

# Preparing for an influenza pandemic

An information kit and workplan  
for general practice



A Victorian  
Government  
initiative



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This document may also be downloaded from the Department of Human Services web site at: [www.health.vic.gov.au/pandemicinfluenza](http://www.health.vic.gov.au/pandemicinfluenza).



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## What you need to do

An influenza flu pandemic is a real threat which requires careful planning in the areas of clinical work, infection control and communication. General practice will be in the front line of Victoria's response.

This information kit and workplan is designed to help you develop and implement a pandemic flu plan in your practice. Your plan will need to adapt and change as new evidence comes to hand. While we don't know when an influenza pandemic will happen, we do know that it will be too late to start planning when the first person with suspected H5N1 human influenza walks into your practice.

This information kit and workplan for general practice was developed by the Department of Human Services (DHS) in collaboration with General Practice Divisions Victoria, Australian Medical Association (Victoria), Royal Australian College Of General Practitioners, and Australian Practice Nurses Association. Further information and support in developing your general practice pandemic plan is available from

**Communicable Disease Control Unit**  
Phone 1300 651 160  
Email [infectious.diseases@dhs.vic.gov.au](mailto:infectious.diseases@dhs.vic.gov.au)

## Plan for your practice

Start now:

Step 1: read through this workplan – it is set out in the different phases from the current situation to a pandemic

Step 2: decide who will coordinate flu planning in your practice

Step 3: start planning now for all the phases

The flu coordination person is:

## Government plans

Helpful information is contained in the Victorian and Australian government plans which provide a framework for all pandemic planning.

The *Victorian influenza pandemic plan* (Victorian Government Department of Human Services, 2005): [www.health.vic.gov.au/ideas/regulations/vic\\_influenza.htm](http://www.health.vic.gov.au/ideas/regulations/vic_influenza.htm).

The *Australian health management plan for pandemic influenza* (Australian Government Department of Health and Ageing, 2006): [www.health.gov.au/internet/wcms/publishing.nsf/Content/Pandemic+Influenza-1](http://www.health.gov.au/internet/wcms/publishing.nsf/Content/Pandemic+Influenza-1).

## Avian flu and pandemic flu summary and checklist

	Pandemic alert period – Overseas 3 = Now	Pandemic phases Australia 3 to Australia 5	Pandemic in Australia phase 6
General practice	<p>GP practices may be the first to see suspected H5N1 influenza in humans.</p> <p>Doctors need to know who to call for advice and how to investigate and refer.</p> <p>The safety of doctors, staff and other patients is paramount.</p> <p>There will be anxiety and fear of infection in contacts.</p>	<p>GPs are likely to see a surge of many potential cases, contacts and worried people.</p> <p>Referral pathways will change.</p> <p>Practices will need to try to separate suspected flu patients from non-flu patients.</p> <p>Home visit demands could increase.</p>	<p>Practices risk being overwhelmed with flu work and the challenges of sick patients with other chronic diseases. There will be staff absenteeism from sickness, fear or family care needs.</p> <p>Some practices may decide to collaborate with local colleagues to be able to maintain a viable service to ‘ride out’ the surge.</p> <p>GPs and their staff will be at higher risk of infection. GPs may decide on a flu roster to allow targeting of prophylaxis.</p>
Broader community	<p>The public health aim is to ‘keep it out’.</p> <p>Human H5N1 infection overseas will occur from sick birds with very rare instances of human-to-human spread.</p> <p>The first case in Australia will provoke much public and media interest.</p> <p>Watch out for health alerts from DHS.</p> <p>DHS will control and supply antiviral prophylaxis for cases and contacts.</p> <p>Support and advice on general practice planning is available from DHS.</p>	<p>There will be human infection in Australia with increasing spread between people.</p> <p>Public health responses will be to ‘stamp it out’:</p> <ul style="list-style-type: none"> <li>• suspected cases sent to designated hospitals</li> <li>• stay at home to reduce spread if sick</li> <li>• intensive contact tracing</li> <li>• targeted antiviral prophylaxis for contacts and front-line health workers.</li> </ul> <p>DHS would control and supply antivirals.</p> <p>Watch out for new health alerts with information for GPs.</p>	<p>Many people may be infected in up to three waves over a 12-month or more period with high levels of severe morbidity and death.</p> <p>Hospitals are likely to be swamped and will have flu streams/clinics.</p> <p>There may be high levels of absenteeism due to sickness and care needs with the threat of disruption of essential services, food, power, water, fuel and breakdown of public order.</p> <p>The best source of up to date information will be the Chief Health Officer. DHS will supply antivirals and implement vaccination strategy if/when available.</p> <p>Municipal disaster plans will come into action with community support and coordination.</p>
Actions	<ul style="list-style-type: none"> <li>• make one person responsible for coordinating flu planning in the practice <input type="checkbox"/></li> <li>• report all suspected cases immediately – contact DHS on phone number 1300 651 160 <input type="checkbox"/></li> <li>• train doctors and nurses on symptoms, signs, and epidemiology of H5N1 influenza <input type="checkbox"/></li> <li>• prepare a triage plan ready for suspected case of H5N1 flu <input type="checkbox"/></li> <li>• buy personal protective equipment and learn how to use <input type="checkbox"/></li> <li>• start thinking about the possible impacts on practice functioning and how you might respond <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>• train doctors and nurses to think ‘Could it be flu?’ <input type="checkbox"/></li> <li>• use personal protective equipment with possible flu cases <input type="checkbox"/></li> <li>• update triage plan for suspected cases for the front desk <input type="checkbox"/></li> <li>• decide how you will handle home visit requests <input type="checkbox"/></li> <li>• devise a strategy to identify contacts <input type="checkbox"/></li> <li>• draw up practice business survival plan for these stages <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>• brief doctors, nurses and non-clinical staff on the pandemic phase <input type="checkbox"/></li> <li>• talk about reducing risk and staying well <input type="checkbox"/></li> <li>• implement practice business survival plan <input type="checkbox"/></li> <li>• consider workload management of flu and non-flu patients <input type="checkbox"/></li> <li>• know how to order additional supplies of personal protective equipment <input type="checkbox"/></li> </ul> <p>(Act now to plan for these phases)</p>

## Pandemic alert period – Overseas 3 = Now

### General practice

- GP practices may be the first to see suspected H5N1 influenza in humans.
- Doctors need to know who to call for advice and how to investigate and refer.
- The safety of doctors, staff and other patients is paramount.
- There will be anxiety and fear of infection in contacts.

### Broader community

- The public health aim is to 'keep it out'.
- Human H5N1 infection overseas will occur from sick birds with very rare instances of human-to-human spread.
- The first case in Australia will provoke much public and media interest.
- Watch out for health alerts from DHS.
- DHS will control and supply antiviral prophylaxis for cases and contacts.
- Support and advice on general practice planning is available from DHS.

## What to do now

### Practices

#### Train your staff

Cover the following topics:

- signs, symptoms and epidemiology of H5N1 influenza
- investigation
- what to do with a suspected case
- how to notify DHS
- management of contacts
- using personal protective equipment.

#### Use personal protective equipment to protect you from contact with H5N1 virus with suspected H5N1 flu cases

Personal protective equipment consists of:

- P2 (N95) mask
- protective eyewear
- gown to cover clothes against spills
- gloves.

Buy 10 sets of personal protective equipment now in case a suspected case of H5N1 flu comes to your practice.

Train your staff on using personal protective equipment. Learn about personal protective equipment use in the CD-ROM *Prepared and protected* available at: [www.health.gov.au/internet/wcms/publishing.nsf/Content/phd-pandemic-resources.htm](http://www.health.gov.au/internet/wcms/publishing.nsf/Content/phd-pandemic-resources.htm).

Everyone needs to be trained in personal protective equipment use and know where personal protective equipment is kept in the practice.

### General practice business survival planning

During a pandemic, general practices need business survival plans. Start thinking about the possible impacts on practice functioning and how you might respond. For more information, see pages 8, 10, 14 and 16.

### Clinical

#### When to suspect H5N1 human influenza?

H5N1 influenza in humans has a high mortality rate (over 50 per cent) and presents as the usual flu symptoms of fever, myalgia, headache but with high rates of gastrointestinal and pulmonary symptoms including viral pneumonia. Suspect it in patients with recent travel in currently affected areas, who have had close contact with poultry, poultry farms, or raw poultry products.

**Remember**

Take a travel/work history from all patients with fever or influenza-like illness.

Watch out for health alerts from DHS updating GPs on the situation.

Report any suspected cases of H5N1 influenza immediately to DHS on 1300 651 160.

Further information on the clinical features of H5N1 influenza: [www.health.gov.au/internet/wcms/publishing.nsf/Content/health-avian\\_influenza-index.htm](http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-avian_influenza-index.htm).

**Public health: 'keep it out'**

Current public health responses include forward surveillance in affected countries, isolation of suspected imported cases and contacts, and education of inbound travellers and border workers.

Infection control in your practice:

- wash your hands before and after every patient, every time
- clean potentially contaminated surfaces
- use personal protective equipment – P2 (N95) mask, protective eyewear, a gown to cover clothes against spills and gloves when assessing a suspected case
- reduce the number of contacts of suspected cases by avoiding exposing suspected cases to uninfected people.

**Triage planning: seeing patients with suspected H5N1 flu**

While no confirmed cases of H5N1 infection in humans or birds have been reported within Australia, patients concerned about H5N1 infection in themselves or a close contact, particularly after recent travel to an affected country, may present to GPs for advice and assessment.

**When they call for an appointment**

If patients mention risk of H5N1 or avian flu when they call for appointments, that is, travel to affected areas and flu-like illness:

- have a triage plan ready for front-desk staff to follow
- try to see these patients at home if at all possible
  - decide now how, who, where, and when you will handle home visit requests
  - have a home visit bag prepared with personal protective equipment and receipts/Medicare forms, for example, in it already.

**If seen at the clinic**

Avoid unnecessary contact with other patients and staff:

- ask suspected H5N1 flu patients to wait in their car outside or in a suitably-covered area
- provide surgical masks for all those with respiratory symptoms
- choose a specific consulting or treatment room to see the patient which is well-ventilated and easily-cleaned after the consultation (transmission through air-conditioning systems is not likely)
- use personal protective equipment when seeing the patient and put it in the infectious waste bin afterwards
- call DHS for advice on management and access to testing on 1300 651 160.

**If a suspected case is only identified once in the consulting room**

- ask your practice manager or clinic nurse to record who may have been in the waiting room with a suspected case – despite minimal risk of human-to-human transmission, contacts may require isolation and prophylaxis (to be organised and supplied by DHS)
  - you do not necessarily need to inform possible contacts immediately, but you do need to know their names (as a minimum)

- put on personal protective equipment and give patient a mask to put on
- get instructions from DHS – call them on 1300 651 160.

### Cleaning and disinfection

Follow your standard cleaning procedures for control of potentially infectious materials or see the Royal Australian College of General Practitioners' infection control guidelines at [www.racgp.org.au/infectioncontrol](http://www.racgp.org.au/infectioncontrol). Use the practice 'spill' bucket to clean up after seeing a patient.

For further information go to:

[www.health.gov.au/internet/wcms/publishing.nsf/Content/ohp-pandemic-infect-control-gl-toc.htm](http://www.health.gov.au/internet/wcms/publishing.nsf/Content/ohp-pandemic-infect-control-gl-toc.htm).

### Patient education

Post signs that promote cough etiquette in common areas (for example, waiting areas and toilets) where they can serve as reminders to all persons in the practice. Signs should instruct persons to:

- cover the nose/mouth when coughing or sneezing
- use tissues to contain respiratory secretions
- dispose of tissues in the nearest waste receptacle after use
- wash their hands after contact with respiratory secretions.

### Vaccination: seasonal flu and pneumococcal disease

Vaccinate staff and high-risk patients for seasonal flu to reduce co-infection with two different types of virus, which may increase the chances of a mutated virus emerging.

Vaccinate at risk patients with pneumococcal vaccination. Pneumococcal pneumonia is one of the common complications of influenza so it is important to achieve high coverage in at risk groups. See [www.health.vic.gov.au/immunisation](http://www.health.vic.gov.au/immunisation).

### Checklist

- ✓ make one person responsible for coordinating flu planning in the practice
- ✓ report all suspected cases immediately – contact DHS on phone number 1300 651 160
- ✓ train doctors and nurses on symptoms, signs, and epidemiology of H5N1 influenza
- ✓ prepare a triage plan ready for suspected case of H5N1 flu
- ✓ buy personal protective equipment and learn how to use it
- ✓ start thinking about the possible impacts on practice functioning and how you might respond

## Worksheet: current situation

Triage plan for front desk if patients mention H5N1 flu before coming to clinic?

---

Area for home visits for our patients with suspected H5N1 flu?

Postcodes:

---

Home visit bag been prepared and where is it kept?

---

Who will manage the requests for home visits and how/when will we do them?

---

Where will patients with suspected H5N1 flu wait to be seen?

---

Where will patients with suspected H5N1 flu be seen at the clinic?

---

How will the bill and receipt or Medicare be done?

---

What is the strategy for doctors if they realise they have a patient with suspected H5N1 influenza in the consulting room?

---

Who will clean the surfaces and with what?

---

Where are the personal protective equipment sets kept? (suggest one place like treatment room)

Location:

---

Number of sets:

---

Supplier:

---

## Pandemic phases Australia 3 to Australia 5

### General practice

GPs are likely to see a surge of many potential cases, contacts and worried people.

Referral pathways will change.

Practices will need to try to separate suspected flu patients from non-flu patients.

Home visit demands could increase.

### Broader community

There will be human infection in Australia with increasing spread between people.

Public health responses will be to 'stamp it out':

- suspected cases sent to designated hospitals
- stay at home to reduce spread if sick
- intensive contact tracing
- targeted antiviral prophylaxis for contacts and front-line health workers.

DHS would control and supply antivirals.

Watch out for new health alerts with information for GPs.

## What to do

### Practices

#### Update your staff

GPs need to know who to refer suspected cases to as new referral pathways for suspected cases will be set up to send patients with suspected flu to designated hospitals.

#### Home visits

GPs will need to consider if they are willing to do home visits. Practices need to have a plan for how this will work during a pandemic, that is, is a duty doctor system needed?

Make sure that the home visit kit has personal protective equipment as well as infectious waste bags.

## Clinical

GPs will start to see increasing numbers of potential cases, contacts and worried people.

GPs need to ask every unwell patient about recent (in the last 10 days) travel to at risk areas and think 'Could it be flu?'. Watch out for health alerts from DHS updating GPs on the situation as well as regular updates on the treatment of cases:

- symptomatic cases will be treated with antivirals for five days – DHS will advise and supply
- see *Interim national pandemic influenza clinical guidelines* (June 2006) available at: <http://www.health.gov.au/internet/wcms/publishing.nsf/Content/ohp-pandemic-clin-care-gl-toc.htm>
- contact your designated regional hospital for admission.

Designated hospitals have negative pressure rooms and infectious diseases specialists. A list of these hospitals is available from DHS.

## Public health: 'stamp it out'

Public health responses to infection within Australia are likely to include:

- containment measures
  - designated hospitals/assessment clinics
  - stringent infection control
  - intensive contact tracing
  - targeted antiviral prophylaxis (supplied by DHS)
- strengthening surveillance
  - new case definition
  - laboratory testing of all suspected cases
- increased communication to and from DHS
  - look out for new health alerts from DHS.

## Staff risk of infection, fear and practice survival

Pandemic flu:

- is likely to cause infection in all age groups
- may have a very high mortality in different age groups
- medical staff may have a higher infection rate than the general population
- infections in staff may also lead to further infections in their close contacts.

Staff working with patients with pandemic influenza need to be conscious of this risk. Give them the opportunity to understand the possible risks and how they can protect themselves.

Allow them to make informed choices about working in a potentially dangerous environment with plenty of notice to consider their responses. When the first outbreak of a potential pandemic flu arrives, it will be too late to respond rationally and staff may react out of fear or ignorance. Staff may want to opt out of work in this area or may want to volunteer for flu work in hospitals.

Concerns and anxieties about infection in both patients and staff are likely to occur at the same time as public health measures, such as social distancing, are implemented. Absenteeism of staff may put huge pressure on rosters, practice management and finances. Some practices may consider collaborating or decide to share resources with neighbouring GPs to survive.

Think about:

- what functions are critical for your practice survival?
- who provides these functions?
- who can replace them? (think laterally, that is, casual staff, volunteers, community organisations).

Use the practice survival planning tool at the end of this section to help plan. It will also be repeated in the pandemic phase. Further information on general business continuity can be downloaded from [www.industry.gov.au/pandemicbusinesscontinuity](http://www.industry.gov.au/pandemicbusinesscontinuity).

## 'Stamping it out': avoiding spread of infection in the practice

Avoid contact between suspected cases and other patients:

- implement new triage plan
- see people at home if possible
- if seen at clinic, options include asking suspected case to:
  - wait in separate area or in their car
  - come at a different time to other patients
  - wear a mask and sit at least one metre from other patients
  - wait in a consulting or treatment room.

During the consultation wear personal protective equipment and ask the patient to wear a mask. Avoid patient breathing directly onto you at close proximity during examination if possible, that is, ask patient to turn head away from you.

### Isolation and care of contacts

DHS will provide contact tracing and advice on isolation and antivirals.

For more information, see Appendix 4.2 of the *Victorian influenza pandemic plan* at: [http://www.health.vic.gov.au/ideas/regulations/vic\\_influenza.htm](http://www.health.vic.gov.au/ideas/regulations/vic_influenza.htm).

Ways to minimise infection for yourself and others:

- wash your hands and do not touch your face
- wear gloves
- check your temperature twice daily and self monitor for respiratory symptoms
- if you develop a fever or respiratory symptoms, immediately stop work, be assessed and notify your practice.

### Checklist for phases Australia 3 to Australia 5

- ✓ train doctors and nurses to think 'Could it be flu?'
- ✓ use personal protective equipment with possible flu cases
- ✓ update triage plan for suspected cases for the front desk
- ✓ decide how you will handle home visit requests
- ✓ devise a strategy to identify contacts
- ✓ draw up practice business survival plan for these stages

## Worksheet: for phases Australia 3 to Australia 5

Date staff trained in clinical and epidemiology of current outbreaks:

---

What is the plan for identification of contacts?

---

Have all staff discussed self-isolation and self-care if possibly exposed?

---

What is the triage plan?

---

What will be the plan be for home visits if required?

---

**Practice survival** means planning for the absence of your most critical asset-staff.

Think about:

1. what functions are critical for your practice survival?
2. who provides these functions?
3. who can replace them? (think laterally, that is, casual staff, volunteers, community organisations).

**Contingency arrangements for unavailability of staff**

Function/role	Incumbent (and number of people in role)	Priority	Understudy(ies)	Emergency cover personnel
For example, front desk	Liz Julia Lim Maria Tristan Jules (6 p/t)	High	Michael Jones (from pathology) Carol Lee	Amy Johnson (casual employee) Cecilia Smith (volunteer)

Contact details of all understudies and emergency personnel need to put onto a list:

---

## Pandemic in Australia phase 6

### General practice

Practices risk being overwhelmed with flu work and the challenges of sick patients with other chronic diseases. There will be staff absenteeism from sickness, fear or family care needs.

Some practices may decide to merge or collaborate with local colleagues to be able to maintain a viable service to 'ride out' the surge.

GPs, their staff and their families will be potentially at higher risk of infection. GPs may decide on a flu roster to allow targeting of prophylaxis.

### Broader community

Many people may be infected in up to three waves over a 12-month or more period with high levels of severe morbidity and death.

Hospitals are likely to be swamped and will have flu streams/clinics.

There may be high levels of absenteeism due to sickness and care needs with the threat of disruption of essential services, food, power, water, fuel and breakdown of public order.

The best source of up to date information will be the Chief Health Officer. DHS will supply antivirals and implement vaccination strategy if/when available.

Municipal disaster plans will come into action with community support and coordination.

## What to do

### Practices

#### Key actions to help your practice survive

- brief doctors, nurses and non-clinical staff on the pandemic phases
- talk about reducing risk and staying well
- implement practice business survival plan
- consider workload management of flu and non-flu patients
- know how to order supplies of personal protective equipment for the pandemic phase
- supplies of personal protective equipment will be provided to General Practices via DHS, subject to availability.  
Order via the DHS vaccine fax number 1300 768 088

#### Management of non-flu patients

Reduce non-urgent visits for workload management and to reduce the chance of susceptible people having contact with sick pandemic flu patients.

### Dealing with anxiety

Anxiety and fear may lead to patients becoming demanding and aggressive. Train your staff how to deal with these behaviours. Realise that many patients will want to see 'their doctor' and may try to claim special favours from staff and doctors. Talk to your staff about how to manage these. Staff may be scared, ill, or feel vulnerable. Support and time off to help people through this difficult work will be vital.

Law and order may start to break down. Municipal disaster plans will swing into action and local police or the State Emergency Service if available, may be needed to provide security to practices.

### Clinical

#### Managing your clinical workload

Mildly sick patients or terminally ill patients with pandemic flu may not be able to be admitted to hospital, once hospitals are overwhelmed. GPs will be faced with an increased workload from the routine care of patients with chronic diseases such as diabetes, asthma, hypertension, and ischaemic heart disease, as well as the additional challenges associated with these patients infected with pandemic flu.

To manage this increased workload, telephone triage may help direct sick patients to appropriate care and also reduce less necessary visits by well patients for repeat prescriptions or routine check-ups.

### Sick patients

At first:

- triage of patients to flu streams/clinics or designated hospitals where possible
- sick patients may require ventilation and treatment of complications.

Once hospitals are overwhelmed:

- referral pathways will be changed
  - admission only of patients who may benefit from hospital care
  - more home care for mildly sick and palliative care of terminally ill patients.

Designated hospitals will have flu clinics or streams to help prevent cross infection, manage clinical workload and provide rapid assessment. A list of designated hospitals is available from DHS.

### Antiviral treatment: will depend on availability according to National Medical Stockpile policies

- confirmed and suspected cases
  - those at highest risk of severe outcome
  - in times of scarcity may treat only those with a higher chance of survival
- DHS will supply antivirals.

For more information see *Interim national pandemic influenza clinical guidelines* at: <http://www.health.gov.au/internet/wcms/publishing.nsf/Content/ohp-pandemic-clin-care-gl-toc.htm>.

### Antiviral prophylaxis

DHS will control and supply antivirals such as Oseltamivir and Zanamivir:

- prophylaxis
  - depends on availability
  - priority groups to minimise social disruption and maintain health services including general practices
  - DHS will distribute
  - GPs to fax orders for antiviral prophylaxis for relevant clinical staff to the DHS-provided fax number.

### Vaccination

When a vaccine becomes available, DHS will decide on distribution. Local government will provide this through mass vaccination sessions.

When GPs and their staff are eligible for vaccine, this will be ordered from DHS on the usual vaccine order fax number 1300 768 088.

### Public health

During the pandemic the best source of up-to-date information will be the Chief Medical Officer (Commonwealth) and the Chief Health Officer of Victoria at their web sites: [www.health.gov.au](http://www.health.gov.au) and [www.health.vic.gov.au](http://www.health.vic.gov.au).

DHS also intends to use ABC local radio 774 Melbourne to provide updates. GP Divisions will be asked to coordinate support and information to and from GPs.

### Infection control

#### Staying well: doctors and nurses

- consider doctors' roster for flu patients if enough staff
- antiviral prophylaxis as provided by DHS
- use personal protective equipment when seeing a possible flu patient
- after exposure to possible case of pandemic influenza
  - self monitor for signs and symptoms of disease
  - do not work if you have flu-like symptoms
  - self isolate until assessed.

Personal protective equipment will be worn for all possible flu patients.

Gloves for examination of all patients and hand washing will be important.

### Waste control

The amount of infectious waste will increase from both personal protective equipment and waste from patients being cared for at home, so more frequent collections of waste will be needed.

### Practice survival

During a pandemic, practice survival means planning for the absence of some of your most critical assets, staff and the intermittent interruption of supply of power, water, and other utilities.

In a pandemic the businesses that supply and service your practice are likely to be under pressure as well. For example pathology companies may not be able to find drivers to collect samples or the cleaner may not turn up. Ask your suppliers whether they have made any plans for a flu pandemic and consider alternative suppliers as well. There is a planning chart in the worksheet section to help you think about this.

Some practices may decide to collaborate with neighbours or even merge to survive.

To help understand some of the pressures that practices may be under, this table sets out different scenarios for a hypothetical practice.

### Hypothetical scenarios

Scenario	10 per cent population infected	20 per cent population affected	30 per cent population affected
Description	<p>There will be up to 10 per cent of staff absent at any one time including doctors and front desk.</p> <p>There will be intermittent disruption over 7-day periods in:</p> <ul style="list-style-type: none"> <li>• food supply</li> <li>• medical supplies</li> <li>• water</li> <li>• fuel/transport</li> <li>• electricity</li> <li>• telephone system</li> <li>• internet.</li> </ul>	<p>There will be over 20 per cent of staff absent at any one time.</p> <p>There may be more prolonged disruption to:</p> <ul style="list-style-type: none"> <li>• food supply</li> <li>• medical supplies</li> <li>• water</li> <li>• fuel/transport</li> <li>• electricity</li> <li>• telephone system</li> <li>• internet.</li> </ul>	<p>There will be over 30 per cent or more of staff absent at any one time.</p> <p>There will be possible failure of one or more critical external supply for periods of 2–14 days:</p> <ul style="list-style-type: none"> <li>• food supply</li> <li>• medical supplies</li> <li>• water</li> <li>• fuel/transport</li> <li>• electricity</li> <li>• telephone</li> <li>• internet</li> <li>• law and order.</li> </ul>

## Hypothetical scenarios (continued)

Scenario	10 per cent population infected	20 per cent population affected	30 per cent population affected
Contingency operations	<p>Operations: UNDER PRESSURE</p> <ul style="list-style-type: none"> <li>• maintenance of routine appointments with flu streams or times if still appropriate and home visits for flu patients if possible</li> </ul> <p>Management:</p> <ul style="list-style-type: none"> <li>• practice manager or deputy with managing partner or deputy</li> </ul> <p>Staff:</p> <ul style="list-style-type: none"> <li>• as available with flu stream roster if possible</li> </ul> <p>Communication:</p> <ul style="list-style-type: none"> <li>• to/from patients: website, email and notices</li> <li>• to staff: internal email and mobile phone</li> </ul>	<p>Operations: BASIC</p> <ul style="list-style-type: none"> <li>• defer routine appointments if at all possible</li> <li>• repeat prescriptions over the phone</li> <li>• separate waiting areas for flu and non-flu patients may not be possible</li> </ul> <p>Management:</p> <ul style="list-style-type: none"> <li>• practice manager or deputy with managing partner or deputy</li> </ul> <p>Staff:</p> <ul style="list-style-type: none"> <li>• roster for doctors' and nurses' clinical time</li> <li>• rostering of one duty doctor to handle all requests for repeat prescriptions and advice over phone</li> </ul> <p>Communication:</p> <ul style="list-style-type: none"> <li>• to/from patients: website, email and notices</li> <li>• to staff: internal email and mobile phone</li> </ul>	<p>Operations: CRISIS</p> <ul style="list-style-type: none"> <li>• no routine appointments</li> <li>• patients seen on turn-up or needs basis</li> <li>• patients seen by available clinical staff</li> <li>• care of patients with assistance from assessment centres</li> </ul> <p>Management:</p> <ul style="list-style-type: none"> <li>• practice manager or deputy or most senior staff member available</li> </ul> <p>Staff:</p> <ul style="list-style-type: none"> <li>• whoever still available working roster</li> <li>• consider merging with neighbouring practice to share staff</li> </ul> <p>Communication:</p> <ul style="list-style-type: none"> <li>• to/from patients: website, email and notices</li> <li>• to staff: internal email and mobile phone</li> </ul>

## Checklist pandemic phase

- ✓ brief doctors, nurses and non-clinical staff on the pandemic phase
- ✓ talk about reducing risk and staying well
- ✓ implement practice business survival plan
- ✓ consider workload management of flu and non-flu patients
- ✓ know how to order additional supplies of personal protective equipment

## Worksheet: for pandemic phase

When will you brief doctors and nurses for the pandemic phase?

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When will you talk to non-clinical staff about reducing risk of infection and staying well?

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### Practice survival during pandemic phase

Every practice has suppliers or service providers they rely on, for example, pathology companies, computer maintenance and service, cleaning, and waste collection.

#### Contingency arrangements for unavailability of services provided by external suppliers

Function/role	Provider or third party	Priority	Business continuity strategy in place & date last reviewed	Alternative emergency provider
Eg. Computer maintenance	ABC computing	High	No - ABC working on it to be provided by 2-10-06	High End computers

What is the plan for workload management to reduce consultations for routine check-ups and repeat prescriptions?

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In what area/postcodes will the practice provide care to mildly ill patients managed at home?

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How will the personal protective equipment be obtained?

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## Acknowledgements

We wish to acknowledge, for all their hard work in pandemic planning Melbourne Division of General Practice particularly Peter Larter, Southcity GP Services particularly Christine Armstrong, and Whitehorse Division of General Practice who developed the GP Flu workplan, and members of the General Practice Pandemic Advisory Group.

## Appendix one: table of pandemic phases

Period	Global phase	Australian phase	Description of phase
Inter-pandemic	0	Aus 0	No circulating animal influenza subtypes in Australia that have caused human disease
	1	Overseas 1	Animal infection overseas: the risk of human infection or disease is considered low
		Aus 1	Animal infection Australia: the risk of human infection or disease is considered low
	2	Overseas 2	Animal infection overseas: substantial risk of human disease
		Aus 2	Animal infection Australia: substantial risk of human disease
Pandemic alert	3	Overseas 3	Human infection overseas with new subtype(s) but no human-to-human spread or at most rare instances of spread to a close contact
		Aus 3	Human infection in Australia with new subtype(s): no human-to-human spread or at most rare instances of spread to a close contact
	4	Overseas 4	Human infection overseas: small cluster(s) consistent with limited human-to-human transmission, spread highly localised, suggesting the virus is not well adapted to humans
		Aus 4	Human infection in Australia: small cluster(s) consistent with limited human-to-human transmission, spread highly localised, suggesting the virus is not well adapted to humans
	5	Overseas 5	Human infection overseas: larger cluster(s) but human-to-human transmission still localised, suggesting virus is becoming increasingly better adapted to humans, but may not yet be fully adapted (substantial pandemic risk)
		Aus 5	Human infection in Australia: larger cluster(s) but human-to-human transmission still localised, suggesting virus is becoming increasingly better adapted to humans, but may not yet be fully adapted (substantial pandemic risk)
Pandemic	6	Overseas 6	Pandemic overseas – not in Australia: increased and sustained transmission in general population
		Aus 6a	Pandemic in Australia: localised (one area of country)
		Aus 6b	Pandemic in Australia: widespread
		Aus 6c	Pandemic in Australia: subsided
		Aus 6d	Pandemic in Australia: next wave





**For more information visit:**

[www.health.vic.gov.au/pandemicinfluenza](http://www.health.vic.gov.au/pandemicinfluenza)



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