



prepare

for pandemic influenza

General Practice Pandemic Influenza Planning Information Kit and Checklist February 2009



GENERAL PRACTICE
south



GENERAL PRACTICE
north



GENERAL PRACTICE
north west

TABLE OF CONTENTS

ACKNOWLEDGMENTS AND REFERENCES	3
GLOSSARY	4
1. BACKGROUND	5
2. COMMUNICATION	10
3. PROTECTING HEALTH CARE WORKERS	12
4. SUMMARY OF TASMANIA'S PLANNED RESPONSE AND GENERAL PRACTICE ROLE	16
5. PANDEMIC PLANNING CHECKLIST FOR GPS AND PRACTICE STAFF: INTER-PANDEMIC PERIOD.	19
6. PANDEMIC ACTIONS FOR GPS AND PRACTICE STAFF: DELAY AND CONTAIN PHASE	29
7. PANDEMIC ACTIONS FOR GPS AND PRACTICE STAFF: SUSTAIN PHASE	32
FOOTNOTES	36

ACKNOWLEDGMENTS and REFERENCES

This document was developed collaboratively by General Practice South in Tasmania (Dr Geoff Chapman and Mandy Gardener) and the Department of Health and Human Services (DHHS) (Dr Roscoe Taylor, Belinda Fenney-Walch and Leanne Cleaver).

The information in this checklist has been collated from a number of sources:

- Collins N, Litt J, Winzenberg T, Shaw K, Moore M, 2008, "Plan Your Pandemic – A Guide for GPs", *Australian Family Physician*, 37(10): 794-802
- Vaughan K, Chapman G, Gardener M, 2008, *General Practice Checklist for Pandemic Influenza Planning*, General Practice South, Tasmania.
- Williams MA, Gray S, Chittleborough L, 2007, *General Practice Checklist for Pandemic Influenza Planning*, Limestone Coast Division of General Practice, South Australia
- *Australian Health Management Plan for Pandemic Influenza*, Australian Government, Department of Health and Ageing, December 2008
- *Interim Infection Control Guidelines for Pandemic Influenza in Healthcare and Community Settings*, Australian Government, Department of Health and Ageing, June 2006
- *Tasmanian Health Action Plan for Pandemic Influenza*, Tasmanian Department of Health and Human Services, 2006
- *Victorian Influenza Pandemic Plan*, Victorian Department of Human Services, November 2005
- *Pandemic Influenza Planning - General Practice Consultation Report*, September 2005
- Hogan C, *Managing Significant Infectious Risk in General Practice*, Sunbury, Victoria, 2006
- *Proceedings of the RACGP SA Faculty Pandemic Influenza Information Forum*, Adelaide, November 2005
- *SA Department of Human Services, Primary Care Template for GP Management of Pandemic Influenza*, Adelaide, April 2006
- *General Practice Planning for Pandemic Influenza*, Otago Southland Avian Influenza Response Group, Southland District Health Board, Otago, New Zealand

GLOSSARY

AHMPPI	Australian Health Management Plan for Pandemic Influenza
AQIS	Australian Quarantine and Inspection Service
DHHS	Department of Health and Human Services
GP	General Practitioner
HDC	Health Declaration Card
ILI	Influenza-like illness
NMS	National Medical Stockpile
PHEOC	Public Health Emergency Operations Centre
PPE	Personal protective equipment
PPV	Pneumococcal vaccine
RACGP	Royal Australian College of General Practice
TAPHIP	Tasmanian Action Plan for Human Influenza Pandemic
TARMS	Telephone Assessment, Referral and Management Service
THAPPI	Tasmanian Health Action Plan for Pandemic Influenza

I. Background

a. Introduction

It is very likely that Tasmania will at some stage in the future be affected by an influenza pandemic. Whole-of-government and whole-of-community planning is essential, and now is the time to start. This planning and preparation will help us respond effectively not only to the next pandemic, but for any other major infectious disease outbreak.

General Practice is in the front line of Tasmania's planned health response. Your practice could make all the difference to the success of Tasmania's planned response – especially if one of the first people infected with a virus of pandemic potential in Tasmania phones or walks into your practice. You and your staff need to know what to do.

This information kit has been prepared to help you develop and implement a pandemic flu plan for your practice. It has been carefully developed to reflect the planned response in Tasmania, which has a small number of important differences from the planned response in other parts of Australia, described in the *Australian Health Management Plan for Pandemic Influenza (AHMPPI)*.

b. How is Tasmania's planned pandemic response different to other parts of Australia?

In most ways, Tasmania's planning is consistent with national planning. Tasmania is working very closely with the Australian Government and all Australian jurisdictions in relation to pandemic planning. Tasmania is represented on key national pandemic committees and selected experts are consulted on key national documents like the *Australian Health Management Plan for Pandemic Influenza* and the various annexes.

An important difference is the system that has been developed in Tasmania for telephone assessment, referral and management of people who may be infected with pandemic influenza. The **Telephone Assessment, Referral and Management Service (TARMS)** will be a key part of Tasmania's response to a pandemic and aims to make sure patients receive the best possible advice quickly, minimise (preferably stop) the spread of illness, and minimise the impact on primary care services. Telephone advice will be provided by specially-trained health professionals with the support of sophisticated computer software and up-to-date information on the availability of local health services.

TARMS will provide telephone assessment of symptoms, advice about what callers should do to ease symptoms and protect others, and advice about where the caller should go for further assessment if required.

TARMS will be accessible by a memorable, free call number, 1800 358 362 (1800 FLU DOC using combined number/letter pads). In the lead-up to and during a pandemic, people in Tasmania will be urged to ring this number (**and GP receptionists will be encouraged to refer people to this service**) as soon as they realise they have an influenza-like illness (ILI) - before going or leaving home, before phoning or going to their doctor, pharmacy, hospital or anywhere else.

c. A coordinated response and what it means for GPs

Health services will be severely stretched during a pandemic. For an effective health response to pandemic influenza, the response **must be coordinated**.

There are a number of elements to Tasmania's planned health response to pandemic influenza. This includes:

- TARMS
- Flu Clinics and designated GP Flu Services (see section 1 d of this document)
- GP Practices
- hospital and ambulance services
- laboratory services
- community pharmacies
- other DHHS services, including district hospitals and community health centres.

Having a coordinated response means **all services using equivalent patient and contact management protocols and being aware of and supporting other key health services in the pandemic response**. Having a coordinated health response will help ensure:

- limited resources are used most effectively and efficiently
- patients receive consistent and appropriate advice and care
- health care workers and practice staff are informed, trained and appropriately protected
- continuity of health services, including provision of critical services to patients with conditions other than influenza or co-morbidities
- disease transmission and the risk of GP and practice staff being quarantined is minimised.

For GPs, the coordinated response means:

- Participating in the *GP Pandemic Planning Project* with GP South in early 2009, and considering how the practice expects to operate during a pandemic, e.g.
 - providing non-influenza general practice services
 - supporting local flu clinic arrangements, including staffing
 - providing a GP Flu Service (in liaison with DHHS)
 - sharing resources/merging with another local practice where appropriate
 - adopting alternative ways to manage patients (either their influenza illness or co-morbidities) in home quarantine.
- Assisting with surveillance and contact tracing, as requested by Public Health.
- During, or in the lead-up to a pandemic
 - immediately referring possible cases to TARMS or flu clinics/GP Flu Services, rather than assessing them in the practice or referring them to hospital.
 - using pandemic resources and protocols provided by Public Health.
 - Displaying pandemic signage and posters (resources will be available from www.pandemic.tas.gov.au) and communicating with staff and individual patients.
 - keeping DHHS informed of issues and the status of the practice (coordination arrangements for the latter are under development).

Managing patients in home quarantine

GPs or practice nurses may need to provide home visits or telephone consultations to flu patients in home quarantine, especially those who have co-morbidities.

Tasks such as taking blood, giving injections and doing dressings for patients in home quarantine could be undertaken by nurses (appropriate Medicare rebates may be developed). You will need to establish a practice policy for telephone consultations and home care that is understood and implemented by all staff. The policy should include protocols for maintaining a special home visit kit, hand hygiene, ensuring staff safety and the use and disposal of appropriate personal protective equipment.

General support for people in home quarantine who are not able to access support from family or friends, will be coordinated by the Tasmanian Government.

The Public Health Emergency Operations Centre (PHEOC)

The public health response will be coordinated by the Public Health Emergency Operations Centre (PHEOC), incorporating incident control (through the Director of Public Health), a contact tracing team, a quarantine monitoring team, an epidemiology team, communications, planning and other public health functions. The PHEOC will be supported by the DHHS Emergency Coordination Centre.

d. Flu Clinics and GP Flu Services

Flu clinics are being planned and will be set up, when required, by local councils using state-wide guidelines and with support from DHHS and local health and emergency service personnel. They are specially-planned health services for use during a pandemic, for safe assessment and management of people who think they might have flu. Flu clinics are designed with infection control in mind to ensure they are safe places to work and be assessed. When available, personal protective equipment and antivirals from the National Medical Stockpile will be issued at flu clinics.

GP staff working in flu clinics and designated GP Flu Services will be able to access prophylactic anti-virals from this source.

It is anticipated that clinical staff at flu clinics will be sourced from both DHHS and private general practices.

GP Flu Services are smaller, strategically-located flu treatment centres established in liaison with DHHS, and primarily located in rural/remote areas that would otherwise not have easy access to flu clinics. As part of the co-ordinated response, GP Flu Services will be staffed by local GPs and other supporting staff who will be eligible for the same benefits and arrangements as staff working in flu clinics.

Flu clinics and GP Flu Services will play key roles in Tasmania's health response to an influenza pandemic. The roles of flu clinics and GP Flu Services are to:

1. Separate infected and potentially-infected people from non-infected people.
2. Assess and monitor patients with flu-like illnesses (ILI).
3. Treat cases (and possibly contacts, depending on the pandemic phase) by providing anti-viral medications as appropriate.
4. Refer cases to the PHEOC for contact tracing.
5. Assess needs for, and provide referral to other support services.
6. Provide information, especially about infection control and self-care.

e. Staged response

Tasmania's pandemic response is expected to occur in the following phases, with each phase requiring a different set of actions:

Alert

A novel virus with pandemic potential causes severe disease in humans who have had contact with infected animals; no effective transmission between humans. Novel virus is not in Australia.

Delay

Effective transmission has occurred between humans and there is localised or widespread illness overseas (or on mainland Australia), but no cases in Tasmania.

Goal: keep the virus out.

Key public health actions: communication, surveillance, border control, contact tracing and quarantine.

Possible duration: days to weeks.

Contain

Pandemic virus has arrived in Tasmania, causing a small number of cases.

Goal: stop the spread of the virus and return to Delay Phase.

Key public health actions: communication, surveillance, contact tracing, quarantine, telephone triage of possible cases, isolation of cases, border control, anti-virals.

Possible duration: 1 – 3 months.

Sustain

Pandemic virus is established in Tasmania and spreading in the community. The number of new cases exceeds the available resources for contact tracing.

Goal: minimise transmission of the virus and maintain services; sustain the response while we wait for a customised vaccine to become widely available.

Key public health actions: social distancing strategies (including possible closure of schools, crèches and public places), widespread adoption of infection control strategies (hand-washing, cough etiquette, use of face masks when one-metre distance cannot be maintained or if symptomatic); quarantine, workplace measures, Flu clinics, anti-virals.

Possible duration: 3 – 4 months.

Control

Customised vaccine is widely available and is beginning to bring the pandemic under control. Vaccine likely to be provided on a priority basis.

Goal: stop the pandemic.

Possible duration: 3 months.

Recover

Pandemic controlled in Tasmania but further waves of illness may occur.

f. Sources of information

National Sources of Information

- www.flupandemic.gov.au, which includes
 - the **2008 Australian Health Management Plan for Pandemic Influenza**
www.flupandemic.gov.au/internet/panflu/publishing.nsf/Content/ahmppl-1
 - **Interim Infection Control Guidelines for Pandemic Influenza in Healthcare and Community Settings (June 2006)**
www.flupandemic.gov.au/internet/panflu/publishing.nsf/Content/interim-infection-control-guidelines-1
 - **Interim National Pandemic Influenza Clinical Guidelines (June 2006)**
www.flupandemic.gov.au/internet/panflu/publishing.nsf/Content/interim-pandemic-clinical-guidelines-1
- The Australian Government Department of Prime Minister and Cabinet website: www.dpmc.gov.au. This includes:
 - the **National Action Plan for Human Influenza Pandemic (NAPHIP)**
www.dpmc.gov.au/publications/pandemic/index.cfm
 - **Pandemic Planning in the Workplace**
www.dpmc.gov.au/publications/pandemic/docs/Pandemic_Planning_in_the_Workplace.rtf
- The Australian Government Department of Industry, Tourism and Resources: www.industry.gov.au. This provides access to:
 - the **Business Continuity Guide for Australian Businesses**
www.industry.gov.au/Pandemic_Business_Continuity/Business%20Continuity%20Guide%20for%20Australian%20Business/Pages/home.aspx
- The Australian Government Department of Foreign Affairs and Trade travel advice, available at www.smarttraveller.gov.au
- The National Public Health Information Line: 1800 004 599 (able to manage general pandemic enquiries from the public)
- The Royal Australian College of General Practitioners web content at www.racgp.org.au/pandemicresources, which includes the RACGP Pandemic Flu Kit.

Tasmanian Sources of Information

- www.pandemic.tas.gov.au, which includes:
 - the **Tasmanian Action Plan for Human Influenza Pandemic (TAPHIP)**
www.pandemic.tas.gov.au/_data/assets/pdf_file/0016/61801/Tasmanian_Action_Plan_for_Human_Influenza.pdf
 - the **2006 Tasmanian Health Action Plan for Pandemic Influenza (THAPPI)**
www.dhhs.tas.gov.au/_data/assets/pdf_file/0006/31848/THAPPI_May_2006.pdf
(under review)
 - the Tasmanian Government Pandemic Influenza Communications Toolbox.
- The Tasmanian Government Pandemic Influenza Information Line: 1800 358 362 (1800 FLU DOC)

2. Communication

Communication is the first line of defense against pandemic influenza and underpins every other response strategy. A detailed Tasmanian Pandemic Influenza Communication Strategy has been developed and a communications toolkit is available online at www.pandemic.tas.gov.au. Additional resources targeting the health sector will be added to this toolkit over time, including standard pandemic influenza signage (instructional and directional).

a. Providing information to Health Care Workers

When an influenza pandemic seems imminent or is underway, there is significant information health care workers will need to assist with surveillance, appropriately manage potential cases and contacts, and support the public communication strategy through provision of information to individual patients.

Information requirements will include:

- virus and disease characteristics
- the case and contact definitions, which will be developed at the time by the Communicable Disease Network of Australia, and are likely to change through the course of the pandemic
- the activation of various aspects of the pandemic response, including TARMS, flu clinics and quarantine and social distancing strategies.

Information will be provided through a range of sources including:

The State Health and Human Services Emergency Committee, which coordinates Tasmanian health sector emergency arrangements and includes representation from General Practice Tasmania.

Situation Reports and Talking Points, which will be distributed regularly to key stakeholders, including the Australian Medical Association (Tas. Branch) and General Practice Tasmania.

Stakeholder-specific communiqués from the Director of Public Health, through the Public Health Emergency Operations Centre (PHEOC). These will be distributed to GPs through the existing fax stream.

Health Emergency Extranet, which is a password-protected Internet site providing easy access to the latest information including Situation Reports, case/contact definitions, clinical advice and the status of key health services (including flu clinics). Access to this site is strictly limited to those who are integrally involved in pandemic planning and response, including designated staff within government, GPs, General Practice Divisions in Tasmania and, when activated, flu clinic and TARMS staff.

Health Professionals Information Line (telephone number will be provided), which will provide health professionals with direct access to the PHEOC.

b. Receiving information from Health Care Workers

When the level of pandemic alert increases (i.e. there is sustained human-to-human transmission of a virus of pandemic potential anywhere in the world), clear instructions will be provided to primary care providers about testing and reporting of possible cases. This will include provision of specially-developed forms to assist with reporting and management of possible cases.

The national pandemic influenza surveillance annex is currently under review and a Tasmanian surveillance annex is under development, however it is anticipated that DHHS will require the following information from GPs:

- name and contact details of all cases that meet the pandemic case or contact definitions
- practice status (open, closed, hours of operation)
- method of service delivery (e.g. clinic appointments, home visits, phone consultations, alternative site etc).

Some of this information may be collected by GP Divisions and some is likely to be recorded on the Health Emergency Extranet.

c. Public Communication

All Tasmanian Government agencies will support the public communications response for pandemic influenza and will distribute health information provided by DHHS to their stakeholder groups, including special needs groups. Other key strategies include:

Media engagement, recognising that the media will play a vital role in providing information to the public.

1800 FLU DOC Pandemic Information Line (1800 358 362), which will provide access to TARMS, community support services and information about the situation in Tasmania, the Tasmanian Government's response and the availability of government services.

www.pandemic.tas.gov.au, which will be updated regularly during a pandemic to provide up-to-date information to the public, media, health care workers and other stakeholders.

An information campaign, including Community Service Announcements, paid advertisements (television, newspaper and radio), direct mail, email, posters, door signs and alerts targeting travellers; and focussing on the Tasmanian response to the pandemic.

3. Protecting health care workers

a. Standard precautions

Standard precautions are the most basic infection control measures, and can have the greatest effect in helping protect people from all infectious diseases. Standard precautions are those precautions that should be taken for all patients all the time, regardless of perceived infectious risk; and in the handling of:

- blood (including dried blood)
- all other body fluids, secretions and excretions (including saliva, excluding sweat)
- non-intact skin
- mucous membranes.

Standard precautions include:

- Hand hygiene: hand-washing/drying and frequent use of alcohol-based hand rub, especially:
 - before and after patient contact
 - before and after procedures
 - after body fluid exposure or contact with patient surroundings.
- Respiratory hygiene, including:
 - covering coughs and sneezes effectively, with a disposable tissue or the upper arm if no tissue is available
 - disposing of tissues straight away, in a no-touch rubbish receptacle
 - hand washing after any possible contamination of the hands from respiratory secretions.
- Work place cleaning, including between patients.
- Appropriate reprocessing or cleaning of instruments and equipment.
- Use of protective barriers as required, which may include gloves, gowns, plastic aprons, masks, eye shields or goggles, appropriate handling of sharps and other contaminated or infectious waste, and use of aseptic techniques.

b. Additional/transmission-based precautions for seasonal influenza

For patients with seasonal influenza or an ILI, **standard precautions plus additional precautions for influenza** are recommended. Additional precautions for ILI are:

- social distancing - keeping at least a metre between the ill person and others
- use of alcohol-based hand rub by patients with ILI on arrival at the practice
- use of surgical masks by patients with ILI, especially if they are frequently coughing or are likely to be within one metre of other people (including for assessment/treatment)
- prompt cleaning of surfaces that are likely to have been contaminated by the patient's respiratory secretions.

c. Additional/transmission-based precautions for pandemic influenza

During an influenza pandemic, health care workers must follow **standard precautions plus additional precautions for pandemic influenza** to minimise the spread of disease. These apply to the care and treatment of all patients regardless of perceived infectious risk and whether or not they have signs of influenza. This is because a person may be infectious before symptoms develop, or have only mild symptoms.

If **standard precautions plus additional precautions for pandemic influenza** are followed, the risk of transmission of pandemic influenza in the workplace will be minimised.

Additional precautions for pandemic influenza are:

- social distancing - keeping at least one metre (a very large step) between people in the practice whenever possible
- use of alcohol-based hand rub by patients, staff and visitors on arrival at the practice.
- use of surgical face masks by anyone who has signs or symptoms of influenza
- use of face masks and other personal protective equipment (see Table 1) by staff when one metre distance cannot be maintained (e.g. for medical assessment and procedures).
- frequent cleaning of all surfaces that are commonly touched or likely to have been contaminated by a person's respiratory secretions (directly by coughing, or indirectly by being touched by contaminated hands)
- routine screening for signs of influenza (e.g. temperature checking) - including for staff - and appropriate follow up action/referral if signs of influenza are present
- good ventilation (through air conditioning or open windows).

d. Personal Protective Equipment (PPE)

The National Medical Stockpile

PPE such as P2 (also called N95) masks, surgical masks, goggles, gowns and gloves stockpiled by the Australian Government and state and territory health departments is limited and will be supplied on the basis of risk of exposure to the pandemic influenza virus.

PPE will be prioritised to frontline health care workers meeting the following criteria:

- working in a service that forms part of the health sector response sanctioned by the state or territory health department, AND
- providing direct clinical or personal care to suspect and confirmed cases of pandemic influenza, AND
- are considered to be at high risk of exposure to the pandemic influenza virus.

The level of risk

Under the *Workplace Health and Safety Act 1995*, employers must provide a safe workplace. This includes assessing the level of protection to be provided to workers relative to the risk and providing appropriate PPE and training.

The PPE you might need for each staff member during an influenza pandemic will depend on the level of risk each staff member has of being exposed to the virus while at work. This will vary according to the phase of the pandemic (and the extent of illness in Tasmania) and the activities staff undertake.

1. Low risk of exposure – able to maintain a distance of one metre

Employees at low level of risk are those able to maintain a distance of at least one metre from members of the public and co-workers during a pandemic. This includes staff who may interact with patients with influenza or have contact with surfaces that people with influenza have been in contact with, but who ***can maintain at least a one metre distance from the suspected infected person.***

Employees at low risk of exposure may include receptionists, cleaners, practice managers and other administrative staff.

These workers should follow standard infection control procedures, especially frequent and thorough hand hygiene and social distancing.

2. Moderate risk of exposure

Employees at moderate level of risk are those who routinely deal with the public during a pandemic, some of whom may be unknowingly infected with the pandemic virus, in circumstances where, due to the nature of the work, it is not always possible for staff to maintain one metre distance and where measures to minimise contact between employees and the public (e.g. glass screens, sneeze guards) cannot be deployed.

Employees at moderate risk of exposure may include receptionists (if one metre distance cannot be maintained), Practice Nurses and GPs not caring for known or suspected pandemic influenza patients, and those who may care for someone with pandemic influenza but can keep a distance of at least one metre.

Workers at moderate risk of exposure should follow standard infection control procedures, especially frequent and thorough hand hygiene and social distancing. They should also wear surgical masks whenever they are required to be within one metre of any patient. Depending on the risk of exposure, employers should consider additional protection measures.

3. High risk of exposure

Employees at high level of risk are workers exposed to high concentrations of known or suspected sources of pandemic influenza virus (i.e. respiratory secretions from an infected or potentially infected person) or who may work within one metre of people who are infected.

Workers at high risk of exposure may include laboratory staff handling infected specimens, health workers treating pandemic influenza patients, and staff working in

emergency departments, flu clinics or GP Flu Services and other workers required to be in very close contact with people that are infected with the virus.

These workers should follow standard infection control procedures and, **after receiving education and training**, wear PPE (e.g. P2 mask, goggles and gown) appropriate to the task they are undertaking. People with beards will need to shave them off for the P2 (or N95) masks to fit properly, or wear an air-purifying respirator.

Table I: Summary of PPE requirements in the workplace during an influenza pandemic.

	Low risk	Medium Risk	High risk
Description	May have contact with people with pandemic influenza but can maintain a distance of one metre.	Not possible to always maintain one metre distance, but no known contact with known cases. OR Caring for an infected person but can keep a distance of one metre.	Caring for people known to be infected, and not able to maintain one metre distance.
P2 Mask	No	No	Yes
Surgical Mask	No	Yes, when one metre distance cannot be maintained.	Only if P2 unavailable
Gown	No	No	Yes
Gloves	No	No, unless handling infectious waste including used tissues.	Yes
Eyewear	No	Not generally, may be required if worker is within one metre of a person who is coughing without wearing a face mask.	Yes, if body fluid exposure anticipated
Apron	No	Not generally, may be required if worker is within one metre of a person who is coughing without wearing a face mask.	Yes, if splashing possible and impermeable gown not available
Standard precautions	Yes	Yes	Yes
Additional pandemic precautions	Yes	Yes	Yes

4. Summary of Tasmania’s planned response and General Practice role

Note: flexibility will be required in relation to this staged approach. Actions taken will depend on the nature of the virus and disease, and the availability of resources.

Table Two: General Practice Actions

		PHASE →				
		INTER-PANDEMIC	DELAY: Cases elsewhere, not in Tas.	CONTAIN: Cases in Tas., contained	SUSTAIN: Cases in Tas., not contained	CONTROL: Vaccine widely available
GENERAL PRACTICE ACTIONS	Role in coordinated response	Participate in GP Pandemic Planning project. Decide intended role in coordinated response.	Confirm intended role (through GP Divisions).	Prepare to shift to agreed pandemic role, on advice provided by DHHS.	Organise service to fulfil agreed pandemic role. Advise GP Division/DHHS of any intended role change.	Return to normal GP clinic arrangements.
	Case and contact management, infection control and PPE	Standard precautions plus additional precautions for seasonal influenza.	All patients who’ve been in affected areas in the previous 7 days to wear a surgical mask during assessment. For any ILI patients who’ve been in affected areas in the previous 7 days, seek urgent advice from Public Health and use standard precautions + additional pandemic influenza precautions.	Standard precautions plus additional precautions for pandemic influenza. Staff to wear PPE for assessment of all patients with ILI. Patients with ILI (and contacts) to wear surgical mask. Consider one metre spacing between seats in waiting rooms.	Standard precautions plus additional precautions for pandemic influenza. Refer patients with ILI to TARMS or local flu clinic / GP Flu Service unless they’ve already been assessed through TARMS/ flu clinic/GP Flu Service AND have a co-morbidity AND the practice can safely manage ILI patients through provision of home visits or telephone consultations (preferably) or full separation of ILI patients from other patients (e.g. assessment in patient’s car, or separate entry, waiting area and consulting room).	Standard precautions plus additional precautions for seasonal influenza.
	Surveillance	Assess, test and report patients with ILI as requested.	Be alert for possible cases. Assess, test and report patients with ILI as requested.		Be alert for possible cases. Assessment and reporting through flu clinics / GP Flu Services.	Assess, test and report patients with ILI as requested.
	Status Reporting	-	-	<ul style="list-style-type: none"> Practice status (open, closed, hours of operation) and health care workers’ health status. ILI patient assessment arrangements (e.g. alternative site, home visits, phone consultations, combination of above). 		-

Table Three: Public Health Actions

		PHASE →					
		INTER-PAN.	DELAY	CONTAIN	SUSTAIN	CONTROL	RECOVER
PUBLIC HEALTH ACTIONS	Contact tracing	-	For any contacts traced to Tasmania	For all confirmed cases	In exceptional circumstances only		-
	Contact management	-	Quarantine of all contacts, prophylactic anti-virals.	School, work and household contacts home-quarantined, prophylactic anti-virals if clinically indicated.	Household contacts home-quarantined, may be given prophylactic anti-virals.		-
	Case management	-	-	Hospital isolation of suspected + confirmed cases. Anti-virals may be provided.	Home or (if required) hospital isolation of cases. Anti-virals may be provided.		-
	Surveillance / testing	Routine reporting of lab-confirmed influenza cases.	Increased vigilance and lab testing.		No routine lab-testing to confirm cases.	Increased lab testing to monitor effectiveness of vaccine.	Increased lab testing, vigilance for new strain.
	Social distancing	People with ILI encouraged to stay at home.		People with ILI to stay at home. Consider one metre distancing at work and in public.	People with ILI to stay at home. One metre distancing at work and in public. Possible schools / crèche closure, cancellation of public events.	People with ILI to stay at home. Careful downscaling of social distancing strategies as pandemic brought under control.	People with ILI encouraged to stay at home.
	Customised vaccine	-	Distribute when available, on priority basis.	Distribute on priority basis.		Widespread distribution, vaccination centres.	-
	Border control	Standard arrangements: Australian Health Declaration Cards (HDCs) and monitoring by AQIS.	Possible cancellation of flights/sailings. Australian and Tasmanian HDCs and monitoring by AQIS. Positive pratique and assessment of incoming passengers by border control nurses. Home/hotel quarantine of people arriving from affected areas.		Likely reduced flights/sailings. Australian and Tasmanian HDCs, monitoring by AQIS. Positive pratique and border control nurses.	Border controls downscaled.	Border controls lifted. Standard arrangements.

Table Four: Public Health Structural Arrangements

		PHASE →					
		INTER-PAN	DELAY	CONTAIN	SUSTAIN	CONTROL	RECOVER
STRUCTURAL ARRANGEMENTS	PUBLIC HEALTH EMERGENCY OPERATIONS CENTRE (PHEOC)	-	Operational	Operational	Operational	Operational	-
	PHEOC Health Professionals Information Line	-	Operational	Operational	Operational	Operational	-
	PHEOC Contact Tracing Team	-	On standby	Operational	-	-	-
	PHEOC Quarantine Monitoring Team	-	On standby	Operational	Operational	Operational, downscale as appropriate.	-
	Telephone Assessment, Referral and Management Service	-	On standby, operational when required	Operational	Operational	Operational, downscale as appropriate.	-
	Flu clinics and GP Flu Services in pre-arranged locations	-	On alert	24-48 hour standby, start activation	Operational	Operational	-
	Public Information Line (1800 FLU DOC / 1800 358 362)	Operational business hours	Operational 24 hours	Operational 24 hours	Operational 24 hours	Operational 24 hours	Operational business hours

5. Pandemic Planning Checklist for GPs and practice staff: Inter-pandemic period.

Issue	Strategy	Task	Underway	Completed	Comments
Coordination	Appoint a practice pandemic coordinator to coordinate pandemic planning and preparedness activities for the practice.	<p>Become familiar with the AHMPPI, the TAPHIP and the THAPPI.</p> <p>Develop pandemic plan for the practice that identifies key tasks, contacts, roles and responsibilities and sources of information.</p> <p>Review necessary infrastructure and resources including PPE and communication infrastructure (e.g. Internet/Broadband access).</p> <p>Organise training sessions and exercises.</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>The pandemic coordinator could be the infection control person in the practice, a nurse or someone else who is good at developing and following protocols.</p> <p>Practices will need a back up coordinator in case of illness.</p>
Business continuity planning	Develop a business continuity plan	<p>Refer to the Business Continuity Guide for Australian Businesses, available from www.flupandemic.gov.au</p> <p>Identify essential resources, likely supply issues and possible alternative supplies and suppliers.</p>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<p>Some resources (equipment, supplies, staff) are likely to be increasingly hard to source during a pandemic. A good business continuity plan will support ongoing operation of the practice during a pandemic and identify strategies to ensure ongoing availability of essential resources.</p>

Issue	Strategy	Task			Comments
Role in coordinated response	Participate in the GP Pandemic Planning project (GP South, in liaison with DHHS)	<p>Meet with the Program Officer, Pandemic Planning, GP South.</p> <p>Become familiar with plans for local flu clinics/GP Flu Services.</p> <p>Consider and advise what role the practice will play within the coordinated pandemic health response in Tasmania by considering:</p> <ul style="list-style-type: none"> • the practice's staffing levels and mix • the preferences of practice staff • the layout of the practice and ability to separate potentially infectious patients • the proximity of local planned flu clinics • the intentions of other local practices • the needs of the practice's patients • the needs of the local community. 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Issue	Strategy	Task			Comments
Equipment	Ensure adequate supplies of necessary equipment and disposables ³ .	Acquire enough supplies for at least 4-6 weeks, including: <ul style="list-style-type: none"> • masks (surgical and P2/N95), gowns, gloves and goggles • no touch waste receptacles • recommended disinfectants ⁵ • alcohol-based hand rub, tissues, soap and paper towels. 	<input type="checkbox"/>	<input type="checkbox"/>	Sodium hypochlorite (1 in 50 dilution of a 5% bleach solution) can be used to clean contaminated surfaces. When purchasing supplies, make allowances for increased usage during a pandemic, including use of surgical masks and alcohol-based hand rub by patients.
Surveillance	Be alert for patients who may have a novel influenza virus, and report them early to Public Health.	Consider using a symptom checklist to help identify potential cases of influenza. Test patients with ILI as requested by Public Health. Ensure copies of relevant surveillance and reporting tools (under development) are readily available in the practice.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Early in a pandemic, heightened vigilance for possible cases and contacts, and rapid reporting may help to contain the spread of the virus. Instructions will be provided by DHHS about surveillance, testing and reporting for patients with ILI. This is likely to include special forms for reporting of possible cases. A <i>Surveillance Annex</i> to AHMPPI is under development. Case and contact definitions will be provided at the time by the Communicable Diseases Network of Australia and will be provided to GPs by DHHS.

Issue	Strategy	Task			Comments
Seasonal influenza vaccine and Pneumococcal vaccine (PPV)	Encourage seasonal flu vaccination across the community, and PPV vaccination for targeted groups.	Ensure sufficient supply of seasonal influenza vaccine. Ensure recall systems are in place for seasonal influenza vaccination and PPV. Strongly encourage all staff and GPs to be immunised with the seasonal influenza vaccine. Encourage all patients to be vaccinated against influenza, especially those in high-risk groups. Encourage all patients in targeted groups to be vaccinated against PPV.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Seasonal vaccine will not protect against pandemic influenza but will reduce the overall amount of influenza in the community. Pneumococcal pneumonia is likely to be a significant complication of pandemic influenza. Note: pandemic vaccine is unlikely to be widely available for up to 12 months after the start of a pandemic.
Indemnity and legal issues	Ensure appropriate practice protocols and indemnity coverage.	Review practice and personal insurances and consider issues in relation to pandemic influenza. Clarify issues related to: <ul style="list-style-type: none"> • occupational health and safety • duty of care, i.e. choices re seeing/not seeing patients. • indemnity coverage for alternative patient care strategies, e.g. home visits • industrial arrangements including leave arrangements. 	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Insurance policies may exclude payment for events that are considered to be natural disasters. Most of these issues are being discussed by national and Tasmanian groups including Divisions of General Practice, the RACGP and governments. Medico-legal issues will also need to be addressed when staff take on new or unfamiliar roles.

Issue	Strategy	Task			Comments
<p>Infection control: additional precautions for pandemic influenza</p>	<p>Develop and implement infection control policies and procedures for use during a pandemic, including protocols for management of suspected cases, strategies to minimise transmission risks in waiting and reception areas, and arrangements for disposal of infectious waste materials.</p>	<p>Identify an infection control coordinator.</p> <p>Review the <i>AHMPPI Interim Infection Control Annex 2006</i> and the RACGP website⁵.</p> <p>Inform practice staff and patients of the key elements of infection control including hand⁴ and respiratory³ hygiene.</p> <p>Develop instructions for cleaning during a pandemic, including a list of commonly touched surfaces that require regular cleaning (at least once or twice daily).</p> <p>Plan for the removal of toys and any unnecessary and hard-to-clean items.</p> <p>Identify ways to maintain one metre distance between people in the practice.</p> <p>Consider alternative ways of providing care to patients with ILI and co-morbidities during an influenza pandemic e.g. phone consultations or home visits (preferable) or identify a separate entry point and waiting area for use by patients with ILI.</p> <p>Ensure adequate arrangements are in place for disposal of infectious waste.</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>During a pandemic, it will be important to assume <u>ALL</u> patients may be infectious, whether they have an ILI or not.</p> <p>Patients with ILI will have their illness assessed and managed through flu clinics/GP Flu Services.</p> <p>Patients with ILI and co-morbidity will need to have their co-morbidity managed by a GP, preferably through telephone consultations or home visits (especially for people in home quarantine).</p> <p>Practices without a separate entry point / waiting and consulting area should consider options for management of potentially infectious patients for when home visits are not feasible, e.g. phone consultations, assessments in patients' private vehicles, referral to an alternative practice.</p>

Issue	Strategy	Task			Comments
Communication	Ensure rapid reliable communication with relevant organisations, e.g. DHHS and Divisions of General Practice (which will perform a co-ordinating role).	Connect to Broadband to ensure rapid, reliable and accurate access to information. Be familiar with content on www.pandemic.tas.gov.au , including: <ul style="list-style-type: none"> • what home quarantine involves and how patients will be supported during quarantine. • pandemic structural arrangements, e.g. flu clinics and TARMS. 	<input type="checkbox"/>	<input type="checkbox"/>	Efficient communication will require Broadband connection to access Australian and Tasmanian government updates. Note: GPs also have access to the password-protected Tasmanian Health Emergency Extranet, which will provide easy access to higher-level and important clinical information.
	Plan for communication with patients	Consider development of, or enhancement of, current practice website. Identify process to provide automated phone messages at the commencement of all incoming calls, providing information on a range of pandemic issues including: <ul style="list-style-type: none"> • the 1800 FLU DOC (1800 358 362) phone number to ring for information about influenza and/or assessment through TARMS • changes in practice services, e.g. deferral of non-essential appointments, provision of repeat prescriptions and medical certificates. Consider signage requirements (directional and instructional).	<input type="checkbox"/>	<input type="checkbox"/>	Divisions and DHHS are developing communication tools and resources, including signage templates. These will be available from www.pandemic.tas.gov.au . There is a strong likelihood of increased demands on GP time through telephone calls during a pandemic.

6. Pandemic Actions for GPs and practice staff: Delay and Contain Phase

Issue	Strategy	Task	Comments
Staying informed	Ensure staff are informed and kept informed of the latest developments and advice.	<p>Review www.pandemic.tas.gov.au regularly.</p> <p>Be alert for information distributed by DHHS (through the Public Health GP fax stream), and distribute information to staff as appropriate.</p> <p>Check the Health Emergency Extract for additional clinical information and situation reports etc (GPs only).</p> <p>Contact the PHEOC for additional information and advice about management of possible cases.</p>	<p>Primary care providers will share the front line in the effort to keep the virus contained. It is vital that primary care providers know how to recognise a possible case of pandemic influenza and know what to do.</p> <p>Primary care providers also have an important role in providing accurate and current information to individual patients.</p>
Keeping DHHS informed		Advise the PHEOC/your local GP Division (instructions will be provided at the time) of any changes in practice status/roles and issues in relation to patient management or performing the pre-determined pandemic role.	It will be vital for practices to advise DHHS of any changes in status or roles so this information can be provided to TARMS and flu clinic staff and other key staff.
Practice protocols	Review and implement pandemic protocols.	<p>Review protocols to ensure they align with the latest advice from the Australian and Tasmanian Governments.</p> <p>Ensure all staff are familiar with and understand the revised protocols.</p>	As a pandemic develops, information about the virus, the disease it causes and how to best identify and manage possible cases will become available. Assumptions that have been made to facilitate planning will be reviewed.
Equipment	Ensure adequate stocks of supplies are available.	Review storage capacity, check stock and maintain supply. Ensure supply of surgical masks for use by patients with ILI.	It is likely that some PPE will become hard to purchase during a pandemic. Contingency strategies should be considered.
Patient care planning	Minimise non-essential routine patient consultations.	Plan the care of patients with stable chronic conditions in order to minimise the need for routine appointments during the Sustain phase of a pandemic. This is likely to include increased use of repeat prescriptions.	Pre-planning of care arrangements for patients with stable chronic conditions is an effective way to reduce patient case load during a pandemic.

Issue	Strategy	Task	Comments
Surveillance	Implement strategies to help identify possible cases in Tasmania.	<p>Ensure reception staff are informed of screening questions to ask all patients (telephone or at reception) to help identify possible cases or contacts.</p> <p>Refer possible cases or contacts to DHHS (TARMS) through 1800 FLU DOC (1800 358 362).</p> <p>Test patients with ILI as instructed by DHHS.</p>	<p>Clear instructions re surveillance will be provided by DHHS. This will include screening questions (sample questions are at Appendix 4) and case and contact definitions.</p> <p>TARMS will be activated early in a pandemic, probably before there are cases identified in Tasmania.</p>
Staff back-up	Ensure staff are able to cover the roles of absent staff whenever possible.	Ensure roles and responsibilities of each staff member are clearly documented; multi-skill staff so they can perform additional duties as appropriate when other staff are absent.	
Minimising spread of infection	Review and implement infection control policies and procedures.	<p>Implement pandemic infection control policies.</p> <p>Instruct all patients attending the practice to practice effective respiratory and hand hygiene. Provide information, tissues, soap and paper towels, no-touch rubbish receptacles and alcohol-based hand rub.</p> <p>Provide a surgical mask to all patients with ILI and instruct them to wait in a separate waiting area (or one metre+ away from other patients).</p> <p>Encourage uptake of seasonal influenza vaccination to reduce overall amount of ILI in the community.</p> <p>Enhance cleaning regimes, including frequent (daily+) cleaning of all commonly touched surfaces.</p> <p>Remove unnecessary and hard to clean items from waiting areas.</p>	<p>Patients who contact the practice and have an ILI and possible exposure to the virus should be referred to DHHS (TARMS) or a flu clinic/GP Flu Service. Flu clinics are specially set-up to minimise the spread of infection.</p> <p>TARMS can be contacted by telephoning 1800 358 362 (1800 FLU DOC), including from mobile phones.</p>

Issue	Strategy	Task	Comments
Management of potential cases.	<p>Protect staff, other patients and ensure the provision of appropriate care.</p> <p>Ensure potential cases are managed according to DHHS guidelines.</p>	<p>Refer all patients who potentially fit the case or contact definition to DHHS (TARMS).</p> <p>If the patient is already at the practice:</p> <ul style="list-style-type: none"> • keep the patient away from other people • instruct the patient to wear a fluid-repellent surgical mask, to wash their hands and wear a plastic apron • staff should wear a P2/N95 mask, goggles and gown if they will be within one metre of the patient (or if they will be in the same room and an aerosol nebuliser is in use on the patient). • minimise the number of staff who have contact with the patient • ensure stringent cleaning following the visit, including cleaning of any items that may have been touched by the patient • advise the PHEOC. 	<p>Patients who contact the practice and have an ILI and possible exposure to the virus should be referred to DHHS (TARMS) or a flu clinic/GP Flu Service for assessment, referral, possible provision of anti-virals and general management of their ILI.</p> <p>Clinical care guidelines will be provided.</p>
Antivirals		<p>Use and prescribe anti-virals according to advice from DHHS (which will be guided by decisions made nationally).</p>	<p>Antiviral use will depend on the pandemic phase and whether they are being used for pre-exposure prophylaxis, post-exposure prophylaxis or treatment.</p>

7. Pandemic Actions for GPs and practice staff: Sustain Phase

Issue	Strategy	Task	Comments
Staying informed	Ensure staff are kept informed of the latest developments.	Be alert for information distributed by DHHS, and distribute communiqués from DHHS to all staff. Regularly review www.pandemic.tas.gov.au and (for GPs) the Health Emergency Extranet.	
Keeping DHHS informed		Advise DHHS or your GP Division (instructions will be provided at the time) of any changes in practice status and issues relating to performing the designated role or patient management.	It will be vital for practices to advise DHHS of any changes in status or roles, so this information can be provided to TARMS and flu clinic staff.
Practice protocols	Review pandemic protocols.	Coordinator to ensure all practice staff are aware of revised protocols and clarify any concerns or questions.	Possible cases should be referred to DHHS (TARMS) or local flu clinic/GP Flu Service for assessment, referral, possible provision of anti-virals and general management of their ILI.
Workload adjustment	Delegate tasks as appropriate.	Delegate and reorganise tasks including triage of patients, routine assessment and care of patients with chronic or acute self-limiting illness, home visits and administrative tasks (e.g. referral letters, reports, repeat prescriptions).	Practice Nurses could take on a bigger role in the routine management of chronic disease.
	Prioritise and defer tasks as appropriate.	Triage patients at reception using agreed protocols and screening questions.	Non-essential work may include routine disease screening and medical examinations for diving and insurance purposes.
	Make adjustments in response to staff absenteeism.	Prioritise all tasks and multi-task staff as appropriate. Consider combining or sharing resources with other local GP practices.	Contingency plans and rosters need to be developed to cope with likely significant absenteeism.

Issue	Strategy	Task	Comments
Patient communication	Inform patient of practice pandemic arrangements and self care strategies.	<p>Clearly display instructional signage and provide information resources to patients (resources are available from www.pandemic.tas.gov.au).</p> <p>Consider providing automated phone messages for all incoming calls, providing information about:</p> <ul style="list-style-type: none"> • 1800 FLU DOC (1800 358 362) for information about influenza and/or assessment through TARMS • changes in practice services, e.g. deferral of non-essential appointments, provision of home visits, provision of repeat prescriptions. 	Divisions and DHHS are developing communication tools and resources, including signage templates, fact sheets and suggested wording of automated phone messages.
Equipment	Ensure continuing supplies of equipment and disposables.	Review stock regularly and maintain supply, including surgical masks for patients with ILI ⁵ .	It is likely that some PPE will become hard to purchase during a pandemic. Consider contingency strategies.
Antivirals	Ensure appropriate use of anti-virals.	Follow advice provided by DHHS re antiviral use and access.	
Ethical issues	Discuss likely issues up front.	Discuss risk scenarios with patients, especially those at high risk, e.g., elderly, chronic disease, pregnant women.	Some patients may not be able to access critical care support if they develop severe pneumonia; use of advance care directives may be appropriate in some cases.
Minimising spread of infection	Review infection control policies and procedures.	<p>Continue with standard precautions and additional precautions for pandemic influenza.</p> <p>Ensure social distancing is maintained in the consulting room. This may require alternative room set-up.</p>	

Issue	Strategy	Task	Comments
Surveillance	Monitor staff and patients for ILI.	<p>Instruct staff to take their temperature daily, before commencing work.</p> <p>Keep records of staff who have attended patients with suspected or confirmed pandemic influenza.</p> <p>Screen patients – on the phone and at reception.</p>	Screening questions will be provided by DHHS (see sample questions at Appendix 4).
Management of patients with ILI	Refer patients with ILI to TARMS or local Flu clinic or GP Flu Service in order to minimise impact on primary care, minimise risk of disease transmission and ensure consistency of patient management.	<p>Ensure all patients with ILI are referred to DHHS (TARMS) or the local flu clinic/GP Flu Service for assessment and management of their ILI.</p> <p>Display instructional signage referring patients with ILI to DHHS (TARMS) or flu clinics/GP Flu Services.</p> <p>Where a patient with ILI requires an appointment (because of co-morbidity), arrange for a phone consultation or home visit if possible. Alternatively</p> <ul style="list-style-type: none"> • provide a surgical mask for the patient to wear • instruct the patient to wash their hands • provide a separate waiting area • instruct staff to wear a P2/N95 mask, goggles and gown if one metre distance cannot be maintained • minimise the number of staff who have contact with the patient • ensure stringent cleaning following the visit. 	<p>Screening questions will be provided by DHHS (see sample questions at Appendix 4).</p> <p>Standard signage will be available from www.pandemic.tas.gov.au</p> <p>Minimise the number of staff who have contact with suspected or confirmed cases. Consider a designated doctor.</p>
Management of staff with ILI	Minimise spread of infection and ensure appropriate care is provided,	<p>Staff who develop ILI at work should</p> <ul style="list-style-type: none"> • be provided with a surgical mask • maximise distance from other people • wash their hands • phone DHHS (TARMS) or go to a Flu clinic/GP Flu Service for assessment, referral, anti-virals (if indicated) and general management of their ILI. 	Staff with pandemic influenza must stay home until fully recovered. If further medical assistance is required, this should be sought through DHHS (TARMS) or a flu clinic/GP Flu Service.

Issue	Strategy	Task	Comments
Management of deaths	Protect health care workers	<p>Treat all <i>unexpected</i> deaths as if they may have had influenza.</p> <p>Apply standard infection control precautions.</p> <p>Place a surgical mask (or cloth) over the nose and mouth of the body before moving and before transportation.</p> <p>Place the body in a body bag for transportation to the funeral home.</p>	<p>Tasmanian guidelines for managing deaths during an influenza pandemic and a national <i>Funeral Annex</i> to the AHMPPI are under development. Check the web for latest information.</p> <p>It is reasonable to assume that the virus may survive in respiratory tract tissues beyond death, possibly for days in a cooled body. However, survival of the virus on the surface of the body beyond a few minutes appears unlikely. Assuming there is no direct contact with the body, the greater risk of infection may come from close contact with family or household members.</p>
	Processing the body when the death is at home	<p>Issue a Life Pronounced Extinct Certificate.</p> <p>Issue a Death Certificate if appropriate, tag the body, place it in a body bag and arrange transport to the nominated funeral home.</p> <p>If a Death Certificate is not issued, tag the body, place it in a body bag and arrange transport to the mortuary in Hobart or Launceston.</p>	<p>Issuing of the Life Pronounced Extinct Certificate may be delegated to a nurse, paramedic, ambulance officer or to any person who in the opinion of the medical practitioner has the skill and knowledge to determine if a person is actually dead.</p> <p>In a pandemic, additional persons may be trained to complete Life Pronounced Extinct Certificates.</p>
	Processing the body when the death is in a health facility, custody or elsewhere.	<p>Issue a Life Pronounced Extinct Certificate.</p> <p>Tag the body, place it in a body bag and arrange transport of the body to the closest mortuary.</p>	Mortuaries are located in Hobart and Launceston.
	Management of household members when the death is at home	<p>Insist those in home quarantine wear face masks and wash their hands before you enter their home.</p> <p>Staff should wear a face mask and maintain a distance of at least one metre from family members and others.</p>	<p>Family members are likely to be in home quarantine.</p> <p>Advise family members not to kiss the body.</p>

Footnotes

1. PPE = personal protective equipment.
2. Australian Department of Health & Ageing **Prepared and Protected** video presentation on Infection Control & PPE for Respiratory Diseases available at www.health.gov.au/internet/panflu/publishing.nsf/Content/prepared-and-protected-1
3. Respiratory hygiene/cough etiquette (*Interim Infection Control Guidelines for Pandemic Influenza in Healthcare and Community Settings, 2006*, p14). To contain respiratory secretions, all persons with signs and symptoms of a respiratory infection, regardless of presumed cause, should be instructed to:
 - Cover their nose/mouth when coughing or sneezing
 - Use tissues to contain respiratory secretions
 - Dispose of tissues in the nearest waste receptacle after use
 - Perform hand hygiene after contact with respiratory secretions and contaminated objects/materials.
4. Hand hygiene (*Interim Infection Control Guidelines for Pandemic Influenza in Healthcare and Community Settings, 2006*, p18). Hand hygiene is a crucial practice to reduce the transmission of infectious agents in healthcare settings and is an essential element of standard precautions. The term 'hand hygiene' includes both hand washing with either plain or antimicrobial soap and water and use of alcohol-based products (gels, rinses, foams) that do not require the use of water.
 - If hands are visibly soiled or contaminated with respiratory secretions, wash hands with soap (either plain or antimicrobial) and water
 - In the absence of visible soiling of hands, approved alcohol-based products for hand disinfection may be preferred over antimicrobial or plain soap and water because of their reduced drying of the skin, and convenience.
 - Always perform hand hygiene between patient contacts and after removing PPE.
 - Ensure that resources to facilitate hand washing (i.e. sinks with warm and cold running water, plain or antimicrobial soap, disposable paper towels) and hand disinfection (i.e. alcohol-based products) are readily accessible in areas in which patient care is provided.
5. See *Interim Infection Control Guidelines for Pandemic Influenza in Healthcare and Community Settings*, Australian Government, Department of Health and Ageing, June 2006, www.flupandemic.gov.au/internet/panflu/publishing.nsf/Content/interim-infection-control-guidelines-1
6. As a pandemic unfolds, some of the doctors are likely to be in the recovery stage of pandemic influenza. It would be optimal for this group to assess suspected or confirmed pandemic influenza cases as they will have some degree of immunity.

APPENDIX I

Members of the Practice Planning Group:

	Name	Position	Contact numbers
Administration			
Medical			
Nursing			
Reception			
Other			

APPENDIX 3

Considerations in developing staff sick leave/OH&S Policy

The practice policy should cover:

1. The management of staff who become ill at work.
2. When personnel may return to work after recovering from pandemic influenza.
3. Options for staff who are symptomatic, but well enough to work, to undertake designated tasks from home.
4. Personnel who need to care for their family members who are ill or affected by crèche or school closures.
5. Personnel who have insufficient sick leave entitlements.

APPENDIX 4

Sample screening questions for use by reception staff

Phase	Question	Answer	Action
Delay	Q1. In the last 7 days have you been in an area affected by pandemic influenza? (if they have travelled out of Tasmania, find out where and check whether that is an affected area).	Yes	<ul style="list-style-type: none"> Note this on the front of the patient's file. Proceed to Q2
		No	<ul style="list-style-type: none"> Proceed as normal.
	Q2. Do you have any of the following symptoms: sudden and unexplained fever (or chills or shivering), dry cough, fatigue, bad headache or sore throat?	Yes	<ul style="list-style-type: none"> Check the patient's telephone number and transfer the call to DHHS (telephone 1800 358 362)
		No	<ul style="list-style-type: none"> Proceed as normal.
Contain	Q1. In the last 7 days have you had contact with anyone you know has pandemic influenza or suspected pandemic influenza?	Yes	<ul style="list-style-type: none"> Note this on the front of patient's file. Proceed to Q2
		No	<ul style="list-style-type: none"> Proceed as normal.
	Q2. Have you been assessed by DHHS and told to stay in home quarantine?	Yes	<ul style="list-style-type: none"> Ask the patient how you can help them. If they require urgent care not relating to their influenza, safe consultation will need to be arranged, e.g. telephone consultation or home visit.
		No	<ul style="list-style-type: none"> Check the patient's telephone number and transfer the call to DHHS (telephone 1800 358 362)
Sustain	Q1. Do you have any symptoms of flu: fever, cough, fatigues, headache, sore throat.	Yes	<ul style="list-style-type: none"> Proceed to Q2
		No	<ul style="list-style-type: none"> Proceed to Q3
	Q2. Have you been assessed by DHHS – on the phone or at a flu clinic?	Yes	<ul style="list-style-type: none"> Ask the patient how you can help them. If they require urgent care that does not relate to their influenza, safe consultation will need to be arranged, preferably a phone consultation or home visit.
		No	<ul style="list-style-type: none"> Proceed to Q3
	Q3. Are you in home quarantine?	Yes	<ul style="list-style-type: none"> Ask the patient how you can help them. If they require urgent care that does not relate to their influenza, safe consultation will need to be arranged, e.g. telephone consultation or home visit.
		No	<ul style="list-style-type: none"> Proceed as normal

APPENDIX 5

GP PRACTICE AND MEDICAL CENTRE CHECKLIST FOR PANDEMIC INFLUENZA PREPAREDNESS

Date: _____

Auditor: _____

	Surgery/Centre and Staff Requirements	Y	N	N/A
1	Adequate supply of surgical masks			
2	Adequate supply of P2/N95 masks			
3	Alcohol-based hand rub/gel and/or wipes available for staff and patient use			
4	Adequate supply of single use non-sterile gloves			
5	Waiting area one metre from other persons if symptomatic			
6	Adequate supply of fluid resistant aprons			
7	Adequate supply of long sleeved gowns			
8	Adequate supply of protective eye wear			
9	Staff fit-tested for P2/N95 masks			
10	Soap and paper towels at all hand basins (staff and patient)			
11	Tissues available to staff and patients			
12	Hand free waste disposal			
13	Separate waiting room for symptomatic patients			
14	Posters demonstrating cough etiquette			
15	Posters demonstrating hand hygiene technique			
16	Signs indicating the need to notify staff of possible respiratory infection			
17	PPE and infection control requirements: education provided to staff			

APPENDIX 5

Actions required

Actions Completed: _____

Date: _____

SPACE FOR NOTES