Patient Service Provision

Community Flu Clinics

Pandemic Influenza sub plan
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Introduction

As the Hazard Leader for Human Disease and Control Agency for Human Epidemic, SA Health is actively involved in preparedness planning for influenza, recognising that seasonal influenza may have a similar impact on the health system as a pandemic outbreak.

To help minimise the spread of infection and to prevent hospitals and primary care services being overwhelmed, SA Health will develop special arrangements to establish hospital and community flu clinics (CFC).

Objective of Community Flu Clinics

The objective of a CFC is to minimise the number of patient presentations/demand for service at hospital Emergency Departments (EDs) and General Practitioner (GP) practices during a pandemic. This will enable the continuation of their core business, reduction in the transmission of infection and provision of alternative sources of influenza services which are easily accessible for the public.

Objective of Hospital Flu Clinic

The objective of HFCs is to assist during periods of extreme demand caused by seasonal influenza, as well as during a pandemic, to ensure segregation of infectious cases and maintenance of flow through emergency departments and the broader hospital.

LHNs will maintain specific arrangements for the establishment of Hospital Flu Clinics (HFC) as part of their Pandemic and seasonal Influenza Planning arrangements. HFCs can be established at the discretion of the LHN Chief Operating Officer during periods of extreme demand, but must include consultation with the Incident Commander (Silver) in consultation with the CPHO/Gold Commander, during a pandemic.

The Australian College for Emergency Medicine has published guidelines for the management of Management of Severe Influenza, Pandemic Influenza and Emerging Respiratory Illnesses in Australasian Emergency Departments. This resource aims to provide guidance to Fellows and trainees of the Australasian College for Emergency Medicine (ACEM), as well as to other Emergency Department (ED) staff, on the management of severe seasonal and pandemic influenza, and emerging respiratory illnesses within EDs.

Activation of Influenza Clinics

Clear triggers for activation of influenza clinics are hard to identify, however activation will take into consideration:

- Extreme demand across the Health System and/or GP practices, potentially exceeding the service provision capabilities
- The status of state-wide outbreak arrangements led by the Chief Public Health Officer and the Gold Incident Management Team (GIMT) Department for Health and Ageing (DHA)
- The time required to activate a CFC, timing will vary according to local needs and will be informed by the GIMT review of the stress upon the Health System

The decision to establish CFCs mark a significant shift in the response to an influenza outbreak and the stress it places on the Health System. Accordingly any decision to establish a CFC will be made by the Chief Public Health Officer (CPHO) as Gold Commander and in consultation with appropriate state-wide representatives (LHN/Health Service Silver commanders). (For more information regarding command & control arrangements see the SA Health Pandemic Influenza Support Plan or the SA Health Emergency Management Framework).
Role of influenza clinics

The role of any flu clinic is to:

- Assess, treat and refer suspected, probable or confirmed cases of influenza
- Reduce the impact on scarce health resources through use of a controlled triage system
- Initiate isolation for suspected, probable or confirmed cases and household contacts
- Liaise with the GIMT to facilitate/participate in contact tracing
- Provide and/or organise antivirals for treatment or prophylaxis to suspected, probable or confirmed cases and identified household contacts as per agreed guidelines
- Collect clinical and epidemiological data on cases.

Primary Care Options

GP practices experiencing a high level of seasonal influenza or pandemic presentations may also choose to adopt some of these flu clinic guidelines within their practice activities to assist in the control and containment of the virus from any presenting patients.

Generally locations for CFCs will be pre-selected but the decision to stand-up a clinic, all or which clinics, will be made in accordance to volume of presentations in certain areas and numbers of overall presentations.

Community Flu Clinic Requirements

Seasonal and/or Pandemic Influenza Considerations

Site Selection

A list of potential sites for CFCs will be maintained by the DHA Emergency Management Unit (EMU) and in assessing potential sites for a CFC, consideration will be given to the following:

Contractual arrangements

> An understanding may be established between SA Health and some potential CFC sites and the arrangements and availability of sites will be reviewed on annual basis by the EMU.

Location

> The facility may be located in either a temporary or existing structure located in close proximity to existing community facilities and services including car parking and public transport services.

Infection Control

> The site should have direct external access and should not require patients to transit through a hospital or health care facility in order to reach the clinic. Staff and patients must have access to PPE appropriate for contact/droplet precautions which must be documented for each site in line with the Infection Control for Pandemic Influenza sub-plan (see infection control arrangements section of the SA Health Pandemic Plan).

Utilities

> A reliable water and electricity supply, adequate hand hygiene facilities, access to toilet facilities for staff and patients, and hospital telephone and computer networks are required.
> Meal and rest break areas for staff.

Ventilation
There is no evidence to link air-conditioning systems with transmission of influenza. Therefore - for planning purposes - specific air-conditioning systems for influenza clinics are not considered necessary. However, influenza clinics should offer protection from environmental elements (wind, rain, cold etc.) and be well ventilated.

Facilities for the Community

- Vehicular, wheelchair, and trolley access and wherever possible patients should be directed immediately into a cubicle, but when all cubicles are full, alternative plans need to be considered for waiting e.g. remain in car until ready to be assessed.
- The establishment of public waiting areas should be avoided wherever possible. If waiting areas cannot be avoided, it is important to provide separate areas for those with symptoms and those without symptoms, as well as ensuring sufficient distance (1 metre rule) between patients while waiting. All symptomatic patients should be asked to wear a surgical mask.

Access to other facilities

- Access to and for appropriate patient transport (ambulance) services must be considered in the location of a CFC.

Waste Disposal

- All waste derived from the examination and management of patients should be disposed of in accordance with standard precautions i.e. use sharps containers for sharps; blood and body fluids only go into infectious waste stream, all other waste goes into general waste, e.g. gowns, gloves, aprons, etc.
- Arrangements should be made to ensure that any infectious waste from rural and remote influenza clinics is retrieved and disposed of properly.

Resource requirements

LHNs will be responsible for staffing and equipping Influenza Clinics in their health networks, in consultation with the GIMT

- Confirm current supplies of consumables to perform assessment, diagnosis and management in accordance with clinical protocols, e.g.
  - PPE
  - Adequate supply of antiviral medication for the operating duration of the clinic
  - Digital thermometers
  - Sphygmomanometers
  - Stethoscopes
  - Examination tables (possibly disposable)
  - Hand hygiene products
  - Clinical and general waste and linen bags
  - Diagnostic testing equipment e.g. swabs, specimen containers and pathology request forms
  - Resuscitation equipment
  - Portable privacy curtains
  - Wheelchairs
  - Personal toilet
Human Resource – Staffing

The numbers of staff will ultimately be determined by the demand on the influenza clinic however key staffing considerations include:

- The core medical and nursing staff will need to be identified and resourced in advance of influenza clinic operations and may include GPs in some instances
- Clinical and medical volunteer staff may be considered such as Red Cross/ St John/State Emergency Services (SES)
- Clerical functions such as registration of patients, perform data entry of clinical and epidemiological details, and provide other administrative and logistic support
- Specialist staff accessible to provide advice

Provide security to help maintain order and ensure the smooth patient flow

Documentation should be kept to a minimum but needs to include:

- Patient registration details
- Triage and clinical assessment
- Public health information as necessary
- Influenza information and advice
- Follow up /support

Communication

A media & communication strategy will be coordinated by the DHA Communications Department but key communication considerations will include

- It will be important to provide clear signage to the public and staff
- Appropriate landline telephone facilities
- Notifiable disease report forms
- Psychosocial staff support

Patient Care

Triage

- Influenza clinics will provide standardised triage, assessment, management and advice for patients with suspected influenza in accordance with predetermined state-wide protocols. Cases will be streamed into three categories:
  
  1. ‘Worried well’ – patients who do not appear on initial presentation to have the flu but need advice. Public education messages will be provided to discourage people from attending influenza clinics unless they have symptoms, in order to reduce cross infection. If at any stage it becomes apparent that the patient may have influenza, they will be transferred to the patient assessment area for further management
  2. Possibly unwell/well - patients who may potentially have flu and need triage, assessment/management. With this group of patients a clinical decision will be made whether care is to be provided with follow up/support at home or if admission to hospital is required
  3. Very unwell – patients requiring immediate transfer to hospital.
Home Care

In establishing a CFC practical measures for the ongoing care of persons not admitted to hospital but who require additional care/support at home must be considered. This will require consultation between all parties who can contribute to or have a role in providing care at home or in the community including:

- Local Health Networks
- Primary Health Networks
- Royal District Nursing Service
- Domiciliary Care Services

Patient will need education and information to assist them in managing their care at home including:

- Infection control measures to reduce the spread of the virus to other household members or visitors
- Use of Paracetamol or ibuprofen to treat myalgia and arthralgia
- Follow up services and care to be provided including sources of community assistance
- When and how to seek help should their conditions worsen including signs and symptoms of deterioration.

Pathology Testing

As CFCs are likely to be a reaction to an advised pandemic, it is not anticipated that all patients will need to be tested. During an outbreak the major purpose of laboratory testing will be to monitor changes in the virus and for confirmation of individual diagnoses where this is uncertain. These tests will continue to be undertaken throughout the course of the outbreak. A small supply of testing equipment should be made available for these purposes at each CFC.

It is also recognised that there may be some instances where rapid pathology testing may be required.

Specimens should be collected and will be tested in accordance with the protocols detailed in the Diagnostic Testing sub plan to the SA Health Pandemic Influenza Support Plan.
### Attachment Two: Influenza Clinic Set up Check list

<table>
<thead>
<tr>
<th>Need identified for a Hospital to establish an influenza clinic</th>
<th>Need identified for a GP practise to establish an influenza clinic</th>
<th>Need identified for a Community Flu Clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name &amp; Location of clinic:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Seasonal Influenza

<table>
<thead>
<tr>
<th>Considerations</th>
<th>Comments</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Site Selection:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Building allocation confirmed from a predetermined site that meets selection criteria</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Waste disposal:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensure existing arrangements are in place</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If there are no current arrangements, apply principles of existing clinical/hazardous waste management with guidance from relevant LHN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consider potential for current arrangements to be increased due to increased waste amounts</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Material Resources:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Establish PPE requirement based on anticipated presentations per day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Establish required assessment and treatment equipment using above rationale</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Order in additional and ongoing stock required</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Human Resources:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify key roles and disciplines (i.e. medical, nursing, patient assistance, clerical etc) required for safe operations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Establish a roster system for roles and functions required</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensure bathroom, meal room and break area facilities</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Ensure staff inductions and handovers are mandatory

**Documentation:**

Patient registration forms

Triage and clinical assessment

Notifiable disease report forms

Filing system including retention at HFC and transfer to LHN medical records department as appropriate

Public health, Influenza and home support information for patients

**Communication:**

Phone and internet access

Clear signage and directions

<table>
<thead>
<tr>
<th>Pandemic Influenza additions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Considerations</strong></td>
</tr>
<tr>
<td>Material Resources:</td>
</tr>
<tr>
<td>Ensure CFC starter kit is available</td>
</tr>
<tr>
<td>Diagnostic testing equipment as required</td>
</tr>
<tr>
<td>Antiviral Medication:</td>
</tr>
<tr>
<td>Confirm stock and storage requirements</td>
</tr>
</tbody>
</table>