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1. Introduction

Pandemics happen when a new kind of virus spreads easily from person-to-person throughout the world. Planning for a pandemic is essential because no one can predict when a pandemic might happen or how severe it will be. Being informed and knowing what to do will help minimize the impact in our daily lives, work, and activities.

The objectives of the University of Regina’s Pandemic Preparedness Plan are:

a) to provide a safe and healthy environment in which to carry on the University’s affairs during a pandemic outbreak, so far as is reasonably practicable;
b) to ensure that all concerned parties are aware of their responsibilities;
c) to minimize the risks associated with a pandemic to students, faculty, staff and visitors;
d) to support students, faculty and staff who must remain at the University during a pandemic with procedures and guidelines;
e) to continue services and functions that have been deemed essential to the University operations during a pandemic; and
f) to ensure the timely resumption of normal teaching, research, and service operations after the pandemic.

The Pandemic Preparedness Plan outlines the responsibilities of those who are involved before, during, and after a pandemic event. Due diligence must be exercised by all parties performing activities related to living, working, and learning at the University.

Background

Pandemics occur when a new virus emerges and spreads easily among people across a large region. Viruses can undergo major changes or shifts in genetic makeup. Most people will not have specific immunity to these new strains; this results in large numbers of people being infected that in turn, leads to the virus spreading world-wide.

One of the key planning assumptions held by public health experts is that a pandemic influenza will behave somewhat like seasonal influenza. For a new influenza virus to cause a pandemic, it must be able to:

- infect humans (not just mammals and birds);
- cause illness in a high proportion of those infected; and
- spread easily from person to person.
The World Health Organization notes that at least three influenza pandemics have occurred in the last hundred years, including the Spanish Flu (1918), the Asian Flu (1956), and the Hong Kong Flu (1968), all which were caused by novel influenza strains.

The influenza virus enters the body through the nose, throat or eyes by:
- inhaling droplets produced by the coughing or sneezing of infected persons; and
- touching the mouth, eyes, or nose after:
  - hand-to-hand contact with infected individuals; and
  - touching surfaces or handling objects contaminated by infected individuals.

Once someone is infected with the influenza virus, the disease typically follows these steps:
- Infected persons are initially asymptomatic, with symptoms developing after one to three days.
- Infected persons exhibit symptoms from four to seven days, with cough and general fatigue (tiredness) persisting for several weeks afterwards.

It is important to note that people can be infected and contagious before they become ill. This is why it is difficult to contain influenza. Some people with health deficiencies who get influenza may also develop secondary bacterial infections including pneumonia, which can result in prolonged illness or death.

2. Regulatory Requirement

Legislation at both the provincial and federal level provides government officials with certain authority/capabilities during an emergency or disaster situation. The relevant legislation includes, but is not limited to, the following: Public Health Act (Saskatchewan), Emergency Planning Act (Saskatchewan), and Emergency Management Act (Canada). This legislation allows authorities/governments to direct the University of Regina, among other organizations, to follow a specific course of action if required.

3. Scope and Application

This Pandemic Preparedness Plan applies to anyone who is a student, faculty, staff or visitor of the University community.

4. Definitions


Emergency is an urgent and/or critical situation that threatens or causes harm to people, the environment, and University property and/or disrupts critical operations.

Emergency Management Committee (EMC) membership is the Director of Emergency Operations/Vice-President (Administration; Chair), Vice-President (Academic), Vice-President (Research), Vice-President (External Relations), Associate Vice-President (Financial Services), Associate Vice-President (Human Resources), Associate Vice-President (Facilities Management), Associate Vice-President (Student Affairs), Emergency Management
Coordinator/Director, Health & Safety (Human Resources), Director, Communications (External Relations), Director, Campus Security (Facilities Management).

Emergency Personnel are individuals authorized by the Director of Emergency Operations that possess the knowledge, experience and training to safely respond to an emergency situation.

Epidemic is an outbreak of a disease or illness that spreads rapidly among individuals in an area or population.

Executive of Council is the senior legislative body on University academic matters. Its membership includes: the president and the vice-presidents of the University, the University secretary; the registrar; the University librarian; professional librarians; the deans and directors of academic programs; all members of teaching staff except sessional lecturers; and a number of student representatives.

Immune is to be protected against a specific disease by inoculation or as the result of natural resistance.

Immunity means the state of being immune from or insusceptible to a particular disease or the like.

Infection is the invasion of the body of a human or an animal by a pathogen such as a bacterium, fungus, or virus.

Influenza (flu) is a highly contagious infectious disease that is characterized by fever, respiratory symptoms, fatigue, and muscle pain.

Pandemic is an epidemic that spreads over a very wide area, such as an entire country or continent.

Pandemic H1N1 Influenza Virus is a new strain of H1N1 influenza virus that causes respiratory illness and has symptoms similar to those of the seasonal influenza. Because it is a new strain of H1N1, most people do not have immunity to it.

Personal Protective Equipment means any clothing, device, or other article that is intended to be worn or used by students, faculty, staff or visitors to prevent injury or to facilitate rescue. General work clothes (e.g. uniforms, pants, shirts, or blouses) that are not intended to function as protection against a hazard are not considered to be PPE.

Respirator is a filter-containing device worn over the mouth or nose or both to protect the respiratory tract. Filters help remove and lower exposure to some harmful contaminants.

Seasonal Influenza is an acute viral infection caused by an influenza virus. Seasonal influenza occurs every year and the viruses change each year - but many people have some immunity to the circulating virus which helps limit infections. Some countries also use seasonal influenza vaccines to reduce illness and deaths. Influenza epidemics occur yearly during autumn and winter in temperate regions.

Strain is an individual genetic variant having distinctive characteristics.

Transmission is the conveyance of disease from one person to another.
**Virus** is an ultramicroscopic (20 to 300 nm in diameter), metabolically inert, infectious agent that replicates only within the cells of living hosts, mainly bacteria, plants, and animals: composed of an RNA or DNA core, a protein coat, and, in more complex types, a surrounding envelope.

**World Health Organization** is an agency of the United Nations, established in 1948, concerned with improving the health of the world's people and preventing or controlling communicable diseases on a worldwide basis through various technical projects and programs.

### 5. Responsibilities

All responsibilities are consistent with and are as outlined in the Emergency Management Policy and the Emergency Management Plan.

### 6. Pandemic Planning Assumptions

The founding principle of the University of Regina Pandemic Plan is to protect the academic mission of the University through continuation of core activities. The University understands that faculty and staff illness resulting from a pandemic has the potential to disrupt teaching, research and administrative activities. Therefore, plans have been developed by each unit identifying staff, services, functions, and internal and external dependencies that have been deemed essential.

Although no one can predict the exact characteristics of a pandemic, the University of Regina bases its plans and guidelines on the following assumptions:

1. To reduce the risk of illness, public health officials may require that the University of Regina take social distancing measures such as cancelling public events/athletics, suspending classes, and closure of the University.
2. Student, faculty, and staff absenteeism may reach a high percentage at the peak of the pandemic wave.
3. Absent faculty and staff will include leaders, heads, and personnel with primary responsibilities for the services and functions that have been deemed essential.
4. The University of Regina may not be able to obtain enough supplies (i.e. medical assistance, food, personal protective equipment) during a pandemic.
5. Students, faculty, and staff may be subject to mandatory quarantine orders from the World Health Organization, the Public Health Agency of Canada, and/or the Saskatchewan Provincial Government.
6. An appropriate Emergency Management Committee (EMC) meeting area will be assigned in the event of a pandemic to coordinate all operations between the University and the City of Regina. In addition, Campus Security will coordinate with other University departments to address issues as they arise.
6.1 Academic

During a pandemic, every attempt will be made to continue to offer quality classes and laboratories and maintain campus services as normally as possible. Timely decisions regarding academic matters such as suspension of classes and canceling public events and athletics is critical in order to minimize disruption. During a pandemic event the Vice President (Academic) will assist the Emergency Management Committee (EMC) prioritizing response to those academic matters in consultation with the appropriate Deans and Directors.

Academic assumptions:

1. Students will be informed and educated about influenza prevention, influenza symptoms, and what to do if they get ill. They will be encouraged to make appropriate personal health decisions during a pandemic.
2. During a pandemic, every attempt will be made to continue to offer quality classes and laboratories and maintain campus services as normally as possible.
3. Where possible and if resources are available, continuation of providing quality classes, course work, and assignments may be facilitated through independent course work and technology.
4. In the event of a severe pandemic and significant absenteeism, the term may have to be extended to allow as many students as possible to complete their classes. This decision will be made on a case by case basis.
5. External professional associations and examinations Boards, which currently control graduating students’ requirements for professional licensing, certifications, registrations, etc. should be identified and, where possible, alternative means for accommodating the achievement of such requirements should be negotiated on behalf of the students.

6.2 Research & Animal Care

While work in many research laboratories or studies can be postponed or delayed, there are some critical areas where research must be maintained. The Office of the Vice President (Research) will develop directives and guidance for all critical research and facilities that must be continued. During a pandemic event the Office of Vice President (Research) will assist the Emergency Management Committee (EMC) in prioritizing response to those research areas and facilities. The Academic, Administrative, and Research Emergency Preparedness Plans (AAREPP) developed by every Academic, Administrative and Research Unit will assist in these decisions.

Animals that depend on the University of Regina students, staff, and faculty for their care and shelter must be considered in the AAREPP.

Research and animal care assumptions:

1. In the event of a University closure, most research and equipment can be shut down in 1-2 days.
2. Freezers and/or equipment that cannot be shut down will be identified, and a schedule of people and backups will be developed to check on them. In addition, supplies and a delivery mechanism will be needed.
3. Decisions on research matters will be the responsibility of the Vice President (Research) or designate in consultation with the appropriate Deans and Directors.

4. Every effort will be made to accommodate the needs of graduate students within their programs in the event that their project or work is delayed due to a pandemic.

### 6.3 Communications

Communication strategies are an important component in managing any infectious disease outbreak and are essential in the event of a pandemic. Accurate, timely, and consistent information at all levels is critical in order to minimize unwanted and unforeseen social disruption and economic consequences and to maximize the effective outcome of the response and recovery.

Current pandemic information, including other major University news, events, or emergency updates, will be relayed to the University community using:

- Your “uregina.ca” email account
- URSU TV monitors located throughout the campus
- Brochures, pamphlets and posters

To access the web page, click the Emergency Information button on the University of Regina web site homepage.

### 6.4 Human Resources

Pandemics are different than other emergencies and disasters, in that pandemics affect people but do not damage property or equipment. Absenteeism may be high for a variety reasons such as illness or caring for family members.

Each of the University of Regina Faculties, department and units is required to have a means for tracking and reporting student, faculty and staff absences (see Section 8 – Tracking and Reporting Illness). At a certain point in the pandemic wave, illness information will be shared with Human Resources, who will inform the Emergency Management Committee (EMC) so that they can in turn, in consultation with the President and appropriate Deans and Directors, make informed decisions. In addition, Provincial Public Health Authorities will be monitoring the impact of the pandemic and will require the University to provide information.

Human Resource assumptions:

1. If the University is closed some flexibility in the administration of paid leave provisions may be required as circumstances warrant. This decision will be reviewed as the duration of the University closure is being assessed.
2. Faculty and staff who are unable to work due to illness will be covered by the existing sick leave provisions in appropriate collective agreements or University Policy and Procedures.
3. Faculty and staff may be required to work from home.
4. Maintenance of payroll, pension, and benefits will be given priority.
5. Managers and Human Resources staff will work with faculty and staff and their union/association representatives to provide cross training/reassignment of faculty and staff and/or faculty and staff duties.

6. Faculty and staff will be informed on pandemic symptoms and will be encouraged to follow University recommendations.

Please see Appendix 5 of this document to see frequently asked questions concerning key human resource issues.

Refusal of Unsafe Work – Any individual has a duty to refuse, at any time, to participate in any activity which he/she feels may endanger his/her health or safety or that of another person. The Procedures for Refusal of Work outlined in Appendix 6, must be followed.

6.5 Facilities Management

The decision to keep a building open or closed will require input and consultation from the primary users, Facilities Management, Campus Security, Information Services, and Health and Safety in consultation with the Emergency Management Committee (EMC). There are two potential reasons for closing a building: the primary occupants cannot staff the building and its use is no longer required or, there are not enough support staff to ensure a clean, healthy, and safe work environment for the primary users.

Facilities Management assumptions:

1. Central Heating Plant and Campus buildings will be kept operational as long as possible. During a prolonged power failure, buildings will be drained to eliminate freeze up and shut down if not in use.
2. Services will be maintained as long as possible provided there are adequate staffing levels. Cleaning of washrooms and public areas will be a priority. Some washrooms may be locked if there is not adequate cleaning staff.
3. New construction will be minimized.
4. Support to Cypress Hills research station may not be possible during a pandemic.
5. SaskPower, SaskEnergy, Transgas and City of Regina Sewer and Water will continue to provide service according to provincial plans.
6. In the event of University closure, only services deemed to be essential will be maintained.

6.6 Travel

A global pandemic will severely limit both domestic and international travel. While it is unlikely that restrictions will be imposed on local, provincial, or national travel, non-essential travel will be strongly discouraged. It is expected that each University of Regina Faculty, department or unit shall be aware of students, staff, and faculty traveling on University business. The EMC will make decisions that could include recalling students, faculty and staff from travel, restricting or limiting current travel, and canceling future travel.

Government of Canada travel health notices can be found at this internet web address:

6.7 Information Technology Infrastructure

Our business and personal lives depend to a great deal on the availability of an information technology infrastructure for voice and data communications. During a pandemic event, it is likely that those systems will become less reliable as they are overloaded with increased volume. If public health plans call for social isolation – i.e. directing the closure of schools and public events and encouraging the public to stay at home – more students, faculty and staff will be trying to communicate electronically and that will result in an increased demand placed upon network border equipment and communication links to the internet.

Information Services (IS) assumptions:

1. In the event of a University closure the IS server and network infrastructure can normally run without on site staff for 2 weeks. After that time staff will have to come on campus to perform some maintenance functions.
2. During a closure there will be a protocol for allowing IS staff access to the computer room in AH 106 and other locations such as ED 627 to perform maintenance and recovery functions.
3. IS will provide a limited call center capability for an off site help desk.
4. In all situations it will be necessary to keep the web space, core data and voice networks, and e-mail running.
5. While the University is open it is necessary to keep all online learning functions available, such as URcourses.
6. Suppliers such as Sasktel, Dell, and key software vendors will continue to provide normal functions and support during all phases of the pandemic,
7. Endeavor to provide administrative systems to business units as defined by the unit.

6.8 Residence Services

Residence Services has prepared a plan to meet the needs of students in the event of a pandemic. This plan identifies critical services, equipment, supplies, roles and responsibilities, possible isolation of sick students, and providing ongoing services to the students who remain in residence.

It is anticipated that not all students will be able to return home, particularly ill, out-of-province and/or international students. These students may require the University to provide their basic needs such as food, water, housekeeping and care.

Residences assumptions:

1. Residences will continue to operate as normally as possible during a pandemic.
2. In the event of a University closure, residences will be kept open for those students who are unable to return home.
3. Procedures will be established to isolate sick students, monitor them by maintaining contact and provide the necessary care and services.
4. Local Health Services will be working with residents to answer any questions, and to monitor the health status of students residing in the residence.
6.9 Health and Safety

The Health and Safety Unit will be working university-wide to promote infection control measures, educate students, faculty and staff on pandemic information and provide updates, and public health recommendations before, during, and after a pandemic event.

H & S will assist the University with pandemic prevention and planning before a pandemic event, increasing infection control measures during an event, helping with remediation after an event, and providing advice as required.

Refer to the University of Regina Infection Control Plan for a comprehensive guide on all infection control measures and procedures: www.uregina.ca/hr/health-and-safety/Infection-Control-Plan. Refer to Appendices 1-9 of this document for more information concerning pandemics and your health and safety.

Health and Safety Unit (H & S) assumptions:

1. Provide support and leadership for the Emergency Management Committee (EMC).
2. Provide advice, guidance, technical support, and core field services to faculties, departments and administrative units on health and safety matters as H&S staffing resources permit during a pandemic.
3. Response to requests for service will be based on a prioritized risk assessment of the issues/hazards.
4. Liaise with external organizations/authorities regarding mitigation, preparedness, response, and recovery actions during a pandemic.
5. Evaluate and promote measures that are proven effective during a pandemic in protecting students, faculty, and staff as endorsed by the public health authorities of Saskatchewan (i.e. Saskatchewan Ministry of Health, Public Health Agency of Canada, World Health Organization, etc.)

6.10 Campus Security

Emergencies during a pandemic will occur and the Emergency Personnel (Campus Security, Communications and External Relations, Facilities Management, and Health and Safety) will respond as resources allow. Furthermore, the City of Regina response agencies (i.e. Regina Police Service, Regina Fire Department, Regina Emergency Medical Services) will also respond as resources allow.

Campus Security assumptions:

1. In the event of a pandemic, staffing on the University of Regina campus will be maintained on a 24/7 basis, however services will be based on a prioritized risk assessment. This will likely result in slower response times for other calls for service. Sick time and staff absences may also hamper services provided by the unit.
2. Emergency services provided by the City of Regina to the University will still be in place, however non-emergency calls to the University will likely not occur due to staffing shortages within the City of Regina.
3. Campus Security is equipped with transport, safety equipment, and First Aid training. Any further training or equipment can be arranged in the event of a pandemic.
6.11 Financial Services

Public health authorities have identified that a pandemic is a societal issue and that one of their priorities is to minimize disruption, which includes decisions and actions that cause the least disruption to the economy. As such, Financial Services will take the necessary steps to ensure the continuation of payment, insurance and supply of goods and service functions as deemed essential.

Financial Services assumptions:

1. Authorize student loan documents and issue scholarship and refund cheques to students.
2. Procure essential goods and services.
3. Process payments to faculty and staff for reimbursement claims and to vendors for goods and services procured.
4. Banking services.

6.12 Food Services

The Director Student Affairs Operations in conjunction with the University food services providers is responsible for the necessary arrangements for the continued operations and supplying of food services on campus. The priority will be to provide food services for the residents. If human resources and food supplies allow for or are required in other areas of the University, the Director of Student Affairs Operations will arrange for food services to be provided.

7. University Closures

The EMC in consultation with the President will determine when to suspend public events, gatherings, athletic functions, and services or postpone University travel because of influenza pandemic events.

Current pandemic information, including other major University news, events, or emergency updates, will be relayed to the University community using:

- Your “uregina.ca” email account
- URSU TV monitors located throughout the campus
- Brochures, pamphlets and posters

To access the web page, click the Emergency Info (H1N1) button on the University of Regina web site homepage.

In the event of a disruption, shut down, or closure, the University recognizes the need to support organizational priorities and critical services and functions. These are outlined in great detail in the Emergency Management Policy and corresponding Procedures: (www.uregina.ca/hr/health-and-safety/emergency-management). In addition, the University of Regina AAREPP developed
by each unit identifies services and functions that have been deemed essential, and internal and external dependencies required to keep the unit functioning as long as possible.

8. Tracking and Reporting Illness

Students

- E-mail your professor to report illness. View Appendix 3 of this document to help assist you in determining if you have influenza or a common cold.
- If you live in a U of R Residence report influenza symptoms by calling the Residence Hotline or emailing residences@uregina.ca so that someone knows of your illness and can assist you. The Residence Information Hotline (585-5450) is answered 24 hours a day, 7 days a week.
- Check the following regularly for pandemic updates:
  - Your “uregina.ca” email account
  - URSU TV monitors located throughout the campus
  - Brochures, pamphlets and posters.
- Review Pandemic Planning FAQs for Students in Appendix 4 and the H1N1 Influenza (Flu) Virus and You handout available in Appendix 1 of this document.

Faculty & Staff

- E-mail or phone your Direct Report to report illness. View Appendix 3 of this document to help assist you in determining if you have influenza or a common cold. When reporting please indicate any influenza signs and symptoms you may have or the prognosis of your illness. If you are unable to reach your direct report, contact your appropriate Dean, Director, or Manager.
- If you remain working at the University and you notice a drop in attendance please report this to your Dean, Director, or Manager.

VP’s, Deans, AVP’s, Directors

- Every Faculty/Department/Unit must institute a procedure to monitor and report low student, faculty, or staff attendance to Human Resources, Health and Safety (Health.Safety@uregina.ca).

Saskatchewan HealthLine (Toll Free): 1-877-800-0002
www.healthlineonline.ca
University of Regina Allied Health Center: (306) 337-2640
University of Regina Health and Safety Unit: Health.Safety@uregina.ca

Procedures When Sick

- If you are exhibiting symptoms of influenza (see Appendix 3 of this document), you should follow the instructions provided by the University or Public Health.
• If you require medical care, you should contact your health care provider or University of Regina Allied Health Center.
• Make sure you seek medical care immediately if: you are at high risk for influenza complications or are severely ill.
  o Warning Signs (Adult)
    1. Difficulty breathing or shortness of breath
    2. Pain or pressure in the chest or abdomen
    3. Sudden dizziness
    4. Confusion
    5. Severe or persistent vomiting
    6. Flu-like symptoms improve but then return with fever and worse cough
  o Warning Signs (Child)
    1. Fast breathing or trouble breathing
    2. Bluish or gray skin color
    3. Not drinking enough fluids
    4. Severe or persistent vomiting
    5. Not waking up or not interacting
    6. Being so irritable that the child does not want to be held
    7. Flu-like symptoms improve but then return with fever and worse cough

• If you must leave your residence or home you should cough or sneeze into your sleeve. A surgical mask can be helpful for people who have access to these, but a tissue or other covering (bandana, scarf) is appropriate as well.

9. Non-Compliance

All individuals participating in activities related to living, working, and learning at the University of Regina are subject to the requirements of these procedures. Violations place the University at significant risk and are therefore unacceptable, and will be subject to appropriate corrective administrative or academic discipline.

10. Related Documents

• Health and Safety Policy
• Emergency Management Policy
• Academic, Administrative and Research Emergency Preparedness Plans
• University Closure Policy
• Infection Control Plan

The University of Regina would like to thank the University of Manitoba for use of their Institutional Pandemic Preparedness Plan as a predominant resource while preparing this document.
H1N1 Influenza (Flu) Virus and You

The following sections will be updated as required and as new information is released.

What is H1N1 Influenza?

Pandemics happen when a new kind of virus spreads easily from person-to-person throughout the world. The current pandemic influenza virus of concern is the H1N1 virus (formerly known as Swine Flu). Because it is new, most people do not have immunity to it.

H1N1 influenza virus is a respiratory illness that causes symptoms similar to those of the seasonal influenza.

How is H1N1 Influenza Spread?

The main way that influenza viruses are thought to spread is from person-to-person in respiratory droplets of coughs and sneezes. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and enter the nose or mouth of people nearby.

The influenza virus can also be spread when a person touches respiratory droplets on another person or an object then touches their own eyes, nose or mouth.

H1N1 Signs & Symptoms

The symptoms of H1N1 influenza virus include:

- Sudden fever (100 F/ 37.8 C);
- Cough;
- Runny nose;
- Sore throat;
- Body aches;
- Fatigue/ physical exhaustion; and
- Lack of appetite.

In some cases, these symptoms are accompanied by vomiting and diarrhea.

Like seasonal influenza, H1N1 influenza in humans can vary in severity from mild to severe. Severe disease with pneumonia, respiratory failure, and even death is possible with H1N1 influenza infection. Certain groups, such as pregnant women and persons with chronic medical conditions such as diabetes, may be more susceptible to develop a severe illness.

If you have any questions or concerns, please contact your health care provider.

How do I Protect Myself and Others?

The Saskatchewan Government is currently not recommending the use of personal protective equipment (i.e. masks) on a daily basis, but is recommending the following precautions:

- Cover your mouth/nose with a tissue when coughing or sneezing. If you don't have a tissue, use your elbow or sleeve.
- Wash your hands often with soap and warm water for at least 20 seconds, especially after coughing or sneezing. Hand sanitizers are also effective.
- Reduce the spread of germs by limiting the touching of your eyes, nose, or mouth.
• Stay healthy by maintaining a balanced diet, avoiding cigarette smoke, drinking plenty of fluids, and getting enough rest.

### H1N1 Personal Protective Equipment

On a daily basis, no recommendations for personal protective equipment have been made. However, important health & hygiene practices should always be followed, including, but not limited to: routine handwashing or use of hand sanitizer, social distancing, turning away while someone is coughing, staying home if you're ill, and proper cough and sneeze etiquette.

At work surgical masks and N95 respirators are **only** necessary if you are a health care worker working with a client that has probable or confirmed H1N1 influenza.

When caring for the sick, the Public Health Agency of Canada recommends gloves, safety glasses or goggles, and respiratory protection (surgical mask). This is to prevent droplet exposure to mucous membranes and non-intact skin.

Always contact **Health and Safety** at (306) 585-5487 before wearing a respirator. You **must** be Fit Tested.

### What Should I do if I get Sick?

If you have symptoms of influenza (not a common cold; see table below):

- If you are exhibiting symptoms of influenza (see **Appendix 3** of this document), you should isolate yourself so that you do not infect others. This means staying at home or in your residence room until 24 hours after your fever passes, except to seek emergency care.
- If you require medical care, you should contact your health care provider or University of Regina Allied Health Center.
- Make sure you seek medical care immediately if you are at high risk for influenza complications or are severely ill.
  - **Warning Signs (Adult)**
    - Difficulty breathing or shortness of breath
    - Pain or pressure in the chest or abdomen
    - Sudden dizziness
    - Confusion
    - Severe or persistent vomiting
    - Flu-like symptoms improve but then return with fever and worse cough
  - **Warning Signs (Child)**
    - Fast breathing or trouble breathing
    - Bluish or gray skin color
    - Not drinking enough fluids
    - Severe or persistent vomiting
    - Not waking up or not interacting
    - Being so irritable that the child does not want to be held
    - Flu-like symptoms improve but then return with fever and worse cough
• If you must leave your residence or home you should cough or sneeze into your sleeve. A surgical mask can be helpful for people who have access to these, but a tissue or other covering (bandana, scarf) is appropriate as well.
• You should remain at home until at least 24 hours after you are free of fever (100°F [37.8°C]) or signs of a fever without the use of fever-reducing medications.
• Contact your appropriate Direct report/Faculty/Department to inform them of your illness.

Caring for Yourself

For guidance on how you can care for yourself when sick with influenza, information provided by the Saskatchewan Government is as follows:

1. **Stay home and rest**- this is one of the best things you can do to fight influenza and avoid spreading it to others.
2. **Drink plenty of liquids**- this will help to replace the fluid lost from fever and sweating.
3. **Gargle**- to help a sore throat, gargle with a glass of warm water mixed with a half-teaspoon of salt. Throat lozenges are also effective.
4. **Wash your hands often**- this will help you avoid spreading the influenza virus to others.
5. **Ask for help**- you may need to ask for help until you are feeling better.
6. **If you have a chronic health problem** or are taking medication, get advice from a pharmacist or your physician.
7. **For individuals and families**, the health behaviours that help to limit the spread of seasonal influenza and other types of respiratory viruses will be the same ones that will be useful in limiting the spread of a pandemic influenza strain:
   • Stay at home when you are ill with an infection
   • Cough or sneeze into a sleeve
   • Wash your hands to get the influenza virus off your hands

WHAT DO I HAVE? A COLD? REGULAR INFLUENZA? OR H1N1 INFLUENZA?

Refer to Appendix 3
Health Precautions and Good Practices

Wash Hands
Wash your hands with soap and warm water for at least 20 seconds after you have had contact with blood or other body fluids, after having contact with respiratory secretions or contaminated objects/materials, after going to the bathroom, before preparing or eating food, and after removing disposable gloves.

Proper Cough Etiquette
Cover the mouth/nose with a tissue when coughing or sneezing. If you don't have a tissue, use your sleeve. Use tissues to contain respiratory secretions and dispose of them in the garbage.

Social Distancing
Social distancing can help you avoid becoming infected with H1N1 flu and other infectious agents. Your goal is to avoid contact with others as much as possible. While this may seem rude in some cultures, it can prevent illness. Social distancing strategies:
- Do not shake hands, hug or touch others. Try to keep at least 3-6 feet between yourself and other people.
- Avoid face-to-face meetings. Use email, telephone calls and video conferencing to conduct necessary business.
- If in-person meetings are absolutely necessary, choose a large meeting room, keep at least a one-metre distance between each person, and keep the meeting short.
- Set up electronic systems for interactions such as UR Courses.
- Delay or avoid travel. Cancel or postpone non-critical conferences.
- Work from home if you are ill.
- Avoid public transportation.

Cover Cuts
If you have cuts or open sores on your skin, cover them with a plastic bandage.

Routinely Clean and Disinfect Surfaces
Take a moment to clean and disinfect areas like your desk, keyboard, and phone.

Get Immunized
Getting immunizations is easy and low-cost – and most importantly, it saves lives. The 2006 Canadian Immunization Guide indicates that all adults (≥18 yrs) should be immunized against diphtheria, tetanus, pertussis, measles, mumps, rubella and varicella.

Discard Garbage
Use caution when disposing of garbage and other waste that may contain infectious materials and organisms. Discard material soiled with blood or other potentially infectious materials in a sealed plastic bag. The plastic garbage bag must be tied off and disposed of immediately. Needles or sharps CAN NOT go into normal garbage; they must be disposed of in a proper sharps disposal.

Talk to a health professional if you have health related questions.
Handwashing Steps:

1. Remove all rings and wet your hands with warm running water.
2. Use soap and produce lather, rubbing your hands for 20 seconds.
3. Scrub all surfaces of hands including backs of hands, wrists, between fingers, and under fingernails. For best results use a nail brush.
4. Rinse hands in clean, warm running water for at least 10 seconds.
5. Dry hands with a clean towel.
What do I Have? A Cold? A Regular Influenza? Or H1N1 Influenza?

Created by HEALTHSERV (SASK), visit www.healthservsask.com for more information.

- If you have a cough and a fever, and you're fatigued, it's most likely influenza!!

<table>
<thead>
<tr>
<th>SYMPTOM</th>
<th>COLD</th>
<th>REGULAR INFLUENZA</th>
<th>H1N1 INFLUENZA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sore throat</td>
<td>Usually one of the first</td>
<td>Occasionally, but not always</td>
<td>Occasionally, but not always</td>
</tr>
<tr>
<td></td>
<td>symptoms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fever</td>
<td>Uncommon; may signal some</td>
<td>Usually a high temperature</td>
<td>High temperature lasting more than</td>
</tr>
<tr>
<td></td>
<td>other conditions or</td>
<td>38-40°C lasts 3-4 days</td>
<td>3 days</td>
</tr>
<tr>
<td></td>
<td>bacterial infection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Runny, stuffy nose</td>
<td>Very common</td>
<td>Often occurs</td>
<td>Often occurs</td>
</tr>
<tr>
<td>Sneezing</td>
<td>Very common</td>
<td>Sometimes, but not always</td>
<td>Sometimes, but not always</td>
</tr>
<tr>
<td>Chest cough/congestion</td>
<td>Occurs only in a mild form;</td>
<td>Very often; can be severe</td>
<td>Severe cough, with shortness of</td>
</tr>
<tr>
<td></td>
<td>not always present</td>
<td></td>
<td>breath, chest pain, difficulty</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>breathing, grey skin colour</td>
</tr>
<tr>
<td>Headache</td>
<td>Uncommon, unless there's a</td>
<td>Commonly seen</td>
<td>Headaches, dizziness, or confusion</td>
</tr>
<tr>
<td></td>
<td>sinus or ear infection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Body aches</td>
<td>Usually mild</td>
<td>Typically all-over pain,</td>
<td>Body aches, sudden or persistent</td>
</tr>
<tr>
<td></td>
<td></td>
<td>including sore bones and</td>
<td>vomiting</td>
</tr>
<tr>
<td>Fatigue (Tiredness)</td>
<td>Usually not associated with</td>
<td>Very common; can linger for</td>
<td>Symptoms may improve and then</td>
</tr>
<tr>
<td></td>
<td>a cold</td>
<td>weeks</td>
<td>return with worse cough, fever,</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>and fatigue</td>
</tr>
<tr>
<td>Complications</td>
<td>Sinusitis, ear infections</td>
<td>Bronchitis, pneumonia; can be</td>
<td>Bronchitis, low-blood pressure,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>life-threatening</td>
<td>pneumonia, respiratory distress,</td>
</tr>
<tr>
<td>Medical Prevention</td>
<td>None</td>
<td>Annual vaccination</td>
<td>can be life threatening</td>
</tr>
<tr>
<td>Treatment</td>
<td>Symptom relief with other</td>
<td>Relenza or Tamiflu (prescription)</td>
<td>Early medical interventions</td>
</tr>
<tr>
<td></td>
<td>the counter medications</td>
<td></td>
<td>when flu symptoms worsen, go to</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>medi-clinic</td>
</tr>
</tbody>
</table>
Pandemic Planning FAQs for Students

Q: If I am sick, can a professor/instructor ask me to leave class?
   A: Yes, if you have influenza symptoms your professor or instructor can ask you to leave the class and not return until your symptoms are gone. If this occurs professors/instructors have been asked to accommodate and be flexible to allow you to complete your course work. If you are exhibiting any symptoms of influenza, you should not attend classes as you will spread influenza to your classmates.

Q: Do students need to bring a medical certificate if they are ill?
   A: Students will not be required to provide a medical certificate should they have symptoms of H1N1 influenza. Health authorities do not want the public to over-burden the health system. However, medical documentation is required when a student seeks medical accommodation (for instance, deferral of an exam or other course-work).

   Should the student encounter a prolonged illness, the University retains the right to request a medical certificate at its discretion.

Q: When can I come back to class?
   A: You should remain at home until at least 24 hours after you are free of fever (100°F/37.8°C) or signs of fever without the use of fever-reducing medications. This is to ensure that you are no longer contagious, and cannot spread influenza to your classmates.

Q: What should I do if I get sick?
   A: If you have symptoms of influenza (not a common cold; see Appendix 3):

   • If you are exhibiting symptoms of influenza (see Appendix 3 of this document), you should isolate yourself so that you do not infect others. This means staying at home or in your residence room until 24 hours after your fever passes, except to seek emergency care.

   • If you require medical care, you should contact your health care provider or University of Regina Allied Health Center.

   • Make sure you seek medical care immediately if you are at high risk for influenza complications or are severely ill.

   o Warning Signs (Adult)
     o Difficulty breathing or shortness of breath
     o Pain or pressure in the chest or abdomen
     o Sudden dizziness
     o Confusion
     o Severe or persistent vomiting
     o Flu-like symptoms improve but then return with fever and worse cough

   o Warning Signs (Child)
     o Fast breathing or trouble breathing
     o Bluish or gray skin color
     o Not drinking enough fluids
     o Severe or persistent vomiting
     o Not waking up or not interacting
     o Being so irritable that the child does not want to be held
     o Flu-like symptoms improve but then return with fever and worse cough


• If you must leave your residence or home you should cough or sneeze into your sleeve. A surgical mask can be helpful for people who have access to these, but a tissue or other covering (bandana, scarf) is appropriate as well.
• You should remain at home until at least **24 hours** after you are free of fever (100°F [37.8°C]) or signs of a fever **without** the use of fever-reducing medications.
• Contact your appropriate Professor/Department/Faculty to inform them of your illness.

Q: **What is the University of Regina doing about H1N1?**
   A: The University of Regina has been involved in pandemic planning and has developed an institutional plan. In addition, the University of Regina Academic, Administrative and Research Emergency Preparedness Plan (AAREPP) developed by every unit identifying the staff, services, functions deemed to be essential, and internal and external dependencies will assist in achieving the academic mission.

Q: **Can I wear a mask or other personal protective equipment?**
   A: This is not recommended. The Public Health Agency of Canada states: “There is no evidence to suggest that wearing masks will prevent the spread of infection in the general population. Improper use of masks may in fact increase the risk of infection. Masks do not act as an effective barrier against disease when they are worn for extended periods of time. In addition, removing your mask incorrectly can spread virus to your hands and face.”

Remember if you are wearing a **respirator** (e.g. N95) and not a surgical mask, you **MUST** be fit tested or the respirator may not be preventing infection.

Contact **Health and Safety** at (306) 585-5487 for more information.

Q: **How will I know what to do in the event of a pandemic? How will I know if classes are cancelled?**
   A: Current pandemic information, including other major University news, events, or emergency updates, will be relayed to the University community using:
   • Your “uregina.ca” email account
   • The **UR Emergency Information** web page: [www.uregina.ca/news/emergency](http://www.uregina.ca/news/emergency)
   • URSU TV monitors located throughout the campus
   • Brochures, pamphlets and posters.

To access the web page, click the **Emergency Information** button on the University of Regina web site homepage.

Q: **What is a Buddy System? i.e. a Health Buddy or a Study Buddy?**
   A: Many of our students come from other provinces and other countries, which mean they are away from their support network of friends and family. The Buddy System is a way for you to make contact with someone who can assist you. Reach out to someone (a classmate, a roommate, a teammate, a friend, etc.) and ask if they will be your “Buddy”.

A Health Buddy is someone who will keep in touch with you regularly to see if you are healthy and if they cannot reach you they would be expected to find you to ensure you are healthy or to find out if you need assistance.

A Study Buddy is someone within your class who will provide you with the notes and hand outs from classes you may have missed due to illness.
Pandemic Planning FAQs for Faculty and Staff

GENERAL

Q: If a faculty or staff member is showing symptoms associated with the pandemic flu virus and it is suggested they go home from work, how will the member be compensated?
   A: The faculty or staff member will be placed on sick leave to ensure salary continues.

Q: Will faculty and staff be permitted to take vacation leave as planned?
   A: Normal provisions will apply. There may be a point in time that vacation will not be approved due to the needs of the University.

Q: If a faculty or staff member has been ill, when is it safe for them to return to work?
   A: Faculty and staff should stay home until they are symptom-free, well enough to work, and do not present danger of infection to others. Currently the Public Health Agency of Canada is recommending that people remain at home for at least 24 hours after any fever is gone (without the use of a fever-reducing medicine.)

Please refer to the following link for updates:
http://www.uregina.ca/hr/health-and-safety/emergency-management/H1N1-Update

Any time spent either ill or in this recovery period will be covered by the faculty or staff member’s sick leave entitlements.

Q: If a faculty or staff member is ill but does not have sufficient sick leave entitlements, will they be permitted to use banked time or vacation time?
   A: Follow existing collective agreement provisions and practices.

Q: Will faculty and staff be paid if they are not attending work to care for sick family members?
   A: Faculty and staff can access leave provisions in the existing collective agreements or policies, including banked time, personal leave, vacation leave, etc. Leaves without pay are also available.

Q: Will faculty and staff be paid if they are not sick, but quarantined by a doctor?
   A: Time spent in quarantine will be covered by the faculty or staff member’s sick leave benefits and existing collective agreement provisions and practices.
Q: If a faculty or staff member's regular dependent care provider is unable to provide care because they are ill with the pandemic flu virus and the faculty or staff member is scheduled to work, will they be reimbursed for dependent care expense?
A: No. Faculty and staff can access the leave provisions set out in the collective agreements or policy (e.g., personal leave, banked days, vacation days). If paid leave entitlements are not available, the faculty or staff member will be placed on an unpaid leave.

Q: If faculty or staff are requested to work additional hours or take on additional responsibilities, how will they be compensated?
A: Existing collective agreement provisions and practises will apply.

Q: If there is a closure of all or part of the University, will the affected faculty and staff continue to be paid?
A: Some flexibility in the administration of paid leave provisions may be required as circumstances warrant.

Q: Will faculty and staff be able to access Employee Family Assistance Program (EFAP) services?
A: EFAP services will be available to faculty and staff, subject to provider availability.

Q: Do faculty and staff need to provide a medical certificate if they are ill?
A: Faculty and staff will not be required to provide a medical certificate should they have symptoms of H1N1 influenza. Health authorities do not want the public to over-burden the health system; however, there will be situations when people are advised to seek medical attention.

However, should the faculty or staff member encounter a prolonged illness, the University retains the right to request a certificate whenever it sees fit. This would be required for sick and disability benefit coverage purposes.

Q: Travel Restrictions
A: Note the University’s Travel Insurance Policy (including the Travel Authorization Request Form and Regulations), the Travel Risk Reduction Policy, and the Travel and Fieldwork Safety Policy, where certain travel restrictions may be imposed.

**OCCUPATIONAL HEALTH AND SAFETY**

Q: Are faculty and staff required to receive vaccination?
A: Vaccinations are voluntary; however, health authorities recommend the H1N1 Vaccination and the Seasonal Flu Vaccination. See H1N1 vaccinations link for information: http://www.phac-aspc.gc.ca/alert-alerte/h1n1/vaccine_vaccin-eng.php
Q: What restrictions can/should be considered regarding social gatherings (e.g. staff meetings)?
   A: To minimize the risk of spreading the pandemic flu virus, the management of each faculty, department or work unit will consider which social distancing practices should be implemented in each work area, and when. For information see the Public Health Agency of Canada link: http://www.phac-aspc.gc.ca/alert-alerte/h1n1/hp-ps/psili-eng.php

Q: How will faculty and staff be notified regarding updates to pandemic or any emergency?
   A: Faculty and staff are responsible for maintaining a method of communication with his or her direct report (e-mail, text or phone number), and for checking the University’s website for updates, as required. An emergency information link is at the top of the University’s home web page. The University is responsible for providing updates including preventative or protective measures.

Q: Is the University providing respiratory equipment, wipes, hand sanitizers and gloves to faculty and staff in the workplace?
   A: The University will provide that which is necessary for faculty and staff to safely carry out their duties, as identified in the University’s Infection Control Plan. In addition, hand sanitizer stations have been installed in a number of locations.

Q: What is the onus on faculty and staff to comply with increased safety and protection measures when there is no apparent outbreak?
   A: Faculty and staff are expected to follow reasonable safety precautions to protect their own health and well-being (including following infection control procedures).

Q: Right to refuse work
   A: Faculty and staff have the right to refuse work where they have reasonable grounds and believe they are being asked to perform work that is unusually dangerous. A review will be required. If declared safe, faculty and staff will be expected to resume duties: Article 20 (CUPE 1975) and The Occupational Health and Safety Act (see Procedures Appendix 6).
Procedures for Refusal of Work

Start
Employee has reasonable grounds to believe task is unusually dangerous

Step 1:
Involve the supervisor

YES
Employee satisfied?

NO
Step 2:
Involve the committee

YES
Employee satisfied?

NO
Step 3:
Committee investigates

YES
Employee satisfied?

NO
Step 4:
Involve the OH&S Division

YES
Return to work

NO
Return to work

YES
Return to work

NO
Return to work

YES

The refusing faculty or staff informs the supervisor that the task is being refused for health and safety reasons.

The supervisor and faculty/staff attempt to resolve the concern. The supervisor may reassign the faculty or staff during the investigation.

The faculty or staff does not leave the University without the permission of the supervisor.

The supervisor contacts Health & Safety (585-477/5487) to assist in the resolution of the refusal. Health & Safety contacts the appropriate Occupational Health Committee representative (CUPE, APT or URFA).

They interview the faculty or staff and supervisor.

They refer to University policies, procedures and applicable legislation.

Health & Safety and the Occupational Health Committee representative convene an emergency committee meeting. The committee reviews the refusal investigation.

If required, a quorum of the committee votes to decide if the disputed task is unusually dangerous. Unanimity is required to vote against the refusal.

The committee sends its recommendations for corrective action to the supervisor. The VP Admin reports the University’ actions to the committee.

An occupational health officer investigates and provides a written ruling to the parties.

Anyone directly affected by the officer’s decision may appeal under Part VIII of the Act.
How to Look After Someone with H1N1 Influenza Virus

For guidance on how you can care for someone who is sick with influenza, information provided by the Saskatchewan Government is as follows:

Caring for Children
- Let the child stay home while ill to rest and prevent the influenza virus from spreading.
- Offer cool liquids often.
- Monitor your child’s temperature.
- Use salt water, nose drops or sprays to treat a stuffy nose.
- Seek medical assistance if you have any questions about your child’s condition.

Protect yourself and others
- If possible, have the sick person wear a surgical mask (bandana, scarf) when you or someone else is in the same room. If the sick person cannot tolerate a mask, encourage them to use a tissue when coughing or sneezing.
- If you are going to be within 2 meters of the sick person, you can wear a surgical mask and safety glasses.
- Clean your hands often, preferably with soap and water but a hand sanitizer can be used in the absence of soap and water.
- When holding small children who are sick, place their chin on your shoulder so they will not cough in your face.
- If you are at high risk of influenza-associated complications or pregnant, you should avoid being the designated caretaker, if possible.

Allow the sick person to rest away from others
- Anyone sick with H1N1 influenza virus is estimated to be contagious for 24 hours after their fever has returned to normal and should stay at home.
- They should generally stay at least 2 meters away from others, preferably in a well-vented room of their own.
- Sick people need lots of rest.
- Limit visitors.
- Clean the phone and other surfaces the sick person has touched with a bleach-based cleaner, the virus can survive on hard surfaces for up to 2 days (48 hours).

Treat the fever and cough
- Coughs and sneezes spread disease because the spray has the virus in it, thus the sick person should cover their cough with a tissue or cough into his/her arm. Tissues should carefully be placed in a waste basket and then hands washed.
- Give a mild cough suppressant if needed.
- Fever often comes with chills or aches and pains. A pharmacist can provide over the counter medications to help alleviate these symptoms.
- A cool cloth placed on the face, neck and/or whole body can help relieve the fever.
- Give lots of fluids, nutritious food, and ensure a smoke-free environment.
Keep the sick person’s things separate from others and handle anything he/she touches with care

- Each sick person should have his/her own towel, face cloth, toothbrush, etc. kept separate from others. Wash dishes, laundry, and towels that the sick person has used with hot water and soap immediately.
- Wash your hands afterwards and avoid touching your eyes.
- Disinfect door knobs and light switches with bleach-based cleaner and clean bathrooms daily.

Be on alert for complications

- Sometimes complications, such as asthma or pneumonia arise and the sick person may need to have a health assessment, by calling a health provider for advice.
- Take his/her temperature daily.
- Here are some signs to look for:
  - Warning Signs (Adult)
    - Difficulty breathing or shortness of breath
    - Pain or pressure in the chest or abdomen
    - Sudden dizziness
    - Confusion
    - Severe or persistent vomiting
    - Flu-like symptoms improve but then return with fever and worse cough
  - Warning Signs (Child)
    - Fast breathing or trouble breathing
    - Bluish or gray skin color
    - Not drinking enough fluids
    - Severe or persistent vomiting
    - Not waking up or not interacting
    - Being so irritable that the child does not want to be held
    - Flu-like symptoms improve but then return with fever and worse cough

- If the ill person needs to seek medical care, they should wear a surgical mask if available, especially if using public transportation.
- Monitor yourself and other family members for flu symptoms.
Custodial Services provides a clean environment for clients, personnel, students, and visitors. These are some general housekeeping procedures followed at the University of Regina:

- A germicidal detergent is used for cleaning and disinfecting washrooms and for general cleaning.
- Dilution of these products follows recommended procedures at all times as over-dilution results in ineffective killing of micro-organisms and under-dilution may result in safety hazards.
- To prevent potential growth of micro-organisms, dilutions of cleaning agents are to be prepared fresh daily.
- Paper towels are used as cleaning cloths as they are disposable, and mop heads and cleaning solutions are changed at regular intervals.
- Mop heads are washed, cleaned and hung to dry after use, and heavily soiled mop heads are disposed of.
- Dirt and debris are removed with dry sweeping followed by wet mopping or the use of floor scrubbers.
- Horizontal surfaces are dusted or vacuumed as required and dry dusting is not used as a method of cleaning.
- Walls are cleaned on an annual basis and spot cleaned as necessary.
- Bathrooms are cleaned and garbage is removed twice a day and if warranted additional cleaning occurs. An adequate supply of paper towels and toilet paper are maintained in dispensers.
- Hand soap dispensers are refilled as necessary in all wash areas. Antimicrobial sanitizer is provided in selected areas (main hallways and building links).
- Wastebaskets and other garbage receptacles are lined with plastic garbage bags, and are replaced as needed. Individuals should securely close personal office garbage bags containing contaminated tissues and materials and place in bathroom wastebaskets.
Procedures for Cleaning a Residence Room

Influenza viruses can remain viable on surfaces for up to 48 hours, so a routine cleaning practice must be followed. Therefore, there are cleaning procedures for rooms where individuals are or may have been ill with the influenza virus.

In general, hard surfaces (counters, door knobs) should be cleaned at least daily and when obviously soiled. Approved disinfectants include: 1% sodium hypochlorite and 70% ethanol. Line waste baskets with a disposable plastic liner and dispose daily.

- Close area to be cleaned from public use.
- Don the appropriate personal protective equipment:
  - Gloves should always be worn during the cleaning and disinfecting procedures.
  - Protective clothing including but not limited to, coats, gowns, or foot wear coverings should be worn if the individual’s clothing could be heavily soiled.
  - Surgical masks and N95 respirators are not necessary if the sick person is no longer in the room. If you choose to wear a respirator you must be Fit Tested.
  - Wear face and eye protection if cleaning near a coughing person
  - Personal protective equipment should be changed if torn or soiled and always removed before leaving the location of the contamination.
- Collect any sharp objects with forceps or other mechanical device and place in a biologically-contaminated sharps kit.
- The area must be cleaned of obvious organic material before applying a disinfectant, as sodium hypochlorite (chlorine bleach) and other disinfectants are substantially inactivated by organic materials. Absorb excess body fluids with paper towels and place in a plastic bag or plastic-lined receptacle.
- The area should be disinfected with a low-level chemical disinfectant such as bleach.
- 1% sodium hypochlorite is effective.
- For carpet or upholstered surfaces, a low level disinfectant may be used.
- Spray the site with the freshly prepared beach and for larger spills make enough dilute bleach to pour into the spill puddle to double its size. Start applying the disinfectant from the outside of the spill and move inwards.
- The treated area should then be wiped with paper towels soaked in tap water. Allow the area to dry.
- Discard all paper towels and disposable items used to disinfect the room into a biohazard bag or a plastic-lined waste container. The plastic garbage bag must be tied off and disposed of immediately.
- Decontaminate any reusable items with disinfectant.
- There is no special handling requirement for soiled laundry. Wash soiled bedding, clothing and laundry separately in hot soapy water and dry in a hot dryer or have items dry-cleaned.
- Remove PPE and dispose of or disinfect immediately.
- Wash hands properly.