**Outbreak notification process**

A potential or confirmed influenza outbreak will be notified as per the following table:

| **Who is notified** | **When** | **By Whom** | **How** |
| --- | --- | --- | --- |
| **Facility Manager** | Immediately upon recognition | *(Insert position)* | Phone |
| **All staff of facility, including volunteers** | Immediately upon recognition |  | *(insert mode of communication e.g. Face-to-face briefings, email, phone)* |
| **The Metro North Public Health Unit** | Within 24 hours of recognition | *(Insert position)* | Phone |
| * **Infection Management and Prevention Services located within public hospitals**
* **Metro North Patient Access and Coordination Hub (MN PACH)**
* **Residential Aged Care District Assessment and Referral Team (RADAR)**
 | MNPHU will notify upon receipt of outbreak notification from the facility  | MNPHU nursing staff | Email |
| **General practitioners** | *(insert timeframe)* | *(Insert position)* | Phone  |
| **Families of residents affected by the outbreak** | *(insert timeframe)* | *(Insert position)* | *Insert how families will be notified and provided with communications e.g. individual notification by phone, SMS, email, online portal, etc.* |
| **Families of residents not affected by the outbreak** | *(insert timeframe)* | *(Insert position)* | *(as per previous)* |
| **Pharmacist/s** | When influenza is confirmed | *(Insert position)* | Phone |
| **Queensland Ambulance Service** | At time of arranging transfer to hospital | *(Insert position)* | PhoneResident transfer form *(See* [*Yellow Envelope*](http://www.brisbanenorthphn.org.au/page/health-professionals/community-care/yellow-envelope/) *OR*[*App 4: CDNA Guidelines 2017*](http://www.health.gov.au/internet/main/publishing.nsf/Content/27BE697A7FBF5AB5CA257BF0001D3AC8/%24File/RCF_Guidelines.pdf)*)*  |
| **Hospital/s** | At time of notifying a resident’s transfer | *(Insert position)* | Phone |
| ***(Insert pathology service)*** | Within 24 hours of recognition | *(Insert position)* | Phone |
| ***(Insert additional stakeholders as identified by your facility)*** | *(insert mode of communication)* | *(Insert position)* | *(insert timeframe)* |