Alberta Health Services

Government of Alberta

Influenza Planning Guide

For

Alberta's Vulnerable and Disadvantaged Populations and Shelter Serving Agencies

Version 6

Draft

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Introduction: Purpose of This Guide

Every organization must plan for the specific disruptions that may accompany seasonal or pandemic influenza activity. The overall objective of planning is to reduce illness, death and social disruption resulting from influenza. Although this guide identifies specific issues associated with seasonal and pandemic influenza, much of the information applies to other emergencies as well.

The purpose of this planning guide is to help Alberta's vulnerable and disadvantaged populations and the Shelter Serving Agencies prepare for seasonal and pandemic influenza. These populations include seniors, persons with developmental disabilities, special needs, addictions and/or mental health issues, as well as those who are homeless (sheltered or unsheltered).

This planning guide is intended to support the planning process that all service agencies need to undertake to address the challenges that influenza will present. Each agency will need to adapt and think about these issues based on their clients, staffing, and site(s). This guide also identifies special concerns for Shelter Serving Agencies related to influenza on pandemic preparedness. It clarifies roles, responsibilities communication processes and sources of support.

This guide will change and be updated over time. As planning continues at the federal, provincial and local levels, guidance may be revised and new recommendations issued. For the most current guidance refer to the Alberta Health Services website http://www.albertahealthservices.ca/

Disclaimer: This planning guide is a tool to support planning for seasonal and pandemic influenza. The Pandemic Influenza Planning Liaison Committee for Vulnerable Populations acknowledges that not all the recommendations in this guide can be fully implemented but encourages all agencies to comply as best they can.

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Responsibilities of Shelter Serving Agencies

1. Provide a safe environment for the well-being of its staff and the population it serves.
2. Ensure appropriate protocols are followed to prevent the transmission of communicable disease or illness in their facility(s).
3. Have a business continuity plan in place in the event of any emergency including a pandemic.

(Refer to appendices: for international, federal, provincial and local agency responsibilities in a Pandemic).

Pandemic Influenza Information

For basic facts and the most current information on Pandemic Influenza please visit:
http://www.albertahealthservices.ca

What is influenza?

Influenza is an infection of the lungs and airways caused by various strains of influenza virus that circulate throughout the world each year. Seasonal influenza outbreaks of variable severity occur every winter. Some people can have severe complications from influenza, including pneumonia.

How is influenza spread?

Influenza is caused by a virus that is transmitted by the droplets coughed or sneezed into the air by infected people. The droplets can travel about two meters and directly land on the mucous membranes of the eyes, nose, lips or mouth and result in an infection. So the more crowded an area is, the more likely transmission will occur.

The droplets can also cause disease if they land on a surface and then later come in contact with mucous membranes. As an example, if someone covers their mouth with their hand during a cough and then later shakes hands with another person, the virus can infect if the contact then touches their eyes or picks up food and puts that in their mouth.

In summary, influenza spreads from person to person by:

- Breathing in droplets that are in the air after an infected person coughs or sneezes. (usually within two meters)
- Touching droplets from the eyes, nose or mouth secretions of an infected person and then touching your eyes, nose or mouth.

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- Touching objects like dirty tissues or hands, doorknobs that have droplets from an infected person and then touching your eyes, nose or mouth.

When is a person with influenza infectious?

Most people are infectious one day before symptoms develop and up to seven days after becoming sick. This means that an infected person may be able to pass influenza on to someone else before they know they are sick, as well as once they become ill.

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How long does influenza remain on surfaces?

Limited information suggests that influenza viruses survive for 24-48 hours on hard, nonporous surfaces such as stainless steel and plastic but for less than 8-12 hours on cloth, paper, and tissues. Influenza A virus can be transferred from stainless steel surfaces to hands for 24 hours, and from tissues to hands for up to 15 minutes.

How can we distinguish influenza from the common cold?

The following table helps to differentiate between signs and symptoms of influenza and the common cold.

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

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How to deal with Influenza

Prevent, Control and Manage:

1. Delay the entry of influenza into your facilities as long as possible through preventative measures. The longer it takes for the virus to enter your facility the more likely that either you will prevent it completely or at least ensure that immunization has taken place.
2. If you do identify influenza you want to respond quickly to limit the number of people who become ill. The slower the transmission the less stress is placed on staff and clients and the health care system.
3. If it is spreading, have procedures in place to decrease the duration of illness, severity of illness and to prevent serious outcomes.

Prevention, Control and Management of Influenza

- Immunization as available
- Prompt identification, reporting and management of unusual clusters of illness
- Early intervention planning and health education
- Infection prevention and control measures as appropriate including hand hygiene; (See appendices), respiratory etiquette (See appendices) and environmental cleaning protocols (See appendices)
- Personal Protection Equipment (See appendices)
- Communicable disease control policies

Symptom questions to screen for Influenza

1. Do you have a fever?
2. Do you have a sore throat?
3. Do you have sore muscles or joints?
4. Are you feeling extremely tired?
5. Have you been coughing more than usual lately?

If you identify any of the above symptoms, you should:

Follow any procedures and protocols already in place to deal with influenza and call **HEALTHLink Alberta:**

Toll-free: 1-866-408-5465 (LINK)

Edmonton: 780-408-5465 (LINK)

Calgary: 403-943-5465 (LINK)

Go to HEALTHLinkAlberta.ca for additional information

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When should we seek medical care for a client?

You need to seek medical advice for a client if they have influenza like illness (ILI)[1] and:

- Heart or lung disease.
- Have any other chronic condition that requires regular medical attention.
- Are frail.
- Are on treatments that weaken the immune system.
- Require over the counter medications such as acetaminophen or ibuprofen for muscle pain and fever.
- Require medical assessment at an influenza assessment clinic (if operational).

It is suggested that you contact **HealthLink Alberta at 1-866-408-5465 (LINK)** or your **health-care provider** for advice before attending a medical facility.

When should we seek <u>emergency</u> medical care for a client?

When they have one or more of the following:

- Shortness of breath while resting or doing very little.
- Difficult or painful breathing.
- Coughing up bloody sputum.
- Increased wheezing.
- Chest pain.
- Fever for three or four days without improvement.
- Feeling better then suddenly having a high fever or becoming ill again.
- Extreme drowsiness and difficulty awakening.
- Disorientation or confusion.
- Severe earache.
- Sudden inability to function in a normally independent, elderly person.
- Constant vomiting or diarrhea, especially in an elderly person or young child.

Ensure that the medical facility is aware that the homeless shelter is undergoing an ILI outbreak.

[1] **Influenza-like illness** (**ILI**), also known as **acute respiratory infection** (**ARI**) and **flu-like syndrome**, is a medical diagnosis of possible influenza or other illness causing a set of common symptoms. Symptoms commonly include: fever, shivering, chills, dry cough, and loss of appetite, body aches and nausea, typically in connection with a sudden onset of illness.

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What should we communicate during an outbreak?

- Inform all staff, volunteers, clients and visitors that an ILI outbreak is being investigated.
- Visitors should be asked to report to reception where they would be advised of personal precautions including proper hygiene before and after visiting.
- Encourage family/friends to delay visiting if possible when they themselves are symptomatic with ILI symptoms.

What is pandemic influenza?

Pandemic influenza is a global outbreak of disease from a new influenza A virus that is unlike past influenza viruses. Because people have not been infected with a similar virus in the past, most or all people will not have any natural immunity (protection) to a new pandemic virus.

- Pandemic influenza may be more severe, affect more people, and cause more deaths than seasonal influenza. It is not possible to predict in advance the severity of a future influenza pandemic.
- Once a pandemic virus develops, it can spread rapidly causing outbreaks around the world.

Is there a vaccine available for protection against pandemic influenza?

Vaccines are the first line of defense against a pandemic, but it could take at least six months to produce the vaccine for a new virus. This complex process cannot begin until the pandemic begins and the new virus has been identified. This means that a vaccine will probably not be available when the first wave of the pandemic strikes Canada.

For current information on immunizations for H1N1 or seasonal influenza, please go to www.albertahealthservices.ca.

Addressing the preparedness of agencies to manage pandemic influenza

Being prepared is the first step in alleviating panic anxiety surrounding emergency situations. Some considerations to keep in mind during pandemic planning include:

- Building capacity – to increase your ability to provide services when staff may be absent due to illness or when supplies run out. Set up partnerships with other agencies and organizations and draw on service users for resources.
- Movement – for individuals who are street involved, movement from agency to agency to acquire the basic needs of food, shelter, health care and social services is vital. During a crisis the agencies need to recognize these movement patterns and how to address the possible spread of infection while still providing basic needs.
- Information links – Establishing ongoing communication via Alberta Health Services website for current information during a pandemic.

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- Prioritize utilization of services – consider which services can be scaled back or cancelled and for how long during a crisis situation.

Why special consideration for the homeless during a pandemic.

It may be anticipated that homeless people are at greater risk of becoming sick with the influenza virus in a pandemic because:

1. Homeless people live in more crowded conditions. Homeless shelters often have one or more communal dining, sleeping or bathroom facilities. Social distancing[2] will be difficult to achieve.
2. Homeless people may suffer from a variety of chronic and acute conditions which may affect their immune system response. Those over the age of 65, immuno-compromised (e.g. HIV), with asthma or other respiratory problems, pregnant or with heart disease, diabetes complications appear to be at higher risk.
3. Closure of homeless centers could result in exposure to extreme weather conditions and further injury and illness. Closing shelters familiar with this clientele and sending them to less specialized shelters or outdoors will likely create more risk than it manages.
4. The homeless also suffer from addiction and mental illness in rates higher than the general population, and may have problems following advice. . Anxiety, confusion and stress may be increased when daily living routines are disrupted.
5. They may not seek care (and isolation) until they are very sick.

Pandemic Impact on Daily Living

Important community services may need to be consolidated or suspended because of widespread absenteeism in the workplace. This will impact all clients of Alberta, but may have a greater impact on homeless people.

- Businesses may reduce their hours or close for a prolonged length of time. Working homeless people may not have sick leave and vacation benefits; the financial impact on the working homeless and working poor could be very hard.
- Medical facilities and emergency services such as fire, ambulance and police may also be overwhelmed by demand and therefore slow to respond. They might change the level of care they usually provide.
- Public transportation may be limited or unavailable. Poor and homeless people who rely on public transportation may be affected.

[2] **Social distancing** is the public health practice of encouraging people to keep their physical distance from each other during disease outbreaks in order to slow the spread of infection, to lessen the impact of the pandemic on society and especially on the medical care system. In addition, it may enable some to avoid infection until vaccine is available.

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- Community activities may need to be curtailed or cancelled to prevent the spread of infection. Homeless people who rely on food banks, feeding programs, churches and libraries may have to make major adjustments to their routines.
- Drop in centres may close. The vast majority of homeless people rely on these facilities during the day when many shelters are regularly closed.
- Supply chains of resources (food, pharmaceuticals, fuel, etc) for every sector may be disrupted.
- Homeless people and those living on society's margins often have a limited safety net. They may not have anyone to go to the store for them or give them simple home care if they get sick.
- Homeless people who do not tend to access services may be forced by sickness and scarcity of supplies to seek help at your agencies. This increased demand will impact your regular users and your staff.
- Homeless people may have limited access to information from the mainstream media (or may not trust or understand what they hear), and may be relying on trusted agency staff and case managers for information.

What are the Goals during a pandemic?

1. **Delay the entry of pandemic influenza into your facilities as long as possible.** The longer it takes for the virus to enter your facility the more likely that either you will prevent it completely or at least ensure that the vaccine will be available.
2. **Slow its transmission as much as possible.** The slower the transmission the less stress is placed on staff and clients and the health care system. It is the rapid expansion of the number of ill that uses up scarce resources.
3. **Try to reduce illness and serious outcomes to the minimum possible.** Having the procedures and resources in place to decrease the duration of illness, severity of illness and to prevent serious outcomes will all reduce the number of people severely affected.

How do we deal with a pandemic?

Immunize volunteers, staff and clients.

One of the most important measures to delay the entry of seasonal influenza is to immunize staff and clients before influenza season arrives. Make arrangements for staff and clients to be immunized as soon as the vaccine becomes available to them.

Hand hygiene - promote frequent hand washing with soap and water or alcohol-based hand rub.

Encouraging frequent hand washing especially after going to the bathroom, before eating and after meeting and touching people is very important. Reinforce with the staff the need to use frequent and thorough hand washing before and after providing care and after touching used surfaces and equipment, especially soiled surfaces. Staff, residents, and volunteers should also use soap and water whenever hands are visibly soiled or feel tacky.

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Anything that can be done to reduce barriers to hand washing, (e.g. alcohol-based hand rub dispensers placed next to the cafeteria line, providing soap and disposable towels etc…) is best done before the outbreak arrives.

Respiratory etiquette - Encourage people to cover their mouth and nose with their upper sleeve (not their hands) or to use a tissue to cover their mouth and nose when they cough or sneeze. They should put their tissue immediately in a wastebasket and clean their hands with soap and water or alcohol based hand rub. These measures are referred to as respiratory etiquette.

Cleaning - ensure that cleaning with an approved disinfectant is done as often as needed. High touch surfaces require special attention e.g. doorknobs, phones, light switches, bathroom taps, hand rails, dining tables etc.

Staff doing the cleaning (including soiled laundry) should use gloves and long sleeve gowns. ***Cleaning is a two step process*** involving: 1) cleaning with a clean cloth and 2) then disinfecting with a fresh clean cloth. Cleaning may need to be done more frequently during an outbreak and a thorough cleaning should be performed after the outbreak is over. Any equipment that is shared should be cleaned and disinfected before being used by another resident. (See appendices).

Personal protective equipment – Administration must provide training and supplies for any staff who are in contact with symptomatic individuals

Personal protective equipment for staff providing healthcare who are within two meters of an individual with influenza like illness includes: gloves, gowns, face shield and a surgical/procedure mask. Personal eye wear is not adequate protection. (See appendices).

Sleeping arrangements - where possible, arrange sleeping quarters so that the distance between adjacent heads of sleepers is at least 2 meters. One of the ways this can be done is to ensure the beds or mats are at least a meter apart and that alternate rows are arranged with heads and feet oriented in opposite directions.

i.e. Row 1 H-F H-F H-F H-F H-F
Row 2 F-H F-H F-H F-H F-H

Isolate symptomatic cases where possible. Symptomatic clients (especially those with cough or fever), should remain in their rooms with meal service for seven (7) days[3] from the onset of acute illness or until they are over their acute illness and have been without fever for 48 hours.

Cohort staff where possible - **staff that work with infected individuals should avoid or minimize contact with uninfected individuals and their areas.**

Consider minimizing movement of staff, volunteers and residents between floors/areas especially if some areas are unaffected.

[3] Current information indicates that seasonal influenza is contagious for five (5) days, but pandemic (H1N1) 2009 influenza is contagious for longer.

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Restrict symptomatic clients in private rooms Where restriction to a private room is not possible, separating out infected individuals and putting them into isolation from the general population is a powerful way to slow down or prevent transmission

All staff are required to care for influenza clients, unless they are in a high risk group such as having a chronic disease, are pregnant etc… To reduce your risk of developing illness; we encourage all staff to be immunized against pandemic (H1N1) 2009 influenza.
This minimizes risk to other staff and should especially be considered during the initial investigation of a possible outbreak.

Staff Self-Assessment

Staff and volunteers should perform daily self-assessment for symptoms of influenza-like illness (ILI) and should not work if they have ILI (see Influenza self assessment tool questions below).

Staff and volunteers who develop symptoms while on duty should perform respiratory etiquette, **immediately** report their illness to their supervisor and go home. (See appendices)

Despite the excellent effectiveness of most vaccines, there is a minority of people who may not be fully protected even after vaccination. Therefore, vaccinated individuals need to continue daily self-assessment for ILI. In addition, vaccinated individuals should continue to use PPE (personal protective equipment) to protect against new strains of influenza virus and other infectious respiratory agents. Influenza Self Assessment Tool

Adult:
Acute onset of NEW cough or change in an existing cough

PLUS one or more of the following:
- fever (≥ 38C on arrival or by history)
- sore throat
- arthralgia (joint pain)
- myalgia (muscle aches)
- prostration, (severe exhaustion)

Some people may also exhibit nausea, vomiting and diarrhea as well as upper respiratory symtoms.

NOTE: Older adults have a lower basal body temperature therefore fever may be present when the temperature is greater than 1.5° Celsius above baseline.

Pediatric:
Acute onset of any of the following respiratory symptoms: runny nose, cough, sneezing, +/- fever.

Influenza-like illness staff and volunteers should be excluded from work during their illness and for a minimum of 48 hours after symptoms have resolved.

Follow any procedures and protocols already in place to deal with influenza and contact HealthLink or go to the Alberta Health Services website at http://www.albertahealthservices.ca/files/ns-flu-self-care.pdf.

How can we reduce illness and serious outcomes to the minimum possible during Pandemic (H1N1) 2009

- Immunization as available
- Prompt identification, reporting and management of usual clusters of illness
- Early intervention planning and health education
- Infection prevention and control measures as appropriate including hand hygiene; (See appendices), respiratory etiquette (See appendices) and environmental cleaning protocols (See appendices)
- Personal Protection Equipment (See appendices)
- Communicable disease control policies

When possible, if clients are coping well and it is a mild case of influenza, clients should be cared for in place. Calling 911, sending them to emergency or even a medi-center is only likely to expose more people to the disease. Caring for these individuals usually involves:

- **Rest.** Rest is very important to allow the body's own immune system to fight off the virus.
- **Avoid contact with others while contagious (for at least seven (7) days) if possible.** Once again this is a way to protect others and slow transmission in the facility.
- **Drink extra fluids.** One of the most dangerous but preventable complications of influenza is dehydration. For example, water, tea or juice can help. The following is a cheap and easily made formula for re-hydration:

Ingredients:

One level teaspoon of salt

Eight level teaspoons of sugar

One liter of clean drinking or boiled water and then cooled

Makes 5 cupfuls (each cup about 200 ml.)

If possible, add 1/2 cup orange juice or some mashed banana to improve the taste and provide some potassium.

- **Don't smoke.** Avoid second hand smoke.
- **Call HealthLink Alberta, toll-free: 1-866-408-5465 (LINK)** about concerns or the need for more information.
- **Review your policy of dispensing over the counter medications such as** acetaminophen or ibuprofen for muscle pain and fever. Seek advice from Health Link or other medical professionals.

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- **Talking to staff, volunteers or others can help with feelings of loneliness when sick.** However it is very important to ensure especially if they are coughing that the conversation happens with them wearing a mask and the staff member properly protected. (See appendices)
- **Develop policies, processes and strategies** around human resource issues during a pandemic such as: stay at home due to illness, taking care of family members, social distancing in the workplace, mitigating controls in the workplace (refer to link for more information) http://www.employment.alberta.ca/documents/WHS/WHS-PUB_bp002.pdf

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Appendices

Appendix A: Hand Hygiene

Hand hygiene is the cornerstone of infection control, particularly during an influenza pandemic. Clean your hands frequently with an alcohol-based hand rub or soap and water, especially after you cough, sneeze, or blow your nose. A 60 to 90% alcohol-based hand rub is the preferred agent for hand hygiene unless your hands are visibly soiled. If your hands are visibly soiled, you should wash them with soap and water. If you are not near water and your hands are visibly soiled, clean your hands with a moist towelette to remove visible debris, then use an alcohol-based hand rub. The influenza virus is easily killed by soap, hand wash or hand sanitizer products. Special antibacterial hand wash products are not needed. Hand washing/sanitizing is a very important method to prevent the spread of pandemic influenza.

Hand washing procedure

1. Turn on taps and adjust the temperature. Avoid extremes of temperature as this increases skin irritation. Wet hands under running water.
2. Apply soap to hands.
3. Lather soap and rub over all surfaces for a minimum of 15-20 seconds. Pay attention to finger tips, back of hands and base of thumbs, as these are commonly missed areas.
4. Rinse hands under running water to remove soap residue.
5. Pat hands dry with paper towel or a clean towel. A hot air blower may be used.
6. Turn taps off with paper towel, if available.

Alcohol based hand rub (ABHR)

1. Ensure hands are dry
2. Apply ABHR (60-90%). Usually, 1-2 pumps is adequate, depending on hand size.
3. Rub hands together.
4. Work the sanitizer between fingers, the back of hands, and fingertips.
5. Keep rubbing hands until they are dry. This should take a minimum of 15-20 seconds.

Promote hand hygiene:

- teach clients, staff and volunteers how to effectively perform hand hygiene.
- post hand hygiene signage in appropriate locations reminding clients and staff to wash and/or sanitize their hands.
- make hand washing supplies easily accessible, such as alcohol-based hand rub, soap, water, towels, and garbage cans.
- provide liquid soap for hand washing, or, if this is not possible, provide each person with his or her own bar of soap and towel to avoid contamination. Antimicrobial soap is not required.
- during a pandemic, make ABHR available at convenient locations throughout the facility, such as at / in cafeterias, entrances to the building, in hallways, at doors to rooms, and at the bedsides of ill individuals.

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Safe Practices for the Use of Alcohol-Based Hand Rub (ABHR) in Care and Treatment Occupancies

This document provides information to address potential fire safety hazards related to the installation and use of alcohol-based hand rub (ABHR) in 'care and treatment' occupancies (e.g. hospitals, nursing homes and long term care homes).

Containers of ABHR are typically located on wall-mounted holders from which a small amount can be dispensed to sanitize hands. ABHR is available in liquid, gel and foams

The following precautions are recommended to achieve an acceptable level of fire safety.

1. Avoid exposure to open flames (e.g. smoker's materials) during and immediately after application. In oxygen-enriched environments, ensure hands are completely dry before touching equipment, devices, bedding or clients/clients. A warning should be provided to potential users of the product e.g. signage or instruction to staff.

2. Locate dispensers away from potential sources of ignition such as radiant heaters that could raise the container temperatures to above 49^{o}C (120^{0}F) and at least 1m (3 feet) from any open flame. Do not install dispensers above or closer than 150 mm (6 inches) to electrical switches and outlets.

3. Where dispensers are installed in corridors, not more than one dispenser of maximum 1.2 L (gel/liquid) capacity shall be located at each entry into a room.

4. Where dispensers are installed in sleeping rooms, treatment rooms and in other rooms or suites, not more than one dispenser of maximum 1.2 L (gel/liquid) and 0.51 Kg. (aerosol) capacity shall be installed at each point of care (i.e. at each bed or treatment station).

5. Particular care should be taken to use secure dispensers (e.g. lockable units) in unsupervised areas and in areas where there is a risk of misuse.

6. Dispensers shall not be installed directly over carpeted surfaces except if the floor area has sprinklers or other measures are taken to control excess accumulation of product in the carpet.

7. Stock of hand rub product not for immediate use shall be located in a storage room protected with a 1-hour fire separation.

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SUGGESTED LOCATIONS FOR ALCOHOL BASED HAND RUB DISPENSERS

Guiding Principles:

- Alcohol based hand rub dispensers must be installed in compliance with building and fire safety codes while, at the same time, putting them in logical, accessible locations for staff and client/client access.
- In clinical areas the unit's Clinical Supervisor/Manager and Infection Control Practitioner should review actual placement of dispensers as each unit and waiting room area may have unique configurations that need to be accommodated.
- Alcohol based hand rub dispensers can only be installed in corridors that have a width of 2m (6 feet) or greater.
- Alcohol based hand rub dispensers must not be installed above electrical receptacles. There should be at least 6 inches from the centre of a dispenser to an ignition source (e.g. electrical outlet).
- Never place the dispensers near sinks as the product should not be used with water.
- Never place Alcohol based hand rub dispensers directly adjacent to soap dispensers. This will avoid confusion of products.
- Avoid placing Alcohol based hand rub dispensers on walls where they are likely to be bumped by stretchers, wheelchairs etc. or where staff may run into them or clients/clients may bump their heads or be dripped upon.
- Ideal locations in the office setting include meeting rooms where food is consumed, food preparation areas where there is no sink, and adjacent to work areas.
- Alcohol based hand rub dispensers should be placed at a height of 1.22 to 1.52m (4 to 5 feet) from the bottom of the dispenser to the floor to allow for ease of operation without strain. The dispensers should be mounted in such a manner that there is sufficient clearance to allow for accessibility and changing of cartridge.

NOTE: For concerns regarding theft or misuse of alcohol based hand rubs (ABHR) our recommendations are:

- Safeguard mounted dispensers with a cage
- Install foam ABHR as these are harder to digest
- Place dispensers in locations easily visible by staff/volunteers

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Appendix B: Respiratory Etiquette

People should be encouraged to cover their mouth and nose when they cough or sneeze. This will help stop the spread of germs that can make people sick. It is important to keep your distance (e.g., more than two metres/six feet) from people who are coughing or sneezing, if possible.

Cover your cough procedure

1. Cover your mouth and nose with a tissue when you cough, sneeze or blow your nose.
2. Put your used tissues into the waste basket.
3. If you don't have a tissue, cough or sneeze into your sleeve, not in your hands.
4. Wash your hands with soap and water or ABHR (60-90%).

Avoid touching your eyes, mouth and nose

Influenza spreads when the infected respiratory secretions from the mouth or nose of one person come into contact with the mucous membranes (mouth, nose or eyes) of another person. Without even realizing it, you may touch the infected nose and mouth secretions of someone who has influenza (e.g., by shaking hands). If you go on to touch your mouth, nose or eyes, the influenza virus may enter your body causing infection.

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Appendix C: Food Services & Facility Clean-Up Procedures

During an influenza pandemic, community living settings should reinforce routine food safety and sanitation practices. Facilities should also consider the following:

- reinforce regular hand washing by staff members who prepare food
- discourage the sharing of dishes, cutlery, and other items
- use disposable cutlery and pre-packaged food, if staffing levels are low
- consider stockpiling a 6–8 week supply of non-perishable food, in case deliveries of food are disrupted
- if regular services are interrupted, plan for alternative food supplies

Examples of items to disinfect:

Doorknobs, faucets, sink, toilets, bath rails, phones, counters, chairs

(including backs), tables, hand rails, elevator buttons, light switches, mattress covers,

aprons, uniforms, linens, bedding and ice machines.

In a single family type dwelling, regular household cleaning solutions are adequate.

In a health care type facility with congregate living, follow the : Infection Prevention and Control Guidelines for Environmental Cleaning, Product Selection.

Product Selection:

A low level disinfectant is defined as a chemical that has activity only against vegetative bacteria, enveloped viruses (HIV, Hepatitis B) and some fungi. The disinfectant product must have a Drug Identification Number (DIN) from Health Canada. A low level disinfectant is recommended for environmental surfaces that are frequently touched by health care providers and or patients/residents (e.g. call bells, light switches, door handles, handrails, toilets, sinks, etc.).

For most large environmental surfaces with which humans have little direct contact (e.g. floors, walls, ceilings, etc.), routine cleaning can usually be achieved with water and detergent Environmental disinfectants include products such as sodium hypochlorite (bleach), 3% hydrogen peroxide, 0.5% accelerated hydrogen peroxide, quaternary ammonium compounds (Quats), iodophors, 70-90% isopropyl or ethyl alcohol and phenolics. Sodium hypochlorite is a somewhat unstable product when diluted, is corrosive to metals and discolours fabrics, carpeting and upholstered surfaces. Phenolics should not be used in nursery settings as there has been an association with this product and hyperbilirubinemia in newborns.

The ideal low level disinfectant should have the ability to clean environmental surfaces in addition to disinfecting them. The product should have low toxicity, be non-staining, fast acting and non-irritating to workers and patients/residents. In home settings, common commercially available household disinfectant cleaners may be use.

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When diluting disinfectant products:

1. Follow manufacturer's written instructions for dilution ratios.
2. Dispensing bottles must be labeled indicating contents, WHMIS information and date expiration.
3. If reused, dispensing bottles, caps and nozzles must be thoroughly cleaned and dried prior to refilling by trained personnel in a controlled setting.
4. Residual solution in bottles must be discarded prior to cleaning and refilling. Solution must never be "topped up".
5. A quality assurance monitoring program shall be implemented to monitor and document concentration of diluted solutions.

When purchasing a ready to use disinfectant, the product should be compatible with cleaning and disinfecting products currently in use and with surfaces to be disinfected. The container or dispenser of the product must not allow the product to become microbially contaminated by external sources. The container or dispensing unit, the method of dispensing and the product should also be acceptable by Occupational Health and environmental standards.

When selecting a disinfectant or other cleaning product, factors to consider include its intended use, efficacy, acceptability, safety and cost

References:

1. Chou T. Environmental Services. In APIC Text of Infection Control and Epidemiology. Association for Professionals in Infection Control and Epidemiology 2nd Edition: 102-1 - 102-12. Washington, D.C.: January 2005.
2. Rutala WA. APIC Guideline for Selection and Use of Disinfectants. American Journal of Infection Control, Vol. 24, No. 4: 313-342: August, 1996.(NOTE: HICPAC is updating this document for 2008 not released yet)
3. Centers for Disease Control (CDC) Sehulster LM, Chinn RYW, Arduino MJ, Carpenter J, Donlan R, Ashford D, Besser R, Fields B, McNeil MM, Whitney C, Wong S, Juranek D, Cleveland J. Guidelines for environmental infection control in health-care facilities. Recommendations from CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC). Chicago ILL; American Society for Healthcare Engineering/American Hospital Association; 2004.

What works best: Chlorine bleach (sodium hypochlorite -NaOCl)

Follow manufacturer's written instructions for dilution ratios for Chlorine bleach concentrations and mixing instructions:

Contact time

Leave bleach on surface for 10-20 minutes, and then rinse with clean water.

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Shelf-life of Chlorine Bleach

Open bottles of concentrated chlorine bleach will lose effectiveness after 30 days. Change bottles of bleach every 30 days for accurate concentrations. For disinfecting, use an unopened bottle of chlorine bleach. Prepare a dilution of fresh bleach every day of use and discard unused portions.

Other effective disinfectants

A phenolic environmental disinfectant (Lysol® or Pinesol®) may be effective, but may require a concentration of 2-4X the manufacturer's recommendation. The use of this product at the higher concentration may pose a significant health risk to workers, pets or yourself. Phenolics should not be used in nursery settings. Use extreme caution when using these products. Please read the manufacturer's warning. **Always use products according to manufacturer's instructions.**

Specific Clean-up Procedures

For cleaning large spills of vomit or stool, a two-step process should be used. Put on personal protective equipment before cleanup as specified in appendix E.

1. Pre-cleaning of visible/organic debris with absorbent material (double layer and placed in a plastic bag to minimize exposure to aerosols) should precede the disinfection process.
2. Liberally disinfect area and objects surrounding the contamination with an appropriate environmental disinfectant (multiple applications may be required).

*Ensure appropriate dilution and contact time for the appropriate environmental disinfectant.

Hard surfaces

Disinfect with bleach, rinse with water if food preparation area.

Carpet/Upholstered Furniture

Visible debris should be cleaned with absorbent material (double layer) and placed in a plastic bag to minimize exposure to aerosols - disinfecting with bleach may discolor carpet – steam clean (heat inactivation) 158°F for 5 minutes or 212°F for 1 minute for complete inactivation.

Linens/clothing/textiles

If soiled, vomit or stool should be carefully removed to minimize aerosols. Keep contaminated and uncontaminated clothes separated. Minimize disruption of soiled linens and laundry. Aerosols created may pose a risk for transmission. Wash items in a pre-wash cycle, then use a regular wash cycle using detergent and dried separately from uncontaminated clothing at high temperature greater than 170°F. Ensure segregation of clean and soiled linens/clothing/textiles

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Pots, Pans, Dishes, and Utensils

Thoroughly wash metal pans, ceramic dishes, utensils and any equipment used to prepare food (including can openers) with soap and water, using hot water if available. Rinse and then sanitize them by boiling in clean water or immersing them for 15 minutes in a solution of 1 tablespoon of unscented, liquid chlorine bleach per 3.8 litres (one gallon) of drinking water (or the cleanest, clearest water available).

Countertops, Tables and Chairs

Thoroughly wash countertops, tables and chairs with soap and water, using hot water if available. Rinse and then sanitize them by applying a solution of 1 tablespoon of unscented, liquid chlorine bleach per 3.8 litres (one gallon) of drinking water (or the cleanest, clearest water available). Allow to air-dry.

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Appendix D: Agency Supply Stockpile

Cleaning & Facility:

- ❑ Paper towels, toilet paper, hand sanitizer, hand wipes, and tissues.
- ❑ Cleaning supplies, large and small garbage bags, and other waste disposal supplies.
- ❑ Disinfectant (e.g., bleach, or other household disinfectant)
- ❑ Soap, liquid detergent
- ❑ Re-sealable zip-top plastic bags - for example, large Ziploc® bags.
- ❑ Extra linen, towels, blankets, bedclothes, hospital gowns, robes.
- ❑ Paper cups, plates, plastic utensils.
- ❑ Sheets, curtains, twine and nails to rig up barriers for isolation of sick. (Plastic shower curtains could also be used for this purpose.)
- ❑ Feminine supplies, personal hygiene items, diapers and wipes
- ❑ Tools

Safety and Medical:

- ❑ Personal protective equipment, including latex gloves, surgical masks, and goggles.
- ❑ Thermometers & thermometer covers.
- ❑ Medications used to bring fevers down, such as acetaminophen.
- ❑ Anti-diarrhea medication
- ❑ Antacid (for stomach upset) and Laxative
- ❑ First aid kit

Food and Special Items:

- ❑ Bottled water, Juices, instant soups, teas, etc.
- ❑ Ready-to-eat canned meats, fruits and vegetables
- ❑ Canned juices, milk, soup (if powdered, store extra water)
- ❑ Sugar, salt, pepper, coffee, peanut butter, jelly, crackers, granola bars, trail mix
- ❑ Foods for infants, elderly persons or persons with special dietary needs
- ❑ Foods for infants, elderly persons or persons with special dietary needs
- ❑ Vitamins
- ❑ Radios, flashlight, batteries

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Outreach Kit

During an influenza pandemic, every worker doing outreach activities with clients should carry the following supplies (per visit):

- ❑ Two pair of disposable rubber gloves
- ❑ Two pair of non-latex gloves
- ❑ Two procedure/surgical masks
- ❑ Two goggles/face shields
- ❑ Thermometers - disposable
- ❑ One bottle of personal ABHR
- ❑ Ten moist (preferably alcohol-soaked) hand wipes
- ❑ Two re-sealable plastic bags for contaminated garbage
- ❑ A water-resistant bag to carry supplies (e.g., plastic bag)

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Appendix E: Personal Protective Equipment

When caring for clients who are showing symptoms of influenza, personal protective equipment (PPE) such as gowns, gloves, masks and respirators are an important component of Routine Practices and Additional Precautions. PPE are specialized clothing and equipment worn by staff to protect themselves against workplace hazards and potentially infectious substances. In addition to following specific Routine Precautions and Additional Precautions, PPE should be worn to protect staff during procedures and care activities likely to generate splashes of body fluids, secretions or excretions. Putting PPE on and taking it off in the correct order is crucial to ensure that staff are not contaminated by microorganisms that are present on the surfaces of the PPE. To obtain PPE or other supplies, utilize your current suppliers.

Use of Gloves: Gloves should be made of latex, nitril, rubber, or other water impervious materials. If glove material is thin or flimsy, double gloving can provide an additional layer of protection. Also, if you know you have cuts or sores on your hands, you should cover these with a bandage or similar protection as an additional precaution before donning your gloves. You should always inspect your gloves for tears or punctures before putting them on. If a glove is damaged, don't use it! When taking contaminated gloves off, do so carefully. Make sure you don't touch the outside of the gloves with any bare skin, and be sure to dispose of them in a proper container so that no one else will come in contact with them either. Hands should be washed after glove removal because contamination can occur during removal or from a break in the glove.

Use of Goggles or Other Eye Protection: Anytime there is a risk of splashing or vaporization of contaminated fluids, goggles with mask and/or other eye protection will be used to protect the eyes. Again, some blood borne pathogens can be transmitted through the thin membranes of the eyes so it is important to protect them. Splashing of blood could occur while cleaning up a spill, during laboratory procedures, or while providing first aid or medical assistance. The use of a face shield with mask may be worn to provide additional face protection against splashes to the nose and mouth.

Use of Gowns: Gowns may be worn to protect your clothing and exposed skin and keep blood or other contaminated fluids from soaking through to your skin. Normal clothing that becomes contaminated with blood should be removed as soon as possible because fluids can seep through the cloth to come into contact with the skin. Contaminated laundry should be handled as little as possible, and it should be placed in an appropriately labeled bag or container until it is decontaminated, disposed of, or laundered.

Use of Masks: Wearing a mask will provide respiratory droplet protection to prevent the virus from entering the nose or mouth. There are a variety of masks/respirators that can be used during a pandemic depending on the circumstances. They are:

- Surgical /procedure masks - reduce the risk of inhaling respiratory droplets.
- N95 respirators - reduce the risk of inhaling a virus that is in the form of fine aerosolized respiratory particles. N95 respirators are only recommended for use when undertaking certain medical procedures that lead to the generation of aerosolized particles when working with a client with influenza like illness. Fit testing is required so that N95 masks fit snuggly. A N95 mask fit testing and checking program is needed.

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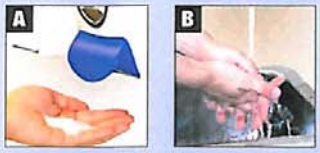
Alberta Health Services

Putting on (Donning) Personal Protective Equipment (PPE) for Contact and Modified Droplet Precautions

All PPE should be put on before entering a patient room.

1 HAND HYGIENE



A Using an alcohol-based hand rub is the preferred way to **clean your hands.**

B If your hands look or feel dirty, soap and water must be used to wash your hands.

2 Gown

A Make sure the gown covers from neck to knees to wrist.

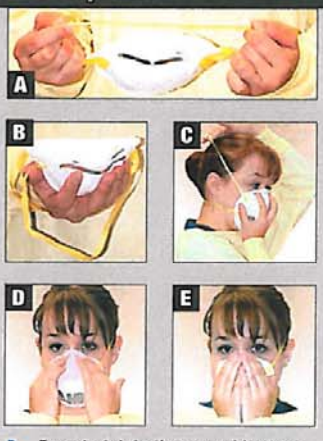
B Tie at the back of neck and waist.

3 Procedure/surgical mask

- Secure the ties or elastic bands around your head so the mask stays in place.

- Fit the movable band to the nose bridge. Fit snugly to your face and below chin.

N95 respirator



A Pre-stretch both top and bottom straps before placing the respirator on your face.

B Cup the N95 respirator in your hand.

C Position the N95 respirator under your chin with the nose piece up. Secure the elastic band around your head so the N95 respirator stays in place.

D Use both hands to mold the metal band of the N95 respirator around the bridge of your nose.

E Fit check the N95 respirator.

4 Eye protection or face shields

- Place over the face and eyes and adjust to fit.

5 Gloves

- Pull the cuffs of the gloves over the cuffs of the gown.

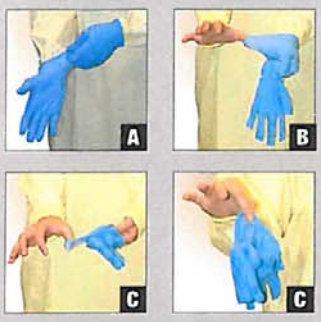
Donning PPE Poster
Issued by: Infection Prevention and Control, AHS
Approved by: Vice President, Population and Public Health, AHS
09 17 2009

Alberta Health Services

Taking off (Doffing) Personal Protective Equipment (PPE) for Contact and Modified Droplet Precautions

Remove gloves and gown inside the patient room. After leaving the patient room and closing the door, remove N95 respirator or mask and eye protection.

1 Gloves



A Grasp the outside edge of the glove near the wrist and peel away from the hand, turning the glove inside-out.

- Hold the glove in the opposite gloved hand.

B Slide an ungloved finger or thumb under the wrist of the remaining glove.

C Peel the glove off and over the first glove, making a bag for both gloves.

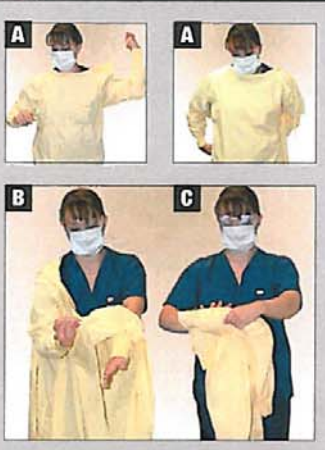
- Put the gloves in the garbage.

2 HAND HYGIENE

A Using an alcohol-based hand rub is the preferred way to **clean your hands.**

B If your hands look or feel dirty, soap and water must be used to wash your hands.

3 Gown



A Carefully unfasten ties.

B Grasp the outside of the gown at the back of the shoulders and pull the gown down over the arms.

C Turn the gown inside out during removal.

- Put in hamper or, if disposable, put in garbage.

4 HAND HYGIENE

- **Clean your hands.** (See No. 2)
- Exit the patient room, close the door and **clean your hands** again.

5 Eye protection or face shield

- Handle only by headband or ear pieces.
- Carefully pull away from face.
- Put reusable items in appropriate area for cleaning.
- Throw disposable items into garbage.

6 Mask or N95 respirator

- Bend forward slightly and carefully remove the mask from your face by touching only the ties or elastic bands.
- Start with the bottom tie, then remove the top tie.
- Throw the mask in the garbage.

7 HAND HYGIENE

- **Clean your hands.** (See No. 2)

Doffing PPE Poster
Issued by: Infection Prevention and Control, AHS
Approved by: Vice President, Population and Public Health, AHS
09 17 2009

Appendix F: Caring for Someone with Influenza

During a severe influenza outbreak or pandemic, the media and healthcare providers will notify citizens of Alberta with instructions for obtaining medical advice and receiving medical care. The following information is a general guide and is not intended to take the place of medical advice from a healthcare provider.

- Keep a care log. Record the following information about the ill person at least once each day or more often as symptoms change, along with the date and time. (Note: keeping a care log will not be possible for shelter caregivers given the large populations they serve; but is recommended for those caring for individuals at home).
  - Check the client's temperature using a disposable thermometer
  - Check the client's skin for color (pink, pale or bluish?) and rash
  - Record the approximate quantity of fluids consumed each day and through that night
  - Record how many times the ill person urinates each day and the color of the urine
  - Record all medications, dosages and times given
- Keep the ill person as comfortable as possible. Rest is important.
- Keep tissues and a trash bag for their disposal within reach of the client.
- Make sure the client avoids drinking alcohol and using tobacco. Smoking should not be allowed indoors.
- Use ibuprofen or acetaminophen or other measures, as recommended by your healthcare provider, for fever, sore throat and general discomfort.
- Do not use aspirin (acetylsalicylic acid) in children or teenagers with influenza because it can cause Reye's syndrome, a life-threatening illness. For more information about Reye's syndrome, visit the National Institute of Health website
- Keep in mind that fever is a sign that the body is fighting the infection. It will go away as the client is getting better. Sponging with lukewarm water may lower the client's temperature, but only during the period of sponging. Do not sponge with alcohol.
- If the client is not vomiting, offer plenty of fluids to prevent dehydration, even if he or she does not feel thirsty. Offer small amounts of fluid frequently. If the ill person is not eating solid foods, include fluids that contain sugars and salts, such as broth or soups, ginger ale and other sodas, but not diet drinks. Regular urination is a sign of good hydration.

Recommended minimum daily fluid intake, if not eating solid food:

- Young children – 1 ½ oz. per pound of body weight per day
- (Example: A 20 lb. child needs approximately 30 oz. fluid per day)
- Older children and adults – 1 ½ to 2 ½ quarts per day

- If the client is vomiting, do not give any fluid or food by mouth for at least 1 hour. Let the stomach rest. Next, offer a clear fluid, like water, in very small amounts. Start with 1 teaspoon to 1 tablespoon of clear fluid every 10 minutes. If the client vomits, let the stomach rest again for an hour. Again, try to give small frequent amounts of clear fluid. When there is no vomiting, gradually increase the amount of fluid offered and use fluids

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that contain sugars and salts. After 6-8 hours of a liquid diet without vomiting, add solid food that is easy to digest, such as saltine crackers, soup, mashed potatoes or rice. Gradually return to a regular diet.

- Babies who are breast-fed and vomiting can continue to nurse. Feed smaller amounts more often by breast-feeding on only one breast for 4-5 minutes every 30-60 minutes or by offering teaspoonfuls of Pedialyte® every 10 minutes.
- Watch for signs of dehydration –
  - Weakness or unresponsiveness
  - Decreased saliva/dry mouth and tongue
  - Skin tenting: check this by picking up layers of skin between your thumb and forefinger and gently pinching for 1 second. Normally, the skin will flatten out into to its usual shape right away. If client is dehydrated, the skin will "tent" or take 2 or more seconds to flatten out. This is best checked on the belly skin of a child and on the upper chest of an adult.
  - Decreased output of urine, which becomes dark in color from concentration. Ill persons who are getting enough fluids should urinate at least every 8-12 hours.
- If the ill person is dehydrated, give sips or spoonfuls of fluids frequently over a 4-hour period. Watch for an increase in urination, a lighter color of the urine and improvement in the client's overall condition. The following are signs that the increased fluids are working:
  - Children under 5 years: Give 1 ounce fluid per pound body weight over 4 hours (Example: A 20 lb. child needs 20 oz. or 2-3 cups over 4 hours)
  - Older children & adults will need 1-2 quarts of fluids over the first 4 hours
- Watch for complications of influenza. Complications are more common in individuals with health conditions such as diabetes, heart and lung problems, but may occur with anyone who has the flu. Call HEALTHLink Alberta at 1-866-408-5465 (LINK) or go to www.healthlinkalberta.ca for more information if the ill person:
  - Has difficulty breathing, fast breathing, or bluish color to the skin or lips
  - Begins coughing up blood
  - Shows signs of dehydration and cannot take enough fluids
  - Does not respond or communicate appropriately or appears confused
  - Complains of pain or pressure in the chest
  - Has convulsions (seizures)
  - Is getting worse again after appearing to improve
  - Is an infant younger than 2 months old with fever, poor feeding, urinating less than 3 times per day or other signs of illness

At a stressful time when your family is trying to cope with illness and uncertainty, keep in mind that the most basic precautions and attention to the client's symptoms will really help. Most clients with influenza can receive the care they need at home.

Additional Resource: Alberta Health Services: http://www.albertahealthservices.ca/files/ns-flu-self-care.pdf.

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Medications to Help Lessen Symptoms of Influenza

Antiviral medications can help lessen influenza symptoms, but require a prescription. Most people do not need these antiviral drugs to fully recover from the flu. However, persons at higher risk for severe flu complications, or those with severe flu illness who require hospitalization, might benefit from antiviral medications. Ask your health care provider whether you need antiviral medication.

- Check ingredient labels on over-the-counter cold and flu medications to see if they contain aspirin.
- Children 5 years of age and older and teenagers with the flu can take medicines ***without*** aspirin, such as acetaminophen (Tylenol®) and ibuprofen (Advil®, Motrin®, Nuprin®), to relieve symptoms.
- Children younger than 4 years of age should **NOT** be given over-the-counter cold medications without first speaking with a health care provider.
- The safest care for flu symptoms in children younger than 2 years of age is using a cool-mist humidifier and a suction bulb to help clear away mucus.
- Fevers and aches can be treated with acetaminophen (Tylenol®) or ibuprofen (Advil®, Motrin®, or Nuprin®). Examples of these kinds of medications include:

Generic Name	**Brand Name(s)**
Acetaminophen	Tylenol®
Ibuprofen	Advil®, Motrin®, Nuprin®

- Over-the-counter cold and flu medications used according to the package instructions may help lessen some symptoms such as cough and congestion. Importantly, these medications will not lessen how infectious a person is.
- Check the ingredients on the package label to see if the medication already contains acetaminophen or ibuprofen before taking additional doses of these medications—don't double dose! Clients with kidney disease or stomach problems should check with their health care provider before taking any Ibuprofen.

Protecting Yourself and Others:

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

- Clean your hands often, 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.
- 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.
- 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.
- 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.

Planning for an extended stay at home:

Make preparations to care for yourself and your loved ones. Make sure you have the following items on hand:

- ❑ Pain and fever medication, like Tylenol or Advil, to treat fever and headaches
- ❑ A thermometer
- ❑ Extra supplies of any prescribed medication, like insulin for diabetics
- ❑ Prescribed medical supplies i.e. glucose and blood-pressure monitoring equipment
- ❑ Vitamins
- ❑ Cleaning supplies, like household disinfectant
- ❑ Soap (not antibacterial) and alcohol-based hand sanitizer to keep hands clean
- ❑ Non perishable food, like canned soups, meats, fish, beans, fruits and vegetables in case you can't get to the grocery store (A six week to three month supply is recommended).
- ❑ Liquids, like bottled water and canned juice
- ❑ Protein bars or fruit bars
- ❑ Peanut butter, nuts, Dried fruit and crackers
- ❑ Canned or jarred baby food and formula
- ❑ Canned evaporated milk and/or skim milk powder
- ❑ Pet food
- ❑ Flashlight, batteries, manual can opener, propane cooking stove, bottles of propane
- ❑ Portable radio and batteries
- ❑ Garbage bags, tissues, toilet paper, disposable diapers and wipes

Appendix G: Dealing with Stress or Feelings of Fear because of Pandemic (H1N1) 2009

Many of us are worried about the world-wide influenza epidemic - pandemic (H1N1) 2009. There has been a lot in the news about pandemic influenza (H1N1) 2009 in the world and in Canada.

What can you do about it?
It is normal to be feeling anxious or worried about this disease. The best thing you can do is gather information from a credible source such as from your public health officials, in order to distinguish fact from rumors. (See contact information at the end of this document)

Are you worrying too much?
You will know you are becoming too upset if you change your daily routine when there is no need to. Signs you are worrying too much might include:

- thinking about pandemic (H1N1) 2009 a lot
- feelings of hopelessness
- change in sleeping habits including not wanting to get out of bed, early morning awakenings, or not being able to get to sleep
- eating lots more or less
- avoiding others
- not wanting to leave the house
- feeling cranky and irritable, losing your temper
- feeling anxious or depressed
- feeling panic or having panic attacks
- crying
- drinking more alcohol than usual
- taking more prescription drugs than usual
- having difficulty concentrating on tasks at hand

Talk about it
The first thing to do is talk about your feelings with someone you trust. This can be a family member, friend, religious leader, or teacher. Don't be shy. It helps to get it off your chest. You can support each other. Talk about it as often as you need to. As well, limit your worry by lessening the time you and your family spend watching or listening to sensationalized media coverage.

Build your resilience

Maintain a healthy lifestyle through proper diet, exercise and rest – this is your best defense against any disease threat. A healthy body will have a positive impact on thoughts and emotions. Draw on skills you have used in the past to mange stress. Keep connected to your social networks. If social contact is not recommended because of disease outbreak, stay in touch via the media sites and the telephone. Do not isolate yourself from social support.

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Support others
If you notice the behaviour of a loved one, friend, or co-worker has changed, ask them how they are doing. Make time to talk. After you have talked, check in to see how they are doing. It shows you care and it can be a relief to both of you. Check in even if their behaviour has not changed. They may be upset, but hiding it well.

If you or someone you love have/has intense feelings of anxiety or hopelessness, or is having trouble performing daily activities such as work or school, you may consider seeing a mental health professional or your family doctor. They will help you understand what you are experiencing and help you find ways to cope better. You can access a mental health professional by contacting your local community mental health clinic.

Pandemic influenza (H1N1) 2009 and your kids
Pandemic influenza (H1N1) 2009 can be upsetting to children and teenagers too. It is important to discuss this subject with them through honest and age-appropriate sharing of information.

Tell them the truth. Reassure them and let them know they can count on you and the adults around them. Keep routines and schedules a unchanged as possible, and remember that children will model adult behaviours and emotions during this time. If you notice a behaviour change in your kids, discuss it with them. If it's related to fear of pandemic (H1N1) 2009, talk about it. Tell them the truth and reassure them. If this does not work, you may want to consider consulting a mental health professional.

Some behaviour changes to look for include:

- change in sleeping patterns
- being tired all the time
- eating lots more or less
- staying in their room and avoiding school
- avoiding others
- talking less
- being cranky and irritable, arguing or fighting more with others
- feeling sad or anxious
- difficulty concentrating on tasks at hand, change in grades

Pandemic influenza (H1N1) 2009 and other traumatic events
People may feel more anxious about pandemic influenza A H1N1 because they are upset about other world events. This is not unusual. People who have recently experienced a sad or traumatic event may find pandemic influenza A H1N1 more upsetting. Traumatic events can include a car accident, the loss of a loved one, the loss of a job, or a serious health problem. It's normal to feel more stressed under these conditions.

If this happens to you, talk with a friend or loved one. If your symptoms continue for over a week or two, you may want to talk to a mental health professional or your family doctor.

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Pandemic influenza (H1N1) 2009 and the healthcare system

The actions taken by health officials to help keep us safe from the disease may cause disruptions that are difficult. Health appointments and procedures, which may have been planned for a long time, could be delayed or cancelled. You may not be able to see loved ones or friends in the hospital. This can be very upsetting. Health officials will do everything they can to deal with the pandemic (H1N1) 2009 and make the best possible use of health services during this difficult time.

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Appendix H: Responsibilities in a Pandemic

An influenza pandemic is an international health event. International, federal, provincial and local agencies will work together to respond.

International:

The **World Health Organization (WHO)** watches for the emergence of new strains of influenza throughout the world. If an influenza pandemic strain emerges, it will notify federal health authorities and provide information to governments, the media and the public on immunization and anti-viral medication use.

Federal:

Public health is an area of shared responsibility, including all levels of government and jurisdictions, and involving non-governmental organizations, other stakeholders, communities and national Aboriginal organizations.

In the federal government, the **Public Health Agency of Canada (PHAC)** delivers national public health leadership through the Chief Public Health Officer; national management of the emergency supply stockpile; and overseeing contracts for antiviral and vaccine production.

The **First Nations and Inuit Health (FNIH)** of Health Canada pays for, and in some cases, delivers a range of programs and services on reserves including health promotion and illness prevention. These also include health services; support to develop, test, and revise pandemic plans; antiviral and vaccine distribution and administration; and Personal Protective Equipment stockpile for community health care workers.

For all clients outside reserve communities, including First Nations, Métis and Inuit, the provinces and territories are directly responsible for providing health care and public health programs and services.

Provincial:

Alberta Health and Wellness leads the health sector response. It supports co-ordination among Alberta Health Services and other health organizations; facilitates the distribution of antiviral medications and vaccine across the province; provides guidance and information to Albertans; collects data on the spread of the disease in Alberta and shares this information with the Public health Agency of Canada; and helps resolve any health related issues that may arise.

Alberta Health Services provides services to meet priority health needs. In addition, it provides information to Alberta Health and Wellness on the number of cases, hospitalizations and deaths from influenza; delivers antiviral medications and vaccines to Albertans, sets up alternative care centres for the delivery of health care (if necessary) and maintains communications across the province.

The **Alberta Emergency Management Agency** of Alberta Municipal Affairs leads the response regarding the non-health consequences of a pandemic. The Agency communicates with government ministries and municipalities; monitors the effect of the pandemic on essential

services; coordinates volunteer sector activities and federal assistance programs; and monitors the need for support among families of victim

Local

Municipal governments set priorities for maintaining public safety and other essential public services (fire, police, ambulance, waste management, water and utilities); close public buildings, if necessary; and support Alberta Health Services in providing information to the public.

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Appendix I: Planning Checklists

General

The following checklist will help housing service agencies prepare for a possible Influenza pandemic or other emergency situations. (Place a checkmark in the appropriate column)

Planning Issues	Y	N	In Progress	Comments
Does your agency have an emergency plan?				
Have you made your employees aware of emergency response plans?				
Have you identified which tasks and positions would be essential during an emergency?				
Have you identified supply requirements for each key service (i.e. cleaning and facility, safety, medical, paper etc…)?				
Have you arranged for alternative methods to sustain service deliveries when normal methods are no longer available (i.e. courier, truck rental and volunteer driver)?				
Have you considered how to keep your agency operational when a large number of your staff fall ill and are not able to come to work?				
Have you determined your staff capacity and are there provisions to bring in additional staff or volunteers?				
Do you have a method to monitor increases in staff absenteeism?				
Do you have a procedure to deal with employees who report to work ill?				
Have you trained your employees on proper hand washing and respiratory etiquette?				
Have you reviewed proper disinfecting techniques with your cleaning staff?				
Are you stockpiling necessary supplies?				
In case of a death on-site, do you know who to contact?				
Have you considered how you will communicate information to employees and clients?				
Have liability issues been addressed for volunteers and re-assigned staff?				
Do you have communication material written in multi-languages?				
Have you considered how you would provide your staff with support and counseling?				

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Planning Issues	Y	N	In Progress	Comments
Have you selected someone in charge of communicating with the general public?				
Have you clearly identified various stakeholders and their roles in the event of a pandemic occurrence?				
Have you appointed someone with the authority for ordering, repairing equipment and who is their alternate?				
Have you created a contact list of all your suppliers and alternate suppliers?				
Is someone assigned to payment issues related to overtime and/or salary issues and who is their alternate?				
Have you selected someone to reinstate full service?				

Planning Checklist Comprehensive

Pandemic Business Plan			
Action	Complete	Not Started	In Progress
Identify a pandemic coordinator and/or team with defined roles and responsibilities.			
Identify essential employees required to maintain business operations.			
Train and prepare team members for a pandemic condition (review policies and procedures)			
Develop a plan to sustain operations with an increase in demand for your services during a pandemic (i.e. effect on restriction on mass gatherings, supplies, etc.).			
Find up-to-date pandemic information resources such as: http://www.albertahealthservices.ca/			
Create a communications contact list. Include key contacts (with back ups), suppliers and processes for tracking, communicating and staff status.			
Employ an exercise to test your plan and revise as needed.			
▪ Assess the ability of the service users to take on different roles. ▪ Begin capacity building within the population. ▪ Consider partnering with other agencies.			
Stock up on essential supplies (considerations are: budget, shelf life, storage requirements and space).			

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Pandemic Business Plan – Employees and Service Users			
Action	Complete	Not Started	In Progress
Forecast and allow for employee absences during a pandemic due to factors such as personal and family illness, school, business and public transportation closures. ▪ During the peak two weeks of illness in the community, 20 - 25% absenteeism rate can be expected for any reason, including normal baseline absenteeism (8% average in a normal winter). ▪ For business continuity planning purposes expect up to 1/3 of the workforce absent (for all reasons) in this peek period.			
Implement guidelines to modify the frequency of face-to-face contact between employees and service users.			
Identify employees and key service users with special needs.			

Pandemic Business Plan – Policies			
Action	Complete	Not Started	In Progress
▪ Implement a policy for employees to return to work after they are no longer infectious. An employee can return to work if: ▪ They have had no fever for 48 hours ▪ They have no cough ▪ They are not taking any medication to suppress fever or cough			
Establish policies for flexible worksite and work hours.			
Establish policies to prevent the spread of influenza in the work place			

Pandemic Business Plan – Protection of Employees and Service Users			
Action	Complete	Not Started	In Progress
Provide sufficient and accessible infection control supplies (i.e. hand-hygiene products, tissues and trash cans for disposal) in all locations.			
Ensure availability of medical information and advice for emergency response like HealthLink Alberta, 1-866-408-5465 (LINK), www.healthlinkalberta.ca			

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Pandemic Business Plan – Protection of Employees and Service Users			
Action	Complete	Not Started	In Progress
Encourage frequent hand washing with soap and water or hand sanitizer. Provide posters in multiple languages to convey this message.			
Ensure that cleaning with an approved disinfectant is done twice daily.			
Ensure that personal protective equipment is available for any staff who are in contact with coughing individuals.			

Pandemic Business Plan – Educate and Communicate			
Action	Complete	Not Started	In Progress
Establish employee awareness meetings and circulate materials covering pandemic fundamentals like Influenza self-care, personal and family protection and response strategies (i.e. effective hand washing method, coughing/sneezing etiquette, contingency plans etc…)			
Anticipate employee fear and anxiety, rumors and misinformation and plan communications accordingly.			
Ensure communications are culturally and linguistically appropriate.			
Update and distribute new information to employees about pandemic preparedness as soon as new information becomes available.			
Prepare and provide information regarding at-home care of ill employees and family members.			
Provide information regarding vaccines and antivirals.			

Pandemic Business Plan – Coordinate with others			
Action	Complete	Not Started	In Progress
Collaborate with Alberta Health Services to share pandemic plans and understand their capabilities and plans.			
Share best practices with other businesses in your community to improve community response efforts.			

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Appendix J: Steps for Developing an Emergency Management Plan

This Guide encompasses an "all-hazard approach" to emergency management. Pandemic planning is considered to be one chapter in an all-hazards plan.

Step 1 – Establish a Planning Team

There must be an individual or group in charge of developing the emergency management plan. The following is guidance for making the selection:

- form the team
- establish authority
- issue a mission statement
- establish a schedule and budget

Form the Team

The size of the planning team will depend on the facility's operations, requirements and resources. Usually involving a group of people is best because:

- It encourages participation and gets more people invested in the process.
- It increases the amount of time and energy participants are able to give.
- It enhances the visibility and stature of the planning process.
- It provides for a broad perspective on the issues.

Determine who can be an active member and who can serve in an advisory capacity. In most cases, one or two people will be doing the bulk of the work. At the very least, you should obtain input from all functional areas. Remember:

- Upper management
- Line management
- Labor
- Human Resources
- Engineering and maintenance
- Safety, health and environmental affairs
- Public information officer
- Security
- Community relations
- Sales and marketing
- Legal
- Finance and purchasing

Have participants appointed in writing by upper management. Their job descriptions could also reflect this assignment

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Establish Authority

Demonstrate management's commitment and promote an atmosphere of cooperation by "authorizing" the planning group to take the steps necessary to develop a plan. The group should be led by the chief executive. Establish a clear line of authority between group members and the group leader, though not so rigid as to prevent the free flow of ideas.

Issue a Mission Statement

Have the chief executive issue a mission statement to demonstrate the company's commitment to emergency management. The statement should:

Define the purpose of the plan and indicate that it will involve the entire organization

Define the authority and structure of the planning group

Establish a Schedule and Budget

Establish a work schedule and planning deadlines. Timelines can be modified as priorities become more clearly defined.

Develop an initial budget for such things as research, printing, seminars, consulting services and other expenses that may be necessary during the development process.

Step 2 – Analyze Capabilities and Hazards

This step entails gathering information about current capabilities and about possible hazards and emergencies, and then conducting a vulnerability analysis to determine the facility's capabilities for handling emergencies.

Where Do You Stand Right Now?

Review Internal Plans and Policies

Documents to look for include:

- Evacuation plan
- Fire protection plan
- Safety and health program
- Environmental policies
- Security procedures
- Insurance programs
- Finance and purchasing procedures

Meet with Outside Groups

Meet with government agencies, community organizations and utilities. Ask about potential emergencies and about plans and available resources for responding to them. Sources of information include:

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- Community emergency management office
- Mayor or Community Administrator's office
- Local Emergency Planning Committee
- Fire Department
- Police Department
- Emergency Medical Services organizations
- Public Works Department
- Utility companies

Identify Codes and Regulations

Identify applicable Federal, Provincial and local regulations such as:

- Occupational safety and health regulations
- Environmental regulations
- Fire codes

Identify Critical Products, Services and Operations

You'll need this information to assess the impact of potential emergencies and to determine the need for backup systems. Areas to review include:

- Company products and services and the facilities and equipment needed to produce them
- Products and services provided by suppliers, especially sole source vendors
- Lifeline services such as electrical power, water, sewer, gas, telecommunications and transportation
- Operations, equipment and personnel vital to the continued functioning of the facility

Identify Internal Resources and Capabilities

Resources and capabilities that could be needed in an emergency include:

- Personnel - fire, hazardous materials response team, emergency medical services, security, emergency management group, evacuation team, public information officer
- Equipment - fire protection and suppression equipment, communications equipment, first aid supplies, emergency supplies, warning systems, emergency power equipment, decontamination equipment
- Facilities - emergency operating center, media briefing area, shelter areas, first-aid stations, sanitation facilities
- Organizational capabilities - training, evacuation plan, employee support system
- Backup systems - arrangements with other facilities to provide for:
    - Payroll
    - Communications
    - Production

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- Customer services
- Shipping and receiving
- Information systems and Recovery support
- Emergency power

Identify External Resources

There are many external resources that could be needed in an emergency. In some cases, formal agreements may be necessary to define the facility's relationship with the following:

- Local emergency management office
- Fire Department
- Hazardous materials response organization
- Emergency medical services
- Hospitals
- Local and State police
- Community service organizations
- Utilities
- Contractors
- Suppliers of emergency equipment
- Insurance carriers

Insurance Review

Meet with insurance carriers to review all policies

Conduct a Vulnerability Analysis

The next step is to assess the vulnerability of your facility - the probability and potential impact of each emergency. Use the Vulnerability Analysis Chart to guide the process, which entails assigning probabilities, estimating impact and assessing resources, using a numerical system. The lower the score, the better.

Vulnerability Analysis Chart

Rate each criteria on a scale of 1 to 5 with 1 being low and 5 being high.

Type of Emergency	Probability	Human Impact	Property Impact	Business Impact	Internal Resources	External Resources	Total

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List Potential Emergencies

In the first column of the chart, list all emergencies that could affect your facility, including those identified by your local emergency management office. Consider both:

- Emergencies that could occur within your facility
- Emergencies that could occur in your community

Below are some other factors to consider:

Historical - What types of emergencies have occurred in the community, at this facility and at other facilities in the area?

Geographic - What can happen as a result of the facility's location?

Technological -- What could result from a process or system failure?

Human Error - What emergencies can be caused by employee error? Are employees trained to work safely? Do they know what to do in an emergency?

Physical - What types of emergencies could result from the design or construction of the facility?

Regulatory - What emergencies or hazards are you regulated to deal with?

Analyze each potential emergency from beginning to end. Consider what could happen as a result of:

- Prohibited access to the facility
- Loss of electric power
- Communication lines down
- Ruptured gas mains
- Water damage
- Smoke damage
- Structural damage
- Air or water contamination
- Explosion
- Building collapse
- Trapped persons
- Chemical release

Estimate Probability

In the Probability column, rate the likelihood of each emergency's occurrence. This is a subjective consideration, but useful nonetheless. Use a simple scale of 1 to 5 with 1 as the lowest probability and 5 as the highest.

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Assess the Potential Human Impact

Analyze the potential human impact of each emergency -- the possibility of death or injury. Assign a rating in the Human Impact column of the Vulnerability Analysis Chart. Use a 1 to 5 scale with 1 as the lowest impact and 5 as the highest.

Assess the Potential Business Impact

Consider the potential loss of market share. Assign a rating in the Business Impact column. Again, 1 is the lowest impact and 5 is the highest. Assess the impact of:

- Business interruption
- Employees unable to report to work
- Customers unable to reach facility
- Company in violation of contractual agreements
- Imposition of fines and penalties or legal costs
- Interruption of critical supplies
- Interruption of product distribution

Assess the Potential Property Impact

Consider the potential property for losses and damages. Again, assign a rating in the Property Impact column, 1 being the lowest impact and 5 being the highest. Consider:

- Cost to replace
- Cost to set up temporary replacement
- Cost to repair

A bank's vulnerability analysis concluded that a "small" fire could be as catastrophic to the business as a computer system failure. The planning group discovered that bank employees did not know how to use fire extinguishers, and that the bank lacked any kind of evacuation or emergency response system.

Assess Internal and External Resources

Next assess your resources and ability to respond. Assign a score to your Internal Resources and External Resources. The lower the score the better! To help you do this, consider each potential emergency from beginning to end and each resource that would be needed to respond. For each emergency ask these questions:

- Do we have the needed resources and capabilities to respond?
- Will external resources be able to respond to us for this emergency as quickly as we may need them, or will they have other priority areas to serve?

If the answers are yes, move on to the next assessment. If the answers are no, identify what can be done to correct the problem. For example, you may need to:

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- Develop additional emergency procedures
- Conduct additional training
- Acquire additional equipment
- Establish mutual aid agreements
- Establish agreements with specialized contractors

Add the Columns

Total the scores for each emergency. A lower score is the better. While this is a subjective rating, the comparisons will help determine planning and resource priorities - the subject of the pages to follow.

When assessing resources, remember that community emergency workers - police, paramedics, firefighters - will focus their response where the need is greatest. Or they may be victims themselves and be unable to respond immediately. That means response to your facility may be delayed.

Step 3 - Develop the Plan

Plan Components

Your plan should include the following basic components.

Executive Summary

The executive summary gives management a brief overview of: the purpose of the plan; the facility's emergency management policy; authorities and responsibilities of key personnel; the types of emergencies that could occur; and where response operations will be managed.

Emergency Management Elements

This section of the plan briefly describes the facility's approach to the core elements of emergency management, which are:

- Direction and control
- Communications
- Life safety
- Property protection
- Community outreach
- Recovery and restoration
- Administration and logistics.

These elements are the foundation for the emergency procedures that your facility will follow to protect personnel and equipment and resume operations.

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Emergency Response Procedures

The procedures spell out how the facility will respond to emergencies. Whenever possible, develop them as a series of checklists that can be quickly accessed by senior management, department heads, response personnel and employees.

Determine what actions would be necessary to:

- Assess the situation
- Protect employees, customers, visitors, equipment, vital records and other assets, particularly during the first three days
- Get the business back up and running.

Specific procedures might be needed for any number of situations such as bomb threats or tornadoes, and for such functions as:

- Warning employees and customers
- Communicating with personnel and community responders
- Conducting an evacuation and accounting for all persons in the facility
- Managing response activities
- Activating and operating an emergency operations center
- Fighting fires
- Shutting down operations
- Protecting vital records
- Restoring operations

Support Documents

Documents that could be needed in an emergency include:

Emergency call lists - lists (wallet size if possible) of all persons on and off site who would be involved in responding to an emergency, their responsibilities and their 24-hour telephone numbers

Building and site maps that indicate:

- Utility shutoffs
- Water hydrants
- Water main valves
- Water lines
- Gas main valves
- Gas lines
- Electrical cutoffs
- Electrical substations
- Storm drains

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- Sewer lines
- Location of each building (include name of building, street name and number)
- Floor plans
- Alarm and enunciators
- Fire extinguishers
- Fire suppression systems
- Exits
- Stairways
- Designated escape routes
- Restricted areas
- Hazardous materials (including cleaning supplies and chemicals)
- High-value items

Resource lists - lists of major resources (equipment, supplies, services) that could be needed in an emergency; mutual aid agreements with other companies and government agencies.

In an emergency, all personnel should know:

- What is my role?
- Where should I go?

Some facilities are required to develop:

- Emergency escape procedures and routes
- Procedures for employees who perform or shut down critical operations before an evacuation
- Procedures to account for all employees, visitors and contractors after an evacuation is completed
- Rescue and medical duties for assigned employees
- Procedures for reporting emergencies
- Names of persons or departments to be contacted for information regarding the plan

The Development Process

The following is guidance for developing the plan.

1. **Identify Challenges and Prioritize Activities**

   Determine specific goals and milestones. Make a list of tasks to be performed, by whom and when. Determine how you will address the problem areas and resource shortfalls that were identified in the vulnerability analysis.

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2. **Write the Plan**

   Assign each member of the planning group a section to write. Determine the most appropriate format for each section.

   Establish an aggressive timeline with specific goals. Provide enough time for completion of work, but not so much as to allow assignments to linger. Establish a schedule for:

   - First draft
   - Review
   - Second draft
   - Tabletop exercise
   - Final draft
   - Printing
   - Distribution

   Establish a Training Schedule

   Have one person or department responsible for developing a training schedule for your facility.

   Coordinate with Outside Organizations

   Meet periodically with local government agencies and community organizations. Inform appropriate government agencies that you are creating an emergency management plan. While their official approval may not be required, they will likely have valuable insights and information to offer.

   Determine provincial and local requirements for reporting emergencies, and incorporate them into your procedures.

   Determine protocols for turning control of a response over to outside agencies. Some details that may need to be worked out are:

   - Which gate or entrance will responding units use?
   - Where and to whom will they report?
   - How will they be identified?
   - How will facility personnel communicate with outside responders?
   - Who will be in charge of response activities?

   Determine what kind of identification authorities will require to allow your key personnel into your facility during an emergency.

   Determine the needs of disabled persons and non-English-speaking personnel.

1. **Maintain Contact with Other Corporate Offices**

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Communicate with other offices and divisions in your company to learn:

- Their emergency notification requirements
- The conditions where mutual assistance would be necessary
- How offices will support each other in an emergency
- Names, telephone numbers and pager numbers of key personnel

Incorporate this information into your procedures.

2. **Review, Conduct Training and Revise**

   Distribute the first draft to group members for review. Revise as needed.

   For a second review, conduct a tabletop exercise with management and personnel who have a key emergency management responsibility. In a conference room setting, describe an emergency scenario and have participants discuss their responsibilities and how they would react to the situation. Based on this discussion, identify areas of confusion and overlap, and modify the plan accordingly.

3. **Seek Final Approval**

   Arrange a briefing for the chief executive officer and senior management and obtain written approval.

4. **Distribute the Plan**

   Place the final plan in three-ring binders and number all copies and pages. Each individual who receives a copy should be required to sign for it and be responsible for posting subsequent changes.

   Determine which sections of the plan would be appropriate to show to government agencies (some sections may refer to corporate secrets or include private listings of names, telephone numbers or radio frequencies). Distribute the final plan to:

   - Chief executive and senior managers
   - Key members of the company's emergency response organization
   - Company headquarters
   - Community emergency response agencies (appropriate sections)

   Have key personnel keep a copy of the plan in their homes. Inform employees about the plan and training schedule.

Step 4 - Implement the Plan

Implementation means more than simply exercising the plan during an emergency. It means acting on recommendations made during the vulnerability analysis, integrating the plan into company operations, training employees and evaluating the plan.

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Integrate the Plan into Company Operations

Emergency planning must become part of the corporate culture.

Look for opportunities to build awareness; to educate and train personnel; to test procedures; to involve all levels of management, all departments and the community in the planning process; and to make emergency management part of what personnel do on a day-to-day basis.

Test How Completely The Plan Has Been Integrated By Asking:

- How well does senior management support the responsibilities outlined in the plan?
- Have emergency planning concepts been fully incorporated into the facility's accounting, personnel and financial procedures?
- How can the facility's processes for evaluating employees and defining job classifications better address emergency management responsibilities?
- Are there opportunities for distributing emergency preparedness information through corporate newsletters, employee manuals or employee mailings?
- What kinds of safety posters or other visible reminders would be helpful?
- Do personnel know what they should do in an emergency?
- How can all levels of the organization be involved in evaluating and updating the plan?

Conduct Training, Drills and Exercises

Everyone who works at or visits the facility requires some form of training. This could include periodic employee discussion sessions to review procedures, technical training in equipment use for emergency responders, evacuation drills and full-scale exercises. Below are basic considerations for developing a training plan.

1. Planning Considerations

   Assign responsibility for developing a training plan. Consider the training and information needs for employees, contractors, visitors, managers and those with an emergency response role identified in the plan. Determine for a 12 month period:

   - Who will be trained?
   - Who will do the training?
   - What training activities will be used?
   - When and where each session will take place?
   - How the session will be evaluated and documented?

   Conduct reviews after each training activity. Involve both personnel and community responders in the evaluation process.

2. Training Activities

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Training can take many forms:

- Orientation and Education Sessions - These are regularly scheduled discussion sessions to provide information, answer questions and identify needs and concerns.
- Tabletop Exercise - Members of the emergency management group meet in a conference room setting to discuss their responsibilities and how they would react to emergency scenarios. This is a cost-effective and efficient way to identify areas of overlap and confusion before conducting more demanding training activities.
- Walk-through Drill - The emergency management group and response teams actually perform their emergency response functions. This activity generally involves more people and is more thorough than a tabletop exercise.
- Functional Drills - These drills test specific functions such as medical response, emergency notifications, warning and communications procedures and equipment, though not necessarily at the same time. Personnel are asked to evaluate the systems and identify problem areas.
- Evacuation Drill - Personnel walk the evacuation route to a designated area where procedures for accounting for all personnel are tested. Participants are asked to make notes as they go along of what might become a hazard during an emergency, e.g., stairways cluttered with debris, smoke in the hallways. Plans are modified accordingly.
- Full-scale Exercise - A real-life emergency situation is simulated as closely as possible. This exercise involves company emergency response personnel, employees, management and community response organizations.

3. Employee Training

   General training for all employees should address:

   - Individual roles and responsibilities
   - Information about threats, hazards and protective actions
   - Notification, warning and communications procedures
   - Means for locating family members in an emergency
   - Emergency response procedures
   - Evacuation, shelter and accountability procedures
   - Location and use of common emergency equipment
   - Emergency shutdown procedures

   The scenarios developed during the vulnerability analysis can serve as the basis for training events.

4. Evaluate and Modify the Plan

   Conduct a formal audit of the entire plan at least once a year. Among the issues to consider are:

   - How can you involve all levels of management in evaluating and updating the plan?

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- Are the problem areas and resource shortfalls identified in the vulnerability analysis being sufficiently addressed?
- Does the plan reflect lessons learned from drills and actual events?
- Do members of the emergency management group and emergency response team understand their respective responsibilities? Have new members been trained?
- Does the plan reflect changes in the physical layout of the facility? Does it reflect new facility processes?
- Are photographs and other records of facility assets up to date?
- Is the facility attaining its training objectives?
- Have the hazards in the facility changed?
- Are the names, titles and telephone numbers in the plan current?
- Are steps being taken to incorporate emergency management into other facility processes?
- Have community agencies and organizations been briefed on the plan? Are they involved in evaluating the plan?

In addition to a yearly audit, evaluate and modify the plan at these times:

- After each training drill or exercise
- After each emergency
- When personnel or their responsibilities change
- When the layout or design of the facility changes
- When policies or procedures change
- Remember to brief personnel on changes to the plan.

Conduct a formal audit of the entire plan at least once a year.

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Appendix K: Internet Quick Links

Alberta Health Services: www.AlbertaHealthServices.ca

Alberta Health & Wellness: www.health.gov.ab.ca

Public Health Agency of Canada: www.phac-aspc.gc.ca

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