health offices, etc)
Has a health worker (CHN/CHR/PSW/HD) been on radio twice this week to review prevention: <ul style="list-style-type: none"> • hand washing, • covering cough • staying home if sick • cleaning, • social distancing 			
Have you verified a health worker has posted above on facebook?			
Have you reviewed once this week the checklists to direct work with: <ol style="list-style-type: none"> 1. Medical Driver 2. Housekeepers 			Are there concerns?
Have you reviewed IPAC guidelines with support staff this week including: <ul style="list-style-type: none"> • use of hand wash/hand rub • PPE 			Who (consider all front line staff – home care/clinical support/etc)
Have you connected with Home Care team to see how you can work together? In what ways?			Suggestions: List of high risk individuals and how you can protect them

Please completed as best able and submit each Thursday with inventory list. If we do not receive return, you will receive a follow up phone call.

Do you have additional community staff you can call in?			
Have you had a discussion with the HD about this possibility of needing additional staff?			
Have you cancelled all non-urgent/non-essential appointments?			

Comments:

Signature: _____

PLEASE FAX TO 1-807-737-3871 and it will be directed to your Nurse Manager



Reference Number _____

Influenza-like Illness Syndromic Surveillance

Surveillance des maladies respiratoires et syndromes grippaux

Community Name _____

Contact Name _____

Influenza-like Illness (ILI) case definition:

ACUTE ONSET of respiratory illness with fever and cough and with one or more of the following:

- sore throat
- arthralgia
- myalgia, or
- prostration - which could be due to influenza virus.

In children under 5, gastrointestinal symptoms may also be present.
In patients under 5 or 65 and older, fever may not be prominent.

Public Health Agency of Canada ©2009

Enter ticks or checks for ILI cases seen daily:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Summary of Cases:

Please enter the weekly **TOTAL** number of people with ILI seen in the Nursing Station between the dates entered below.

From Monday _____ - _____

To Sunday _____ - _____

**Enter weekly
TOTAL number
of people with ILI**



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**Fax every MONDAY
1-888-848-8009**

Ethical Approach to Planning

Difficult decisions will need to be made during a pandemic and ethical principles need to be borne in mind by those charged to make these decisions during harrowing times. The following two tables have been adapted from the Toronto Pandemic Influenza Plan:

Core Ethical Values	Description
Protection of the Public from Harm vs. Individual Liberty	Public measures may be implemented to protect the public from harm. These will need to be weighed against the loss of liberty for some individuals e.g. quarantine
Proportionality	Restrictions on individual liberty should not exceed the minimum required to address the level of risk
Privacy	Individuals have a right to privacy, including the privacy of their health information
Equity	All individuals have an equal claim to receive the health care they need. During a pandemic, difficult decisions will need to be made about who will receive vaccinations and antiviral medications and which health services will be suspended. A fair decision-making process needs to be established.
Duty To Provide Care	Health Care Workers have an ethical duty to provide care.
Reciprocity	Society has an ethical responsibility to support those who face a disproportionate burden in protecting the public good. Therefore, during a pandemic, support needs to be provided to health care workers to ease the burden for them and their families.
Stewardship	Those entrusted with governance over scarce resources such as vaccines, ventilators should be guided by accountability for public well-being.

Decision Making Principle	Description
Open and Transparent	The process by which decisions are made must be open to scrutiny.
Reasonable	Decisions should be made by people who are qualified, credible and accountable.
Inclusive	Decisions should be made where different stakeholder views are taken into consideration.
Responsive	Decisions should be revisited and revised as new information emerges.
Accountable	Mechanisms should be developed to ensure ethical decision-making is sustained throughout the pandemic.

Relevant Legislation

Actions taken during a pandemic influenza response will be guided by the legislative framework which gives authority to health units, the province of Ontario and others. Links are provided as follows:

Ambulance Act

http://www.e-laws.gov.on.ca/DBLaws/Regs/English/000257_e.htm

Canada Labour Code

<http://laws.justice.gc.ca/en/1-2/text.html>

Coroners Act

http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90c37_e.htm

Emergency Management Act

http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90e09_e.htm

Health Promotion and Protection Act

http://192.75.156.68/DBLaws/Statutes/English/90h07_e.htm

Medicine Act

http://www.e-laws.gov.on.ca/Dblaws/Statutes/English/91m30_e.htm

Nursing Act

http://www.e-laws.gov.on.ca/Dblaws/Statutes/English/91n32_e.htm

Occupational Health and Safety Act

http://www.e-laws.gov.on.ca/Dblaws/Statutes/English/90o01_e.htm

Personal Health Information Protection Act January 1, 2013

http://www.e-laws.gov.on.ca/Dblaws/Statutes/English/04p03_e.htm

Quarantine Act

<http://laws-lois.justice.gc.ca/eng/acts/Q-1/FullText.html>

Regulated Health Professions Act

http://www.e-laws.gov.on.ca/Dblaws/Statutes/English/91r18_e.htm

Consolidation Period: From November 6, 2013

Public Hospital Act

http://www.e-laws.gov.on.ca/Dblaws/Statutes/English/90p42_e.htm

Consolidation Period: From January 1, 2011 to the e-Laws currency date

Infection Control Practices

Frequent and careful hand washing is a key infection control strategy. Adherence to this and other infection control practices will reduce disease transmission during a pandemic.

Hand Hygiene

Hand Sanitizers

Hand sanitizers will be installed in all administrative buildings at the main entrance and in all public buildings, Wiji School, Daycare, Community Centre, and Health Centre.

Persons responsible –Band Maintenance Manager, Health Administrator, Program Manager, CHN, Health Canada

Hand Washing Posters

Hand washing posters will be hung up in the kitchens and the bathrooms of public buildings, at Daycare, at Antler River Elementary and at the Community Centre.

Persons responsible- CHN, CHR's

Respiratory Etiquette

Cover your mouth and nose when you cough or sneeze. This will help stop the spread of germs that can make people sick. It is important to keep your distance from people who are coughing and sneezing.

Cover your Cough Procedure

1. Cover your mouth and nose with a tissue when you cough or sneeze, or cough or sneeze into the crook of your elbow. Do not cough into your hands.
2. Throw your used tissue in the waste basket
3. Wash your hands with soap and water or clean with an alcohol based hand sanitizer.

Avoid touching your Eyes, Mouth and Nose

Influenza spreads when the infected respiratory secretion from the mouth or nose of one person comes into contact with the mucous membranes (mouth, nose or eyes) of another person. Without realizing it you may have touched the infected nose and mouth secretions of an infected person (e.g. touching a door handle).If you touch your mouth, nose or eyes, the virus may gain entry into your body causing infection.

Stay Home if you are ILL

Most adults infected with influenza can transmit the virus from 1 day before and up to 5 days after the onset of symptoms. This period may last for 7 or more days in young children and in some adults. There is no clear data on how long a person should wait before returning to their usual activities in order to minimize the risk of infecting others.

The best advice is that adults should return to their usual activities at 5 days after the onset of symptoms (7 days for young children) or when they feel well enough to return to duties, whichever is longer.

Get Vaccinated

The best way to protect yourself from seasonal influenza is to get an influenza vaccination every fall. A person who receives a flu shot develops immunity for the types of influenza in the vaccine. The body needs about 2 weeks to build up protection to the virus, and this protection may last from 4 – 6 weeks.

What needs to be done?

Information brochure on Influenza should be developed and delivered to the community.

Persons responsible- CHN, CHR, other Chippewa Health Centre staff.

Influenza Clinics will be offered annually – October/November

Persons responsible – CHN, Health Administrator, Program Manager, CHR's, and Health Administrative Assistant.

Information Sessions for Community Members should be held as required.

Influenza information should be put in the community newsletter (Mazinigan).

Person(s) responsible- CHN, CHR's, Health Administrative Assistant.

Environmental Cleaning when caring for a Person with known or suspected influenza at home.

Additional cleaning measures should be taken

Housekeeping:

Kitchen counters, bathroom counters, door knobs, keyboards, telephones, TV remotes toilet handles should be cleaned everyday with regular household cleaning agent with disinfectant.

Laundry:

Use of laundry soap with household bleach and a normal machine are enough to clean soiled linens and clothing.

If clothing is heavily soiled it should be rolled or folded to contain the heaviest soil in the centre of the bundle. If clothing contains feces or blood clots, remove the feces/clot with a gloved hand and flush the waste products in the toilet. Wash clothing or any other articles in cold water first with detergent to remove stains, then wash again with hot water and detergent.

Garbage

Does not require any special handling and may be place with regular household waste for disposal.

What needs to be done?

Training on environmental cleaning with the Personal Support Workers and Homemaker.

Person(s) responsible- CHN, Health Administrator, Program Manager, HCC Nurse.

Infection Control Practices In Health Care Settings

Under the Occupational Health and Safety Act, organizations that employ health care workers have a legal obligation to take all reasonable precautions to protect them. To reduce the risk to staff, the following steps are needed;

Provide education and training to staff so they know how to protect themselves while providing effective care.

Person/s responsible – Health Administrator, Program Manager, HCC Nurse, CHN

Institute appropriate occupational health and infection prevention and control measure.

Person/s responsible- CHN, Health Administrator, Program Manager, Health Administrative Assistant, HCC nurse, CHR's

Provide appropriate personal protective equipment.

Persons responsible- Health Canada, CHN, Health Administrator, Program Manager, Health Administrative Assistant

Infection and Control Measures in Alert Phases

Health Care Settings need to implement a number of practices designed to protect patients and health care workers, and prevent the spread of respiratory infections.

These practices include;

Posting visual alerts instructing patients and persons accompanying them to inform health care workers if they have symptoms of respiratory infection

Provide masks or tissues for patients and visitors who are coughing or sneezing so they can cover their nose and mouth

Provide hand sanitizer

Encourage coughing patients to sit at least one meter (3 feet) away from other clients

Wear goggles, gloves and a mask when providing direct care to a patient.

A gown should be worn when you might be contaminated by respiratory secretions.

Waste Management

Waste should be managed according to your organizations policy.

If no policy exists, handle wastes as follows:

-infectious non-sharp waste, soiled tissue, masks, latex gloves (containers supplied by Health Canada)

-sharps (containers supplied by Health Canada)

-Chemical wastes- drugs, chemical solutions (take to a pharmacy to dispose)

-Non-infectious, common wastes – paper, cardboard, glass (can be disposed of with regular waste.

Person/s responsible- infectious waste/sharps containers- CHN, Health Administrative Assistant

Alternative Care Site

If an individual has influenza the choice is the client to be taken care of at home using the services of the Home and Community Care Program- Personal Support Workers or Home Support workers.

As identified in the Emergency Disaster Plan, Antler River Elementary would be the alternate site if we had to care for patients.

Person(s) responsible for deciding if we had to use the school- Control Group of EDP, Health Administrator, CHN, HCC Nurse.



C. Alternate Care Facility Checklist:

Proposed Location:

No.	Requirement	Meets Requirements Yes / No
1	Doors/corridors are they adequate size for gurneys and stretchers	
2	Floors in good condition and easily washable	
3	Adequate parking for staff and visitors	
4	Roof in good repair and not leaking	
5	Toilet facilities / showers # of fixtures _____	
6	Ventilation adequate	
7	Walls in good repair and easily washable	
8	Total space and layout spatial separation between patients, those accompanying them and those caring for them to be determined in consultation between the Nurses and EHOs.	
9	Auxiliary spaces (drug storage, counselling rooms, chapel etc)	
10	Equipment/supply storage area	
11	Family area	
12	Food supply and prep area: adequate cooking and refrigeration, utensil and hand washing sinks and other food safety requirements as deemed necessary by EHO	
13	Lab specimen handling area	
14	Mortuary holding area	
15	Patient decontamination areas	
16	Pharmacy area	
17	Staff rest areas	
18	Air conditioning operational	
19	Electrical power (backup generators available)	
20	Heating	
21	Lighting	
22	(# phones, local/long distance, intercom)	
23	Two-way radio capability to main hospital or nursing station / health centre	
24	Wired for IT and internet access	
25	Ability to lock down facility	
26	Accessibility/ proximity to public transportation	

Security

Would have to be available at the alternate site, at a mass vaccination clinic and for antiviral distribution.

Persons responsible- Chippewa Police

Care of the Deceased

In Ontario, Doctors, nurses, paramedics and police officers can pronounce a person dead. Death can only be certified by a physician or in certain specified circumstances by Registered Nurse, Extended Class. Deaths warranting further investigation have to be reported to a coroner. The attending physician or coroner completes the Medical Certificate of Death and submits it to the Funeral Home who takes it along with the Statement of Death to the local Division Registrar of the office of the Registrar General of Ontario. Burials and cremations cannot be performed until a burial permit is issued. Funeral Directors look after this requirement for the family.

In the immediate period after death, body secretions may still contain viable influenza virus so care should be taken to handle the body using personal protective equipment, gloves and masks. Hand hygiene should be performed afterward.

The family may wish to view the body. If the patient died during the infectious period, they should wear gloves and a gown.

The body should be fully sealed in an impermeable body bag before going to the mortuary.

** The health centre has the personal protection equipment and a couple of body bags.

Persons responsible to give out equipment- Health Administrator, CHN, Health Administrative Assistant.

Elliot – Madill Funeral has agreed to be in our Pandemic Influenza Plan. He has colleagues that would assist him if Chippewa has a high mortality rate during a pandemic.

Anti-Virals and Vaccine

Antiviral medications act by disrupting the replication of the influenza virus. They have been shown to reduce the length and severity of influenza-related illness. They can also be used to prevent illness when given soon after exposure to influenza.

There is a list of priority groups as to who will receive the anti-virals.

ions Applied to Priority Groups – Treatment*

Antivirals	Applicable Categories/Groups	Rationale
Treatment of persons hospitalized for influenza (within 48 hours of symptoms)	N/A	To be consistent with the goal of reducing morbidity and mortality and considering the optimal use of these drugs in relation to onset of illness, those who are hospitalized within the first 48 hours of onset of illness should be the highest priority for treatment.
Treatment of health care providers and first responders/emergency service providers	Front-line Health Care Provider	Considering the essential role that health care providers and emergency service workers will have in the pandemic response, influenza cases in these groups that are identified within the first 48 hours of onset of illness should be high priority for treatment.
	Essential Health Care Provider	
	Public Health Responder	
	Pandemic Societal Responder	
Treatment of high risk persons in the community (within 48 hours of symptoms)	N/A	Persons with underlying heart and lung conditions or those who are immunocompromised, who present to ambulatory settings within 48 hours of onset of symptoms (before they get sick enough to be hospitalized) will also be considered high priority for treatment since they are at high risk for complications.
Treatment to control outbreaks in high risk residents of institutions	N/A	Reducing the impact of influenza outbreaks in institutions where the most vulnerable persons will contribute to the objectives of reducing morbidity and mortality and reduce health care demands.

*subject to change depending on epidemiology of influenza virus

Priority	Antivirals	Applicable Categories/Groups	Rationale
Group 1	Prophylaxis of front-line health care providers and key health decision makers	a) Front-line Health Care Provider	Until an effective vaccine becomes available or during the interval between administration of an effective vaccine (or vaccine series) and induction of immunity, antivirals should be provided for health care workers (HCWs), including public health staff, since their continuing functions are essential to the pandemic response plan and to care of patients with other conditions.
		b) Key Health Decision Maker	
Group 2	Prophylaxis of remaining health care providers	a) Essential Health Care Provider	
		b) Public Health Responder	
		c) Essential Health Support Services	
Group 3	Prophylaxis of emergency/essential service providers	a) Pandemic Societal Responder	
		b) Key Societal Decision Makers	
Group 4	Prophylaxis to control outbreaks in high-risk residents of institutions	NA	Reducing the impact of influenza outbreaks in institutions where most vulnerable persons will contribute to the objectives of reducing morbidity and mortality and reduce health care demand.
Group 5	Prophylaxis of high-risk persons hospitalized for illness other than influenza	NA	High-risk persons hospitalized for conditions other than influenza-related complications will be at risk for acquiring influenza while in hospital, given the large numbers of patients and hospital staff who may be infected during a pandemic. Influenza may result in influenza-related complications in such patients, an increase in severity of their underlying illness, prolonged hospital stay and death. Prophylaxis of this group will contribute to the objectives of reducing morbidity and mortality and reduce health care demand.
Group 6	Prophylaxis of high-risk persons in the community	NA	Prophylaxis of high-risk persons who have not received influenza vaccine or for whom the effectiveness of the vaccine may be reduced is a current recommendation of NACI. This group is likely to experience severe illness during a pandemic and prophylaxis with anti-influenza drugs would be considered if an effective vaccine is not available. Prophylaxis of this group will contribute to the objectives of reducing morbidity and mortality and reduce health care demands.

Prophylaxis

***There is no decision at this time when the health centre will receive antivirals, Health Canada will decide this. There should be a decision soon.

Vaccines

Vaccination is the most effective intervention against influenza because it reduces complications and death associated with the disease. Once the pandemic influenza strain is identified, the Pandemic Influenza Committee will ask Canada's vaccine supplier to initiate vaccine development, testing and production. It will take approximately 4-6 months.

Once the vaccine is available Mass Immunization clinics will be held to vaccinate individuals against this strain of influenza.

Clinic-

- need an updated band list of members
- ensure that all information required for immunization is obtained
- flyer to be sent out to the community
- recruit volunteers to assist with "withdrawing, vaccinators, post vaccinator monitors

Person/s responsible – CHN, Health Administrator, Program Manager, CHR's, HCC nurse, Administrative Assistant, volunteers

There are priority groups as to who will receive the vaccine.

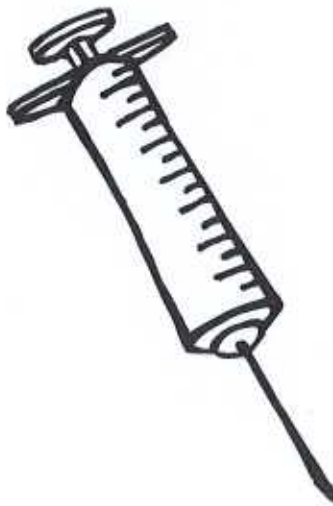


Table 5: Priority Groups for Influenza Vaccine During a Pandemic

Note: Priority groups may change, based on recommendations from NACI, depending on the demographics and age-related morbidity and mortality of the pandemic strain (e.g., if young children are more vulnerable to the strain than healthy adults, then vaccination of young children would become a higher priority).

Priority	Group	Rationale
1	Front-line health care workers and key health decision makers*	The health care and public health sectors are the first line of defense in a pandemic. An effective response depends on maintaining essential health services.
2	Remaining health care workers*	
3	Emergency/essential service providers	An effective response depends on maintaining essential community services.
4	Persons at high risk of fatal outcomes (e.g., people living in nursing homes, long-term care homes and similar settings, people with high risk medical conditions, people over age 65, children between the ages 6 and 24 months)	Reducing the impact of influenza outbreaks among people who are most vulnerable will reduce morbidity and mortality, and reduce health care demands.
5	Healthy adults**	Although healthy adults are at lower risk of developing severe outcomes from influenza, they make up the majority of the work force. Their absence in large numbers could have a direct economic impact and cause major socio-economic disruption. A high rate of influenza in healthy adults has the potential to overwhelm medical services and compromise care of those with complications. Vaccination could reduce the need for medical services and individuals could continue normal daily activities.
6	Children 24 months to 18 years of age**	Although children (5 age 2) and youth are the least likely to experience severe outcomes from influenza, they play a major role in the spread of disease. The socio-economic impact of illness on children would be indirect, as adults would have to leave work to care for ill children who are absent from school.

Notes to Table 5:

* The guidelines developed by the Pandemic Influenza Committee of the Public Health Agency of Canada combine all health care workers into one category for vaccination. Although Ontario's goal is to provide vaccine for all health care workers, it may not be possible to do this - particularly in the early stages of a pandemic when vaccine may be in short supply - so Ontario has divided health care workers into two groups: front-line providers or people providing direct care to patients with influenza who would have first priority; and the remaining health care workers.

** A decision to vaccinate healthy adults and healthy children (groups 5 and 6) depends on an adequate supply of vaccine. A week's worth amount of vaccine would be required for those many more than for Group 1.

Essential Service Providers List

Health Care Workers

- Health Centre Staff
- Chief and Council
- Executive Administrator
- Doctors
- Traditional Healers
- Direct Observe Therapy Workers
- NNADAP
- Brighter Futures Workers
- Mental Health
- Receptionists/Clerks
- Health Administrator
- Program Manager
- Janitorial Service workers
- Public Works Director
- Essential First Response Team Members
- EHO

Other Essential Service Workers

- Fire Fighters
- Police
- Water treatment plant operator
- Sewage treatment plant operator
- Band financial administrator
- Grocery store operators
- Social services workers
- Roads department

Deceased body management	Body bags with toe tags	2	
Personal Identification products	ID bands for patients	400	
Instruction/info materials	"How to" instruction material for vaccinators	1	
	"Self-monitor; self-care" info for general public		
	Fact sheets for patients and families		
Forms	Consent forms for vaccines		
	Adverse reaction reporting form		
	Assessment/health record forms		
	Death Certificates		
Other	Flash lights with extra batteries,	1 box	
	Small generators for vaccine		
	Vaccine fridges		
	Urinals	1	
	Bedpans	2	
	Bottled water		
	Infant Formula		
	Paper cups	1pg 100	
	Toilet Paper		
	Diapers - Infant and Adult		
	Washers (alternate care sites)		
	Driers (alternate care sites)		
	Laundry Soap		
	Extension Cords		
	Kidney Basins	1	
	Round basins	1	
	Chains and locks for generators		
Fuel for generators			
Examining tables			
#9 Stretchers	2		

	strips		
Cleaning	Garbage bags – clear 20x20 for individual stations		
	Garbage bags		
	Autoclave and other specialized waste disposal bags		
	Autoclave Pouches		
	One-use tissues		
Injections for pandemic influenza vaccine	Needles 25 gage 1", 25 gage 5/8"		
	Syringes		
	Alcohol wipes	25 boxes	
	Sharps containers	1	
	Medium cotton balls	2 bags 2000	
	Band-Aids	15 boxes 100	
Respiratory Care	Coolertrons		
	Oxygen tubing		
	Oxygen Concentrators		
	Home compressors		
	Oxygen masks – low oxygen concentration (Simple O2 masks, Venturi masks)		
	Pulse Oxymeters and probes	1	
Ice Packs	Oral Suction/airways?		
	Cold Pack sodium or ammonium nitrate Gel pack soft cold pack		
Paper products	Table cover		
Cots or mats			
Plasticized sheets		1 box	
Pillows			
Blankets		30 grey	
Dressing Supplies for Vaccine Injections	Sterile Gauze pads (7.6 cm x 7.6 cm)		
	Tape Hypoallergenic 2.5 cm x 9.1 cm	2	
	Other tapes		
IV Products	Solutions		
	Tubing		



CHIPPEWA HEALTH CENTRE



Recommended Steps to avoid COVID-19 Influenza Infection

- Wash your hands often with running lukewarm water and soap for at least 20 seconds.
- Use an alcohol-based disinfectant if you don't have access to soap and water.
- Practise good hygiene when coughing or sneezing which include covering your mouth and nose with your arm to reduce the spread of germs.
- Avoid direct contact with others (for example, shaking hands, hugs, etc.)
- If you use a tissue, discard it as soon as possible and wash your hands afterward

Stay home if all possible avoid crowds











Have family organize shopping for relatives that are 60 plus, or have a Chronic Disease such as Heart Disease, Diabetes, COPD, Asthma etc.

Stay two meters away from each other

If you are not feeling well stay away from others

If you have a combination of Fever Chill (38 C), cough, Shortness of Breath, feel tired muscle aches, sore throat, runny nose, headache, diarrhea Call the Telehealth number 1-866-797-0000.

Reminder the COVID-19 screening center is open 7 days a week 11am-7Pm it is located at 825 Valetta St Oakridge Arena London Ontario

Symptoms	Coronavirus <small>Symptoms range from mild to severe</small>	Cold <small>Gradual onset of symptoms</small>	Flu <small>Abrupt onset of symptoms</small>
 Fever	Common	Rare	Common
 Fatigue	Sometimes	Sometimes	Common
 Cough	Common* (usually dry)	Mild	Common* (usually dry)
 Sneezing	No	Common	No
 Aches and pains	Sometimes	Common	Common
 Runny or stuffy nose	Rare	Common	Sometimes
 Sore throat	Sometimes	Common	Sometimes
 Diarrhea	Rare	No	Sometimes for children
 Headaches	Sometimes	Rare	Common
 Shortness of breath	Sometimes	No	No

Sources: World Health Organization, Centers for Disease Control and Prevention

Is it a cold or flu?



Signs and Symptoms	Influenza	Cold
Symptom onset	Abrupt	Gradual
Fever	Usual	Rare
Aches	Usual	Slight
Chills	Fairly common	Uncommon
Fatigue, weakness	Usual	Sometimes
Sneezing	Sometimes	Common
Stuffy nose	Sometimes	Common
Sore throat	Sometimes	Common
Chest discomfort, cough	Common	Mild to moderate
Headache	Common	Rare

Get the flu shot. Not the flu.

CANADIAN COALITION FOR IMMUNIZATION AWARENESS & PROMOTION

Is it a cold or the flu?

Symptom	Cold	Influenza
Fever	Rare	Usual high fever (102°F/39°C - 104°F/40°C) sudden onset, lasts 3-4 days
Headache	Rare	Usual, can be severe
General aches and pains	Sometimes, mild	Usual, often severe
Fatigue and weakness	Sometimes, mild	Usual, severe, may last 2-3 weeks or more
Extreme fatigue	Unusual	Usual early onset, can be severe
Runny, stuffy nose	Common	Common
Sneezing	Common	Sometimes
Sore throat	Common	Common
Chest discomfort, coughing	Sometimes, mild to moderate	Usual, can become severe
Complications	Can lead to sinus congestion or earache	Can lead to pneumonia and respiratory failure, can worsen a current chronic condition, can be life-threatening
Prevention	Frequent hand washing	Annual vaccination and frequent hand washing



Canadian Coalition for Immunization
Awareness & Promotion (CCIAP)

www.influenza.cpha.ca & www.immunize.cpha.ca

Topic that still need to be addressed

1. Business continuity plan
2. Ambulance services
3. Red Cross
4. Other Health Care workers- who will replace health staff as well as other essential workers.
5. School closures due to pandemic - what will the children do?
6. Pet care

Caring For Your Child With Influenza

Symptoms

- ✓ Irritability
- ✓ Loss of Appetite
- ✓ Diarrhea, vomiting, stomach pain (especially children under six months).
- ✓ Fever, headache, muscle pain and weakness.
- ✓ Dry cough, sore throat and stuffed nose.

At Home Care

- ❖ Give Acetaminophen (Tylenol) or Ibuprofen (Motrin) every four hours in the dose recommended for age on the package. Do not give aspirin. Do not expect antibiotics to be prescribed, they are only used for complications of influenza such as pneumonia or ear infections.
- ❖ Offer fluids frequently in small amounts when the child is awake.
- ❖ Dress the child in lightweight clothing and keep the room comfortable at 20 C.
- ❖ Avoid cool baths.
- ❖ Allow the child to rest and stay at home for 6 days so the virus isn't spread to other children.
- ❖ Use salt water nose drops (Salinex) to help with the stuffy nose. Throw away the tissues as soon as you have wiped your child's nose. Teach your child to cover their mouth when they cough or sneeze and then throw away the tissue. Wash your hands often and teach your child to do so as well.

Take Your Child To The Doctor If Your Child:

- Has heart or lung disease or any chronic illness requiring medical care, has a disease or is taking drugs or treatments that affect the immune system or taking ASA regularly for a medical condition.
- Has trouble breathing.
- Is less than 6 months old and has a temperature over 38.5 C for more than 12 hours that is not responding to Tylenol.
- Is constantly irritable and will not calm down.
- Drinks so little fluid that they are not urinating at least every 6 hours when awake.
- Has vomiting for more than 4 hours or has severe diarrhea.

Take Your Child To The Hospital Emergency Immediately If:

- Has severe trouble breathing not caused by a stuffy nose.
- Has blue lips
- Is limp or unable to move
- Is hard to wake up, unusually quiet or unresponsive
- Has a stiff neck or seems confused
- Has a seizure
- Has not had a wet diaper in 12 hours

Caring For Yourself When You Have Influenza (Adult)

Plan Ahead

- ✓ Spend a little time thinking what you would need if you got the flu. If you live alone, are a single parent or are the only person caring for a frail or disabled adult it might be a good idea to:
- ✓ Have enough fluids (juices, soups, etc.) and basic household items on hand to last you and your family for a week.
- ✓ Have acetaminophen and a thermometer in your medicine cabinet.
- ✓ Think of someone you could call upon for help if you became very ill with the flu and discuss it with him or her.
- ✓ Think of someone you could call upon to care for your children if their school or daycare was closed because of a serious outbreak of the flu.

Characteristics

The most outstanding characteristics of the flu are the sudden onset of a fever (equal to or greater than 38 C or equal to or greater than 100.4 F), a dry cough and aching in the body. Usually you do not feel like getting out of bed.

What To Expect:

- **Days 1-3:** Sudden appearance of fever, headache, muscle pain and weakness, also dry cough, sore throat and stuffed nose.
- **Day 4:** Fever and muscle aches decrease. Hoarse, dry cough or sore throat, cough and possible mild chest discomfort becomes more noticeable.
- **Day 8:** Symptoms decrease. Cough and tiredness may last equal to or greater than 1-2 weeks.

What You Can Do For Yourself:

Rest – you will likely feel very weak and tired until your temperature returns to normal (about 3 days); resting will provide comfort and allow your body to use its energy to fight the infection.

Drink plenty of fluids – extra fluids are needed to replace those lost because of the fever. If your urine is dark you need more fluids. Warm liquids will help to loosen mucus,

Take acetaminophen - Tylenol or Ibuprophen (Motrin) as recommended on the package will help to bring down your fever and ease your muscle pain. **Children under 18 years should not take aspirin.** The combination of ASA and influenza in this age group has been known to cause Reyes syndrome, a serious condition affecting the central nervous system and liver. **Antibiotics are not effective against influenza.** A virus causes influenza and antibiotics fight bacteria.

Gargle – with a glass of warm water to ease sore throat. Hard candy or lozenges may also help.

Stay at home - You need to stay at home until you are feeling better, for yourself and to protect others.

Saline nose drops – drops that contain salt water will help soothe or clear a stuffed nose.

If You Are Normally a Healthy Person And Have Been Suffering With The Flu, It Is Time To Call The Doctor IF:

- You become short of breath while resting or doing very little.
- Breathing is difficult or painful
- You are coughing up bloody sputum

- You are wheezing;
- You have started to feel better and suddenly you get a high fever and start to feel sick again.
- You have had a fever for 3 or 4 days and are not getting better or worse.

Taking a Child's Temperature

When your child is sick with an infection caused by either bacteria or virus, it is normal to have a fever. A fever will not hurt your child. Usually it goes away after 72 hours.

Babies younger than six months old should see a doctor when they have a fever. Older children with fever who seem otherwise well and are drinking enough fluids can be treated at home. However, they should also see a doctor if their fever persists for more than 48 hours.

There are several ways to take your child's temperature at home:

- ❖ **Axillary method (under the armpit)**
- ❖ **Rectal Method** (by the rectum or "bum")
- ❖ **Oral Method** (under the tongue)
- ❖ **Tympanic Method** (in the ear) can be used, but is expensive to purchase and not practical for everyday use.

Normal Temperature

Method	Celsius	Fahrenheit
Rectal	36.6 to 38 C	97.9 to 100.4 F
Armpit	34.7 to 37.3 C	94.5 to 99.1 F
Mouth	35.5 to 37.5 C	95.9 to 99.5 F

Temperature Readings

ORAL			RECTAL	
F	C		F	C
104.4	40.0	High Fever	104.0	40.0
103.0	39.5		103.0	39.5
102.0	39.0	Fever	102.0	39.0
101.0	38.5		101.0	38.5
100.4	38.0	Normal	100.4	38.0
99.5	37.5		99.5	37.5
98.6	37.0		98.6	37.0

Methods Of Taking a Child's Temperature

The right method depends on your child's age. **The most accurate method for children under 2 years old is the rectal method, but children don't like having it taken this way.** Taking the temperature under the armpit isn't the most precise, but it will let you know if the child has a fever, you can then do a rectal reading for accuracy, which is important. Taking a rectal temperature does not hurt a child.

A digital thermometer can be used for rectal, oral and axillary readings. It is made of unbreakable plastic, is easier to read and measures temperature faster than glass.

Mercury thermometers are not recommended.

A fever strip is not recommended because it does not give an accurate temperature reading.

Recommended Method for Age:

Age	Recommended Method
Birth to 2 years	1. Rectal 2. Axillary
2 years to 5 years	1. Rectal 2. Axillary
Older than 5 years	1. Rectal 2. Axillary

Rectal Method

- Clean and thermometer with cool, soapy waters and rinse.
- Cover the tip with petrolatum jelly such as Vaseline.
- Place your baby on his back with his knees bent
- Gently insert the thermometer if the rectum about 2.5cm (inch) while holding it with your fingers.
- After about 1 minute, you will hear a "beep". Remove the digital thermometer and read the temperature
- Clean the thermometer

Oral Method

(not recommended for children under 5 years of age)

- Clean the thermometer with cool, soapy water and rinse.
- Carefully place the thermometer under the child's tongue.
- With the child's mouth closed, leave the thermometer in place for about 1 minute until you hear the "beep".
- Remove the digital thermometer and read the temperature.
- Clean the thermometer

Axillary Method

- Use a rectal or oral thermometer
- Clean the thermometer with cool, soapy water and rinse
- Place the tip of the thermometer in the center of the armpit

- Make sure your child's arm is tucked snugly against their body
- Leave the thermometer in place for about 1 minute until you hear the "beep"
- Remove the digital thermometer and read the temperature
- Clean the thermometer
- This method is usually to check for fever in newborns and young children. If your child is under 2 years of age and you find a fever, confirm by taking a rectal reading.



CHIPPEWA HEALTH CENTRE



The purpose of these questions is to provide information related to respiratory/breathing illness so that the best care can be provide.

Question	Response Please circle the box that applies	
Have you traveled outside of Canada in the last 14 day?	Yes	No
Have you been in close contact with a person diagnosed with COVID-19?	Yes	No
Have you been in close contact with a person with a respiratory (breathing) illness including cough, fever, shortness of breath?	Yes	No
Do you have a fever or are you feeling feverish or have had shakes or chills?	Yes	No
Do you have a cough?	Yes	No
Are you short of breath?	Yes	No
Do you have other symptoms such as tiredness, muscle ache, sore throat, runny nose, headache, diarrhea?	Yes	No

If you have replied 'Yes' to any of the above questions. Please call **Telehealth Ontario, it is open 24hrs 1-866-797-0000** and/ or **Middlesex-London Health Unit (519)663-5317** and/ or **Chippewa Health Centre (519)289-5641**. And/ Or for **Family Physician**.

Thank you.



How to Self-Isolate

This is for an individual who may not have symptoms or does have symptoms and has been advised to self-isolate

Remember

- Follow the advice that you have received from your health care provider.
- If you have questions, or you start to feel worse, contact your health care provider, or Telehealth (1-866-797-0000)
- Go to the nearest Screening Center In London Oakridge Arena, Carling Heights Optimist Community Center.

Stay Home

- Do not go to work, school or other public places.
- You may go outdoors (front or back yard, into the bush). Your health care provider will tell you when it is safe to leave.

Limit the number of visitors in your home

- Only have visitors who you must see, for example community health care workers.
- Keep the visits short.
- Keep away from elders and people with chronic medical conditions (e.g. diabetes, lung problems, immune deficiency).

Avoid contact with others

- Stay in a separate room away from other people in your home as much as possible.
- Use a separate bathroom if you have one.
- Make sure that shared rooms have open windows whenever possible.

Cover Cough and Sneezes

- Cover your mouth and nose with a tissue when you cough or sneeze.
- Cough or sneeze into your upper sleeve or elbow, not your hand.
- Throw used tissues in the garbage and wash your hands.
- Lining the garbage with a plastic bag makes waste disposal easier and safer.
- After emptying the wastebasket wash your hands.

Wash You Hands

- Wash your hands often with soap and water for 15-20 seconds.
- Dry your hands with a paper towel, or with your own cloth towel that no one else shares.
- Use an alcohol-based hand sanitizer if soap and water are not available.

Wear a Mask Over Your Nose and Mouth

- Wear a mask if you must leave your house to see a health care provider.
- Call the health center ahead of time if you have a phone, so they can prepare for your visit.
- Wear a mask when you are within two meters of other people.

SYMPTOMS OF COVID-19



FEVER



COUGH



DIFFICULTY
BREATHING

SELF-MONITORING



You have:

- ▶ no symptoms

AND

- ▶ a history of possible exposure to the novel coronavirus that causes COVID-19, in the last 14 days

SELF-ISOLATION

You have:

- ▶ no symptoms

AND

- ▶ a history of possible exposure to the novel coronavirus due to travel outside of Canada or close contact with a person diagnosed with COVID-19

ISOLATION

You have:

- ▶ symptoms, even if mild

AND

- ▶ you have been **diagnosed with COVID-19** or are waiting for the results of a lab test for COVID-19



SELF-MONITOR means to:

- ▶ **monitor yourself** for 14 days for one or more symptoms of COVID-19
- ▶ go about your day but **avoid crowded places** and increase your personal space from others, whenever possible

SELF-ISOLATE means to:

- ▶ **stay at home** and monitor yourself for symptoms, even if mild, for 14 days
- ▶ **avoid contact with other people** to help prevent the spread of disease in your home and in your community in the event you become symptomatic

To be **ISOLATED** means to:

- ▶ **stay at home** until your Public Health Authority advises you that you are no longer at risk of spreading the virus to others
- ▶ **avoid contact with other people** to help prevent the spread of disease in your home and in your community, particularly people at high risk of severe illness outcomes such as older adults or medically vulnerable people



You need to **self-monitor** if:

- ▶ you have reason to believe you have been **exposed to a person** with COVID-19

OR

- ▶ you are in **close contact** with older adults or medically vulnerable people

OR

- ▶ you have **been advised to self-monitor** for any other reason by your Public Health Authority

Self-isolate if:

- ▶ you have travelled **outside of Canada** within the last 14 days

OR

- ▶ your Public Health Authority has identified you as a **close contact** of someone diagnosed with COVID-19

You need to **isolate** if:

- ▶ you have been **diagnosed** with COVID-19

OR

- ▶ you are **waiting to hear the results** of a laboratory test for COVID-19

OR

- ▶ you have been **advised to isolate at home** for any other reason by your Public Health Authority



If you develop symptoms, **isolate yourself from others immediately** and contact your **Public Health Authority** as soon as possible

If you develop symptoms, even if mild, **stay home, avoid other people** and contact your **Public Health Authority** as soon as possible

If your symptoms get worse, immediately contact your healthcare provider or **Public Health Authority** and **follow their instructions**

WE CAN ALL DO OUR PART IN PREVENTING THE SPREAD OF COVID-19. FOR MORE INFORMATION:

PNEUMONIA INFORMATION

What is Pneumonia?

Pneumonia is an infection of the lungs that can be caused by bacteria, viruses or fungi.

What are the symptoms of pneumonia?

Symptoms vary and may include:

- Fever and chills
- Coughing up phlegm
- Being short of breath
- Chest pain with a deep cough
- Feeling tired
- Having little or no interest in eating
- Rapid heart rate, rapid breathing
- Feeling sick to your stomach and/or vomiting
- Diarrhea

How can you expect to feel?

You will feel generally ill, weak and tired and have a poor appetite. Three to five days after treatment with antibiotics begins, you should start to feel better, breathe easier and feel more like eating as your temperature goes down.

It will take time for you to feel as well as you did before the pneumonia. It may take up to 3 months for some older people to fully recover. Rest often and drink plenty of fluids, it is important to eat a healthy diet.

Preventing the spread of infection

It is important to prevent the spread of infection to others. This is easy to do by:

- Covering mouth when coughing
- Discarding used tissue
- Washing hands well after coughing, sneezing, or using tissue