

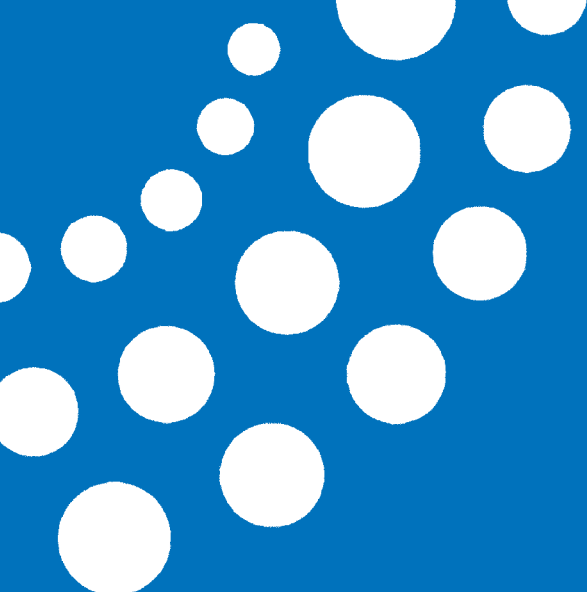


# FLU SEASON AND THE MOST VULNERABLE PEOPLE

Preparing your organization,  
staff, volunteers and clients for  
seasonal and pandemic flu



**ICID**  
International Centre  
for Infectious Diseases



**This is a collaborative project between the International Centre for Infectious Diseases, Centre for Global Public Health at the University of Manitoba, and government and voluntary sector agencies, with financial support from the Public Health Agency of Canada.**

**The views expressed herein may not necessarily represent the official policy of the Public Health Agency of Canada.**

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## DEFINING MOST VULNERABLE PEOPLE

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Public health professionals recognize that no single term satisfactorily characterizes such diverse groups of individuals as the “marginalized,” the “under-served” or the “at-risk” population. In flu planning and response, elements of the following definition are in use in many health departments across Canada to identify the people requiring specific flu prevention and care services tailored to their unique needs: *groups whose needs are not fully addressed by traditional services or who cannot comfortably or safely access and use the standard resources offered in emergency preparedness, response and recovery.*

The term “most vulnerable people” was chosen for this document to reflect the population that has been recognized as at-risk, marginalized or under-served. During a flu outbreak, these people may become more at-risk, marginalized or under-served since health-related services and resources might be more streamlined into traditional (mainstream) or standard approaches to reach the masses, making it difficult for these people to understand and access information and services in the same way.

These individuals may include, but are not limited, to those who are:

- physically or mentally disabled (visually or hearing impaired, those with mobility limitations, those with cognitive disorders)
- limited or non-English or French speaking
- geographically, culturally or socially isolated
- medically or chemically dependent
- homeless or street-involved
- housebound or frail seniors
- new immigrants
- refugees



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# INTRODUCTION

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**In March 2010, the International Centre for Infectious Diseases, with technical support from the Centre for Global Public Health at the University of Manitoba, conducted a project entitled Pandemic Influenza Responses for Marginalized Urban Populations. The purpose of this Public Health Agency of Canada (PHAC) funded project was to evaluate and synthesize existing prevention and response plans and develop further resources to assist front-line workers respond to issues related to influenza among vulnerable populations. In response to the needs of agencies serving vulnerable people, a national planning resource guide was recommended for use across Canada.**

This guidebook has been developed by a collaborative, multidisciplinary team with experience in flu planning to assist community-based organizations that work with the most vulnerable people to better understand, prepare for and respond to seasonal flu and potential pandemic flu.

This document offers planning strategies for community-based organizations for both seasonal and pandemic flu. Different parts of this document may be more relevant to your organization than others. Use this guide as a reference when creating a response plan that is specifically tailored to the unique needs of your organization and to help inform your response to flu.

Planning is an important activity that, when implemented on an annual basis for seasonal flu, facilitates pandemic planning and operations.

The term “flu” will be used throughout this guide to encompass both seasonal and pandemic flu response activities. When activities or recommendations are specific to pandemic, they will be specified as such.

The objective of this guidebook is to encourage the development of effective local plans to prepare for and respond to flu. These plans should take into account the needs and potential contributions of vulnerable people within a community to minimize the impact of seasonal and pandemic flu on them.

During a flu outbreak, large proportions of the population are at risk of infection. However, based on the characteristics of the flu (e.g. disease attack rates, morbidity/mortality rates), it is known that certain people are more at risk of developing serious illness if infected. These people are considered to be medically at-risk.

However, some people may face additional challenges depending on their socioeconomic status, factors relating to the social determinants of health (e.g. lack of housing, education, employment) and possibly pre-existing chronic health conditions. These people often require tailored messages or special outreach strategies and can be considered even more vulnerable. Vulnerabilities related to socioeconomic status can change over time and vary in different environmental, political, cultural, and social contexts. These vulnerabilities should be considered within the specific context of the current public health emergency and the social support context of the community.

The most vulnerable people may not receive important public health messages because they are not connected to mainstream communication networks or because of cultural or language barriers. Others may be unable to access the services they need to maintain or improve health due to physical or economic barriers.

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## WHAT SPECIAL CHALLENGES DO THE MOST VULNERABLE PEOPLE FACE?

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Most vulnerable people face specific, unique challenges which may include:

- **barriers to communication**, including language barriers, difficulty hearing announcements, seeing or reading signs, reading information or accessing traditional (e.g. newspaper, television, radio, internet) forms of communication;
- **the need for ongoing specialized medical care** because they are unstable, require end of life care or have a contagious condition such as tuberculosis;
- **the need for specific supplies or services** in order to achieve or maintain independence in daily activities, including having consumable medical supplies or equipment delivered to them (e.g. medication, bandages, oxygen) or accessing a caregiver's assistance;
- **the need for ongoing supervision** of frail or housebound seniors and individuals with mental health conditions (e.g. dementia, Alzheimer's disease, severe anxiety);
- **transportation barriers**, such as the inability to drive or lack of access to public transportation;
- **economic barriers or social isolation** which may be related to lack of resources and supplies and/or limited access to social support, information and care;
- **geographic isolation** for those living in remote and isolated communities where access to health services and information may be more difficult;
- **lack of housing** for convalescence (recovery);
- **an inability** to manage nutrition or access food.

During the 2009 H1N1 pandemic, there were added challenges observed for women experiencing violence. For women in women's shelters, there were issues with space limitation and crowding of vulnerable populations (i.e. children under five years of age). For women either fleeing or living with violence, their ability to access health care services were challenged for various reasons, such as their inability to leave the home or their unwillingness to leave the safe environment to which they had fled.





Youth and young adults may not be connected to school or supported through traditional family and medical supports. This may result in increased vulnerability, especially if there are issues related to lifestyle, existing illness and access to health and social services.



## WHY SHOULD YOUR ORGANIZATION PLAN AHEAD FOR FLU?

Many vulnerable people rely on community-based organizations, non-profit and voluntary organizations for a range of essential services that will continue to be needed during a health emergency. Develop a comprehensive service continuity plan that describes what to do during a flu outbreak. This plan should provide strategies for how to:

- prevent the spread of flu in your organization and community. Refer to Appendix A on page 26 for information on how to prevent the flu;
- continue to provide critical services to clients, particularly key services to the most vulnerable people (e.g. meals, housing, social support);
- provide a healthier workplace for staff and volunteers;
- strengthen working relationships between organizations and jurisdictions (i.e. community, government, local public health services);
- establish linkages between service providers (public, private and non-profit sector) and build community capacity for flu planning and response;
- strengthen the capacity of the community to plan and respond to the flu;
- reduce anxiety and stress among staff, volunteers and clients.

Provinces and territories have plans for flu outbreaks. Organizations' plans should complement provincial and territorial plans.

Most of the current public health advice recommends recovery at home if you are sick with influenza-like illness. This advice is not relevant if you do not have a home to recover in.

Considerations for planning for those who are homeless include:

- Ensure screening is in place to help identify individuals who need shelter to recover.
- Know how to isolate ill people in a crowded facility (including the use of separate washrooms, if possible).
- Consider setting up a separate facility for recovery of ill individuals separate from healthy individuals.
- Alter policies to allow ill clients to rest in shelters during the day.
- Provide access to food, drinks and supplies (including personal protective equipment, as appropriate).
- Ensure clients have access to prescription medications (e.g. antivirals, methadone, medication for chronic conditions).
- Ensure staff are educated on policies related to management of ill individuals, and on referral to health care professionals for further assessment and treatment.

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# IMMUNIZATION FOR YOUR ORGANIZATION AND COMMUNITY

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**The delivery of healthcare is a provincial/territorial responsibility in Canada. The Public Health Agency of Canada makes recommendations on immunization and the roll-out of immunization programs. However, defining timelines and the process for administering immunization programs is a provincial/territorial government responsibility. Refer to Appendix B on page 27 for jurisdictional public health responsibilities.**

## Who should get the flu vaccine?

The seasonal flu vaccine is generally recommended for anyone who wants to reduce the risk of becoming ill with the flu. It is particularly important for persons at increased risk of severe illness or for spreading the infection to persons who are at high risk. It should be noted that the decision to publicly fund an immunization program is a provincial/territorial responsibility. Provinces and territories may not provide seasonal flu vaccine free of charge to recommended groups<sup>1</sup> and, therefore, clients may have to pay for the vaccine themselves. In this case, access to immunization may be a barrier to some.

Contact your local public health service to understand your provincial/territorial eligibility criteria. See Resources on page 19. If your staff, volunteers or clients are unsure about whether they should receive the seasonal flu vaccine, encourage or help them to contact a health care provider for more information.

## What is the best time to get a seasonal flu vaccine?

The best time to get a flu vaccine is early, between October and December, before the number of flu cases increases in Canada. But, the vaccine is still effective even if received later in the season. It takes about two weeks after immunization before the flu vaccine provides full protection.

<sup>1</sup> For the most up to date recommendations, go to the latest yearly influenza statement from the National Advisory Committee on Immunization which can be found at: [www.phac-aspc.gc.ca/naci-ccni/index-eng.php](http://www.phac-aspc.gc.ca/naci-ccni/index-eng.php)

## Will both the seasonal flu vaccine and the pandemic flu vaccine be needed?

In the event of a future pandemic, a vaccine may be produced and provided as a single pandemic vaccine or as part of the seasonal flu vaccine. The vaccine's availability depends on when the pandemic flu virus is identified and how quickly it can be produced.

## Where are flu immunizations available?

Immunization clinics are generally held in health care provider offices or community settings such as schools and workplaces. Every province and territory is responsible for determining vaccine implementation and distribution plans. For more information about obtaining the flu vaccine, contact your health care provider or local public health service. See Resources on page 19.

In a pandemic, local public health service will determine and announce the pandemic vaccine implementation and distribution plan.

## How can my organization support flu immunization campaigns?

- Educate staff, volunteers and clients on the safety of vaccines. Refer to Appendix C on page 28 for vaccine myths.
- Provide balanced, current information about vaccines, prevention measures and local community planning. Consider working with known and trusted individuals from your own organization, your community and/or a health professional from local public health services. Refer to Appendix A on page 26 for flu prevention information.

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Homeless shelters could consider posting information, hosting education sessions and holding immunization clinics at food lines or places where clients gather.

- Consider contacting the local public health service about opportunities to host a clinic for your staff or clients. It is recommended that organizations develop a relationship well in advance of flu season to start these discussions. Refer to Appendix B on page 27 for jurisdictional public health responsibilities.

The most vulnerable people will be more likely to use information if it is provided to them by someone they trust or are familiar with. Consider arranging for groups to go together to an immunization clinic with a staff person they trust, or hosting a clinic in an environment in which they are comfortable.

- Understand where and how your staff, volunteers and clients will be getting information about immunization recommendations and clinic locations. In the event of a pandemic, there is likely to be widespread information, rumours and myths being communicated in the media, on the internet (e.g. YouTube) and within the community about vaccines. Know where to get trusted information and share the information with staff, volunteers and clients.
- Encourage community members to get immunized for flu according to public health recommendations in your community. Here are a few ideas:
  - Hold an information session on flu immunization for people in your community. Ask a health professional in your community or local organization to give a presentation.
  - Post information, including colourful posters, from your local public health service or other trusted health provider in high traffic areas in your facility and in other local organizations.
  - Include reminders to get immunized in regular communications and gatherings.

- Provide community members with information on where and when they can receive flu immunizations. Check with your local public health service to get this information.
- Organize rides to immunization clinics.
- Help people understand immunization target groups during a pandemic.
- Follow up with community members to ensure they understand the recommendations for the flu vaccine and how they can access services.
- Recruit and train peers to encourage healthy behaviours among the community.

In communities where language may be a barrier:

- Use culturally and age-appropriate messaging and language, Braille, closed-captioning.
- Use diagrams and images.
- Use translated materials.
- Consider educating younger multi-lingual youth family members as crucial and trusted communication messengers.

Keep in mind barriers that clients could face, including:

- lack of health cards
- limited literacy/language barriers
- lack of understanding and trust of traditional healthcare services
- lack of time to attend clinics due to multiple roles, jobs or family support
- gender barriers (e.g. female access to healthcare)
- age of consent or parental consent (especially for young people with limited family or caregiver support)

# STRATEGIES FOR SUPPORTING THE MOST VULNERABLE PEOPLE

- Network with other community groups, hospitals and public health authorities.
- Community-based organizations may need to use their outreach workers to find some of their clients and provide them with information on immunization and where to get vaccinated. In homeless shelters, workers may need to go out on the street to find their clients.
- Find out where the immunization clinics will be in your area. Consider hosting a mobile immunization clinic in your facility if appropriate.
  - Peer recruitment is important. Ask peers from within the shelter to go around on the day reminding people about the clinic. For some people, it may be better that this peer is someone they know and trust.
- Assist people to understand and complete the paperwork at the clinic (e.g. pre-screening questionnaire).

Aboriginal people in urban centres (not just remote and isolated communities) who are affected by the social determinants of health may also be considered “most vulnerable.”

- Discuss expectations and special considerations with public health providers as they may not be familiar with the circumstances specific to your organization, so that trust and confidentiality of clients are maintained.
  - Provide orientation to visiting staff, including cultural sensitivities.
  - Issues and concerns about privacy are a factor. Providers of the flu vaccine will know if someone is an intravenous drug user or living in a shelter; there is a misconception that this information will be shared with their family physician. Staff and clients both need to know that the information is not passed along.

Help reduce transmission of infection among individuals who are homeless or street involved by increasing the time clients can stay at one shelter, to reduce mobility between shelters.

- Offer incentives (e.g. treats, socks, health items, condoms) and budget for them in advance.
- If possible, plan the timing and location of vaccine clinics to reflect people’s existing daily travels. Work with the local public health service to ensure that clinics are held in a place where people will feel safe and comfortable.





In the absence of running water, and when the use of hand sanitizer is not an option, hand washing can be performed by using two separate open containers (e.g. pail, bowl): one for holding the water supply, and a second for washing one's hands in. Moving hands around in a container of water can mimic the action of running water. It is important that the container used for hand washing be cleaned and dried after each use. The mechanical process of washing hands with soap and water – regardless of its quality – will always remove organic matter and some germs. Therefore, performing hand hygiene with soap and water is always the first choice in the community setting.

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- Participation of familiar staff or volunteers in mobile outreach clinics work well to reach out and encourage participation of clients in remote areas or when people don't have transportation to get to clinics.

Organizations that offer food services could offer bag lunches to limit the time and number of clients in the dining room at one time.

- Creative promotion and communications strategies should be used for information relating to flu prevention and control, service provision and immunization clinics.
  - Provide culturally appropriate communications. Community-based organizations and their partners are crucial for communication as they already have a relationship with the clients.
  - Consider ways of overcoming known barriers by including alternative formats of communication (e.g. pictures, Braille, DAISY format)
  - Offer a variety of communication materials to clients, as some may want more detail.
  - Last minute reminders to clients may be required in promotion plans.
- Identify the roles of the local government, community organizations, and how the federal and provincial governments support them. Refer to Appendix B on page 27 for a list of jurisdictional public health responsibilities.

### Working With Other Community And Health Organizations

- Determine who in your community should be involved in flu planning and response. For example, community medical facilities or pharmacies may be a good point of contact to provide information.

- Communicate with your local public health service to learn of the various sites to seek medical care if needed during flu season. This is especially important during a flu pandemic as temporary alternate sites of care could be set up to accommodate the volume of people and prevent emergency departments from becoming overwhelmed with less urgent patients.
- Partner with organizations providing similar services to establish service linkages for clients and potentially share resources or strategies to reduce stress on your organization and clients and to facilitate alternative supports available for your community.
- Where appropriate, share human resources, planning tools, flu prevention or operational supplies and immunization and assessment services with sister organizations and other community organizations.



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# PLANNING FOR FLU

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**Planning ahead for service interruption or health emergencies is the first step to ensuring that essential services are maintained. The aim of planning should be to maintain normal services for as long as possible and then activate a proportional response to any flu. Refer to Appendix D on page 30 for a Planning Checklist.**

## Step 1 – Start Now

As part of early planning activities, organizations might consider the following:

- Identify the most vulnerable people in your community and work with community partners and governments to identify and advocate on their behalf. Get them involved if possible to ensure they are included in seasonal and pandemic flu plans.
- Contact your local government, public health service, and community or volunteer associations about flu planning. Discuss how your organization contributes to the overall response.
- Consider services that your organization could offer beyond your regular functions.
- Partner with your local, provincial or territorial governments to coordinate with other response efforts in your community.
- Consider working with funders or associations to see what flu planning activities they have underway.

## Step 2 – Define Roles And Responsibilities

- Create a flu planning response team and identify roles and responsibilities within your organization (e.g. who will develop the plan, who will educate staff, who will be in charge of logistics).
- Consider others from your organization who should be involved in the planning process, such as managers, team leaders, staff, volunteers, members of the board of directors, union representatives or clients.

- Know the roles and responsibilities of local/provincial/territorial governments and other community partners in flu planning. Refer to Appendix B on page 27.

## Step 3 – Assess The Impacts

- Identify the critical services required for your clients and consider postponing non-essential activities (e.g. excursions).
- Identify how and if the flu could affect (increase, decrease, stay the same) the demand for your organization's services (e.g. housing requirements, food and outreach services).
- Recognize that staff or volunteer absenteeism could impact the organization. Plan for it. Note that staff and volunteers may be absent because 1) they are sick; 2) they are caring for someone who is sick; 3) they are afraid of infection; 4) public transportation is affected by the flu; 5) they are required to work additional hours elsewhere.

## Step 4 – Identify Impact On Supplies

During flu, suppliers may experience staff absenteeism and may be challenged to provide your organization with the supplies it receives regularly.

- Create a list of commonly ordered supplies to allow the continued functioning of your organization.
- Review supply/service contracts and know your obligations to them and their obligations to you.

- Prepare a list of suppliers and alternates if required.
- Determine strategies to maintain core services:
  - Consolidate services.
  - Order supplies online.
  - Consider stockpiling supplies.

Remember to include in your list supplies needed during flu season like personal protective equipment, food, tissues and alcohol-based hand sanitizer. Refer to Your H1N1 Preparedness Guide (PHAC)<sup>5</sup> for more information on stockpiling supplies and the Canadian Pandemic Influenza Plan<sup>5</sup> for supplies for organizations providing health services.

- Work with other organizations (public, private and voluntary sectors) to coordinate supplies and equipment to maintain core functions in the community.<sup>2</sup>

### Step 5 – Review Your Human Resources Policies And Procedures

Develop a Human Resources plan that identifies essential staff/services and surge capacity requirements (see Glossary on page 24). Job duties or portions of job duties could be reassigned amongst qualified staff and volunteers remaining at work. When considering such approaches, ensure your plans are consistent with employment or collective agreements that may be in place. Refer to Appendix E on page 38 for an example of an Emergency Management System Organization Chart.

Did you know? Staff and volunteer absenteeism during flu outbreaks may increase up to 20 – 25% or higher during peak periods.

<sup>2</sup> See Community Resiliency Activity Book found on the ReadyforCrisis.ca website at <http://www.readyforcrisis.ca/community-resilience/>

The single greatest reason that a sick staff member may return to work too soon is fear of lost wages. Consider that staff and volunteers may need to stay home because a family member requiring care has the flu. If staff are not normally paid for sick leave, organizations may want to consider it as a strategy in special circumstances.

Refer to Appendix F on page 39 for additional considerations on Human Resources Policies and Procedures.

Consider the appropriate boundaries staff and volunteers should observe in terms of providing supportive care versus health care. Appropriate assessment and treatment requires the proper training and certification. Staff, volunteers or clients should be referred to the local public health services or health care provider for health advice.





## Step 6 – Protect Your Staff, Volunteers And Clients

There are a number of simple, common sense actions that can be taken to reduce the risk of spreading flu in the workplace.

It is important to provide balanced information to staff, volunteers and clients. Consider having a trusted community member present health and immunization information. Remember to respect individual choices of your staff, volunteers and community members.

- Start by educating yourself, your staff and volunteers about infection prevention behaviors. Refer to Appendix A on page 26 for information on how to prevent flu. Annex F-Infection Control and Occupational Health Guidelines During Pandemic Influenza in Traditional and Non-Traditional Health Care Settings<sup>3</sup> and Annex G - Clinical Care Guidelines and Tools<sup>4</sup> of the Canadian Pandemic Influenza Plan for the Health Sector contains guidance on screening and infection control, as well as on the general use of personal protective equipment (e.g. masks).
- Download resource materials (e.g. posters) that can be printed off and posted at work.<sup>5</sup>
- Assess the risk to your staff, volunteers and clients given the amount of person-to-person contact. Provide them with information so that they can make well-informed decisions and minimize their risk.

Here are some examples to help assess the level of person-to-person contact within your organizations:

<sup>3</sup> See Annex F – Infection Control and Occupational Health Guidelines During Pandemic Influenza in Traditional and Non-Traditional Health Care Settings of the Canadian Pandemic Influenza Plan for the Health Sector found on the PHAC website at <http://www.phac-aspc.gc.ca/cpip-pclcp/annf/index-eng.php>

<sup>4</sup> See Annex G – Clinical Care Guidelines and Tools of the Canadian Pandemic Influenza Plan for the Health Sector found on the PHAC website at the PHAC website at <http://www.phac-aspc.gc.ca/cpip-pclcp/ann-g-eng.php>

<sup>5</sup> Available at [www.Fightflu.ca](http://www.Fightflu.ca)

- **High contact** rating would apply to organizations with a lot of direct person-to-person contact (e.g. shelters, day cares, health care service providers).
- **Medium contact** rating would apply to organizations where clients are present but there is some distance between staff/volunteers and client, or where there is interaction between staff and volunteers (e.g. home services, meal delivery program, food banks, home services, visiting the elderly, crisis counselors).
- **Low contact** rating would apply to organizations when there is limited or no physical contact with people (e.g. single staff office or low staff/volunteer interaction; help-line operators).

Not all organizations are at the same risk, depending on the amount of exposure to the public and to crowding. For additional guidance for high and medium contact organizations, see the documents Public Health Guidance for Prevention and Management of Influenza-Like Illness Related to Communal Living Settings<sup>6</sup> and Individual and Community Based Measures to Help Prevent Transmission of Influenza-Like Illness.<sup>7</sup>

### Strategies for reducing chance of infection for staff, volunteers or clients during a flu outbreak in your community:

#### 1. Reduce person-to-person contact.

- Consider if it is possible to introduce flexible work hours by adding or staggering shifts to reduce the number of staff/volunteers at work at the same time. Take into account the terms of applicable provisions in collective agreements related to hours of work and changing shift schedules.

<sup>6</sup> See Public Health Guidance for the Prevention and Management of Influenza-like Illness (ILI), Including the Pandemic (H1N1) 2009 Influenza Virus, Related to Communal Living Settings available on the PHAC website found at [http://www.phac-aspc.gc.ca/alert-alerte/h1n1/guidance\\_lignesdirectrices/commun-eng.php](http://www.phac-aspc.gc.ca/alert-alerte/h1n1/guidance_lignesdirectrices/commun-eng.php)

<sup>7</sup> See Individual and Community Based Measures to Help Prevent Transmission of Influenza-Like-Illness (ILI), Including the Pandemic Influenza (H1N1) 2009 Virus, in the Community available on the PHAC website found at [http://www.phac-aspc.gc.ca/alert-alerte/h1n1/hp-ps-info\\_health-sante-eng.php](http://www.phac-aspc.gc.ca/alert-alerte/h1n1/hp-ps-info_health-sante-eng.php)

- Cancel or limit face-to-face meetings; use teleconferencing or videoconferencing if available.
- Consider working from home when possible and identify the supports required (e.g. laptops, server capacity, virtual network).

## 2. Implement additional cleaning of common surfaces.

- Implement enhanced cleaning procedures at your facilities.
- Use common household cleaning disinfectants and increase cleaning of all common surfaces such as telephones, workstations, countertops, doorknobs, etc.
- Clean equipment between shift changes if equipment is used by more than one person.<sup>8</sup>

## 3. Encourage personal precautionary measures.

- Encourage prevention and infection control strategies. Refer to Appendix A on page 26.
- Ask people with influenza-like illness symptoms who are staying on site to wear a surgical mask to help prevent further spread of the infection to others. Ensure they understand the proper procedures for wearing and discarding the mask.

## 4. Follow travel advisories to monitor for potential travel restrictions.<sup>9</sup>

<sup>8</sup> See Annex F “Infection Control and Occupational Health Guidelines During Pandemic Influenza In Traditional and Non-Traditional Health Care Settings of the Canadian Pandemic Influenza Plan for the Health Sector available on the PHAC website found at <http://www.phac-aspc.gc.ca/cpip-pclcpi/ann-f-eng.php>

<sup>9</sup> See the Foreign Affairs and International Trade Canada website at <http://www.voyage.gc.ca/index-eng.asp>

## Step 7 – Communicate Your Plan

Organizations can play a vital role in ensuring that accurate public health information is communicated effectively. When information is shared by trusted messengers, people are more likely to respond and change their behaviour.

During outbreak periods, organizations may need to communicate with various people, including:

- staff
- clients
- volunteers
- board of directors
- community leaders
- other community agencies or partners
- suppliers
- public health officials

### Communicating with Staff, Volunteers and Clients

- Inform staff and volunteers about how to protect themselves. Refer to Appendix A on page 26.
- Communicate changes that increase personal safety of staff and volunteers (e.g. greeting that minimizes physical contact with others, flexible work arrangements).



- Review plans with union representatives to ensure the plan is consistent with the terms of collective agreements.
- Encourage staff and volunteers to develop their own home contingency plans (e.g. make alternate plans for child care; stockpile supplies).
- Find out what other voluntary or community-based organizations serve your neighborhood.
- Have an updated list of contact information for staff and volunteers.<sup>10</sup>
- Consider developing a fan-out list/telephone tree to communicate with staff and volunteers.<sup>11</sup>
- Communicate how the organization will be kept operational and what will be done differently.
- Communicate the organization is being kept safe and how you are supporting staff, volunteers and clients.
- Develop a communications plan for relaying sensitive information (e.g. major illness/death) to staff, volunteers and clients.

There are a number of methods that your organization can use to communicate with clients (e.g. public announcements, direct calls, newspapers advertisements, posting signs, media, e-mails, fax, face to face contact).

Refer to Appendix G on page 40: How can my organization communicate effectively about the flu?

## Step 8 – Share What You’ve Learned

Once organizations have developed flu plan(s), organizations should:

- Review and update the plan at least yearly with staff to address concerns or questions and ensure that it is accurate and up to date.
- Test plans regularly (yearly) using simulations or table-top exercises.<sup>12</sup>
- Share plans with staff and other organizations in the community.



<sup>10</sup> Templates are available in the Tools and Resources section of the BusinessFluPlan.ca website at <http://businessfluplan.ca/tools-and-resources>

<sup>11</sup> Templates are available in the Tools and Resources section of the BusinessFluPlan.ca website at <http://businessfluplan.ca/tools-and-resources>

<sup>12</sup> See Tool Kit Pandemic Influenza Exercise for the Health and Emergency Social Services Sectors available on the PHAC website, found at [http://www.phac-aspc.gc.ca/publicat/2008/influenza\\_et-bo/index-eng.php](http://www.phac-aspc.gc.ca/publicat/2008/influenza_et-bo/index-eng.php)

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## LESSONS LEARNED BY COMMUNITY-BASED ORGANIZATIONS

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Education and advocacy with decision makers is essential.

- Get to know the public health workers in your area – they can help with the education of your staff, volunteers and clients that will lead to better understanding during seasonal flu. You can also discuss with them the possibilities for enhanced support should there be special requirements for your organization and clients.
- Planning for all variables, both positive and negative, cannot be underestimated. Envision all scenarios and plan for them.
- Positive, focused and honest communication with all staff is critical to instilling confidence in your team and managing expectations. Failure to communicate frequently leads to misunderstandings.
- Share plans with other colleagues and organizations working with the most vulnerable people in your community. The best plans are the ones shared with others who also provide services to similar people in your community and beyond.
- Contact your local public health service before seasonal or pandemic flu to discuss issues related to vulnerable people that your organization serves.



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## ADDITIONAL PLANNING RESOURCES

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The following are some planning documents you may want to consult as you develop your flu plan.

1. Public Health Agency of Canada. (2006). ***The Canadian Pandemic Influenza Plan for the Health Sector.*** (English and French)  
Target Audience: Health professionals, pandemic planners, public health authority  
This national plan was developed in collaboration with provincial, territorial, regional and local governments to guide the health sector to prepare for and respond to pandemic flu. The Plan outlines actions to be taken during each pandemic phase and clarifies roles and responsibilities of those involved including all levels of government, public health officials, and front line health care workers (550 pages).
2. Public Health Agency of Canada Office of the Voluntary Sector. (2008). ***Voluntary Sector Framework for Health Emergencies.***  
Target Audience: Policy planners, community and volunteer organizations  
Document outlines the various ways in which voluntary sector organizations could contribute and prepare in the pre-health emergency and emergency phases of planning and services.
3. International Centre for Infectious Diseases. (2010). ***Plan to Protect your Organization.***  
Target Audience: Small and medium sized businesses and nonprofit organizations.  
Step-by-step planning tool to plan, develop and revise business flu plans.
4. National Association of Friendship Centres. (2010). ***Guide to Influenza Pandemic Preparedness and Service Continuity Planning for Friendship Centres.***  
Target Audience: All, community organizations and community service providers  
Information, checklists and tools for urban Aboriginal Friendship Centres to develop or revise flu preparedness or business continuity plans. Applicable to all agencies that provide services to vulnerable people.
5. Public Safety Canada. (2008). ***Emergency Preparedness Guide for People with Disabilities/Special Needs.*** ISBN 978-1-100-10386-0.  
Target Audience: Community organizations and community service providers  
A practical all-hazards approach to preparedness with checklists and tear-off information for the home. Not specific to pandemic or infectious diseases; useful for special populations information.

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6. Bissell Centre. (2009, November). ***Pandemic Planning Summary Document.***

Target Audience: Health care providers, community organizations and community service providers

This document provides assistance to community health and social service agency leaders and managers to determine when and what to implement during a pandemic outbreak. Outlines roles and responsibilities, human resource considerations, worksheet and staff preparation checklist.

7. Bissell Centre. (2009). ***Pre-Pandemic Planning Worksheet.***

Target Audience: Health care providers, community organizations and community service providers

Worksheet to manage pandemic program operational considerations and responsibilities in the areas of staffing, participants /program users, service reduction, service closure, alternative sites, communication and other special considerations.

8. Boyle Street Community Services/Streetworks. (2006). ***Influenza Pandemic: Pre-Pandemic, Pandemic, Post-Pandemic Preparedness for Marginalized Communities.***

Target Audience: Health care providers, community organizations and community service providers

Information, generic strategies, and guidelines for non-government agencies working with vulnerable people.

9. BC Coalition of People with Disabilities. (2008). ***Checklist to Facilitate Health Emergency Planning for At-Risk People.***

Target Audience: Policy planners, healthcare managers, community organizations and community service providers

This checklist utilizes a functional needs approach to assist emergency managers to develop and implement plans and operational protocols to maintain the safety and health of more vulnerable people during emergencies. The checklist promotes identification of key risk factors associated with functional limitations including seniors, people with disabilities, people who are homeless, people living in poverty and people with English as a second language.

## ADDITIONAL PLANNING RESOURCES

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10. BC Coalition of People with Disabilities. (2008). ***A Road Map to Emergency Planning for People with Disabilities.***

Target Audience: Policy planners, healthcare managers, community organizations, community service providers report on three emergency planning workshops involving disability organizations, emergency management agencies and non-government organizations. A functional needs approach was utilized to prepare a planning toolkit and templates about communication, independence, medical services, supervision and transportation needs to facilitate emergency planning for people with disabilities.

11. Nova Scotia Health. (2009). ***Influenza Tool Kit – Pandemic H1N1/ILI and Seasonal Influenza: Group Homes, Developmental Residents, Small Options & Residential Care Facilities Services Tool Kit.***

Target Audience: Community agencies, community service providers, volunteer organizations

Guidelines, fact sheets and decision charts to support development of processes and practices to prevent illness and reduce transmission during flu seasons.

12. Association of Ontario Health Centres. (2008). ***Preparation Guide for an Influenza Pandemic.***

Target Audience: Community service providers, community agencies

Developed for members of the Association including Community Health Centres, Aboriginal Health Access Centres and Community Family Health Teams. Guide to help organizations plan and prepare for a flu pandemic and support to find information and resources for their organizational planning.

13. Toronto Public Health. (2009). ***Toronto Pandemic Influenza Plan: A Planning Guide for Homeless and Housing Service Providers.***

Target Audience: Community service providers, community agencies, shelter and housing agencies

General planning guide with background information on pandemic flu, Toronto Public Health's role during a pandemic, and identified issues and critical elements of emergency preparedness for businesses providing shelter and housing.



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# NATIONAL, PROVINCIAL AND TERRITORIAL HEALTH DEPARTMENTS CONTACTS AND RESOURCES

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## GOVERNMENT OF CANADA

### Public Health Agency Of Canada

- Public Health Agency of Canada  
<http://www.phac-aspc.gc.ca/index-eng.php>
- Fight Flu – (includes links to provincial and territorial public health flu information)  
[www.fightflu.ca](http://www.fightflu.ca)
- Public Health Agency of Canada – Travel Health  
<http://www.phac-aspc.gc.ca/tmp-pmv/index-eng.php>

### Links To Nonprofit And Voluntary Organizations And Resources

- Ready for Crisis: Health Emergencies and the Voluntary Sector  
<http://www.readyforcrisis.ca/index.php>
  - Community Resiliency Activity Book  
<http://www.readyforcrisis.ca/pdf/Community-Resiliency-Handbook-CVSRD-English-Mar-20-09B.pdf>
- Volunteer Canada  
<http://volunteer.ca/>
- Imagine Canada  
<http://www.imaginecanada.ca/>
  - Insurance and Liability Resource Centre for Nonprofits – Imagine Canada  
<http://nonprofitrisk.imaginecanada.ca/>

## PROVINCIAL AND TERRITORIAL RESOURCES

### Alberta

Alberta's Plan for Pandemic Flu – <http://www.health.alberta.ca/health-info/pandemic-influenza-plan.html>

Flu information info-line 1-866-408-5465

### British Columbia

BC Pandemic Flu Preparedness Plan – <http://www.bccdc.ca/outbreak-emerg/pandemics/PandemicInfluenzaPlan.htm>

Flu information info-line 8-1-1

### Manitoba

Manitoba – Preparing for Pandemic Flu in Manitoba – <http://www.gov.mb.ca/influenza/pandemic/index.html>

Flu information info-line (204) 788-8200 or toll-free at 1-888-315-9257

### New Brunswick

New Brunswick Pandemic Flu Plan – For the Health Sector – [http://www.gnb.ca/0053/pandemic/pdf/Pandemic\\_Plan-e.pdf](http://www.gnb.ca/0053/pandemic/pdf/Pandemic_Plan-e.pdf)

Flu information info-line 1-800-580-0038

### Newfoundland and Labrador

Newfoundland and Labrador Pandemic Flu Plan – <http://www.health.gov.nl.ca/health/publichealth/pandemic/influenza.html>

Flu information info-line 1-888-709-2929



## Northwest Territories

Northwest Territories Pandemic Influenza Contingency Plan  
[http://www.hlthss.gov.nt.ca/pdf/reports/diseases\\_and\\_conditions/2005/english/nwt\\_pandemic\\_influenza\\_contingency\\_plan.pdf](http://www.hlthss.gov.nt.ca/pdf/reports/diseases_and_conditions/2005/english/nwt_pandemic_influenza_contingency_plan.pdf)

Flu information info-line 1-888-920-3026

## Nova Scotia

Nova Scotia Health System Pandemic Flu Plan –  
[http://www.gov.ns.ca/govt/pandemic/pandemic\\_plan.asp](http://www.gov.ns.ca/govt/pandemic/pandemic_plan.asp)

Flu information info-line 8-1-1

## Nunavut

Flu information info-line [www.fluNU.ca](http://www.fluNU.ca)

(Visit [www.fluNU.ca](http://www.fluNU.ca) for the number of your local health centre.)

## Ontario

Ontario Health Plan for a Flu Pandemic –  
[http://www.health.gov.on.ca/english/providers/program/emu/pan\\_flu/pan\\_flu\\_plan.html](http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/pan_flu_plan.html)

Flu information info-line 1-800-476-9708  
TTY : 1-800-387-5559

## Prince Edward Island

Prince Edward Island Pandemic Flu Contingency Plan for the Health Sector –  
<http://www.gov.pe.ca/photos/original/influenza121806.pdf>

Flu information info-line 1-888-748-5454

## Québec

Québec Seasonal Flu website –  
[http://www.msss.gouv.qc.ca/sujets/prob\\_sante/influenza/index.php?accueil\\_en](http://www.msss.gouv.qc.ca/sujets/prob_sante/influenza/index.php?accueil_en)

Flu information info-line 8-1-1

## Saskatchewan

Saskatchewan Health Pandemic Influenza Preparedness Plan – <http://www.health.gov.sk.ca/pandemic-plan-overview-2009>

Flu information info-line 1-877-800-0002

## Yukon

Department of Health and Social Services Pandemic Health Response Plan  
[http://www.hss.gov.yk.ca/pdf/pandemic\\_health\\_response\\_plan.pdf](http://www.hss.gov.yk.ca/pdf/pandemic_health_response_plan.pdf)

Flu information info-line 8-1-1

## LOCAL RESOURCES

Stay informed about seasonal and pandemic flu in your area by checking your local television and radio stations, and your local newspapers.

## INTERNATIONAL RESOURCES

- US Center for Disease Control (website: [http://www.cdc.gov/flu/other\\_flu.htm](http://www.cdc.gov/flu/other_flu.htm))
- World Health Organization (website: <http://www.who.int/csr/disease/swineflu/en/>)

## GLOSSARY

**Antivirals** are prescription medications used to treat viral illnesses, including the flu. If taken shortly after getting sick (within the first 24 to 48 hours), they can reduce flu symptoms, shorten the length of illness and may reduce serious complications. Antivirals are not always accessible due to cost and accessibility to healthcare providers who can prescribe them.

**Common cold** is a mild infection that affects the nose and throat and can be caused by a variety of viruses. Although a cold might linger, the symptoms remain milder than the flu.

Symptoms include:

- runny nose
- sneezing
- cough
- sore throat

**DAISY (or Digital Accessible Information System)** is a way to provide written information in a digital format such as talking books for those with “print disabilities,” including blindness, impaired vision, dyslexia or other issues.

**Essential functions** are those tasks or functions of a particular organization that are fundamental to the organization (as opposed to marginal tasks).

**Flu pandemic** happens when a new or uncommon flu virus strain circulates widely. As the majority of the population may not have immunity to this strain, it can spread quickly, infect large percentages of the population, and may cause severe disease. During the 20th century, the world experienced three flu pandemics (1918-1919, 1957-1958, and 1968). The “Spanish Flu” had the highest mortality rate, resulting in the deaths of more than 20 million people in 1918 and 1919. The

2009 pandemic H1N1 flu virus spread quickly around the world, and in June 2009, the World Health Organization declared a flu pandemic. The 2009 H1N1 flu virus was not as severe as 1918, however it was learned that even mild to moderate pandemics can have significant social impacts. For additional information on features of a pandemic, visit [www.fightflu.ca](http://www.fightflu.ca) or the World Health Organization for international resources.<sup>13</sup>

**Influenza or “flu”** is a common and highly contagious, infectious respiratory disease that affects the nose, throat and lungs. Flu viruses can change rapidly. There is a new flu vaccine made every year to protect against the circulating virus strains. Exposure to circulating strains of the flu provides some level of immunity against that strain. Most people recover from flu within a week. However, for some people, particularly those more than 65 years of age, individuals of all ages with chronic health conditions (e.g. diabetes and cancer) and pregnant women, it may last longer and can cause complications such as pneumonia.

**Influenza-like illness (ILI)** is a diagnosis of possible influenza or other illness causing a common set of symptoms. These symptoms include:

### Almost always

- sudden onset of cough and fever

### Common

- fatigue
- muscle aches
- sore throat
- headache
- decreased appetite
- runny nose

### Sometimes

- nausea
- vomiting
- diarrhea

<sup>13</sup> See the World Health Organization website at [www.who.int](http://www.who.int)

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## GLOSSARY

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**Pandemic** is the worldwide outbreak of a specific disease to which people have little or no immunity.

**Mobile health unit** provides preventative services and health promotion activities to the medically under-served. Services are provided by public health practitioners in collaboration with other health care providers.

**Seasonal flu** occurs in seasonal cycles. The activity generally occurs during the colder seasons in each hemisphere, typically from October to May in Canada. It is important to remember that the severity of illness due to seasonal flu may vary from year to year which is why it is important to plan for all levels of impact, from mild to severe.

### Severity Indicators

If someone develops the following symptoms, they should see a health care provider right away:

- shortness of breath; rapid or difficulty breathing
- chest pain
- bluish or grey skin color
- bloody or colored mucus/spit
- sudden dizziness or confusion
- severe or persistent vomiting
- high fever lasting more than three days
- low blood pressure

Additional symptoms to watch for in children:

- not drinking enough fluids or eating
- not waking up or interacting
- irritability; not wanting to play or be held

**Surge capacity** is a massive influx of patients that disrupt daily operations. Key components of surge capacity planning include staff and volunteers, supplies, organizational structure and systems and procedures.

**Personal protective equipment (PPE)** includes hand sanitizer, procedure gloves, gowns, procedure/surgical masks, eye protection and face shields that are used to provide a barrier to keep biological or chemical hazards from contacting the skin, eyes and mucous membranes.

**Public health service** is an official health agency established by a group of urban and rural municipalities to provide a more efficient community health program, carried out by full-time, specially qualified staff. Public health, community health and regional health departments, units and authorities are included in this term.

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## APPENDIX A – HOW DO YOU PREVENT THE FLU?

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### Wash your hands frequently

Wash your hands often with soap and warm water for at least 20 seconds to help remove bacteria and viruses. Wash before and after eating, after you have been in a public place, after using the washroom, after coughing and sneezing and after touching surfaces that may have been contaminated. An alcohol-based hand sanitizer is also effective in killing the virus.

An alcohol-based hand sanitizer on dry hands is also effective in killing the virus when soap and water are not readily available. If hands are visibly soiled, completely remove dirt first with a towelette, otherwise the sanitizer will not be as effective.

### Keep your hands away from your face

In most cases, the flu virus enters the body through the eyes, nose or mouth.

### Cough and sneeze into your elbow or sleeve, not your hand

If you use a tissue, dispose of it as soon as possible and wash your hands.

### Get immunized

Get your flu shot.

### Keep common surface areas clean and disinfected

Doorknobs, light switches, telephones, keyboards and other surfaces can become contaminated with all kinds of bacteria and viruses. Regular cleaning and disinfecting of these surfaces with normal household disinfectants can help. Viruses can live on hard surfaces for up to 48 hours.

### Stay healthy

Eat healthy foods and stay physically active to keep your immune system strong.

### If you get sick, stay home

If you think you have the flu and are otherwise healthy, you should stay home until your symptoms are gone. If your symptoms get worse, call your health care provider.

Additional information is available for hand washing techniques where there is no clean running water in *Hand Hygiene Recommendations for Remote and Isolated Community Settings*<sup>14</sup> and additional information on the prevention and management of influenza-like illness for those living in shelters and communal living arrangements in *Public Health Guidance for the Prevention and Management of ILI, including the Pandemic (H1N1) 2009 Virus, Related to Communal Living Settings*.<sup>15</sup>

<sup>14</sup> Hand Hygiene Recommendations for Remote and Isolated Community Settings guidance is available on the PHAC website, found at <http://www.phac-aspc.gc.ca/alert-alerte/h1n1/public/handhygiene-eng.php>

<sup>15</sup> Public Health Guidance for the Prevention and Management of Influenza-like Illness (ILI), Including the Pandemic (H1N1) 2009 Influenza Virus, Related to Communal Living Settings is available on the PHAC website, found at [http://www.phac-aspc.gc.ca/alert-alerte/h1n1/guidance\\_lignesdirectrices/commun-eng.php](http://www.phac-aspc.gc.ca/alert-alerte/h1n1/guidance_lignesdirectrices/commun-eng.php)

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# APPENDIX B: CANADA'S PUBLIC HEALTH RESPONSIBILITIES

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## Responsibilities in Health

Responsibility for public health are shared across all levels of government (federal, provincial/territorial and municipal). Although each jurisdiction has its own responsibilities, close collaboration amongst governments is important.

**Federal** responsibilities during flu outbreaks include the following:

- quarantine at its borders, if necessary;
- the nationwide coordination of a flu outbreak response (national surveillance, international liaison, coordination with provinces and territories);
- the development of a safe, effective and timely vaccine for Canadians;
- coordinating with provinces and territories on the development, maintenance, renewal, testing and evaluating of Canada's Pandemic Influenza Plan for the Health Sector;<sup>16</sup>
- planning and implementing within the federal government.

**Provinces and territories (P/Ts)** are responsible for regulating local public health matters with respect to "property and civil rights" (e.g. contract and property rights). One of the ways in which provinces have exercised their jurisdiction over public health is by enacting public health legislation that grants medical health officers and other provincial health authorities the power to deal with the prevention, treatment and control of communicable diseases.

In the event of a flu outbreak, P/T responsibilities include:

- the planning, development and delivery of public health services (including immunization) for their residents;
- development and testing of its individual pandemic plan; and
- detection, investigation and reporting of infectious diseases in their respective jurisdictions.

**Local municipalities** remain active in community health. Municipal health officers or municipal councils that focus on public health-related issues may oversee public health programs. Some of the responsibilities of local authorities may include:

- local response to a flu outbreak with direction from both P/T and federal levels;
- liaising with local stakeholders (e.g. emergency responders, Non - Government Organizations); and
- detecting and reporting on the flu in their communities.

<sup>16</sup> The Canadian Pandemic Influenza Plan for the Health Sector is available on the PHAC website, found at <http://www.phac-aspc.gc.ca/cpip-pclcpi/>

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## APPENDIX C: VACCINE MYTHS

(ADAPTED FROM PHAC BACKGROUNDER)

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The most effective way to protect yourself and your loved ones from flu viruses is to get immunized.

It is important to know what is myth and what is fact. The following are among the more common myths surrounding flu vaccines, including both the seasonal and potential pandemic flu vaccines.

### Myth 1: Vaccines don't work.

**Fact 1:** It is true that when there is an outbreak of a disease, some people who have been immunized get sick. This leads to the idea that vaccines don't work. Because each individual is different, about 10 to 15 per cent of people vaccinated will not develop immunity to the disease. Nevertheless, immunization reduces the risk of severe disease. In the case of the H1N1 flu virus, since very few people were immune, it was predicted that without interventions like a vaccine and antivirals, close to 25 to 35 per cent of the population would become ill over the period of a few months. Immunization is the most effective way to prevent illness and to reduce the risk of transmitting the flu to those around you.

### Myth 2: There are many serious side effects from vaccines.

**Fact 2:** We acknowledge that there are concerns with respect to immunization. There are some risks associated with flu vaccine, but the potential risk for serious adverse events, like Guillan-Barré Syndrome, is low.

For regular seasonal flu, about five to 10 percent of the population will get sick and on average about 4,000 people die every year. The risks of serious side effects from the flu are far greater than the risk of experiencing an adverse event after receiving the flu shot. The risk of suffering Guillan-Barré as a complication from the flu is greater than the risk of getting it as a reaction to the flu shot.

Vaccines are among the safest tools of modern medicine. In Canada, serious side effects occur in about one out of every 100,000 doses of vaccine distributed. The vast majority of side effects from vaccines are minor and temporary, like a sore arm or mild fever. These are much less severe than the flu infection, and last for a much shorter time. No long-term effects have been associated with any vaccine currently in use.

### Myth 3: Because a pandemic is new, it will be untested and unsafe.

**Fact 3:** Careful research into the safety of any vaccine is done prior to its widespread use. The requirements for vaccines approved for sale in Canada are stringent. Every vaccine lot is safety-tested by the manufacturer and by the Biologics and Genetic Therapies Directorate at Health Canada. Health Canada will review all available test results, including international data, to ensure the vaccine is safe and effective before it is authorized for use in Canada. The dangers of vaccine-preventable diseases are much greater than the risk from a serious reaction to a vaccine.

### Myth 4: The flu vaccine can give you the flu.

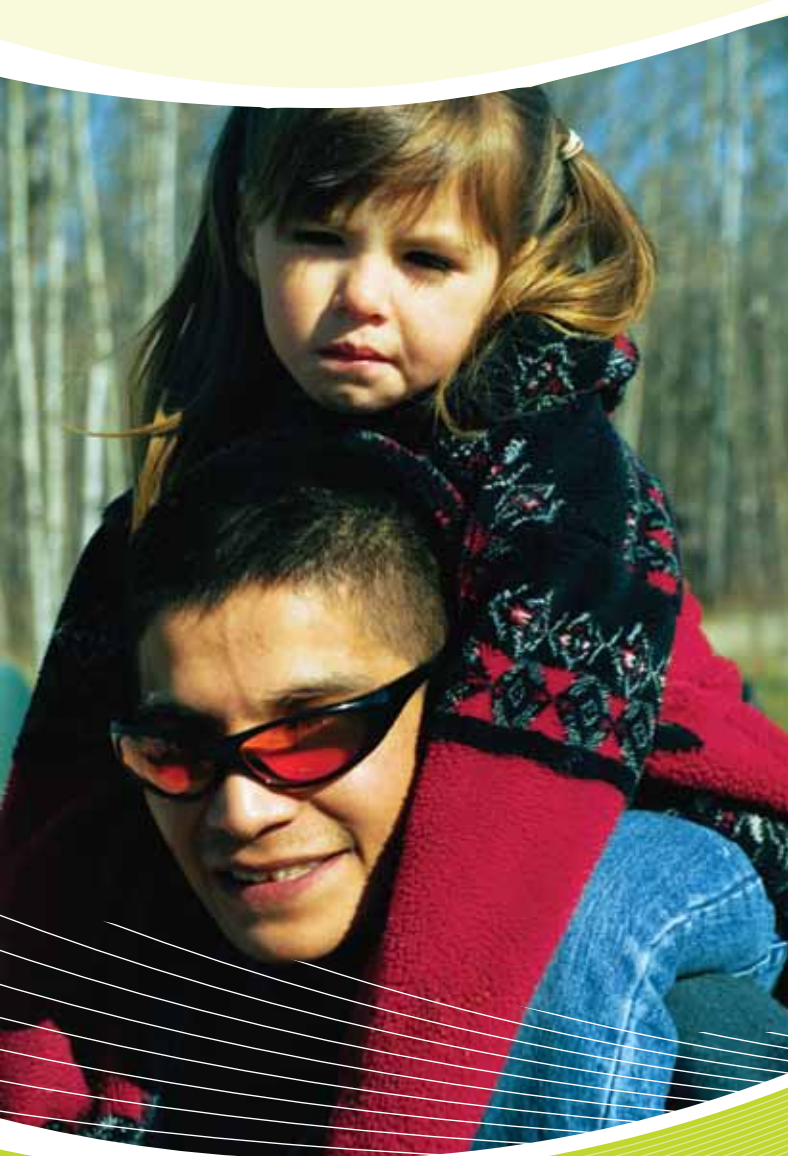
**Fact 4:** The flu vaccine cannot give you the flu. The flu vaccine contains dead flu viruses and they cannot cause infection.

### Myth 5: Getting a flu vaccine every year overwhelms and weakens the immune system.

**Fact 5:** The flu vaccine gives you a high level of immunity to the virus. People who get the flu vaccine every year are better protected against the flu than those who do not get it.

**Myth 6: The flu vaccine contains thimerosal (mercury) which is harmful, especially for young children.**

**Fact 6:** The amount of thimerosal used in the flu vaccine is very small and has not been shown to cause any harm. Canada's National Advisory Committee on Immunization (which includes recognized experts in the fields of paediatrics, infectious diseases, immunology, medical microbiology, internal medicine and public health) has reviewed the latest science and concluded, "there is no legitimate safety reason to avoid the use of thimerosal-containing products for children or older individuals." The vaccines that Canadian children and adults receive are safe.



**Myth 7: Pregnant women should not get the flu vaccine.**

**Fact 7:** The flu vaccine is safe during pregnancy. Being immunized is the best way to protect yourself and those around you, including your unborn infant. It is also safe for babies to breastfeed after mothers receive the flu vaccine.

Although women who are pregnant are not more likely to get the H1N1 flu virus, they are more likely to suffer complications if they do get infected. This is particularly true in the second and third trimester of the pregnancy.

If you have any questions about getting a flu shot during your pregnancy, speak with your doctor or health care provider.

**Myth 8: My child got the flu vaccine (flu shot) last year so there is no need to give him the shot again. He is still protected against the virus.**

**Fact 8:** It is important for children over the age of six months to be immunized every year to make sure their body forms antibodies against the most common strains of the flu viruses circulating that year. Because the flu viruses may change from year to year, the vaccine is updated annually, so your child should get the flu shot every year.

These are only a few of many myths circulating about immunization and the flu vaccine. When seeking information on such a vital issue as your health, it is important to refer to official sources such as Health Canada, the Public Health Agency of Canada and your provincial and territorial departments of health.

You can access current, updated information through [www.fightflu.ca](http://www.fightflu.ca) or by calling toll-free 1 800 O-Canada (1-800-622-6232). Being and staying protected against any illness starts with knowing the facts.

## APPENDIX D – PLANNING CHECKLIST

The following table may be used to keep track of progress in the planning process.<sup>17</sup>

STEP 1 – Start Planning	Completed	Not Completed	In Progress	Comments
Identify the most vulnerable people in your community.				
Assess ways your organization might be able to respond to the needs of the community in the event of a flu outbreak before one begins.				
Consider services that your organization could offer beyond your regular functions.				
Contact local government, agencies or community associations about flu planning discussions.				
Contact funders or associations regarding flu planning activities underway.				

<sup>17</sup> For a web based checklist go to [www.businessfluplan.ca](http://www.businessfluplan.ca).



<b>STEP 2 – Define Roles and Responsibilities</b>	<b>Completed</b>	<b>Not Completed</b>	<b>In Progress</b>	<b>Comments</b>
Determine roles and responsibilities for the development and implementation of your plan.				
Determine who will approve your pandemic plan.				
Identify the decision maker(s) during flu or pandemic.				
Identify the back-up decision maker.				
Identify other people in your organization who will be part of the decision making process.				
Determine who will monitor media, public health communications and other government directives.				
Identify where the flu plan is filed electronically and in hard copy.				
Find out the roles and responsibilities of local government and community partners.				

<b>STEP 3 – Assess the Impacts</b>	<b>Completed</b>	<b>Not Completed</b>	<b>In Progress</b>	<b>Comments</b>
Identify and rank which roles are critical to your essential operations.				
Identify how flu could impact demand for services.				
Determine how many staff and volunteers you need to maintain normal operations.				
Determine how many staff and volunteers you require in order to provide at least essential services.				
<b>STEP 4 – Identify Impact on Supplies</b>	<b>Completed</b>	<b>Not Completed</b>	<b>In Progress</b>	<b>Comments</b>
Create a list of commonly ordered supplies.				
Identify the critical supplies, services and equipment required to maintain the core functions.				
List additional supplies that might be required due to flu.				
Review supply contracts.				
Prepare a list of suppliers and alternates.				
Discuss coordination of supplies and equipment with other organizations to maintain core functions.				



## APPENDIX D – PLANNING CHECKLIST

<b>STEP 5 – Review Human Resources Policies and Procedures</b>	<b>Completed</b>	<b>Not Completed</b>	<b>In Progress</b>	<b>Comments</b>
Develop a Human Resources Plan.				
Identify staff and volunteer positions that are critical to “core” operations.				
Identify and list the work functions that are critical to your organization, as well as those that could be postponed, cancelled or reassigned in a pandemic.				
Determine whether you will need to make changes to your sick leave or other human resources policies in case of a flu outbreak.				
Determine if you will send staff home if they come to work sick (or become sick at work) and if you will compensate them.				
Determine if you will send volunteers home if they come to work sick or become sick at work.				
Develop a process or procedure for managers/supervisors to follow.				
Determine whether you will require a doctor’s certificate or note when staff return to work after recovering from the flu.				
Develop what you will do if staff or volunteers refuse to work due to fears of disease transmission.				
Determine an organizational policy on staff immunization.				
Train managers & supervisors on relevant human resource issues related to a flu outbreak.				

<b>STEP 6 – Protect Your Staff, Volunteers and Clients</b>	<b>Completed</b>	<b>Not Completed</b>	<b>In Progress</b>	<b>Comments</b>
Educate yourself, your staff, and volunteers about infection prevention behaviors (Appendix A (pg 26)).				
Download resource materials that can be printed and posted.				
Assess the risk to your organization, staff, volunteers and clients, given the amount of person-to-person contact.				
Determine measures your organization can take to reduce personal contact within the work environment.				
Provide staff, volunteers and clients information about the risks, given the amount of person-to-person contact.				
Determine what your organization can do protect staff and volunteers, before absences increase.				
Review and enhance cleaning procedures for your organization.				
Communicate enhanced cleaning procedures to staff.				
If relevant, educate yourself and staff about travel advisories.				
Identify other factors unique to the services your organization provides that may be impacted during a flu outbreak.				



## APPENDIX D – PLANNING CHECKLIST

<b>STEP 7 – Communicate the Flu Plan</b>	<b>Completed</b>	<b>Not Completed</b>	<b>In Progress</b>	<b>Comments</b>
Determine who you need to communicate with during flu or a flu pandemic. staff • clients • volunteers board of directors • community leaders suppliers				
Determine who is responsible for communicating with: staff • clients • volunteers board of directors • community leaders suppliers				
Determine whether there will be one person to communicate with stakeholders, or several persons. Identify these persons.				
Review plans with union representatives, as necessary.				
Identify other organizations that serve your neighborhood and clients.				
Update contact lists and consider developing a phone fan-out list.				
Draft messages that communicate your organization’s flu preparedness plan to your staff, volunteers, board of directors and clients.				
Determine the best methods your organization can use to communicate.				
<b>STEP 8 – Share What You’ve Learned</b>	<b>Completed</b>	<b>Not Completed</b>	<b>In Progress</b>	<b>Comments</b>
Debrief with staff to discuss the lessons learned from the recent outbreak.				
Review and update the plan yearly.				
Test your plan using simulations.				
Share plans with staff, volunteers and other organizations in the community.				
Determine how your organization will evaluate and revise the plan.				

The following table may be used to identify key members of the team and store their contact information. **Appendix E on page 38** outlines specific members of an Emergency Management Team.

Name	Role	Availability	Work Phone #	Home/Mobile Phone #	Work E-mail Address	Home E-Mail Address

List those responsible for the pandemic response, along with back-ups for the position if you have them:

Name	Role	Availability	Backup Name and Availability	Phone #	E-mail Address

# APPENDIX D – PLANNING CHECKLIST

The following table may be used to keep track of the Human Resource Policies requiring review, development and/or change.

HR Policy	Person(s) Responsible	Resources Required (time & cost of change)	Priority

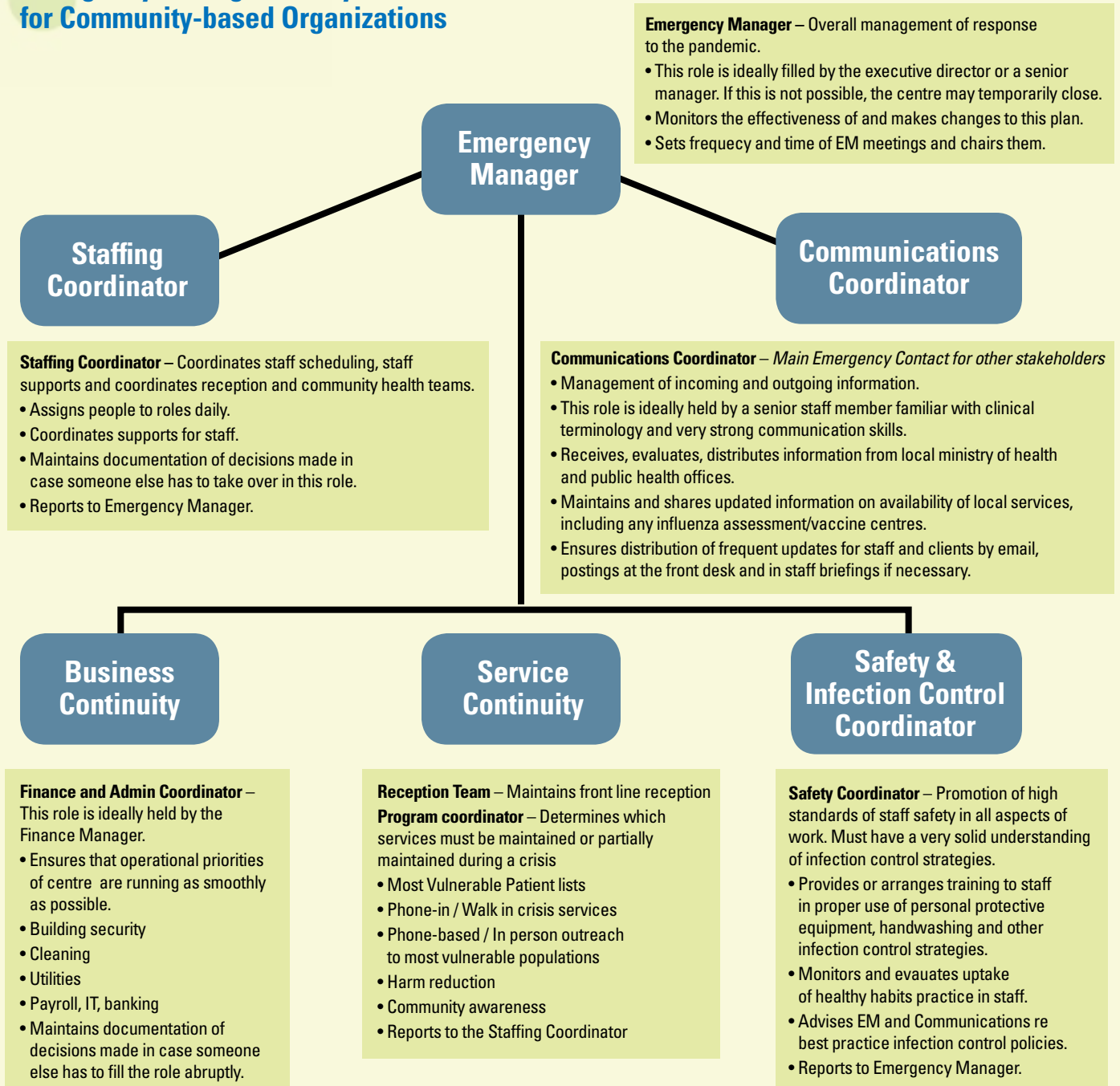
The following table may be used to identify individuals in your organization who would be responsible for communicating with those identified in Step 7.

	Name	Backup
Staff		
Community		
Clients		
Volunteers		
Board of Directors		
Community Leaders		
Other Community Agencies or partners		
Supply Chain Partners		
Public Health Officials		



# APPENDIX E: EMERGENCY MANAGEMENT SYSTEM

## Emergency Management System for Community-based Organizations



- Roles need to be customized to suit organizational size, type of service and vulnerable people served.
- Each role should have two to three alternates in case of absenteeism (each staff may be designated several alternate roles).



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## APPENDIX F: HUMAN RESOURCES POLICIES AND PROCEDURES

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### Questions to consider when reviewing plans:

- What changes, if any, need to be made to sick leave or other human resources policies for a flu outbreak?
- Will staff be sent home if they come to work sick (or become sick at work) and will they be compensated? Will volunteers be sent home if they come to work sick or become sick at work? Is there a process/policy outlined for managers/supervisors to follow?
- Is there a process or procedure in the case of staff or volunteers refusing to work due to fears of becoming sick?
- Will a procedure related to staff immunization during times of seasonal or pandemic flu be required?
- Can staff and volunteers work from home and what would be required to support this?
- What staffing options do you have if absenteeism is higher than normal, or lasts longer than usual? Consider overtime of existing staff, increased use of part-time staff, reassignment of staff and volunteers from other rolls or job functions, and additional providers (contractors, retirees).
- What staff and volunteer education and cross training should be considered?
- Do staff, volunteers or members of your board have other skills and abilities that might be valuable (e.g. speak other languages)?
- Are the strategies and options being considered consistent with Employment & Labour Standards<sup>18</sup> applicable to your jurisdiction?<sup>19</sup> Are they consistent with the terms of any and all collective agreements applicable to your organization?

<sup>18</sup> See the Human Resources and Skills Development Canada website at [http://www.hrsdc.gc.ca/eng/labour/employment\\_standards/index.shtml](http://www.hrsdc.gc.ca/eng/labour/employment_standards/index.shtml)

<sup>19</sup> For a list of provincial and territorial ministries of Labour see the Human Resources and Skills Development Canada website at [http://www.hrsdc.gc.ca/eng/labour/employment\\_standards/ministries.shtml](http://www.hrsdc.gc.ca/eng/labour/employment_standards/ministries.shtml)



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## APPENDIX G: HOW CAN MY ORGANIZATION COMMUNICATE EFFECTIVELY ABOUT THE FLU?

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Your organization can play a vital role in ensuring that accurate public health information is communicated effectively. When information is shared by trusted messengers, people are more likely to respond and change their behaviour.

Here are some strategies for sharing messages:

- **Check <http://www.fightflu.ca> for the most up-to-date information**, and share what you learn with your community or organization.
- **Provide timely and accurate information.** You are uniquely positioned to share information with your clients and community members in both appropriate and easy-to-understand ways.
- **Communicate and create linkages to people that are the most vulnerable.**
- **Make sure that people can access your organization in alternate ways.** You might consider:
  - creating contact lists of staff, volunteers, board of directors, clients, etc.
  - organizing a phone tree
  - maintaining up-to-date websites;
  - creating an e-mail listserv
  - pre-recording messages on a designated call-in phone number
  - posting notices in frequently accessed places. Posters can be found at [www.fightflu.ca](http://www.fightflu.ca)

For information on communicating with seniors, please see PHAC website for Advice, Techniques and Tips.





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