



INFLUENZA A H1N1 AND THE HOMELESS

Information for Shelter Facilities

General Infection Control

Ensure that standard infection control measures are followed in the shelter facilities at all time. See Appendix III.

Monitoring for Influenza Like Illness Among Clients

In order to reduce spread of H1N1 among clients using shelters, staff at shelters should screen all clients for symptoms of influenza like illness (ILI) each day AND/OR provide clients with information about the symptoms so that they will self identify should they develop ILI. The following signs and symptoms should be watched for:

- Does the client have:
 1. A new or very recently worsening cough YES / NO
 2. A new fever or symptoms of a fever (chills, sweats) YES / NO
 3. Other flu like symptoms that have started recently YES / NO
 - Sore throat
 - Fatigued (difficulty getting around as normal)
 - Muscle aches
 - Joint aches
 - Headache
 - Diarrhea or vomiting

If YES to all three, then the person has ILI. If person indicates yes to only one or two of the above three, reassess the person periodically over the course of the day to determine if the person's illness progresses to ILI. It may be prudent to use precautions (outlined below) for those clients who have fever and cough until it can be assured that their illness does not progress to ILI.

A common cold is different from influenza. The attached table (Appendix I) helps to differentiate between a common cold and influenza. Generally, the same precautions do not need to be taken for a common cold as for influenza.

Recommended Steps to follow for Clients with Influenza Like Illness

If a client has ILI, the following precautions should immediately be taken.

- Ask the person to put on a mask.
- Ask the person to wash their hands with either:
 1. Liquid soap, running water and dry with paper towels
 2. Alcohol based hand sanitizer
- Move the person to a separate area of the shelter where they are at least 2 metres (6 feet) away from other clients and staff
- People who are homeless may be more likely to have underlying or chronic health conditions. People with chronic health conditions may have a higher risk of become severely ill if they have influenza. (See Appendix II for a list of chronic health conditions associated with more severe influenza). If a client who has ILI also has underlying chronic health conditions:
 1. determine if person has a health care provider to whom he/she could be referred for assessment. If yes, arrange for referral and transport to health care provider. Inform the health care provider that the patient has influenza like illness
 2. If client does not have a health care provider, contact a primary care centre that provides care for homeless clients in the community, to determine if client could be assessed. Inform them that client has influenza like illness.
 3. If client cannot be seen and assessed by a health care provider within a short period of time, assess whether the client is in any distress (for example: Short of breath, rapid breathing, difficulty catching breath, new/worsening chest pain, cyanosis, blue discoloration, other signs or symptoms of distress). If so, or if in doubt, contact emergency health services for referral for emergency assessment. Inform them that client has influenza like illness.
- For clients with ILI who have been assessed by a health care provider, or who will be assessed shortly, and are not in distress:
 1. Maintain separation from other clients and staff by 2 metres (6 feet)
 2. Ask them to continue wearing a mask
 3. Ask them to continue washing their hands on a regular basis
 4. Ask them to cough and sneeze into their sleeve.
 5. Determine if they can be moved to an alternate shelter site that has been designated for clients who have influenza.
 - If yes, arrange with alternate shelter to receive them and arrange transportation.

Sleeping arrangements for clients who have influenza like illness.

- It would be most desirable if either a designated, separate shelter for clients with ILI, or a separate area of an existing shelter could be designated for clients with ILI. If this exists, as much as possible clients with ILI who are not in distress should be referred to these settings for accommodation.
- Beds or sleeping mattresses for clients with ILI should be spaced at least 2 metres (6 feet) from other clients.

- Careful attention to regular cleaning of commonly touched surfaces in the shelter should occur. (see Appendix III) .
- Clients with ILI should be asked to wear a mask.
- If client is unable to wear a mask, staff should wear a mask whenever they are within 2 metres (6 feet) of the client.
- Ask them to continue washing their hands on a regular basis
- Coughing and sneezing should not occur into a bare hand. Ask them to cough or sneeze into their sleeve.
- Be prepared to provide shelter on an ongoing basis for the client for 3 to 5 days until they are feeling improved.
- The client may be asked by their health care provider to take the medication Tamiflu twice a day for 5 days. Shelter staff may be asked to facilitate this (e.g. keeping the client's medication at the counter, providing them a tablet every 12 hours).
- The client's health care provider may also advise on other steps that may help in the persons recovery from influenza. Attached (Appendix IV) are guidelines on caring for a person with H1N1 flu.
- If the client's condition deteriorates while at the shelter (for example: short of breath, rapid breathing, difficulty catching breath, new/worsening chest pain, cyanosis, blue discoloration, other signs or symptoms of distress), refer client immediately to their health care provider or contact emergency medical services. Inform them that client has influenza like illness and has a worsening of their condition.
- The client can return to normal routines and infection control precautions can be discontinued when their symptoms have resolved and they feel well enough to participate in their normal activities.

Appendix I

Common Differences between Influenza and Common Cold Symptoms

Symptoms/Description	Influenza	Common Cold
Fever	Usually high	Sometimes
Chills, aches, pain	Frequent	Slight
Loss of appetite	Sometimes	Sometimes
Cough	Usual	Sometimes
Sore throat	Sometimes	Sometimes
Sniffles or Sneezes	Sometimes	Common
Involves whole body	Often	Never
Symptoms appear quickly	Always	More gradual
Extreme Tiredness	Common	Rare
Complications	Pneumonia - can be life threatening	Sinus infection Ear infection

Appendix II

Chronic, Underlying Health Conditions Associated with Possible Severe H1N1 Disease

For pandemic (H1N1) 2009, risk conditions for severe disease or complications from infection include:

- Adults (including pregnant women) and children chronic health conditions including:
 - cardiac or pulmonary disorders (including bronchopulmonary dysplasia, COPD, cystic fibrosis and asthma)
 - diabetes mellitus and other metabolic diseases
 - cancer, immunodeficiency, immunosuppression (due to underlying disease and/or therapy)
 - renal disease
 - anemia or hemoglobinopathy;
 - conditions that compromise the management of respiratory secretions and are associated with an increased risk of aspiration
- Healthy children under the age of two;
- Healthy pregnant women.

People who have underlying risk conditions are most likely to benefit from early antiviral treatment if they become ill with influenza. Antivirals should be started within 48 hours of symptom onset; however, the earlier they are started, the more effective they are at reducing viral load and preventing complications

Appendix III

Infection Control Practices

Physical Layout/Supplies

Hand hygiene supplies (plain soap and running water and/or alcohol-based hand rub with 60-90% alcohol) located at multiple sites around the facility, in particular the common areas where clients congregate, will facilitate hand hygiene

For non ill clients, consider sleeping arrangements that would maximize the distance between beds. Beds should be placed a minimum distance of 1 metre apart and/ or place campers sleeping head to foot to maximize separation.

A designated health centre or isolation area with supplies such as surgical masks and disinfectants would allow an area where any identified sick individuals could be moved and those looking after the ill could better implement infection prevention and control measures.

Environmental Cleaning

Cleaning and disinfecting objects and surfaces that are commonly touched by multiple clients/staff, surfaces such as doorknobs, faucet handles, toys and shared flashlights, will help to prevent the transmission of viruses from person to person through contaminated hands.

It is recommended that high touch surfaces should be cleaned at least twice daily. No special disinfectants are required for influenza; regular household or commercially available cleaning products are sufficient for this purpose.

Hand Hygiene

All persons entering the facility should practice good hand hygiene. Signage with clear instructions for clients, staff, visitors, contractors, etc. to perform hand hygiene should be posted. Preferred are handwashing stations with running water, liquid soap, and paper towels. If these are not available, alcohol-based hand rub should be available. Consider placement at the entrances to and exits from the facility, and in common areas or where common objects may be touched.

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

An example of a hand-hygiene poster is found below.

Respiratory Hygiene (Respiratory Cough Etiquette):

Clients should be asked to follow respiratory hygiene practices (coughing into sleeve, using tissues).



Protect Yourself ...and others from influenza

Stop the spread of viruses that make you and others sick!



Cover your mouth and nose with a tissue when you cough or sneeze.



Throw tissues away immediately.



No tissue? Cough or sneeze into your upper sleeve, not your hands.



Wash your hands often with soap and water or an alcohol-based hand sanitizer.



Stay home if you are sick.



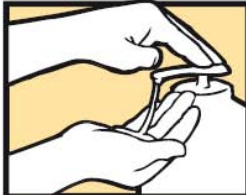
Pandemic Influenza Preparedness

For more information, visit www.gov.bc.ca/h1n1

Handwashing with Soap and Water

Protect Yourself and others from influenza

Viruses can live on hard surfaces for up to 2 days, and on hands for up to 5 minutes.
Wash your hands often to keep yourself and others healthy.



1 Remove jewelry.
Wet hands with water, add soap to palms and rub hands together to create lather.



2 Thoroughly cover all surfaces of your hands and fingers with lather and work fingertips into palms to clean under nails.



3 Rinse hands well under running water.



4 Dry with a single-use towel and then use towel to turn off the tap.

Hands should be washed for a minimum of 10-20 seconds.
To help children wash long enough, say the ABC's or sing "Twinkle, Twinkle Little Star."

For more information, visit www.gov.bc.ca/h1n1



Pandemic Influenza Preparedness

Appendix IV

Guidelines from the Public Health Agency of Canada:

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

Six Steps to Recovery

1. Protect yourself and others

If possible, have the **sick person wear a simple surgical mask¹** 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 glasses²**.

Clean your hands often, 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 the cough with a tissue or his/her arm. Tissues should be carefully placed in a waste basket and then the 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 suppressant. Fever often comes with chills or aches and pains. Acetaminophen or ibuprofen every 4-6 hours 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 the fever too. If antiviral medications have been ordered, ensure they get it twice a day.

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

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.

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.

¹ **Surgical masks** are quite inexpensive and can be purchased at your local pharmacy. If you do not have a mask, other options such as covering your nose and mouth with a bandana, could also provide protection (launder after use). Respirators (such as N95 masks) will not provide any more protection than surgical masks unless they are properly fit-tested.

² **Safety glasses** are available at all hardware stores; you could also wear wrap-around sports glasses.