**Outbreak Management Plan:**

**Influenza and Influenza-Like-Illness (ILI)**

***Template for residential aged care facilities (Version 2.2, 17 June 2020)***

***How to use this template***

*This template is a compilation of checklists, forms and templates to assist residential care facilities with planning for an outbreak of influenza or influenza-like-illness (ILI), including a novel respiratory disease of international or national public health concern.*

*The template is a guide only. It is not prescriptive or exhaustive and should be modified and expanded to reflect the outcomes of your planning.*

*Instructions for using this template:*

* *Transfer this template to the appropriate template for your facility*
* *Document the outcome of planning under each heading,* ***deleting italicised text as you go***

*NB: Legislation must be italicised*

* *Renumber the appendices throughout the document. Numbering the appendices has been omitted in the template to facilitate the potential addition of further appendices*

*The result will be a completed outbreak management plan (OMP) for influenza and ILI that is clear, concise and easy to use by all staff. The influenza OMP should summarise the strategies that will be implemented, with most of the operational information documented in the appendices for easy distribution during an outbreak response.*

*Alternatively, this template can be used to update your current influenza outbreak management plan.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Revision history** | | | |
| **Version** | **Date** | **Revised by** | **Changes** |
| 2.2 | 17 June 2020 | Metro North Public Health Unit | **Revised sections:** Confirmed COVID-19 outbreak; removed potential COVID-19 outbreak; triggers to declare the outbreak over; outbreak alert signage; maintaining stock levels of relevant consumables |
| 2.1 | 12 May 2020 | Metro North Public Health Unit | **Inclusions:** revision history, ILI case definition, ARI case definition, potential and confirmed outbreak definitions, declaring a COVID-19 outbreak over  **Revised sections:** abbreviations list, notification process, influenza information resources, Appendix #: Novel respiratory disease of public health concern–Coronavirus disease 2019 (COVID-19) |
| 2.0 | 11 March 2020 | Metro North Public Health Unit | **Inclusions:** advice re: a novel respiratory disease of public health concern, appendices for novel respiratory disease of public health concern template/COVID-19/Droplet and Contact Precautions sign/Airborne and Contact Precautions sign/principles for fit-checking N95/P2 masks,  **Revised sections:** influenza information resources 2019, management of staff, management of residents, antiviral medications, infection control measures, |
| 1.0 | 05 June 2018 | Metro North Public Health Unit | Developed by Metro North Public Health Unit |

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**Abbreviations list**

|  |  |
| --- | --- |
| **AIR** | Australian Immunisation Register |
| **ARI** | Acute respiratory infection |
| **CDNA** | Communicable Diseases Network Australia |
| **COVID-19** | Coronavirus disease 2019 |
| **GP** | General practitioner |
| **ILI** | Influenza-like-illness |
| **MN PACH** | Metro North Patient Assisted Coordination Hub |
| **MNPHU** | Metro North Public Health Unit |
| **NAAT/ NAT** | Nucleic acid amplification test/ nucleic acid test (see also PCR) |
| **OMP** | Outbreak management plan |
| **OMT** | Outbreak management team |
| **PCR** | Polymerase chain reaction (see also NAAT/ NAT) |
| **PPE** | Personal protective equipment |
| **RADAR** | Residential Aged Care District Assessment and Referral Team  (Metro North Hospital and Health Service) |
| **RBWH** | Royal Brisbane & Women’s Hospital |
| **SMS** | Short message service (also known as a text) |
| **TGA** | Therapeutic Goods Administration (Australian Government) |
| **v/v** | Volume/volume percent |

**Governance arrangements**

**Authority**

The development, implementation and revision of the influenza outbreak management plan are the responsibilities of *(insert nominated position).*

**Aim**

The aim of the influenza outbreak management plan is to prevent further spread of influenza or influenza-like-illness (ILI) within the facility and mitigate the impact on residents, staff, contractors, families, the facility and the organisation.

This plan can also be activated to manage a potential or confirmed outbreak of a novel respiratory disease of international or national public health concern.

**Objectives**

The objectives of the plan are to:

* Document the response activities the facility will undertake for a potential or confirmed influenza outbreak
* Clarify the roles and responsibilities for all stakeholders
* Provide resources for an influenza outbreak response

**Legislation and supporting documents**

**Relevant legislation:**

* *Aged Care Act 1997*
* *(Insert other relevant legislation)*

**Supporting documents:**

* [Guidelines for the prevention, control and public health management of influenza outbreaks in residential care facilities in Australia](http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-flu-guidelines.htm)

Communicable Diseases Network Australia, March 2017

* [Australian guidelines for the prevention and control of infection in healthcare](https://nhmrc.govcms.gov.au/about-us/publications/australian-guidelines-prevention-and-control-infection-healthcare-2019)

National Health and Medical Research Council, 2019

* [Infection prevention and control in residential and community aged care](https://www.nhmrc.gov.au/guidelines-publications/d1034)

National Health and Medical Research Council, 2013

* [Outbreak control measures for non-influenza respiratory viral illnesses in residential care facilities](https://www.health.qld.gov.au/public-health/industry-environment/care-facilities/prevention/non-influenza-respiratory-viral-illness) Queensland Health
* *(Insert other relevant supporting documentation)*

**Triggers to activate the plan**

The influenza outbreak management plan will be activated when any of the following outbreak definitions are met:

**Potential influenza outbreak**:

* Three (3) or more cases of ILI in residents or staff of a facility within three (3) days
* **Case definition of influenza-like-illness:**
* **Sudden onset** of symptoms
* **AND at least one** of the following three **respiratory** symptoms:
  + **Cough** (new or worsening)
  + **Sore throat**
  + **Shortness of breath**
* **AND at least one** of the following four **systemic** symptoms:
  + **Fever** or **feverishness**
  + **Malaise**
  + **Headache**
  + **Myalgia**

Reference: Section 4.2. Definition for influenza-like-illness and influenza [CDNA influenza guidelines 2017](http://www.health.gov.au/internet/main/publishing.nsf/Content/27BE697A7FBF5AB5CA257BF0001D3AC8/$File/RCF_Guidelines.pdf)

**Confirmed influenza outbreak**:

* Three (3) or more epidemiologically linked cases of ILI in residents or staff of the facility within a period of three (3) days (72 hours),

PLUS

At least one case having a positive laboratory test for influenza

OR

At least two (2) cases having a positive point-of-care test for influenza

Reference: Section 4.7 Outbreak definitions [CDNA influenza guidelines 2017](http://www.health.gov.au/internet/main/publishing.nsf/Content/27BE697A7FBF5AB5CA257BF0001D3AC8/$File/RCF_Guidelines.pdf)

**Confirmed COVID-19 outbreak:**

* **Confirmed, probable and suspected case definitions of COVID-19:**

The [CDNA COVID-19 National Guidelines for Public Health Units 2020](https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm) provides the current case definitions

Reference: Section 6: Case definition [CDNA COVID-19 guidelines 2020](https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm)

* An outbreak is defined as: **A single confirmed case of COVID-**19 in a resident, staff member or frequent attendee of a high-risk setting.

This definition does not include a single case in an infrequent visitor of the setting. A determination of whether someone is a frequent or infrequent visitor may be based on frequency of visits, time spent in the setting, and number of contacts within the setting.

Reference: Section 11: Outbreak investigation and management in high risk settings [CDNA COVID-19 guidelines 2020](https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm)

**While the above definitions provide guidance, the Metro North Public Health Unit will assist the facility in deciding whether to declare an outbreak.**

**See Appendix #: Novel respiratory disease of public health concern–Coronavirus disease 2019 (COVID-19)**

**Potential or confirmed outbreak of a novel respiratory disease:**

* One (1) or more confirmed cases of ILI in residents or staff in the facility within the context of a novel respiratory disease circulating in the local community

**See Appendix #: Novel respiratory disease of public health concern template**

**Outbreak Management Team**

An Outbreak Management Team (OMT) will be convened when the plan is activated and will comprise the following roles:

|  |  |  |
| --- | --- | --- |
| **Role** | **Position** | **Responsibilities** |
| **Chair** | *(insert position e.g. Facility Manager)* | Coordinate OMT meetings, set meeting times and agenda, delegate tasks |
| **Secretary** | *(insert position)* | Organise OMT meetings, record and distribute minutes of meetings |
| **Outbreak Coordinator** | *(insert position)* | Ensure all infection control decisions are implemented, coordinate outbreak response activities required to contain and investigate the outbreak |
| **Media spokesperson** | *(insert position)* | Provide information to the media. |
| **Clinical expert** | General Practitioner | Facilitate clinical assessment and management of ill residents, including use of antiviral medications |
| ***Insert additional roles as required by your facility*** | *(insert position)* | *(insert responsibilities)* |

**See Appendix #: Roles and responsibilities for all stakeholders**

The Outbreak Management Team (OMT) will meet daily *(insert location)* until the Chair determines a change to meeting frequency.

The OMT will use the following resources from the [CDNA influenza guidelines 2017](http://www.health.gov.au/internet/main/publishing.nsf/Content/27BE697A7FBF5AB5CA257BF0001D3AC8/$File/RCF_Guidelines.pdf) to guide the outbreak response:

* Appendix 10: Outbreak Management Team tasks during an influenza outbreak
* Appendix 11: RCF outbreak management
* Appendix 12: Infection control checklist for outbreaks in RCFs
* Section 6.3 Monitoring the outbreak
* *(Insert other documents as identified by the facility)*

**Triggers to declare the outbreak over**

In consultation with the Metro North Public Health Unit:

**A confirmed influenza outbreak:**

* can be declared over if no new cases occur within eight (8) days following the onset of illness in the last resident case

**An ILI outbreak** where a respiratory pathogen was not identified:

* same as for a confirmed influenza outbreak

**A confirmed COVID-19 outbreak:**

* An outbreak can be declared as over 14 days post isolation of the last case.
* The decision to declare the outbreak over will be made by the OMT, in consultation with the Metro North Public Health Unit, who may recommend a longer period prior to declaring the outbreak over.

Reference: Section 11: Outbreak investigation and management in high risk settings [CDNA COVID-19 guidelines 2020](https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm)

**An ILI outbreak caused by another respiratory disease, including a novel respiratory disease of public health concern:**

* is dependent upon the pathogen’s infectious period and incubation period
* declaring the outbreak over will be discussed with the Metro North Public Health Unit

References: Section 6.4.1 Declaring the outbreak over [CDNA influenza guidelines 2017](http://www.health.gov.au/internet/main/publishing.nsf/Content/27BE697A7FBF5AB5CA257BF0001D3AC8/$File/RCF_Guidelines.pdf)

: [Outbreak control measures for non-influenza respiratory viral illnesses in residential care facilities](https://www.health.qld.gov.au/public-health/industry-environment/care-facilities/prevention/non-influenza-respiratory-viral-illness)

**Communications**

An efficient outbreak response will be facilitated through early and regular communications to all stakeholders.

**Notification process**

The Metro North Public Health Unit will be notified **within 24 hours** of meeting the definition for a potential or confirmed outbreak of either influenza or COVID-19.

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

* **Appendix #: Outbreak notification process**

*(If a Resident Transfer Form is routinely used by the facility, you may wish to add as an appendix.)*

* **Appendix #: Contact details–stakeholders**

**Staff briefings**

Information provided regularly to staff will address:

* Progress of outbreak, including number and location of resident and staff cases
* Outbreak management and control measures being implemented
* Antiviral prophylaxis strategy for unvaccinated staff (if indicated), including timing of course commencement, access to the medications, funding, monitoring and reporting side effects
* Impact on staffing and/or rostering, including how staff fatigue is being managed
* Results of pathology testing
* Influenza vaccination coverage rates for residents and staff

Staff briefings will occur daily while new cases are occurring:

* **Direct care staff**: *(insert how direct care staff will be briefed e.g. verbally during handover time for each shift, daily Toolbox communications, etc.)*
* **Catering, cleaning, laundry staff**: *(insert how staff will be briefed)*
* **Volunteers**: *(insert how volunteers will be briefed)*
* *(Insert additional staff as identified by the facility and how they will be briefed)*

**Stakeholder updates**

Stakeholders will be updated regularly for the duration of the outbreak:

* **Metro North Public Health Unit**: daily by phone/email while new cases are occurring
* **General practitioners**: *(insert how GPs will be updated and how often e.g.* *daily by email)*
* *Insert pathology service and how often they will be updated*
* **Families**: *(insert how families will be updated and how often e.g. daily SMS, daily/ every second day/ weekly emails, newsletters, facility noticeboards, online portal, etc)*
* **Pharmacy**: *(insert how the pharmacy will be updated and how often e.g.* *daily by email)*
* *Insert additional stakeholders identified by the facility and how often they will be updated*

**Outbreak alert signage**

Laminated signs will be visible at various locations throughout the facility:

* **On the door of an ill resident:** Droplet and Contact and Precautions sign

**See Appendix #: Droplet and Contact Precautions sign**

Reference: [Metro North Public Health Unit web](https://metronorth.health.qld.gov.au/hospitals-services/public-health-unit/cdc/aged-care-facilites) page – aged care resources

* **Entrances to the facility and each wing:** “Attention visitors” sign

**See Appendix #: Attention visitors sign**

Reference: Appendix 3: [CDNA influenza guidelines 2017](http://www.health.gov.au/internet/main/publishing.nsf/Content/27BE697A7FBF5AB5CA257BF0001D3AC8/$File/RCF_Guidelines.pdf)

**influenza information resources (*insert year*)**

*(Influenza information resources should be updated in the plan each year).*

The followinginfluenzaresources will be used/ distributed during an outbreak response:

**Australian Department of Health:**

[Influenza 2020](https://www.health.gov.au/resources/collections/influenza)

* Relevant influenza posters and brochures from the resources collection

[Flu vaccination poster](https://www.health.gov.au/resources/publications/coronavirus-covid-19-flu-vaccination-poster-for-aged-care-facilities)

**Queensland Health:**

[Influenza in residential care facilities](https://www.health.qld.gov.au/public-health/industry-environment/care-facilities/prevention/influenza-in-residential-care-facilities/)

* Influenza fact sheet
* Posters, videos
* Communiques

[National Centre for Immunisation Research and Surveillance](http://www.ncirs.edu.au/provider-resources/ncirs-fact-sheets/)

* **Influenza vaccines for Australians FAQs–**fact sheet for staff and families
* **Influenza vaccines for Australians–**fact sheet for vaccine service providers

**Management of staff**

For the purposes of this plan, **staff includes volunteers and essential contractors including *(insert essential contract staff utilised by the facility).***

To prevent further spread of ILI within the facility:

|  |  |
| --- | --- |
| **Staff movement** | * **Only essential staff will enter rooms of ill residents** * Nursing staff will take meal/ refreshment trays into and out of ill residents’ rooms * Movement of staff between wings will be minimised * Staff will be dedicated/ rostered to specific wings for the duration of the outbreak * vaccinated staff will preferably be allocated to wings/areas where residents with dementia are accommodated (as residents may not remain isolated) * Staff who have received influenza vaccine will preferably care for residents with ILI * see staff influenza vaccination register |
| **Unvaccinated staff** | * Free influenza vaccination will be offered onsite for the duration of the outbreak to increase vaccination coverage rate * Staff influenza vaccination register will be updated regularly for the duration of the outbreak * Vaccination details will be forwarded to the Australian Immunisation Register (AIR) by the vaccine service provider * Unvaccinated contract staff will not be allocated to an outbreak-affected area * Unvaccinated staff who have already been working in an outbreak-affected area will not be moved to other areas of the facility as they may be incubating influenza * Unvaccinated staff who take antiviral medication can remain at work whilst they remain well * Unvaccinated staff who remain well and decline prophylactic antiviral medication will wear a surgical mask whilst at work for the duration of the outbreak * Following influenza vaccination during an outbreak, the staff member will wear a surgical mask at work for 14 days whilst an immune response is developed. |
| **Staff contingency plan to manage staff fatigue** | * Nursing contract staff will be utilised to maintain safe staff-to-resident care ratios * Contract staff who have received influenza vaccine will be preferred * *Insert additional contingency measures as identified by the facility* |

**Management of residents**

To prevent further spread of ILI within the facility:

|  |  |
| --- | --- |
| **Resident movement** | * Movement of residents between wings will be minimised * Communal dining, social activities and non-essential services will cease for the duration of the outbreak to minimise direct interaction of residents |
| **New admissions** | * New admissions are not recommended during an outbreak but may be considered once control measures are having effect * Influenza vaccination will be advised prior to admission and evidence requested * Seek advice from the Metro North Public Health Unit re: new admissions |
| **Re-admissions** | * Residents who meet the case definition and have been identified as part of the outbreak, can return to the facility before the outbreak is declared over * Droplet and Contact Precautions will be implemented for residents with ILI/confirmed influenza until at least 5 days following illness onset * Return of residents who have not had influenza is generally not recommended, but may be considered once control measures are having effect * If returning resident has not been vaccinated, influenza vaccination will be requested prior to readmission (if possible) and evidence requested * Seek advice from the Metro North Public Health Unit re: residents returning to the facility   Also see Section 5.5.3 [CDNA influenza guidelines 2017](http://www.health.gov.au/internet/main/publishing.nsf/Content/27BE697A7FBF5AB5CA257BF0001D3AC8/$File/RCF_Guidelines.pdf) |
| **Unvaccinated residents** | * Free influenza vaccination will be offered for the duration of the outbreak to increase vaccination coverage rate * Resident influenza vaccination register will be updated regularly for the duration of the outbreak * Vaccination details will be forwarded to the Australian Immunisation Register (AIR) by the vaccine service provider |
| **Clinical management of ill residents** | * GPs will review ill residents *(insert frequency)* * To avoid unnecessary transfer to hospital, the Residential Aged Care District Assessment and Referral Team (RADAR) will be contacted for clinical advice and coordination of outreach services * Residents will have Advanced Care Plans in place. |

**Management of families and other visitors**

To prevent further spread of influenza or ILI within the facility:

* Number of visitors to ill residents will be **limited to 1-2 visitors at a time**
* Visitors to ill residents will be required to wear a surgical mask for the duration of the visit and practise hand hygiene before and after the visit
* Persons who are ill with influenza or ILI will be discouraged from visiting the facility
* In the event the visit is essential, the ill visitor will wear a surgical mask whilst on the facility premises, practise hand hygiene on arrival and on departure from the facility as well as before and after the visiting the resident, avoid close contact with the resident (i.e. maintain at least 1 metre from the resident) and practise respiratory hygiene and cough etiquette
* If suitable, an outdoor area for the visit will be considered
* Information about influenza will be provided to families and visitors at *(insert physical locations within the facility)* and by email.

**Infection control measures**

As soon as a potential or confirmed influenza outbreak is recognised, the facility will implement the following infection control measures:

|  |  |
| --- | --- |
| **Isolation of ill residents (resident cases)** | * Ill residents will be isolated to their room for at least five (5) days from illness onset * Laminated Droplet and Contact Precautions signs to alert staff and visitors will be placed on the door to the room where an ill resident is isolated **(See Appendix #: Droplet and Contact Precautions sign)** * If a single room is not available, the privacy curtain will be used to isolate an ill resident within a shared room * When possible, ill residents will use shared bathroom facilities after well residents to decrease risk of spread to other residents * Ill residents who do not remain isolated within their room, will wear a surgical mask if tolerated * If transfer of a resident is required, the resident will wear a surgical mask if tolerated |
| **Exclusion of ill staff (staff cases)** | * Staff developing ILI symptoms whilst at work will report immediately to *(insert position)* * Staff with ILI or confirmed influenza will be excluded from work for at least five (5) days following illness onset * Staff with another confirmed respiratory illness will be excluded as per advice from the Metro North Public Health Unit * Staff will report ILI or confirmed influenza when notifying Sick Leave * Staff who report ILI will be encouraged to seek medical advice and testing |
| **Hand hygiene** | * Hand hygiene practices as per the [5 Moments of Hand Hygiene](https://www.hha.org.au/hand-hygiene/5-moments-for-hand-hygiene) will be maintained and promoted to all staff, residents, contractors, families and visitors * **The use of alcohol-based hand rub is the preferred method for hand hygiene by staff** * **Alcohol-based hand rub product** used in this facility is *(insert name, active ingredient and percentage per volume)*   *(Alcohol-based hand rubs should contain between 60% and 80% v/v ethanol or equivalent and TGA approved for skin antisepsis)*  *Reference: Section 3.1.1 Alcohol-based hand rubs* [*Australian guidelines for the prevention and control of infection in healthcare 2019*](https://nhmrc.govcms.gov.au/about-us/publications/australian-guidelines-prevention-and-control-infection-healthcare-2019#block-views-block-file-attachments-content-block-1)   * Alcohol-based hand rub will be available at entrances to the facility, each wing and at locations which are not near a handwashing sink * Laminated hand rub signs will be placed where alcohol-based hand rubs are located.   **See Appendix #: Hand rub sign**  Reference: [Hand Hygiene Australia](https://www.hha.org.au/local-implementation/promotional-materials/posters)   * **Washing hands with soap and water** is indicated when hands are visibly soiled * Laminated handwashing signs will be visible at various locations throughout the facility: * Entrances to the facility and each wing * At each handwashing sink * In residents’ rooms * In communal areas   **See Appendix #: Handwashing signs**  References: [Hand Hygiene Australia](https://www.hha.org.au/local-implementation/promotional-materials/posters) and [Queensland Health](https://www.health.qld.gov.au/__data/assets/pdf_file/0020/444314/handwash-6steps.pdf)   * An emollient hand cream will be available for staff for use prior to work breaks and leaving the facility |
| **Respiratory hygiene and cough etiquette for ill residents** | * Ill residents will be encouraged/ assisted to cover their coughs and sneezes with a tissue or their elbow * Waste receptacles for used tissues will be available near ill residents * Residents will be encouraged/ assisted to wash their hands regularly and after sneezing, coughing or using tissues * Laminated respiratory hygiene and cough etiquette signs will be placed in locations visible to ill residents and their families/visitors   **See Appendix #: Respiratory etiquette signs**  References: [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) |
| **Personal protective equipment (PPE) when providing direct care to ill residents** | * PPE required to prevent spread of influenza include gloves, plastic apron, surgical mask, eyewear/ goggles * **Staff providing direct care to an ill resident or undertaking cleaning** **of an ill resident’s room will wear PPE** * Disposable PPE will be accessible at all points-of-use: * Rooms of ill residents: *(insert how PPE will be available e.g. trolley outside room, door bracket)* * During transfer if a resident does not tolerate a surgical mask * Non-disposable eyewear/ goggles will be cleaned/ disinfected as per manufacturer’s instructions * Spectacles will not be considered protective eyewear * Gloves will not be washed with hand wash solution or alcohol-based hand rub * PPE will be put on immediately prior to entering an ill resident’s room: * **Application sequence**: wash hands, plastic apron, mask, eyewear/ goggles, gloves * PPE will be removed immediately prior to leaving an ill resident’s room * **Removal sequence**: gloves, plastic apron, wash hands, eyewear/ goggles, wash hands, mask, wash hands * Laminated signs for PPE application and removal will be placed outside and inside an ill resident’s room for the duration of their isolation   **(See Appendix #: Droplet and Contact Precautions sign)**   * Unvaccinated staff who are well but not taking antiviral prophylaxis will wear a surgical mask when providing cares to residents |
| **Environmental measures** | * For the duration of an influenza/ ILI outbreak, routine cleaning of frequently-touched surfaces will increase to **at least twice daily**: * Bedrails, bedside tables, commodes, door handles, sinks * Bedroom/bathroom surfaces and equipment close to the ill resident * Influenza virus is inactivated by chlorine or 70% alcohol.   *Choose which type of cleaning regime the facility will undertake:*   * The facility will use a **2-step** **cleaning regime** which involves a physical clean using detergent followed by a chemical disinfectant   *OR*   * The facility will use a **2-in-1** **cleaning regime** which involves a physical clean using a combined detergent/disinfectant * **Cleaning product** used within the facility is *(insert name of cleaning product)* which is a detergent solution suitable for cleaning surfaces and frequently touched objects in the residential care setting *(may be useful to check that product is TGA-registered for this purpose)* * **Disinfectant product** used within the facility is *(insert name of disinfectant product and active ingredient)* which is a TGA-registered hospital grade disinfectant that has label claims against influenza.   *OR*   * **Combined detergent/disinfectant product** used within the facility is *(insert name of combined product and active ingredients)* which is a detergent combined with a TGA-registered hospital grade disinfectant that has label claims against influenza. * **Alcohol-impregnated wipe** used within the facility is (*insert name of product and active ingredient*) will be used to disinfect small frequently-touched surfaces that are not suitable for chlorine products. * **Equipment will be dedicated** to an ill resident’s room until isolation is no longer required, or cleaned and disinfected prior to using with another resident. * Cleaning and/or disinfectant solutions will be prepared daily or as needed as per manufacturer’s instructions * Surfaces will be allowed to dry after cleaning. * Contact time for disinfectants will be as per manufacturer’s instructions.   *Choose how mops and cloths will be managed:*   * Mops and cloths will be cleaned after use and allowed to dry before reuse   *OR*   * Single-use mop heads and cloths will be used. * Rooms of ill residents will be cleaned last. * **Clothes and bed linen** will be laundered using hot water and detergent and dried on a hot setting in a dryer. Separation of linen from ill residents is not required. * **Eating utensils and crockery** will be washed in a dishwasher or with hot water and detergent. Separation of cutlery and crockery from ill residents is not required.   References: Section B1.4.2–[Australian guidelines for the prevention and control of infection in healthcare 2019](https://nhmrc.govcms.gov.au/about-us/publications/australian-guidelines-prevention-and-control-infection-healthcare-2019) and Appendix 2: [CDNA influenza guidelines 2017](http://www.health.gov.au/internet/main/publishing.nsf/Content/27BE697A7FBF5AB5CA257BF0001D3AC8/$File/RCF_Guidelines.pdf) |

**Pathology testing**

Pathology testing is indicated for any resident meeting the case definition for an ILI:

* Approx. 4–6 initial cases of ILI (maximum of 10) will be tested to determine a causative organism for the outbreak
* Once a causative organism has been identified, further pathology testing of ILI cases will be at the discretion of the treating clinician or on advice from the Metro North Public Health Unit
* Nucleic acid amplification test (NAAT/ NAT) for respiratory pathogens, including influenza will be requested
* Nose or throat swabs will be collected by *(insert trained position/s within the facility or pathology service)* to ensure consistency of collection technique and reliable test results
* Completing a pathology request form for an ill resident will be the responsibility of *(insert positions within facility that will request pathology tests)*
* Pathology request forms will be pre-printed to ensure consistency and expediency
* Further information can be found in **Appendix 6: Testing for influenza fact sheet** [CDNA influenza guidelines 2017](http://www.health.gov.au/internet/main/publishing.nsf/Content/27BE697A7FBF5AB5CA257BF0001D3AC8/$File/RCF_Guidelines.pdf)
* *(If facility staff collect pathology specimens, you may wish to include Appendix 8: Swab collection procedure* [*CDNA influenza guidelines 2017*](http://www.health.gov.au/internet/main/publishing.nsf/Content/27BE697A7FBF5AB5CA257BF0001D3AC8/$File/RCF_Guidelines.pdf) *as an appendix to this plan.)*

**Antiviral medications**

* Resident’s treating doctors will prescribe antiviral medications
* See **Appendix #: Antiviral dosages**

Reference: Appendix 18 Antiviral dosages [CDNA influenza guidelines 2017](http://www.health.gov.au/internet/main/publishing.nsf/Content/27BE697A7FBF5AB5CA257BF0001D3AC8/$File/RCF_Guidelines.pdf)

*Include how the prescribing process will be undertaken, including after-hours*

*It is recommended to document each residents’ renal function prior to the influenza season to streamline prescription processes during an outbreak response*

* **Antiviral treatment for ill residents**: the treating doctor will prescribe antiviral treatment where indicated.
* **Antiviral prophylaxis**: will only be used in addition to other outbreak control measures
* The OMT will make the decision to commence antiviral prophylaxis in collaboration with the Metro North Public Health Unit and residents’ treating doctors
* When recommended, **antiviral prophylaxis will be given to ALL asymptomatic residents (regardless of influenza vaccination status) in outbreak-affected areas and ALL unvaccinated asymptomatic staff in outbreak-affected areas**, or as advised by the Metro North Public Health Unit
* Unvaccinated staff working in outbreak-affected areas who decline antivirals will wear a surgical mask whilst at work for the duration of the outbreak
* A line listing of residents and staff identified for antiviral prophylaxis will be maintained, with details including course compliance (i.e. commenced, completed, declined), course commencement date and use of surgical mask whilst at work (for unvaccinated staff who decline antivirals)
* In the event antiviral prophylaxis is indicated, Metro North Public Health Unit will coordinate the deployment of funded antiviral medications for residents to be delivered directly to the facility.
* The facility will store, label and dispense antiviral medications for residents as per the *Health, Drugs and Poisons Regulation 1996*
* *Insert whether the facility will fund antiviral medications for unvaccinated staff*

*If YES, include how prophylactic courses will be prescribed and dispensed to staff so that commencement is at the same time or within 24 hours of residents commencing prophylaxis*

*If NO, include how the facility will enable staff to access prophylactic antiviral medications externally so that commencement is at the same time or within 24 hours of residents commencing prophylaxis*

* Further information for the OMT can be found in **Appendix 16: Antiviral medications and antiviral prophylaxis decision tool** [CDNA influenza guidelines 2017](http://www.health.gov.au/internet/main/publishing.nsf/Content/27BE697A7FBF5AB5CA257BF0001D3AC8/$File/RCF_Guidelines.pdf)
* Information about antivirals will be provided to staff and families

See **Appendix #:** **Patient information on Tamiflu® (oseltamivir)**

Reference: Appendix 19 Patient information on Tamiflu® (oseltamivir)[CDNA influenza guidelines 2017](http://www.health.gov.au/internet/main/publishing.nsf/Content/27BE697A7FBF5AB5CA257BF0001D3AC8/$File/RCF_Guidelines.pdf)

**Maintaining stock levels of relevant consumables**

The facility will ensure that adequate stock of consumables that are required to implement infection control measures will be maintained for the duration of an influenza outbreak response:

* *(Insert facility position/s)* will be responsible for monitoring and maintaining adequate stock levels leading up to the influenza season and during an outbreak response
* Relevant consumables include:

*(You may wish to include product names/codes)*

* Latex and powder-free disposable gloves (small, medium, large sizes)
* Disposable plastic aprons
* Surgical masks (*include various sizes, if available*)
* P2/N95 masks (for use during aerosol-generating procedures)
* Eyewear/ goggles (disposable items are preferable) *(include whether disposable or reusable)*
* Hand wash solution
* Disposable paper towels
* Alcohol-based hand rub
* Hand moisturising cream *(should be compatible with the facility’s hand wash and hand rub products)*
* Tissues
* Environmental cleaning/ disinfecting products *(e.g. detergent, disinfectant, alcohol-impregnated wipes)*
* Bin liners
* *Insert additional consumables as identified by the facility*
* Prior to the influenza season, stockpiles of *(insert which consumables)* will be stored *(insert* location/s within the facility)
* *If applicable, include how the stockpiles can be accessed during and after hours.*

**Review of the plan**

The influenza outbreak management plan will be reviewed:

* **Annually**: prior to the influenza season
* **After activation**: to incorporate learnings to improve future responses

Following an outbreak response being declared over, particularly following prolonged outbreaks:

* Staff debriefs will be held to identify what worked well and what didn’t
* Recommendations will be developed from the debriefs
* The OMT will develop strategies/ processes to address any recommendations arising from the debrief
* The plan will be updated
* Outcomes will be communicated to stakeholders