**Influenza outbreak prevention and preparedness for residential aged care facilities**

The purpose of this document is to provide a planning guide for residential aged care facilities to prevent introduction of influenza or influenza-like illness (ILI), as well as to prepare for an outbreak response. Planning should use a comprehensive approach and occur across four phases: **Prevention, Preparedness, Response and Recovery**

This document **focuses on the prevention and preparedness planning phases** and suggests strategies and tactics to implement each objective. This document is not exhaustive, but is intended to provide a comprehensive starting point to assist development and/or review of existing documentation. The guide can also be used as a checklist if desired.

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| **Planning phase** | **Objective** | **Strategy** |
| **Prevention**   * Undertake activities to decrease the risk of an ILI outbreak occurring | 1. **Increase facility-wide influenza vaccination coverage to at least 95% by 1st June** | * Implement a facility-wide vaccination policy * Implement a resident influenza vaccination program * Implement an onsite staff influenza vaccination program * Promote influenza vaccination for contractors who provide services to the facility (i.e. will have, or potentially have contact with residents and staff) * Promote influenza vaccination for families/friends |
| 1. **Increase capability to monitor for ILI in residents, staff and contractors** | * Implement heightened facility-wide ILI surveillance from April to October |
| 1. **Exclude people with ILI from the facility** | * Implement a facility-wide ILI exclusion policy |
| **Preparedness**   * Prior to an ILI outbreak occurring, assess risks and develop plans and pre-planned responses | 1. **Document response activities in an ILI outbreak management plan** | * Implement governance arrangements to manage the outbreak * Implement a communications strategy to staff, families, contractors and residents * Manage staff to prevent further spread and maintain business continuity * Manage residents to prevent further spread * Implement infection control practices to prevent further spread * Manage contractors and families to prevent further spread * Test residents with ILI to confirm the diagnosis * Provide antiviral treatment and prophylaxis for residents * Maintain adequate stock levels to manage an ILI outbreak response |
| 1. **Develop and maintain a high level of knowledge and competency re: the infection control practices required to manage ILI** | * Review the application of Standard and Transmission-based Precautions with all staff from April to October and during an ILI outbreak * Provide information about hand hygiene and respiratory etiquette for residents and families from April to October |
| **Response**   * Minimise the impact of an ILI outbreak and ensure appropriate responses are initiated | 1. **Prevent further spread of influenza within the facility** | * Implement an early and efficient outbreak response |
| **Recovery**   * Return to business as usual | 1. **Incorporate learnings to improve future responses** | * Evaluate the outbreak response * Review the outbreak management plan |

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| PREVENTION  Undertake activities to decrease the risk of an ILI outbreak occurring | | | |
| Objectives | Strategies | Tactics | Actioned |
| 1. **Increase facility-wide influenza vaccination coverage to at least 95% by 1st June** | **Implement a facility-wide vaccination policy**   * Document the facility’s commitment to protecting residents and staff against vaccine-preventable diseases, including influenza | * Develop policy collaboratively with residents, staff, contractors and families * References for the policy, including: * [**CDNA guidelines–influenza outbreak management in RACFs 2017**](http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-flu-guidelines.htm) * [**Section 3.2.3**](http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-flu-guidelines.htm)–Vaccination policies * Annual vaccination of staff and residents is an expectation by the facility to protect residents and staff against influenza and to maintain business continuity * Influenza vaccine will be funded by the facility for staff who are ineligible to receive funded vaccine as per the National Immunisation Program * Prior to each influenza season, the facility will provide written information to staff and hold discussion forums to facilitate exchange of information and expectations between facility management and staff * The facility will ensure staff and residents have easy access to the influenza vaccine e.g. onsite, multiple clinics, use of mobile trolleys, catch-up, multiple shifts covered to include weekends, nights and public holidays * The facility will ensure that the vaccine cold chain is maintained as per [**National vaccine storage guidelines**](https://www.health.gov.au/resources/publications/national-vaccine-storage-guidelines-strive-for-5) * Management of staff who decline influenza vaccination e.g. * asymptomatic unvaccinated staff who decline antiviral prophylaxis will wear a mask whilst at the facility for the duration of an outbreak * Consider implementing a staff influenza vaccine declination form * Facility will maintain separate influenza vaccination registers for staff and for residents * All contractors who have contact with residents and staff, including nursing agency staff, will be required to receive the seasonal influenza vaccination by 1st June by their usual vaccine service provider (VSP) * Facility to actively promote influenza vaccination to family to protect the residents * Prior to each influenza season, the facility will provide written information to families and hold discussion forums to facilitate exchange of information and expectations between facility management and families * Vaccination policy to be readily accessible to residents, staff, contractors and families * Vaccination policy to be included in all recruitment processes * Resident and staff vaccinations undertaken by the facility will be entered into the [**Australian Immunisation Register**](https://www.humanservices.gov.au/organisations/health-professionals/services/medicare/australian-immunisation-register-health-professionals) (AIR) * Document who will be responsible for submitting resident vaccination details (e.g. facility GP) and staff vaccination details (e.g. contracted vaccination company or facility GP) |  |
| **Implement a resident influenza vaccination program**   * Reduce resident morbidity and mortality * Prevent hospitalisation | * [**Section 3.2.1**](http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-flu-guidelines.htm)–residents * Provide[**written**](http://conditions.health.qld.gov.au/HealthCondition/condition/14/217/82/influenza-the-flu) and verbal information to residents about the influenza vaccine * Obtain consent via usual processes for residents who are unable to provide their own consent * Determine resident eligibility for [**funded influenza vaccine**](https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/diseases/influenza) as per the National Immunisation Program (NIP) * Document how the vaccine cold chain will be maintained by the VSP * Develop and maintain resident vaccination register * Vaccinate all residents by 1st June |  |
| **Implement an onsite staff influenza vaccination program**   * Reduce risk of staff from introducing ILI into the facility * Reduce staff morbidity * Maintain business continuity * Minimise impact on business costs * Minimise staff fatigue caused by staff absences due to influenza-like illness (ILI) | * [**Section 3.2.2**](http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-flu-guidelines.htm)–Staff * [**Section 3.2.4**](http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-flu-guidelines.htm)–Staff vaccination strategies * Provide written and verbal information to staff about the influenza vaccine sourced from: * [**Qld Health Influenza in residential care facilities**](https://www.health.qld.gov.au/public-health/industry-environment/care-facilities/prevention/influenza-in-residential-care-facilities) * Australian Department of Health * [**NCIRS–influenza vaccine FAQs**](http://www.ncirs.edu.au/provider-resources/ncirs-fact-sheets/) * Hold information/discussion forums for staff on all shifts prior to vaccination clinics * Determine staff eligibility for [**funded influenza vaccine**](https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/diseases/influenza) as per the NIP * Develop process for staff to provide evidence of vaccination if received externally * Recognise, reward and provide incentives for vaccinated staff * Document how the vaccine cold chain will be maintained by the VSP * Develop and maintain a staff vaccination register * Vaccinate all staff by 1st June |  |
| **Promote influenza vaccination for contractors (i.e. those who will potentially have contact with residents and staff whilst providing a service to the facility)**   * Reduce risk of contractors from introducing ILI into the facility * E.g. doctors, nurses, allied health care professionals, etc. * E.g. hairdressers, lifestyle coordinators, those who provide group activities, volunteers, etc. | * [**Section 3.3**](http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-flu-guidelines.htm)–Vaccination of family members and regular visitors * Communicate to contractors and volunteers that protecting residents against influenza infection is a primary goal for the facility * Provide written information to contractors and volunteers re: influenza vaccine * [**Qld Health** **Influenza fact sheet**](http://conditions.health.qld.gov.au/HealthCondition/condition/14/217/82/influenza-the-flu) * Australian Department of Health * [**NCIRS–influenza vaccine FAQs**](http://www.ncirs.edu.au/provider-resources/ncirs-fact-sheets/) * From June 1st, all contractors and volunteers to confirm they’ve received influenza vaccination when attending the facility |  |
| **Promote influenza vaccination for families/friends**   * Reduce risk of families/friends from introducing ILI into the facility | * [**Section 3.3**](http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-flu-guidelines.htm)–Vaccination of family members and regular visitors * Provide written information to families/friends re: influenza vaccine * [**Qld Health** **Influenza fact sheet**](http://conditions.health.qld.gov.au/HealthCondition/condition/14/217/82/influenza-the-flu) * Australian Department of Health * [**NCIRS–influenza vaccine FAQs**](http://www.ncirs.edu.au/provider-resources/ncirs-fact-sheets/) * Provide information/ discussion forums with families |  |
| 1. **Increase capability to monitor for ILI in residents, staff and contractors** | **Implement heightened facility-wide ILI surveillance from April to October**   * Facilitate early implementation of control measures to prevent further spread | * From April to October, implement a process to monitor and report ILI in **residents** including: * [**Section 4**](http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-flu-guidelines.htm)–Recognising influenza-like-illness and outbreaks * Identify a staff position/s that will have overall responsibility for monitoring resident ILI surveillance for the facility * Identify a staff position/s that will be responsible for monitoring ILI surveillance for each resident area/wing * [**Section 4.2.1**](http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-flu-guidelines.htm)–**Case definition of ILI** for residential care facilities * Develop a paper/electronic form to document resident details, illness onset, signs and symptoms including temperature, whether the ILI case definition has been met, date of testing, test result * Note that a fever may be absent in elderly persons * Maintain a high degree of suspicion for ILI from April to October * Each resident area/wing to use a separate form and report daily to the position with overall responsibility for resident ILI surveillance * [**Section 4.7**](http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-flu-guidelines.htm)–Outbreak definitions: **definition of potential outbreak** * Each resident area/wing to assess their form daily re: whether the definition of a potential influenza outbreak has been met * Process to include that when the potential outbreak definition has been met, the position with overall responsibility for resident ILI surveillance is to be notified immediately * A flow chart may be useful to document the process * From April to October, implement a process to monitor and report ILI in **staff** including: * Monitor staff notifying sick leave for ILI and request testing if ILI is reported–ensure process remains confidential for the staff member * Encourage staff (including contractors) to self-monitor for signs and symptoms of ILI and to report promptly to their supervisor if becoming unwell at work * Develop a work culture that supports staff to stay away from work when unwell with an ILI * Place laminated alert signs at points of entry e.g.   [**Appendix 3**](http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-flu-guidelines.htm)–Signage for use in an influenza outbreak (Figure A3.2–Visitor sign)  [**NSW Health–Help us protect our residents poster**](http://www.health.nsw.gov.au/Infectious/Influenza/Pages/residential-care.aspx) |  |
| 1. **Exclude people with ILI from the facility** | **Implement a facility-wide ILI exclusion policy**   * Document the facility’s commitment to protecting residents and staff from exposure to ILI | * Develop policy collaboratively with residents, staff, contractors and families * Exclusion periods for staff, contractors and families who: * report an ILI or confirmed influenza * [**Section 5.3**](http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-flu-guidelines.htm)–Exclusion of staff * Exclusion periods for staff, contractors and families who: * report confirmed non-influenza viral respiratory illnesses (confirmed by pathology testing) * [**Outbreak control for non-influenza in RACFs**](https://www.health.qld.gov.au/public-health/industry-environment/care-facilities/prevention/non-influenza-respiratory-viral-illness) |  |
| PREPAREDNESS  Prior to an ILI outbreak occurring, assess risks and develop plans and pre-planned responses | | | |
| Objectives | Strategies | Tactics | Actioned |
| 1. **Document response activities in an ILI outbreak management plan**  * The plan should be clear, concise and reviewed regularly | **Implement governance arrangements to manage the outbreak**   * Provide clarity re: roles and responsibilities of the facility and other stakeholders during an outbreak | * Document the activities the facility will implement in response to an ILI outbreak including: * Notify Metro North Public Health Unit (MNPHU) within 24 hours of recognising an outbreak * Liaise with MNPHU daily (or as required), provide an updated line listing daily of affected residents/staff and provide influenza vaccination registers for staff and residents * Form and lead an outbreak control team * Notify all stakeholders and maintain regular communications * Isolate residents with ILI to their room (cohort if possible) * Manage ill residents with Droplet and Contact Precautions * PPE to be accessible at point of care (i.e. disposable gloves, disposable plastic aprons, surgical masks, eyewear) * Arrange pathology testing for affected residents for respiratory viruses * Exclude staff with ILI for at least 5 days from illness onset * Dedicate staff to affected areas * Maintain diligent hand hygiene practices and encourage regular use of alcohol-based hand gel * Postpone communal gatherings and activities * Limit visitors to affected residents * Increase frequency of environmental cleaning in affected areas to at least twice daily * Promote and enable influenza vaccination uptake in residents and staff * a summary of the roles and responsibilities of an outbreak control team   [**Section 6.2.6**](http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-flu-guidelines.htm)–Forming an outbreak management team   * Document the trigger for activating the outbreak management plan * [**Section 4.7**](http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-flu-guidelines.htm)–Outbreak definitions * Document the trigger for stand down * [**Section 6.4.1**](http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-flu-guidelines.htm)–Declaring the outbreak over * Outbreak management plan to be readily accessible to residents, staff, contractors and families |  |
| **Implement a communications strategy to staff, families, contractors and residents**   * Facilitate an efficient outbreak response through early and regular communications to all stakeholders | * List stakeholders * Include a contact list for stakeholders * Include a summary of roles and responsibilities for all stakeholders * Summarise when and how stakeholders will be notified of the outbreak, receive ongoing updates and notified when it has been declared over (e.g. Face-to-face staff briefings, electronic communications via online portal, email, phone) * [**Section 6.2.1**](http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-flu-guidelines.htm)–Notifications * MNPHU will be notified within 24 hours of recognising an outbreak (include contact details) * [**Appendix 7**](http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-flu-guidelines.htm)–Flow chart for initial outbreak response * [**Section 5.6**](http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-flu-guidelines.htm)–Transfers * [**Appendix 4**](http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-flu-guidelines.htm)–Resident transfer advice form * Document where laminated alert signage will be placed within the facility:   [**ACSQHC**](https://www.safetyandquality.gov.au/our-work/healthcare-associated-infection/infection-control-signage)–**Approach 3**: Contact and Droplet Precautions signs (i.e. both signs on the door)   * On the doors to ill residents’ rooms   [**Appendix 3**](http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-flu-guidelines.htm)–Signage for use in an influenza outbreak (**Figure A3.2–Visitor sign**)   * Entrances to affected areas/wings * Entrances to facility   NB: any sign not placed on a pin/cork board should be laminated and removed during routine cleaning |  |
| **Manage staff to prevent further spread and maintain business continuity**   * Prevent further spread of ILI within the facility | * [**Section 5.4.2**](http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-flu-guidelines.htm)–Staff * Decrease movement of staff within the facility during an outbreak * Dedicate staff to specific areas/wings * Provide influenza vaccination for unvaccinated staff * Document staff contingency plan to address potential 20-30% decrease in staffing due to ILI * Include the use of vaccinated agency staff * Include arrangements for unvaccinated staff e.g.: * asymptomatic unvaccinated staff who decline antiviral prophylaxis will wear a mask whilst at the facility for the duration of the outbreak   [**Section 5.3.1**](http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-flu-guidelines.htm)–Rationale for allowing staff on antivirals to return to work |  |
| **Manage residents to prevent further spread**   * Prevent further spread of ILI within the facility | * [**Section 5.4.1**](http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-flu-guidelines.htm)–Resident placement * Cease communal activities for all residents until the outbreak is declared over * E.g. social activities, communal dining * [**Section 5.5**](http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-flu-guidelines.htm)–Resident movement during an outbreak * Provide influenza vaccination for unvaccinated residents |  |
| **Implement infection control practices to prevent further spread**   * Prevent further spreadof ILI within the facility | * **Isolate** residents with ILI to their room and manage with Droplet and Contact Precautions * **Cohort** ill residents if possible * Maintain and encourage frequent **hand washing** for residents, staff and families * Increase access to alcohol-based hand rubs at entrances to the facility and resident areas/wings * [**Section 5.1.1**](http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-flu-guidelines.htm)–Hand hygiene * **Respiratory hygiene and cough etiquette** * [**Section 5.1.2**](http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-flu-guidelines.htm)–Respiratory hygiene and cough etiquette * **Personal protective equipment** required to implement Contact and Droplet Precautions will be easily accessible for staff at point of care (i.e. ill resident rooms and during transfer) * Disposable gloves, disposable plastic aprons, surgical masks * Include how PPE will be accessible at residents’ rooms e.g. trolleys outside the ill resident’s room, hung on the door of the ill resident’s room by brackets * [**Section 5.1.3**](http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-flu-guidelines.htm)–Personal protective equipment (PPE) * Increase frequency of **environmental cleaning to at least twice daily** in affected areas * Document the cleaning products that are used (including their active ingredients) * Include contact details for external cleaning companies if used * [**Section 5.2**](http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-flu-guidelines.htm)–Environmental measures * [**Appendix 2**](http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-flu-guidelines.htm)–Environmental cleaning |  |
| **Manage contractors and families to prevent further spread**   * Prevent further spread of ILI within the facility as well as to the community | * [**Section 5.7**](http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-flu-guidelines.htm)–Visitor restriction and signage * Total restriction of all family members for the duration of the outbreak is often not practical and may be unwarranted * Communicate to contractors that non-essential services will be postponed in the event of an ILI outbreak |  |
| **Test residents with ILI to confirm the diagnosis**   * Establish an early diagnosis * Inform an appropriate facility response | * [**Section 4.3**](http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-flu-guidelines.htm)–Testing * [**Section 6.2.3**](http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-flu-guidelines.htm)–Testing of residents with ILI * [**Appendix 6**](http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-flu-guidelines.htm)–Testing for influenza fact sheet * [**Appendix 8**](http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-flu-guidelines.htm)–Swab collection procedure * Document the pathology service that will be used * Document which staff will collect the nasopharyngeal swabs i.e. pathology service or trained staff * Consider pre-printed pathology request forms |  |
| **Provide antiviral treatment and prophylaxis for residents**   * Early initiation of antiviral *treatment* will reduce risk of secondary complications and decrease length of time a resident is infectious to others * *Prophylaxis* works as early treatment for those incubating influenza | * Include in the summary: * Antiviral prophylaxis should only be used in addition to other outbreak control measures * If recommended by public health, antiviral prophylaxis should be given to ALL asymptomatic residents in affected areas regardless of vaccination status and ALL asymptomatic unvaccinated staff working in affected areas * Include that unvaccinated staff who decline antiviral medication are required to wear a mask whilst at work for the duration of the outbreak * In collaboration with the facility’s GP/s, document the process for prescribing antivirals for residents, including those with renal impairment and after-hours processes * Document contact details for the pharmacy that will store and dispense the antivirals * In collaboration with the facility pharmacist, document the process for receiving/storing/dispensing/administering antiviral medications for residents as per the *Health, Drugs and Poisons Regulation 1996* * Document whether the facility will provide antiviral prophylaxis for unvaccinated staff or whether staff will need to source their own antiviral medication * Include how staff may access antivirals (e.g. via the facility’s pharmacy if facility providing antivirals, and/or their own GP) * [**Section 6.2.9**](http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-flu-guidelines.htm)–Antiviral medication during an outbreak * [**Appendix 16**](http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-flu-guidelines.htm)–Antiviral medications and antiviral prophylaxis decision tool * [**Appendix 18**](http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-flu-guidelines.htm)–Antiviral doses * [**Appendix 19**](http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-flu-guidelines.htm)–Patient information on Tamiflu® (oseltamivir) |  |
| **Maintain adequate stock levels to manage an ILI outbreak response**   * Ensure facility has adequate stock to maintain appropriate infection control practices for the duration of an outbreak | * Document which staff position/s will monitor and maintain stock levels of consumables leading up to the influenza season as well as during an outbreak * E.g. disposable gloves (range of sizes), disposable plastic aprons, surgical masks (range of sizes), hand wash solution, disposable paper towels, alcohol-based hand rub, hand moisturising cream, tissues, cleaning products (e.g. pH neutral detergents, disinfectants, alcohol-impregnated wipes), clinical/general waste bags |  |
| 1. **Develop and maintain a high level of knowledge and competency re: the infection control practices required to manage ILI** | **Review the application of Standard and Transmission-based Precautions with all staff from April to October and during an ILI outbreak** | * Training and review programs should include the opportunity for staff to practise applying infection control principles to their work environment (in conjunction with theory-based learning) * Staff to review and demonstrate:   **[3.1–Standard Precautions](https://www.nhmrc.gov.au/about-us/publications/australian-guidelines-prevention-and-control-infection-healthcare-2019" \l "block-views-block-file-attachments-content-block-1)**   * **hand hygiene practices** (hand washing/rubbing, hand care, 5 Moments for Hand Hygiene, avoid touching the face when at work, [**Bare Below the Elbows**](https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/infection-prevention/standard-precautions/hand-hygiene/bare-below-elbows))   Continue routine hand hygiene audits as per facility’s infection control program  Place laminated hand washing signs at all hand washing sinks  Place laminated hand rubbing signs where alcohol-based hand rubs (AHBRs) are located (NB: AHBRs are not to be placed on or near hand washing sinks).  **Examples of hand hygiene resources**:  [**Queensland Government**](https://www.qld.gov.au/health/conditions/all/prevention/hand-hygiene)  [**Tasmania Department of Health**](http://www.dhhs.tas.gov.au/publichealth/tasmanian_infection_prevention_and_control_unit/information_for_healthcare_workers/hand_hygiene_posters)–a number of designs available  [**World Health Organisation**](https://www.who.int/gpsc/5may/en/)–Clean Care is Safer Care**:** 5 Moments for Hand Hygiene, hand hygiene posters and leaflet   * use of PPE * respiratory hygiene and cough etiquette * cleaning of shared equipment * waste management * appropriate handling of linen   [**3.2–Transmission-based Precautions**](https://www.nhmrc.gov.au/about-us/publications/australian-guidelines-prevention-and-control-infection-healthcare-2019)   * use of Contact and Droplet Precautions when providing care to a resident with ILI * use of PPE to appropriately implement Droplet and Contact Precautions including:   what PPE is required, where PPE should be applied (outside the room) and removed (immediately prior to leaving the room) and how to safely remove PPE  **Examples of available resources:**   * [**Section 5.8**](http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-flu-guidelines.htm)–Education and training * Outlines the elements of an infection control program that should be emphasised throughout the influenza season and during an ILI outbreak * [**Appendix 1**](http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-flu-guidelines.htm)–Standard precautions * 5 Moments of Hand Hygiene, hand wash and hand rub technique, respiratory hygiene and cough etiquette, PPE for managing influenza (including application and removal procedure) * **[Hand Hygiene Australia](https://www.hha.org.au/)** * [**Australian Commission on Safety and Quality in Health Care**](https://www.safetyandquality.gov.au/) * [**Promotional materials**](https://www.safetyandquality.gov.au/our-work/infection-prevention-and-control/national-hand-hygiene-initiative-nhhi/promotional-materials)–brochure, presentation, video, online interactive education modules re: hand hygiene and infection prevention and control |  |
| **Provide information about hand hygiene and respiratory etiquette for residents and families from April to October** | * Hold sessions or provide information to residents and families opportunistically to demonstrate and practice hand washing/rubbing techniques and respiratory etiquette * Provide written information–[**National Hand Hygiene Initiative Brochure–Non acute**](https://www.safetyandquality.gov.au/publications-and-resources/resource-library/national-hand-hygiene-initiative-brochure-non-acute) * Place laminated **respiratory etiquette signs** within the facility e.g. * [**Appendix 1**](http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-flu-guidelines.htm)–Standard precautions (**Figure A1.3**–Respiratory hygiene poster) * [**Flu prevention resources**](https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/diseases/influenza/resources)–posters: Five things to do to fight the flu; The Elderly * [**Queensland Health–Translated flu resources**](https://publications.qld.gov.au/dataset/translated-flu-resources) * [**Victoria Department of Health**](https://www2.health.vic.gov.au/about/publications/policiesandguidelines/cover-your-cough-sneeze-poster)–cover your cough and sneeze |  |
| RESPONSE  Minimise the impact of an ILI outbreak and ensure appropriate responses are initiated | | | |
| Objectives | Strategies | Tactics | Actioned |
| 1. **Prevent further spread of influenza within the facility** | **Implement an early and efficient outbreak response** | * Activate the ILI outbreak management plan as soon as the outbreak definition has been met * Implement the ILI outbreak management plan * [**Appendix 10**](http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-flu-guidelines.htm)–Outbreak management team tasks during an influenza outbreak * [**Appendix 11**](http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-flu-guidelines.htm)–RCF outbreak management task checklist * [**Appendix 12**](http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-flu-guidelines.htm)–Infection control checklist for outbreaks in RCFs * Stand down the outbreak response as soon as the outbreak has been declared over in collaboration with MNPHU |  |
| **RECOVERY**  **Return to business as usual** | | | |
| Objectives | Strategies | Tactics | Actioned |
| 1. Incorporate learnings to improve future responses | **Evaluate the outbreak response** | * [**Section 6.4.3**](http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-flu-guidelines.htm)–Organising a debrief after the outbreak * Hold staff forums and provide paper/electronic surveys (to allow for anonymity if required) where staff can identify what worked well and what didn’t * Develop recommendations from the debrief * Develop strategies/tactics to address any recommendations made as a result of a debrief * Communicate outcomes to stakeholders |  |
| **Review the outbreak management plan** | * Review the outbreak management plan annually * Update the outbreak management plan following an outbreak debrief |  |