

Guidelines for Establishing a Fever Clinic

During an Influenza Pandemic

Annex to the
Western Australian Health Management Plan
for Pandemic Influenza

**GUIDELINES FOR
ESTABLISHING A
FEVER CLINIC
DURING AN INFLUENZA
PANDEMIC**



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GUIDELINES FOR ESTABLISHING A FEVER CLINIC DURING AN INFLUENZA PANDEMIC

1.0 OVERVIEW

These Guidelines provide a framework for Area Health staff who will be responsible for the establishment of Fever Clinics. They form an Appendix of the Western Australian Health Management Plan for Pandemic Influenza (WAHMPPI) and will be updated as required. Changes will be necessary in the event of pandemic influenza depending on the phase of the pandemic, the nature of the virus, and its clinical and epidemiological presentation. However, the Communicable Disease Control Directorate (WA Health) will provide advice at that time.

Fever Clinics have a key role to play in the organised response to an influenza pandemic in Western Australia (WA). Each Area Health Service should have the capability to provide one or more Fever Clinics depending on the stage and extent of the pandemic and demographics of the area. The role of these Clinics will be different at each stage of an influenza pandemic while the level of resources necessary to operate Fever Clinics will be dependent on the stage of the pandemic and the demand in the community.

Fever Clinics are facilities where patients with symptoms of pandemic influenza and contacts of pandemic influenza can be assessed and managed to minimise influenza transmission in the community and in other health care settings. Fever Clinics are used to reduce:

- transmission in hospitals and community medical practices
- demand on primary health care services from large numbers of patients presenting for assessment
- community transmission, through early management of infectious cases.

In the **containment stage** of a pandemic, when only localised clusters of influenza are occurring in the community, Fever Clinics will be vital to the rapid identification of suspected and confirmed cases, thus allowing the spread of the disease to be delayed through case isolation, rapid treatment and the provision of antivirals to those at risk, education and information, and infection control practices.

In the post-containment stage (**maintenance of essential services**), when widespread transmission is occurring in the community, Fever Clinics will provide standardised assessment, triage and management of patients with suspected influenza in accordance with agreed national and State protocols. Cases will be streamed for care at home, with varying levels and types of follow-up, for intermediate care in staging facilities, or for admission to hospital.



2.0 OBJECTIVES

The Objectives of Fever Clinics are to:

- provide assessment and management of suspected and confirmed cases of pandemic influenza
- collect epidemiological and clinical data on cases to inform clinical management and public health decisions
- decrease patient presentations to Hospital Emergency Departments and general practices, thereby allowing those facilities to continue their core business and reducing the risk of transmission within those settings
- minimise the number of health care workers exposed to patients with influenza
- maintain optimal infection control practices.

3.0 ACTIVATION OF FEVER CLINICS

The activation of Fever Clinics is the responsibility of the State Human Epidemic Controller. Activation will occur following the implementation of border control measures and consultation with Area Health Service Chief Executives. Upon activation within a geographical location, Area Health Services are to make Fever Clinics fully operational within 24 hours. Triggers for activation are contained elsewhere in the WAHMPPI.

During the pandemic alert stage (Australian Phase 3), Area Health Services should anticipate the need for Fever Clinics to become operational at short notice and should begin preparing the identified sites for use.

4.0 PUBLIC COMMUNICATIONS

Communication will be carried out in line with the National and State Communication Plans for Pandemic Influenza. Media communication will be essential to inform the population about the role of Fever Clinics in the differing stages of the pandemic, maintain an orderly and appropriate response and avoid panic. Key messages regarding the overall approach to the pandemic will be the responsibility of Public Affairs, WA Health. Public Affairs will work with Area Health Services to assist with informing local communities either in a targeted or general way about Fever Clinics, their purpose and their location.

5.0 DOCUMENTATION

The Commonwealth Government (Office of Health Protection) is responsible for developing a nationally coordinated Outbreak Management System (OMS) to collect necessary epidemiological information in the event of an influenza pandemic.

The most efficient system will be if data can be entered into the database system at the Fever Clinic during registration and then at appropriate points throughout the assessment and treatment process. However, paper based documents will need to be

1 Australian Health Management Plan for Pandemic Influenza 2006, Australian Government, Department of Health and Ageing, & WA Health Management Plan for Pandemic Influenza

available so that information can be collected and entered at a later date if necessary. See Appendices 3 & 10 for examples of patient data collection forms. The type of database developed and the availability of computer systems may result in different documentation than those outlined in the Appendices.

6.0 LOCATION

In choosing a site for a Fever Clinic, consideration should be given to the following:

- Close proximity, preferably within walking distance, to a designated influenza hospital. This may be a community centre near the hospital or a temporary or permanent structure on the hospital campus, but separate from Emergency Department and wards areas, e.g. hospital car park, outpatient clinic.
- Capacity for expansion, both buildings and/or space for temporary structures and utilities.
- Areas for secure storage of pharmaceuticals and equipment.
- Accessible by public transport.
- Vehicular access and adequate car parking with separate, clearly designated parking areas for staff, service and patient vehicles.
- Reception and waiting areas (internal and external, undercover) are required where social distancing can be maintained. Outdoor areas are preferable from an infection control point of view, however, adequate shelter from all weather conditions is essential.
- Existing adequate ventilation of all enclosed spaces.
- Paths or walkways between the various 'stations' which are suitable for all weathers and the transport of sick patients in wheelchairs if necessary.
- Secure perimeter fencing, temporary if necessary.
- Preferably a location which the community already trusts and accepts.
- Ability to get appropriate insurance cover for clinical activities.

7.0 LAYOUT

Layout of a Fever Clinic will be largely influenced by the buildings and area available. However, to avoid contamination between patients, the following layout features are important:

- Barriers, signs and staff to ensure a unidirectional flow of patients from entry to exit.
- Space and signage to ensure one metre distance between patients at all times.
- Flexibility to allow epidemiologically linked groups to stay together, e.g. families, people from the same residential facility.
- Separate waiting and assessment areas for patients who meet the case definition of pandemic influenza and those who do not meet the case definition.



- Holding areas for patients requiring transport to hospital or assistance with discharge.
- Areas for mass briefing of patients when one-to-one patient-clinician interaction is not essential.
- Adequate spacing in patient treatment areas for ease of movement and ventilation, while ensuring privacy for consultation.
- Designated staff eating and rest areas out of public view.
- Designated changing area for staff, and for putting on and taking off PPE in line with infection control best practice.

8.0 UTILITIES

A plan for utilities and communications is essential in the preparation for establishing Fever Clinics that considers the following features:

- Reliable water and electricity supply, heating and cooling, adequate hand washing facilities, ventilation systems, ablutions, storage space, and access to telephone and computer networks.
- Air conditioning may be used for heating/cooling and cross ventilation as transmission occurs via droplet spread and contaminated surfaces, not via air conditioning.
- Large quantities of medical and regular waste will be generated, so provide secure covered storage bins and frequent waste collection services.
- Separate toilets for staff and patients who meet the case definition of pandemic influenza, and those who do not meet the case definition.
- Adequate external communications between the Fever Clinic and sites such as the local hospital and Communicable Disease Control Directorate are essential. Access points where data can be collected and entered into the state-wide surveillance data collection system need to be identified.
- Communication devices, e.g. mobile phones or two-way radios, for staff communication between all Fever Clinic stations.

9.0 STAFF

The numbers and mix of staff for Fever Clinics will be dependent on the stage of the pandemic, the availability of staff and the community demand in each situation. It is anticipated that a possible pool of volunteers will become available using retired nurses, medical and nursing students, dentists, etc., and that legislation will be updated in the event of a pandemic to allow these people to work in these settings.

The following staff requirements and time estimates will be useful in initial planning and establishment of each Clinic, which can then be varied or adjusted accordingly. Draft role statements for staff positions are included as Appendix 1.

- All staff working in Fever Clinics will be provided with antiviral prophylaxis medication prior to commencing work.
- Average processing times for patients excluding waiting time is estimated at around 4 to 5 minutes for triage and 15 minutes for primary assessment. However these times will vary depending on the complexity of individual cases.
- Economies of scale can be achieved by providing group antiviral education, pre-discharge education and dispensing sessions at regular intervals by a designated clinician.
- When the clinic is busy, managers will be required for triage and assessment areas as well as the overall site.
- At least one medical officer is necessary at each Fever Clinic to provide overall clinical coordination, advice and expertise specifically where complex patients require assessment and management.
- Adequate administrative and data entry staff are needed to manage all administrative functions at each of the stations and assessment/clinic areas within the clinics.
- Patient support assistants are required for each area to carry out cleaning and waste removal functions, as well as to assist with patient direction and flow monitoring, and hand washing and mask wearing information for all patients.
- Security staff may be required for managing patient queues, issues with inappropriate demand for antiviral medication and staff safety.
- Triage should be staffed/managed by public health trained personnel who have experience in applying public health case definitions. If staff with these skills are not available, triage staff need to be trained in public health triage and have easy access to a public health consultant.
- Primary medical assessment needs to be staffed by clinicians with assessment skills.
- Role delineation of staff is important. This may need to be done with colour-coded markings or disposable theatre caps, as use of name badges or colour-coded uniforms is not possible with personal protective equipment (PPE).
- All staff require orientation to their role and appropriate training. They also require briefing at the beginning of each shift as case definitions and clinical protocols are likely to change rapidly.
- Working in PPE is hot and tiring. Staff need frequent breaks (about hourly) when they can remove their PPE, and short shifts of about 4 hours.
- The Health Protection Group (WA Health) has a state-wide volunteer database to centralise volunteer staff recruitment and prevent duplication.



10.0 INFECTION CONTROL

Adherence to the fundamental principles and practices of infection control is a major strategy to contain the spread of the influenza virus in the event of a pandemic.

The main principles are to limit contact between infected and non infected patients, protect people caring for influenza patients and contain infectious respiratory secretions. These must be reinforced as essential through knowledge and practice in all Fever Clinic settings.

The following are recommended requirements to be adopted within the context of the Australian Health Management Plan for Pandemic Influenza (AHMPPI) Infection Control Guidelines for Pandemic Influenza in Healthcare and Community Settings²:

- Pre-assessment of the site should be undertaken by an Infection Control expert so that site specific issues can be identified and advice given.
- Infection Control (IC) training and routine briefing and practice is essential for all Fever Clinic non-clinical and clinical staff prior to and ongoing during operation of clinics.
- Adequate signage is important to remind staff of correct IC practices, and should be positioned in all relevant areas.
- Adequate provision of PPE is required including a range of sizes, latex-free gloves, visors and caps.
- Clear demarcation of clean and contaminated areas must be understood by staff, and signage provided.
- Frequent rest breaks are needed for staff to ensure maximal compliance with PPE.
- Adequate staff are required to ensure frequent cleaning of equipment and contaminated surfaces.
- Frequent positioning of educational materials, tissues, bins, hand-rub, clean masks and signage with instructions is needed in patient areas.
- Guidelines for drinking and eating must be clear to staff and patients. Patients must not eat while in the clinic. Drinking should be permitted where dehydration is a problem. However, suitable infection control measures such as hand hygiene and mask changing are critical after drinking to limit any contamination with infectious respiratory secretions. Separate areas are needed for staff to eat and drink away from clinical areas as noted in Section 5.0 (Layout).
- Management of IC issues with children while in Fever Clinic needs practical planning depending on the site and layout. Parents will need information and assistance to reduce possible contamination when they have active children in the clinical areas. Children must be kept off the floor and their movement restricted to minimise risk of contamination.
- Surgical masks and hand washing facilities for patients must be made available at entry to the site as well as throughout all areas.

² Interim Infection Control Guidelines for Pandemic Influenza in Healthcare and Community Settings (June 2006)
Annex to Australian Health Management Plan for Pandemic Influenza

11.0 OPERATION

When planning a Fever Clinic, it is useful to categorise the clinic's operations into core and support (non-core) functions. Core functions include all interactions that directly facilitate patient assessment or treatment and occur at core stations (see flow chart at Appendix 2). Support functions include all processes that are critical in supporting the core functions.

CORE FUNCTIONS

11.1 Greeting

The greeting station at the Fever Clinic has multiple functions and should be adequately staffed by **Patient Support Assistants (PSA)** or personnel with basic clinical skills. The functions of the “greeters” include:

- Directing patients into the clinic.
- Screening the crowd (visually and/or via direct questions) for obviously ill patients who require immediate triage and medical assessment.
- Directing patients to wash hands and don a surgical mask.
- Instructing patients to stay at least one metre away from others (unless they are in a family or contact groups).
- Directing patients to the triage station.
- Providing patients with basic outline of the process of the clinic operation, potential waiting times, and requirements regarding eating, drinking, and smoking.

11.2 Triage

Triage at a Fever Clinic is a modified sorting process to decide quickly where patients should be referred based on the case definition. Triage should be staffed by **clinicians (i.e. nurses)** trained in applying the public health case definition.

- Strict adherence to the public health case definition is essential.
- The patient's temperature should be taken at the triage station preferably with infra-red thermometers with disposable probe covers.
- Patients who meet the case definition are sent to the flu clinic.
- Patients who do not meet the case definition but require further assessment are sent to the non-flu clinic.
- Patients who are legitimate contacts of confirmed cases are sent to the dispensing station in the non-flu area via the administrative officer in the non-flu waiting area.
- Patients who do not meet the case definition and require no further assessment are sent home with appropriate information following collection of their demographic details at registration in non-flu waiting area.
- Patients who arrive in family groups or groups including children or adults who cannot function independently e.g. disabled, frail elderly, need to be kept



together. If one member of the group meets the case definition the group as a whole should be triaged to the flu clinic.

- Once triaged all patients are given their forms and directed to the appropriate registration and waiting areas.

11.3 Registration and Waiting Areas

Patients are given their patient record forms at triage and asked to progress to an **administrative officer** in the appropriate waiting area where they are registered. Examples of forms are available at Appendix 3.

- At each waiting area the **administrative officer** can assist patients with completing their forms if necessary and directing them to the clinic when appropriate. Where possible, this information should be directly entered into the nationally coordinated Outbreak Management System (OMS) by the administrative officer before patients progress to the assessment clinic.
- Patients who require no further assessment receive information to take home at this point, following collection of essential demographic information.
- The remainder are asked to fill out demographic and contact details on their documents while waiting to be seen.
- Where patients present as a result of contact tracing by the local Public Health Unit and have no symptoms of influenza identified at triage, verification of contact codes should be done by the administrative officer and the patient directed to the dispensing area in the non-flu clinic.
- Clinic waiting areas must be laid out so that patients can sit at least one metre away from each other.

11.4 Primary Assessment

Primary assessment, co-morbidity assessment and clinical indicator assessment will be based on the National Pandemic Influenza Clinical Guidelines.³ **A nurse or specially-trained medical or nursing student** may conduct this assessment. These staff will require the advice and support of a **medical practitioner** for complex cases.

- Staff must be adequately trained in the use of the case definition and clinical pathways. See Appendix Q 4 for draft clinical pathways.
- Primary medical assessment comprises a history of current symptoms and co-morbidities, and physical examination for specific clinical indicators. There is a different set of co-morbidities and clinical indicators for adults and children.
- In the early containment stages, patients who meet the case definition of pandemic influenza should have two nose swabs and a throat swab taken. Infection control precautions in the taking of these swabs are important. They include asking the patient to remove their mask and replacing it with a new one after the procedure,

³ Interim National Pandemic Influenza Clinical Guidelines (June 2006); Annex to Australian Health Management Plan for Pandemic Influenza

and standing to one side of the patient when taking the swab to limit any contact with secretions should they cough/sneeze during the procedure.

- Guidance on pathology specimen collection and support will change as the pandemic develops. Information will be provided to Fever Clinics regarding these details at the time. However clear identification and labelling is essential, and use of pre-printed labels should be considered.
- Patients who meet the case definition of pandemic influenza and patients who are legitimate contacts need to be asked about contraindications for anti-influenza medication. Medication will be dispensed by individual clinicians in the flu clinics or, if more efficient, in busy times by a designated staff member following mass education sessions.
- Patients who require secondary medical assessment because of the presence of co-morbidities and/or abnormal clinical indicators should be given their first dose of anti-influenza medication before being transferred.

11.5 Transport Assistance

Patients requiring further assessment may require transport to a secondary assessment centre. Assistance may take the form of a walking escort, wheelchair or motor vehicle (including ambulance) depending on the patient's condition and co-morbidities, and the distance between the Fever Clinic and the secondary assessment centre. Some patients discharged to home isolation may require patient transport services.

- A local Transport Plan needs to be developed for each Fever Clinic with St. John Ambulance, the local hospital, local government authority and appropriate volunteer organisations.

11.6 Contact tracing (containment phase only)

During the containment phase, patients who fulfil the clinical case definition of pandemic influenza will need to have a contact history taken so that close contacts can be offered antiviral prophylaxis and be monitored.

- Definition of a contact is likely to change once the transmission characteristics of the pandemic strain are known and depending upon the stage of the pandemic. A more sensitive definition may be used in the early containment stages and a less sensitive definition in later stages. However, contacts will include people who have had within one metre contact with an infectious case including physical contact, or exposure to their respiratory droplets or secretions.
- Public Health Units will be required to follow up and monitor contacts identified through the Fever Clinic.
- Access and ability to use the Outbreak Management System will be critical to the efficient transfer of information between the Fever Clinic and the Public Health Units and CDCD.
- Protocols for contact tracing can be found in the WAHMPPPI Appendices.



11.7 Information Provision/Briefing

All patients who are assessed as being suitable to be sent home should be provided with information as per Appendices 5 to 9 by the assessment clinician, or attend a briefing if this is considered a more efficient means of information provision. Briefings/information provision may improve compliance with medical advice, and reduce patient anxiety and unnecessary re-presentation at Fever Clinics and other health care settings. If mass briefings are considered appropriate:

- Separate briefings are required for patients who meet the clinical case definition of pandemic influenza and those who do not.
- Where possible, briefings should take advantage of the standardisation and flexibility provided by pre-taped video/audio presentations, although these require additional resources and technical support (e.g. translation into multiple languages).
- The size and number of briefing rooms and the duration of briefings may limit the maximum rate of patient flow. This needs to be taken into account when setting up a Fever Clinic.

11.8 Dispensing

Each Fever Clinic should have access to supplies of antiviral medication in order to dispense to staff, and suspected pandemic influenza cases and their contacts. The draft clinical document related to the indications and prescription of antivirals is contained in the draft document at Appendix 10.

- Dispensing arrangements will be put in place in the event of a pandemic which will specify roles and responsibilities as they relate to dispensing antiviral medications.
- Patients being referred for secondary assessment should be given the first dose of antiviral by the assessment clinician before transfer.
- Patients who are legitimate contacts of confirmed cases and require prophylactic antivirals should be directed to the dispensing station in the non-flu area. Large clinics with sufficient staff may have a designated staff member to dispense medications following a mass education and information session.
- Patients who are suspected cases and require treatment dosing of antivirals may receive this directly from the clinician or be directed to the dispensing area in the flu clinic. Large clinics with sufficient staff may have a designated staff member to dispense medications following a mass education and information session.
- All Fever Clinics plans should include some mechanism for quality assurance, such as designating a pharmacist or other health care professional to monitor the accuracy with which antivirals are being dispensed.
- Security measures will need to be considered, appropriate to each situation.

11.9 Form Collection and Exit/Discharge

Form collection and exit may be managed by the individual clinicians and/or the administrative officer, or specific exit staff may be needed depending on workload within each Fever Clinic.

- Exit staff could play a valuable role in quality assurance, in ensuring appropriate disposal of masks and hand washing on exit, in reinforcing information and in checking contact information for follow up.
- This is also the point at which issues around welfare/social support might best be addressed for those who require it. Mechanisms need to be in place to facilitate this through collaboration with other agencies such as local government and the Department for Community Development.

SUPPORT FUNCTIONS

11.10 Equipment Inventory, Preparation, and/or Re-supply

A range of clinical equipment is necessary to run a Fever Clinic. The following should be considered:

- Support staff at each Fever Clinics need to be responsible for restocking stations within the clinics with equipment and consumables, e.g. stationary, PPE, tissues, alcohol hand-rub etc.
- When antivirals are being dispensed from Fever Clinics, a pharmacist is required to monitor storage conditions and stock levels.
- A variety of sizes of PPE will be necessary as well as latex-free gloves for those staff requiring them.
- Paediatric size clinical equipment must be available for assessment of children who attend the clinic.
- One set of clinical tools is necessary for each clinical assessment 'cubicle' which requires disinfection in between each patient.
- Easily visible clocks with a second hand are necessary as clinicians cannot wear wristwatches while wearing PPE.

11.11 Patient Traffic Directors

Fever clinic sites, entry and exit points and directional flow must be identified using appropriate signage (e.g., using relevant languages in areas with non-English speaking populations). Inside the Fever Clinic, personnel are needed to help direct patients from station to station and to assist in managing crowds if bottlenecks form.

11.12 Data Management

Fever Clinics will use the standard forms provided to record patient information. Draft copies are attached as Appendices to this document. Facilities need to be available to provide a duplicate so patients can take a copy of their assessment with them if necessary. Data from forms needs to be entered into a nationally coordinated Outbreak Management System at the completion of a clinical encounter.



11.13 Translation services

Planning for translation services requires identification of culturally and linguistically diverse (CALD) groups and appropriate translation services (which may include telephone as well as face-to-face interpreting).

11.14 Communications/Information Technology Support

As noted in section 6.0 Utilities, secure and reliable communication links inside each Fever Clinic, between different Fever Clinics in a given community, and from Fever Clinic to the local hospital are critical. In addition, key Fever Clinic operations including inventory management and data entry may require computer support and secure Internet access for Web-based services.

11.15 Food and Drink Service

All Fever Clinics need to provide drinking water and disposable cups for patients. Staff need access to food, beverages and designated eating areas which are out of public view.

11.16 Facilities Maintenance

This includes cleaning of Fever Clinics, maintenance of toilet facilities for staff and patients, as well as facilities and staff for proper disposal of contaminated medical waste.

11.17 Security

As noted previously, Fever Clinic security includes maintaining crowd control both outside and inside the clinic, as well as securing medication stocks, confidential patient information, and communication and computer equipment. Additionally, security staff may be needed to ensure the personal safety of clinic staff. While the past several years have seen increasing attention by the public health community to these security needs for mass prophylaxis campaigns, there is, as yet, no consensus on the number of individuals required to achieve these goals. One approximation (derived from live exercises at several U. S. sites) is that for every four to five core staff assigned to the Fever Clinic, there should be approximately one security staff.

12.0 CONCLUSION

These Guidelines are provided as a practical framework for establishment of Fever Clinics in the containment phase of a pandemic of influenza in Western Australia. The role of these Clinics will be different at each stage of an influenza pandemic, while the level of resources necessary to operate Fever Clinics will be dependent on the stage of the pandemic and the demand in the community. However, the challenges of establishing and implementing a Fever Clinic, such as infection control, staffing and access to suitable sites with the necessary features, will be lessened by adherence to this basic framework in preparing for a pandemic.



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APPENDIX 1

ROLE STATEMENT REGISTERED NURSE LEVEL 2 FEVER CLINIC MANAGER

PROFESSIONAL DUTIES

- Manages and directs the provision of care to patients attending the Fever Clinic
- Supports other staff at the Fever Clinic and monitors their care of clients attending the Fever Clinic
- In consultation with the Medical Officer, oversees the provision of case management planning and facilitates appropriate follow up and contact tracing
- Responsible for the operation of the Fever Clinic in line with the agreed policies and procedures for clinical management and infection control as outlined in the AHMPPI⁵
- Applies knowledge and skills in the assessment of clients attending the Fever Clinic according to the agreed clinical case definition
- Responsible for liaising with other agencies and staff necessary for the successful operation of the Fever Clinic
- Under the supervision of the Medical Officer, oversees the administration of antiviral medication for prophylaxis and post exposure as necessary
- Oversees the data collection and epidemiological surveillance on influenza associated with the operation of the Fever Clinic
- Responsible for ensuring, as far as practicable, the provision of a safe working environment in consultation with staff under their supervision
- Practices within infection control guidelines and monitors use of Personal Protective Equipment (PPE)
- Monitors and ensures availability of supplies and equipment
- Coordinates the shift activities of the Fever Clinic.

ADMINISTRATIVE DUTIES

Responsible for coordinating the timely management of data management and record keeping as required.

GENERAL DUTIES

Other duties as directed by []

⁵ Australian Health Management Plan for Pandemic Influenza

APPENDIX 1 continued

SELECTION CRITERIA

ESSENTIAL MINIMUM REQUIREMENTS

1. Current registration in Division One of the Nurses Board of WA
2. Recent relevant nursing experience
3. Demonstrated knowledge and understanding of methods for controlling and preventing communicable diseases including current infection control principles and practices
4. Demonstrated effective communication and interpersonal skills
5. Experience in managing a small clinical team environment
6. Demonstrated computer literacy
7. Current knowledge and commitment to Equal Opportunity in all aspects of employment and service delivery.



APPENDIX 1 continued

ROLE STATEMENT REGISTERED NURSE LEVEL 1 FEVER CLINIC

PROFESSIONAL DUTIES

- Conduct triage and assessment of clients attending the Fever Clinic according to the agreed clinical case definition
- Manage a patient case load as allocated by the Fever Clinic manager
- In consultation with the Medical Officer, provide case management planning and facilitate appropriate follow up and contact tracing
- Under the supervision of the Medical Officer, administer antiviral medication for prophylaxis and post exposure
- Assist with the data collection and epidemiological surveillance on influenza in Western Australia
- Practice within infection control guidelines and recommendations for PPE use
- Monitor and ensure availability of supplies and equipment.

ADMINISTRATIVE DUTIES

Responsible for the timely management of client data management and record keeping as required.

GENERAL DUTIES

Other duties as directed by the Fever Clinic Manager.

SELECTION CRITERIA

ESSENTIAL MINIMUM REQUIREMENTS

1. Registered with the Nurses Board of WA in the general register
2. Recent nursing experience in an acute care setting
3. Good knowledge and understanding of methods for controlling and preventing transmission of infectious diseases
4. Demonstrated knowledge and experience in assessing the health status of patients using a triage model.

APPENDIX 1 continued

ROLE STATEMENT

MEDICAL OFFICER

FEVER CLINIC

PROFESSIONAL DUTIES

- Provide medical support and direction for management of clients attending the Fever Clinic for assessment including medical assessment requested by nursing staff
- Provide a consultancy and advisory service for the management of influenza including diagnosis, treatment, contact tracing and investigations
- Contribute to the epidemiological surveillance of influenza in Western Australia
- Perform medical examination of clients attending the Fever Clinic as appropriate
- Supervise the administration of antiviral medication for prophylaxis and post-exposure

ADMINISTRATIVE DUTIES

Collaborate with the Fever Clinic Manager in the overall administration of the Fever Clinic

GENERAL DUTIES

Other duties as directed by []

SELECTION CRITERIA

ESSENTIAL MINIMUM REQUIREMENTS

1. Eligible for registration by the Medical Board of WA
2. Experience in respiratory medicine, general medicine or infectious diseases
3. Sound knowledge in assessment and primary care
4. Knowledge of respiratory medicine.

APPOINTMENT FACTORS

Registration by the Medical Board of WA



APPENDIX 1 continued

ROLE STATEMENT PATIENT SUPPORT ASSISTANT FEVER CLINIC

- Assist with reception of patients and directing or transferring them to appropriate areas
- Undertake the movement of patients as requested by nursing staff
- Clean all areas according to infection control cleaning standards
- Clean equipment in each assessment area after each suspected influenza patient
- Move rubbish to collection points
- Collect and deliver supply items, medication, specimens and documents and any other relevant courier tasks
- Check and maintain relevant equipment and make sure the equipment is available when required
- Order, receive and store cleaning imprest items, stores requirements and PPE for the Fever Clinic
- Distribute, collect and sort patient drink and food as necessary
- Order, receive and store catering items
- Perform other duties as directed by Fever Clinic Manager.

SELECTION CRITERIA

1. Demonstrated knowledge of cleaning practices, techniques and infection control guidelines
2. Demonstrated knowledge of food handling, hygiene practices and techniques
3. Knowledge of manual handling procedures, including patient handling
4. Good interpersonal, verbal and communication skills
5. Ability to work cooperatively in a team environment and with limited supervision
6. Physical capacity to perform the duties of the position
7. Education to Year 10 or equivalent.

APPENDIX 1 continued

ROLE STATEMENT ADMINISTRATIVE OFFICER LEVEL 1 FEVER CLINIC

ADMINISTRATIVE DUTIES

- Provide reception, telephone and administrative service for the Fever Clinic including assisting with reception of patients and directing or transferring them to appropriate areas
- Provide administrative support to clinical staff at the Fever Clinic
- Provide a database service for the Fever Clinic as required
- Collect and deliver documents and any other relevant courier tasks
- Provide filing and data entry and retrieval and photocopying service for the Fever Clinic
- Maintain office equipment and stores including educational material for the Fever Clinic
- Assist with asset management of the Fever Clinic
- Perform other duties as required.

SELECTION CRITERIA

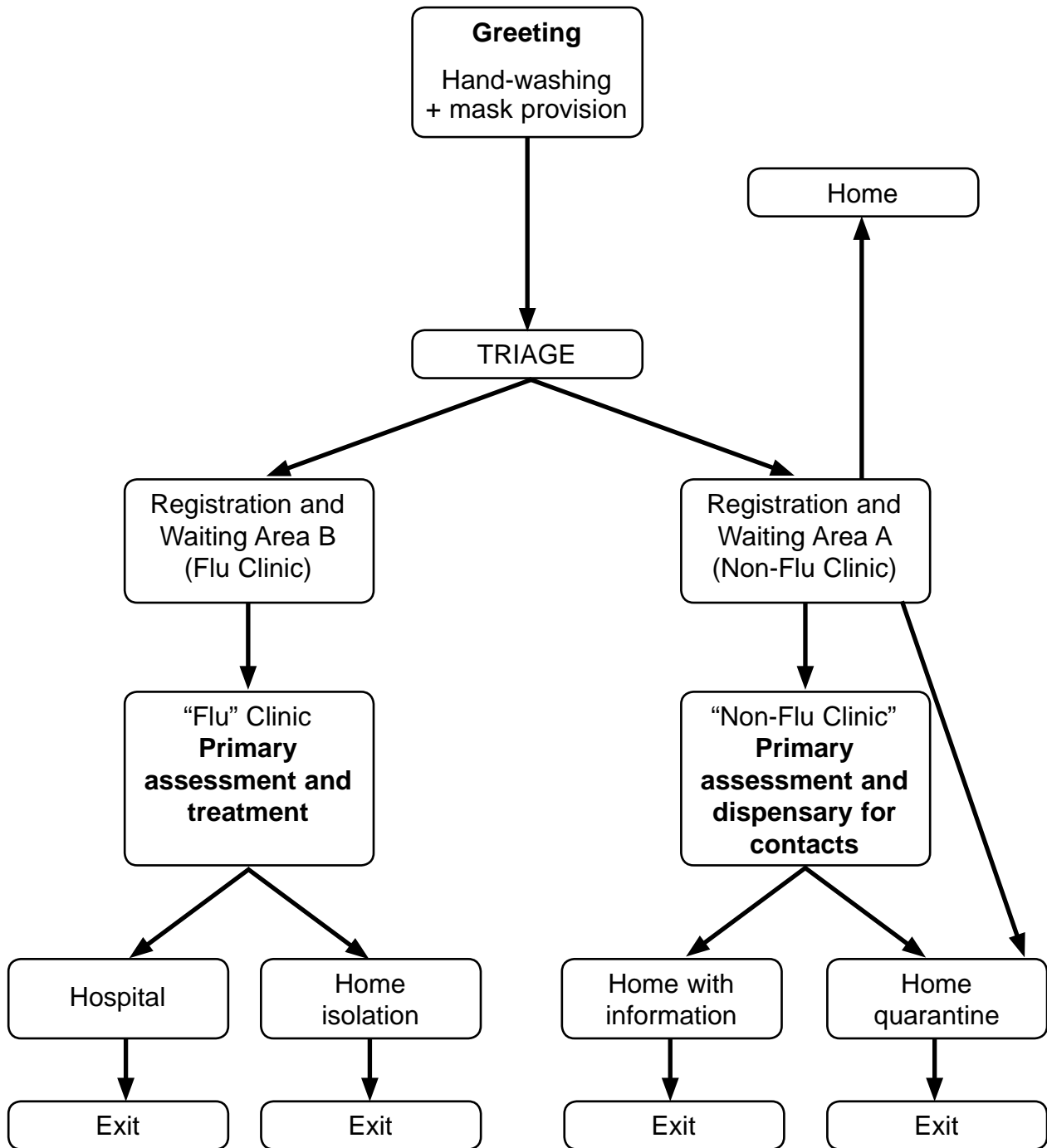
ESSENTIAL MINIMUM REQUIREMENTS

1. Certificate of Secondary Education (Year 10) or equivalent
2. Relevant knowledge of office procedures
3. Good interpersonal, verbal and communication skills
4. Experience in the use of personal computer software applications, including word processing and databases
5. Knowledge of, or willingness to undertake training in, basic infection control practices and principles.
6. Experience in an administrative working environment dealing directly with the general public.



APPENDIX 2

FUNCTIONAL MAP
FEVER CLINIC



Appendix 3

AREA HEALTH SERVICE: _____	NAME: _____	SEX: _____
FEVER CLINIC LOCATION: _____	ADDRESS: _____	LABEL _____
TRIAGE CLINICIAN (PRINT & SIGN NAME): _____	NUMBER: _____	D.O.B.: _____
DATE: _____ TIME: _____		

IS THE PERSON IMMUNOCOMPROMISED?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
CASE DEFINITION (tick box)			
<i>Clinical Evidence: Acute onset plus one or more epidemiological criteria:</i>			
(1) History of Fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(4) Onset of symptoms within 7 days of:
OR			<ul style="list-style-type: none"> Travel to areas reported as having Pandemic Influenza <input type="checkbox"/> Yes <input type="checkbox"/> No
Fever \geq 38°C	<input type="text" value=""/>	°C	If Yes, specify country(s) and date of return:
AND			<input type="text" value=""/>
(2) Cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<ul style="list-style-type: none"> Contact with case of pandemic influenza <input type="checkbox"/> Yes <input type="checkbox"/> No
OR			If yes, date of contact:
Breathing difficulties	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text" value=""/>
AND			<ul style="list-style-type: none"> Exposure to specimen suspected to be contaminated with pandemic influenza virus <input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Fatigue	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, date of exposure:
			<input type="text" value=""/>
			<ul style="list-style-type: none"> Contact with poultry or with dead birds in areas known to have outbreaks of avian influenza where the cause of death is unknown <input type="checkbox"/> Yes <input type="checkbox"/> No
			If yes, date of contact:
			<input type="text" value=""/>
<i>Does the patient meet the case definition for suspected pandemic influenza?</i>			
Immunocompetent person requires 1, 2, 3 + 4		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Immunocompromised persons requires 2, 3 + 4			

TRIAGE OUTCOME	✓	MANAGEMENT
Meets case definition for suspected pandemic influenza		Send to Flu Area
Does not meet case definition but requires further assessment		Send to Non-Flu Area
Contact of suspected case of pandemic influenza		Send to dispensing station in Non-Flu Area
Does not meet case definition AND does not require further assessment		Discharge home with information (Complete Section H)

PATIENT INFORMATION	
Country of Birth:	<input type="checkbox"/> Australia <input type="checkbox"/> Other (specify) _____
Ethnicity:	<input type="checkbox"/> Aboriginal or Torres Strait Islander <input type="checkbox"/> Other (specify) _____
Passport No. & Country of Issue:	_____ Home phone: _____
Occupation:	_____ Work phone: _____
Mobile phone:	_____ Fax: _____
Interpreter required:	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify language: _____
Contact person in case of emergency:	_____
Relationship:	_____ Mobile phone: _____
Home phone:	_____ Work phone: _____
<i>Is this person a legitimate contact of a confirmed case?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

ADULT PANDEMIC INFLUENZA TRIAGE ASSESSMENT 1

(A) CO-MORBIDITY ASSESSMENT <i>(Patient to complete)</i>		
Are you 65 years or over?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you 50 years or over and ATSI?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you pregnant (2 nd or 3 rd trimester)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any of the following conditions:		
• Chronic lung disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Chronic heart disease (high BP alone not enough)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Diabetes mellitus (sugar)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Kidney failure	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Cancer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Immunosuppression	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Blood disorder (Specify: _____)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Liver disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Long term aspirin therapy	<input type="checkbox"/> Yes	<input type="checkbox"/> No

NAME:	SEX:
ADDRESS:	LABEL
NUMBER:	D.O.B.:

(B) Medication	Dose/frequency

Assessment clinician (Print + sign name) _____ Time: _____

(C) Symptoms	Onset date: / /	Comments
Fever > 38°C	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Chills	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Aching muscles/joints	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Runny/stuffy nose	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sore throat/hoarseness	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sputum, including colour	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pain on breathing	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Breathlessness	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Loss of appetite	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vomiting	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Diarrhoea	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Confusion/drowsiness	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Rash	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

(D) Vaccination status	
Seasonal influenza (in last 12 mths)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pneumococcal (in last 5 yrs)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Clinical notes

(E) Examination	Result	Abnormal Criteria – ✓ if present
Temperature °C		<35 or >38°C <input type="checkbox"/>
Pulse		New arrhythmia or pulse >100/min <input type="checkbox"/>
BP		<100 systolic or dizziness on standing <input type="checkbox"/>
Respiratory rate		>24/min <input type="checkbox"/>
Skin colour (lips, hands)		Cyanosis <input type="checkbox"/>
Chest signs/symptoms		Any abnormality on auscultation or chest pain <input type="checkbox"/>
Mental status		New confusion <input type="checkbox"/>
Function		New inability to function independently <input type="checkbox"/>
Pulse oximetry (if available)		SpO2 <90 % on room air <input type="checkbox"/>

(F) Pathology required for all patients who meet case definition

Nose swabs x 2 Yes No
 Throat swab Yes No
 Other (Type: _____) Yes No

NAME: _____ SEX: _____
 ADDRESS: _____
 NUMBER: _____ LABEL _____
 D.O.B.: _____

(G) Assessment Outcome	Management	Tick
<ul style="list-style-type: none"> Meets case definition AND Clinical indicators abnormal 	⇒ <ul style="list-style-type: none"> Secondary assessment Refer for secondary assessment at hospital fever clinic with copy of medical record Give 1st dose antiviral Name of secondary assessment facility: _____	<input type="checkbox"/>
<ul style="list-style-type: none"> Meets case definition AND Clinical indicators normal AND Comorbidities present 	⇒ <ul style="list-style-type: none"> Home isolation Dispense Antiviral medication Give Home Isolation Fact Sheet Public Health Follow Up 	<input type="checkbox"/>
<ul style="list-style-type: none"> Meets case definition AND Clinical indicators normal AND No comorbidities 	⇒ <ul style="list-style-type: none"> Home isolation Dispense Antiviral medication Give home isolation Fact Sheet Public Health Follow Up 	<input type="checkbox"/>
<ul style="list-style-type: none"> Does not meet case definition BUT is legitimate contact of suspected/confirmed case 	⇒ <ul style="list-style-type: none"> Home quarantine Dispense antiviral prophylaxis Give Home Quarantine Fact Sheet Public Health Follow Up 	<input type="checkbox"/>
<ul style="list-style-type: none"> Does not meet case definition BUT has non-flu illness 	⇒ <ul style="list-style-type: none"> Home with reassurance Give Pandemic Influenza Fact Sheet and appropriate letter 	<input type="checkbox"/>
<ul style="list-style-type: none"> Does not meet case definition AND is well 	⇒ <ul style="list-style-type: none"> Home with information for "well" Give Pandemic Influenza Fact Sheet and appropriate letter 	<input type="checkbox"/>

(H) Discharge plan for patients not receiving antiviral medication

Has patient been given appropriate education material? Yes No
 Has patient been given a copy of their assessment for GP? Yes No
 Has patient been given a medical certificate? Yes No
 If yes, name of GP and GP Practice : _____

Attending staff discharging patient (*Print Name and Sign*) _____

Date _____ Time _____

Office Use Only

Information has been faxed to CDCD OR Yes No
 Information has been entered onto database Yes No

Name of Responsible Officer (*Print Name and Sign*) _____

Date: _____ Time: _____

ADULT PANDEMIC C INFLUENZA ASSESSMENT OUTCOME 3

Contact Information

To be completed by patients who meet the case definition

NAME: _____ SEX: _____
 ADDRESS: _____ LABEL _____
 NUMBER: _____ D.O.B.: _____

↑ Provide details on the following people:

People with confirmed pandemic influenza who you have been in contact with in the 7 days before your symptoms started:

Name	DOB	Date of last contact	Relationship	Nature of contact	Address/Postcode	Phone 1	Phone 2

People you have been in close contact with in the past 7 days, i.e. sexual, household and family contacts, prolonged face-to-face contact (more than 15 minutes, and/or people with whom you have been in a confined space (i.e. room, plane) for more than 1 hour):

Name	DOB	Date of last contact	Relationship	Nature of contact	Address/Postcode	Phone 1	Phone 2

Notes:



AREA HEALTH SERVICE: _____
 FEVER CLINIC LOCATION: _____
 TRIAGE CLINICIAN (PRINT & SIGN NAME): _____

 DATE: _____ TIME: _____

NAME: _____ SEX: _____
 ADDRESS: _____
 LABEL
 NUMBER: _____ D.O.B.: _____

A child is defined as a person under 13 years of age.
IS THE CHILD IMMUNOCOMPROMISED? YES NO

CASE DEFINITION (tick box)

*Clinical Evidence: Acute onset plus **one** or more epidemiological criteria:*

(1) History of Fever Yes No **(4)** Onset of symptoms within 7 days of:

OR

Fever \geq 38°C °C • Travel to areas reported as having Pandemic Influenza Yes No

AND

(2) Cough Yes No If Yes, specify country(s) and date of return: _____

OR

Breathing difficulties Yes No • Contact with case of pandemic influenza Yes No

AND

(3) Fatigue Yes No If yes, date of contact: _____

• Exposure to specimen suspected to be contaminated with pandemic influenza virus Yes No

If yes, date of exposure: _____

• Contact with poultry or with dead birds in areas known to have outbreaks of avian influenza where the cause of death is unknown Yes No

If yes, date of contact: _____

Does the patient meet the case definition for suspected pandemic influenza?
 Immunocompetent person requires 1, 2, 3 + 4 Yes No
 Immunocompromised persons requires 2, 3 + 4

TRIAGE OUTCOME	✓	MANAGEMENT
Meets case definition for suspected pandemic influenza		Send to Flu Area
Does not meet case definition but requires further assessment		Send to Non-Flu Area
Contact of suspected case of pandemic influenza		Send to dispensing station in Non-Flu Area
Does not meet case definition AND does not require further assessment		Discharge home with information (Complete Section H)

PATIENT INFORMATION

Country of Birth: Australia Other (specify) _____
 Ethnicity: Aboriginal or Torres Strait Islander Other (specify) _____
 Passport No. & Country of Issue: _____ Home phone: _____
 Occupation: _____ Work phone: _____
 Mobile phone: _____ Fax: _____
 Interpreter required: Yes No Specify language: _____
 Contact person in case of emergency: _____
 Relationship: _____ Mobile phone: _____
 Home phone: _____ Work phone: _____
Is this person a legitimate contact of a confirmed case? Yes No

CHILD PANDEMIC INFLUENZA TRIAGE ASSESSMENT →

1. CO-MORBIDITY ASSESSMENT (Parent or guardian to complete)

Does the child have any of the following conditions:

- Congenital heart disease Yes No
- Suppurative lung disease Yes No
- Immunodeficiency Yes No

Chronic disease e.g.:

- Diabetes Yes No
- Metabolic disease Yes No
- Other (specify) Yes No
- Long term aspirin therapy Yes No

NAME:

SEX:

ADDRESS:

LABEL

NUMBER:

D.O.B.:

(B) Medication	Dose/frequency

Assessment clinician (Print + sign name) _____

Time: _____

(C) Symptoms	Onset date: / /	Comments
1. Fever $\geq 38^{\circ}\text{C}$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Chills	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Aching muscles/joints	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Runny/stuffy nose	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Sore throat/hoarseness	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Sputum, including colour	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Pain on breathing	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Breathlessness	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. * Loss of appetite/ inability to feed	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. * Vomiting	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Diarrhoea	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. * Lethargy	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Rash	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

(D) Vaccination status

Seasonal influenza (in last 12 mths) Yes No

Pneumococcal (in last 5 yrs) Yes No

Other (specify) Yes No

Clinical notes

(E) Examination	Result	Abnormal Criteria – ✓ if present
Temperature $^{\circ}\text{C}$		<35 or >38 $^{\circ}\text{C}$ <input type="checkbox"/>
Pulse		New arrhythmia or pulse >100/min <input type="checkbox"/>
BP (if appropriate)		<100 systolic or dizziness on standing <input type="checkbox"/>
Respiratory rate		Rapid <input type="checkbox"/>
Skin colour (lips, hands)		Cyanosis <input type="checkbox"/>
Chest signs/symptoms		Any abnormality on auscultation or chest pain <input type="checkbox"/>
Mental status		New confusion <input type="checkbox"/>
Fontanelle (if appropriate)		Full <input type="checkbox"/>
Pulse oximetry (if available)		SpO ₂ <90 % on room air <input type="checkbox"/>
Either of 10, 11, 13 (above)		<input type="checkbox"/>

(F) Pathology required for all patients who meet case definition

Nose swabs x 2 Yes No
 Throat swab Yes No
 Other (Type: _____) Yes No

NAME: _____ SEX: _____
 ADDRESS: _____
 NUMBER: _____ D.O.B.: _____

LABEL

(G) Assessment Outcome	Management	Tick
<ul style="list-style-type: none"> Meets case definition AND Clinical indicators abnormal 	→ <ul style="list-style-type: none"> Secondary assessment Refer for secondary assessment at hospital fever clinic with copy of medical record Give 1st dose antiviral Name of secondary assessment facility: _____	<input type="checkbox"/>
<ul style="list-style-type: none"> Meets case definition AND Clinical indicators normal AND Comorbidities present 	→ <ul style="list-style-type: none"> Home isolation Dispense Antiviral medication Give Home Isolation Fact Sheet Public Health Follow Up 	<input type="checkbox"/>
<ul style="list-style-type: none"> Meets case definition AND Clinical indicators normal AND No comorbidities 	→ <ul style="list-style-type: none"> Home isolation Dispense Antiviral medication Give Home Isolation Fact Sheet Public Health Follow Up 	<input type="checkbox"/>
<ul style="list-style-type: none"> Does not meet case definition BUT is legitimate contact of suspected/confirmed case 	→ <ul style="list-style-type: none"> Home quarantine Dispense antiviral prophylaxis Give Home Quarantine Fact Sheet Public Health Follow Up 	<input type="checkbox"/>
<ul style="list-style-type: none"> Does not meet case definition BUT has non-flu illness 	→ <ul style="list-style-type: none"> Home with reassurance Give Pandemic Influenza Fact Sheet and appropriate letter 	<input type="checkbox"/>
<ul style="list-style-type: none"> Does not meet case definition AND is well 	→ <ul style="list-style-type: none"> Home with information for "well" Give Pandemic Influenza Fact Sheet and appropriate letter 	<input type="checkbox"/>

(H) Discharge plan for parents/guardians of child not receiving antiviral medication

Has appropriate education material been given? Yes No
 Has a copy of assessment for GP been given? Yes No N/A
 Has a medical certificate been given? Yes No N/A
 If yes, name of GP and GP Practice : _____

Attending staff discharging patient (*Print Name and Sign*) _____

Date _____ Time _____

Office Use Only

Information has been faxed to CDCD OR Yes No
 Information has been entered onto database Yes No

Name of Responsible Officer (*Print Name and Sign*) _____

Date: _____ Time: _____

CHILD PANDEMIC INFLUENZA ASSESSMENT OUTCOME

Contact Information

To be completed by parents/guardians of children who meet the case definition

NAME: _____ SEX: _____
 ADDRESS: _____ LABEL _____
 NUMBER: _____ D.O.B.: _____

↑ Provide details on the following people:

People with confirmed pandemic influenza who your child has been in contact with in the 7 days before your symptoms started:

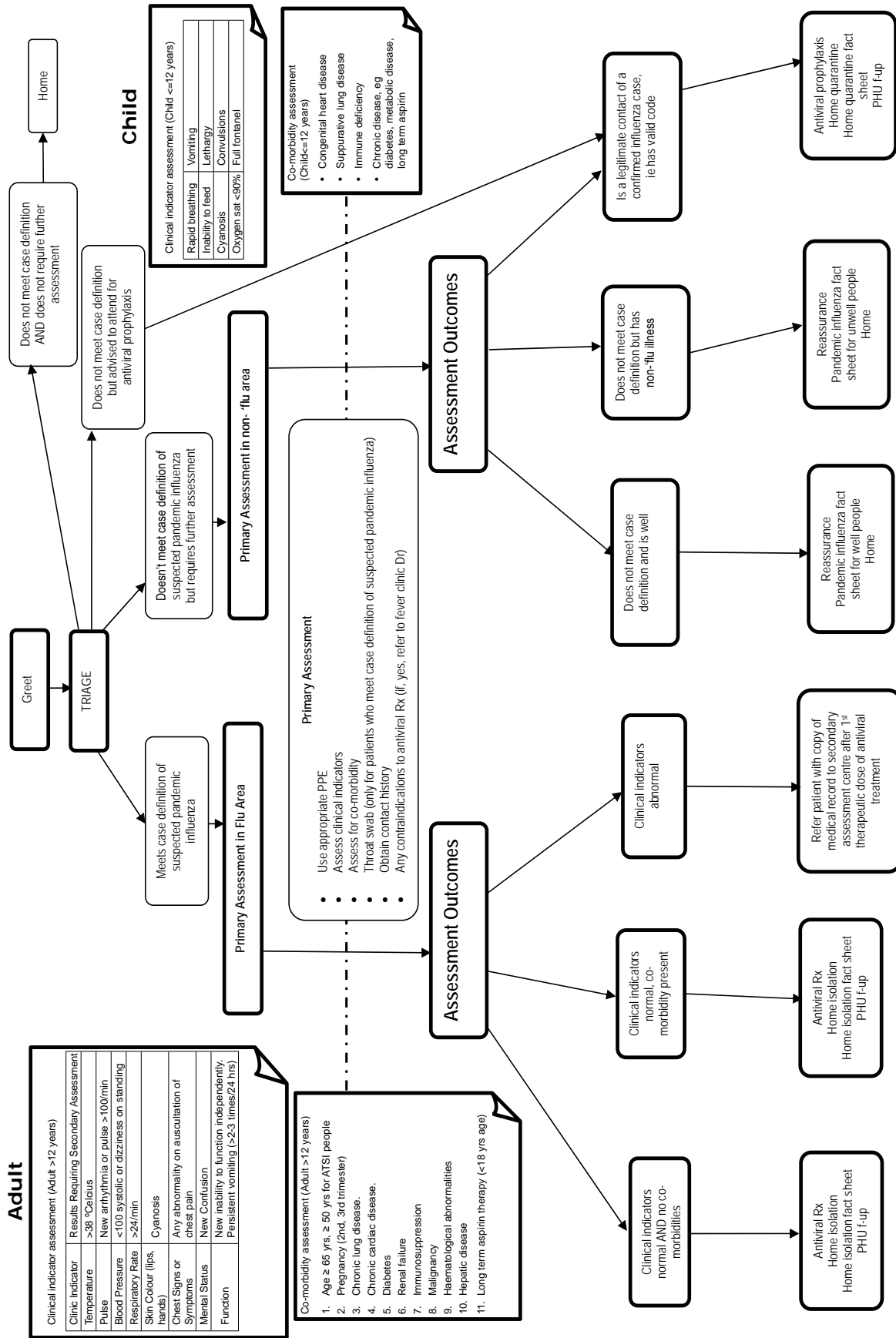
Name	DOB	Date of last contact	Relationship	Nature of contact	Address/Postcode	Phone 1	Phone 2

People your child has been in close contact with in the past 7 days, i.e. household and family contacts, prolonged face-to-face contact (more than 15 minutes, and/or people with whom you have been in a confined space (i.e. room, plane) for more than 1 hour):

Name	DOB	Date of last contact	Relationship	Nature of contact	Address/Postcode	Phone 1	Phone 2

Notes:

Appendix 4



Appendix 5

NOT FOR CIRCULATION
EXAMPLE ONLY

INFORMATION LETTER FOR ASYMPTOMATIC PATIENTS

Dear *[Name of Patient]*

Your health assessment shows that you do not have Pandemic Influenza.

There are some people with Pandemic Influenza in the community. These patients and their direct contacts are being kept at home or in hospital to stop the infection from spreading. You still need to be aware of the signs and symptoms of Pandemic Influenza. The attached Fact Sheet will help you.

If you do develop symptoms of Influenza, call the **Influenza Hotline 1800 022 222** (24 hour service) who can tell you what you should do.

For more information about Pandemic Influenza go to www.health.gov.au and go to Pandemic Influenza.

[local authorised delegate]

[fill in date]

Appendix 6

NOT FOR CIRCULATION
EXAMPLE ONLY

INFORMATION FOR PATIENTS WHO HAVE SYMPTOMS OF ILLNESS BUT NOT PANDEMIC INFLUENZA

Dear *[Name of Patient]*

You are showing some signs of illness, but NOT Pandemic Influenza. However if you continue to feel unwell please go to your usual doctor.

There are some people with Pandemic Influenza in the community. These patients and their direct contacts are being kept at home or in hospital to stop the infection from spreading. You still need to be aware of the signs and symptoms of Pandemic Influenza. The attached Fact Sheet will help you.

If you do develop symptoms of Influenza, call the Influenza Hotline 1800 022 222 (24 hour service) who can tell you what you should do.

For more information about Pandemic Influenza go to www.health.gov.au and go to Pandemic Influenza.

[local authorised delegate]

[fill in date]

**PANDEMIC INFLUENZA — ADVICE FOR PATIENTS WITH
SUSPECTED PANDEMIC INFLUENZA IN
HOME ISOLATION**

Dear *[name of patient]*

Your health assessment shows that you may have Pandemic Influenza. As soon as we know for certain, we will let you know. A public health nurse may contact you with further instructions. By law, if you do have Pandemic Influenza, you must stay at home for the time shown below.

Pandemic Influenza is caused by a new type of Influenza A virus that is going around the world. Like all Influenza viruses, it is able to spread easily from person to person. Because it's a new type of the virus, no-one will have developed immunity to it, so it will affect large numbers of people who can become very ill or even die.

It is important that we try to stop this virus from spreading in the community. Depending on how sick they are, people who may have pandemic flu will be told either to stay at home (home isolation) or to go to hospital. Your health assessment shows that you can be managed through home isolation with support from your local public health nurses. There are a few basic rules you must follow to monitor your health, and to protect your immediate family, workmates, and the community from being infected.

What you must do:

You need to monitor your health for 7 days after the time you were last exposed to Pandemic Influenza to see if you are getting better, or if you are getting sicker and need medical help. You should:

- Stay at home for at least 7 days until you are no longer infectious.
- Drink plenty of fluids such as water, to replace those lost from the fever.
- Rest as much as possible as you will feel very tired and weak.
- Take your body temperature every morning and evening, and at other times during the day if you feel you have a fever. Note the temperature on the table provided.
- Watch for any new symptoms of influenza and note them in the attached table. A nurse will ring you each day to check your health and provide advice.
- Keep away from other people as much as possible (e.g. stay in your own room). If you have to be in the same room, keep at least 1 metre away to stop other people breathing in the virus if you sneeze. It's best to wear a mask.

- Avoid touching your eyes, nose and mouth with your hands. Wash your hands really well with soap and running water for 15 seconds, especially after blowing your nose or coughing, before eating and after using the toilet.
- Sleep in your own room. If this is not possible, sleep 1 metre away from others, and have good airflow through the room.

How to record your temperature:

To accurately measure your temperature:

- Wait at least 30 minutes after having a hot drink, hot shower or bath, exercising or smoking.
- Take your temperature before taking medications that lower your temperature (e.g. aspirin, ibuprofen, or paracetamol containing drugs such as Panadol, Panamax, and Panadeine). If you have taken any of these, wait for 1 hour before taking your temperature.

Using the digital thermometer provided:

1. Press on/off button.
2. Wait until the thermometer resets and beeps.
3. Place the tip of the thermometer under the tongue or in the ear.
4. Wait until the thermometer beeps.
5. Note the temperature and the time it was taken on the form provided.
6. Clean the thermometer with an alcohol wipe.

Taking your antiviral medications:

The medicine needs to be taken as soon as possible to work well. Tell the doctor or nurse about any other medicines you take. Follow the doctor or nurse's instructions exactly (usually twice daily).

- Note down on the form each time you take it.
- Do not give your medication to other household members.
- Do not miss taking your tablets.

What should other members of your household do?

- Stay at home until you are told if you definitely have the flu, then contact the local public health nurse who will tell you what to do and if you need more medication
- Keep at least 1 metre away from people who might be sick.
- Make sure everyone covers their faces when they cough or sneeze.
- Everyone should wash their hands often, particularly after coming into contact with people who might be sick.
- Wear a simple surgical mask or other covering for the nose and mouth if you have to stay close to other people.



Household cleaning:

- Keep your home virus free. Wipe household surfaces such as table tops, door knobs, handles, hand basins and toilet seats using a cloth rinsed in detergent and water at least twice a day.
- Mop up any body fluid spills (vomit, diarrhoea) with detergent and water, then wipe work areas with bleach (follow manufacture's instructions).
- Wash all crockery and cutlery with detergent and water.
- Normal machine washing for clothing is fine.

If your symptoms get worse, such as:

- You find it hard to breathe and/or start wheezing
- You are coughing up more or bloody sputum (phlegm).
- Your fever is getting worse and you are becoming disorientated (confused).
- Any other symptoms that make you feel worse.

Contact your doctor or nurse for advice, or telephone 1800 022 222.

Thank you for helping to reduce the spread of Pandemic Influenza.

[local authorised delegate]

[fill in date]



SYMPTOMS OF PANDEMIC INFLUENZA RECORD

NAME:

INITIAL DATES OF HOME ISOLATION:/...../..... TO/...../.....

DAY	DATE	TIME	TEMPERATURE TAKEN	TEMPERATURE °C	TIME	MEDICINE TAKEN	SYMPTOMS, IF ANY?
1			am				(e.g. muscle ache, sore throat, runny nose, headache)
2			pm				
3			am				
4			pm				
5			am				
6			pm				
7			am				

If you develop a fever of 38 °C or more, or if your symptoms get worse, call the influenza hotline. The main symptoms usually last over a week from suddenly developing fever, headache and weakness, and gradually decrease around day 8. However, the cough and tiredness can last for 2 weeks or more.

Hotline 1800 022 222.



**ADVICE FOR PATIENTS WHO ARE CONTACTS OF
CONFIRMED INFLUENZA CASES
HOME QUARANTINE**

Dear *[name of patient]*

You have been identified as a contact of a person who has Pandemic Influenza infection. Pandemic Influenza is caused by a new type of Influenza A virus that is going around the world. Like all Influenza viruses, it is able to spread easily from person to person. Because it's a new type of the virus, no-one will have developed immunity to it, so it will affect large numbers of people who can become very ill or even die.

It is important that we try to stop this virus from spreading in the community. As a contact of a person with Pandemic Influenza please stay at home (do not leave home) and follow the instructions below. You will be told how long you need to stay at home by your doctor or public health nurse. This is usually 7 days, but depends on the number of days that you were exposed to the sick person. They will also ring you each day to monitor your health and give advice. Children keep spreading the virus for longer so need to be kept at home much longer (up to 21 days) but your local public health nurse will again advise you on this.

Pandemic Influenza can spread easily from person to person. There is lots of evidence showing that the spread of infection can be stopped or slowed down if people infected or in contact with influenza stay away from the rest of the community for the recommended period and follow the instructions below.

What you must do:

You must stay isolated at home for 7 days until there is no chance of becoming ill and spreading the infection. If the sick person is not someone you live with, members of your household, for example family, partners, room mates or visitors, will not be asked to also stay isolated at home unless you become sick with Influenza.

Monitoring:

You need to monitor your health for 7 days. To do this, take your temperature every morning and at other times during the day if you become unwell, or have a fever. Note your temperature on the form attached. **If you develop a fever (over 38 °C) and any of the symptoms below, contact your public health nurse or telephone 1800 022 222.**

Check for other symptoms such as headache, sore throat, aching muscles, extreme or constant tiredness, difficulty in breathing, sore red eyes, diarrhoea and/or vomiting.

To accurately measure your temperature:

- Wait at least 30 minutes after having a hot drink, hot shower or bath, exercising or smoking.
- Take your temperature before taking medications that lower your temperature such as aspirin, ibuprofen, or paracetamol containing drugs (Panadol, Panamax, and Panadeine). If you have taken any of these, wait for 1 hour before taking your temperature.

Using the digital thermometer provided:

1. Press on/off button.
2. Wait until the thermometer resets and beeps.
3. Place the tip of the thermometer under the tongue or in the ear.
4. Wait until the thermometer beeps.
5. Note the temperature and the time it was taken on the form provided.
6. Clean the thermometer with an alcohol wipe.

Taking your antiviral medication

Antiviral medication may stop you from becoming infected if you follow the instructions.

- Take the medication at the recommended time each day.
- Do not miss taking it
- Do not give it to anyone else – this is dangerous for you and them.
- Take all the tablets you have been given.

Daily support and advice

The public health nurse will ring you at home each day. It is important to tell the nurse of any change in your general health such as a cough, fever or tiredness.

You will need to tell your workplace that the Department of Health has told you to remain in isolation for 7 days.

If you have any concerns call **1800 022 222 (24 hours)**

The following steps are recommended to protect yourself and others:

- Keep at least 1 metre away from other household contacts.
- Cover your mouth when coughing.
- Wash your hands after coughing or using a tissue to wipe your nose, before preparing food or drinks, and after using the toilet.
- Wear a mask if you are nursing/feeding small children to protect them from breathing in possible infection.
- Sleep in your own room. If this is not possible, sleep 1 metre away from others, and have good airflow through the room.
- Keep your home virus free. Wipe household surfaces such as table tops, door knobs, handles, hand basins and toilet seats using a cloth rinsed in detergent and water at least twice a day.
- Mop up any body fluid spills (vomit, diarrhoea) with detergent and water, then wipe work areas with bleach (follow manufacturer's instruction).

Yours sincerely

[local authorised delegate]



SYMPTOMS OF PANDEMIC INFLUENZA RECORD

NAME:

INITIAL DATES OF HOME ISOLATION:/...../..... TO/...../.....

DAY	DATE	TIME	TEMPERATURE TAKEN	TEMPERATURE °C	TIME	MEDICINE TAKEN	SYMPTOMS, IF ANY?
1			am			pm	(e.g. muscle ache, sore throat, runny nose, headache)
2			am			pm	
3			am			pm	
4			am			pm	
5			am			pm	
6			am			pm	
7			am			pm	

Do not take your temperature for 30 minutes after having a hot drink, hot shower, or bath, after exercising or smoking.

If you develop a fever of 38 °C or more and/or develop any symptoms, call the hotline immediately:

Hotline 1800 022 222.





Department of Health

Communicable Disease Control Directorate

Pandemic Influenza

A pandemic is a disease that spreads

numbers of people.

A new influenza virus that spreads easily between people could result in an influenza pandemic. Experts are concerned that the recent 'bird flu' could mutate into a new type of influenza virus that is easily spread among humans, and could result in an influenza pandemic.

Issued: [month year]

What is avian influenza (bird flu)?

Avian influenza infects birds, and is caused by a number of different types of the avian influenza virus. Usually the virus circulates in wild bird populations causing mild or no disease, but domestic poultry, such as chickens can become very sick. There are a many types of avian influenza, but only a few of these can infect humans.

A new type of avian influenza (influenza A H5N1) was first seen in 1997 in Hong Kong. It has rapidly spread to many Asian, Middle-Eastern, European and African countries, causing severe infection in wild birds and domestic poultry flocks. Avian influenza does not seem to be infecting birds in Australia, but there have been a few cases of human-to-human infection overseas which could spread to Australia.

What is pandemic influenza?

A pandemic is a disease that spreads all over the world affecting large numbers of people. Pandemics occur when a new virus emerges to which people have little or no immunity. Past influenza pandemics include the 1918-19 pandemic, where up to 40 million people died. Many scientists are concerned that the recent H5N1 outbreak in birds could produce a new strain of influenza virus that will spread easily between people, resulting in a pandemic.



What are the symptoms?

Influenza strains usually cause the usual symptoms of normal seasonal human influenza (fever, cough, tiredness, muscle aches, sore throat, shortness of breath, runny nose, headache), but this is not always the case. Sometimes, influenza can result in a severe pneumonia (lung infection) and (rarely), encephalitis (inflammation of the brain) or diarrhoea. Symptoms of influenza generally appear between 2 and 4 days after getting infected.

Who is at risk?

You are most at risk of becoming infected with pandemic influenza if you have been in close contact (usually within 1 metre) of an infected person. People who live in the same house as someone with pandemic influenza or who look after a sick person are most at risk of becoming infected.

How is it prevented?

As a pandemic influenza strain has only just appeared, we haven't developed a human vaccine for pandemic influenza yet. The normal human influenza vaccines can't protect you against pandemic influenza. Scientists are working to develop a vaccine for the pandemic influenza.

In the meantime, make sure:

- everyone regularly washes their hands really well
- no one coughs or sneezes into other people's faces, and that they cough or sneeze into tissues.
- people dispose of tissues immediately after coughing or sneezing, and then wash their hands with soap and water.

People who may have pandemic influenza should stay at home until they are completely better.

People with pandemic influenza should stay at least 1 metre away from others and wear a mask to stop spreading the infection to other people in the house.

People looking after sick people should wear full personal protective equipment, including goggles, gloves, masks and protective clothing. If necessary, they should take anti-influenza medication.

How can you tell if you are infected?

The doctor or nurse will take samples of blood, or swabs of the nose and throat. The samples are tested at a laboratory.



How is it treated?

There are special anti-influenza drugs that will probably help against human pandemic influenza. If you become unwell and think you may have pandemic influenza, go to your nearest influenza Fever Clinic for assessment and treatment.

What is the Department of Health doing?

Outbreaks of pandemic influenza have occurred in Australia. We check for infected people infected who come in to Australia.

If a person does have pandemic influenza, the doctor must tell the Department of Health. If this happens in Western Australia, the Department's Population Health Units will work with the patient, the treating doctors, and the laboratory to make sure it really is pandemic influenza. People who might be infected would be isolated (kept apart) from others to prevent further infections. Close contacts of these people will be given information about the risk of infection. If these people also become ill, they would also be isolated and tested for pandemic influenza.

Travel advice

- Don't travel to areas affected by pandemic influenza.
- Avoid poultry farms and live bird markets in areas affected by avian influenza.
- Wash hands really well after coming into contact with sick people, or after handling uncooked poultry meat and eggs.
- Wash hands before eating
- Cook poultry and eggs right through before eating.



For more information

Australian Government Department of Health and Ageing Information Hotline 1800 004 599

Related links

Western Australian Department of Health Pandemic Influenza:
www.health.wa.gov.au/disaster

Australian Government Department of Health and Ageing – Avian influenza:
www.health.gov.au/internet/wcms/publishing.nsf/Content/health-avian_influenza-index.htm

Australian Government Department of Health and Ageing – Avian Influenza Health advice for Poultry and Associated Industries:
www.aodgp.gov.au/internet/wcms/publishing.nsf/content/ohp-avian-poultry.htm

World Health Organization: www.who.int/csr/disease/avian_influenza/en

For further information contact your local
Population Health Unit, doctor or community health centre

Metropolitan Areas

North Metropolitan	(08) 9224 1604
South Metropolitan	(08) 9431 0200

Rural Areas

Goldfields (Kalgoorlie)	(08) 9080 8200
Great Southern (Albany)	(08) 9842 7500
Kimberley (Broome)	(08) 9194 1630
MidWest (Carnarvon)	(08) 9941 0560
MidWest (Geraldton)	(08) 9956 1985
Pilbara (South Hedland)	(08) 9172 8333
South West (Bunbury)	(08) 9781 2350
Wheatbelt (Northam)	(08) 9622 4320

Appendix 10



AREA HEALTH SERVICE: _____	NAME: _____	SEX: _____
FEVER CLINIC LOCATION: _____	ADDRESS: _____	LABEL
TRIAGE CLINICIAN (PRINT & SIGN NAME): _____	NUMBER: _____	
DATE: _____	TIME: _____	

ASSESSMENT FOR ANTIVIRAL MEDICATION FOR ADULTS

Is the person immunocompromised?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the person have viral pneumonia?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the person a suspected or confirmed case of pandemic influenza?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the person a <u>contact</u> of a suspected or confirmed case of pandemic influenza?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are there any contraindications to antiviral administration?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Tick all that apply:			
<input type="checkbox"/> Pregnant or breastfeeding			
<input type="checkbox"/> Previous allergy or anaphylaxis to oseltamivir or zanamivir			
Medical conditions:			
<input type="checkbox"/> Renal failure (creatinine clearance <10 ml/min for oseltamivir)			
<input type="checkbox"/> Asthma (for zanamivir only)			
<input type="checkbox"/> Other chronic respiratory condition (for zanamivir only)			
Written consent to treatment obtained	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If no please provide comments:			
Prescription (May be Operational Directive)			
Drug	Dose	Mode	Frequency
Oseltamivir			
Zanamivir			
Dispensing (as per Operational Directive)			
Has 1 st dose been given?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Time:	Drug:	Dose:	Signature:
Has written information been provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Subsequent doses: Provide details on supply arrangements:			
Date/Time	Drug	Dose	Signature





AREA HEALTH SERVICE: _____
 FEVER CLINIC LOCATION: _____
 TRIAGE CLINICIAN (PRINT & SIGN NAME): _____

 DATE: _____ TIME: _____

NAME: _____ SEX: _____
 ADDRESS: _____
 LABEL
 NUMBER: _____ D.O.B.: _____

ASSESSMENT FOR ANTIVIRAL MEDICATION FOR CHILD

Is the child immunocompromised? Yes No
 Does the child have viral pneumonia? Yes No

Is the child a suspected or confirmed case of pandemic influenza? Yes No
 Is the child a contact of a suspected or confirmed case of pandemic influenza? Yes No

Weight:

Are there any **contraindications** to antiviral administration? Yes No
 ✓ all that apply:
 Below recommended age (less than 1 year for oseltamivir (tamiflu) or 5 years for zanamivir (relenza))
 Previous allergy or anaphylaxis to oseltamivir or zanamivir
 Medical conditions:
 Renal failure (creatinine clearance <10 ml/min for oseltamivir)
 Asthma (for zanamivir only)
 Other chronic respiratory condition (for zanamivir only)

Written consent to treatment obtained from parent or guardian? Yes No
 If no please provide comments:

Prescription (May be Operational Directive)

Drug	Dose	Mode	Frequency
Osetamivir			
Zanamivir			

Dispensing

Has 1st dose been given? Yes No
 Time: _____ Drug: _____ Dose: _____ Signature: _____
 Has written information been provided? Yes No

Subsequent doses: Provide details on supply arrangements:

Date/Time	Drug	Dose	Signature

Delivering a Healthy WA



Communicable Disease Control Directorate
DEPARTMENT OF HEALTH 2007

HP 10205