



Health

FLU-INFO KIT

OUTBREAK COORDINATOR'S HANDBOOK

Residential Care Facilities

Background and Acknowledgement

The Flu-Info Kit is not a set of guidelines to manage an outbreak of influenza (Flu) – it is a resource kit to assist residential care facilities in preparing for influenza outbreaks and in recognizing and responding to outbreaks when they occur.

A number of key resources were used in the preparation of the NSW Health Flu-Info Kit.

The Communicable Disease Network of Australia's *Guidelines for the Prevention and Public Health Management of Influenza Outbreaks in Residential Care Facilities in Australia* were the principal source of information for the Flu-Info Kit.

The Guidelines provide more detailed information on preparing for and managing influenza outbreaks, and they should be consulted as a companion document to this Outbreak Coordinator's Handbook. The Guidelines are available at: <http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-flu-guidelines.htm>.

The Flu-Info Kit also draws extensively on the NHMRC *Australian Guidelines for the Prevention and Control of Infection in Healthcare* (2010) – Australian Government, as well as influenza outbreak management guidelines prepared by other health authorities within Australia and the infection control resources of the World Health Organization.

Flu-Info Kit Contents

Outbreak Coordinator's Handbook

How to use the Flu-Info Kit	1
Flu Outbreak Management Checklist	2
Flu Outbreak Management Flowchart.....	3
Infection Control Measures to prevent the spread of influenza.....	4
Respiratory swab collection instructions	7
Antiviral medications during a Flu Outbreak	8
Public health unit contact details.	9
Preparing for outbreaks: Flu Outbreak Management Plan.....	10
Flu Outbreak Preparedness Kit.....	11
Outbreak Management Plan – Template	12
Outbreak Monitoring Line List - Example.....	14
Outbreak Monitoring Line List – Residents – Template.....	15
Outbreak Monitoring Line List – Staff – Template	16

Influenza Information Sheets

General influenza information	General 1
Prevention of influenza infection and spread	Prevention 2
Outbreak identification.....	Identification 3
Outbreak management.....	Management 4
Who to contact for assistance with and notification of a suspected outbreak of influenza	Contacts 5
Respiratory swab collection procedure	Collection 6

Influenza Outbreak Resources and Posters

Isolation Room Checklist.....	Influenza sheet R1
Wash your hands.	Influenza sheet R2
Attention all staff – influenza activity letter.....	Influenza sheet R3
Influenza information – family and visitors.....	Influenza sheet R4
Attention all visitors – influenza activity letter.	Influenza sheet R5
Attention all visitors – affected room notice.	Influenza sheet R6
Resident transfer advice – influenza outbreak.....	Influenza sheet R7
Cough etiquette poster.....	Influenza sheet R8
Antiviral medications – Oseltamivir /Tamiflu®	Influenza sheet R9
Brochures, Posters and Signage	Influenza sheet R10

How to use the Flu-Info Kit

The Flu-Info Kit is intended to assist Residential Care Facilities (RCFs) in preventing, identifying and managing outbreaks of influenza.

USERS OF THIS FLU-INFO KIT SHOULD ALSO BE AWARE THAT:

- All RCFs must ensure that they meet NSW requirements in reporting and managing outbreaks.
- Good infection control, particularly respiratory droplet precautions and good hand hygiene, is central to preventing outbreaks and reducing the size and length of an outbreak.
- All RCFs should nominate an Outbreak Coordinator who can direct a response as soon as an outbreak is suspected. This person should have good knowledge of infection control practices and if possible should be identified before an outbreak happens.
- All RCFs should make efforts to have Outbreak Management Plans for influenza – as well as other infections such as gastroenteritis – in place before an outbreak happens.
- An Outbreak Management Team (OMT) should be convened whenever possible to assist in the response.
- While some of the guidance is specific to an influenza outbreak, many of the outbreak management principles will also be effective during outbreaks due to other respiratory viruses

The Flu-Info Kit includes the following:

1. Outbreak Coordinator Handbook. This is designed to help the Coordinator respond to an outbreak. The Handbook includes the main steps in identifying and responding to an outbreak, information on influenza and a range of resources to assist the Coordinator in his or her role. Included are:

- Outbreak Management Checklist
- Infection control measures
- Antiviral medication considerations
- Preparing an Outbreak Management Plan
- Outbreak Management Plan template
- Outbreak Management Flowchart
- Respiratory specimen collection
- Public health contact details
- Preparing a Flu Preparedness Kit
- Outbreak Monitoring Line List templates

2. Influenza information sheets. These are general information sheets for staff, including:

- General influenza information
- Outbreak prevention
- Where to get help during an outbreak
- Outbreak identification,
- Outbreak management
- Respiratory swab procedures

3. Influenza outbreak resources and posters. These are a range of materials to support the outbreak response, including:

- An isolation room checklist
- Hand hygiene and cough etiquette posters
- Alert posters and letters for family, visitors and staff;
- Information on antiviral medications (Tamiflu®)

The Director of Nursing, Care Coordinator or Senior Nurse and the Outbreak Coordinator should be familiar with the Flu-Info Kit and its contents prior to an outbreak.

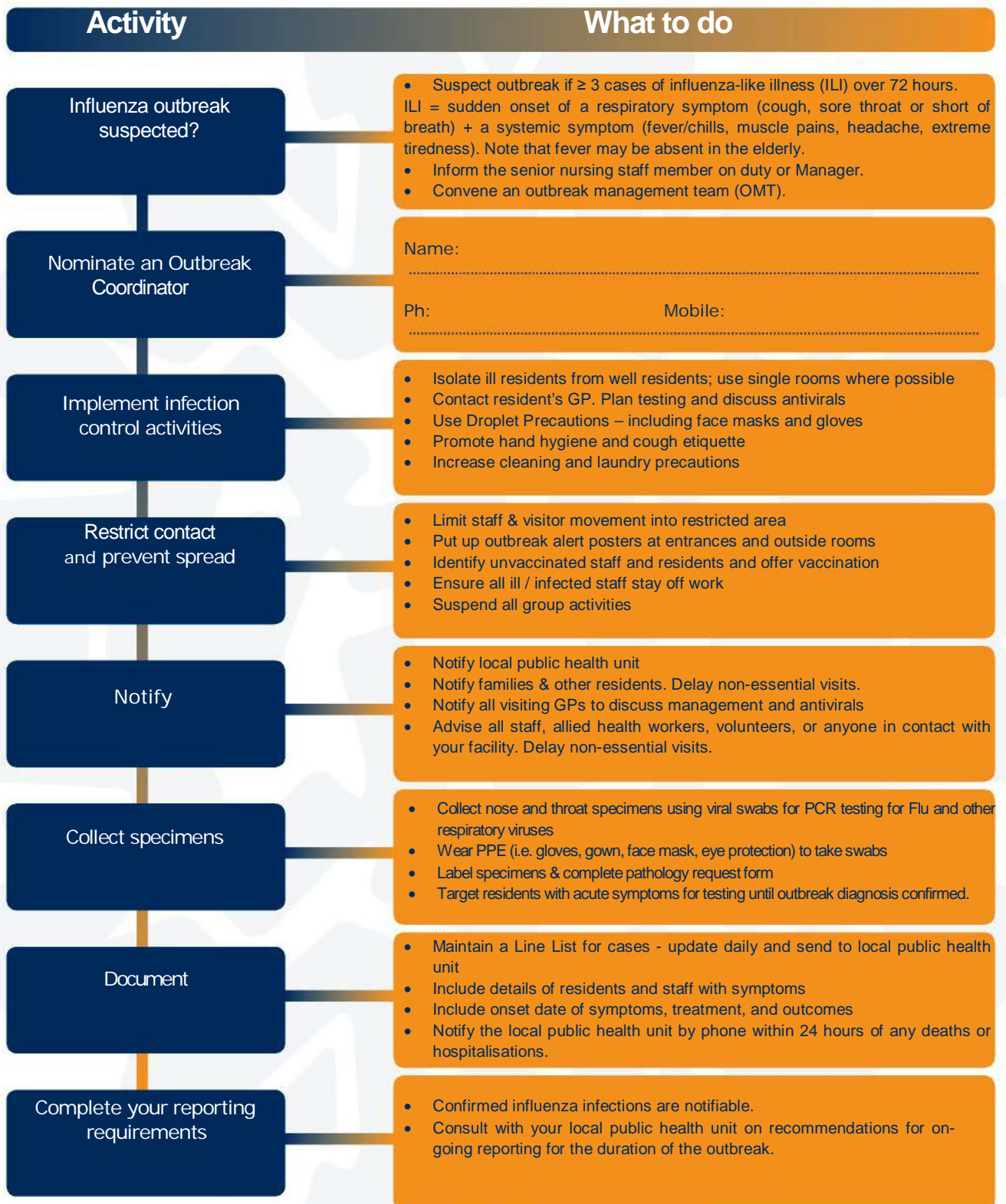
Flu Outbreak Management Checklist

The Flu Outbreak Coordinator should ensure the following steps are initiated as soon as possible and completed.

<input type="checkbox"/>	<p>Do we have an outbreak? (Refer to <i>Flu Outbreak Management Flowchart</i>, page 3) (i.e. Three (3) or more cases of influenza-like illness (ILI) in residents or staff within 3 days).</p> <ul style="list-style-type: none"> • Activate your Flu Management Plan by following the steps listed below • Inform Senior Nursing Staff on duty and access Flu outbreak stores • Convene an outbreak management team (OMT) 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<p>Inform staff, residents & visitors (See Influenza resources R3-R6)</p> <ul style="list-style-type: none"> • Inform all staff that a possible outbreak is occurring and advise of increased hygiene measures • Inform residents & visitors – notices on doors & provide information on influenza. 	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<p>Implement standard and additional infection control measures (Refer to <i>Infection Control</i> pages 4-6)</p> <ul style="list-style-type: none"> • Increase hygiene measures taken by all staff – standard precautions plus additional measures • Ensure adequate PPE, hand hygiene and cleaning supplies. See <i>Flu Outbreak Preparedness Kit</i>, Page 11. • Contact residents' GPs • Restrict ill residents to their room (where possible) and ensure signage posted outside of the room • Cohort ill residents in one area – separate infected & uninfected residents where possible 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<p>Vaccination</p> <ul style="list-style-type: none"> • Review the vaccination records of all residents and staff • Offer influenza vaccinations (if available) for all well unvaccinated residents and staff 	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<p>Restrict staff and resident movement (Refer to <i>Infection Control</i> pages 4-6)</p> <ul style="list-style-type: none"> • Allocate vaccinated staff to care for residents ill with confirmed or suspected influenza. • Unvaccinated staff should work only if well and wearing a mask, or taking antiviral prophylaxis. • Staff should self-monitor for symptoms. Exclude staff with symptoms until well. • Avoid moving staff from affected sections to other areas of the facility • Suspend group activities until outbreak resolved • Advise when transferring residents. See <i>Resident transfer advice – influenza outbreak</i>, Influenza sheet R7 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<p>Restrict contact (See Influenza resources R3-R6)</p> <ul style="list-style-type: none"> • Notify residents' relatives or representative, all visiting GPs, allied health workers, laundry contractors, volunteers, and anyone in contact with your facility • Restrict visitors, particularly visitors at increased risk of flu complications • Restrict movement of visitors within the home and ensure visitors practice hand hygiene • Exclude visitors with symptoms of ILI for 5 days. 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<p>Document the outbreak (See <i>Outbreak Monitoring Line List</i>, and up-date each day):</p> <ul style="list-style-type: none"> • Record details of residents & staff with symptoms, including the onset date and testing, on the line list. 	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<p>Notify Public Health (See <i>Public Health Contact Details</i>, Pages 13-14)</p> <ul style="list-style-type: none"> • Your local public health unit • Fax or Email a daily line list of ill residents/staff to your local public health unit. • Notify by phone within 24 hours of deaths or hospitalisations and record these on the line list. 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<p>Collect Specimens (Refer to <i>Respiratory Swab Collection</i>, Page 7)</p> <ul style="list-style-type: none"> • Observe standard infection control practices & wear PPE, e.g. eye protection, gloves, gown, mask • Collect nose and throat swabs for PCR testing (target residents with acute symptoms; up to 4-6 cases) • Label swabs, complete pathology request forms and liaise with the local public health unit about sending to a lab • Document which residents have been tested on the line list. 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<p>Antiviral medication</p> <ul style="list-style-type: none"> • If influenza is confirmed, discuss early antiviral treatment for ill residents with their GPs • Consider early antiviral treatment for new suspect cases during a confirmed influenza outbreak. • Discuss with public health unit to see if mass antiviral prophylaxis is recommended. 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<p>Update Flu Outbreak Plan</p> <ul style="list-style-type: none"> • Review plans regularly, particularly for at risk and vulnerable residents. • Revisit Outbreak Plan following resolution of current outbreak • Organise an outbreak de-brief and use to modify your plan as needed. 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Flu Outbreak Management Flowchart

A Step-by Step-Guide to Recognising and Managing a Flu Outbreak.¹



- Note that steps on the flowchart need not always occur in order.
- Seeking early advice from the local public health unit has been shown to lead to shorter outbreaks.

Infection Control Measures to Prevent the Spread of Influenza

A key role of the Outbreak Coordinator is to ensure that all staff apply all of the required infection control precautions.

Influenza and other respiratory viruses can lead to widespread outbreaks of respiratory illness in residential aged care homes.

Influenza infections can be spread directly through the air, from the infected droplets released when patients cough or sneeze, or indirectly when people touch surfaces that have been contaminated by infected droplets.

Standard precautions, including hand hygiene, and diligent environmental cleaning are as important for respiratory outbreaks as they are for other outbreaks, such as 'gastro' outbreaks.

Additional precautions are required for respiratory outbreaks because of the risk of viruses spreading through droplets when ill residents cough or sneeze.

Reinforce Standard Precautions

Standard infection control precautions need to be practiced at all times, including following the national 5 Moments Hand Hygiene recommendations for washing hands.¹

1	BEFORE RESIDENT CONTACT	WHEN? WHY?	Clean your hands before touching a resident. To protect you and the resident against harmful organisms carried on your hands. * If the resident is a suspected or confirmed influenza case, see Additional measures below for PPE advice.
2	BEFORE ASEPTIC TASK	WHEN? WHY?	Clean your hands immediately before any aseptic task and before donning gloves. To protect the resident against harmful organisms, including the resident's own organisms, entering his or her body.
3	AFTER BODY FLUID EXPOSURE	WHEN? WHY?	Clean your hands immediately after an exposure risk to body fluids and after glove removal. To protect yourself and the care environment from harmful organisms.
4	AFTER RESIDENT CONTACT	WHEN? WHY?	Clean your hands after touching a resident and his or her immediate surroundings, when leaving. To protect yourself and the care environment from harmful organisms.
5	AFTER CONTACT WITH RESIDENT SURROUNDINGS	WHEN? WHY?	Clean your hands after touching any object or furniture in the resident's immediate surroundings, when leaving – even without touching the resident. To protect yourself and the care environment from harmful organisms.

- See the hand washing instructions poster *Wash your hands* (Influenza sheet R2).
- Hand hygiene must always be performed, regardless of whether gloves are used or not.
- Wash hands before and after using gloves.

¹ Adapted from World Health Organization (WHO) "5 Moments of Hand Hygiene" material.

Actions required

1. Ensure staff comply with standard hygiene procedures (standard precautions), particularly hand hygiene.
2. Talk with family, friends and visitors about the need for attention to hand washing to assist in infection control in your facility.
3. Ensure adequate supplies of liquid soap at wash basins and alcohol-based gel or hand rub in areas of high resident contact. Alcohol-based hand rub should not be used when hands are visibly soiled.

Additional measures – Droplet Precautions and Isolation

Successful respiratory outbreak management requires additional hygiene measures, including droplet precautions, isolating or cohorting of ill residents, and appropriate signage.

During outbreaks of respiratory illness such as influenza, droplet precautions are added to standard precautions because of the risk of spread from respiratory droplets. For influenza, people are at risk if they come within 1-2 metres of infected residents, unless they are using appropriate personal protective equipment (PPE).

The early implementation of droplet precautions to the infection control procedures helps to limit the spread of infection and reduce resident illness and mortality.

Actions Required

1. **Reinforce respiratory etiquette and hand hygiene**
 - Promote good cough and sneeze etiquette, and hand hygiene among residents and visitors. See Influenza resources R2 and R8.
2. **Isolate residents who are infected**
 - In individual rooms, multi-bed rooms, unit or wing. If an appropriate single room is not available, room sharing (cohorting) by residents with the same infection is acceptable.
 - Separation of beds and the use of physical barriers (such as curtains) can also reduce the risk of transmission.
 - Dedicated staffing where possible/practicable and minimise staff movement between affected and unaffected residents. Staff caring for ill residents should be up to date with their flu vaccination.
 - Dedicated equipment, including separate linen bags, should be reserved for ill residents.
 - Use appropriate signage at the entrance to rooms (see influenza sheet R6).
 - Transfer to hospital if condition warrants – advise receiving institution of the outbreak in the facility (see Resident Transfer Advice Influenza sheet R7).
 - Discuss additional measures with your local public health unit.

ISOLATION ROOM CHECKLIST (also see Influenza sheet R1)

- Hand-wash basin in room (hands-free operation if possible).
- Alcohol-based hand rub if hand washing facilities are not readily available.
- En-suite bathroom (shower, toilet, hand-wash basin) if available.
- Minimum one metre separation between beds in multi-bed rooms.
- Suitable container(s) for safe disposal of infective material, e.g. tissues, PPE.
- Room restriction signs outside entrance.

3. Manage staff with respiratory symptoms

- All staff should be asked to self-monitor for flu-like symptoms and report illness to the manager.
- Exclude all ill staff from work until well. They should also be advised to not work in other facilities.

4. Exclude unvaccinated staff

- Unvaccinated staff should only attend work if they are asymptomatic and either wearing a mask or taking appropriate antiviral prophylaxis.

5. Restrict contact

- Between ill and unaffected residents for at least 5 days after onset of symptoms.
- Minimise communal gatherings of unaffected residents, e.g. shared meal & lounge areas.
- If the outbreak is continuing to spread throughout the facility, then closing all communal areas may need to be considered, with residents receiving meals in their own rooms.
- Exclude non-essential staff from resident contact for the duration of the outbreak.
- Restrict visitors - warn them of risks and ask them to defer their visits.
- Place restriction notices at entrance to facility, isolation rooms, and in staff areas.

6. Increase personal protective measures

- Maintain hand hygiene before and after contact with each resident.
- Wear PPE - single-use face masks, gloves, disposable gowns - when caring for ill residents.
- Add eye protection (goggles or face shield) when collecting respiratory swabs for testing.
- Change PPE after contact with each ill resident.
- Hand hygiene must be performed thoroughly after removing gloves, mask and gown.

Cleaning and Laundry

Successful respiratory outbreak management also requires managing the risk from the environment which may become contaminated by viruses.

Cleaning and disinfection of all resident care areas is important. Frequently touched surfaces, especially those closest to the resident, are most likely to be contaminated (for example bedrails, bedside tables, commodes, doorknobs, sinks, surfaces and equipment in close proximity to the resident).

Influenza virus is inactivated by chlorine or by 70% alcohol, so cleaning of environmental surfaces with a neutral detergent followed by disinfection is recommended during an outbreak.

Actions Required

1. Increase the frequency of cleaning of resident rooms and common areas using standard products (i.e. neutral detergents, followed by a disinfectant).
2. Ensure appropriate numbers and placement of disposal units for tissues, masks, and other PPE.
3. Increase wiping of frequently touched surfaces with neutral detergent then disinfectant, e.g. hand rails, door handles, the nurses' station counter top.
4. Wear PPE when cleaning the rooms of ill residents (face mask, gloves, and disposable gowns) and when handling laundry items from the rooms of ill residents.

LAUNDRY CHECKLIST:

- Are laundry staff wearing appropriate PPE? (i.e. gloves and disposable gowns)
- Are there hand washing facilities in the laundry?
- Is there a dedicated sluice machine for potentially contaminated linen and clothes?

Respiratory Swab Collection

Immediate collection of respiratory swabs is essential for early identification of the causative organism – either viral or other pathogen.

It is important to contact your local public health unit for advice regarding what tests you should request for specimens collected. They may also advise you on which laboratory to use to assist with their surveillance. Always consult with the treating GP of the ill resident(s).

As a general rule, laboratory requests should include respiratory virus testing including influenza PCR.

The Outbreak Coordinator should create a Specimen Tracking Form and record all pathology tests requested. The Form should include resident/staff names, specimen date, type of tests requested and test results.

Refer to the information sheet *Respiratory Swab Collection (Collection 6)* for a guide to safely collecting nose and throat swabs for respiratory virus testing.

Note that respiratory swabs should only be collected by vaccinated staff using appropriate PPE, including the addition of **eye protection** (face shield or goggles).

Specimen tracking: update your Specimen Tracking Form as results of pathology tests become known.

If other pathogens are identified as the likely cause of an outbreak (such as other respiratory viruses or bacteria such as mycoplasma or legionella) you will need to discuss specific outbreak control measures with your local public health unit.

Actions Required

1. **Contact your local public health unit to discuss what testing is appropriate and where swabs should be sent.**
2. **Collect appropriate specimens – ideally use trained, vaccinated staff wearing appropriate PPE to collect the specimens – and store them appropriately until they are ready to be sent.**
3. **Arrange for transport of specimens to the recommended laboratory and ensure follow up procedures are in place to check on results.**

Antiviral medications during a Flu outbreak

Early initiation of antiviral treatment reduces the risk of complications and hospitalization in residents with confirmed influenza infections. Antiviral prophylaxis for well residents and staff during an influenza outbreak may be recommended in some settings.

The most useful antiviral medications for treating or preventing infection with influenza are neuraminidase inhibitors - oseltamivir (trade name: Tamiflu®) and zanamivir (trade name: Relenza®). Oseltamivir is given orally and is usually preferred in outbreak settings to zanamivir which is administered via an inhaler. See the Antiviral medications - Oseltamivir / Tamiflu information sheet - *Influenza resource R9*.

Medication safety issues including potential side effects and renal function/renal insufficiency must be appropriately considered when prescribing for treatment or for prophylaxis.

Antiviral treatment

Antiviral treatment should be initiated as soon as possible after the onset of symptoms. Evidence for benefits is strongest when treatment is started within 48 hours of illness onset. Some studies have indicated benefit, including reduction in mortality or duration of hospitalization, for patients whose treatment was started later.

In order to facilitate early case treatment in the context of an identified influenza outbreak, treatment on the basis of symptoms may be warranted in the absence of laboratory confirmation, particularly for residents with underlying medical conditions that place them at increased risk of a severe influenza infection.

Antiviral prophylaxis

There is a potential role for antiviral medications to be used as prophylaxis in the management of influenza outbreaks in RCFs, as an adjunct to all other control measures. The use of antivirals as prophylaxis needs to be weighed against the risk of side effects, such as nausea and vomiting. As there is some debate about when it is appropriate to use antivirals for prophylaxis it is best to seek advice from your local public health unit.

Use of antivirals requires forward planning, and consultation with, and participation of, visiting GPs. The decision to use antivirals in any particular outbreak will need to be made in consultation with the local public health unit. Antiviral medication can be costly and may not be readily available from local pharmacies.

When used for prophylaxis, antivirals are recommended for ALL asymptomatic residents (regardless of vaccination status) and ALL unvaccinated staff and must be commenced within a 24 hour period. Incomplete coverage of the facility with antiviral use will reduce the effectiveness of the intervention.

Actions Required

- 1. Organise treatment for ill residents with antivirals, in consultation with their GPs.**
- 2. When recommended by a local public health unit, undertake antiviral prophylaxis for ALL asymptomatic residents (regardless of vaccination status) and ALL unvaccinated staff.**

Public Health Unit Contact Details

The local public health unit should be contacted for assistance with and reporting of a suspected outbreak of influenza.

State wide number: 1300 066 055

This single number will divert to your local public health unit.

Your local public health unit can provide expert assistance with investigating and controlling an influenza outbreak.

Evidence from past outbreaks indicates that the duration and severity of outbreaks are significantly reduced when public health units are involved early in the outbreak.

Further contact details for specific NSW public health units are provided on the NSW Health website: <http://www.health.nsw.gov.au/Infectious/Pages/phus.aspx> .

Preparing for Outbreaks: Flu Outbreak Management Plan

The best way to prepare for possible outbreaks of influenza and other infectious diseases is to prepare a Flu Outbreak Management Plan and ensure there is a small stockpile of stores.²

Key features of a Flu Outbreak Management Plan

1. Preparedness

- Be alert to a possible influenza outbreak – advise staff to report all cases of influenza-like illness (ILI) so that cases can be monitored and an outbreak identified as early as possible.
- A potential outbreak of influenza is where **three (3) or more cases of influenza-like illness (ILI) in residents or staff within 3 days**.³ An outbreak is confirmed when, in addition, one or more people have laboratory confirmed influenza.
- RCFs require a system to ensure timely recognition of a potential influenza outbreak e.g. daily review of illness reports from across the facility.

2. Reporting an outbreak – maintain documents for all streams of reporting, including:

- Facility management.
- Outbreak Coordinator.
- Notify your local public health unit.
- Inform residents, relatives and visitors.
- Update the PHU daily on the status of the outbreak and send an updated line list with any new cases.
- Transfer of a resident to a hospital or another facility.
- Inform all staff, including cleaners, laundry and kitchen staff, personal care attendants.
- Notify visiting GPs and allied health care workers, contractors (especially laundry contractors).

3. Responding to an outbreak

- Nominate an Outbreak Coordinator – provide with Checklist.
- Hold an Outbreak Management Team meeting – confirm roles and responsibilities.
- Confirm the cause of the outbreak – review clinical features of the outbreak with the medical practitioner and PHU.
- Collect respiratory swabs from residents with acute symptoms, usually 4-6 residents.
- Ask for advice – advise the PHU immediately and consult an infection control specialist as required.
- Implement infection control to prevent further spread – minimise group activities; isolate or cohort infected residents; exclude staff with symptoms until well.
- Modify infection control based on cause of outbreak.
- Document staff and resident illness daily – update the Outbreak Monitoring Line List.

4. When an outbreak is declared over

- Complete a Summary Report and retain outbreak records at the facility.
- Evaluate your facility's response to and management of the outbreak to identify what could have been done better. Consider conducting a structured de-brief.

² For a list of outbreak stores see the Flu Outbreak Preparedness Kit, Page 11.

³ Note that this is different to the gastro outbreak definition – 2 or more cases in 24 hours.

Flu Outbreak Preparedness Kit [4]

A Flu Outbreak Preparedness Kit should be assembled by the Outbreak Coordinator in preparation for a respiratory outbreak. The items listed in this Kit will be essential during an outbreak of Influenza.

Prevent spread

Adequate supplies of Personal Protective Equipment, including:

- Single-use surgical face masks.
- Protective eyewear.
- Extra liquid soap and alcohol-based hand gel/rub.
- Gloves.
- Disposable gowns.
- Disposable aprons.
- Tissues.

Extra supplies of cleaning equipment, including:

- Alcohol wipes (min.70%).
- Detergents.
- Bleach (NB: check expiry date).
- Containers for disposing items, separate linen bags.

Resources for the Outbreak Coordinator

- Flu-Info Kit.
- Outbreak Management Plan.
- NSW Health influenza resources.

Notification details and legislation

- List of notifiable parties and relevant contact details.
- GP contact list.
- Legislation listing notifiable parties for your jurisdiction.

Documentation - Templates for recording information, including:

- Resident/Staff Outbreak Monitoring Line List Forms – used for tracking and reporting symptomatic residents or staff (see the template *Resident/Staff Outbreak Monitoring Line List*, page 13).
- Photocopies of the relevant information sheets and posters.
- Copy of the Flu Outbreak Management Plan.
- Details of residents and staff at higher risk of influenza complications.
- Specimen Tracking Form.

Collect specimens

- Viral swabs for respiratory testing.
- Pathology request forms.
- Disposable spatulas.
- Water proof bags.

External resources

It may be appropriate to store instructions within the Flu Outbreak Preparedness Kit for the location of certain items that are not suited for storage in the Kit and more detailed guidelines for reference. For example these could include:

- Communicable Disease Network of Australia: Guidelines for the Prevention and Public Health Management of Influenza Outbreaks in Residential Care Facilities in Australia (2017) – Australian Department of Health
- NHMRC Australian Guidelines for the Prevention and Control of Infection in Healthcare (2010) – Australian Government.

⁴ Note that it is important to monitor the expiry dates of many of these items.

Outbreak Management Plan Template

The purpose of this document is to allow you to tailor the contents and instructions of the Flu-Info Kit to your individual RCF. Please complete the applicable fields and use this document in conjunction with the Flu-Info Kit in the event of an outbreak.

Name of Facility:				
Person / Position responsible for monitoring Outbreak Management Plan:				
Status of Plan	Date	Printed Name of Owner	Signature of Owner	Expected Review
NEW				
REVIEW				
Training Session	Date of Session	Printed Name of Owner	Signature of Owner	Date of Next Session
ALL STAFF				
NEW STAFF				

PREPAREDNESS:			
Location of the Flu-Info Kit during a non-outbreak period:	Location:		
Who are the senior nursing staff and what are their contact details?	Name: Position:	Name: Position:	
Who could be appointed as an Outbreak Coordinator?	Name: Position:	Name: Position:	
Which staff members could be delegated by the Outbreak Coordinator?	Name: Position:	Name: Position:	
Which staff members will be assigned to specific activities?	Caring for residents Name: Position: Name: Position:	Cleaning Name: Position: Name: Position:	Kitchen Name: Position: Name: Position:
Method used to advise management of the occurrence of an outbreak	Method:		
Location of the Outbreak Management Plan during a non-outbreak period	Location:		
Location of Flu Preparedness Kit and outbreak stores during a non-outbreak period?	Location:		
Contact details of the local public health unit	Organisation: Telephone::	Email	

RESPONDING TO AN OUTBREAK:	
Copies of information sheets and posters from the Flu-Info Kit	Number of information sheets: Number of Posters:
Location of information sheets and posters (e.g., hallways, kitchen, communal area)	Locations:

Additional procedures to manage the outbreak	
Location of extra stores of soap, alcohol based gel or hand rub and paper towels	Location:
Potential room(s) that could be utilised as isolation rooms if there should be a need	Room(s):
Resident transfer sheets - include information about status of influenza outbreak	Yes/No:

Specimen collection	
Laboratory we will contact to alert about the investigation of an outbreak and to submit specimen samples.	Organisation name: Contact Person: Telephone: Fax: Email:
Location of specimen examination request forms.	Location:
Method for tracking which tests are carried out and how to obtain the results of these tests (e.g. specimen tracking sheet).	Method:
Location of viral (green) swabs for nose and throat specimen collection.	Location:

Resident/Staff Outbreak Monitoring Line List: Example

Your local public health unit will require a monitoring line listing form as part of the outbreak investigation. The public health unit may have its own form, which you should use. If not, the following is an example and represents the information usually required.

Update Daily and FAX Each Weekday to your local public health unit.

FACILITY NAME: Grey Ridge Residential Care Home										DATE SENT TO PUBLIC HEALTH UNIT: 14/03/2015									
TELEPHONE: 02 9876 5432					FAX: 02 9876 5431					EMAIL: DON@greyridge.com.au									
FORM COMPLETED BY: Margaret Smith, DON																			
FACILITY AREA(S) AFFECTED: ANZAC Wing										DATE OUTBREAK DECLARED: 14/03/2015					DATE OUTBREAK DECLARED OVER: Pending				
No.	Name (Surname, Initial)	Staff (S) or Resident (R)	Sex (M/F)	Age (Yrs)	New Or Worse Cough Y/N	Fever Y/N	Sore Throat Y/N	Joint Pain Or Muscle Ache Y/N	Extreme Fatigue Y/N	Runny Nose Y/N	Other Symptom (or NONE)	Date First Onset of Symptom DD/MM	Date Swab Test Taken DD/MM	Test Results	Date of Last Flu Vaccine MM/YY	Date Antiviral Started DD/MM	Date of Recovery DD/MM	Date Resident Admitted to Hospital DD/MM	Resident Date of Death DD/MM
1	Jones, B	R	F	78	Y	N	Y	Y	Y	N	None	11/03	12/03	Flu A positive	04/15	12/03	15/03	N/A	N/A
2	Potter, H	R	M	81	Y	Y	N	Y	Y	N	SOB	12/03	13/03	Pending	03/14	N/A	N/A	13/03	14/03
3	Donne, J	S	M	41	Y	Y	Y	Y	Y	Y	None	14/03	14/04	Pending	N/A	N/A	N/A	N/A	N/A
4																			
5																			
6																			
7																			
8																			
9																			
10																			
11																			
12																			

EXAMPLE ONLY

Resident Outbreak Monitoring Line List - Template

Your local public health unit will require a monitoring line listing form as part of the outbreak investigation. The public health unit may have its own form, which you should use. If not, the following is an example and represents the information usually required.

Update Daily and FAX Each Weekday to your local public health unit.

FACILITY NAME:										DATE SENT TO PUBLIC HEALTH UNIT:									
TELEPHONE:					FAX:					EMAIL:									
FORM COMPLETED BY:																			
FACILITY AREA(S) AFFECTED:										DATE OUTBREAK DECLARED:					DATE OUTBREAK DECLARED OVER:				
No.	Name (Surname, Initial)	Staff (S) or Resident (R)	Sex (M/F)	Age (Yrs)	New Or Worse Cough Y/N	Fever Y/N	Sore Throat Y/N	Joint Pain Or Muscle Ache Y/N	Extreme Fatigue Y/N	Runny Nose Y/N	Other Symptom (or NONE)	Date First Onset of Symptom DD/MM	Date Swab Test Taken DD/MM	Test Results	Date of Last Flu Vaccine MM/YY	Date Antiviral Started DD/MM	Date of Recovery DD/MM	Date Resident Admitted to Hospital DD/MM	Resident Date of Death DD/MM
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
11																			
12																			

Staff Outbreak Monitoring Line List - Template

Your local public health unit will require a monitoring line listing form as part of the outbreak investigation. The public health unit may have its own form, which you should use. If not, the following is an example and represents the information usually required.

Update Daily and FAX Each Weekday to your local public health unit.

FACILITY NAME:										DATE SENT TO PUBLIC HEALTH UNIT:									
TELEPHONE:					FAX:					EMAIL:									
FORM COMPLETED BY:																			
FACILITY AREA(S) AFFECTED:										DATE OUTBREAK DECLARED:					DATE OUTBREAK DECLARED OVER:				
No.	Name (Surname, Initial)	Staff (S) or Resident (R)	Sex (M/F)	Age (Yrs)	New Or Worse Cough Y/N	Fever Y/N	Sore Throat Y/N	Joint Pain Or Muscle Ache Y/N	Extreme Fatigue Y/N	Runny Nose Y/N	Other Symptom (or NONE)	Date First Onset of Symptom DD/MM	Date Swab Test Taken DD/MM	Test Results	Date of Last Flu Vaccine MM/YY	Date Antiviral Started DD/MM	Date of Recovery DD/MM	Date Resident Admitted to Hospital DD/MM	Resident Date of Death DD/MM
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
11																			
12																			