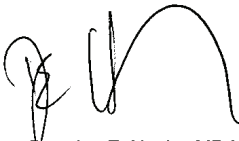


**PUBLIC HEALTH ADVICE FOR MANAGERS
OF COMMUNAL LIVING SETTINGS
REGARDING H1N1 AND
INFLUENZA-LIKE ILLNESSES**



Yukon
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Yukon's Medical Officer of Health, together with Yukon Communicable Disease Control (YCDC), provides the following advice* on how to prevent the spread of pandemic influenza in communal living situations. These recommendations are based on the Public Health Agency of Canada's response (<http://www.phac-aspc.gc.ca/index-eng.php>) to the 2009 H1N1 pandemic flu outbreak.



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INTRODUCTION

In 2009, the H1N1 pandemic influenza (flu) virus spread rapidly around the world. While flu activity normally disappears almost completely during the summer, H1N1 continued to circulate at low levels in Canada. Yukon saw its first wave of H1N1 in October and November of 2009. The following information will hopefully help prepare for future waves of pandemic influenza.

What do we mean by a “communal living setting”?

This is a setting where individuals who may or may not be related to each other share all or part of the living quarters. These include homeless shelters, youth shelters, women’s shelters, transition homes and safe places, group homes, work camps and hostels.

The length of stay in a communal living setting can be:

- short-term, such as in the case of a hostel or shelter where accommodations are available for periods as short as one night;
- longer term, as in the case of a hostel where individuals may stay for several weeks; or
- group homes where someone lives.

Communal living settings usually involve shared recreation, eating and washroom facilities. Sleeping quarters may be shared or separate.

What are the symptoms of Influenza-Like Illness (ILI), including H1N1?

A sudden appearance of respiratory illness with fever and cough, **along** with one or more of the following: sore throat, muscle aches, joint pain or weakness, which could be due to flu. Children under five may also have gastrointestinal symptoms. Patients under five or over 65 may not have fever.

How severe is this type of flu?

So far, H1N1 has behaved like a typical seasonal flu and like seasonal flu, H1N1 in humans can vary from mild to severe. To date, approximately two-thirds of hospitalized cases occurred in individuals with known risk factors such as chronic illness, immunosuppression or pregnancy. This virus also appears to result in more severe disease in the five to 64-year-old age group than does seasonal influenza; however, most individuals with H1N1 required no hospitalization and recovered in the community.

How does the flu spread?

H1N1 spreads from person to person in the same way as seasonal flu. Transmission occurs through close contact with someone who is infected and actively coughing or sneezing. Transmission also occurs after touching surfaces or objects contaminated with flu and then touching your face (mouth, nose, eyes, etc.).

*Please note: This advice is based on current available scientific information, combined with expert opinion from public health experts. It is subject to review and change as new information becomes available.

If someone becomes infected, how long until they develop symptoms?

On average, a person will start to show flu symptoms about four days after infection.

If you have the flu, how long will you be infectious?

Usually the infected person can transmit the virus to other people for seven days. The person is most likely to infect others in the first few days of illness (when cough and fever are present).

How severe is the pandemic H1N1 flu?

Most individuals who get the H1N1 flu do not need hospitalization and recovered in the community. Like seasonal influenza, the pandemic H1N1 flu can vary in severity from mild to severe. Pregnant women, people with a chronic illness (asthma, diabetes), or who have a compromised immune system are at higher risk for complications from the flu.

Residents of homeless shelters may experience more severe illness from the H1N1 flu because they:

- may have compromised immune systems due to underlying health conditions;
- may not seek medical attention until they are very sick; and
- often live in crowded conditions, making social distancing difficult.

In these settings there is likely a high risk of transmission of influenza.¹

RECOMMENDATIONS

Prevention

1. Immunization

Immunization is the best protection against influenza. All facility residents and staff should be vaccinated.

2. Education Programs

- Consider developing education programs for staff, volunteers and residents on:
 - signs and symptoms of ILI;
 - the importance of frequent hand washing; and
 - respiratory cough/sneeze etiquette practices.
- Place posters and/or signage throughout the facility to encourage good hand washing and respiratory etiquette and to discourage sharing dishes and utensils unless washed between uses.
- Keep plain language and educational levels in mind when designing educational materials.
- You can find more information on signs and symptoms, hand hygiene and respiratory etiquette at the Yukon Health and Social Services website: <http://www.hss.gov.yk.ca/> and also at: FightFlu.ca/H1N1 Flu Virus - Government of Canada, Public Health Agency of Canada

3. Hand Hygiene and Respiratory Etiquette

- Keeping your hands clean and covering coughs and sneezes will help prevent the spread of any influenza-like illness (ILI):
- Respiratory etiquette means coughing and sneezing into your elbow or sleeve rather than your bare hands, or coughing/sneezing into a disposable tissue, throwing the tissue out immediately and washing your hands afterwards.

- Hand washing facilities should have a constant supply of clean water, hand soap and a single-use hand drying method (e.g., paper towels). If hot water and soap are not available, alcohol-based hand rubs with a concentration of at least 60 per cent alcohol can be used; however, alcohol-based hand rubs are not effective if hands are visibly soiled.
- For safety reasons, in some communal living settings such as homeless shelters and drop-in centres, it may be advisable to have alcohol-based hand rubs dispensed by staff or from secure dispensers.
- Product specific Material Safety Data Sheets and the product labels provide additional information regarding placement, storage and warnings associated with alcohol-based hand rubs.

4. Environmental Cleaning

- Supplies of tissues and waste baskets should be available throughout facilities. Waste baskets should be emptied frequently into the regular trash disposal containers.
- Operators of communal living facilities should conduct regular training with staff and volunteers on correct cleaning procedures, cleaning product use and hand hygiene.
- In addition to routine cleaning and sanitation practices, common areas and high-touch surfaces such as doorknobs, hand rails and faucet taps should be cleaned more frequently.
- Typically, no special disinfectants or waste handling practices are needed for the flu. Residents should not clean the facility unless they are supervised and trained in the use of cleaning products and cleaning procedures.
- Linens such as bedding and towels can be washed in the usual way using routine laundry products and tumbled dry on a hot setting. Staff should be educated about the need to wash their hands after handling soiled linens.

Damage Control

5. Self Care

- Staff and volunteers should stay home if they become ill with ILI, and not return to work until they are feeling well and able to return to their normal activities.
- Staff and volunteers who become ill while at work should isolate themselves in a room apart from others until they can leave the facility.

6. Monitoring and Reporting

It is important that staff of communal living facilities monitor residents for symptoms of ILI. For example, all residents could be screened for symptoms by using a checklist questionnaire (please see appendix A for sample questionnaire). Please note that taking a temperature is not required.

7. What to do if a resident has symptoms of ILI

- Residents who show signs and symptoms of a possible ILI should be isolated in their sleeping quarters and encouraged to continue practicing good respiratory etiquette and hand hygiene. If unable to practise respiratory etiquette, they could wear a surgical mask, if available, to reduce the risk of spreading the virus.
- Residents who have underlying medical conditions, are immune suppressed, and/or pregnant are at risk for more severe illness or complications from the flu. These individuals will require prompt medical assessment.
- In the case of shared sleeping quarters, sick residents should be grouped together as much as possible. Where possible, beds should be located at least two metres apart ².
- A head-to-foot sleeping arrangement can provide distancing between individuals. You could also consider the use of temporary barriers in large shared sleeping quarters to separate sick residents (e.g. curtains hung between beds) if a separate room is not available.

- The number of staff caring for sick residents should be limited where possible. Facilities managers should make arrangements to support sick residents with supplies of fluids, food, tissues and waste baskets.
- Supplies should be stockpiled in preparation for an outbreak of an ILI. These stockpiles should include food, fluids, tissues, hand washing supplies, extra linens and cleaning supplies.

8. Where to get help

In Yukon, the Department of Health and Social Services provides support. The Health Emergency Operations Centre can provide further information and help [(876) 667-8073].

Service providers should participate in community-based planning for flu outbreaks. This may include working with other service providers and community organizations in addressing common issues such as business continuity.

Planning could include:

- Developing contingency plans for staffing and business continuity, such as: combining resources with other shelters; educating and training staff to recognize the signs and symptoms of a severe respiratory illness; identifying appropriate medical treatment facilities in their neighborhoods; and developing plans for the safe transportation of severely ill individuals to a medical treatment facility;
- Reviewing policies around the length of stay for residents; for instance, allowing residents to stay in one shelter for longer periods of time rather than moving to different shelters may reduce flu transmission;
- Allowing residents who are mildly ill with the flu to stay during the day even when the facility normally closes during the day; and

- Ensuring good ventilation to help to reduce the risk of flu transmission. All rooms in communal living settings should be kept well ventilated or, where a mechanical ventilation system is used, the system should be maintained to provide at least the minimum number of air changes per hour as specified by local building codes. This applies to all rooms used by staff, volunteers and residents/service users.

9. Closure of Shelters

- Both the Public Health Agency of Canada and Yukon's Chief Medical Officer of Health do not recommend general closures of facilities such as shelters due to the H1N1 pandemic flu, as this would place an undue burden on the populations served by these services.
- Any decision to close facilities such as shelters lies at the discretion of Yukon's Chief Medical Officer of Health and service providers, and takes into consideration the local situation and the capacity of facilities to continue to maintain service levels.

Let Us Know

10. Notifying YCDC/CMOH of flu activity among residents and/or staff

Please notify the Yukon Communicable Disease Control office or the Chief Medical Officer of Health (see contact information below) if:

- two or more residents of the facility have ILI symptoms;
or
- there is unusually high absenteeism among staff/ volunteers and ILI is thought to be a contributing factor.

Contact info:

Yukon Communicable Disease Control

#4 Hospital Road, Whitehorse, YT

Tel: (867) 667-8323

Communities: 1-800-661-0408, ext. 8323

Fax # (867) 667-8349

Yukon Chief Medical Officer of Health

Tel: (867) 456-6136

Communities: 1-800-661-0408, ext. 6136

- Weekdays (Monday to Friday) – please call YCDC
- Weekday evenings/nights – please contact YCDC the next morning.
- Weekends – please call Medical Officer of Health

RESOURCES

Some useful web-based information to support public education includes:

Yukon Health and Social Services Website:

<http://www.hss.gov.yk.ca/>

How to recognize symptoms of ILI: Symptoms and Information:

<http://www.fightflu.ca/sym-eng.html>

Practise cough and sneeze etiquette: Protect Yourself and Others:

<http://www.fightflu.ca/prot-eng.html>

Use the correct hand washing technique: Get the dirt on clean hands! Your top questions answered:

<http://www.phac-aspc.gc.ca/im/iif-vcg/wh-lm-eng.php#a>

Practise frequent hand cleaning (i.e. after sneezing or coughing, before and after eating, going to the washroom, etc.) Get the dirt on clean hands! Your top questions answered.

<http://www.phac-aspc.gc.ca/im/iif-vcg/wh-lm-eng.php#b>

How to look after someone at home with H1N1 flu virus.

<http://www.phac-aspc.gc.ca/alert-alerte/swine-porcine/guidance-orientation-05-03-eng.php>

More information on caring for persons who are sick with ILI can be found at:

[How to look after someone at home with H1N1 Flu Virus - H1N1 Flu Virus - Public Health Agency of Canada](http://www.phac-aspc.gc.ca/alert-alerte/swine-porcine/guidance-orientation-05-03-eng.php)

What to do if you have the flu? – Yukon Health and Social Services

http://www.hss.gov.yk.ca/downloads/478_Cold%20flu%20decision%20chart_AssessmentClinicChanges.pdf

¹ Influenza like Illness Among Homeless Persons, Bucher, SJ, Brickner, PW, Vincent, RL, Emerging Infectious Diseases, Vol 12, No 7, July 2006, 1163, Available at: www.cdc.gov/eid

² Interim Guidance for Homeless and Emergency Shelters on the Novel Influenza A, Centers for Disease Control and Prevention, available at: [CDC H1N1 Flu | Interim Guidance for Homeless and Emergency Shelters on the Novel Influenza A \(H1N1\) Virus](http://www.cdc.gov/eid/content/vol12/issue07/07-1163a.htm)

APPENDIX A

Suggested Influenza-like Illness Screening Tool

This screening tool could be implemented as a means to detect those individuals who may have an influenza-like illness.

Do you have the following symptoms?

- a. New onset or worsening of existing cough
Yes No

AND/OR

- b. Fever (Note: Fever is not always present)
Yes No

PLUS

- c. Abrupt onset of any of the following:
- | | | |
|----------------|------------------------------|-----------------------------|
| Sore throat | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Headache | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Joint pain | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Muscle pain | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Severe fatigue | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If an individual answered yes to a and/or b, plus one of c they may be considered to have influenza-like illness.

