



Māori Pandemic Plan Template

Hauora Māori Pandemic Plan Template

Prepared by Te Roopū Huihuinga Hauora Trust

This plan is committed to supporting the nationwide imperative to minimise the spread of a novel Influenza virus, and to minimise the health and safety and business risks that could occur during a pandemic. The Pandemic resources have been developed by the Hawke's Bay District Health Board (HBDHB) are available to support Hauora Māori providers and Māori community pandemic initiatives.

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BACKGROUND

“I never thought it likely they could be so fine a race of people as I now found them. They generally rose above the middle stature, some were even six feet and upwards, and all their limbs were remarkable for perfect symmetry and great muscular strength. Their countenances ... were pleasing and intelligent ...”

“Neither soap nor oil was known, but the body was cleansed every evening before the dances started...The Māori diet was so healthy that the teeth needed very little cleaning”

“So simple a diet accompanied with moderation must be productive of good health, which indeed these people are blessed within a very high degree...I do not remember a single instance of a person distempered in any degree that came under my inspection and among the numbers of them that I have seen naked. I have never seen any eruption on the skin or any signs of one by sores or otherwise. Such health drawn from such sound principles must make physicians almost useless...” (John Liddiard, 1814)¹.

These early impressions of Māori provide us with a picture of a race that was generally healthy; life expectancy was on a par (if not better) than most other European countries. Māori had well developed economies and systems of trade. Their health protocols (public health systems) were progressive and culturally based. In the early 1800's the Māori population was estimated at 150,000 people.

By the turn of the 19th Century (1896) the Māori population numbers were at their lowest with an estimate of just 42,000 people. Introduction of new diseases alongside tribal and land wars contributed to the decline of the Māori population. When the 1918 influenza pandemic (Spanish flu) hit Aotearoa it proved to be very severe and claimed Māori lives at a death rate of 42.3 deaths per 1000 compared to 5.8 deaths per 1000 for Europeans. During this time there were outstanding efforts by Māori leaders such as Maui Pomare and Peter Buck who, with the help of community leaders and funded wholly by the Māori communities concerned, worked to improve the condition of Māori housing, sanitation and health status of whānau.

Te Puea Herangi, of Tainui, implemented a pandemic plan when her Māori community suffered a small pox epidemic (1913-1914) and many refused to go to Pākehā hospitals. In response to this Te Puea set up a small settlement of nikau huts devoted to nursing the sick and inflicted back to health. Not a single person died and the isolation of the village largely prevented spread of disease. During the 1918 influenza pandemic Te Puea took under her wing some 100 orphans who were the founding members of the community of Tūrangawaewae at Ngaruawāhia. She was also instrumental in establishing marae-based health clinics.

¹ Liddiard, John Nicholas. (1814). **Narrative of a voyage to New Zealand: Performed in the years 1814 and 1815 in company with the Rev. Samuel Marsden**

Like the Spanish flu, the ill effects of subsequent novel influenza viruses have already claimed lives in Aotearoa. If little or no action is taken, there is a risk of 80% of whānau and communities becoming infected. Therefore, building on the examples of past Māori leaders, Hauora Māori providers and Māori communities must be vigilant and proactive in averting risk to uphold and ensure healthy communities.

INTRODUCTION

Marae committees, hapū and iwi leadership, Hauora Māori providers and the HBDHB Māori Health Service are fundamental in implementing a successful approach to emergency pandemic plans and management of influenza in Māori communities.

Moreover, Hauora Māori providers and the HBDHB Māori Health Service, play an important role in supporting timely and effective access to necessary health services for Māori and in disseminating accurate messages and information to marae and their communities.

Goals to achieve implementation of pandemic plans may include:

- Clear consultation processes undertaken with marae committees, hapū, iwi, Hauora Māori providers by HBDHB CIMS Front Line Services Unit.
- Necessary resources as identified by Māori communities are obtained.
- Access to relevant training and in-service education.
- Acknowledgement of the unique features of whānau, hapū, iwi and Māori communities in each of their respective areas throughout the HBDHB area. This is very important as pandemic plans and reporting systems will need to be adjusted to the suitability of each of these areas.
- Determining and promoting consistent use of key prevention and intervention messages on the marae, in homes and communities in a safe and appropriate way.
- Working together with key organisation stakeholders i.e. marae committees, hapū and iwi leadership, Hauora Māori providers, HBDHB Māori Health Service and HBDHB CIMS Front Line Services Unit in delivering culturally appropriate and safe prevention, intervention and management of influenza outbreaks in the whānau, hapū, iwi, and community.

Key considerations to measure successful implementation may include:

1. Development of a local evaluation framework to measure outcomes of Māori communities' emergency pandemic planning responses

2. Effective communication and consultation processes are demonstrated by all key stakeholder organisations i.e. marae committees, hapū and iwi leadership, Hauora Māori providers, Hawke's Bay DHB Māori Health Service and HBDHB CIMS Front Line Services Unit
3. Access to adequate and necessary training and educational resources has been readily obtained
4. Consistent safe health practices and messages are evident during all marae and Hauora Māori provider hui e.g. pōwhiri, tangihanga, whakangahau, hui-a-iwi
5. Understanding what is needed to address local need and raised awareness about local need is evident
6. Whānau, hapū and iwi and the communities contribute positively and proactively when outbreaks of pandemic influenza occur

KAUPAPA MATUA: MAIN PURPOSE

This plan is a template which Hauora Māori providers, marae committees and Māori community groups can use and adapt to their own local needs.

For Māori a number of areas to reduce risk of transmission of influenza need to be considered and include:

1. Co-ordination of implementation of pandemic plans and regular reporting of pandemic updates in the workplace, communities and homes
2. The workplace responsibilities to kaimahi and those who visit the workplace
3. The carrying out of tikanga processes such as pōwhiri and tangihanga
4. Holding and attending hui out in the community and in homes.
5. The health and safety and business risks that could occur during a pandemic.

This plan is supported by the following pandemic resources that have been developed by the Hawke's Bay District Health Board:

- Pandemic Influenza Plan for Health Services
- Pandemic Influenza Introduction Powerpoint
- Pandemic Planning Manual Training Resource
- Community Assessment Centres
- Pandemic Plan Template for General Practice
- Pandemic Presentation Powerpoint (Ministry of Health)
- Checklist for a pandemic Influenza case
- Patient Minimum Dataset Form
- Family emergency plan

The plan also acknowledges the emergency pandemic plans that are currently in place at local marae (through the work of marae committees, whānau, hapū and iwi); Kohanga Reo (as supported by their National Trust); Kura Kaupapa and Hauora Māori providers. It is hoped that the information contained in this template may strengthen and add value to that which is presently in place.

CO-ORDINATION OF PANDEMIC PLANS AND REPORTING

The Māori pandemic planning coordination role and responsibilities lies with HBDHB Māori Health Service. This service is the current point of contact for assisting and working with Māori communities, Hauora Maori providers, whānau, hapū and iwi.

Key responsibilities of this role include:

- developing a pandemic plan template for Hauora Māori providers and Māori community groups to manage an outbreak of influenza
- ensuring a process is developed for implementation of pandemic plans with significant Māori groups e.g. Hauora Māori providers
- managing communication from Hauora Māori providers, Māori community groups, whānau, hapū and iwi where calls are directed from the HBDHB Coordinated Incident Management Structure (CIMS)
- coordinating activity with key stakeholders in particular Hauora Māori providers and Māori organisations.
- working closely with and keeping the HBDHB Front Line Services Unit informed about concerns and pressures from Hauora Māori providers and Māori organisations
- providing direction and support by interacting with iwi / Māori communities

COORDINATED INCIDENT MANAGEMENT STRUCTURE (CIMS) KEY PERSONNEL

Name	Title	Contact
Sandra Bee	DHB Emergency Management Advisor	027 245 3692
Racquel MacDonald	DHB Infection Prevention and Control Advisor	878 8109

Māori input into the CIMS process is through representation of:

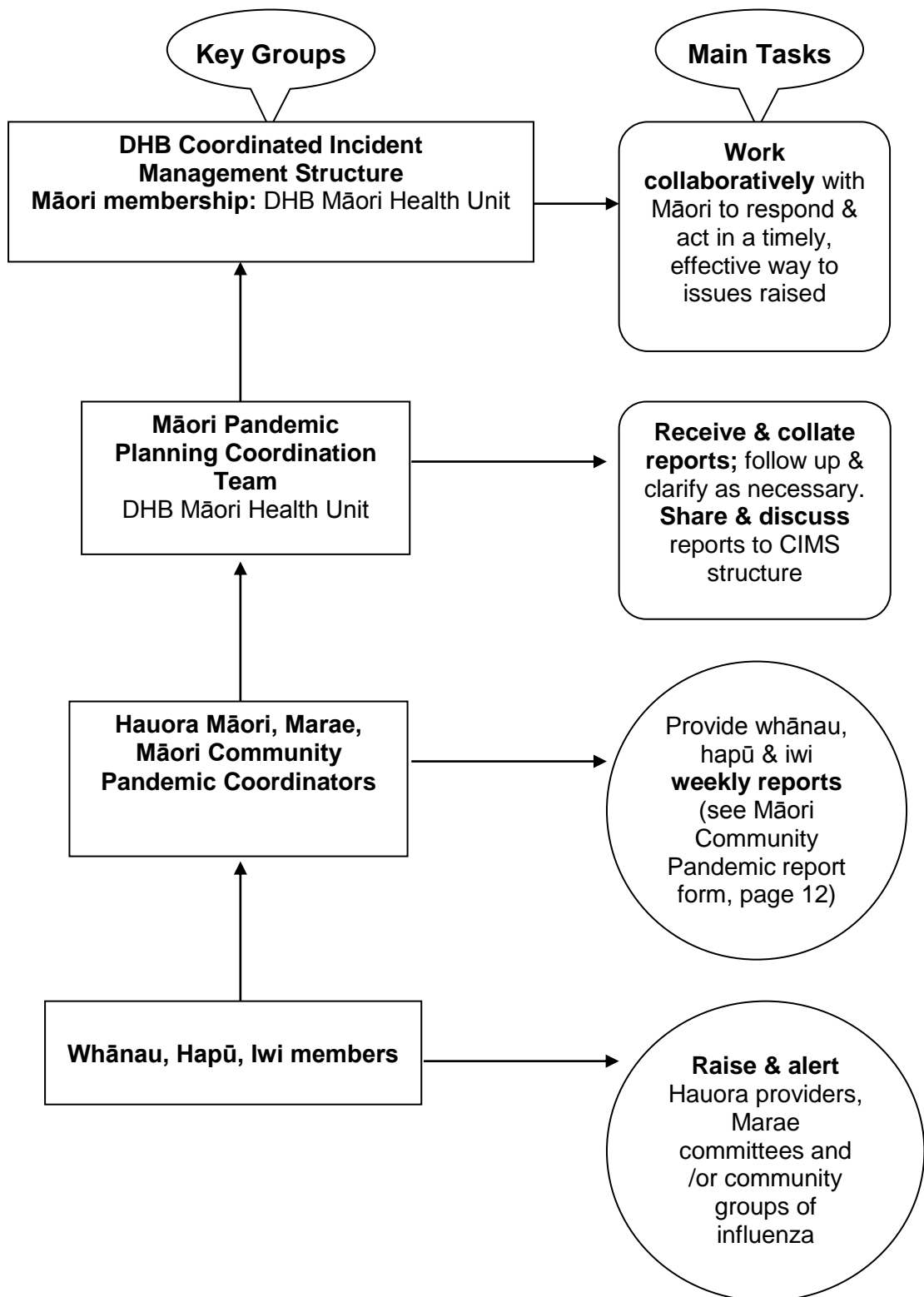
- HBDHB Māori Health Service

The HBDHB Māori Health Service also participates in the HBDHB coordination process and Frontline Services Unit to ensure Māori health interests are protected for the duration of pandemic planning development, implementation and in emergency pandemic Influenza outbreaks.

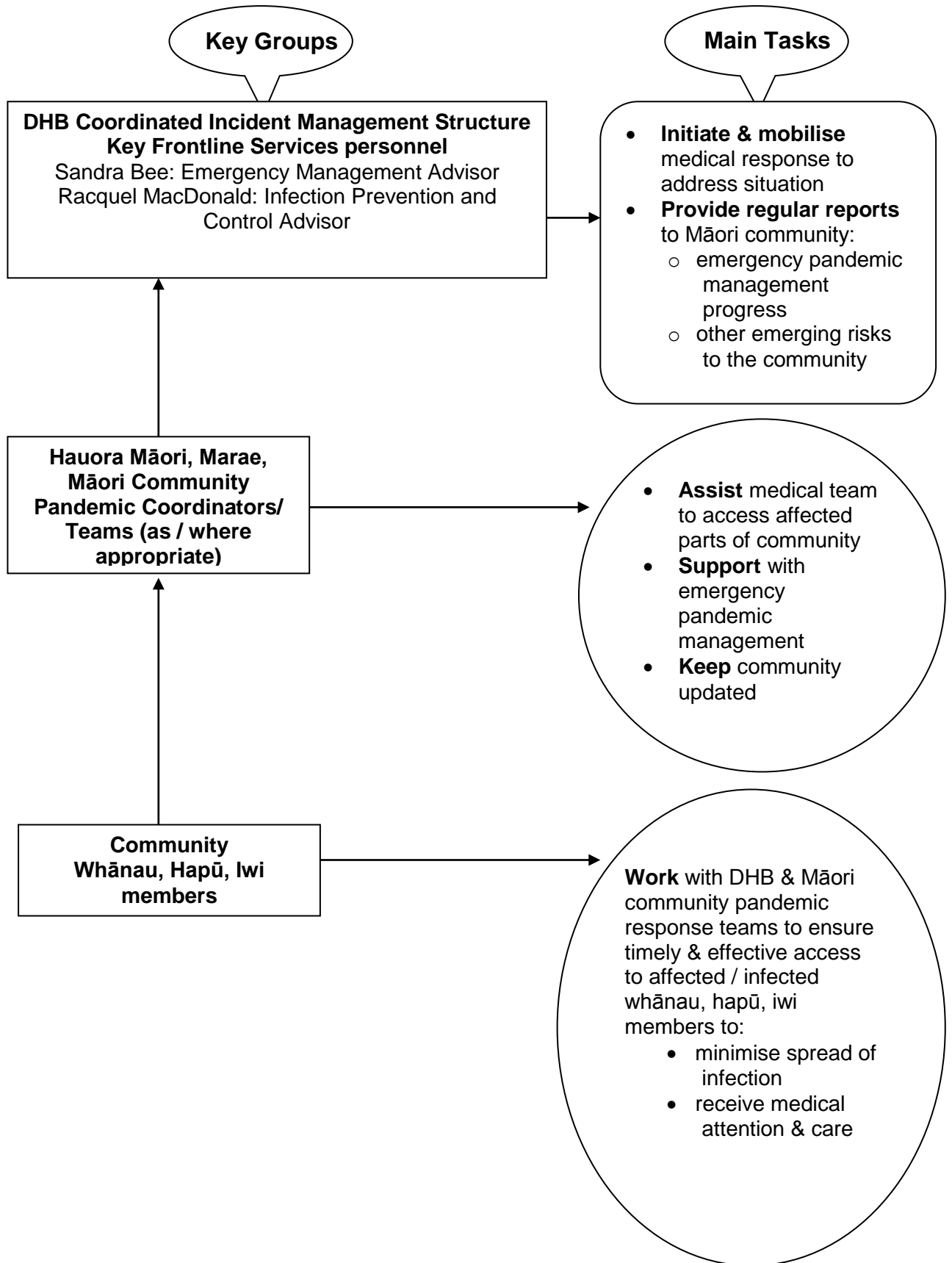
Considerations for Māori readiness and response in a coordinated incident management situation

- That Māori communities via Hauora Maori providers and marae have a designated person to provide weekly updates of pandemic activities to HBDHB Māori Health Service to support accurate reporting to the HBDHB CIMS structure
- That Māori communities undertake an assessment and action plan of how they can set up a Community Assessment Centre to assist large numbers of whānau, hapū and iwi members in rural and remote areas in preparation to contain and manage possible outbreaks of influenza

COMMUNICATION AND REPORTING PROCESS TO CIMS



MĀORI COMMUNITY ACCESS TO MEDICAL SERVICES IN EMERGENCY SITUATION



MĀORI COMMUNITY – BASED ASSESSMENT CENTRE INFORMATION

A Māori Community–based Assessment Centre (CAC), *if* needed, will be activated by HBDHB Front Line Services Unit through effective engagement and consultation with the Māori community concerned. This activation phase will be supported by the HBDHB Māori Health Service. Medical staff support for the centre will be through local general practitioners and/or locums with the fall-back position being hospital registered medical officers (RMOs).

WHAT'S NEEDED	GETTING STARTED	HOW TO ACHIEVE IT
A central site that can cater for large numbers of whānau, hapū and iwi members in rural and / or remote areas to provide the primary care surge capacity arising from a sudden increase in demand	Identify marae and other locally based buildings that have adequate facilities to become a CAC	Engage & consult with Hauora Māori providers / marae on possible sites, venues with adequate facilities
Lists of local health organisations and community groups and the skills they offer	Work with HBDHB to prepare promotional information about a CAC and its purpose	With HBDHB Māori Health Service support, meet with organisations and Maori communities to educate on 'creating' a CAC in an emergency pandemic situation
Setting up a Community Assessment Centre (CAC)	Set-up as in CAC Plan	Have organisations and Māori community groups fill in an asset survey re programmes and services, equipment, supplies, communication links and staffing
Reporting - directly to the Frontline Services Unit & Medical Officer of Health	Reporting process as in CAC plan	Pandemic reporting processes put into action
Ensure centre is adequately resourced	Identify resources needed i.e. <ul style="list-style-type: none"> • Staffing • Personal protective equipment • Antiviral agents and other medication • Clinical supplies • Standardised documentation • Security • Infection control approved furnishings and cleaning supplies 	Prioritise and reconfiguration of resources and services to best meet the needs of the community
Community assessment evaluation strategy that demonstrates positive outcomes for Māori	Identify effective Māori community evaluation tools. What works and what does not work	Develop a local evaluation framework that will build and increase Māori evidence-based information

MĀORI COMMUNITY PANDEMIC REPORTING FORM

Name of Community:

Month:

Hauora Māori Provider:

Whānau (identified through numbers to protect privacy) NB: How many are tamariki, rangatahi, pakeke and or kaumātua who may be affected by influenza	Current status of Influenza impact: low = <i>contained in home</i> medium = <i>GP assisted</i> high = <i>hospital input</i>	Comments

MANAGING INFLUENZA IN THE WORKPLACE / ON THE MARAE

This procedure specifies what to do in cases where influenza is present and what the kaimahi and (name of organisation / Marae) will do to minimise the spread of Influenza.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Provide kaimahi / whānau, hapū and iwi members with essential PPE equipment to reduce the risk of transmission either as a caregiver or patient.

PPE includes masks, eye/face shields, gloves, gowns and aprons. Varying levels and types of PPE are required, depending on the level of exposure and the risk of transmission.

Whatever the level of PPE to be used, education and training is necessary to ensure the equipment is used and disposed of correctly, to maintain the equipment's effectiveness.

WHAT TO DO

If you have influenza-like symptoms i.e. cough, sore throat, temperature:

- (i) Stay at home until you have no symptoms.
- (ii) Phone your doctor if you are not improving or symptoms become worse.
- (iii) Try to stay at least one metre away from other people.
- (iv) For extended periods of sick leave a Medical Certificate will be requested, which you may need to request via phone contact with your GP rather than making a formal visit to minimise the risk of infecting others.

If you are caring for someone in your home who has influenza:

- (i) Once you know the type of influenza your whānau member has then:
 - a. Contact your manager immediately and inform them of the situation.
 - b. If the whānau member receives Tamiflu and if after three days the Caregiver has no symptoms of influenza, the Caregiver should be able to return to the work place / marae
- (iii) Your manager will discuss with you the options available in terms of working from home and how the leave is to be recognised. If a staff member is working from home, this will be considered a normal working day.
- (iv) Organisations/Marae will take a flexible approach in terms of agreeing to temporary arrangements for staff who need to work from home in these circumstances.

Please contact (name of manager / human resource kaimahi/ chairperson) in these circumstances.

If you suspect you or a work colleague has influenza while in the workplace:

- (i) Inform the Line Manager.
- (ii) The Manager will check for the following symptoms:
 - a. High fever (or feels feverish and hot)
 - b. Headache
 - c. Fatigue and weakness
 - d. Sore throat, cough, chest discomfort, difficulty breathing
 - e. Muscle aches and pains
 - f. Been in contact with someone diagnosed with influenza.
 - g. If the answer is yes to most of these the Manager will direct the staff member to put on a surgical mask, go home immediately and contact a health professional.
- (iii) The Manager will want to know everyone that the Kaimahi has been in contact with and will advise them accordingly.
- (iv) The Manager will ensure the staff member's work area is thoroughly cleaned and disinfected.

HAWKE'S BAY DHB CHECKLIST FOR INFLUENZA CASE

Complete the following checklist at first contact with the sick person, i.e. in the office sick bay or over the telephone.

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	Yes/No
1. History of fever, chills, myalgia or clinically documented fever $\geq 38^{\circ}\text{C}$	<input type="checkbox"/>
2. PLUS two or more of the following	
Headache	<input type="checkbox"/>
Malaise	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>

People with both **1** and **2** meet the definition of Influenza-like illness.

HOW TO MINIMISE THE RISK OF SPREAD

Good hand washing

- (i) Wash your hands often with soap and running water. Dry your hands thoroughly with paper towels or hot air dryers.
- (ii) Alcohol-based hand hygiene products are now widely available in the kitchens and toilets. These are an effective alternative to hand washing.
- (iii) Avoid touching your eyes, nose or mouth after coughing or sneezing or removing a mask.
- (v) You should always wash your hands:
 - a. After using the toilet
 - b. Before making or eating food
 - c. After handling cats, dogs or other animals
 - d. If you have been around someone who is unwell

Good coughing and sneezing habits

- (i) Use a tissue to cover your nose and mouth when you cough or sneeze. Ensure a good supply of supplies tissues.
- (ii) Place the used tissue in a bin afterwards (do not throw used tissues)
- (iii) Wash your hands with soap and water
- (iv) Dry your hands well on a paper towel or hot air dryer
- (v) People who are coughing or sneezing or have influenza-like symptoms will be advised to go home

Other measures

- Avoid close contact with people who are sick
- Avoid large crowds where possible

The organisation / Marae will:

- (i) Provide a supply of tissues
- (ii) Provide a covered, lined bin for used paper towels and tissues
- (iii) Provide plastic bags to line bins that have a drawstring top
- (iv) Ensure the bins are emptied and new liners replaced regularly
- (v) Ensure bins are disinfected with household bleach 100mL/1L once or twice weekly depending on use

- (vi) Provide hand washing facilities, i.e. running water, hand basin, soap and paper towels, or hand gel
- (vii) Educate Kaimahi so that everyone practises good coughing and sneezing habits
- (viii) Ensure kaimahi and visitors know and practise good hand washing and drying techniques by posting hygiene notices in appropriate places
- (ix) Ensure shared work surfaces frequently touched by hands are disinfected with alcohol wipes or bleach every day e.g. computers, telephones counters, handles, railings etc
- (x) Ensure cups, dishes and cutlery are washed with soap and hot water regularly
- (xi) Ensure Kaimahi do not share personal items
- (xii) Remove all magazines and paper from reception areas and lunch rooms
- (xiii) Have a process in place to manage suspected influenza cases, i.e. putting a mask on, isolation area, transport home etc

SICK LEAVE

Kaimahi current entitlements to sick leave with pay will be provided. This entitlement is to encourage Kaimahi to stay home if they are unwell and to minimise any potential financial impact. This needs to be accompanied by a Medical Certificate. As not all influenza cases are being tested for influenza the Medical Certificate need only specify that the staff member is absent due to influenza.

If any additional entitlement is required then normal leave provisions specified in employment agreements and organisational policy will apply. Consideration will also be given to utilising annual leave if the staff member is looking after unwell whānau for an extended period of time. For enquiries regarding leave entitlement contact (manager or HR person).

It is recognised that some cases may fall outside these parameters. In these instances management will take a flexible approach to identify the best way forward to:

- (i) ensure the risk of spread is managed effectively;*
- (ii) support the well-being of the staff member and their whānau; and*
- (iii) ensure the interests of the organisation / Marae are managed appropriately.*

NGĀ MEA TIKANGA

When carrying out tikanga processes that are a normal part of the organisation's / Marae protocols, **all** Kaimahi / Marae committee members / whānau, hapū, iwi members will attend an in-service session on proactive pandemic influenza management and ngā mea tikanga. The following key points are to be considered in regards to:

1. Pōwhiri and Whakatau

Let the manuhiri know prior to attending the organisation / Marae the health safeguards that have been put in place to reduce and minimise the spread of influenza, e.g.

- Do not bring anyone to a hui that has symptoms of influenza i.e. coughing, sneezing, a runny nose, aches, fever, diarrhea, vomiting
- Hariru will be limited
- After the hariru and before partaking of any food, washing the hands is required
- Liquid soap cleansers, hand gel and tissues will be provided

Should anyone attend pōwhiri or whakatau who is deemed to be unwell:

- (i) They should be encouraged to go home
- (ii) Before leaving the hui:
 - a. with the person's agreement, contact details including name of GP will be written down for the organisation's / Marae's pandemic register and to co-ordinate any further follow up that may be required
 - b. a pandemic resource information kit will be given to the person, i.e.
 - Pandemic Presentation Flip chart (HBDHB template)
 - Checklist for Influenza Case (HBDHB Template)
 - Family Emergency Plan (HBDHB template)
 - Tissues, soap, hand gel, surgical face masks
 - Koha of canned or dried food
- (iii) Should s/he require support and need a ride to return to their home, surgical masks will be provided for both the driver and the unwell person (and any others accompanying) who will be travelling in close proximity
- (iv) The relevant parts of the inside of the vehicle will be wiped down with disinfectant on return of the vehicle to the office/hui

2. Tangihanga

- First and foremost, under **no** circumstances should anyone who has symptoms of influenza i.e. coughing, sneezing, aches, fever, diarrhoea and vomiting attend tangihanga
- When at the tangihanga, limit your contact with others (no kissing or hugging)
- Wash your hands after hariru and before having kai, keep hand gel, tissues, surgical mask and a plastic bag (for used tissues) in the car as a back up
- Promote and role model safe health practises in a sensitive and non-judgmental way.

COMMUNITY HUI AND HOME VISITS

When organising hui and travelling out in the community and to whānau:

Key points to consider

1. Keep hand gel, tissues, surgical face masks and a plastic bag (for used tissues and masks) in the car
2. Engage with the community and whānau sensitively and effectively; and promote and role model safe health practices in a sensitive and non-judgmental way
3. Give and teach consistent messages i.e.
 - (i) Reduce and minimise the spread of influenza
 - (ii) Avoid close contact with sick people
 - (iii) Cover your nose and mouth with a tissue when you cough or sneeze
 - (iv) Wash your hands often with soap and water especially after you cough or sneeze, hand gel is also effective
4. Prepare and provide resource kits with pandemic influenza information and distribute to whānau, i.e.
 - (i) Pandemic Presentation Flip chart (HBDHB template)
 - (ii) Checklist for Influenza Case (HBDHB Template)
 - (iii) Family Emergency Plan (HBDHB template)
 - (iv) Fact Sheets and Posters (HBDHB Templates)
 - (v) Tissues, soap, antiseptic alcohol sanitized liquid cleanser, surgical face masks
 - (vi) Koha of canned or dried food
5. Monthly Follow ups:
 - (i) Collect relevant information re: the number of whānau affected by influenza
 - (ii) Hand in information to the Manager to send to the Māori Health Service located at HBDHB

Information to highlight in home visits

6. Family preparedness in a pandemic situation

- (i) Become familiar with the pandemic resource kit
- (ii) As a family go through the Family Emergency Plan and write down key contact persons and their phone numbers
- (iii) Put the Family Emergency Plan where it can be seen by all the family and easily located if/when an emergency pandemic situation arises
- (iv) Carefully read Information on Quarantine (Home Isolation) for Influenza (see page 24), ask your Hauora Maori provider to clarify anything you are unsure of
- (v) Have family members practice:
 - Covering their nose and mouth with a tissue when they cough or sneeze, then place the tissue in a lined bin with a cover.
 - Washing their hands often with soap and water especially after they cough or sneeze, hand gel is also effective
 - Teach whānau so that everyone learns good coughing and sneezing habits

7. What to do if someone in the whānau becomes ill

- (i) If you or whānau members are unwell then let you employer know and stay home, get plenty of rest, drink lots of fluid, keep sick whānau members away from other whānau members
- (ii) Follow the guides provided in Information on Quarantine (Home Isolation) for Influenza (see page 24).
- (iii) If you or a whānau member have a high fever and are concerned phone the Helpline 0800 611 116 or your GP

Use your Family Emergency Plan information as a guide to help you know what to do and who to contact.

HAWKE'S BAY DISTRICT HEALTH BOARD FAMILY EMERGENCY PLAN

Work through the checklist with all members of your household. Keep the Plan close to hand and in a convenient place at home, in your desk drawer at work, or next to the Emergency advice page in your Yellow Pages.

Name:		Home Phone:	
Address:			
Work Phone (Mum):		Mobile Phone (Mum):	
Work Phone (Dad):		Mobile Phone (Dad):	
Community Assessment Centre (CAC) Phone:			
Location of CAC:			
1. In a Pandemic situation we will: <ul style="list-style-type: none"> • Remain indoors • Observe hand hygiene • Observe cough etiquette. • Observe one (1) metre separation • Conserve food and water supplies • Turn on the Emergency radio • Be aware of influenza-like symptoms 		2. The person responsible for collecting the children from school in an emergency is: Contact Phone:	
3. If we are required to go to the CAC or GP how do we get there?		4. Who do we contact if we require more food or other essentials?	
5. Who is to look after the children if the Schools' close?		6. What is the contact number of the local Pharmacy?	
7. Our Neighbours		8. Do we have enough of the following items to last at least 3 weeks? <ul style="list-style-type: none"> • Water • Soap • Canned or dried food • Pet supplies • Baby food/supplies • Waste disposal bags • Batteries (radio & torch) • Essential medicines • Tissues • Hand cleansing materials • Face masks • Fuel (if winter) 	
Local Radio Station Frequency:		Contact Numbers:	
		Police.	
		Civil Defence:	

Pandemic Influenza packs are available at: www.thnz.co.nz

Information on Quarantine (Home Isolation) for Influenza

You have been asked to stay in isolation because:

1. You have suspected influenza and are infectious to others. Isolation in your home should continue for 72 hours after starting Tamiflu or 7 days after the onset of illness if you are not taking Tamiflu.
2. You may have been exposed to influenza. Isolation in your home should continue for 72 hours after starting Tamiflu or 7 days after the onset of illness if you are not taking Tamiflu.

The period of isolation may be lengthened if somebody else in your household becomes sick with suspected influenza.

We want you to restrict your activities to protect the safety of your family, friends and the community. This information sheet is to tell you what isolation means.

Staying at home.

You must not go to school, work, child care or out in public until cleared by the Public Health Nurse. This means you must not attend shopping centres, movies, parties or any social gatherings at all.

Visitors

You should have no visitors until you come out of isolation. Talk by phone and have things delivered to the door. Sometimes a visitor is essential (for example someone has to come into the house to give you essential home support). The visit should be brief. You and the visitor must both wear a mask. Talk with the visitor outside in the open air if possible and keep at least two metres away from them.

Preventing the spread of infection

Stay in a part of the house where you have minimal contact with other people.

Try to keep well people and sick people apart.

Give people who have a fever and/or diarrhoea plenty to drink.

Give Paracetamol for fever. Do not give Aspirin to children under 12 if they have a fever.

Open doors and windows and ventilate the house as much as possible.

Cover your mouth and nose with a tissue or toilet paper when you are coughing or sneezing.

Put the used tissue straight into a rubbish container. Wash and dry your hands afterwards.

Wash and dry your hands after you use the bathroom or toilet. Wash and dry your hands before you prepare food and eat, and when you are looking after sick people.

If you have more than one toilet, one should be reserved for use by sick people.

Twice a day clean the following:

- toilet handle and door handles of toilet, bathroom and rooms of isolated people
- bathroom sink and taps

Use one (1) part household bleach to 10 parts water.

Nobody else should use anything that could be contaminated with your throat or nose secretions or coughing or faeces – e.g. towels, handkerchiefs, eating utensils, food, bed linen, cigarettes, marijuana joints, P pipes, kava bowls.

Sharing bedding, clothing and utensils may spread infection but you do not need to wash a sick person's bedding, clothing and utensils separately from the rest of the family's. If you wash and dry all these things in the usual way they will then be safe for others to use.

Using face masks

The Public Health Nurse will show you how to wear a mask.

- Sick people should wear a surgical mask if anyone is in their room and if they have to leave their room.
- People who are in quarantine but not sick should wear a particulate respirator (PFR95) mask if they are in the same room as a sick person.
- Essential visitors to the house should wear a particulate respirator (PFR95) mask through their visit.

Used masks should be put in the normal household rubbish.

Coming out of isolation

The Public Health Nurse or your doctor will tell you when you are cleared to come out of isolation. At that time you will be non-infectious to others. It will then be safe for you to resume your normal life.

Questions

Your Public Health Nurse will be happy to answer any questions.