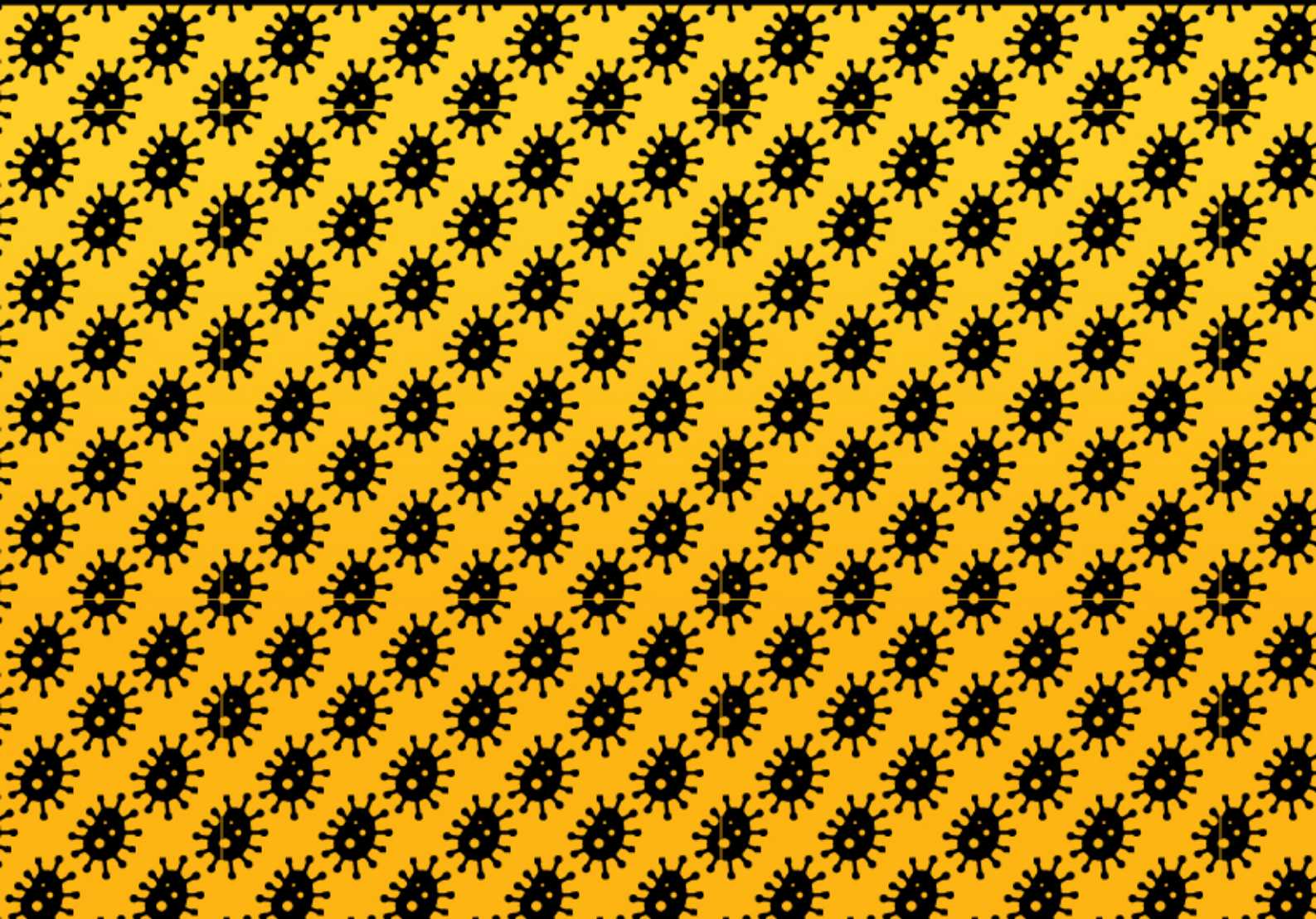# RACGP

Pandemic influenza toolkit

3

Pandemic flu kit

Pandemic influenza toolkit: Operational documents to ensure that your practice is prepared and able to effectively respond to a pandemic

RACGP | *Pandemic influenza toolkit*

Operational documents to ensure that your practice is prepared and able to effectively respond to a pandemic

About the Pandemic influenza toolkit

As with the other components of the RACGP's Pandemic flu kit (PFK), the *Pandemic influenza toolkit* should be read in conjunction with the other resources – the *Managing pandemic influenza in general practice* guide and the *Implementation guide*.

The *Pandemic influenza toolkit* has been designed to assist practice staff in developing a pandemic plan for the practice. The development and maintenance of a pandemic plan will ensure that practices are prepared and able to respond effectively with minimal disruption to business operations.

The *Pandemic influenza toolkit* includes a range of practical resources such as planning templates, posters and triage algorithms. Completion of all resources contained within this toolkit will provide practices with a comprehensive plan for pandemic influenza specifically tailored to their practice.

To facilitate the planning process, the toolkit contains suggested contingency measures for consideration by the pandemic leader and coordinator. If the suggested text/examples do not apply to the practice, they can easily be removed and/or revised to ensure that the plan accurately reflects the needs of the practice and practice staff. If appropriate, practices can include or attach additional information to form part of their practice's overall pandemic plan.

It is recognised that some practices may already have the information that is requested in this toolkit. If this is the case, it is suggested that practices simply record the location of the relevant files to avoid duplication of information. If not, practices can simply use the templates provided to record all essential data to include in the practice's overall pandemic plan.

When completing all/or some components of this toolkit, practices are advised to ensure that they comply with the Australian Privacy Principals (APPs) as outlined in the national privacy legislation, which came into effect in March 2014. Some of the information used to develop a pandemic plan for the practice may be sensitive and practices are warned to take caution when collecting and storing this information.

Further information regarding this privacy legislation is available at www.oaic.gov.au/privacy

Contents

1. Pandemic planning

Developing a quality pandemic plan will ensure that the practice is well equipped to manage the next outbreak of pandemic influenza. The plan will provide detail about how the practice will operate before, during and after a pandemic.

The key components of an effective pandemic plan include information on:

- human resources
    - roles and responsibilities
    - staff contact details
    - staff rostering
    - immunisation register
    - extra supports required for staff
- key resources
- equipment and supplies (clinical and non-clinical)
- infection prevention and control measures
- clinical management
- business continuity
- identified stakeholders
- communication.

It is strongly recommended that practices update their plans every February so that they are prepared for a pandemic and flu season.

It is also important that all pandemic plans are subject to rigorous version control. It is recommended that the pandemic plan have a version number and date.

2. Human resources

2.1 Roles and responsibilities

The principal GP or practice manager should appoint two members of staff to act as the pandemic leader and the pandemic coordinator and, if there is sufficient capacity, a third staff member to be the communication coordinator. Allocation of these roles will depend on the practice size and model. If it is a smaller practice, one person may need to 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: [insert name]

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. How well you perform your role will be a major factor in how effective your practice manages the pandemic.
It is important that the pandemic plan for your practice is flexible. You will also undertake coordinating activities.

Key roles and responsibilities that may be included:
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 pandemic plan in your practice's overall business continuity plan
Manage stockpiles for clinical and non-clinical equipment
Establish and maintain infection control measures and principles
Monitor emergence of disease in Australia and relevant communication via government and RACGP websites
Identify and contact vulnerable patient groups
Identify key stakeholders, initiate contact and maintain relationships
Establish processes for communicating with the public
Provide staff with instructions for application and removal of personal protective equipment (PPE)
Schedule regular team meetings for all practice staff and provide staff with appropriate education and training
Display communication posters in the practice

Pandemic leader: [insert name]

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

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

Key roles and responsibilities that may be included:
Assume leadership
Provide assistance to the pandemic coordinator during development of the practice's pandemic plan
Establish and maintain systems to collect influenza surveillance data and maintenance of systems
Identify key stakeholders, initiate contact and maintain relationships
Assume overall management of staff safety, staffing and support
Ensure infection prevention and control guidelines and measures have been implemented
Activate triaging of patients
Facilitate post-pandemic review of response for staff

Communication coordinator: [insert name]

The role
Your role is to undertake key communication activities to ensure that practice staff, patients and stakeholders have the most current information regarding the pandemic. Note that this role has not been specified in the *Pandemic implementation guide* but would involve all matters relating to communication.

Your responsibilities

Key roles and responsibilities that may be included:
Monitor emergence of disease in Australia and relevant communication via government and RACGP websites
Establish processes for communicating with the staff and the public
Display communication posters in the practice

2.2 Staff contact details

The pandemic coordinator completes, reviews and updates the following template for staff contact details. Additional rows can be added or deleted as appropriate.

If a practice already has this information documented, simply record where the file is stored/located.

Staff list can be accessed from [insert file path here].

Role	Name	Address	Phone	Email	Next of kin	Phone

2.3 Staff rostering

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

The pandemic coordinator should identify which staff are prepared to work in the practice during a pandemic situation and document the responses. 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 to be included:
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 flu clinic was established?
[Add further questions here]

A record of all staff 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. Additional rows can be added or deleted as appropriate.

Staff member	Willing to work	After-hours	Flu clinic

2.4 Develop and maintain a staff immunisation register

To ensure the health and wellbeing of staff, it is recommended that all staff be immunised.

The National Health and Medical Research Council's (NHMRC) *Immunisation handbook* (10th edition) has further information regarding immunisation. This resource can be accessed from www.immunise.health.gov.au

The pandemic coordinator should keep a register of staff immunisation. The following table can be used to document this information. Additional rows can be added or deleted as appropriate.
If a practice already has this information documented, simply record where the file is stored/located.

Staff immunisation register can be accessed from [insert file path here].

Staff member	Immunised	Date of immunisation

3. Pandemic plans and key resources

3.1 The Australian Health Management Plan for Pandemic Influenza (AHMPPI)

The AHMPPI is a national plan for the health sector and is based on international best practice and evidence for responding to an influenza pandemic. It is recommended that the pandemic coordinator be familiar with the AHMPPI to ensure that they are able to effectively respond in the event of a pandemic.

Practices can download a copy of the AHMPPI from the Department of Health, at www.health.gov.au

3.2 State and territory plans for pandemic influenza

Each state and territory is also required to have their own jurisdictional plan for the management of pandemic influenza. It is recommended that the pandemic coordinator be familiar with their relevant state and territory plan for pandemic influenza.

State/territory	Pandemic plan	Year	Access
ACT	ACT Health management plan for pandemic influenza	2007	www.health.act.gov.au
NSW	NSW Health influenza plan	2010	www.health.nsw.gov.au
NT	Special counter disaster plan – human pandemic influenza	2009	www.health.nt.gov.au
QLD	Pandemic influenza plan	2009	www.health.qld.gov.au
SA	Pandemic influenza – a summary of SA Health operational plan	2012	www.health.sa.gov.au
TAS	Tasmanian action plan for pandemic influenza	Under review	www.dhhs.tas.gov.au
VIC	Victorian action plan for human influenza pandemic	2012	www.health.vic.gov.au
WA	Western Australia – Health management plan for pandemic influenza	2009	www.health.wa.gov.au

3.3 Managing emergencies and pandemics in general practice: A guide for preparation, response and recovery

The PFK is an appendix to the *Managing emergencies and pandemics in general practice* guide. It is suggested that the pandemic coordinator review this document during the preparedness phase and as appropriate.

Practices can download a copy of this resource from www.racgp.org.au/managingemergencies

3.4 RACGP Infection prevention and control standards

Effective infection prevention control measures in general practice is paramount. During the preparedness and response stages, it is strongly recommended that the pandemic coordinator regularly review the RACGP's *Infection prevention and control standards: For general practices and other office-based and community-based practices*, 5th edition.

Practices can download a copy of this resource from www.racgp.org.au/your-practice/standards/infectioncontrol

3.5 NHMRC Australian Guidelines for the Prevention and Control of Infection in Healthcare

Practices can download a copy of this resource from www.nhmrc.gov.au/guidelines/publications/cd33

3.6 Monitoring pandemic status and communications

The pandemic coordinator should regularly monitor the emergence of disease in Australia via the commonwealth (www.health.gov.au) and RACGP (www.racgp.org.au) websites.

3.7 RACGP's Emergency Response Planning Tool

Practices can also utilise the RACGP's Emergency Response Planning Tool (ERPT) to assist them during their emergency and pandemic planning and response efforts. To access this online tool, visit https://erpt.racgp.org.au

4. Equipment and supplies

It is recommended that practices have appropriate stocks of clinical (such as PPE) and non-clinical supplies (such as 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 maintain a supply of PPE (sufficient for approximately up to 4 weeks) within the practice at all times.

The following template for clinical supplies should be completed and updated by the pandemic coordinator. Additional lines can be added or deleted as appropriate.

Clinical supplies	Quantity	Expiry date
Plastic aprons		
Gowns		
P2 masks		
N95 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. Additional lines can be added or deleted as appropriate.

Non-clinical supplies	Quantity
Alcohol rub	
Tissues	
Paper linen for examination couches	
Tissues	
Cleaning products	
Rubbish bins	
Bin liners	

5. Infection prevention and control

General practices can reduce the risk or prevent the transmission of infectious diseases by embedding infection control measures in everyday practice. While all GPs, clinical staff and non-clinical staff should have a good understanding of infection control principles, it is the responsibility of the pandemic leader to ensure that these principles are appropriately implemented within the practice during a pandemic.

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* and the NHMRC's *Guidelines for the Prevention and Control of Infection in Healthcare* for more detailed information.

5.1 Cleaning policy

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

The following table shows key components that could be included in a practice's cleaning policy. Additional lines can be added, amended or deleted as appropriate.

Cleaning	Provide details
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	

5.2 Waste management policy

During planning processes, the pandemic coordinator should develop and document a policy for how the practice will manage waste during a pandemic. There are three types of waste in general practice – clinical, related and general. 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. Additional lines can be added, amended or deleted as appropriate.

How will the practice store and dispose of general waste?
General waste includes office waste, kitchen waste, disposable nappies, tongue depressors, disposable speculae and spatulas.

How will the practice store and dispose of clinical waste?
Clinical waste includes discarded sharps, human tissue, materials that contain free-flowing or expressible blood.

How will the practice store and dispose of related waste?
Related waste can contain cytotoxic, pharmaceutical and chemical waste

5.3 Hand hygiene and respiratory etiquette

Excellent hand hygiene and respiratory etiquette is essential in infection prevention and control. Staff and patients need to be reminded of this, especially during a pandemic.

The pandemic coordinator should ensure that all staff undertake Hand Hygiene Australia's free online course, available at www.hha.org.au/LearningPackage.aspx

The pandemic coordinator is responsible for displaying hand hygiene and respiratory etiquette posters. See the hand hygiene poster.

5.4 Correct use of protective personal equipment

The correct use of PPE is essential in protecting the health of staff and limiting the spread of influenza. See PPE posters – recommended order of PPE application and removal (as per NHMRC guidelines).

5.5 Patient triage

It is vital that practice staff are trained to recognise symptoms and signs of potentially infectious disease so they can triage appropriately.

Triaging patients in the event of pandemics involves questions in three stages:

1.   Routine questions, asked of all patients.
2.   Additional questions, only being asked when patients exhibit signs and symptoms consistent with an infectious disease.
3.   Further questions, only being asked when the practice suspects a local outbreak of an infectious disease or pandemic.

Routine questions	Additional questions	Further questions
• What is the reason for your visit?	• Do you have rash? • Do you have a cough? • Do you have diarrhoea?	• Have you recently travelled overseas? • Have you been exposed to a confirmed case of influenza?

The pandemic coordinator is responsible for printing and displaying (at reception) the agreed triaging process for reception staff (See *Figure 1)*.

Figure 1. Triage process for reception staff
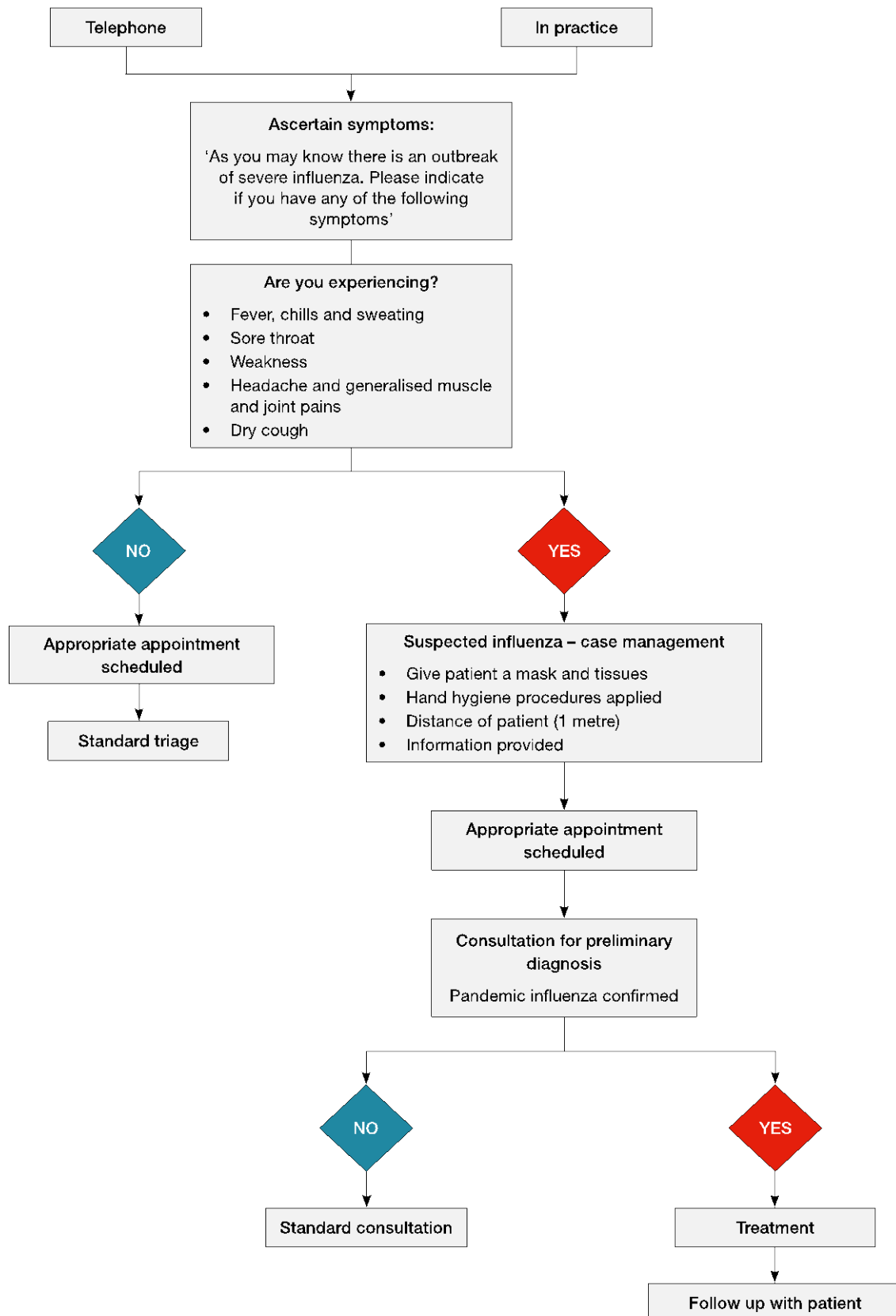
5.6 Managing the facility during a pandemic

During the planning stage, the pandemic coordinator should consider if 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. Additional lines can be added, amended or deleted as appropriate. The pandemic coordinator is required to fill in the following table with considered modifications.

Modifications the practice may implement in a pandemic:
Request that patients with influenza-like symptoms wait in the car or outside
Arrange to use an alternative entrance for patients with influenza-like symptoms
Arrange for an alternative waiting room for patients with influenza-like symptoms
Use an existing consultation room as a dedicated room for treating and managing patients with influenza-like symptoms
Provide conveniently located masks, tissues and alcohol rub in waiting areas
Conduct consultations in the car park or patients' cars
Streamline payment processes and post bills in the mail

5.7 Risk assessment and management

The pandemic coordinator needs to identify risk by asking basic questions in three areas and documenting the answers.

1.   Review the range of activities undertaken in the practice and identify the associated risks. What can happen? Be specific. When and where?
2.   Walk around the practice and consider what risks might arise (eg. what risks arise in the waiting/treatment area?). What can happen? • Review the range of activities undertaken in the practice and identify associated risks. • When and where? • Consider the risks that arise from home visits or when particular patients are at the practice, such as small children or the immunosuppressed.
3.   Consider previous 'near misses', where infection almost occurred but something or someone prevented it, or any episodes of cross-infection. What can happen? How and why?

5.8 Staff education and training

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

Staff member	Training received	Date received

6. Clinical management

6.1 Establish and maintain systems for data collection

The proposed system is that all year round, clinicians use the appropriate coding (as per their practice software) to flag patients with influenza-like symptoms. During the standby stage, it is suggested that practice use this data to create weekly reports (de-identified-only numbers are required) and report this data to their RACGP state/territory faculty office on a weekly basis. The faculty will then collate this information and report to the relevant state or territory health department, who would report to the Commonwealth.

6.2 Identify at-risk and vulnerable patient groups

During the planning stage, it is important that vulnerable patients are identified by the practice as they may need to be contacted during a pandemic. Some practice software packages may have the functionality to be able to identify vulnerable patients within the practice.

If the practice's software package is not able to identify vulnerable patients, the following planning template can be used to collate information regarding the practice's vulnerable patients.

The pandemic coordinator has the overall responsibility to develop and maintain a list of vulnerable patients for the practice.

Name	Specific need(s)	Phone	Email

6.3 Diagnosing and treating pandemic influenza

The pandemic leader is responsible for collecting the most up-to-date information and creating an information sheet for clinicians. The pandemic coordinator is responsible for ensuring that all GPs have an up-to-date information sheet in each consultation room.

Case definition [enter source and date]
[Cut and paste case definition here]

Available treatment options [enter source and date]
[Cut and paste recommended treatment options here]

6.4 Antivirals

No planning associated with antivirals is required during the preparedness stage. Further information regarding antivirals can be accessed from www.flupandemic.gov.au or www.racgp.org.au
During a pandemic, the pandemic coordinator can obtain up-to-date information regarding new antiviral medications including multi-dose vial protocols from the Department of Health and the RACGP.

Available treatment options [enter source and date]
[Cut and paste advice here]

6.5 Managing patients at home

During a pandemic, health services including hospitals will be stretched. Some patients may already be cared for in their home via a hospital-in-the-home (HITH) service and it is possible that more patients will be referred to other supported discharge programs. The pandemic leader and coordinator need to be aware of which patients are being treated via HITH and confirm clinical governance expectations of GPs.

The following template can be used to keep a record of all patients receiving treatment via HITH. Examples given are similar to cases that may be found in HITH – either influenza-related or usual hospital-substitution options.

Patient name	Practice record number	Diagnosis/ treatment plan	Follow-up	Home visit	Comments
Eg. John Smith	00051	Spina bifida Cellulitis left leg IV cephazolin 2 g bd	See GP 13/7/14	Community nurse (bd) Needs GP visit for review	Finish IV on 16/7/14? No transport (wife in-pt with flu)

7. Business continuity

The following table provides an outline of some of the key considerations during business continuity planning. Rows can be added, deleted or amended based on the requirements of the practice.

Business continuity considerations
Define the critical functions that need to be sustained (including periods without supplies)
Identify staffing levels required to maintain critical functions
Identify key supplies and equipment required to maintain critical functions
Identify how the practice will manage staff absenteeism to minimise impact on practice
Identify if/how the practice can modify patient flow to ensure sustainability
Identify if/what services could be downsized or closed
Identify if/how the practice can utilise telemedicine to help patient flow
[Insert more considerations here]

8. External key stakeholders

The following planning template can be used to record the contact details of all identified stakeholders. Lines can be added, amended or deleted depending on the requirements of the practice.

Organisation	Contact name	Address	Phone	Email
Local pharmacy				
Local hospital				
HITH program				
Community nursing team				
Primary health network				
Neighbouring general practices				
Medical supplies				
Diagnostics company				
Pathology company				
Point-of-care testing				
RACGP faculty				
Non-clinical supplies company				

If the practice already has this information, record where it is stored/located.
Stakeholder list can be accessed from [insert file path here].

9. Communication

9.1 Communicating with key stakeholders

The list of key stakeholders in *Section 8* can be used to contact stakeholders during response efforts. During a pandemic, it may be helpful for practice staff (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	Practice staff member	Organisation/name	Comments

9.2 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. This table can be amended by the pandemic coordinator as appropriate.

Modifications the practice may implement in a pandemic
Posters and signs; reporting influenza-like symptoms to practice staff
Fact sheets and information sheets
Newsletters and mail-outs
Phone, SMS
Email
Practice website, which should contain up-to-date information about the pandemic, opening hours and other relevant information
Notice board
Phone answering machine with message on hold

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