



An Influenza Pandemic Planning Guide for Homeless and Housing Service Providers

**“The only thing harder than planning for an
emergency is explaining why you didn’t.”**

Knox County Health Department

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Acknowledgements

Special thanks to Seattle - King County Public Health for sharing their planning guide for homeless programs, and for allowing us to base this guide upon their work.

Disclaimer: This Planning Guide is a tool to support planning for pandemic influenza in the homeless and housing service sector. The Knox County Health Department is not responsible for any misinterpretation or misuse of the contents of this guide.

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1. Introduction: Purpose of This Guide

The purpose of this planning guide is to help Knox County homeless service agencies - including shelters, day programs, housing programs, and others - prepare for an influenza pandemic. This planning guide:

- Provides information on influenza, what homeless agencies can expect, and where to get more information.
- Outlines the Knox County Health Department's (KCHD) role during an influenza pandemic.
- Lays out issues of special concern for homeless service agencies on pandemic flu preparation and response and offers initial guidance.
- Identifies areas for future discussion and planning.
- *Encourages organizations to start incorporating new practices in their day-to-day operations **now** that will help them during an influenza pandemic or any other emergency.*

Every organization must plan for the specific disruptions it may face during an influenza pandemic. The overall goal of planning is to reduce illness (morbidity), death (mortality), and social disruption resulting from an influenza pandemic. Although this guide identifies specific issues associated with pandemic influenza, much of the information applies to other emergencies as well.

Agencies that provide services to homeless are very diverse. Congregate shelters, apartment-style shelters, voucher programs, and low-income housing programs all have very different ways of providing clients with a place to stay. Outreach and other support services that offer homeless people other services include hygiene centers, employment agencies, drop-in centers, mental health programs and meal programs. They all provide services to a wide variety of clients, and operate under different organizational and funding structures. This planning guide is intended to support the *planning process* all homeless service agencies need to undertake to address the challenges that an influenza pandemic will present. Each agency will need to adapt and think about these issues based on their clients, staffing, and site(s).

This guide will change and be updated over time. This planning guide is an evolving document. As planning continues at the federal, state and local levels, information will be updated. There is a lot we don't know about influenza pandemics, and when the next one occurs we will learn as it unfolds.

2. Pandemic Influenza Information & Why Homeless Service Providers Should Be Concerned

What is pandemic influenza?

Influenza viruses primarily cause infections of the respiratory tract (breathing tubes and lungs). In some persons, complications of influenza can be severe, including pneumonia. 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 flu 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.
- If the pandemic virus causes severe disease, many people may develop serious illnesses. Some of those who develop severe influenza will die.
- There is no vaccine available at this time for a pandemic flu, and it is expected to take approximately six months after a pandemic flu appears for the first doses to be manufactured and significantly longer before there is an adequate supply for the public.
- It is not possible to predict accurately when influenza pandemics will occur. However, the current outbreak of avian influenza in Asia, Europe, and Africa has influenza experts concerned that a pandemic is developing that may be severe.
- In Knox County alone, it is estimated that a severe pandemic flu could result in over 100,000 people ill, 59,890 needing outpatient medical care, over 13,000 requiring hospitalization, and up to 2,395 could die.
- High levels of illness and death during a pandemic could lead to other forms of social and economic disruption. With many people becoming ill, short supplies of staffing may occur across the community, including for medical organizations, government, non-profit organizations, and many critical businesses.
- Impacts of a pandemic on everyday life may include school and business closings, the interruption of basic services such as public transportation and food delivery, and cancellation of large public gatherings.

How Does Influenza Spread?

Knowledge about the spread of influenza viruses is based on seasonal influenza. It is likely the same routes of spread will apply to a pandemic influenza virus. Influenza viruses spread from person to person through close contact. Transmission occurs through several routes, including large droplets and direct and indirect contact. Airborne transmission may also occur over short distances, but this is not known with certainty.

- **Droplet spread** occurs when relatively large respiratory droplets produced by sneezing, coughing, talking or singing come in contact with another person's eye, nose, or mouth. These droplets may spray approximately one meter (about three feet). Droplet transmission is thought to be the major route of transmission for seasonal influenza.
- **Airborne transmission** results from inhalation of smaller infected droplets that spread through the air, for example when an infected person coughs forcefully, and may occur over short distances (three – six feet). The role of short-range airborne transmission in the spread of influenza is not known, but is possible.
- **Direct contact** occurs when there is direct transfer of the virus through skin to skin contact or kissing. For example, an infected person may cough into his or her hand and then shake hands with another person who may then touch his or her own **eyes, nose or mouth**.
- **Indirect contact** occurs when objects or surfaces contaminated with the secretions of an ill person are touched by another person and brought to the **eyes, nose, or mouth**.

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 long are people infected with the pandemic flu virus infectious?

People infected with influenza are considered able to infect others beginning one day **before** symptoms develop and up to approximately five days **after** becoming sick. That means that an infected person may be able to pass on the flu to someone else before they know they are sick, as well as once they become ill. People are most contagious at the beginning of the illness, and persons with weakened immune systems and young children can be contagious for a longer time.

Why Homeless Service Providers Should be Concerned about Pandemic Flu

Impact on Health

The severity of illness and the death rate *may* be similar to a usual influenza season - or may be

much more severe. It may be anticipated that homeless people are at greater risk of becoming sick with the flu in the pandemic because they:

- live in more crowded conditions,
- suffer from a variety of chronic and acute conditions which may affect their immune system response,
- suffer from addiction and mental illness in rates disparate from the general population, and may have problems following advice,
- may not seek care (and isolation) until they are very sick, and
- will find it difficult to achieve social distancing.

Impact on Daily Living

Important community services may need to be curtailed, consolidated, or suspended because of widespread absenteeism in the workplace. This will impact all residents of Knox County, 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.
- 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.
- Public facilities (i.e. libraries), and some private businesses may close. Many homeless people use 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 regularly 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.

Homeless but not staying in shelters and may be living in home or apartment, that may be ask to leave

Impact on Emotional and Mental Health

Physical illness is not the only effect of a large scale health emergency, including an influenza pandemic. The psychological impact on the public will likely be significant. Homeless people enduring mental illnesses may lose continuity of care for an undetermined period of time. They may run out of medications. They may miss the comfort of regular contact with case managers, counselors and friends or family members who may be sick. Homeless people will also deeply feel the loss of any friends or caregivers who may die in the pandemic.

Staff will be under much additional stress. They will be worried about their clients, about decisions they must make for and about clients, and about the efficacy of the system and their role in it. They will be concerned about their own health, the health and safety of their families, and their finances.

All people affected by a disaster, such as a pandemic, must adjust to major changes in their lives. People may be grieving for friends or family members and may have to deal with personal or family crises. Many people will need to talk about their feelings and experiences and learn how to face the challenges of an unknown future.

Impact on Employee Absenteeism

The Centers for Disease Control and Prevention estimates that 15 to 40% of the population, which include employees and volunteers, will become ill during the course of a pandemic and will be unable to work for a period of time. Many people who are not ill may stay home to care for children, other family members, or friends who are ill. Some people may stay home due to concerns or fears about potential exposure to influenza in the community and in the workplace. The resulting high rates of employee absenteeism will affect every sector and probably every homeless service agency.

3. Preparedness Roles & Resources

Role of Public Health – Knox County Health Department - during Pandemic

KCHD takes the lead in developing a local pandemic influenza plan for Knox County. However, many decisions made at the federal or state levels must be followed locally, such as establishing who has priority in receiving vaccination once a pandemic vaccine becomes available. The specific KCHD roles during a pandemic influenza emergency response will include:

- Disease surveillance and reporting
- Case investigation and management
- Identification and follow-up of close contacts
- Health risk assessment and communications
- Liaison with hospitals and other health care system sectors
- Community-based disease control strategies
- Vaccine and antiviral medication distribution

Please visit:

<http://www.knoxcounty.org/health>

to access KCHD'S "Pandemic Flu Response Plan."

Understanding the Bigger Picture: A Few Assumptions for Homeless Services Agencies

Knox County Health Department is working with federal, state, and other local government agencies to be able to respond to pandemic influenza and maintain essential health care and community services when an outbreak occurs. In fact, governments all around the world are preparing for the possibility of a pandemic outbreak under the leadership of the World Health Organization. Discussed below are some key planning assumptions that homeless service agencies may find useful.

Community Containment Measures. A combination of measures could be used in a strategy for slowing the spread of a severe influenza pandemic. Potential measures include voluntary isolation and treatment of ill persons at home or in a hospital, asking household members of ill persons to stay at home (quarantine), and monitor for illness for approximately five days; closing child day care centers and K-12 schools; limiting or prohibiting large public gatherings, etc.

An important basic planning assumption for homeless service agencies:

- ⌚ *At this time, Knox County Health Department does not anticipate that it would order the closing of homeless shelters during a pandemic. This is because there is no other place for those individuals to go.*

Communication: Access to Information and Guidance about Pandemic Flu. Agencies can assume that Public Health will provide various types of communication to the general public, including resources for advice and assistance on many issues. For example, a “call center” may be established and staffed that would provide referrals and information during an actual pandemic.

- The same types of information will be provided by KCHD to organizations serving the homeless population to share with their clients. *Information would change over time as a pandemic evolves.*
- During a pandemic influenza, KCHD would be coordinating with other levels of government. “Major events” related to homeless agencies would filter their way into the Emergency Operations Center (when activated). Examples might include closure or lack of staff of a homeless site, or major problems accessing food or medications for large numbers of clients.

Care Sites for People who are Very Sick. You can expect that, during a pandemic, people who are having flu symptoms that are not severe will be discouraged from using hospital emergency departments in order to avoid overwhelming the hospitals’ capacity and to limit the spread of the flu.

- *Homeless people who are very sick would be managed at a homeless service site. Specific instructions would be available through a call center and/or other forms of communication that would be activated during a pandemic.*

Preparedness resources for businesses, non-profits, and other organizations.

Please visit the Knox County Health Department Pandemic Influenza website to access pandemic flu planning checklists for individuals and families, as well as resources for businesses.

CHECKLISTS: Use Them!

On this U.S. Department of Health & Human Services website, you will find helpful planning checklists. Depending on the type of program(s) you operate, you might want to use portions of several checklists, as applicable.

- Faith-Based & Community Organizations Pandemic Influenza Preparedness Checklist
- Long-term Care and Other Residential Facilities Checklist
- Home Health Care Services Providers' Checklist
- Business Planning Checklist
- Individuals and Families Checklist
- And more!

For more information please go to:

<http://www.pandemicflu.gov/plan/>

<http://www.knoxcounty.org/health>

4. Homeless and Housing Service Providers: Before, During, and After a Pandemic

Envisioning pandemic flu: Before, During, and After

| During pre-pandemic (now!), you are . . . | During a pandemic, you will be . . . | After a pandemic, you will be . . . |
|--|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Developing your agency’s business continuity plan <input type="checkbox"/> Developing personal & family preparedness plans <input type="checkbox"/> Educating staff & clients (attending trainings, sponsoring in-house trainings, etc.) <input type="checkbox"/> Signing up to get e-mail alerts from Public Health <input type="checkbox"/> Stockpiling supplies. <input type="checkbox"/> Refining your infection control policies & procedures. (See Appendix D.) <input type="checkbox"/> Posting “wash your hands /cover your cough” posters (See Appendix D). <input type="checkbox"/> Putting hand sanitizer in conspicuous places. <input type="checkbox"/> Encouraging use of hand sanitizer on entrance to your site (try it!) <input type="checkbox"/> Arranging mass shelter clients head to foot on sleeping mats/cots <input type="checkbox"/> Get in the practice of doing simple symptom screening of clients¹ <input type="checkbox"/> Forming key partnerships with other agencies like yours. | <ul style="list-style-type: none"> <input type="checkbox"/> Listening to & following instructions from Public Health <input type="checkbox"/> Operating using an “incident command” system. (See Appendix D.) <input type="checkbox"/> Assessing clients for flu symptoms. <input type="checkbox"/> Isolating clients with flu symptoms as best as you can. <input type="checkbox"/> Practicing excellent infection control measures. <input type="checkbox"/> Providing basic “tea & toast” level of care to sick individuals & families. <input type="checkbox"/> Possibly dealing with deaths on site, following instructions from the Knox County Medical Examiner <input type="checkbox"/> Working with your pre-arranged partners for mutual assistance <input type="checkbox"/> Communicating with emergency response system if your site is overwhelmed | <ul style="list-style-type: none"> <input type="checkbox"/> Evaluating response & lessons learned |

¹ Agencies can help stop infectious diseases at the door with **five simple symptom questions**: (1) How are you feeling today? (2) Have you been coughing more than usual lately? (3) Have you been having diarrhea or vomiting today? (4) Have you been troubled by a rash or very itchy skin or scalp? (5) Do you have any sores or injuries that are not healed over? For more information, go to the publications section at: www.metrokc.gov/health/hchn and read the document “Creating a Health Conscious Culture at Your Homeless Program Site.”

4-a. Develop or review infectious disease protocols, policies, and procedures

Develop or review existing protocols on infection control and response to infectious diseases. Practice them now. For example, during an influenza pandemic:

- Screen all individuals and staff on admission to the facility for symptoms of influenza.
- Develop a plan for managing individuals (and staff) with symptoms, including immediate isolation (to the best of your ability at your site).
- Assure maximal spacing of clients (decrease social density).
- Assure clients exercise good cough etiquette. Provide tissues and surgical masks.
- Strongly encourage that all people sanitize their hands upon entering the building. To minimize the number of staff required to oversee this practice, consider using one primary entrance and closing secondary entrances.
- Increase ventilation to the extent possible, without compromising comfort.

4-b. Train staff, volunteers and clients on routine practices for infection control

- Watch for external training opportunities on emergency preparedness and pandemic flu, and take advantage of them.
- Contact the Knox County Health Department to schedule a communicable disease and infection control in-service for staff.
- Educate clients on hand hygiene, respiratory etiquette, and other infection control practices. Post hand washing and respiratory etiquette signs.
- Provide in service education sessions for staff on infection control and use of personal protective equipment (PPE).
- Encourage staff, volunteers, and clients to model hand and respiratory hygiene.
- Provide staff access to infection control policies and procedures.

4-c. Learn, establish, and practice an “incident command” system

- Watch for external training opportunities on emergency preparedness and take advantage of them. They may cover incident command system training.
- A California-based organization, Collaborating Agencies Responding to Disasters (CARD) provides training on the incident command system geared for non-profits. Visit their website to learn more about CARD and its resources: <http://www.firstvictims.org/index.html>
- Increase your organization’s ability to provide timely and accurate information during an emergency. This is called “**risk communications.**” Watch for and take advantage of training for community-based organizations on risk communications. Check out a web-based course on risk communications at the following link:
<http://www.nwcphp.org/training/courses-exercises/courses/risk-communication>

4.d Stockpile supplies

Agencies should consider stockpiling critical supplies now that will enable care on site for ill individuals. If your resources are limited, make it a priority to have plenty of hand sanitizer, tissues, and masks on hand. Check the listed website for the latest guidance on mask usage: <http://www.metrokc.gov/health/pandemicflu/index.htm>

- Soap, paper towels, **hand sanitizer**, hand wipes, and **tissues**
- Cleaning supplies, large and small garbage bags, and other waste disposal supplies
- Personal protective equipment, including gloves, **surgical masks**, and goggles
- Consider non-mercury thermometers and thermometer covers
- Medications used to bring fevers down, such as acetaminophen
- Re-sealable zip-top plastic bags - for example, large Ziploc[®] bags
- Disinfectant (e.g., bleach to make weak solution of one part bleach to nine parts water; Lysol[®]; or other household disinfectant)
- Extra linen, towels, blankets, bedclothes, hospital gowns, and robes
- Sheets, curtains, twine, and nails to rig up barriers for isolation of sick. (Plastic shower curtains could also be used for this purpose.)
- Extra fluids and foods: juices, Gatorade[®] or Gatorade[®] instant mix (powder), Pedialyte[®], instant soups, Jello[®], and teas, etc.

Of course, you also want to gear up according to basic emergency preparedness guidelines from the American Red Cross (radios, first aid kits, extra food and water, etc.). Remember that basic infrastructure services may be affected during a pandemic.

Outreach Kit

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

- two pairs of disposable rubber gloves
- two pairs of non-latex gloves
- two surgical masks
- two goggles
- one thermometer (optional)
- one bottle of personal hand sanitizer
- 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)

Sources of supplies:

Homeless service agencies often ask, “What are some good sources to buy supplies in bulk?” Clearly, there are many vendor options, but we will list here a few places for you to start—these are vendors that we have heard various non-profit or government entities have used for bulk purchasing of items such as hand sanitizer, masks and gloves, facility and janitorial supplies, etc. Listing here does not imply our endorsement of one vendor over another.

Betty Mills: <http://www.bettymills.com/shop>

Lab Safety: <http://www.labsafety.com/>

NorMed: www.normed.com

Unisource: <http://www.unisourcelink.com/index.asp>

Emergency Preparedness Service: www.emprep.com

4-e. Food practices and access

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 and volunteers and clients who prepare food
- Discourage the sharing of dishes, cutlery, and other items
- Use disposable cutlery and pre-packaged food, if staffing levels are low
- Stockpile a 6–8 week supply of non-perishable food, if possible, in case deliveries of food are disrupted. Homeless service agencies facing space limitations may want to explore partnerships with other organizations (perhaps faith-based organizations with whom they partner) to ask them to store food and water on your behalf.

Consider substituting bag lunches for cafeteria style to reduce interaction between staff, volunteers, and clients

4-f. Support ill individuals

During an influenza pandemic, community agencies may need to provide basic support to ill individuals, as hospitals will be overwhelmed. Agencies will also need to support the isolation of ill individuals when it is not possible to isolate these individuals elsewhere. **Homeless service providers are not expected to provide complex care to ill individuals.**

If an individual’s health status deteriorates, service providers will receive instructions from KCHD on care, etc.

For basic guidance on providing bedside care to ill individuals, please see Appendices A and B. While this guidance was written for home care, most of it applies to homeless service agencies, as well. Additional considerations for homeless programs are described below.

Special Considerations for Isolation in Community Living Settings

Not all ill individuals will need to be hospitalized. Many ill individuals will need to be isolated in non-hospital settings. For most, this means staying home and limiting contact within the household. Achieving “isolation” in the shelter setting will be challenging. We

also refer to this as “tea and toast” level of care—the type of care one would receive in a home setting.

- **Congregate shelters** will pose the greatest challenge, especially those with minimal distance between mats or cots.
- **Family shelters, transitional housing programs, and low-income housing sites.** Many shelters for homeless families—as well as other types of housing programs for homeless and formerly homeless people—are individual units or apartments. In these situations, isolation will generally be more feasible than in congregates shelters. However, in many of these programs, meals or other activities take place in common areas. Programs may need to think about ways to minimize interactions and gatherings in their particular setting if possible.

Ideally, an ill individual should be isolated as much as possible and as soon as possible to reduce the transmission of the virus. Homeless and housing service providers may encounter a range of issues when attempting to provide isolation for an ill individual. Each setting will face its own challenges, depending on the population served, the services offered, and the physical lay-out of the facility. Some agencies may find it particularly challenging to provide care-in-place. The following are some of the issues agencies should consider when deciding on isolation options:

- Individuals in isolation need easy access to washrooms. This may pose challenges in dormitory-style settings. When accommodating a group of ill individuals, consider access to washrooms. If communal washrooms are used, clean them frequently.
- Ill individuals need access to food, drinks, and medications. Staff needs to wear appropriate personal protective equipment (PPE) when bringing supplies and providing support to ill individuals (e.g., surgical mask and eye protection if providing direct face-to face care within three feet of the ill person).
- Agencies should develop strategies for handling violent, aggressive, or non-cooperative clients who are ill and are required to remain in isolation. Ill individuals in isolation may also have other mental health issues that require intervention.
- During an influenza pandemic, policies related to access to smoking, drugs, or alcohol may need to be changed, particularly for individuals in isolation.
- Individuals in isolation may need to refill prescriptions or need access to daily medications such as methadone. Consider what assistance clients and guardians may need to obtain and take prescription or over-the-counter medications.
- Different isolation options from ideal to least ideal for the isolation of ill clients in community living settings during an influenza pandemic are shown below. *While isolating ill clients in outside facilities is the most ideal, whether or not that will be possible has not yet been determined. Even if some designated sites are available, they might be full or overwhelmed.*

Isolation in Community Living Settings

| | | | | |
|---------------------------------|--|---|--|-------------------------------|
| IDEAL | 1. Maintain Routine Infection Control Practices <ul style="list-style-type: none"> <input type="checkbox"/> Wash hands often for 20 seconds or use hand sanitizer. <input type="checkbox"/> Cover coughs and sneezes with a tissue or sleeve, and dispose of tissues immediately after use. <input type="checkbox"/> Use appropriate personal protective equipment. <input type="checkbox"/> Clean equipment. <input type="checkbox"/> Clean environment. | | | |
| | 2. Isolate – Outside Facility Determine maximum capacity, stop admitting new people [If sites are developed, and/or referrals to alternate care sites if open] | | | |
| | 3. General Tips for Isolation within a Facility <ul style="list-style-type: none"> <input type="checkbox"/> Separate individuals by more than three to six feet when possible. <input type="checkbox"/> Designate dedicated staff to be caregiver to persons in isolation. <input type="checkbox"/> Wear a surgical mask when providing direct care within three feet. <input type="checkbox"/> Have hand sanitizer, Kleenex and waste can or bag at each bedside of the sick. <input type="checkbox"/> Place sick clients closer to rest room. <input type="checkbox"/> <i>Arrange beds so that individuals lay head to toe relative to each other.</i> <input type="checkbox"/> In larger rooms, create temporary physical barriers between beds, using sheets or curtains. This helps reduce droplet spread. <input type="checkbox"/> Direct severely ill individuals to hospitals (if available). <input type="checkbox"/> Increase ventilation in the facility to the extent possible. | | | |
| | 1 Person Ill | About 2 – 10 People Ill | More than 10 People Ill | Majority of People Ill |
| Isolate in separate room | Accommodate together in separate room | Accommodate together on one floor or in a separate section of the building | Accommodate together throughout the entire site | |
| Isolate in shared room | Accommodate together in common area | Accommodate together throughout the entire site | | |
| LEAST IDEAL | Isolate in large shared space | Accommodate together at one end of floor | | |

4-g. Deaths on site

Many agencies that work with homeless people in our county have naturally expressed concerns about the potential for deaths on site, and what they would do. The Knox County Medical Examiner's Office is developing recommendations and strategies to address the care and storage of bodies within the larger community, and the issue of homeless shelters and other communal living settings are being considered. They understand that homeless shelters are crowded sites with no or few storage areas.

During a pandemic, specific information would be provided to the community about how to deal with bodies, and that information may shift over time depending on the severity of the pandemic.

Here is some general advice to help you prepare:

1. **When handling the body of someone who has died, you should take the same personal protection measures as for caring for people with influenza who are living** (i.e., latex gloves, masks, etc.) because influenza transmission may still be possible after death. It is important to know the body of someone who has died of pandemic influenza does not pose any additional communicable disease risk to the general public because the person is no longer breathing. However, the disease may still be present on the deceased body or in bodily fluids. Therefore, people handling the deceased should take the same personal protection measures as when the deceased were alive.
2. If a client dies at your site, the death will be reportable to the Knox County Medical Examiner. The first step would be to call local law enforcement and they, in turn will notify the Medical Examiner's office after investigating the scene and body for signs of foul play. *What happens next will depend on the scale of the pandemic.* Based on current pandemic flu response planning, the goal would be to recover the body of the deceased within 24-48 hours from the time the death is reported to the Medical Examiner's office. Recovery from locations where cold storage is not readily available, including shelters, will be the first priority during a response.
3. At the time the death is reported, specific guidance will be provided on what to do with the body until it is recovered; however, the following guidelines can be considered for preparing a body for removal:
 - If the death appears to be from pandemic influenza (not a sudden, violent or suspicious death), it is acceptable to move the body from its original location to a more appropriate temporary storage location ***only after the death has been reported to local law enforcement and specific permission is granted to move the body and related personal effects.*** At this time, the goal should be to find a secure place to keep the body that is as cool as possible (34-38 degrees Fahrenheit is ideal).
 - The body should be placed in a heavy vinyl body bag (not liner).
 - After death, the body should remain as is. All clothing, jewelry and other personal effects should remain directly on the body. These may be critical to helping identify the deceased.

- If the deceased has any form of identification, this should be removed from his or her belongings and placed in a plastic bag (zip-top style bag) for protection. The plastic bag should be stapled to the outside of the body bag, thus reducing the number of times the body bag is opened.
 - The Knox County Medical Examiner’s Office will have a form available during a pandemic that should be completed by shelter staff to help with the identification process as well documentation of the location of the death (place of origination of body before movement to another facility). It is important that this form be included with any of the identification material and enclosed in the plastic bag and secured to the deceased’s clothing.
 - The body should be covered with a cotton sheet or towel while it is being stored for removal.
 - After the body has been recovered and removed from site, the area where the body has been stored should be disinfected. This can be done by washing the area with a ten percent bleach solution (one part bleach to nine parts water).
4. To help with location of family members of the deceased and other matters, any of the following information is extremely helpful. (Most agencies collect this kind of information at intake.) **The shelter will be responsible for notifying next of kin.**
- Identification: full name, date of birth, State or shelter ID card, driver’s license, social security number (if known), medical coupon, food stamp card, VA card, Tribal ID
 - Race
 - Gender
 - Any medical information, including list of medications
 - Emergency contact and next of kin
 - Spiritual affiliation
 - Tribal affiliation
 - Cultural considerations

4-h. Considerations for outreach clients and outreach workers

Agencies should create a master list of clients who are receiving off-site or home-based services and maintain a record of the type of services provided. A “risk-level ranking tool” should be developed to prioritize outreach clients based on the service provided and the individual needs of that client.

The client’s risk level should be identified to determine the minimum frequency at which they should be seen, given their individual needs (e.g., medication, food). If agencies anticipate they will not be able to reach their high-risk outreach clients, they should attempt to engage alternative services (community/volunteer) ahead of time to ensure continuity of service.

During an influenza pandemic service providers should, if possible, screen clients for symptoms of influenza-like illness before a scheduled visit. Clients should be asked, when possible, to contact the service provider should they develop influenza-like symptoms prior to a scheduled visit.

4-i. When homeless service agencies become overwhelmed and face possible closure

First, *what can* you do to prevent your agency from becoming overwhelmed? **Most important, homeless service and housing agencies can develop a service or business continuity plan.** That process will trigger many actions that will help your agency continue its services for as long as possible, and as safely as possible. For example, individual agencies could consider expanding volunteer pools and adjusting volunteer roles and responsibilities as necessary. Cross-training of staff so that they can play different roles or work at different sites is also important to consider. Agencies could develop manuals on their procedures to ensure quick integration of volunteers or other staff who may not typically work in a given job.

It is possible that at some point during a pandemic, some agencies may lack the staff and volunteers they need to operate safely. *What then?* A major event such as the potential closing of a large homeless shelter would be communicated to the emergency management system in your community. (This is similar to what would happen—and has happened—during an earthquake, for example.) *Next steps would depend on the scale of the pandemic and many other factors.*

Some of the ideas suggested so far include:

- What options might you as a coalition want to explore for creating a mobile team of additional staff who could provide supplemental support if smaller agencies require additional staff? During the pre-pandemic phase, staff could participate in training or job shadowing with partner agencies to learn basic practices and procedures.
- How might you plan for existing homeless coalition care providers to play roles in supporting sites other than the ones at which they normally work?
- How might you pool resources across agencies (for example, food preparation staff could be consolidated at one agency's kitchen to prepare food for a number of smaller sites)?
- Broaden target populations or regular client groups in larger agencies (for example, use a wing in a men's shelter for women, if a women's shelter closes).

4-j. Staff staying on site

- Agencies may want to consider providing space for staff members to stay at the facility, particularly those who may have difficulty securing transportation to and from their homes.
- Staff should plan for alternative child care arrangements in case transportation services are reduced or schools or day nurseries are closed.
- If no alternative child care arrangements are available, agencies may want to develop strategies to assist staff.

4-k. Reduce client mobility

Homeless populations tend to be highly mobile in part because services are spread across multiple agencies. Over the course of a day, one individual may visit several agencies. During a pandemic, this high mobility may promote the rapid spread of the virus through this population. The best way to stop the spread of influenza is to minimize close contact with other persons to the greatest extent possible. To reduce individuals' mobility, try to find ways to:

- Limit the movement of residents, such as transfers between shelters.
- Limit the number of clients or visitors at drop-ins or other day programs.
- Cancel or postpone group activities, if possible.
- Provide incentives to reduce mobility; for example, re-organizing services so that three meals are offered at one facility, instead of one meal each at three different agencies.

4-l. Other Issues of Concern

- Access** to regular medications and health services such as kidney dialysis, methadone, etc.
- Confidentiality / HIPAA issues during a pandemic.** During a public health emergency, public health entities have powers to suspend or alter certain requirements in the interests of public health. Specific information on this would be conveyed during the pandemic.
- Funding.** Many agencies express concerns about their financial situation during a pandemic, and how they would pay staff. As agencies prepare their continuity plan, they in turn might consider contacting their funding agencies to learn about their business continuity plans, and what to expect.
- Children whose parents are ill.** Homeless service agencies that work with families with children have expressed concern about what to do if a client with children becomes ill in a family shelter and is unable to supervise his or her children or dies. This issue needs further discussion. *It is important that agencies ensure client emergency contact information is up-to-date and, if possible and appropriate, ask clients to identify temporary caregivers for their children.*

4-m. Issues requiring further community-level planning between homeless service agencies and health system

The ad hoc pandemic flu work group identified the following issues as priorities for additional work, contingent upon availability of resources to support the work.

1. What do homeless service agencies need to **spur them to begin business continuity planning work**? Additional training opportunities for agencies working with homeless people and other vulnerable populations should be considered.
2. **Communication** networks – how can you promote the two-way flow of communication needed between KCHD and homeless service agencies? How do we link with and build upon the larger communication plans under development? Building a communication network among homeless-serving organizations would be useful.
3. Should you pursue trying to designate some location(s) for homeless people with the flu to get care – the **“tea & toast” level of care**? Is this feasible? How would they be staffed, and who would the “gatekeeper be?” What is their purpose(s)? Could/would they help other homeless sites stay open?
4. Need to continue to think through and discuss the scenarios of what happens when a given **homeless site is so overwhelmed** due to lack of staff and/or other issues that it **feels it needs to close**.

Appendices

Appendix A: How to Care for Someone with Influenza

Appendix B: Preventing the Spread of Influenza

Appendix C: Glossary

Appendix D: References

Appendix A: How to Care for Someone with Influenza

During a severe influenza outbreak or pandemic, the media working with the Knox County Health Department will notify residents of Knox County 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.

Most patients with pandemic influenza can be cared for outside the hospital during the course of their illness and can be cared for by non-medical personnel, friends, or family. This information is intended to help caregivers recognize the symptoms of influenza and care for ill persons outside of a healthcare facility, both during a typical influenza season and during an influenza pandemic.

- Encourage the patient (or assign a family member or friend to help the patient) to 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.
 - Check the patient's temperature, which is helpful in children
 - Check the patient's skin for color (pink, pale or bluish) and rash
 - Record the approximate quantity of fluids consumed each day and night
 - Record how many times the ill person urinates each day and the color of the urine (clear to light yellow, dark yellow, brown, or red)
 - 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 patient.
- Encourage the patient to avoid drinking alcohol and using tobacco.
- Use ibuprofen or acetaminophen or other measures, as recommended by your healthcare provider, for fever, sore throat, and general discomfort.
- Do not use aspirin in children or teenagers with influenza because it can cause Reye's syndrome, a life-threatening illness.
- Keep in mind that fever is a sign that the body is fighting the infection. It will go away as the patient is getting better. Sponging with tepid (wrist-temperature) water may lower the patient's temperature, but only during the period of sponging. Do not sponge with alcohol.
- The patient should be offered solid food as long as they are not vomiting, even if they have diarrhea.
- If the patient does not want solid food and 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, sports drinks, like Gatorade[®] (diluted half and half with water), Pedialyte[®] or Lytren[®] (undiluted), ginger ale and other sodas, but not diet drinks. Regular urination is a sign of good hydration.

Recommended minimum daily maintenance fluid intake, to prevent dehydration 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 patient is vomiting, do not give any fluid or food by mouth for at least one hour. Let the stomach rest. Next, offer a clear fluid, like water, in very small amounts. Start with one teaspoon to one tablespoon of clear fluid every ten minutes. If the patient 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 that contain sugars and salts. After six to eight 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[®] or Lytren[®] every 10 minutes.

- Watch for signs of dehydration –
 - Decreased responsiveness
 - In older children and adults, decreased saliva, dry mouth and tongue
 - In younger children and infants, no tear production when crying
 - 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. In children still in diapers, no wet diapers for six to eight hours.

- If the ill person is dehydrated they require more aggressive fluid therapy over a short period of time, 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 patient's overall condition. These are signs that the increased fluids are working.
 - Children under 5 years: Give 1 ounce fluid per pound body weight over the first 4 hours and then to maintenance(see above)
(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 and then to maintenance(see above)

- 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 your healthcare provider or the pandemic flu hotline 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 with the following:
 - Fever >101.6 and age < 6 weeks

- Significant decrease in appetite or inability to keep even fluids down
- No wet diaper or urination in 6-8 hours
- Little or no activity (lethargy)

Appendix B: Preventing the Spread of Influenza

At the outset of an influenza pandemic, a vaccine for the pandemic flu virus will not be available for several months. However, it's still a good idea to get a seasonal flu vaccine to protect from seasonal flu viruses (see Influenza Vaccine Information Sheet).

Know the symptoms of influenza, which may include:

- | | |
|---|--|
| <input type="checkbox"/> Sudden onset of illness | <input type="checkbox"/> Sore throat |
| <input type="checkbox"/> Fever higher than 100.4° F (38° C) | <input type="checkbox"/> Stuffy nose |
| <input type="checkbox"/> Chills | <input type="checkbox"/> Muscle aches |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Feeling of weakness and/or exhaustion |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Diarrhea, vomiting, abdominal pain (occur more commonly in children) |

Prevent the spread of illness among those sharing living space:

Because influenza can spread easily from person to person, anyone living in or visiting a home where someone has influenza can become infected. For this reason, it is important to take steps to prevent the spread of influenza to others in the home.

What caregivers can do:

- Physically separate influenza patients from other people as much as possible. When practical, the ill person should stay in a separate room where others do not enter. People not directly involved in the care of the patient should limit contact with the ill person as much as possible.
- Designate one person as the main caregiver for the ill person. Ideally, this caregiver should be healthy and not have medical conditions that would put him or her at risk for severe influenza disease. Medical conditions that are considered “high risk” include the following:

| | |
|---|---|
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Chronic lung disease, including asthma, emphysema, cystic fibrosis, chronic bronchitis, bronchiectasis and tuberculosis (TB) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Age over 65. |
| <input type="checkbox"/> Heart problems | |
| <input type="checkbox"/> Kidney disease | |
| <input type="checkbox"/> Disease or treatment that suppresses the immune system | |
- Watch for influenza symptoms in other household members.
- There will be regular updates and information pushed through the media and other communication methods to answer questions about caring for the ill person. However, it may be difficult to contact your usual healthcare provider during a severe influenza pandemic. Knox County Health Department's pandemic flu website will provide frequent updates, including how to get medical advice. If special telephone hotlines are used, these numbers will also be on the website and announced through the media.
- Wearing surgical masks (with ties) or procedure masks (with ear loops) may be useful in decreasing spread of influenza when worn by the patient and/or caregiver during close contact

(within 3 feet). To be useful the masks must be worn at all times when in close contact with the patient. The wearing of gloves and gowns is not recommended for household members providing care in the home.

What everyone can do:

- Wash hands with soap and water or use an alcohol-based hand cleanser (like Purell® or a store-brand) after each contact with an influenza patient or with objects in the area where the patient is located. Cleaning your hands is the single best preventive measure for all types of illness, including flu.
- Wash hands before and after using the bathroom, and before and after touching your eyes, nose, and mouth.
- Wash soiled dishes and eating utensils either in a dishwasher or by hand with warm water and soap. It's not necessary to separate eating utensils used by a patient with influenza.
- Laundry can be washed in a standard washing machine with warm or cold water and detergent. It is not necessary to separate soiled linen and laundry used by a patient with influenza from other household laundry. Do not "hug" the laundry, in order to avoid contamination. Wash hands with soap and water after handling soiled laundry.
- Place tissues used by the ill patient in a bag and throw them away with other household waste. Consider placing a bag at the bedside for this purpose.
- Clean counters, surfaces and other areas in the home regularly using everyday cleaning products.

Prevent the Spread of Illness in the Community:

- Stay at home if you are sick. Ill persons should not leave the home until they have recovered because they can spread the infection to others. In a typical influenza season, persons with influenza should avoid contact with others for about 5 days after onset of the illness. During an influenza pandemic, public health authorities will provide information on how long persons with influenza should remain at home.
- If the ill person must leave home (such as for medical care), he or she should wear a surgical or procedures mask, if available, and should be sure to take the following steps:
 - Cover the mouth and nose when coughing and sneezing, using tissues or the crook of the elbow instead of the hands.
 - Use tissues to contain mucous and watery discharge from the mouth and nose.
 - Dispose of tissues in the nearest waste receptacle after use or carry a small plastic bag (like a zip-lock bag) for used tissues.
 - Wash hands with soap and water or use an alcohol-based hand cleanser after covering your mouth for a cough or sneeze, after wiping or blowing your nose, and after handling contaminated objects and materials, including tissues.
- During an influenza pandemic, only people who are essential for patient care or support should enter a home where someone is ill with pandemic influenza unless they have already had influenza.
- If other persons must enter the home, they should avoid close contact with the patient and use the infection control precautions recommended on this sheet.

This guidance is based on current information from the U.S. Department of Health & Human Services Pandemic Influenza Plan and is subject to change. Up-to-date guidance will be available at the website located in Appendix D.

Appendix C: Glossary

Airborne transmission – the transmission of organisms, such as a bacteria or viruses, through the dispersion of very small infectious droplets (less than 5 microns in diameter). Such droplets can remain suspended in the air for long periods of time and may be inhaled into the lungs.

Antiviral medication – medication used to treat individuals who show early signs and symptoms of influenza and to prevent illness among those exposed to the influenza virus.

Asymptomatic – not showing signs or symptoms of disease.

Avian influenza (“bird flu”) – a disease caused by influenza viruses carried and spread among birds. On rare occasions, avian influenza viruses have crossed the species barrier to infect humans.

Cleaning – the physical removal of foreign material such as dust, soil, and organic material (e.g., blood, secretions, excretions and microorganisms) with water, detergents, and mechanical action. Physical cleaning removes rather than kills microorganisms.

Communicable disease – an illness due to a specific infectious agent or its toxic products that arises through transmission of that agent or its products from an infected person, animal or inanimate reservoir to a susceptible host; either directly or indirectly through an intermediate plant or animal host, vector or inanimate environment.

Communicable period – the time during which an infectious agent may be transferred directly or indirectly from an infected person to another person, from an infected animal to human, or from an infected person to animal, including arthropods (insects and related species).

Contact transmission – transmission of infection through direct physical contact and/or indirect contact via an intermediate object such as contaminated instruments, door handles, etc.

Contact precautions – precautions taken to prevent the spread of infectious agents through contact transmission.

Contagious - able to be spread from person to person or from living object to nonliving object to living object (such as person to object to person).

Disaster – a natural or man-made event that harms people, properties, livelihoods, or industries, often resulting in permanent changes to human societies, ecosystems, and environments.

Disinfection – the killing of infectious agents on objects and surfaces by direct exposure to chemical or physical agents.

Droplet precautions – precautions taken to prevent the spread of infectious agents by droplet transmission.

Droplet transmission – the transmission of organisms, such as a bacteria or viruses, by large droplets (greater than 5 microns in diameter) produced by sneezing, coughing, talking or singing. These droplets are propelled a short distance (1 metre/3 feet or less) through the air and can come in contact with the eyes, nose, or mouth of another person, thus infecting them.

Emergency – the existence of a dangerous situation or the threat of an impending dangerous situation that will adversely affect the property or the health, safety and welfare of the community.

Emergency Operations Center– a centralized location from which emergency operations can be directed and coordinated.

Emergency plan - documents that describe principles, policies and methods for carrying out emergency operations and providing mutual aid during emergencies. This includes such elements as continuity of government, emergency functions of government agencies, mobilization of resources, and public information.

Endemic – the constant presence of a disease or infectious agent within a given geographic area or the usual prevalence of a given disease within an area.

Epidemic – the occurrence of cases of an illness (or an outbreak of illness) in a community or region more often than would normally be expected.

Epidemiology – the branch of medical science dealing with the transmission and control of disease, including the study of epidemics and epidemic diseases.

Flu – an abbreviation for influenza which is a highly contagious and common respiratory illness cause by a virus. There are three known types of influenza virus – A, B, and C.

Immunity – resistance to an infectious agent usually associated with the presence of protective antibodies or cells.

Immunize –to make immune, that is able to resist a particular disease, most often through administration of a vaccine delivered by a needle.

Incident Command System – a model for the command, control and coordination of emergency response, used by individual organizations working towards the common goal of stabilizing the emergency situation and protecting life, property and the environment.

Incubation period – the time interval between initial contact with an infectious agent and the first appearance of symptoms associated with the infection.

Indirect transmission – the transmission of a pathogen from an infected person to an inanimate object and then to another person.

Infection – a condition in which organisms multiply within the body and cause a response from the host’s immune defenses. Infection may or may not lead to clinical disease.

Infection control - activities aimed at the prevention of the spread of pathogens between people or animals.

Infectious disease – a disease of humans or animals resulting from an infection.

Influenza - a highly contagious and common respiratory illness cause by a virus. There are three known types of influenza virus – A, B, and C.

Influenza-like illness – acute onset of respiratory illness with fever and cough and one or more of the following: sore throat, joint aches, muscle aches or extreme exhaustion, which could be due to the influenza virus.

Isolation – the separation from others of an infected person or animal, during the communicable period of a disease, from others to prevent the spread of the infection to others.

Mitigation - efforts to prevent a disaster from ever occurring, or to reduce the effects of a disaster when it does occur.

Morbidity – illness; departure from a state of well being, either physiological or psychological.

Morbidity rate – the number of persons in a population who develop a disease during a specified period of time.

Mortality – death.

Mortality rate – the number of deaths occurring in a population during a specified period of time, usually a year, relative to the number of persons at risk of dying during the period.

Mutation – a permanent, transmissible change in the genetic material of a cell.

Oseltamivir – an antiviral drug effective against influenza A and B viruses that inhibits the neuraminidase protein, effectively trapping the influenza virus within the host cell and preventing it from infecting new cells. This can help in preventing infection (prophylaxis) or in reducing the duration and severity of illness once infected. It is effective if treatment is started within 48 hours of symptom onset. In Canada and the USA, oseltamivir is sold under the brand name Tamiflu.

Pandemic – an epidemic occurring worldwide, or over a very wide area, crossing international boundaries, and usually affecting a large number of people.

Personal protective equipment (PPE) – attire used to protect workers against airborne or droplet transmission of an organism and against exposure to blood and body fluids. PPE generally includes masks, eye goggles, face shields, gloves, gowns and foot-covers.

Pneumonia – an inflammation of the lungs caused by infection.

Primary Care – the first level of care and usually the first point of contact that people have with the health care system. Primary care involves the provision of integrated, accessible health care services by clinicians who are responsible for addressing a large majority of personal health care needs, developing a sustained partnership with patients and practicing in the context of family and community. It includes advice on health promotion and disease prevention, assessments of one’s health, diagnosis and treatment of episodic and chronic conditions and supportive and rehabilitative care.

Prophylaxis – prevention of or protective treatment of disease.

Public health measures – methods used to prevent the spread of disease from person to person. This can include everything from vaccinations (when available) to closing schools.

Quarantine – separation from others of an individual who has been exposed to a contagious disease to observe to see if they develop the disease and then require isolation. This prevents spread of the disease during the incubation period.

Respiratory etiquette – simple tips to keep respiratory infections from spreading such as covering your nose and mouth every time you sneeze or cough; using tissue when you blow your nose; putting used tissues in the trash, and washing your hands frequently especially if you or someone you are close to is sick.

Screening - checking for disease when there are no symptoms.

Social distancing – a way to reduce the risk of exposure to an organism, such as the influenza virus, by reducing or avoiding contact with other people as much as possible.

Stockpile – reserve; goods saved for future use or a special purpose.

Surveillance – an on-going, systematic method for continuous monitoring of diseases in a population, in order to detect changes in disease patterns and implement prevention and/or control measures in a timely fashion.

Susceptible - a person or animal not possessing sufficient resistance against a particular pathogenic agent to prevent contracting infection or disease when exposed to the agent.

Symptoms – any perceptible change in the body’s normal function, appearance or sensation which is experienced by the patient and indicates a disease process.

Tami flu – the name under which oseltamivir is marketed in Canada and the United States.

Transmission – any mechanism by which an infectious agent is spread from a source of infection to other persons or animals.

Vaccination – the act of administering a vaccine

Vaccine – a dead or weakened form of an infectious organism that is injected into the body to stimulate an immune response, without causing disease, and thereby protect against subsequent infection by that organism.

Virus – a group of infectious agents characterized by their inability to reproduce outside of a living host cell. Viruses may subvert the host cells' normal functions, causing the cell to behave in a manner determined by the virus.

APPENDIX D. Resources

Increase your organization's ability to provide timely and accurate information during an emergency:

<http://www.pandemicflu.gov/news/rcommunication.html>

Individuals and Families Planning:

<http://www.pandemicflu.gov/plan/individual/index.html>

<http://www.pandemicflu.gov/plan/tab3.html>

To understand emergency agencies command structure:

Incident Command (National Incident Management) On-line Courses (IS-100a and IS-700a recommended for your organization)

<http://training.fema.gov>

National Incident Management Information Tab

Workplace Safety and Health Issues:

http://www.pandemicflu.gov/faq/workplace_questions/workplace_safety/index.html

<http://www.osha.gov>

Cover Your Cough Posters for the Workplace:

<http://www.cdc.gov/flu/protect/covercough.htm>

<http://www.cdc.gov/germstopper/work.htm>