

Guidance and planning templates

The following guidance and planning templates are provided as general advice only and should be adapted to the needs of your practice within the context of the characteristics of the pandemic.

1. Roles and responsibilities

A pandemic leader, a pandemic coordinator and a communication coordinator should be appointed by each practice. The allocation of these roles will depend on the practice size and model. In the case of a smaller practice, one person may fulfil all roles.

The following suggested roles and responsibilities have been identified but can be amended according to the needs of your practice.

Pandemic coordinator

Pandemic coordinator:

The role:

Your role is to undertake key coordinating activities to ensure that the practice is prepared for and able to effectively respond to a pandemic.

Your responsibilities:

Your prime responsibility is to develop your practice's pandemic plan and ensure that response activities are being executed appropriately within the practice. It is important that the pandemic plan for your practice is flexible. You will also undertake coordinating activities.

Key roles and responsibilities may include:

- Develop the practice's overall pandemic plan
- Undertake appropriate education and training to fulfil your role
- Ensure awareness of state and national pandemic plans
- Integrate the pandemic plan in the practice's overall business continuity plan
- Manage stockpiles of clinical and non-clinical equipment
- Establish and maintain infection control measures and principles
- Monitor the emergence of disease in Australia and relevant communication via government, RACGP and other relevant peak body (eg Australian Association of Practice Management) websites
- Identify and support emerging vulnerable patient groups
- Identify key stakeholders, initiate contact and maintain relationships
- Establish or continue processes for communicating with the patient community
- Ensure practice team members understand infection prevention and control, including the donning and doffing of PPE
- Schedule regular team meetings for all practice team members and provide team members with appropriate education and training
- Display communication posters in the practice

Pandemic leader

Pandemic leader:

The role:

You are the overall leader of the response, and your role is to lead the practice team once a pandemic has been declared.

Your responsibilities:

Your primary responsibility is to implement the practice's pandemic plan at a level proportional to the outbreak threat and to lead the practice team throughout the response.

Key roles and responsibilities may include:

- Assume leadership
- Assist the pandemic coordinator during development of the practice's pandemic plan
- Establish and maintain systems to conduct surveillance for early cases
- Establish practice processes and systems as per your pandemic plan, including infection prevention and control measures and patient triaging and flow
- Assume overall management of team member safety, staffing and support
- Facilitate a postoutbreak review of the response

Communications coordinator

Communication coordinator:

The role:

Your role is to undertake key communication activities to ensure that practice team members, patients and stakeholders have the most current information regarding the pandemic.

Key roles and responsibilities may include:

- Monitor the emergence of disease in Australia and relevant communication via government, RACGP and other relevant peak body (eg Australian Association of Practice Management) websites
- Establish processes for communicating with the team members and your patient population
- Display communication posters in the practice
- Provide updates for patients via the practice newsletter, social media or SMS, as relevant

2. Team member capacity to work during a pandemic

For a range of reasons (eg pregnancy, immunosuppression), team members may be reluctant or unable to work in the practice during a pandemic.

The pandemic coordinator should identify in advance which team members are prepared to work in the practice during a pandemic. This information will need to be reviewed at the time of an actual event, but can act as a guide. Below are suggested questions that can be deleted, amended or added to as appropriate.

Key questions can include:

- Do you or your immediate family have health restrictions that may affect your ability to work in the practice during a pandemic?
- Would you be prepared to work in the practice during a pandemic?
- Would you be prepared to work additional hours or after-hours if the practice extended its hours during a pandemic?
- Would you be prepared to work at a different location if a designated clinic was established to respond to the pandemic?
- [Add further questions here]

A record of all team members who are willing to work during a pandemic should be created during the preparedness phase and should be maintained. This information can be populated in the following table.

Team member	Willing/able to work at the practice?	After-hours availability	Willing/able to work offsite?

3. Team member immunisation register

To ensure the health and wellbeing of team members and patients, it is recommended that all team members be immunised against relevant vaccine preventable disease.

Visit the [Australian immunisation handbook](#) to read more on recommended vaccinations for healthcare workers.

The pandemic coordinator should keep a register of team members' vaccination status. The following table can be used to document this information.

Team member	Immunisation/s	Date of immunisation

4. Equipment and supplies

It is recommended that practices have appropriate stocks of clinical (eg PPE) and non-clinical supplies (eg cleaning products and alcohol rub) to ensure continued operations during a pandemic.

During a pandemic, supplies may be scarce. It is therefore important that the pandemic coordinator establish and maintain an adequate stockpile of clinical and non-clinical equipment.

Practices are encouraged to always maintain a supply of PPE (sufficient for approximately two weeks of standard operation) within the practice, with identified supply chains to increase this as required.

The following template for clinical supplies should be completed, added to and updated by the pandemic coordinator.

Clinical supplies	Quantity	Expiry date
Plastic aprons		
Gowns		
P2 masks		
N95 masks		
Surgical masks		
Goggles/glasses		
Face shields		
Gloves		
Swabs		

If stocks are low, the pandemic coordinator is responsible for replenishing supplies.
The following template can be used to record ordering details.

Clinical supplies	Date ordered	Quantity	Expected delivery date

The following template for non-clinical supplies should be completed and updated by the pandemic coordinator.

Non-clinical supplies	Quantity
Alcohol-based hand sanitiser	
Tissues	
Paper linen for examination couches	
Cleaning products	
Rubbish bins	
Bin liners	
Air purification/ventilation system	

5. Infection prevention and control

The pandemic leader is responsible for establishing and maintaining appropriate infection control principles and should refer to the [RACGP's Infection prevention and control standards](#) (5th edition) and the Australian Commission on Safety and Quality in Healthcare's [Guidelines for the prevention and control of infection in healthcare \(2019\)](#) for more detailed information.

Cleaning policy

During planning processes, the pandemic coordinator should develop and document a policy for how the practice will be cleaned both routinely and during a pandemic.

The following table shows key components that could be included in a practice's cleaning policy.

Considerations	Provide detail
Determine what areas/rooms require cleaning	
Products to be used	
Frequency for scheduled cleaning	
Procedures for scheduled cleaning	
Procedure for unscheduled cleaning (body fluid spills)	
Process for reporting problems to pandemic coordinator	

Waste management policy

During planning processes, the pandemic coordinator should develop and document a policy for how the practice will manage waste routinely and during a pandemic. There are three types of waste in general practice: general, clinical and related.

- General waste includes office waste, kitchen waste, tongue depressors, disposable specula
- Clinical waste includes discarded sharps, human tissue, materials that contain free-flowing or expressible blood or potentially infected fluids.
- Related waste can contain cytotoxic, pharmaceutical and chemical waste.

The practice should have an agreed process for storing and disposing these types of waste.

The following table shows key components that could be included in a practice's waste management policy.

How will the practice store and dispose of general waste?

How will the practice store and dispose of clinical waste?

How will the practice store and dispose of related waste?

6. Managing the facility during a pandemic

During the planning stage, the pandemic coordinator should consider whether and how the facility can be modified to help reduce the spread of infection.

The following table includes suggested modifications that a practice may implement during a pandemic.

Modifications the practice may implement in a pandemic

Request that patients with symptoms wait in the car or outside

Arrange to use an alternative entrance for patients with symptoms

Arrange for an alternative waiting room for patients with symptoms

Use an existing consultation room as a dedicated room for treating and managing patients with symptoms

Provide conveniently located masks, tissues and alcohol-based hand sanitiser in waiting areas

Streamline payment processes (eg no touch payment systems) and post bills via email/mail

7. Team member education and training

The pandemic coordinator should keep a log of all pandemic education and training that team members undertake. This should be updated regularly. It is important that new team members receive appropriate training.

Team member	Training received	Date received

8. Business continuity

The following table provides an outline of some of the key considerations during business continuity planning.

Define the critical functions that need to be sustained

Identify staffing levels required to maintain critical functions

Identify key supplies and equipment required to maintain critical functions

Identify how the practice will manage team member absenteeism to minimise impacts on service delivery

Identify whether/how the practice can modify patient flow to ensure safety and sustainability

Identify whether/what services could be downsized or closed

Identify whether/how the practice can use telehealth to support infection prevention

Consider home visits for affected patients

Access and provide home monitoring equipment for patients ill at home

9. External key stakeholders

The following template can be used to record the contact details of identified stakeholders.

A stakeholder list can be accessed from [practice to insert file path here if available].

Organisation	Contact name	Address	Telephone	Email/other contact method
Local pharmacy				
Local hospital				
Hospital-In-The-Home program				
Community nursing team				
Primary Health Network				
Public Health Unit				
Neighbouring general practices				
Medical suppliers				
Diagnostics providers				
Pathology providers				
Point-of-care testing facilities				
RACGP faculty				
Non-clinical supplies company				

10. Communication

Communicating with key external stakeholders

During a pandemic, it may be helpful for practice team members (who have varying rosters/shifts) to record and track communication with external stakeholders. This record may be kept at the reception desk for visible access.

The following template can be used to record and track communications with external stakeholders.

Date	Team member	Organisation/name	Comments

Communicating with patients

Methods of communication will vary depending on the practice and patient groups.

The following table outlines suggested methods for communicating with patients.

Methods for communicating with patients in a pandemic

Posters and signage:

- disease symptoms
- triage arrangements
- practice entry requirements (eg wearing a mask or access via a different entrance)

Fact sheets and information sheets

Newsletters and mail-outs

Telephone, SMS

Email

Practice website, which should contain up-to-date information about the pandemic, opening hours and other relevant information

Notice board

Telephone answering machine with message on hold

Further resources

RACGP

- [Infection prevention and control guidelines for general practices and other office-based and community-based practices](#)
- [Standards for general practices](#) (5th edition)
- [Telehealth resources](#)

Australian Government Department of Health and Aged Care

- [Nationally notifiable diseases](#)
- [Health alerts](#)

Australian Technical Advisory Group on Immunisation

- [Australian immunisation handbook](#)

Australian Commission on Safety and Quality in Health Care

- [Australian guidelines for the prevention and control of infection in healthcare \(2019\)](#)

State and territory health department infectious disease units

ACT Health	02 5124 9213
NSW Health	1300 066 055
NT Health	Find details for your closest Public Health Unit
Queensland Health	Find details for your closest Public Health Unit
SA Health	1300 232 272
Tasmanian Department of Health	1800 671 738
Victorian Department of Health	1300 651 160
Western Australian Department of Health	Find details for your closest Public Health Unit