

Pandemic Plan for Community Assessment Centres



June 2013

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INTRODUCTION

Influenza pandemics are typically characterised by the rapid spread of a novel type of influenza virus to all areas of the world, resulting in unusually high morbidity and deaths for approximately two to three years. Factors that need to be present for a pandemic to occur include: the emergence of a new viral subtype; the capacity for the virus to spread efficiently from person to person; and being virulent enough to cause disease.

The primary purpose of this plan is to provide the framework and methodology to efficiently respond to an influenza pandemic in the community.

Assumptions

- 1. An influenza pandemic is inevitable.
- 2. Outbreaks are expected to occur simultaneously throughout much of New Zealand, preventing shifts in human and material resources that normally occur with other natural disasters.
- 3. The effect of influenza on individual communities will be relatively prolonged -weeks to months -- when compared to minutes-to-hours observed in most other natural disasters.
- 4. The impact of the next pandemic could have a devastating effect on the health and well being of the New Zealand public. CDC estimates that in Hawke's Bay alone, over a course of 2 to 3 months:
 - Up to 53 thousand people will become clinically ill
 - Up to 27 thousand people will require primary health care
 - Up to 600 people will be hospitalized
 - Up to 1325 people will die (this is a conservative estimate of the impact)
- 6. Widespread illness in the community will also increase the likelihood of sudden and potentially significant shortages of personnel in primary care therefore reconfiguration of service is required to meet the demand.
- 7. Despite the pandemic event, a level of routine primary care delivery will need to continue while minimising the risk of cross infection from patients with influenza-related illness.
- Community assessment centres are a strategy to provide for primary care surge capacity and a level infection control and are triggered by Code Red – pandemic imminent.

ROLE OF COMMUNITY ASSESSMENT CENTRES

During an influenza pandemic, the role of Community Assessment Centres (CACs) will be to provide the primary care surge capacity arising from a sudden increase in demand. These centres will be a means of concentrating the initial assessment of people who may have influenza away from individual general practices and hospital emergency departments, the usual first ports of call for people who are unwell.

CACs will be for influenza cases that meet the case definition and for people that are likely to benefit from available clinical intervention. As well, CACs will support the provision of home-based self-care in association with teletriage and advice.

FUNCTION

The primary functions of a CAC will be to:

- (i) provide clinical assessment and advice;
- (ii) provide triage and referrals to other primary health or secondary health care (if capacity exists);
- (iii) enable health professionals to specialize in influenza and infection control;
- (iv) practice and provide advice on infection prevention and control; and
- (v) provide secure distribution centres for anti-virals in accordance with Ministry guidelines.

CACs will be facilities for the community that:

- are an identified place for the community to seek help and information;
- obviate the need for extensive travel (which might help slow the spread of the pandemic);
- will enable the community and the health workforce to be utilised in an efficient and effective way;
- are responsible for rationing scarce resources in accordance with national policy;
- have the capacity to stream patients into appropriate clinical pathways as available;
- are a means of providing emergency public health interventions close to the community and concentrating on the problem immediately at hand; and
- have local leadership.

A CAC Situation Report (Appendix 14) must be completed every 24 hours and sent to the Emergency Operations Centre at Hawke's Bay Hospital.

ESSENTIAL FEATURES

CACs will be a stand-alone facility set up for example in community centres, general practices or after hours clinics not being used for the treatment of other conditions (Appendix 1). In choosing a facility the following features will be a priority:

- they are places that people are familiar with and can access easily
- they have easy drive-up access with separate entry and exit
- they are suitable for undertaking the functions noted above
- they have staff facilities such as toilets and hand basins
- there is available sufficient essential support systems such as water, electricity, and heating
- there is the ability to implement infection control practices
- there is staff, site and material security
- there is secure storage
- there is a means of disposing infectious waste

CACs will have to be planned with the needs of the community in mind.

Active consideration needs to be given to how they could provide services to people who are less mobile, who do no have easy access to transport, or are relatively isolated. There is no one size, or even range of sizes, that fits all. For example, a mobile CAC model may be feasible in some circumstances. CAC's will need to be progressively activated as the pandemic evolves with initial activation occurring at the loss of cluster control in Hawke's Bay, this will be advised by the Medical Officer of Health.

Social factors should also be acknowledged in planning a CAC location. Factors such as trust, and pre-existing relationships with a service or structure are important. Public health academic T.A. Glass comments "...people will go where they trust health care facilities, especially in a disaster situation."

Ideally, CACs will be open for a minimum of 12 hours a day, dependent upon workforce availability. Full time security will be necessary.

FUNDING

Community assessment centres will be funded by the Ministry of Health. It is critical that services are free to the community.

SUGGESTED SITES

Hastings Health Centre Te Mata Peak Practice Totara Health Flaxmere The Doctors Hastings CHB Health Centre City Medical The Doctors Napier Tamatea Medical Centre Taradale Medical Centre Wairoa Health Centre

See Memorandum of Understanding (Appendix 4). Activation will be authorised by HBDHB incrementally as clusters of influenza cases are notified in Hawke's Bay.

It may be appropriate as the situation progresses to consult with local marae in rural areas regarding the operation of a Community Assessment Centre directly from the marae. This would involve appropriate resourcing and training for those involved.

RESOURCING A COMMUNITY ASSESSMENT CENTRE

HBDHB is responsible for staffing support and training and for the supply of personal protective equipment and clinical supplies for the Community Assessment Centre and its Outreach Service along with any other resources required.

Provision will need to be made for information collection including the ability to record patient details. Facilities to control infection and monitor the health of staff will also be required, as will effective communications to enable telephone triage, or communication with referring and referred institutions.

DHB will be responsible for the safety of all personnel working for them. Police communication centres will be supplied with a current list of high risk facilities to ensure immediate response to any calls for assistance Police will liaise with local security firms in relation to high priority facilities in terms of need, risk and action required.

Set-up Requirements

- ▷ Security provision
- ➢ Personal protective equipment (gowns, gloves, surgical masks, N95 masks, overshoes, hats, goggles)
- ➢ Tamiflu and other identified appropriate medication
- ➢ Disposable thermometers
- ▷ IV administration equipment
- $rac{\sim}$ Oxygen masks, tubing and cylinders with regulators
- ➢ Resuscitation tray
- Stethoscopes
- ▷ Tongue depressors
- 🗁 Ear speculum
- ▷ Nasopharyngeal swabs
- Blood collection equipment
- \bowtie Hand gel
- $\ensuremath{\unrhd}$ Screens for reception areas
- \simeq Screens to separate areas
- rightarrow Swop out fabric furnishings for easy clean surfaces
- rightarrow Rubbish bins with lids
- ➢ Biohazard bin
- ➢ Alcohol wipes
- ▷ Cleaning products
- ▷ Plastic bags
- 🗁 Tissues
- rightarrow Stationery and patient notes
- rightarrow Clipboards
- ➢ Directional signs
- ▷ Body bags
- ➢ Surgical scrubs



MINISTRY OF HEALTH CASE DEFINITION

Suspected case of Pandemic Influenza			
Person with an influenza like illness of abrupt onset, characterised by:			
 History of fever, chills and sweating; or Clinically documented temperature ≥38°C; and Cough or sore throat 			
Probable case of Pandemic Influenza Person with an influenza like illness who has a strong epidemiological link to a confirmed case or defined cluster.			
Confirmed case			
 a. positive viral culture for Pandemic Influenza; or b. positive RT-PCR for Pandemic Influenza; or c. four-fold rise in novel influenza virus specific neutralising antibodies. 			

RECOGNITION AND MANAGEMENT

In the event of an emerging infectious disease-related emergency all Community Assessment Centres need to have the following minimum capabilities:

- Contact details for advice about, and referral of, suspect and/or probable patients.
- Access to updated clinical information on the emerging infectious disease including case definition and management and treatment guidelines.
- Appropriate visible signage advising patients and others of any restrictions or required actions.
- Access to appropriate personal protective equipment for staff, including receptionists.
- Availability of infection control review of facilities.
- Availability and accessibility of infection control training.

Utilise triage checklist (Appendix 5) to screen suspected cases. Patient's who telephone and are advised to attend a CAC should be asked to bring their current medications with them.

The patient care clinical pathway (Appendix 6) should be followed for all identified possible cases with a clinical record (Appendix 8) completed. Tamiflu will be supplied to patients meeting the criteria, some antibiotics and paracetamol may also be supplied directly from the CAC. Prescriptions for other medication will be faxed to the patient's usual pharmacy for home delivery (prescription to be marked "influenza").

Isolation and quarantine requirements will be enforced early in the pandemic under the direction of the Medical Officer of Health with information provided to patients and contacts (Appendix 13).

Admission and treatment guidelines will be supplied by HBDHB.

Antiviral medication will be used in the stamp it out phase for:

- The treatment of early cases
- Post-exposure prophylaxis of contracts
- Possibly pre-exposure prophylaxis of health-care workers (NZIPAP v 15 p. 127 suggests workers in a quarantine facility or contact tracers)

Antiviral medication will be used in the manage it phase for:

- Patients with severe clinical influenza-like illness.
- Patients with influenza-like illness who are at high risk of influenza-related complications (immunocompromised or suppressed patients, pregnant women, sever or poorly controlled congestive heart failure, severe chronic respiratory disease, severe asthma, patients on renal replacement therapy).
- Patients with influenza-like illness who live or work in high risk institutions (residents of nursing home or other chronic care facility, people who provide services in relatively closed settings to persons at high-risk).
- Cluster and/or infection control where appropriate on discussion with the Medical Officer of Health

The MOH will be responsible for application to the MoH for release of the national supply to HB hospital pharmacy.

Effective vaccine is unlikely to be available for at least 12-16 weeks at which point the Public Health Service will coordinate a mass immunisation campaign (Appendix 11).

COMMUNITY OUTREACH SERVICE

Patients who are home bound will need to be visited and assessed by a registered nurse following infection control procedure. Patients will be logged on telephone triage and the call sheet provided to the rostered nurse covering the outreach service. The nurse will operate under the patient care clinical pathway (Appendix 7) and standing orders for supply of antiviral and other medication. The nurse must have direct access to a designated general practitioner at the CAC for advice as required. The local taxi service should be used as transport, serving also as a level of security for the nurse. Any patient requiring assistance at home should be referred to the Welfare Advisory Group by contacting Civil Defence Emergency Management.

Equipment required:

- Sets of PPE (gown, gloves, N95 mask, ear loop duckbill mask)
- Handgel
- Disposable thermometers
- Stethescope
- Tongue depressors
- Antiviral, paracetamol and approved antibiotic medication
- Patient notes and minimum dataset forms
- Biohazard bag



For more detailed information see Community Outreach Service Plan (Appendix 15).

COMMUNICATION PLAN

Name	Title	Contact	After hours	Availability
DHB				
Ken Foote	Company Secretary	878-8109	N/A	8-5 Mon-Fri
Sandra Bee	Emergency Response Advisor	878-8109	027-245-3692	On-call
Barbara McPherson	Infection Control Advisor	878-8109	N/A	8-5 Mon-Fri
Public Health Unit				
Dr Caroline McElnay	Medical Officer of Health	878-8109	As contact	On-call
Dr Lester Calder	Medical Officer of Health	878-8109	As contact	On-call
Dr Nick Jones	Medical Officer of Health	878-8109	As contact	On-call

Useful Websites:

Ministry of Health	http://www.moh.govt.nz/pandemicinfluenza
WHO	http://www.who.int
CDC	http://www.cdc.gov

Notification of probable cases made to Public Health Unit, HBDHB.

Daily reports to Emergency Operations Centre at Hawke's Bay Hospital during Phases 5 and 6, reports to include numbers of probable and confirmed cases, staffing and resource levels and shortfalls of same.

REPORTING SYSTEM

1. Early in the epidemic

Immediate notification of the first suspected suspected cases is crucial. Phone 834-1815 (seven days). Ask to speak to a Medical Officer of Health (MOH). Do not leave a message. Make sure you get to speak to a MOH. Detailed information will be required about each case and the MOH will work closely with the centre to formulate an immediate plan of action, including investigation and management of the case and contacts.

2. When the MOH advises that a Hawke's Bay epidemic is established

At this point the MOH will advise all centres that the reporting requirements are to be reduced to a minimum, Pandemic Minimum Data Set (PMDS), e.g. report date, name, age, gender, ethnicity and suburb or street address. PMDS Forms to be faxed to the DHB's Emergency Operations Centre.

SURVEILLANCE

Surveillance means collecting and reporting data about cases to describe the evolving epidemic to help guide a response. Surveillance will be carried out by the Public Health Unit.

Surveillance updates will be available for practitioners on the Hawke's Bay District Health Board website: <u>http://hawkesbaydhb.govt.nz/</u> click "Public Health Alerts".

ISOLATION OF SUSPECTED CASES

Separating routine patients from those suspected of having influenza must be planned. This will be achieved by providing separate entrance/waiting rooms/treatment rooms for patients suspected of having influenza. Designated staff should manage the patients in this area.

Prompt triage will assist in patient placement, staff directing patients to the appropriate area should use the symptoms checklist (Appendix 5). Providing a surgical mask at the point of entry will minimise contamination of others and the environment.

INFECTION CONTROL PRECAUTIONS

Initial precautions

We recommend that all staff be vaccinated each year against seasonal influenza. While this may not protect against pandemic influenza, it will maintain the general wellness of your team. Create an expectation that sick staff should stay at home.

Initial precautions for people dealing with someone suspected of having pandemic influenza include:

- Keep your distance
- One metre is accepted as safe and significantly reduces your exposure
- Wear a surgical mask and gloves
- Also offer a mask to any patient and support people
- **Rigorous**, **frequent hand washing** Wash in warm water with soap, or use an antiseptic hand gel. Dry hands with paper towels
- Ensure separatation of patients with respiratory symptoms from other patients
- **Ventilation** Keep windows open if possible, if air conditioning is used, ensure that designated areas can be isolated from the rest of the facility or turn the air conditioning off.

Essential supplies

- Gloves
- Surgical masks
- Disposable thermometers
- Tissues for both waiting and consulting rooms
- Waste disposal bins and medical waste disposal bags with lids for infection control
- Soap or antiseptic hand gel and paper towels for drying.

Guidelines for use must be followed (Appendix 9).

DAILY ENVIRONMENTAL CLEANING

Patient care areas and bathrooms must be cleaned at least daily on completion of other routine cleaning.

Protective clothing (mask, gown and gloves) must be worn. Use detergent and water followed by sodium hypochlorite 3-5% 1:100 solution (10mL/1L water). Clean all horizontal surfaces and all surfaces that are touched by patients and staff. Floors are to wet mopped with clean water and detergent with the mop rinsed thoroughly on completion and inverted to dry. Cleaning cloths should be disposed of in a biohazard bag. All patient equipment unable to be disposed of should be cleaned with detergent and water followed by sodium hypochlorite 3-5% 1:100 or alcohol 70% and left to dry.

A linen skip and a biohazard bag must be kept in the designated area. Minimal linen should be used and changed after each patient taking care not to shake it. All waste (except sharps) must go into the biohazard bag.

Linen and waste must be emptied daily or when containers two thirds full. Daily collection of waste is contracted by HBDHB.

INFORMATION

Messages to the public will be distributed centrally by HBDHB following Ministry of Health advice, this will assist in managing expectations. HBDHB will also provide public information on local arrangements.

Information pamphlets are available on the MOH website. (<u>www.moh.govt.nz/pandemic</u>). Regular bulletins will be coordinated through the DHB. A hotline number may be made available through the DHB for updated information on 0800 777790.

RADIOLOGY AND LABORATORY FACILITIES

Laboratory specimens will only be collected in the early stages of the pandemic. See Appendix 11 for specimen collection procedures.

Patients with suspected pandemic influenza should not be sent to a community laboratory for collection of throat or nasopharyngeal swabs.

Specimens should be double-bagged and couriered to the Laboratory at Hawke's Bay Hospital. They will then be sent to Christchurch for processing.

Radiology service arrangements will continue as normal arrangements dictate. They will be supported by Hawke's Bay Radiology for non influenza patients with transport to services the responsibility of the DHB.

SUPPLIES

PPE will be supplied to each centre by HBDHB to manage cases with resupply through the national reserve once activated.

The HBDHB Procurement Department will control access to the national reserve supply.

Essential supplies include: gloves, surgical masks, N95 masks, gowns, disposable thermometers, tissues, waste disposal bins with lids, and soap or antiseptic handgel and paper towels for drying.

Equipment for collection of multiple specimens (as describe above) for viral culture and PCR.

Supply levels must be checked daily with reordering from the DHB as required.

Each designated assessment centre should increase their stock of medication held on set-up.

DHB will be responsible for the security of all drugs and medical supplies under their care including the movement of medical supplies to other facilities and the storage of medical supplies at assessment centres.

The MOH will approve the distribution of antivirals and request the release of the national reserve.

The HBDHB pharmacy will:

- store antivirals
- **pre-label** the antivirals so that a doctor or nurse can issue courses by writing the name and required dose on the bottle
- arrange **transport** to the provider who will supply the medication to the patient
- monitor stock issued

TEMPORARY ACCOMMODATION

Arrangements for temporary accommodation for staff who are willing to work but do not wish to go home should be made.

Coordination of temporary accommodation, if required, for patients who live alone will be carried out by HBDHB.

TRAINING

A training plan has been prepared by HBDHB to ensure consistent messages for all staff.

WORKFORCE MANAGEMENT

A community assessment centre will require clear clinical leadership. This leadership will need to be drawn from existing public health, primary and secondary health care services and will utilise all health practitioners. Administrative staff, cleaning staff and security personnel will also be critical to the operation of a community assessment centre (Appendix 2). Trained community volunteers may also be utilised to undertake task-oriented functions under supervision of clinical staff.

Workforce management requires sensible rostering, cover for sickness and absenteeism and attention to staff welfare. Rostering should consider short

rotations in influenza care provision and adequate break time with a two hour shift in the isolation area recommended. Workload monitoring is essential.

Discussion with staff in the planning phase is essential to determine who will be most likely to be available, and skills that might be adapted to provide cover.

Workforce planning should consider the need for increased staffing during the peak of the pandemic.



Note: This is one scenario for a pandemic wave based on a Ministry of Health modelling tool which draws on data from the 1918 pandemic. The New Zealand Influenza Action Plan (version 15) uses a "standard planning model" of 40% attack rate and 2% case fatality rate. This would result in 59,702 cases and 1194 deaths in Hawke's Bay.

Reception and recruitment of volunteers will be carried out centrally with placement of volunteers being made according to the information supplied by each agency detailing tasks that may be allocated, skills required and exclusion criteria. Each agency is responsible for area specific orientation of volunteers following generic orientation program attendance.

PREFERRED PHYSICAL SITE CHARACTERISTICS

General Location Characteristics

- □ Parking capacity
- □ Emergency services access and parking
- Proximity to population centres
- □ Pre triage collection point
- □ Staged entry to manage crowd
- □ Information displays signage opportunities
- Ability to cordon the site off allowing room for patients to access effect on nearby roads/residents/businesses
- □ Security
- □ Familiarity of site to immediate community
- □ Ventilation

Assessment and Treatment Areas

Red line / green line to separate patients:

- □ Multiple entries
- □ Registration area
- \Box Waiting area(s)
- □ Screens for reception areas
- □ Assessment area: triage
- Transfer and pre-hospital treatment area
- □ Patient education/information/counselling area(s)
- Discharge area
- □ Adjunct services: radiology, laboratory

Storage and Administration

- □ Secure pharmaceutical supplies area
- □ Medical supplies, especially secure stores for PPE
- Patient records
- □ Triage tags/transport and transfer forms
- □ Ability to stockpile equipment and supplies

Support Services

- □ Medical waste
- □ Laundry
- □ Catering

Staffing

- □ Current staff levels at all required skill levels, including security staff
- Access to additional staff (consider impact on other services) including volunteer and health support service staff
- □ Insurance and personal liability cover for practitioners and volunteers
- □ Staff support services, including staff family support

Appendix 1

Training needs: infection control; triage methods; communication; telephone advice and triage; personal protection.

Physical Requirements (Infection Control Only)

Entry

- Posters: Masks and Hand-gels outside facility to be put on/used before entering
- □ Alcohol hand gel dispensers outside facility so that people entering clean their hands before touching the door handle
- One point of entry for all patients so they do not miss triaging
- □ Glass screen at reception to minimise droplet spread

Reception area

- □ No toys magazines or newspapers
- □ Minimal, washable furniture

Treatment rooms

- □ Separate room to minimise exposure/ risk of transmission to others
- Designated toilet facility with appropriate hand hygiene facilities
- Sufficient space: wherever possible the practitioner should have sufficient space to be more than one meter away from the patient when not carrying out a physical examination
- □ Minimal equipment and supplies in the room
- □ Washable surfaces
- □ Pedal operated rubbish bins/linen skip
- □ Arm operated taps
- □ Wall dispensers: for antiseptic hand wash and gel

Equipment

- Disposable equipment should be used when ever possible
- □ Masks, gloves, gowns
- □ Antiseptic hand washes/gels
- □ Disposable thermometers
- □ Water soluble liner for linen bags
- □ Biohazard bags
- □ Approved cleaning solutions: hospital grade surface disinfectant
- Disposable cloths
- □ Tissues

Human Resource Requirements

General Requirements

These requirements are for all staff, regardless of role.

- Knowledge of infection control: general principles and specific requirements (if any) relating to the pathogen involved.
- Ability to cope with highly pressured situations
- Communication skills
- Focus on teamwork
- Adaptability
- Commitment to maintaining confidentiality of patients and fellow staff.

Specific Requirements

The following tables set out the skills and types of personnel that are likely to be required to take on specific functions in a CAC environment.

Functions	Skills/personnel
Administration	
Site administration/management - staff scheduling, support and welfare, assessing service demands and supply	Management/administration.
Co-ordination of patient care On-site training, orientation and task allocation for staff, volunteers and family members	Medical training, knowledge of basic patient care, triage, infection control and occupational health and safety, leadership, co-ordination and communication skills.
Receptionist, health records management, information technology resource	Communication skills, public relations, rapid situation assessment, clerical skills, IT systems knowledge and problem solving skills.
Patient care	
Medical triage	Medical training/nurse, ideally with emergency care training.
Medical management	Physician or nurse with physician backup.
Transfers/discharge Infection control training for family/other carers	Medical training/nurse, ideally with experience in discharge planning and infection control. Links with community- based care organisations.
Patient assessment and basic treatment	Instructed in nursing care: rehydration, feeding, vital signs monitoring, giving medications.
Infection control	
Monitoring infection control practices and safety in the CAC	Nursing skills, preferably with infection control and teaching experience.

Transportation	
Patients and staff	Appropriate licence and insurance; infection control training.
Services	
Maintenance	Plumbing, electrical, air conditioning (not on-site).
Laundry	Off-site provided by contractor.
Cleaning	Cleaning of patient care areas, waste disposal, supply in toilet facilities.
Security	
Public order and personal safety	Crowd and traffic control; controlling entry of patients and protecting staff inside and outside the building.
Social services	
Social service/community care	Counselling, accessing community-based resources/social workers.
Psychology/pastoral care/grief counselling	Social workers, church leaders, psychologists, local service clubs/support groups, victim support services. Links with community-based care organisations for referral and follow-up support.

Different operational zones of the CAC will require different skills sets, noting, however, that all CAC staff members will need infection control and self-care training.

CAC clinic area	Service provided	Training requirements
Entry point	Primary assessment	Security
		Trained non-medical
		workers
Patient registration	Register incoming patients	Trained non-medical staff;
		receptionists
	Vital signs	Medical professional
		(nurse, doctor)
Waiting room(s)	Initial assessment	Nurse, physician
Treatment room(s)	Secondary assessment	Physician
	and treatment plan	
	Provision of oxygen,	Advanced first aid
	supportive treatment for	
	patients who arrive in	
	distress	
Transfer	Waiting area for patients	Trained non-medical
	transferred to hospitals	
Education/discharge	Information for patients	Trained non-medical
	and families/carers; follow	
	up resources and links	
	with community-based	
	care	

Hawke's Bay estimates of casualties and GP workload assuming a 35% attack rate and 0.5% case fatality rate

	stimated imp				
Epidemic					Excess Consults
Week	(0/- cacoc)	Concultations	Hospitalizations	Deaths	por CD
WEEK	(% cases)	COnsultations	Tiospitalisations	Deatris	pei GP
1	(1)	17	0	1	3
2	(5)	84	2	4	14
3	(24)	403	9	20	67
4	(32)	537	11	26	90
5	(24)	403	9	20	67
6	(8)	134	3	7	22
7	(4)	67	1	3	11
8	(2)	33	1	2	6
	Total	1678	36	83	280

Table 1: estimated impact of influenza epidemic in Wairoa District

Table 2: estimated impact of influenza epidemic in Napier City

Epidemic Week	(% cases)	Consultations	Hospitalisations	Deaths	Excess Consults per GP
1	(1)	101	2	5	2
2	(5)	505	11	25	10
3	(24)	2424	52	119	46
4	(32)	3232	69	158	61
5	(24)	2424	52	119	46
6	(8)	808	17	40	15
7	(4)	404	8	20	8
8	(2)	202	4	10	4
	Total	10100	215	496	191

Table 3: estimated impact of influenza epidemic in Hastings District

Epidemic Week	(% cases)	Consultations	Hospitalisations	Deaths	Excess Consults per GP
1	(1)	127	3	6	2
2	(5)	635	13	31	12
3	(24)	3046	65	149	55
4	(32)	4061	87	199	74
5	(24)	3046	65	149	55
6	(8)	1015	22	50	18
7	(4)	507	11	25	9
8	(2)	254	5	12	5
	Total	12691	271	621	231

Table 4: estimated im	npact of influenza e	pidemic in Central HI	3 District

Epidemic Week	(% cases)	Consultations	Hospitalisations	Deaths	Excess Consults per GP
1	(1)	2	0	1	0
2	(5)	7	0	6	1
3	(24)	32	1	28	5
4	(32)	43	1	38	6
5	(24)	32	1	28	5
6	(8)	11	0	9	2
7	(4)	5	0	5	1
8	(2)	3	0	2	0
	Total	135	3	117	19

Epidemic Week	(% cases)	Consultations	Hospitalisations	Deaths	Excess Consults per GP
1	(1)	270	6	13	2
2	(5)	1351	29	66	11
3	(24)	6485	138	318	54
4	(32)	8646	184	424	71
5	(24)	6485	138	318	54
6	(8)	2161	46	106	18
7	(4)	1081	23	53	9
8	(2)	540	12	27	4
	Total	27019	576	1325	223

Table 5: estimated impact of influenza epidemic in Hawke's Bay District

Source data: Wilson, N et al. NZMJ 11 March 2005, Vol 118 No 1211. Based on http://www2a.cdc.gov/od/fluaid/default.htm

MEMORANDUM OF UNDERSTANDING COMMUNITY ASSESSMENT CENTRE

Agreement Between Hawkes Bay District Health Board and Hastings Health Centre

A Community Assessment Centre is activated by Hawkes Bay District Health Board during response to a pandemic event and acts to support the regional health response. Activation will be confirmed in writing as per attached appendix.

Hastings Health Centre have agreed to provide a Community Assessment Centre under such circumstances and subject to the terms of this agreement.

This agreement sets out the responsibilities of both parties once the Community Assessment Centre is activated.

1. As a Community Assessment Centre, Hastings Health Centre will provide:

(a)Clinical assessment, treatment and advice for influenza-related illness.

(b) Supply of antiviral medication and appropriate medication as required.

(c)Triage and referral to other primary and secondary health care.

2. Hawkes Bay District Health Board will provide:

- (a) Medical supplies, including personal protective equipment, as required for response.
- (b) Additional personnel when required as per current HBDHB Pandemic Plan held on the Community Assessment Centre premises.
- (c) Additional resources as reasonably required.

3. Costs

All reasonable costs associated with staffing, supplies and utilities incurred in operating the Community Assessment Centre and associated with the response will be met by Hawkes Bay District Health Board.

Signed		Signed	
	Chief Executive Officer Hawkes Bay District Health Board		Practice Manager Hastings Health Centre
Date		Date	

Appendix 4

Annex 1

Activation of Community Assessment Centres

I, ______ hereby declare the activation of Community Assessment Centres in Hawke's Bay due to a pandemic response Category Red declaration within the region.

Declared by:

Designation:

Time and Date of Activation: _____

CHECKLIST – INFLUENZA PANDEMIC STRAIN

Complete the following checklist at first contact with patient, i.e. in triage room or over the telephone.

17 June 2013

History of fever, chills, sweating or clinically documented temperature 1. ≥38°C

Plus

Cough or sore throat 2.

Patients with **both** 1 and 2 meet the definition of influenza-like illness.

25

Yes

Appendix 6

Primary Health Pandemic Flu Presentation Patient Care Clinical Pathway





cyanosis, associated co-morbidities severe asthma, heart disease,immunocompromised.

following admission criteria guidelines.

Discuss with local hospital on-call Medical Team before transferring patient. Fax referral if needs admission.



Pandemic Minimum Data Set – H1N1

Clinical Assessor: Signature:	Name of Practice:	Date:
	Clinical Assessor:	Signature:

Name:	Given	Middle	Family
Address:			
House Nu	mber:		
Street:			
Suburb:			
Town:			

Gender: M / F	DOB:		NHI:			
Ethnicity:	European	Maori	Pacific	Other		

Category CodesGENGeneral PublicHCNHealth Care NurseHCDHealth Care NurseHCDHealth Care DoctorHPAHealth Care AmbulanceHCOHealth Care Other Direct ContactBORBorder WorkerPOLPoliceDEFNZDF MemberCORCorrections WorkerFIRFire Service WorkerSOCCivilian Social Support WorkerTreatment Rationale CodesILISevere influenza-like illnessHRGHigh risk groupHRIHigh risk institution – MUST be discu with the Medical Officer of HealthPharmacyWAIPWAIPAmcal – Waipukurau		
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BALM Balmoral – Napier		
FLAX Flaxmere		
WAIR Ray Lyall – Wairoa		
HHC The Pharmacy - HHC		

Please Circle Appropriate Codes

Antiviral Status Codes				
TRT-T	Treatment provided – Tamiflu			
TRT-R	Treatment provided – Relenza			
OWN-T	Antiviral treatment from own supply - Tamiflu			
OWN-R	Antiviral treatment from own supply - Relenza			
POP-T	Post exposure prophylaxis with Tamiflu			
POP-R	Post exposure prophylaxis with Relenza			

Antibiotic Codes						
NIL	No antibiotics provided					
TRT	Antibiotic treatment provided – evidence of existing respiratory bacterial infection					
PRO	Prophylactic/precautionary antibiotics provided because of unusual vulnerability to bacterial infection (e.g. person with COPD, CHF, Asthma or other condition)					

Antibiotic Prescribed					
AUG - T	Augmentin – Tablets				
AUG - S	Augmentin – Suspension				
COT - T	Co-Trimoxazole – Tablets				
COT - S	Co-Trimoxazole – Suspension				
DOX	Doxycycline				
FLU - T	Flucloxacillin – Tablets				
FLU - S	Flucloxacillin – Suspension				

Please fax completed form and copy of prescription to: 0800 856 923

Management of Patient With Influenza-Like Illness



Appendix 10

QSAG GU	tical He					DH	IBLo	cation_		D	ate		Local code/number
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PERSONAL PROTECTIVE EQUIPMENT

Recommendations for PPE use

Personal protection equipment (PPE) includes masks, eye/face shields, gloves, gowns and aprons. Varying levels and types of PPE are required, depending on the level of exposure and the risk of transmission.

Whatever the level of PPE to be used, education and training is necessary to ensure the equipment is used and disposed of correctly, to maintain the equipment's effectiveness.

Estimate for PPE

One patient requires one GP and one Nurse: PPE required for 1 patient = 2 masks, 2 pair gloves, 2 gowns

GP sees 4 patients per hour	 = 8 pair gloves per hour = 96 patients per 24 hours = 192 pairs per 24 hours = 672 patients per week = 1344 pairs gloves per week
Gloves supplied per box = 10	00 therefore 26-27 boxes of gloves per week
N95 masks last up to 4 hours N95 masks supplied per box	 a = 12 per day per one GP and one Nurse (6 each) a = 84 per week a = 35 therefore 2.4 boxes per week
Surgical masks for patients Surgical masks supplied per l	= 672 patients per week pox = 50 therefore 13-14 boxes per week
If the gown is to last 4hours	= 12 per day (as for masks) = 84 per week

Gowns supplied per carton = 50 therefore 2 cartons per week

Gowns - you will need to decide how long your gown should last. In the hospital situation a gown is single use. In the primary care setting you may decide to use one gown for 4-8 hours. This will depend on the contact with patients and the care and contamination of the gown.

Gloves may not be required for all patient contacts. Handwashing or the use of alcohol hand gel may be sufficient in most cases.

NOTE: These numbers are only estimates and may vary during the phases of a pandemic. There are many variables to be considered i.e. patients seen, acuity, potential for contamination of PPE.

Summary of PPE requirements:

	Entering Room but no close contact (> 1 metre from patient	Close patient contact (<1 metre from patient)	Aerosol generating procedure being performed (including nose/throat swabs)	
N 95 mask	No	No	Yes	
Surgical mask	Yes	Yes	No	
Gown, non sterile, long sleeved	No	Yes	Yes	
Gloves, non-sterile	Yes	Yes	Yes	
Eyewear, protective	No	No	Yes	

Using disposable surgical masks, gloves and gowns/aprons

Disposable surgical masks are recommended for first responders and health care/support workers in a health care setting who are at risk from droplet transmission.

Disposable gloves are recommended as a means of reducing the likelihood of influenza transmission when handling objects contaminated with respiratory secretions. Apart from health care settings, the use of gloves is less important than careful hand washing. The use of gloves does not replace the need for hand washing.

Disposable gowns or splash resistant aprons may also reduce opportunities for transmitting influenza. However, it may not always be practical to use gowns/aprons outside the health care setting.

Checklist for Staff before Entering Designated Areas

The following points must be checked before entering a designated area:

- Cellphones or pagers left outside the area along with pens, stethoscopes and tourniquets
- Shoulder length hair must to clipped or tied back
- Shoes should cover and protect feet from splashes and dropped equipment and should have wipeable surfaces
- A mask must be worn and fit securely
- A gown must be worn and be tied firmly
- Gloves should be worn covering the wrists

Using Personal Protective Equipment

Order for putting on:

- Change into work clothing, shoes should be either designated work shoes or be suitable for disinfection
- Put on gown or apron
- Fit mask ensuring a good seal (can be worn for 4 hours before being replaced unless wet)

Removal:

- Remove gown/apron and gloves (if worn) taking care to minimise contamination of self and clothes
- Using two hands, untie mask strings and lift off forwards taking care not to touch the pouch of the mask

Wash hands

Notes:

If any of the following occurs the mask must be changed:

- if you touch it
 if it is grossly contaminated
- if it becomes wet for any other reason
 if it becomes hard to breathe through

Masks should be placed in a biohazard bag after removal.

If at any time gloves become contaminated, they must be removed, hands washed and clean gloves put on.

USE OF ANTIVIRALS

Influenza viruses develop significant resistance quickly for M2 channel blockers and zanamivir is not available in New Zealand. Therefore only oseltamivir (Tamiflu) will be described in detail.

First line health care workers will be using antivirals from the Governments stockpile, because the antiviral medication will be in short supply when the pandemic strikes. The Ministry of Health (directly or through Medical Officers of Health) will be communicating guidelines, protocols, and priorities for its use.

Tamiflu might be used prophylactically for exposed travellers, containment of sporadic clusters, essential services staff and therapeutically for all patients (initially), high-risk patients, essential services staff

Tamiflu is licensed for the treatment of influenza in adults and children \geq 1 year of age.

Tamiflu is indicated for the prophylaxis of influenza in adults and adolescents \geq 13 years of age.

Presentation

Tamiflu capsules 75mg blister pack of 10 capsules Tamiflu powder for oral suspension 12 mg/mL bottle pack with 30g of powder

Dosage and Method of Administration

Tamiflu may be taken with or without food. However, Tamiflu taken with food may enhance tolerability in some patients.

Standard Dosage

Treatment of influenza

Treatment should begin within the first 48 hours of the onset of symptoms of influenza.

Adults and adolescents

The recommended oral dose of Tamiflu capsules in adults and adolescents \geq 13 years is a 75mg capsule twice daily, for 5 days. Adults and adolescents \geq 13 years of age that are unable to swallow capsules may receive a dose of 75mg Tamiflu suspension BD for 5 days.

Children

Children > 40 kg or \ge 8 years who are able to swallow capsules may also receive treatment with a 75mg capsule twice daily as an alternative to the recommended dose of Tamiflu suspension (see below).

Appendix 12

Body weight	Recommended dose for 5 days
≤ 15 kg	30 mg twice daily
> 15 to 23 kg	45 mg twice daily
> 23 kg to 40kg	60 mg twice daily
> 40 kg	75 mg twice daily

The recommended oral dose of Tamiflu suspension for children ≥ 1 year of age is:

No dose adjustment is necessary for patients with creatinine clearance above 30 mL/min. In patients with creatinine clearance between 10 and 30 mL/min receiving Tamiflu it is recommended that the dose be reduced to 75mg of Tamiflu every other day or 30mg suspension every day. No dosing recommendation is available for patients undergoing routine haemodialysis and continuous peritoneal dialysis with end stage renal disease and for patients with creatinine clearance \leq 10 mL/min.

No dose adjustment is required for patients with hepatic dysfunction and no dose adjustment is required for elderly patients.

The safety and efficacy of Tamiflu in children under 1 year has not been established. Tamiflu should not be used in children under 1 year of age.

A bottle of 30g Tamiflu powder for oral suspension contains 25.713g of sorbitol. One dose of 45mg oseltamivir administered twice daily delivers 2.6g of sorbitol. For subjects with hereditary fructose intolerance this is above the recommended daily maximum limit of sorbitol.

Prophylaxis of influenza

The recommended oral dose of Tamiflu for prophylaxis of influenza is 75mg once daily for at least 10 days. Therapy should begin within two days of exposure.

Contraindications

Hypersensitivity to oseltamivir phosphate or any component of the product.

Information derived from pharmacology and pharmacokinetic studies of oseltamivir suggest that clinically significant interactions with other medicines are unlikely.

At present, insufficient data are available in pregnant women taking Tamiflu to enable an evaluation of the potential for oseltamivir cause foetal malformations or foetal toxicity. Tamiflu should therefore be used during pregnancy only if the potential benefit justifies the potential risk to the foetus.

Undesirable Effects

	Treatmen	t	Prophylaxis			
Adverse Event	Placebo N=1050	Oseltamivir 75mg bd N=1057	Placebo N=1434	Oseltamivir 75mg od N=1480		
Nausea (without vomiting)	71 (6.8%)	113 (10.7%)	56 (3.9%)	104 (7.0%)		
Vomiting	32 (3.0%)	85 (8.0%)	15 (1.0%)	31 (2.1%)		
Diarrhoea	84 (8.0%)	58 (5.5%)	38 (2.6%)	48 (3.2%)		
Bronchitis	52 (5.0%)	39 (3.7%)	17 (1.2%)	11 (0.7%)		
Abdominal pain	21 (2.0%)	23 (2.2%)	23 (1.6%)	30 (2.0%)		
Dizziness	31 (3.0%)	20 (1.9%)	21 (1.5%)	24 (1.6%)		
Headache	16 (1.5%)	17 (1.6%)	251 (17.5%)	298 (20.1%)		
Insomnia	10 (1.0%)	11 (1.0%)	14 (1.0%)	18 (1.2%)		

Table 1: Most frequent adverse events in studies in naturally acquired influenza

Single doses of up to 1000 mg of Tamiflu have been well tolerated apart from nausea and/or vomiting

HBDHB holds a small stockpile of antivirals for management of first cases and close contacts. The Ministry of Health reserve will be released to DHB's following this and distributed according to a national priority list.

SPECIMEN COLLECTION

All samples should be sent by the usual Southern Community Laboratories specimen collection service to Hawke's Bay Hospital Laboratory for registration and forwarding to Canterbury Health Laboratory.

Who should be swabbed?

• Swabbing should be reserved for only those patients with influenza-like illness who are in high risk groups or situations.

People on antiviral medication

- Antiviral medication reduces the yield from viral swabs.
- If an adult case has commenced a *twice-daily treatment* course of antiviral medication, do not take swabs. Children excrete a higher viral load. If a child case has been on a *twice-daily treatment* course of antiviral medication for ≥48 hours do not take swabs.
- For contacts on *once-daily prophylaxis* with antiviral medication who develop symptoms, a swab is indicated if within 48 hours of commencing antiviral medication.

People not on antiviral medication

- Virus shedding declines with time in untreated patients.
- Do not take swabs from an adult case who has had symptoms for five days or longer.
- Children (especially young children) shed for longer, so untreated children can be swabbed even if they have had symptoms for longer than five days.

Samples required

Nasopharyngeal swab in viral transport medium

Sample collection

Respiratory specimens should be collected as early as possible in the course of the illness. The likelihood of recovering most viruses and many bacteria diminishes markedly >72 hours after symptom onset. Some respiratory pathogens may be isolated after longer periods.

Equipment:

One pernasal swab with non-wooden shaft and synthetic fibre tip One green top virology swab with viral transport medium One pair of scissors PPE i.e. gloves, gown, N95 or P2 particulate respirator, faceshield, hat

Alcohol hand product

(i) Collection of nasopharyngeal swab

Use a pernasal swab with non-wooden shaft and synthetic fibre tip: Insert swab into one nostril, parallel to the palate, rotate gently and advance until resistance is felt. (One eye often waters when swab is in the correct position.)

Press swab tip on the mucosal surface of the mid-inferior portion of the inferior turbinate and leave in place for a few seconds, then slowly withdraw using a rotating motion.

Place swab into **green pre-labelled viral transport medium tube**. Cut off the cap with scissors and discard the cap. Lay the medium tube to one side.

 (ii) <u>If the viral transport medium is liquid</u> Cut the swab sticks off just below the level of the bottle - so that there is no swab pressure for the viral media lid to pop off. Ensure lid is firmly closed on viral specimen and taped to prevent leakage of viral media.

Packaging and Transport:

- The laboratory form should clearly indicate that this is a request for "PCR testing for novel influenza infection". Write "copy result to the Medical Officer of Health". Notifying the Medical Officer of Health is not required before sending the swab.
- Ensure the laboratory request form is fully completed with details including the NHI number and that the specimen container contains the patient name and NHI number.
- Specimens should always be double bagged and ensure that the snap lock is sealed on both bags. Place the request form in the pocket of the outside bag.
- Specimens should be transported by Southern Community Laboratories to the Hawkes Bay Hospital Laboratory who will forward them to Canterbury Health Laboratory.

VACCINE

Vaccine Management should be based on the following assumptions:

- 1. There will be a minimum of 6-8 months between a novel virus alert and the availability of vaccine.
- 2. The entire population will be susceptible and may require two doses of vaccine, one month apart, for adequate protection.
- 3. The proportion of influenza vaccine to be distributed and administered through the public versus the private sector is unknown. Even so, the amount, if not the proportion, of vaccine that will be distributed through the public sector during a pandemic will be greater than the amount distributed by the public sector in non-pandemic years.
- 4. There will be a national contract for purchase of vaccine.

Vaccine Administration

Vaccinators are authorised by the Medical Officer of Health pursuant to regulation 44a of the Medicines Regulations. Hawkes Bay has 116 authorised vaccinators available at present with a database being maintained to record all vaccinations. A list of currently authorised vaccinators is held by the PHS. There are other registered nurses who could be rapidly trained and authorised to vaccinate.

Priority Groups List for Receipt of Vaccine

Because vaccine shortage during an influenza pandemic is likely, the MoH, in conjunction with various advisory committees, is in the process of formulating recommendations for a rank-order list of high priority groups for vaccination. The order of the these groups will be based on a number of factors, including the need to maintain the infrastructure necessary to carrying out the pandemic response plan; to limit mortality among high-risk groups; to reduce morbidity to the general population; and to minimize social disruption and economic losses.

While any Priority Groups List will be subject to change, the list will most likely include the following groups:

- Health-care workers and public health personnel involved in the distribution of vaccine and antiviral agents
- Persons responsible for community safety and security, e.g. police, fire-fighters, military personnel, corrections officers, "first responders" not included in first priority group (e.g. ambulance officers)
- Other highly skilled persons who provide essential community services whose absence would either pose a significant hazard to public safety (e.g. air traffic controllers) or severely disrupt the pandemic response effort (e.g. persons who operate telecommunications or electric utility grids, care givers at residential facilities). [NOTE: Members of this target group are likely to vary widely from region to region, depending on local circumstances.]
- Persons considered to be at increased risk of severe influenza illness and mortality.

Vaccination will be coordinated by the Public Health Service at HBDHB.

Information on Quarantine (Home Isolation) for Influenza

You have been asked to stay in isolation because:

- 1. You have suspected influenza and are infectious to others. Isolation in your home should continue for 72 hours after starting Tamiflu or 4 days if you are not taking Tamiflu.
- 2. You may have been exposed to influenza. Isolation in your home should continue for 72 hours after starting Tamiflu or 4 days if you are not taking Tamiflu.

The period of isolation may be lengthened if somebody else in your household becomes sick with suspected influenza.

We want you to restrict your activities to protect the safety of your family, friends and the community. This information sheet is to tell you what isolation means.

Staying at home.

You must not go to school, work, child care or out in public until cleared by the Public Health Nurse. This means you must not attend shopping centers, movies, parties or any social gatherings at all.

Visitors

You should have no visitors until you come out of isolation. Talk by phone and have things delivered to the door. Sometimes a visitor is essential (for example someone has to come into the house to give you essential home support). The visit should be brief. You and the visitor must both wear a mask. Talk with the visitor outside in the open air if possible and keep at least two metres away from them.

Preventing the spread of infection

Stay in a part of the house where you have minimal contact with other people. Try to keep well people and sick people apart.

Give people who have a fever and/or diarrhoea plenty to drink.

Give Paracetamol for fever. *Do not give Aspirin to children under 12 if they have a fever.* Open doors and windows and ventilate the house as much as possible.

Cover your mouth and nose with a tissue or toilet paper when you are coughing or sneezing. Put the used tissue straight into a rubbish container. Wash and dry your hands afterwards.

Wash and dry your hands after you use the bathroom or toilet. Wash and dry your hands before you prepare food and eat, and when you are looking after sick people.

If you have more than one toilet, then one should be reserved for use by sick people.

- Twice a day clean the following: with 1 part household bleach to 10 parts water:
 - toilet handle and door handles of toilet, bathroom and rooms of isolated people
 - bathroom sink and taps

Use 1 part household bleach to 10 parts water.

Nobody else should use anything that could be contaminated with your throat or nose secretions or coughing or faeces – e.g. towels, handkerchiefs, eating utensils, food, bed linen, cigarettes, marijuana joints, P pipes, kava bowls.

Sharing bedding, clothing and utensils may spread infection, but you do not need to wash a sick person's bedding, clothing and utensils separately from the rest of the family's. If you wash and dry all these things in the usual way they will then be safe for others to use.

Using facial masks

The Public Health Nurse will show you how to wear a mask.

- Sick people should wear a surgical mask if anyone is in their room and if they have to leave their room.
- People who are in quarantine but not sick should wear a particulate respirator (N95 or P2) mask if they are in the same room as a sick person.
- Essential visitors to the house should wear a particulate respirator (N95 or P2) mask through their visit.

Used masks should be put in the normal household rubbish.

Coming out of isolation

The Public Health Nurse or your doctor will tell you when you are cleared to come out of isolation. At that time you will be non-infectious to others. It will then be safe for you to resume your normal life.

Questions

Your Public Health Nurse will be happy to answer any questions.

CAC SITUATION REPORT

(To be completed every 24 hours)

Organisation: CAC – XXXXX (Location)

Event:

Date:

To: Hawke's Bay District Health Board

Origin					
Person Submitting Report					
Position					
Location					
Contact					
Telephone					
Cellphone					
Email					
Fax					

#	Item	Remarks	Who	When
1	For Period Duration of Report			
2	Overview of Event <i>Timing, duration, location,</i> <i>geographic extent etc.</i>			
3	Assessment of Impact			
4	Critical Issues			

5	Planning and Intelligence Report / Issues		
6	Operations Report / Issues		
7	Logistics Report / Issues		
8	Communications Report / Issues		
9	Liaison Report / Issues		
10	Other Activity such as off- site or by other agencies		
11	Factors (e.g. limitations) that may limit ability to respond including staff limitations and resources required to continue response effectively if over and above current status		
12	Proposed activity for the next period (i.e. next 7-10 days)		
13	Issues for Debrief		
14	Next Report Due		



Pandemic Plan for Community Outreach Service

June 2013

Introduction

The primary purpose of this plan is to outline the service required to support those individuals who are identified as being homebound (through the Patient Management Pathway, refer Appendix 1).

Identification will occur via hospital, Community Assessment Centre (CAC), or General Practitioner.

Patients will be triaged via phone and the call details logged to the appropriate geographical area. The call sheets will then be given to the Coordinator covering the outreach service and passed on to the team covering that particular area.

The nurse will operate under the Patient Care Clinical Pathway (Appendix 2).

Patients who are homebound will need to be visited and assessed by a registered nurse following infection control procedure.

This plan will attempt to provide a broad base from which the Community Outreach Service will deliver services.

Function

The identification, diagnosis, assessment, care planning, delivery, and monitoring of a patient's condition within the home setting.

Liaison with medical staff, nursing staff, and other community based agencies will be required, depending on each individual situation and on the needs required by that individual or family.

As outlined in the Patient Care Clinical Pathway (Appendix 2), individuals who require home isolation and treatment will need:

- Monitoring by community assessment centre or by outreach mobile medical team
- Dispensing of medication by home delivery and
- Community support services arranged as required

Workforce Development

Overall leadership will be from the Public Health Unit.

- Recruitment of staff from all health disciplines. May include Iwi Providers, NGO's, and Occupational Health Nurses.
- Training / Education Resources used will include DHB training CD-rom and relevant staff.

Training will focus on key principles of:

- 1. Infection control / epidemiology
- 2. Ability to manage in high pressure situations
- 3. Communication
- 4. Adaptability
- 5. Confidentiality
- 6. Professional safety
- 7. Home visiting procedure
- 8. Dispensing of medication / Standing Orders

- 9. Self care
- Mentoring experienced Public Health staff will work alongside new staff for orientation until confident.
- Rostering there will be a need for flexibility, with regular breaks. Staff will be encouraged to monitor their own and colleagues health. A buddy-up system will be utilized after hours and during the night.

Work Allocation

Community Outreach Teams

Will be attached to each Community Assessment Centre and consist of:

- A medical practitioner a General Practitioner or locum GP who has the capacity to be rostered outside of their regular practice. This position is responsible for providing medical support and advice to the nursing staff in the Outreach teams.
- Registered nurses Practice Nurses, Public Health Nurses, District Nurses or any other registered nurses or agency nurses ideally with community experience.
- Community support workers Public Health staff currently working in this position, Health Protection Officers, nursing students and any volunteers with previous health care experience. These individuals will support the Registered Nurses and be responsible for restocking and packing of equipment.
- Clerical Support phone work, database management, general clerical duties.
- Phone workers for daily follow up calls to identified clients (may be Registered Nurses or Community Support Workers).

A Coordinator will identify the number of nurses and community support workers required. This will be determined based on need and availability of staff. The requirements will be assessed regularly.

Each mobile team will be allocated a geographical area to manage.

Each team may have four to five registered nurses and two community support workers, but this is flexible and would need to be altered accordingly.

Each nurse would be able to manage approximately 14-20 home visits per shift (based on a maximum of 30 minutes per visit over an 8.5 hour shift) This is allowing 30 minutes for break times.

After hours, it is expected that the field workers will work in pairs to ensure safety.

Operational Procedure for Home Visiting

Home visits will be in response to logged calls for the identified geographical area.

• Initial assessment will be performed by a Registered Nurse (Appendix 3)

Any complicating factors identified during assessment to be referred to the Medical Practitioner for further advice and review.

• Administer Tamiflu as necessary according to standing orders. Provide Information on Tamiflu sheet (Appendix 4).

- Provide Information on Quarantine (Home Isolation) for Influenza (Appendix 5) if required.
- Assess need for welfare support and refer where needed to CDEM Welfare Advisory Group.
- Provide household with details for further follow up contact should the need arise (if condition worsens, or other complications occur).

Resources

Necessary equipment:

- Vehicles (one per visiting nurse or community support worker on shift)
- Mobile phones (one per vehicle)
- List of contact numbers
- Maps, appropriate to geographical areas
- Documentation Assessment sheet

Patient notes / progress forms Phone follow up sheet CDEM welfare referral forms Information sheets - Tamiflu

Home Quarantine Contact details

Contact d

- Death Certificates
- Clinical equipment PPE kits
 Disposable thermometers
 Stethoscopes
 Antiseptic hand gel

Biohazard bags

Medication - Tamiflu
 Paracetamol

Administration

Clerical support will be required to be responsible for:

- development and maintenance of a database system
- providing copies of all documentation needed by teams
- sending referrals to the appropriate individuals or agencies
- additional duties (as they are identified)

Phone workers (either Registered Nurses or Community Support Workers) will have the responsibility of daily calls to households needing follow up. They may identify that a repeat home visit and assessment is necessary and this will then be referred back to the outreach mobile team.



APPENDIX 1 – Patient Management Pathway

APPENDIX 2 - Patient Care Clinical Pathway



APPENDIX 3 – Pandemic Minimum Data Set



Pandemic Minimum Data Set – H1N1

Name of Practice:	Date:
Clinical Assessor:	Signature:

Name:	Given	Middle	Family
Address:			
House Nur	mber:		
Street:			
Suburb:			
Town:			

Gender: M / F	DOB:		NHI:		
Ethnicity:	European	Maori	Pacific	Other	

Category Codes				
GEN	General Public			
HCN	Health Care Nurse			
HCD	Health care Doctor			
HPA	Health Care Ambulance			
HCO	Health Care Other Direct Contact			
BOR	Border Worker			
POL	Police			
DEF	NZDF Member			
COR	Corrections Worker			
FIR	Fire Service Worker			
SOC	Civilian Social Support Worker			
Treatment Rationale Codes				
ILI	Severe influenza-like illness			
HRG	High risk group			
HRI	High risk institution – MUST be discussed with the Medical Officer of Health			
Pharmacy				
WAIP	Amcal – Waipukurau			
BALM	Balmoral – Napier			
FLAX	Flaxmere			
WAIR	Ray Lyall – Wairoa			
HHC	The Pharmacy - HHC			

Antiviral Status CodesTRT-TTreatment provided – TamifluTRT-RTreatment provided – RelenzaOWN-TAntiviral treatment from own supply - TamifluOWN-RAntiviral treatment from own supply - RelenzaPOP-TPost exposure prophylaxis with TamifluPOP-RPost exposure prophylaxis with Relenza

Antibiotic Codes			
NIL	No antibiotics provided		
TRT	Antibiotic treatment provided – evidence of existing respiratory bacterial infection		
PRO	Prophylactic/precautionary antibiotics provided because of unusual vulnerability to bacterial infection (e.g. person with COPD, CHF, Asthma or other condition)		

Antibiotic Prescribed				
Augmentin – Tablets				
Augmentin – Suspension				
Co-Trimoxazole – Tablets				
Co-Trimoxazole – Suspension				
Doxycycline				
Flucloxacillin – Tablets				
Flucloxacillin – Suspension				

Please fax completed form and copy of prescription to: 0800 856 923

APPENDIX 4 - Management of Patient with Influenza-Like Illness

Management of Patient With Influenza-Like Illness



APPENDIX 5 – Pandemic Outreach Service – Nursing Assessment



	Current Number of Household Members:		Number in Household	d Unwell:		
	Surname:					
	First Names:		DOB:			
	Street Address:		UR No.			
	Suburb:					
	City:					
	Phone Numbers:		Ethnicit			
	Home:		у:			
			NZ Furop			
	Mobile		ean			
			Pacific			
			Island			
	Contact					
	Number:					
	GP:		Languag	e Spoken:		
SYMPTOMS			OTHER INFORMATION			
Hov	w many days have you been unwell?		Are you over 65 years o	old?	YES 🗆	NO 🗆
<u>Ha</u> 1	<u>ve you had? (Please tick boxes)</u> Fever or chills		Are you pregnant?		YES 🗆	NO 🗆
2.	Cough	YES NO	Chronic lung disease (e	e.g. asthma, COPD)	YES 🗆	NO 🗆
3.	Sore throat		Heart disease		YES 🗆	NO 🗆
4.	Aching muscles		Kidney disease		YES 🗆	NO 🗆
5.	Headache		Diabetes			
	Red, watery eyes		Liver disease			
6.	Earache		Details			
7.	Vomiting		Are you on regular med	lications?	YES 🗆	NO 🗆
8.	Confusion or drowsiness	YES D NO D	Allergic to antibiotics?		YES 🗆	NO 🗆
9.	Shortness of breath	YES D NO D	Details			
10.	10. Sharp chest pain on breathing YES NO		Do you live alone?		YES 🗆	NO 🗆
 Yellow, bloody or brown phlegm (spit) YES NO Any other symptoms 		Have you family or frier to look after you?	nds nearby	YES 🗆	NO 🗆	
			Do you have a disability	y?	YES 🗆	NO 🗆
			Details			

Tamiflu Prescribed (if onset le	ss than 48 hou	rs and c	riteria me	🗍: Yes		
Information sheets given:	Tamiflu		Yes		No	
	Home Quar	ant⊡e	Yes		No	
Welfare Needs:						
Referral to CDEM Welfare Adv	visory Group:			Yes		No
Requires follow up: \Box Home \Box Hospital						
Details:						
Signature:		D	ate:			
Date:						
Temperature:						
Pulse:						
Respirations:						
Blood						
Pressure:						

APPENDIX 6 - Information on Tamiflu

How effective is the anti-viral medicine Tamiflu against influenza?

Tamiflu is one of two medicines that are effective against the strains of Influenza A and B.

The WHO have advised all health authorities to stockpile anti-viral medicines to prepare for a pandemic. New Zealand has followed that advice.

Will Tamiflu cure people sick with the Pandemic Influenza virus?

We don't know for sure.

When people have seasonal influenza, Tamiflu reduces symptoms and may shorten the duration of illness by a day and a half.

If otherwise healthy people who are ill with influenza take it, they are less likely to develop complications of influenza. Those complications are usually treated with antibiotics.

Does Tamiflu prevent people from getting influenza?

Yes it does, but it is not the best means of preventing influenza. Vaccination is the best protection against influenza, which is why people are encouraged to immunise against seasonal influenza every year. Tamiflu will help until a pandemic vaccine arrives.

For more information on how Tamiflu works against influenza, see the Medsafe website (<u>www.medsafe.govt.nz</u>).

How does Tamiflu work?

It is a medicine that only works against influenza viruses A and B.

It does not work against other viruses or bacteria that can cause illness similar to influenza or that can cause respiratory infection. If taken within 48 hours of becoming ill it stops the virus from bursting out of infected cells, infecting new cells and possibly other people.

Will masks help protect me and my family from the influenza virus?

A surgical mask, if put on someone who is sick, will help reduce the spread of infection, because it will reduce the amount of virus spread by coughs and sneezes.

People who are not sick and who are very close to the person who is coughing and sneezing - closer than 1 metre - may get some protection by covering their own nose and mouth with a mask. Again, this is because the mask will catch some of the virus in the cough and sneeze droplets.

The following people should not take Tamiflu

- People with past hypersensitivity to oseltamivir phosphate or any component of the product.
- Not to be used as treatment children under 1 year of age.
- Not to be given to pregnant women
- Not to be used as prophylaxis in children under 13 years of age.

- Dose adjustment required for people undergoing haemodialysis or with end stage renal disease, or who are fructose-intolerant (see protocol and consult with Medical Officer of Health).
- Animal studies do not suggest harmful effects to the fetus or breast-fed babies but there are no human data. Tamiflu should therefore be used only if the potential benefit justifies the potential risk.

What about interactions between Tamiflu and other drugs I am taking?

There are no significant interactions known.

Side effects

Most people taking Tamiflu experience no side effects. A small proportion will experience one or more of the following:

Nausea	(without	Vomiting	Diarrhoea	Bronchitis
vomiting)				
Abdominal pain		Dizziness	Headache	Insomnia
Cough		Vertigo	Fatigue	Vomiting
Diarrhoea		Otitis media	Abdominal pain	Asthma (inc.
				aggravated)
Nausea		Epistaxis	Pneumonia	Ear disorder
Sinusitis		Bronchitis	Conjunctivitis	Dermatitis
Lymphadend	opathy	Tympanic membrane		
		disorder		

Sources

<u>Tamiflu datasheet</u> on the Medsafe website (www.medsafe.govt.nz). <u>http://www.moh.govt.nz/pandemicinfluenza</u>

Information on Quarantine (Home Isolation) for Influenza

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- 2. You may have been exposed to influenza. Isolation in your home should continue for 72 hours after starting Tamiflu or 4 days if you are not taking Tamiflu.

The period of isolation may be lengthened if somebody else in your household becomes sick with suspected influenza.

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Visitors

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Preventing the spread of infection

- Stay in a part of the house where you have minimal contact with other people. Try to keep well people and sick people apart.
- Give people who have a fever and/or diarrhoea plenty to drink.

Give Paracetamol for fever. *Do not give Aspirin to children under 12 if they have a fever.* Open doors and windows and ventilate the house as much as possible.

Cover your mouth and nose with a tissue or toilet paper when you are coughing or sneezing. Put the used tissue straight into a rubbish container. Wash and dry your hands afterwards.

Wash and dry your hands after you use the bathroom or toilet. Wash and dry your hands before you prepare food and eat, and when you are looking after sick people.

If you have more than one toilet, then one should be reserved for use by sick people. Twice a day clean the following:

- toilet handle and door handles of toilet, bathroom and rooms of isolated people
- bathroom sink and taps

Use 1 part household bleach to 10 parts water.

Nobody else should use anything that could be contaminated with your throat or nose secretions or coughing or faeces – e.g. towels, handkerchiefs, eating utensils, food, bed linen, cigarettes, marijuana joints, P pipes, kava bowls.

Sharing bedding, clothing and utensils may spread infection, but you do not need to wash a sick person's bedding, clothing and utensils separately from the rest of the family's. If you wash and dry all these things in the usual way they will then be safe for others to use.

Using facial masks.

The Public Health Nurse will show you how to wear a mask.

- Sick people should wear a surgical mask if anyone is in their room and if they have to leave their room.
- People who are in quarantine but not sick should wear a particulate respirator (N95 or P2) mask if they are in the same room as a sick person.
- Essential visitors to the house should wear a particulate respirator (N95 or P2) mask through their visit.

Used masks should be put in the normal household rubbish.

Coming out of isolation

The Public Health Nurse or your doctor will tell you when you are cleared to come out of isolation. At that time you will be non-infectious to others. It will then be safe for you to resume your normal life.

Questions

Your Public Health Nurse will be happy to answer any questions.



Surname:

DOB:

First Names:

UR No.

Date

Signed



PANDEMIC OUTREACH SERVICE

Referral To: Civil Defence Emergency Management Welfare Advisory Group
Please assess for Welfare Support
Client Details:
Name:
Address:
Phone numbers:
Ethnicity:
Language Spoken:
Caregiver-Name & Relationship to Client:
Reason for Referral:
Whanau/Social Situation
Number in house:
Ages of family members:
Name/Details of Referrer: Date:

APPENDIX 10 – Phone Call Log Sheet
SULLIN MEALIN
HAWKE'S BAY District Health Board

PHONE CALL LOG SHEET- PANDEM	IC OUTREACH SERVICE
Surname:	Time.
First Names:	DOB:
Street Address:	UR No.
Suburb:	
City:	
Phone Numbers:	Ethnicity:
Home	NZ European
	Maori 🗆
Mobile:	Pacific Island
Contact Number:	Other 🗆
Details of Call:	
Follow up Required? Yes No	
If yes, what?	
1. Phone call Date due:	Time due:
2. Home visit Within 4 hours	Withir 3 hours
Referred to Outreach coordinator for above follow \square ?	Yes 🗌 No
Signature: D	ate: Time:
Area Code:	

(will be systems-based across geographical area & relate to Outreach team for that area)