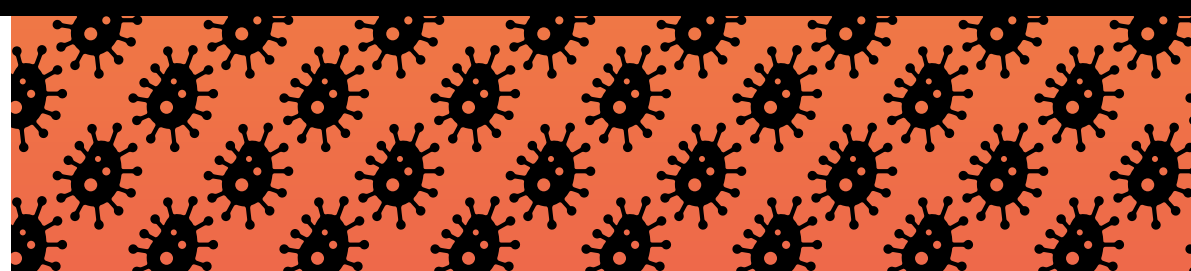
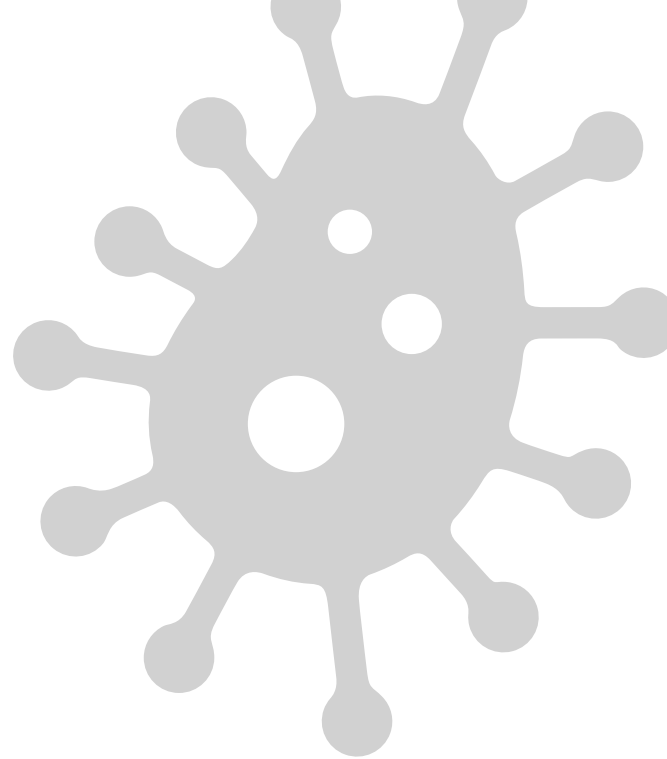


*Implementation
guide*



Pandemic flu kit





Implementation guide

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Introduction

All three components of the RACGP's Pandemic flu kit (PFK) – the *Managing pandemic influenza in general practice guide (Pandemic influenza guide)*, this *Implementation guide* and the *Pandemic influenza toolkit* – are consistent with Australia's overall strategic approach to emergency management. In particular, the *Implementation guide* has been aligned with the Australia's overall national health sector plan – the *Australian Health Management Plan for Pandemic Influenza (AHMPPI)*. To ensure consistency among all responders, the stages and terminology used in this guide are consistent with the stages and terminology (including colour coding) contained within the AHMPPI.

The *Implementation guide* has been designed for practical use and implementation by GPs and the practice team during pandemic preparation and response efforts, and is an operational document for the RACGP's PFK. The *Implementation guide* outlines a menu of actions that can be undertaken during different stages of the pandemic.

Depending on the practice size and model, the key roles identified in this plan may be fulfilled by the same person.

To ensure a comprehensive understanding on how to use the RACGP's pandemic resources, this guide should be read in conjunction with the other components of the PFK, the *Pandemic influenza guide* and the *Pandemic influenza toolkit*.

Prevention: Actions in this stage are considered business-as-usual operations and include the application of appropriate infection prevention and control measures. Prevention is not the focus of this plan but is further discussed in the *Pandemic influenza guide*.

Preparedness: These activities are conducted as part of the practice's planning process and are considered business-as-usual operations. Pandemic plans should be reviewed/updated annually (preferably in February, so practices are also prepared for the flu season).

(Response) Standby stage: This stage is triggered when a warning of a pandemic has been received by an appropriate authority. Practices should have an up-to-date pandemic plan in place so they are ready to appropriately respond.

(Response) Initial action stage: This stage is triggered when a declaration of pandemic influenza has been made by an appropriate authority. Practices are required to put a pandemic plan in place and respond to healthcare needs of the local community.

(Response) Targeted action stage: This stage is triggered when there is sufficient information collected during the initial action stage to help refine the pandemic response already implemented.

(Response) Stand down stage: This stage is triggered when the Communicable Disease Network Australia (CDNA) advises that the pandemic has reached a level where it can be managed under seasonal influenza arrangements.

Recovery: Actions in this stage include assisting the practice to get services back to normal. Recovery is not the focus of this plan but is further discussed in the *Pandemic influenza guide*.

Preparedness

Preparedness activities are conducted as part of the practice's planning process and are considered as business-as-usual operations, until there is a need to respond to a pandemic. It is recommended that the following measures are considered for implementation during the preparedness stage.

Action/task	Further information	Staff responsible	Considerations
Governance			
Appoint a pandemic leader and pandemic coordinator and outline key roles and responsibilities (these two roles may be undertaken by the same person)	Section 6.2 <i>Pandemic guide</i> Section 7.2. <i>Pandemic guide</i> Section 2.1 <i>Pandemic influenza toolkit</i>	Principal GP Practice owner	Allocation of these roles will depend on the practice size and model
Planning			
Develop and maintain an influenza-specific plan for the practice	Section 6.1 <i>Pandemic guide</i> <i>Pandemic toolkit</i> (in its entirety)	Pandemic coordinator Pandemic leader	Review and update the plan annually (preferably every February so the practice is prepared for the flu season)
Ensure pandemic leader and coordinator are aware of state and Commonwealth pandemic plans	Section 6.2. <i>Pandemic guide</i> Section 3 <i>Pandemic influenza toolkit</i>	Pandemic coordinator Pandemic leader	State and Commonwealth plans will be updated regularly
Incorporate pandemic plan into overall business continuity plan	Section 6.4 <i>Pandemic guide</i> Section 7 <i>Pandemic influenza toolkit</i>	Pandemic coordinator	Ensure business continuity plans and pandemic plans are updated at the same time and are appropriately integrated
Resources			
Establish and maintain a stockpile of personal protective equipment (PPE), other clinical equipment and non-clinical medical equipment	Section 6.3.6 of <i>Pandemic guide</i> Section 4 <i>Pandemic influenza toolkit</i>	Pandemic coordinator	In a pandemic, resources may be scarce. An appropriate stockpile of PPE is vital so practices can continue providing essential services
Consider arrangements to ensure maintenance of human resources	Section 6.4.1 <i>Pandemic guide</i> Section 2.3 <i>Pandemic influenza toolkit</i>	Pandemic coordinator	Staffing levels may be affected. Consider health restrictions (pregnancy, illness) of staff that may limit their ability to work during a pandemic
Develop a staff immunisation register	Section 6.4.1 of <i>Pandemic guide</i> Section 2.4 <i>Pandemic influenza toolkit</i>	Pandemic coordinator	Immunisation against seasonal influenza is encouraged according to current immunisation guidelines
Establish and maintain infection control measures and principles	Section 6.3 <i>Pandemic guide</i> Section 5 <i>Pandemic influenza toolkit</i>	Pandemic coordinator	All practice staff should have a good understanding of infection prevention and control principles
Conduct assessment of potential risks to practice and identify best management approaches	Section 6.3.1 <i>Pandemic guide</i> Section 5.7 <i>Pandemic influenza toolkit</i>	Pandemic coordinator	This should be undertaken during the preparedness phase and revised during the response and the recovery phases

Preparedness

Preparedness activities are conducted as part of the practice's planning process and are considered as business-as-usual operations, until there is a need to respond to a pandemic. It is recommended that the following measures are considered for implementation during the preparedness stage.

Identification

Monitor the emergence of disease in Australia via RACGP and government websites	Section 3.6 <i>Pandemic influenza toolkit</i>	Pandemic coordinator	This should be done on an ongoing basis
Establish and maintain systems to collect influenza surveillance data	Section 6.1 <i>Pandemic influenza toolkit</i> Section 6.6.6 <i>Pandemic guide</i>	Pandemic coordinator Pandemic leader	This data is important and will provide an overview of how many people are affected and whether further resources are required
Identify at-risk and vulnerable patient groups	Section 6.6.2 <i>Pandemic guide</i> Section 6.2 <i>Pandemic influenza toolkit</i>	Pandemic coordinator	It is important to identify more vulnerable patients and keep an easily accessible up-to-date list

Communications

Identify key stakeholders. Establish and maintain health sector communication processes	Section 6.5 <i>Pandemic guide</i> Section 9 <i>Pandemic influenza toolkit</i>	Pandemic coordinator Pandemic leader Communication coordinator	Good relationships with other practices, local hospitals, community nursing teams, pharmacies, and Medicare Locals is vital
Establish and maintain processes for communicating with staff	Section 6.4.1 <i>Pandemic guide</i> Section 6.5 <i>Pandemic guide</i>	Pandemic coordinator Pandemic leader	
Establish and maintain processes for communicating with patients	Section 6.5.1 <i>Pandemic guide</i> Section 9.2 <i>Pandemic influenza toolkit</i>	Pandemic coordinator	A variety of communication methods should be explored to ensure good communication with patients

It is recommended that practices undertake preparedness activities on an annual basis (preferably in February so they are prepared for flu season).

Practices only need to follow advice outlined in the other pandemic stages when a pandemic is announced by the Commonwealth Government.

Standby stage			
This stage is triggered when a warning of a potential influenza pandemic has been received from an appropriate authority. In the standby stage, the following measures could be considered for implementation.			
Action/task	Further information	Staff responsible	Considerations
Governance			
Confirm that key roles will be fulfilled by assigned pandemic leader and coordinator	Section 7.2 <i>Pandemic guide</i> Section 2.1 <i>Pandemic influenza toolkit</i>	Principal GP Practice owner	Due to staffing changes, these roles may need to be reassigned
Schedule and conduct a meeting for all practice staff	Section 7.2 <i>Pandemic guide</i> Section 2 <i>Pandemic influenza toolkit</i>	Pandemic leader	A team meeting is a good opportunity to confirm key roles and responsibilities and consider possible changes to staff rostering
Preparing to commence enhanced arrangements			
Check the status of PPE, other clinical and non-clinical equipment stockpiles	Section 7.3.1 <i>Pandemic guide</i> Section 4 <i>Pandemic influenza toolkit</i>	Pandemic coordinator	Maintenance of stock is key; also ensure stock is current and not past its expiry date
Confirm staff availability to ensure maintenance of adequate staffing levels during pandemic	Section 7.4 <i>Pandemic guide</i> Sections 2.2 and 2.3 <i>Pandemic influenza toolkit</i>	Pandemic leader	If staff have changed, ensure that staff contact list is up to date and availability to work is identified
Ensure infection prevention control guidelines have been implemented	Section 7.3 <i>Pandemic guide</i> Section 5 <i>Pandemic influenza toolkit</i>	Pandemic coordinator	Complete infection control checklist to reduce the risk of cross-infection
Identification			
Continue to monitor the emergence of disease in Australia via RACGP and government websites	Section 3.6 <i>Pandemic influenza toolkit</i>	Pandemic coordinator	This will provide insight into if there is a pandemic, how severe the pandemic may be, and if/how the practice should tailor its response
Undertake enhanced domestic surveillance via systems developed in preparedness stage	Section 6.6.6 <i>Pandemic guide</i> Section 6.1 <i>Pandemic influenza toolkit</i>	Pandemic leader Pandemic coordinator	This reporting will assist the government in understanding if and what additional supports may be required
Confirm that the list of vulnerable patients is accurate and up to date	Section 6.2 <i>Pandemic influenza toolkit</i>	Pandemic coordinator	These patients may need to be contacted in a pandemic. Up-to-date contact information is crucial
Communication			
Initiate contact between identified key stakeholders	Section 8 <i>Pandemic influenza toolkit</i>	Pandemic leader Pandemic coordinator	Good communication before and during an event is essential
Contact all patients with chronic diseases and encourage them to visit the practice during standby	Section 6.2 <i>Pandemic influenza toolkit</i>	Pandemic coordinator	This activity will increase the capacity of the practice to see patients with influenza-like symptoms during a pandemic
Inform patients of the possibility of a pandemic via identified communication methods	Section 7.5.1 <i>Pandemic guide</i> Section 9.2 <i>Pandemic influenza toolkit</i>	Pandemic leader Pandemic coordinator	Clear communication with patients will ensure they have a good understanding of how the practice may be affected and/or modified during a pandemic

Initial action stage

This stage is triggered when a declaration of pandemic influenza has been made by an appropriate authority. In the initial action stage, the following measures could be considered for implementation.

Action/task	Further information	Staff responsible	Considerations
Governance			
Activate key roles and conduct a team meeting for all practice staff	Section 7.2 <i>Pandemic guide</i> Section 2.1 <i>Pandemic influenza toolkit</i>	Pandemic leader Pandemic coordinator	The practice team should be provided with detailed information regarding the practice's pandemic plan
Preparing and supporting initial health system needs and managing initial cases			
Provide staff with instructions for the correct putting on and taking of PPE	Section 5.4 <i>Pandemic influenza toolkit</i> PPE Posters	Pandemic coordinator	Incorrect use of PPE can result in cross-infection. Posters to be displayed in treatment rooms and reception area
Provide staff and patients with PPE when in the practice	PPE Posters Section 5.4 <i>Pandemic influenza toolkit</i>	Practice staff	If appropriate, patients may be provided with PPE at practice entrance
If appropriate, activate practice's plan to modify the practice to reduce the risk of cross-infection	Section 7.3 <i>Pandemic guide</i> Section 5.6 <i>Pandemic influenza toolkit</i>	Pandemic leader Pandemic coordinator	Consider modification (if any) required, including the organisation of designated consultation and waiting rooms
Activate triaging of patients	Section 7.3 <i>Pandemic guide</i> Section 5.5 <i>Pandemic influenza toolkit</i>	Practice staff	All patients should be triaged, whether calling by phone or in person. Display triage algorithm in reception area
Identification			
Confirm the list of vulnerable patient groups is accurate and up to date	Section 6.2 <i>Pandemic influenza toolkit</i>	Pandemic coordinator	These patients will be contacted during this stage
Continue undertaking enhanced domestic surveillance via systems developed in preparedness stage	Section 6.6.6 <i>Pandemic influenza toolkit</i>	Pandemic leader Pandemic coordinator	This reporting will assist the government in understanding if and what additional supports may be required
Communication			
Continue maintaining relationships with key stakeholders	Section 7.5 <i>Pandemic guide</i> Section 9.1 <i>Pandemic influenza toolkit</i>	Pandemic leader	Other responders may be able to assist with equipment or staff. Timely communication is key
Communicating with patients	Section 7.5.1 <i>Pandemic guide</i> Section 9.2 <i>Pandemic influenza toolkit</i>	Pandemic coordinator	When contacting patients consider that they may have a heightened anxiety as a result of the media
Provide information, such as respiratory hygiene and handwashing posters	Section 7.5.1 <i>Pandemic guide</i> Section 9.2 <i>Pandemic influenza toolkit</i> PPE Posters	Pandemic coordinator	Posters should be displayed so as to be visible to patients

Targeted action stage

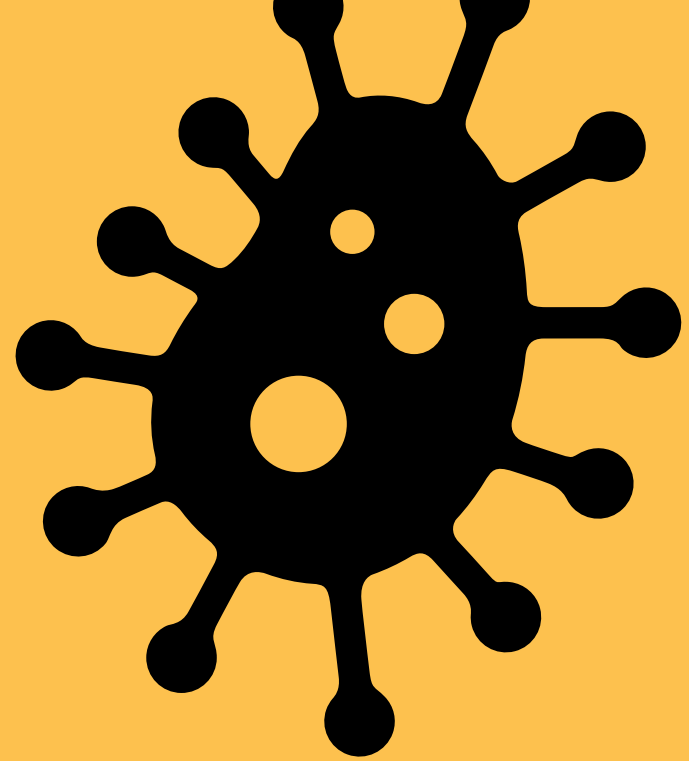
This stage is triggered when there is sufficient information collected during the initial action stage to help refine the pandemic response already implemented. In the targeted action stage, the following measures could be considered for implementation.

Action/task	Further information	Staff responsible	Considerations
Governance			
Ensure pandemic plan implemented is appropriate and proportional to the response required	Section 7.1 <i>Pandemic guide</i>	Pandemic leader	The severity and transmissibility before a pandemic is unknown. It is essential that the response is appropriate and proportional to the outbreak
Supporting and maintaining quality care			
Keep up to date with new and emerging information regarding the virus	Section 7 <i>Pandemic guide</i> Section 3.6 <i>Pandemic influenza toolkit</i>	Pandemic leader Pandemic coordinator	New information regarding the case definition and treatment may be available at this time. Up-to-date information is crucial
If appropriate, implement surge staff arrangements	Section 7.4 <i>Pandemic guide</i> Section 2.3 <i>Pandemic influenza toolkit</i>	Pandemic leader Pandemic coordinator	There may be a significantly increased need for health services; practices should have already planned for how they would accommodate this
Monitor health system capacity via media and communications with other key stakeholders	Section 7.5 <i>Pandemic guide</i> Section 9.1 <i>Pandemic influenza toolkit</i>	Pandemic leader Pandemic coordinator	If staffing levels are affected, the practice may need to rely on other services for support
If/when appropriate, implement the pandemic-specific immunisation program	Section 7.6 <i>Pandemic guide</i>	Pandemic leader	A program (based on the specific virus) will be developed by the Commonwealth Government. No virus/immunisation is the same
Maintain agreed infection prevention and control measures	Section 7.3 <i>Pandemic guide</i> Section 5 <i>Pandemic influenza toolkit</i>	Pandemic leader Pandemic coordinator	Best-practice guidelines for infection control may be modified depending on the virus
Triage and group patients as necessary	Section 7.3 <i>Pandemic guide</i> Section 5.5 <i>Pandemic influenza toolkit</i>	Pandemic leader Pandemic coordinator	

Stand down stage

This stage is triggered when the CDNA have advised that the pandemic has reached a level where it can be managed under seasonal influenza arrangements. In the targeted action stage, the following measures could be considered for implementation.

Action/task	Further information	Staff responsible	Considerations
Governance			
Team meeting – review and consider updating pandemic plans and/or practice protocols	<i>Pandemic influenza toolkit</i> (in its entirety)	Pandemic leader Pandemic coordinator	Good opportunity to review response efforts and incorporate learning into revised plan
Supporting and maintaining quality care			
Assess the status of stockpiles and equipment and replenish as appropriate	Section 4 <i>Pandemic influenza toolkit</i>	Pandemic leader Pandemic coordinator	Stockpiles and equipment should be replaced based on seasonal needs
Ensure appropriate support is available for all practice staff who worked during the pandemic	Section 7.7 <i>Pandemic guide</i>	Pandemic leader	Support required will vary depending on individual staff and practices
Removal of signage, posters and patient communication notices	NA	Pandemic coordinator	
Identification			
Monitor for a second wave of the virus	Section 3.6 <i>Pandemic influenza toolkit</i>	Pandemic coordinator	A second wave may occur. Practice coordinator to remain vigilant and continue to monitor appropriate communication
Review processes for domestic surveillance via systems developed in preparedness stage	Section 6.6.6 <i>Pandemic influenza toolkit</i>	Pandemic leader	Assess whether surveillance processes were undertaken by all clinical staff. Explore opportunities to improve processes for future events
Communications			
Advise identified key stakeholders that the practice will be transitioning to seasonal influenza arrangements	Section 9.1 <i>Pandemic influenza toolkit</i>	Pandemic leader Pandemic coordinator	If appropriate it may be helpful to meet with stakeholders to explore opportunities to improve communication processes for future events
Notify patients that the practice will be transitioning to business-as-usual operations	Section 9.2 <i>Pandemic influenza toolkit</i>	Pandemic coordinator	
Consider holding a patient information session	Section 9.2 <i>Pandemic influenza toolkit</i>	Pandemic leader Pandemic coordinator	This may lead to invitations to attend/present local educational sessions to address community/practice needs



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