



H1N1

What Friendship Centres Can Do

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National Association of Friendship Centres
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1. INTRODUCTION

Many Friendship Centres have been asking about what measures they should take as H1N1 is appearing in their communities. It is anticipated that many urban Aboriginal people will be at risk of contacting H1N1 given the overcrowded housing conditions and lower overall health status of urban Aboriginal people. Therefore the National Association of Friendship Centres has prepared this adaptation of materials available on the Public Health Agency of Canada's website to help answer some of these questions.

These guidelines are merely provided to advise local Friendship Centre response. Friendship Centre management is strongly encouraged to keep in touch with local health authorities and monitor PHAC's website for up to date information. www.phac.gc.ca

2. BACKGROUND

The H1N1 flu virus that began circulating in the spring of 2009 is a new type of influenza A virus that has not previously infected humans. Infection with H1N1 flu virus results in an influenza-like illness (ILI) which is similar to seasonal influenza or the flu. Symptoms include fever, cough, runny nose, sore throat, body aches, fatigue, and lack of appetite. Some people with ILI due to H1N1 have also developed vomiting and/or diarrhea.

H1N1 flu virus is thought to be spread from person to person in the same way as seasonal flu where transmission occurs predominantly through coughing or sneezing. Spread can also occur through contact with surfaces and objects contaminated with the virus from infected or infectious persons.

Reports of illness among school aged children and transmission within the school setting have been noted. With similar age groups typically attending day camps, it is possible that the risk of transmission of H1N1 flu virus in the day camp setting may be similar to that seen in the school setting. In residential camp settings the risk of transmission may be higher due to the increased proximity and prolonged contact among campers, staff and volunteers.

3. HOW TO PREVENT THE SPREAD OF H1N1

- Wash hands thoroughly with soap and warm water, or use a hand sanitizer (i.e. an alcohol-based hand-rub);
- Cough and sneeze in your arm or sleeve, not your hand;
- Keep common surfaces and items clean and disinfected;
- Keep doing what you normally do, but stay home if sick;
- Seek medical care if you have flu-like symptoms;
- Check the www.fightflu.ca web site for more information.

4. WHAT TO DO ABOUT H1N1

If a client has, or may have, H1N1 they should:

- Stay home and minimize contact with others for 7 days after symptoms began; (please see #2 below in Six Steps to recovery for 7 days isolation explanation)
- Avoid close contact with unexposed household members during the isolation period;
- Should be advised that if the client **must** go into the community (e.g., to seek medical care), they should take measures to avoid exposing others, that is practice good respiratory and hand hygiene and avoid crowds (e.g., on mass transit). If available, a face mask may be worn to reduce the risk of spreading the virus in the community;
- The case should be reported as per current H1N1 flu virus reporting guidelines.

When at home a person who has, or may have H1N1 should:

- designate a single household member as the ill person's caregiver to minimize interactions with family members who do not have the illness to prevent spread
- stay home at the earliest sign of illness and remain at home for 7 days after the onset of illness.

Caring for someone with H1N1

Six Steps to Recovery

1. Protect yourself and others

If possible, have the **sick person wear a simple surgical mask** if you or someone else is in the same room within 2 metres (6 feet) of him/her. If the sick person cannot tolerate a mask, encourage the use of a tissue when coughing or sneezing. If you are going to be within 2 metres (6 feet), **you can wear a simple surgical mask and safety glasses.**

Clean your hands often with either soap and water or a hand sanitizer before and after putting on or taking off a mask, after touching anything that a sick person has touched (such as dishes, towels, clothes, and trash), before you eat and before touching your eyes, nose or mouth.

2. Allow the ill person to rest away from others.

Anyone sick with H1N1 flu virus (human swine flu) is estimated to be contagious for 7 days from the onset of the illness and should stay at home. They should generally stay at least 2 metres (6 feet) away from others, preferably in a well-ventilated room of their own. Ill people need lots of rest; visitors should be few. Phone calls and a few distractions, like a good book are helpful.

Clean the phone or other surface with a bleach-based cleaner after use by the ill person as the virus can survive on a hard surface for up to 2 days.

3. Treat the fever and cough

"Coughs and sneezes spread diseases" – as the spray has the virus in it. The ill person should cover his/her cough with a tissue or his/her arm. Tissues should be carefully placed in a waste basket (that has a garbage bag) and then their hands cleaned with soap and water or a hand sanitizer. If needed, give a mild cough suppressant, especially at night to help them sleep. It is not recommended to give children under 6 years old cough suppressants. Fever often comes with chills or aches and pains. Acetaminophen or ibuprofen (mild pain suppressants) taken every 4-6 hours (or as directed on the medicine container) may help to bring down the fever and take away the aches. **Do not give aspirin to children with fever** as it has been linked to Reye's Syndrome, a potentially fatal disease associated with aspirin consumption by children with viral diseases. A cool face cloth to the face and neck or over the whole body can help to reduce the effects of the fever too. If antiviral medications have been ordered, ensure the patient gets it twice a day (or as directed by the physician).

4. Give lots of fluids, nutritious food and ensure a smoke-free environment with no one smoking in your home.

This all helps the body recover.

5. Keep the sick person's things separate from others and handle anything he/she touches with care.

Each sick person should have his/her own towel, face cloth, toothbrush, etc. that are kept away from those who are well. Wash dishes, dirty laundry and towels with hot water and soap as soon as you take them out of the room. Always clean your hands afterwards and avoid touching your eyes. Line their garbage with a plastic bag, so you don't need to touch the contents. Ideally, have a garbage bin with a foot pedal, so that you do not need to touch the garbage to put something in it. You can disinfect door knobs and light switches with a bleach-based cleaner or by cleaning them with a mixture that is 1 part bleach and 10 parts water. Clean the bathroom daily.

6. Be on alert for complications

By following these instructions, most people will begin to feel better after a few days. However, be on the lookout. Sometimes complications, such as asthma or pneumonia arise and the ill person may need to have a health assessment.

Take his/her temperature daily. Here are some signs to look for:

- Starts to feel better, then the fever returns
- Wheezing, shortness of breath or difficulty breathing, coughing up blood
- Purple or bluish lip color

- Chest pain
- Hard to wake up, unusually quiet or unresponsive, strange thoughts or actions
- New onset of diarrhea, vomiting or abdominal pain
- Signs of dehydrations such as dizziness when standing and low urine production

If any of these things occur, call a health care provider for advice. If the ill person needs to seek medical care, they should wear a surgical mask if available. This is especially important if the ill person is using public transportation. Monitor yourself and other family members for flu symptoms.

General Precautions

Tips on wearing a mask

- tie the mask securely behind your head, and make sure the mask fully covers your nose and mouth;
- replace the mask when it becomes wet or damp – a mask only works when it is dry;
- avoid touching your face while wearing the mask;
- do not let the mask hang around your neck – discard after use;
- remove the mask by only touching the straps and place the used mask directly in the garbage. Wash your hands immediately.

Tips on Handwashing

1. Remove all rings and wet your hands with warm running water.
2. Put a small amount of liquid soap in the palm of one hand. Bar soaps are not as hygienic as liquid soaps because they stay moist and attract germs. If a bar soap is the only option it should be stored on a rack so that the bar doesn't sit in water.
3. Rub your hands together for 20 seconds so you produce lather. Make sure you scrub between your fingers, under your fingernails and the backs of your hands.
4. Rinse your hands well with clean running water for at least 10 seconds. Try not to handle the faucets once your hands are clean. Use a paper towel to turn off the water.
5. Dry your hands with a single use paper towel. If you use a hand towel be sure to change it daily. During cold and flu season you may want to give each family member his or her own hand towel.
6. Use hand lotion to put moisture back into your skin if your hands are dry.
7. Teach good handwashing technique to your children. Have them sing a song like Twinkle Twinkle Little Star while rubbing their hands together to teach them the amount of time it takes to clean their hands properly.

What about alcohol-based hand cleansers?

Both alcohol-based hand sanitizers and soap and water have a place in prevention of infections. You should use an alcohol sanitizer when you are out and not able to wash your hands—for example, at the

mall, other public places or after riding public transit. Alcohol-based hand sanitizers don't contain antibiotics. But the alcohol kills both good and bad bacteria on your skin so use it sparingly. And keep in mind that they don't work well if you have a lot of dirt and grease on your hands.

Proper cough etiquette

The influenza virus spreads quickly from person to person through droplets in the air. These droplets come from our noses and mouths when we cough or sneeze, so cover your mouth with a tissue or raise your arm up to your face to cough or sneeze into your sleeve. If you use a tissue, dispose of it as soon as possible and wash your hands immediately.

5. FRIENDSHIP CENTRE MANAGEMENT CONSIDERATIONS

Should I Close my Friendship Centre?

The Public Health Agency of Canada is not recommending the closure of schools and daycare centres at this time. The National Association of Friendship Centres also believes Friendship Centres should not be closed at this time. As PHAC writes:

In a severe pandemic, school and daycare closures, in combination with other social distancing strategies, are potentially a valuable strategy to slow the spread of disease.

With the current situation of the H1N1 influenza virus infection in Canada causing generally mild illness with symptoms similar to seasonal influenza, school and daycare closures would not be appropriate as the resulting disruption would outweigh any potential benefits.

Schools and daycare centres should be encouraged to promote basic infection control practices using recommended cough etiquette like handwashing, covering one's cough and sneezes and avoiding contact with people who are sick. Ill students and staff should remain at home and seek medical attention as necessary.

It is recognized that at times, local school and daycare officials may decide to temporarily close a school or daycare centre for reasons such as insufficient staff available to function safely. If an affected school or daycare centre is closed, dismissed students should be encouraged not to congregate in large numbers in other settings.

H1N1 Protocols for Local Friendship Centre Management Consideration

1. Consider development and implementation of a training program for Friendship Centre staff regarding communicable disease control including specific information on how to recognize and report possible cases of H1N1.

2. Friendship Centre Management should have a plan in place for staff should they contact H1N1.
3. Do not allow clients or staff who have, or may have H1N1 to participate in programs for 7 days.
4. Closely monitor clients and staff who may have been a contact of a case of H1N1 within the 7 days for symptoms of H1N1.
5. Friendship Centre Management should decide they will deal with clients with H1N1 Including:
 - Monitoring of clients, including screening and education on proper hygiene for safety;
 - Individuals with severe illness and those at high risk for complications should seek medical advice and/or care.
6. It is recommended that clients who develop H1N1 be separated from the general population until 7 days after onset of symptoms.
7. The following additional actions should be taken to protect their facility:

Local Friendship Centre Source Control

- Post signs prior to entering the Friendship Centre to direct clients who have come with respiratory symptoms to a safe place away from others. Signs should be language-specific and reading level appropriate.
- A safe area is a place where clients with respiratory symptoms can be separated (ideally by 2 metres) from patients, visitors, and staff who do not have respiratory symptoms.
- Provide masks to all clients going to the safe area designated for patients with respiratory symptoms. Provide instructions on the proper use and disposal of masks and on how to perform hand hygiene.
- For clients who are unable to wear a mask, provide tissues for use (i.e., when coughing, sneezing, or controlling nasal secretions) and instructions on how and where to dispose of them, and the importance of hand hygiene after handling this material.
- Provide dispensers of alcohol based hand rubs at points of care and at entrances to and exits from Friendship Centres.
- Provide hands-free garbage and laundry receptacles.
- Remove magazines and toys from the waiting rooms to reduce potential contact exposure.

Respiratory Hygiene (Respiratory Cough Etiquette)

- Suspect ILI cases should be taught to perform hand hygiene (See #3 below).
- Suspect ILI cases should also be taught how to perform respiratory hygiene practices (coughing into sleeve, using tissues, wearing a mask).
- Suspect ILI cases should wear a mask (if tolerated) when Health Care Workers (HCWs), or Friendship Centre or other staff or visitors/family members are present.

Hand Hygiene

- HCWs should perform hand hygiene frequently using either alcohol based hand rubs (60-90%) or soap and water.

Contact Precautions

- Friendship Centre staff should wear gloves when entering the room with clients that may have H1N1. Friendship Centre staff may also want to wear a mask while in the room.
- Gloves (and mask, if worn) should be removed just before leaving the room and disposed of in a hands-free waste receptacle.
- Friendship Centre staff should use alcohol based hand rubs or soap and water after removing gown (if worn), gloves and mask after leaving the room.

6. CONCLUSION

While the potential of H1N1 to hit our communities hard is great, we are able to do many practical things to help minimize its impact. Basic measures like hand washing and proper coughing technique will go a long way to help. The NAFC will be monitoring events and providing as much support as we are able during this difficult time. Continue to partner with the local health authorities, keep yourself up to date with the latest information from the Public Health Agency of Canada (www.phac.gc.ca) and we will all be able to continue to serve our communities throughout this trying period and check the www.fightflu.ca web site for additional information.