

# Planning for Pandemic

**INFLUENZA PANDEMIC PREPAREDNESS  
FOR INNER CITY AGENCIES**



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## INFLUENZA PANDEMIC PREPAREDNESS

### FOR INNER CITY AGENCIES

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# Influenza Pandemic Project

This project reflects the vision and drive of Boyle Street Community Services and Streetworks, in response to the imminent threat of an influenza pandemic.

Issues unique to pandemic planning and influenza self-care in the downtown core laid the groundwork for this project. It was recognized that non-profit inner city agencies do not often have the resources or contacts to create awareness and respond quickly to an emergency situation like a pandemic.

The purpose of the project is to

- better prepare inner city/marginalized populations in Alberta for the annual influenza season through a culturally appropriate preparedness and prevention self-care strategy; and
- provide a pandemic planning tool to help address unique circumstances present in these populations and the agencies that serve them in the event of an influenza pandemic.

## Preface

- Population health is influenced by many factors such as income and social status, social support networks, education, employment and working conditions, safe and clean physical environments, biology and genetic make-up, personal health practices and coping skills, childhood development and health services (Federal, Provincial and Territorial Advisory Committee on Population Health, 1994). To that end it is vital that any health-related planning address each of these determinants of health, either implicitly or explicitly. In addition, in the seminal document, *Achieving health for all: A framework for health promotion* (2001), Health Canada acknowledged that disadvantaged groups have significantly lower life expectancy, poorer health and a higher prevalence of disability than the average Canadian. Therefore it is imperative that any new health initiative address the needs of the vulnerable within our population. The following tool for developing an influenza pandemic plan for inner city agencies will help accomplish such a task.
- Globally, there have been three pandemics within the last century that have affected Canadians:
  - Spanish Flu (1918 to 1919), affected healthy young adults 20 to 50 years old;
  - Asian Flu (1957 to 1958), affected the very young and the very old;
  - Hong Kong Flu (1968 to 1969), affected the very old and those with underlying health conditions.
- Based on the last two pandemics, it is estimated the next pandemic will arrive in Canada within three months after it emerges in another part of the world, with the understanding that this time could be shorter due to the impact of air travel (*Alberta Pandemic Influenza Plan for the Health System*, 2008). The first peak of illness in Canada will most likely occur within two to four months after the virus arrives in Canada, and the first peak of mortality will be approximately one month after the peak in illness (*Alberta Pandemic Influenza Plan for the Health System*, 2008). A pandemic usually has two or more waves and the space between waves may vary. More than one wave can occur within a 12 month period but there could be up to 12 months between the start of the first wave and the start of the second wave. In a local community, a pandemic wave of illness will generally last six to eight weeks (*Alberta Pandemic Influenza Plan for the Health System*, 2008).
- During an influenza pandemic it is predicted that the majority of Albertans will be infected over the course of the pandemic, with 15-35 percent of the population becoming clinically ill (*Alberta Pandemic Influenza Plan for the Health System*, 2008). The majority of illnesses and deaths will tend to occur over a six to eight week period. As a consequence, the number of persons visiting emergency rooms and hospitalizations will rise well beyond current capacity (BC Centre for Disease Control, 2005). Increased absenteeism (approximately 20-25 percent) will be

expected as a result of personal illness, care-giving requirements and possible fear of exposure. Effective, preventive and therapeutic resources will most likely be in short supply and essential community services are likely to be disrupted (BC Centre for Disease Control, 2005).

- The scope of this planning tool is to focus on local pandemic planning within the province of Alberta specifically targeting vulnerable populations and the agencies that serve them. By definition, vulnerable populations have little or no access to appropriate care or support. Vulnerability is the net result of the interaction of many factors, both personal (including biological) and societal and it can be increased by a range of cultural, demographic, legal, economic and political factors (United Nations Joint Programme on HIV/AIDS).
- While the planning tool aligns with planning underway internationally, nationally and provincially, it does not detail regional, provincial or federal responsibilities, which are addressed in each of these respective jurisdictional plans. Its purpose is to inform non-governmental agencies in Alberta about the risks of an influenza pandemic and to provide generic strategies and guidelines needed locally to help those vulnerable populations. The main body is arranged in three sections, representing three pandemic stages: pre-pandemic, pandemic and post-pandemic.

## What is influenza?\*

Influenza is an infection of the respiratory tract caused by one of three virus types:

- Influenza A, which causes the most severe and widespread disease, infects mammals (including humans, pigs and horses) and birds;
- Influenza B, which infects only humans;
- Influenza C, which is mild and rare.

In North America, influenza usually affects people between November and April.

### How is influenza spread?

- Influenza virus passes from person to person by droplets when an infected person coughs, sneezes or talks.
- Droplets can enter the body through the eyes, nose or mouth.
- People develop symptoms of influenza one to three days after becoming infected. They are contagious from the day BEFORE they have the first symptoms until five days after the symptoms start.

- ▶ **Virus droplets can travel 1-2 metres in the air.**
- ▶ **Viruses can live on hard surfaces for 1-2 days, on cloth and tissue paper for 8-12 hours, and on your hands for 5 minutes.**

## Influenza symptoms

### Primary symptoms include:

- Sudden fever  $\geq 38^{\circ}\text{C}$  ( $110.4^{\circ}\text{F}$ ).\*
- Dry cough.
- Aching body, especially head, lower back and legs.
- Extreme weakness/tiredness, not wanting to get out of bed.

### Other symptoms can include:

- Chills.
- Aching behind the eyes.
- Loss of appetite.
- Sore throat.
- Runny/stuffy nose.

*\*For people older than 75 years, the temperature may be lower, e.g.  $37.2^{\circ}\text{C}$  ( $99^{\circ}\text{F}$ ). They may also experience vomiting, diarrhea or abdominal pain.*

Usually fever resolves in three to five days and the person experiences a general sense of improvement. Tiredness and cough can persist for several weeks to a month.

Influenza symptoms are distinct from those of a cold or gastroenteritis.

\* Adapted from the Influenza Self-Care Strategy with permission of Alberta Health and Wellness.

## Identifying influenza, a cold or stomach flu

Symptoms/ Description	Influenza	Common Cold	Stomach Flu
<b>Fever</b>	Usually high	Sometimes	Rare
<b>Chills, aches, pain</b>	Frequent	Slight	Common
<b>Loss of appetite</b>	Sometimes	Sometimes	Common
<b>Cough</b>	Usual	Sometimes	Rare
<b>Sore throat</b>	Sometimes	Sometimes	Rare
<b>Sniffles or sneezes</b>	Sometimes	Common	Rare
<b>Involves whole body</b>	Often	Never	Stomach/ bowel only
<b>Symptoms appear quickly</b>	Always	More gradual	Fairly quickly
<b>Extreme tiredness</b>	Common	Rare	Sometimes
<b>Complications</b>	Pneumonia; can be life threatening	Sinus infection, Ear infection	Dehydration

### How serious is influenza?

Certain groups are at risk to develop serious complications, such as pneumonia, which may even result in death. These groups include:

- Children less than two years and seniors, because they have weaker immune systems.
- Those whose immune systems are compromised by disease or medication/treatment.
- Those with certain chronic illnesses, such as heart or lung disease.

### What is pandemic influenza?

Of the three influenza virus types (A, B and C), only type A causes pandemics. It infects birds, humans and other mammals (including pigs and horses). Three to four times each century the influenza type A virus forms a completely new strain. Everyone is at risk of infection with the new strain. Current vaccines will not offer protection.

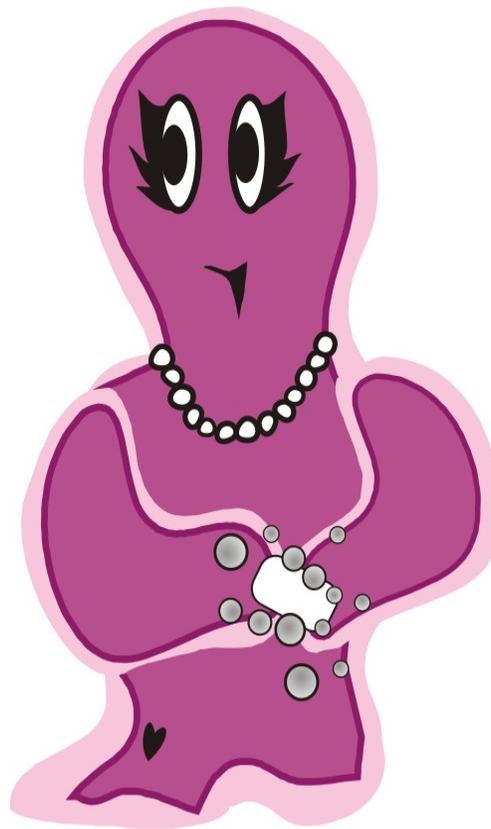
If this new virus spreads easily from person-to-person, it could quickly travel around the world and cause serious illness and death for millions of people. This global epidemic is called an influenza pandemic. A pandemic differs from the influenza we see every year in that larger numbers of people are infected, the illness is more severe, and more people die.

### What is avian influenza?

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

What is influenza?

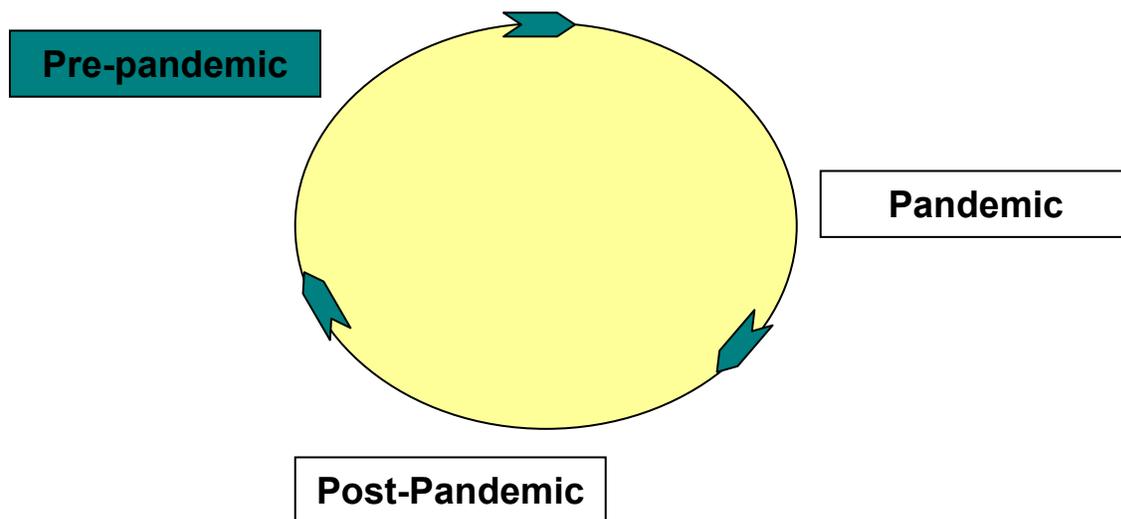
# PRE-PANDEMIC STAGE



## Planning for Pandemic Influenza: Pre-Pandemic Stage

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Watched closely by health professionals around the world, Avian influenza (H5N1) has spread from *birds to humans* in many countries across a number of continents including Asia, Europe and Africa. While human-to-human transfer remains a rare occurrence at the time of this publication, health-care experts, medical professionals and governments are concerned and have begun to increase their pandemic planning and preparedness efforts, including how to address the **prevention of the spread of a pandemic influenza when it arrives.**



To date health regions have undertaken considerable pandemic planning. However, this document will provide guidance for a more specific population: the underserved and homeless populations in Alberta. Because your agency/organization works with populations whose immune systems are compromised and/or health needs necessitate a unique health care approach, **this section will address appropriate influenza preparedness and prevention planning strategies.**

Pre-pandemic stage policies and procedures are for the time leading up to the onset of an actual pandemic. They address the preparedness of agencies to manage an influenza pandemic. Being prepared is the first step in alleviating panic and anxiety surrounding emergency situations. This is the time to plan. Some considerations to keep in mind during pandemic planning include:

- Building capacity – to increase your ability to provide services when staff may be absent due to illness or when supplies run out, consider setting up a partnership with other agencies and organizations and/or drawing on service users as a resource.
- Movement - for individuals who are street involved, their survival often depends on movement; movement from agency to agency to acquire the basic needs such as food, shelter, health care and social services. During a crisis situation, such as a pandemic, agencies need to recognize these migration patterns and how to address the possible spread of infection while still providing for basic needs and services.
- Information links – access to current information will be of significant importance throughout the planning stages and during a pandemic. Ongoing communication links should be established early in pandemic planning with your regional health authority for health information and with your municipality for logistical information.
- Prioritize utilization of services – consider which services can be scaled back or cancelled and for what period of time during a crisis situation. While closure of key service areas for even a day may have too great of a negative impact on the population the agency serves, consider closure of a less critical area for a workable time frame.

Essential service utilization models can be adapted to help prioritize services. One such model, used by Capital Health in their *Capital Health Communicable Disease Outbreak Plan* (April, 2006), discusses maximum tolerable downtimes. Part of this plan has been adapted as a template for pandemic preparedness planning. Potential prioritization of service levels may be categorized as follows:

Priority Level	Service Level
0	➤ Increase full-service levels to higher than normal.
1	➤ Full-service levels to be maintained with no disruptions.
2	➤ Full-service disruption to a maximum of 24 hours.
3	➤ Partial/reduced service for a defined period of time.
4	➤ Partial/reduced service can be maintained for the duration of the event up to six (6) weeks. Then reassessed.
5	➤ Complete service can be suspended for the duration of the event up to six (6) weeks then reassessed.

## Pre-Pandemic Stage: General Policies

1. Policies for maintaining services in the event of a pandemic should be developed by every organization. This includes, but is not limited to:

- Staffing requirements to remain open
  - Experts suggest planning for 1/3 of your staff being absent for a two week period.
  - How could you re-organize a smaller staff and maintain services?
  - What is the minimum number of staff required?
  - Could service users be utilized as staff during an emergency?
  - Would changing business hours allow for better use of staff?
  - Do you have staff that can work from home?
  - Would cutting back or closing down certain services for a limited period of time help with staffing issues?
  - What role could volunteers play?
- Reducing services
  - Could services be scaled back or cancelled?
  - For how long?
- Closing offices
  - At what point do you stop offering services?
  - Are there any liability issues in providing/not providing certain services?
  - At what point during the crisis will the office(s) be forced to close?
  - Will compensation be offered to employees if the agency closes?
  - Are your board members involved in pandemic planning?
  - What role will the board play in decision-making?
- Alternate communications
  - What are your current main modes of communications?
  - How long could you function without them?
  - How would a power outage affect your communications?
  - How would a pandemic crisis situation affect your ability to communicate?
  - What other modes of communication are available?

- Is a battery operated or wind-up radio available and where is it located?
- Alternate sites
  - Could you coordinate or share your resources with other sites/agencies?
  - If your agency was forced to close, are there other sites/agencies where you could send service users?
  - What arrangements could you make now with other sites/agencies to ensure the needs of users can be met during a pandemic?
- Societal changes
  - What are the plans in your city or municipality for an influenza pandemic?
  - How will these plans affect your activities and preparedness planning?
  - Should the level of support provided by police and other emergency services change, would you be affected and how could you handle it?
  - What are the plans in your health region for handling patients during a pandemic?
  - How can you provide information to your clients about where to seek appropriate medical care?
- Ethno-cultural considerations
  - How will you keep in touch with different religious, ethnic and cultural groups who depend on your agency, especially if they have different wants and needs during a time of crisis?
  - Consider making connections with aboriginal elders early on as there are specific protocols on how to invite and honour them. Aboriginals value traditional medicines and advice, considering their spiritual and medical journey to be their own.
  - Can you contact other religious, ethnic and cultural organizations in your community now to include all points of view?
- Other considerations
  - Are your staff up-to-date on influenza prevention?
  - Can your agency stock and provide soap and hand washing facilities, especially during a pandemic? What extra items could be stored in case of an emergency?

2. Prevention activities can help decrease the affects of a pandemic. Immunization for influenza and pneumonia should be encouraged by inner city agencies annually,

especially for at-risk groups like the elderly, people with weak immune systems and those with certain chronic diseases. Reinforce the importance of maintaining all immunizations (including tetanus, diphtheria and measles/mumps/rubella) to all program users and the general public. Contact your local public health centre or regional health authority for more information about immunization.

3. Infection control issues are critical for everyday disease prevention as well as during an influenza pandemic. Organizations should support and educate the population about prevention methods such as self-care and hand washing.

Next to immunization, hand washing is the best way to prevent influenza.

Wash your hands ...

**Before**

- Handling or eating food or feeding others.
- Brushing or flossing teeth.
- Inserting or removing contact lenses.

**After**

- Having any contact with a person who has influenza or if you've been in their immediate environment.
- Treating wounds or cuts.
- Going to the toilet or changing a diaper.
- Blowing your nose or wiping a child's nose.
- Coughing or sneezing.
- Handling garbage.

How to wash hands

- Use regular soap. Antibacterial soap is not necessary as it can eliminate "good" bacteria and lead to bacterial resistance.
- Rub hands vigorously together for at least 15 seconds covering all surfaces.
- Rinse under running water.
- Dry with a clean or disposable towel.
- If using a public restroom, use a disposable towel (if available) to turn off the faucet to avoid further contact with the tap.
- Alcohol hand rubs containing 60-95 percent alcohol are effective.
- Apply a nickel size amount of the product to open palms.

- Rub into hands covering all surfaces, including the front and back of hands, in between fingers, around the nails and cuticles, thumbs and wrists.
- Respiratory etiquette – “Cover your Cough”
  - Throw away tissues after wiping your nose.
  - Cover your nose and mouth when sneezing or coughing.
  - Wash hands after coughing, sneezing or using tissues.
  - Keep your fingers away from your eyes, nose and mouth.
- Ways to prevent the spread of influenza
  - Avoid crowds during influenza season.
  - Visit those who have influenza only if necessary. If visiting is unavoidable, stand more than one metre (three feet) away from them whenever possible.
  - Keep personal items separate if a household member has influenza. Clean surfaces around them often with a detergent cleanser.
  - Do not share personal items such as drinks, cigarettes, smoking paraphernalia.
- Self-care includes:
  - Staying well
    - Drink plenty of water.
    - Don't smoke. Avoid second hand smoke.
    - Exercise regularly.
    - Take a multivitamin daily.
    - Decrease stress, stay optimistic and be socially active.
    - Set and recognize your limits when taking care of others.
  - Recognizing influenza symptoms (see “Identifying influenza, a cold or stomach flu” on page 5)
    - Sudden fever of 38°C (100.4°F) or higher.
    - Dry cough.
    - Aching body, especially head, lower back and legs.
    - Extreme weakness and tiredness.

Other symptoms can include:

- Chills.
  - Aching behind the eyes.
  - Loss of appetite.
  - Sore throat.
  - Runny or stuffy nose.
- General self-care measures when ill:
- Rest.
  - Avoid contact with others while contagious (five days) if possible.
  - Drink extra fluids.
  - Gargle with warm salt water.
  - Use throat lozenges, saline nose drops, and a clean humidifier.
  - Don't smoke. Avoid second hand smoke.
  - Talk to others about concerns and ask for help if needed. Keeping in touch with others can help with feelings of aloneness when sick.
  - Treat symptoms with over-the-counter (non-prescription) medication. Pay careful attention to all guidelines. Talk to your health-care provider about conditions when you should not use the remedy, what products to use, dosage, and any possible side effects.
- When to access medical help
- Adults who have heart or lung disease or any other chronic condition that requires regular medical attention, especially if they think they have influenza.
  - Adults who are frail and have an illness or are on treatments that suppress the immune system.

(Adapted from the Influenza Self-Care Strategy with permission from Alberta Health and Wellness)

**Wearing masks:** There is no evidence that the use of masks in general public settings will be protective when the virus is circulating widely in the community (Canadian Pandemic Influenza Plan, Dec. 2006).

An influenza self-care booklet designed for inner city populations, *The Flu and You! Don't let the flu get you down!* is available. Information and materials on self-care and hand washing are also available. These materials should be included in your pandemic planning and available free to the public.

## Pre-Pandemic Stage: General Procedures

1. Develop and implement packages called “Educate the Educator.”
  - These packages should include influenza self-care resources like *The Flu and You!* Booklet which is targeted to marginalized populations.
  - The aim of the educator packages is to aid inner city agency staff in teaching and communicating influenza prevention and treatment messages to their clients. This important step in pandemic preparedness aims to pre-condition responses to influenza prevention and treatment prior to the arrival of a pandemic influenza. This goal is to decrease the burden on inner city agencies and residents.
  - Focus on the following:
    - Respiratory etiquette – “cover your cough.”
    - Hand washing.
    - Staying well (maintaining a healthy lifestyle).
    - Immunization.
    - Preventing influenza.
    - Recognizing and treating influenza.
    - When to access medical help.
2. Prepare a pandemic plan specific to your organization. Helpful planning tools such as the *Influenza Planning Checklist* for businesses and families/individuals can be found in the pre-pandemic policies section and Appendices A and B.
3. Designate one person (with a back up) in your organization to keep on top of the planning progress and the worldwide situation.
4. Explore websites related to pandemic preparedness and planning. Learn more about pandemic influenza, how your health region and municipality are preparing and find resources to aid in your preparedness planning. Select websites are listed below. A more comprehensive list can be found in Appendix C.

Government of Alberta

<http://www.health.alberta.ca/health-info/pandemic-influenza.html>

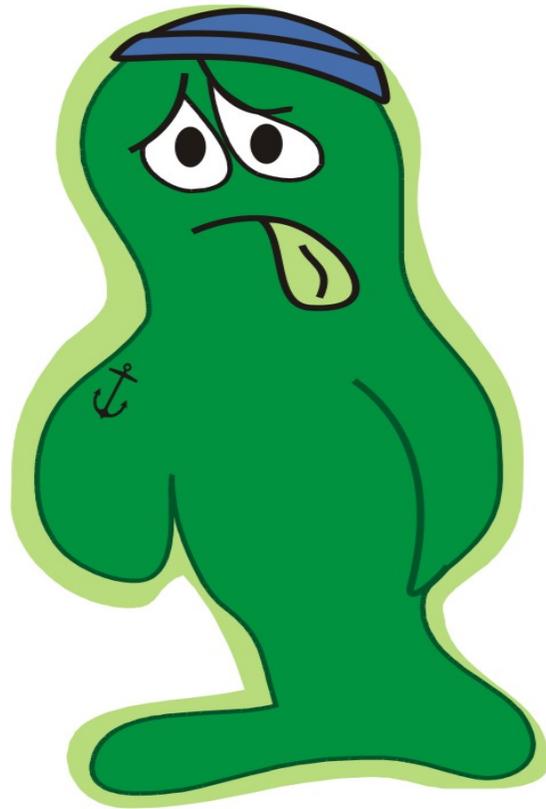
Alberta Health and Wellness – Influenza Self-Care

[http://www.health.alberta.ca/health-info/pandemic-influenza\\_self-care.html](http://www.health.alberta.ca/health-info/pandemic-influenza_self-care.html)

Public Health Agency of Canada

[http://www.phac-aspc.gc.ca/new\\_e.html](http://www.phac-aspc.gc.ca/new_e.html)

# PANDEMIC STAGE



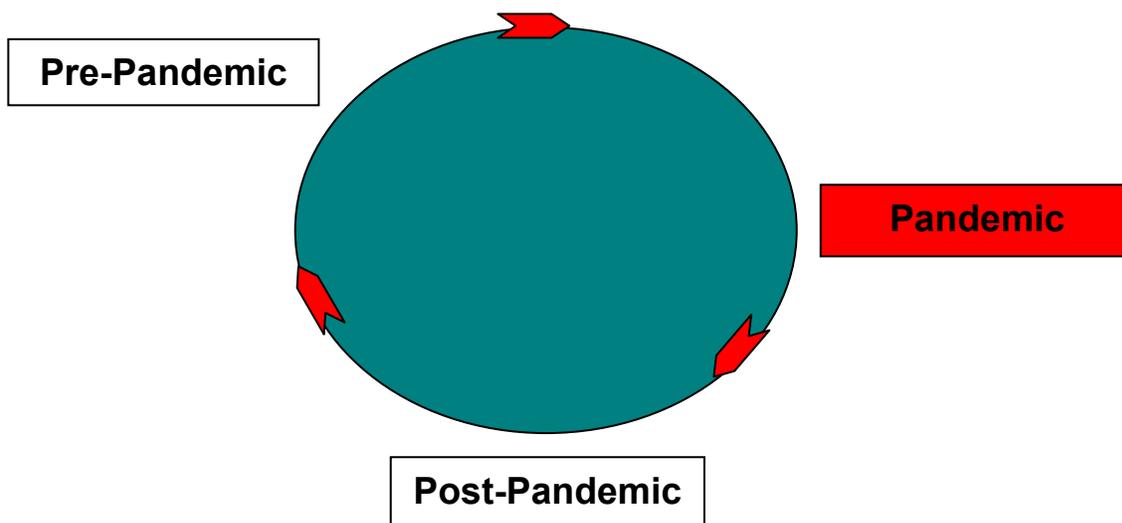
## Pandemic Influenza: Pandemic Stage

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The severity of an influenza pandemic is not predictable. It may be very mild or severe. Disruptions *may* last for up to three months or more. To date, health regions have undertaken considerable pandemic planning.

Agencies need to think about maintaining operations while minimizing influenza transmission to their staff and service users. Decisions will focus on issues such as:

- Reducing services and/or closing an agency.
- Changes in staffing levels.
- Multiple ill service users.
- Possible disruptions in supplies, utilities, and agency support systems (e.g. banking, other organizations).
- An overwhelmed health-care system.
- Changes at a societal level (e.g. cancellation of events where people gather, such as in churches).
- Potentially more deaths than usual.



This document provides guidance for a more specific population: the underserved and homeless in Alberta. Because your agency/organization works with populations whose immune systems are compromised and/or health needs necessitate considered health care, **this section will address measures needed to support vulnerable persons within Alberta affected with the pandemic virus and minimize the spread of the disease during an influenza pandemic.**

An essential services usage model, such as the one discussed in pre-pandemic planning, should be implemented at this point to keep critical services running as staff and resources become scarce.

Priority Level	Service Level
0	➤ Increase full-service levels to higher than normal.
1	➤ Full-service levels to be maintained with no disruptions.
2	➤ Full-service disruption to a maximum of 24 hours.
3	➤ Partial/reduced service for a defined period of time.
4	➤ Partial/reduced service can be maintained for the duration of the event up to six (6) weeks then reassessed.
5	➤ Complete service can be suspended for the duration of the event up to six (6) weeks. However, where appropriate, services may continue using telephone, fax or email contact, and then be reassessed.

To enable continuation of services *for the duration of the pandemic*, the following **general pandemic policies and procedures** are suggested. *Each agency/organization* should assess for and implement individualized pandemic strategies.

## **Pandemic Stage: General Policies**

These policies take into consideration that pre-pandemic planning has occurred.

1. Upon notification by the Medical Officer of Health (MOH) in your region that an influenza pandemic has started, implement your organization's pandemic plan(s).
  - Anticipate that inner agency programs and societal norms may be disrupted for a specific period of time.
2. Where possible, attempt to maintain regular office hours and services.
  - Activate partnerships and support plans with other agencies and resources.
  - As the emergency situation continues or escalates, implement reductions or temporary cancellation of services on a priority level.
  - As staff absenteeism increases and resources decrease, prepare for potential closure as per pre-pandemic planning.
3. Implement on-going communication strategies.
  - Monitor radio, television, CBs, and internet for updated information.
  - Use other communication methods: cell phones, land lines, e-mail, flyers etc. as previously planned.
4. Continue to support and encourage influenza prevention methods such as hand washing, self-care and respiratory etiquette.
  - This is the time when the importance of pre-pandemic education around self-care and staying well will be evident.
  - Continue to provide information on caring for the sick and elderly.
5. Encourage staff and clients to be immunized with pandemic influenza vaccine when available as a preventive measure.
  - Pandemic influenza vaccine will be available about four to six months after the pandemic begins. Biological information on the specific pandemic strain is required before production can begin.
  - Vaccine will be available through Public Health in the regions.
  - Seasonal influenza and pneumococcal vaccines will not be available at this time.
  - Antivirals will be used for treatment of persons who come to a designated health-care facility within 48 hours of the onset of symptoms.
  - Work with your region to provide up-to-date information about where and when clients can receive antivirals or vaccine.

## 6. Encourage social distancing.

- Counsel clients to avoid crowds during the pandemic.
- Visit those who have influenza only if necessary. If visiting is unavoidable, stand more than one metre (three feet) away from them whenever possible.
- If a household member or close living companion has influenza, keep their personal items separate (e.g. toothbrush, towel). Clean surfaces around them frequently with detergent cleanser.
- Do not share personal items such as drinks, cigarettes, smoking paraphernalia.
- Social distancing is different from isolation. Coming together for companionship, prayer and support is important, but should be done while keeping the above precautions in mind.

## 7. Mental health issues should also be addressed during and after a pandemic.

- It is not unusual for people to feel anxious or fearful because of traumatic events such as an influenza pandemic. Dealing with stress and feelings of isolation and depression can lead to greater problems. Many people will likely be dealing with the deaths of loved ones.
- The best action to take is to follow advice provided by public health officials. They are doing everything possible to contain and treat the disease.
- Encourage staff and clients to talk about their feelings with someone they trust.
- More information on dealing with stress or feelings of fear can be found in the Appendix D and E.

## 8. Care during the pandemic.

- Follow the self-care measures for ill persons.
- Make sure the person who is sick drinks lots of fluids, like water or juice.
- Try not to smoke around someone who has influenza, as it can irritate their lungs.
- Keep the person warm, dry and as comfortable as possible.
- Remember to WASH YOUR HANDS after taking care of someone who is sick.

- Influenza complications, specifically pneumonia.
  - Encourage clients to see their physician or nurse practitioner immediately if the client or someone in their care has any one of the following symptoms:
    - Shortness of breath while resting or doing very little.
    - Difficult or painful breathing.
    - Coughing up bloody spit/phlegm.
    - Wheezing.
    - Chest pain.
    - Fever for three to four days without improvement.
    - Feeling better, then suddenly having a high fever or becoming ill again.
    - Extreme drowsiness and difficulty awakening.
    - Disorientation or confusion.
    - Severe earache.
    - Sudden inability to function in a normally independent elderly person.
    - Constant vomiting, especially in an elderly person.

#### 9. When to access medical care.

- See pre-pandemic section on page six and *The Flu and You!* booklet. Providing information on when to seek medical care will reduce the burden on the health system.
- Call Health Link Alberta, if you have questions or concerns.
  - Health Link Alberta is a 24 hour service that provides highly trained registered nurses who will offer advice and information about health symptoms and concerns.
  - Inform clients that they may be asked for their name and some personal information when they call. This information is collected to improve the services of Health Link Alberta and may or may not be requested during a pandemic.
    - 1 (866) 408 5465
    - Calgary (403) 943 LINK (5465)
    - Edmonton (780) 408 LINK (5465)

## Pandemic Phase: General Procedures

1. “Educate the Educator” packages: Continue to provide information to staff and clients to reinforce previous self-care messaging, specifically:
  - Respiratory etiquette – “Cover your cough.”
  - Hand washing.
  - Preventing influenza.
  - Treating influenza.
  - When to access medical help.
2. Monitor communications and maintain access to updated information.
3. Encourage immunization of pandemic influenza vaccine once available through your local regional health authority.
4. Call Health Link Alberta, if you have questions or concerns:
  - 1 (866) 408 5465
  - Calgary (403) 943 LINK (5465)
  - Edmonton (780) 408 LINK (5465)

# POST-PANDEMIC STAGE

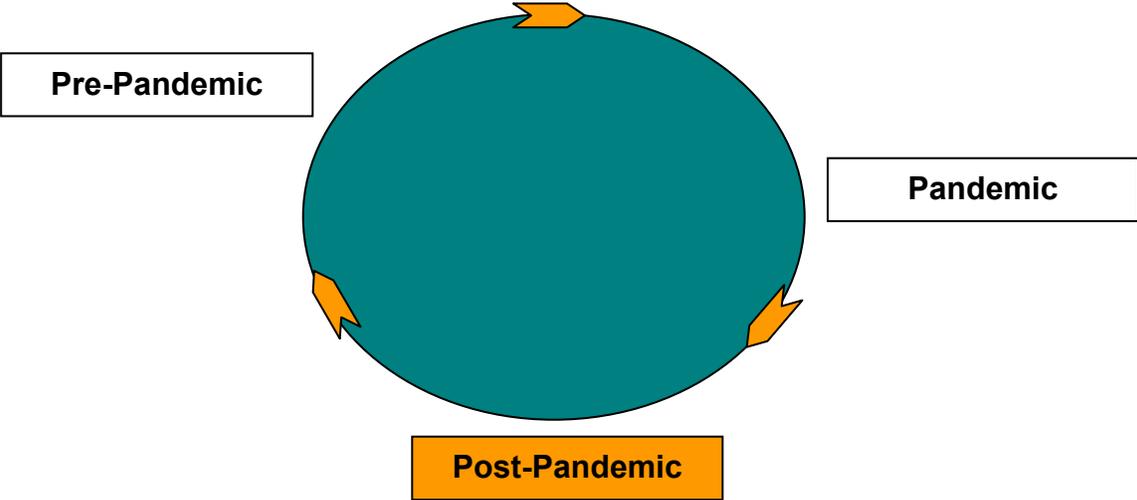


# Pandemic Influenza: Post-Pandemic Stage

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This policy and procedure section refers to strategies for successfully addressing the **after care measures** needed following an influenza pandemic.

Post-pandemic phase begins when the number of cases of influenza returns to pre-pandemic levels. This stage deals with assessing the affect of the pandemic, specifically issues related to the mental, physical, and financial health of these vulnerable populations, and evaluating the pandemic response.



Health regions have undertaken considerable pandemic planning. This document will provide guidance for a more specific population: the underserved and homeless in Alberta. Because your agency/organization works with populations whose immune systems are compromised and/or health needs necessitate considered health care, **this section will address influenza pandemic after care, with an emphasis on the updating of immunizations and assessing for mental health concerns such as post traumatic stress disorder and the grieving process. See Appendices D and E.**

## Post-Pandemic Stage: General Policies and Procedures

1. Be prepared to help clients deal with mental health issues and health conditions resulting from the pandemic.
  - Post-traumatic stress disorder can arise after a person experiences a traumatic event such as a loss of a loved one or sudden changes in their daily living. Information on recognizing this and steps to provide comfort and support can be found in Appendix D and E.
  - Pneumonia -“lung care.”
    - Encourage clients to see their physician or nurse practitioner immediately if the client or someone in their care has any one of the following symptoms:
      - Shortness of breath while resting or doing very little.
      - Difficult or painful breathing.
      - Coughing up bloody spit/phlegm.
      - Wheezing.
      - Chest pain.
      - Fever for three to four days without improvement.
      - Feeling better, then suddenly having a high fever or becoming ill again.
      - Extreme drowsiness and difficulty awakening.
      - Disorientation or confusion.
      - Severe earache.
      - Sudden inability to function, especially in a normally independent, elderly person.
      - Constant vomiting, especially in an elderly person.
    - Any health questions can be directed to Health Link.
      - 1 (866) 408 5465
      - Calgary (403) 943 LINK (5465)
      - Edmonton (780) 408 LINK (5465)
2. Agencies should be prepared to help clients with the grieving process.
  - Provide information on funeral or memorial services.
  - Community memorial.
    - Agency-specific.
    - Ethno-cultural considerations.

- Dealing with loss. See Appendix E.
3. Resumption to normalcy
    - Keeping current with community and regional trends, and outcomes as well as re-establishing a number of contacts for both the agency and its clients.

Review and update links to:

    - Other agencies (social workers, outreach workers).
    - Banks, accountants.
    - Lawyers, probation officers.
    - Physicians, community nurses.
    - Employers.
    - Building repairs, maintenance.
    - Staff.
    - Friends and family.
    - Community members.
  4. Continue to support updated immunization, hand washing and other disease prevention strategies such as personal health practices.
  5. Establish an evaluation process to look at lessons learned for future emergency situations.

## Glossary of Terms

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**Epidemic:** An outbreak of infection that spreads rapidly and affects many individuals in a given area or population at the same time.

**H5N1:** A strain of influenza Type A virus that appeared in 1997 in poultry and has infected humans. While the outbreak of this virus was rapidly contained, it produced significant illness and death in persons who became infected, probably from direct contact with infected poultry. In 2003, a slightly different strain of H5N1 started circulating in avian species in Asia. As of 2005, this strain has

- become virtually endemic in the avian population,
- infected other species such as swine and felines,
- resulted in several fatal human cases.

**Health-Care Workers (*Pandemic*):**

Health-care workers are those persons whose functions are essential to the provision patient care. They include health professionals, trainees and retirees, nonprofessionals and volunteers involved in direct patient care in designated health-care facilities or services.

**High-Risk Groups:**

Those groups in which epidemiologic evidence indicates there is an increased risk of contracting a disease.

**Pandemic:** Referring to an epidemic disease of widespread prevalence around the globe.

**Symptoms:** Any perceptible, subjective change in the body or its functions that indicates disease or phases of disease, as reported by the patient.

**Vaccine:** A substance that contains antigenic components from an infectious organism. By stimulating an immune response (but not the disease), it protects against subsequent infection by that organism.

**Virus:** A group of infectious agents characterized by their inability to reproduce outside of a living host cell. Viruses may upset the host cells' normal functions, causing the cell to behave in a manner determined by the virus.  
**A virus cannot be treated with antibiotics.**

[Source: Public Health Agency of Canada. (Reference from the web July 23, 2006). [www.phac-aspc.gc.ca/influenza/pandemic\\_e.html](http://www.phac-aspc.gc.ca/influenza/pandemic_e.html).

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## Appendix A

### INFLUENZA BUSINESS PLAN CHECKLIST

*(Place a checkmark in the appropriate column)*

Pandemic Business Plan			
Not Started	In Progress	Completed	Action
			-Identify a pandemic coordinator and/or team with defined roles and responsibilities for preparedness and response planning. -Planning should include input from staff members. This team should ensure staff are up-to-date on immunizations and self-care strategies such as nutrition and hand washing techniques.
			Identify essential employees required to maintain business operations by location and function during a pandemic.
			Train and prepare team members for a pandemic situation (agency-specific policies and procedures)
			Develop/plan for scenarios likely to result in an increase/decrease in demand for your services during a pandemic (e.g. effect of restriction on mass gatherings, hygiene supplies, etc.).
			Find up-to-date, reliable pandemic information from community health, emergency management, and other sources and make sustainable links (See <b>Appendix C</b> for possible web addresses.)
			Establish an emergency communications plan and revise as needed. This plan includes identification of key contacts (with back ups), chain of communications (including suppliers and service users/customers), and processes for tracking and communicating business and staff status.
			Implement an exercise to test your plan, and revise as needed
			-Assess the ability of the service users to take on different roles within the agency. -Begin capacity building within the

Pandemic Business Plan			
Not Started	In Progress	Completed	Action
			population. -Consider the possibility of partnering with another agency (should staffing levels become critically low) and begin discussions on how it could work.
			Stock up on whatever supplies are essential, given budget, storage requirements (shelf life) and space.

Pandemic Business Plan - Employees and Service Users			
Not Started	In Progress	Complete	Action
			Forecast and allow for employee absences during a pandemic due to factors such as personal illness, family members ill, community containment measures and quarantines, school and/or business closures, and public transportation closures.
			Implement guidelines to modify the frequency and type of face-to-face contact (e.g. hand shaking, seating in meetings, office layout, shared workstations) among employees and between employees and service users.
			Evaluate employee access to and availability of health-care services during pandemic, and improve services as needed.
			Identify employees and key service users with special needs, and incorporate the requirements of such persons into your preparedness plan.

Pandemic Business Plan - Policies			
Not started	In Progress	Completed	Action
			Establish policies for employees to return to work who have been previously ill but are no longer infectious. For example, an employee can return to work under these circumstances: no fever for 48 hours, no

Pandemic Business Plan - Policies			
Not started	In Progress	Completed	Action
			cough and not taking any medications to suppress fever or cough.
			Establish policies for flexible worksite (e.g. telecommuting) and flexible work hours (e.g. staggered shifts)
			Establish policies for preventing influenza spread at the worksite (e.g. coughing/sneezing etiquette, and prompt exclusion of employees/service users with influenza symptoms).

Protect employees and service users			
Not started	In Progress	Completed	Action
			Provide sufficient and accessible infection control supplies (e.g. hand-hygiene products, tissues and receptacles for disposal) in all locations.
			Enhance communications as needed to support remote service user access.
			Ensure availability of medical consultation and advice for emergency response like Health Link Alberta or alternate including website(s).

Educate and communicate with employees and volunteers			
Not started	In Progress	Completed	Action
			Disseminate appropriate programs and materials covering pandemic fundamentals like Influenza Self-Care, personal and family protection and response strategies (e.g. hand washing, coughing/sneezing etiquette, contingency plans etc.).
			Anticipate employee fear and anxiety, rumors and misinformation and plan communications accordingly.
			Ensure communications are culturally and linguistically appropriate.
			Update and disseminate information to employees about pandemic preparedness

Educate and communicate with employees and volunteers			
Not started	In Progress	Completed	Action
			and response plan as needed. Communicate on a regular basis via email, etc.
			Prepare and provide information such as fact sheets for the at-home care of ill employees and family members.
			Identify community sources for timely and accurate pandemic information such as domestic and international website addresses (see <b>Appendix C</b> ) and resources for obtaining counter-measures such as vaccines and antivirals, as appropriate.

Coordinate with external organizations and help your community:			
Not started	In Progress	Completed	Action
			Collaborate with major health-care organizations to share pandemic plans and understand their capabilities and plans.
			Collaborate with federal, provincial, and local public health agencies and/or emergency responders to participate in their planning processes, share your pandemic plans, and understand their capabilities and plans
			Share best practices with other businesses in your communities, chambers of commerce, and associations to improve community response efforts.

(Source: Department of Health and Human Services and the Centers for Disease Control and Prevention, 2005; [www.pandemicflu.gov/plan/checklists.html](http://www.pandemicflu.gov/plan/checklists.html))

## Appendix B

### INFLUENZA PLANNING CHECKLIST FOR *FAMILIES/INDIVIDUALS*

*(Place a checkmark once task is complete)*

Plan for a Pandemic	
Completed	Action
	Store a <i>six week to three-month supply</i> of non-perishable food and bottled water. During a pandemic it will be important for you to have extra supplies on hand, in the event you cannot get to a store or if stores are out of supplies. This can be useful in other types of emergencies, such as power outages and disasters.
	Store an extra supply of your regular prescription drugs if possible. Talk with your doctor about this.
	Have non-prescription drugs and other health supplies on hand, including pain medication, stomach medications, cough and cold medicines, fluids and electrolytes (e.g. Gatorade™, Pedialyte™) and vitamins.
	Talk with family members and loved ones about how they would be cared for if they got sick, or what will be needed to care for them in your home.
	Teach children to wash hands frequently and properly with soap and water, and model that behaviour.
	Teach children to cover coughs and sneezes with tissues and to wash hands afterwards, and be sure to model that behaviour.
	Teach children to stay away from others as much as possible if they are sick. Stay home from work and school if and when you think you are sick.

Items to have on hand for an extended stay at home
<b>Examples of non-perishables food items</b>
Ready-to-eat canned meats, fish, fruits, vegetables, beans, and soups. Have a manual can opener, not electric.
Protein bars or fruit bars.
Peanut butter or nuts.
Dried fruit.
Crackers.
Canned juices.
Bottled water.
Canned or jarred baby food and formula.
Canned evaporated milk and/or skim milk powder.
Pet food.

## Items to have on hand for an extended stay at home

### **Examples of medical and health supplies**

Prescribed medical supplies i.e. glucose and blood-pressure monitoring equipment.

Prescribed medications

Medicines for fever, such as acetaminophen (Tylenol™) or ibuprofen (Motrin™).

Thermometer.

Anti-diarrhea medication.

Vitamins.

Fluids with electrolytes (Ask your pharmacist for suggestions, e.g. Gatorade™, Pedialyte™).

Cleansing agent (disinfectant).

Soap (not antibacterial).

Alcohol-based (60-95 percent) hand wash.

### **Examples of emergency supplies**

Flashlight and batteries.

Portable radio and batteries.

Garbage bags.

Tissues, toilet paper, disposable diapers.

Soap.

Water.

Alcohol-based (60-95 percent) hand wash.

## **Appendix C**

### **PANDEMIC-RELATED WEBSITES**

#### Canadian Government Sites

Public Health Agency of Canada

[www.phac-aspc.gc.ca/influenza/pandemic\\_e.html](http://www.phac-aspc.gc.ca/influenza/pandemic_e.html)

Health Canada

[www.hc-sc.gc.ca/dc-ma/influenza/index\\_e.html#3](http://www.hc-sc.gc.ca/dc-ma/influenza/index_e.html#3)

Government of Canada

[www.influenza.gc.ca/index\\_e.html](http://www.influenza.gc.ca/index_e.html)

Government of Alberta

[www.health.alberta.ca/health-info/pandemic-influenza.html](http://www.health.alberta.ca/health-info/pandemic-influenza.html)

Alberta Health and Wellness – Influenza Self-Care

[www.health.alberta.ca/health-info/pandemic-influenza\\_self-care.html](http://www.health.alberta.ca/health-info/pandemic-influenza_self-care.html)

#### International Government Sites

World Health Organization

[www.who.int/csr/disease/influenza/pandemic/en/](http://www.who.int/csr/disease/influenza/pandemic/en/)

Centers for Disease Control-CDC

[www.pandemicflu.gov/](http://www.pandemicflu.gov/)

#### Emergency Planning Checklists

[www.pandemicflu.gov/plan/checklists.html](http://www.pandemicflu.gov/plan/checklists.html)

## **Appendix D**

### **POST TRAUMATIC STRESS DISORDER (PTSD)**

After a significant loss or trauma, a condition known as Post Traumatic Stress Disorder (PTSD) can occur.

#### **What is PTSD?**

Post Traumatic Stress Disorder is an anxiety disorder that arises after a person goes through a traumatic event. PTSD is characterized by recurrent experiences of the event through dreams and flashbacks. Symptoms often begin within three months after trauma, but a delay of months or years is not uncommon.

#### **What causes it?**

PTSD is caused by a highly traumatic event that involved actual or threatened death or serious injury to self or others.

#### **What are the symptoms?**

- Repeat experiences of traumatic situations.
- Experiences are recurrent and accompanied by intrusive recollection of events, dreams, and flashbacks.
- The person behaves as though he or she is experiencing the event at that time.
- The person will often have difficulty with interpersonal, social, or occupational relationships and trust is almost always a concern.
- A second stage can include avoidance and emotional numbing.
- Feeling guilty.
- The person may also experience a change in sleeping patterns, even insomnia.
- Memory problems, poor concentration.
- Symptoms often begin within three months following the trauma, but a delay of months or years is not uncommon.

#### **Can PTSD be treated?**

PTSD can disappear with time, however in some people it can continue for years.

There are effective medical interventions for those who require them, however not everyone who experiences trauma or PTSD will require medical treatment. They can recover with support from friends, family and their community.

Adapted from “*Post Traumatic Stress Disorder*” by the Canadian Mental Health Association and “*What is Post-Traumatic Stress Disorder?*” by the Centre for Addiction and Mental Health.

## **Appendix E**

### **GRIEF AND GRIEVING**

It is not unusual for someone to experience grief after a life-altering experience like the death of a loved one, the loss of a significant object (such as a house or your valuables), or a valued way of life.

It is important to understand basic concepts related to the grieving process as coping effectively is important for one's mental health.

#### **What is grief?**

- Grief is the natural emotional reaction to a significant loss.
- It is commonly described as sorrow and/or heartache.
- It helps one come to terms with a loss.
- It can strike in advance of an impending loss (anticipatory grief), such as what a person would feel for a loved one who is sick and dying.

#### **What is grieving?**

- It is a process of emotional and life adjustment an individual goes through after a loss.
- It is also known as bereavement.
- It is a personal experience.
- The process of grieving may be different for each person.
- Grieving has no "normal or expected" period of time.

#### **Common signs and symptoms**

- Shock or numbness. This has been described as "sleepwalking."
- Sadness.
- Anxiety.
- Anger.
- Guilt.
- Individuals may also find moments of relief, peace or happiness.
- Individuals may become depressed during the grieving process.
- The stress of grief and grieving can take a physical toll on the body; sleeplessness is common and you may have a weakened immune system over time.

- Unresolved grief can affect quality of life and relationships with others.

### **Treatment and Support**

- Social support. Spend time with family, friends and community members who you can express your feelings with.
  - Consider talking to a grief counselor or bereavement support group.
- Take care of yourself. Treat yourself gently and take care of your physical health.
- Passage of time. Take the time you need to cope with the loss.
- Postpone major life changes. Delay making big decisions such as moving, changing jobs, remarrying or having another child. Your judgment may not be best while you are mourning and the sudden changes may add increased stress.
- If depressed or anxious for more than a couple of weeks, individuals should speak with their doctor or nurse practitioner about medication(s).

Adapted from “*Grieving*” by the Canadian Mental Health Association and “*Coping with Loss*” from Mental Health America (formerly the National Mental Health Association).