

APPENDIX 1: Influenza pandemic planning workbook**Pandemic phase ALERT OS3
(Current Australian pandemic phase)**

Human infection with a novel influenza strain overseas but no human-to-human spread, or at most, rare instances of spread to a close contact.

While there is little evidence of human-to-human transmission of avian influenza, people returning from areas affected by avian influenza may come to your practice unwell or worried about having been in contact with avian influenza.

During the ALERT phase it is important to consider planning for the next phase; it will be too late once a pandemic starts.

Action:

- Appoint a staff member as the key person in your practice for the coordination of influenza pandemic planning

Name of coordinator: _____

Action completed ✓ box

The influenza virus

Influenza is an illness of the respiratory tract caused by one of a number of influenza viruses. The current circulating strain of H5N1 virus has been identified in humans where there has been close contact with sick or dead birds, or their secretions. Pandemic influenza is potentially caused when a type A influenza virus goes through a variation (antigenic shift) and the community has no immunity.

Read: Module 2 The influenza virus

Read: Module 2.1 Epidemiology of influenza

Action:

- A team meeting has been scheduled to educate all practice staff in the:
 - signs and symptoms of influenza
 - the differences between symptoms of influenza and the common cold
 - transmission and communicability of influenza

Action completed ✓ box

Government planning

The Australian Government has developed the *Australian health management plan for pandemic influenza* (AHMPPI) and the *Guidelines for the management of pandemic influenza in primary health care settings* ('Primary care annex'). These documents detail the government planning for a national and primary health care response to a pandemic. Each Australian state and territory health jurisdiction also has plans that outline the operational aspects of responding to an influenza pandemic. Plans may vary by jurisdiction.

Read: Module 3 Government planning

Action:

- The influenza pandemic coordinator has read and is familiar with the fundamental principles of government planning (commonwealth, state, territory and local government)
- Provide a brief overview of government planning to your practice staff

Date of staff meeting: _____

Action completed ✓ box

Government health authorities have committed to providing:

- ongoing advice on reporting requirements, case and contact definitions
- ongoing advice about distribution of antiviral medications and personal protective equipment (PPE)
- ongoing advice regarding what infrastructure is in place in your local area to manage suspected pandemic cases
- ongoing advice on the capacity of laboratories to perform testing on specimens collected from patients, and
- undertaking contact tracing in the early stages of a pandemic.

Divisions of general practice and The Royal Australian College of General Practitioners (RACGP) will form part of the communication network by informing practices when the government releases a pandemic alert notification.

Action:

- Practice contact details provided to the local division of general practice
- Practice contact details provided to the RACGP (to receive RACGP information email details to: friday.fax@racgp.org.au)
- Contact details for state/territory public health authority displayed in prominent areas of the practice (reception, treatment room, consulting rooms)

Practice contact details provided to local division of general practice. Date: _____

Practice contact details provided to the RACGP. Date: _____

Contact details of public health authority recorded and displayed in:

- Reception ✓ Yes
- Treatment room ✓ Yes
- Consulting rooms ✓ Yes

Action completed ✓ box

Triage

Avian influenza in humans is not as infectious as pandemic influenza and transmission requires close and sustained contact with sick or dead birds or their secretions. A patient presenting to the practice with suspected avian influenza may experience influenza-like symptoms and describe close and sustained contact with sick birds, or they could have had contact overseas with a human case (eg. family members have shown human-to-human transmission), or laboratory worker working with H5N1 in Australia.

Read: Module 4 Triage

Action:

- Document your triage policy for pandemic phase ALERT OS3
- Schedule staff training in the triage policy
- Document questions to be asked at reception and the expected staff response and the responses required
- Display your triage plan in reception and distribute to all clinical staff

Triage policy documented and filed. Date: _____ Location: _____

Review date of triage policy _____

Staff meeting scheduled to educate all staff in triage policy

Date: _____

Action completed ✓ box

Infection control

Practice staff will require training in infection control measures. Simple measures such as hand washing, wearing a mask, and the isolation of potentially infected patients are effective in preventing the spread of respiratory virus infections.

Read: Module 5 Principles of infection control

Read: the RACGP Infection control standards. 4th edn. Chapter 5, section 1, pages 12–19

Action:

- Document your infection control policy
- A team meeting has been scheduled to inform your staff of:
 - hand hygiene, cough etiquette and social distancing methods
 - appropriate and correct use of PPE (application, removal and disposal)
- PPE supplies have been ordered and stored where easily accessible
 - inform all staff of where PPE is stored

Staff meeting scheduled to educate all staff on hand hygiene, cough etiquette and social distancing.

Date: _____

Staff meeting scheduled to educate all staff on appropriate and correct use of PPE. Date: _____

Name of supplier of PPE _____

Identify where packs of PPE are located in the practice _____

Action completed ✓ box

Practice cleaning

Cleaning is an important infection control measure. Effective cleaning consists of the combination of mechanical action, detergent and water, and drying. The practice plan or policy will outline:

- the protection of staff (vaccination and safe work practices)
- cleaning products to be used
- frequency and procedures for scheduled cleaning
- procedures for unscheduled cleaning.

Read: Module 5 Principles of infection control

Read: the RACGP Infection control standards, 4th edn. Chapter 2, section 3, pages 37–45

Action:

- Document your cleaning policy
- A team meeting has been scheduled to inform your staff of the cleaning policy

Cleaning policy documented and filed.

Date: _____

Location: _____

Review date of cleaning policy _____

Staff meeting scheduled to educate all staff in practice cleaning policy

Date: _____

Action completed ✓ box

Waste management

During a pandemic the amount of waste produced may be substantial. Handling waste correctly will reduce the risk of transmission of infection. Staff require an understanding of standard and additional precautions to reduce the possibility of cross infection. Waste management includes the collection, segregation and disposal of waste.

Action:

- Document your waste management policy
- A team meeting has been scheduled to inform all staff on the waste management policy

Waste management policy documented and filed.

Date: _____

Location: _____

Review date of policy _____

Staff meeting scheduled to educate all staff in waste management policy

Date: _____

Action completed ✓ box

Isolation

The role of isolation is to reduce the possibility of transmission (spread) of disease. Patients who are ill require isolation methods to reduce the risk of spread of influenza.

Read: Module 5 Infection control

Action:

- A team meeting has been scheduled to inform your practice staff of isolation and social distancing methods to be implemented in your practice

Staff meeting scheduled to educate all staff on isolation methods

Date: _____

Action completed ✓ box

Patient education

Patients will require ongoing and current information as a pandemic emerges. This includes initial information about the practice’s preparedness activities, and self management at home in later pandemic phases.

Read: Module 5.2 Isolation and quarantine

Action:

- signage has been placed in patient waiting areas, and consulting and treatment rooms to alert patients to:
 - signs and symptoms of influenza to be alert for
 - social distancing
 - correct use of surgical masks
 - hand hygiene and cough etiquette
- Check available government resources for patient education and signage

Staff meeting scheduled to inform staff of signage and its purpose

Date: _____

Action completed ✓ box

Communication

Communication is a key component in pandemic planning. Communication needs to be adaptable and reliable in a changing health environment such as a pandemic.

Read: Module 6 Communication

Action:

- Document a communication policy that details a strategic approach to communicating to:
 - patients
 - staff within your practice
 - public health units
 - key external providers of service and supplies
- Identify the location of your practice pandemic ‘notice board’
 - Is it a physical wall space?
 - Is it web based?
 - Is it paper based?
 - Another form _____
- Check available government resources for patient education and signage

Staff meeting scheduled to inform staff of communication policy

Date: _____

Action completed ✓ box

Vaccination

Seasonal influenza vaccination will not protect an individual against a pandemic influenza strain. However, vaccination for seasonal influenza is highly encouraged to reduce circulating influenza virus in the community and the chances that seasonal influenza will be confused with an outbreak of a novel strain. Pneumonia is a serious complication of influenza infection, particularly in the elderly and those at risk of respiratory disease. Pneumococcal vaccination is recommended for all at risk groups.

Read: Module 7 Clinical management

Read: Module 7.1 Immunisation

Action:

- Seasonal influenza and pneumococcal vaccine have been ordered and a staff and patient vaccination program planned
- Practice vaccination policy has been written

Staff meeting scheduled to inform all staff of the rationale in recommending influenza and pneumococcal vaccination to staff and patients

Date: _____

Action completed ✓ box

Business survival

General practice will require the capacity to respond to the health needs of patients while ensuring both the protection of staff and business continuity. Workplace absenteeism due to staff illness and other factors is inevitable, and during a pandemic continuation of core business will be a major challenge.

Read: Module 8 Planning for business survival

Action:

Meetings scheduled to develop business contingency planning:

- Management of staff illness and absenteeism
Date: _____

- Maintaining service and business delivery
Date: _____

- Strategic planning of financial obligations
Date: _____

- Inform external stakeholders of your business planning
Date: _____

Action completed ✓ box

Pandemic phase DELAY OS4/OS5/OS6

DELAY OS4/OS5/OS6 marks the move from 'pandemic alert' to 'pandemic threat' and indicates the start of an influenza pandemic.

DELAY OS4/OS5/OS6 indicates that the novel virus has not arrived in Australia but large clusters of cases have been identified overseas. Border measures will be implemented to delay entry into Australia and to try to avert a major outbreak. There will be raised awareness in patients due to increased media attention and government announcements.

Pandemic preparedness activities move from 'preparedness' to 'readiness'. This is a time for practice staff to review all policies and increase vigilance for cases of suspected pandemic influenza.

Action:

Inform staff of the epidemiology of the outbreak overseas and the implications for change in policy and clinical work. Review all practice policies and protocols that relate to pandemic preparedness in line with government policies:

- triage policy, including screening questions for front reception
- isolation and quarantine policy
- communication strategies

Confirm that all practice staff are:

- aware of patient management/referral pathways, and all clinical staff are aware of:
- pathology swab collection protocol
- patient referral and reporting pathways

Review levels of PPE stocks and review staff training in application, removal and disposal of PPE:

- staff to attend refresher course on infection control and the use of PPE

Action completed ✓ box

Pandemic phase CONTAIN 6a

Novel virus has arrived in Australia causing a small number of cases and/or small number of clusters.

Pandemic phase SUSTAIN 6b

Novel virus established in Australia and spreading in the community.

Pandemic phase CONTROL 6c

Pandemic vaccine widely available and bringing pandemic under control.

Pandemic phase RECOVER 6d

Pandemic controlled in Australia but further waves may occur.

Once a pandemic virus has arrived in Australia, it is believed that the infection could be contained to a small number of areas if control measures are implemented appropriately and early.

CONTAIN 6a could last for a number of weeks, particularly if the pandemic virus is not highly infectious and control measures are effective. Conversely, this phase could be relatively short if the pandemic virus is highly infectious and/or implementation of control measures are delayed.

It is important to ensure practices have access to current health information from appropriate public health authorities. Changes in pandemic phases may change:

- clinical management
- referral pathways
- vaccine and antiviral medical protocols.

Role of general practice

Some practice staff may decide to opt out of working; but for many this will not be an option that they are comfortable with or able to choose. General practices need to discuss and plan for these situations. Absenteeism of staff due to sickness or family commitments will put pressure on the practice's ability to be at full functioning capacity.

The roles and responsibilities of general practice during a pandemic will vary depending on circumstances and location. Some doctors may need to work in a different capacity, such as at designated 'flu clinics'.

Referral pathways will be changed as very sick patients may overwhelm hospitals and more home care will be required for mildly sick or terminally ill patients.

Anxiety and associated behaviours

Anxious patients may behave aggressively or be driven by fear to make extraordinary demands on both clinical and nonclinical staff. Training for staff may include strategies for dealing with these behaviours.

Practice staff may be scared, ill, or feel vulnerable. Work rosters will need to be adjusted to cope with absenteeism due to fear, sickness, family needs or choosing to work in other capacities outside of the practice.

Read: Appendix 2 Managing the health of the practice team

Read: Appendix 3 Risk management

Grief and loss

During this phase of a pandemic, grief and loss will affect patients, staff, their families and their friends. At a time when all resources will be at capacity level, it is important that staff recognise their role in offering support and counselling. Professional counselling services may not be available. Staff may be the only support for patients and other practice staff. This will require special effort by the practice team to support each other in what will be a very stressful period.

Pandemic influenza vaccine

When a pandemic influenza vaccine is made available, state and territory health departments will be responsible for the management of vaccine services. General practice may supplement vaccine delivery programs. Practice staff involved in vaccinating patients will need to be competent in multidose vial use when dispensing pandemic vaccines.

Communication

Communication between government health jurisdictions and health care providers will be vital to:

- Monitor the number of new infections and ensure appropriate planning measures are in place
- Sustain a coordinated response strategy between all levels of government, the health sector, and the community
- Access current public health directives from commonwealth, state and territory health departments.

Action:

Inform all staff of the epidemiology of the outbreak and the implications for change in policy and clinical work

- Review protocols:
 - triage
 - clinical management of patients in their homes
 - clinical management of patients in the clinic
 - communication strategies
 - palliative care for patients
 - reporting deaths to health authorities
 - managing transfer to mortuary facilities
 - contingency planning if no mortuary facilities are available
- Capacity within the practice:
 - staff rosters to facilitate the separation of clinical management of pandemic influenza and noninfluenza patients
 - review physical layout of the clinic
 - monitor levels of PPE
 - plan patient flow and management of patient waiting areas, consulting and treatment areas
 - consider alternative strategies for waste disposal (collection services may be overwhelmed and beyond capacity)
- Vaccine management:
 - review training and protocols in use of multidose vial vaccine delivery (risk analysis)
 - review vaccine cold chain and anaphylaxis protocols

Action completed ✓ box

Checklist for current pandemic phase ALERT OS3

- Staff have been briefed on pandemic phases and understand the impact of each phase and the practice's response plan
- Staff are aware of influenza-like illness symptoms ('red flags') that alert them to suspect a case of avian influenza (ALERT OS3) and pandemic influenza (DELAY OS4/5/6)
- Staff are aware of the difference in symptoms for influenza and the common cold
- The triage policy directs staff actions when a patient identifies influenza-like illness symptoms with recent travel overseas and close contact with sick birds
- Staff understand the role of hand hygiene, social distancing methods and cough etiquette
- Staff understand the rationale for requesting a patient to wear a surgical mask
- Stocks of PPE have been ordered and staff know where they are located for easy access
- Staff are competent in the application, removal and disposal of PPE
- Staff know where to locate the contact details for your public health authority and in what situation the practice would need to contact them for advice
- Staff understand the responsibility they have in preparing your practice for a pandemic
- Clinical staff know the clinical management and swab collection protocol for patients with suspected avian or pandemic influenza
- All staff understand the practice waste policy and can identify the risks to staff when handling infectious waste
- All staff understand the practice cleaning policy, including cleaning solutions used for surface cleaning
- Posters and signage are in place to reinforce pandemic planning messages for staff and patients
- A business survival plan has been developed