Policy Directive

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Hospital Response to Pandemic Influenza Part 1: Emergency Department Response

Document Number PD2007_048

Publication date 27-Jun-2007

Functional Sub group Clinical/ Patient Services - Infectious diseases
Clinical/ Patient Services - Governance and Service Delivery
Population Health - Communicable Diseases
Population Health - Disaster management

Summary This document describes the Emergency Department component of a broader Area Health Service response to pandemic influenza. This document should be read in conjunction with an Area Health Service's pandemic influenza plan.

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Applies to Area Health Services/Chief Executive Governed Statutory Health Corporation, Affiliated Health Organisations, Affiliated Health Organisations - Declared, NSW Ambulance Service, Ministry of Health, Public Health Units, Public Hospitals

Audience Health Service executive, Hospital Managers and Emergency Departments

Distributed to Public Health System, Divisions of General Practice, Health Professional Associations and Related Organisations, NSW Ambulance Service, Ministry of Health, Public Health Units, Public Hospitals

Review date 27-Jun-2012

Policy Manual Not applicable

File No. 07/689

Status Active

Director-General

Hospital Response to Pandemic Influenza

Part 1: Emergency Department Response

Prepared by the Biopreparedness Unit, NSW Health

This document describes the emergency department component of a broader area health service response to pandemic influenza. This document should be read in conjunction with an individual area health service's pandemic influenza plan, which will describe how the area health service will support emergency departments' response to the required additional duties of rapid identification, isolation, and management of suspected and actual pandemic influenza cases.

Table of Contents

Section 1: Overview 3

1.1 Introduction 3

1.2 Overview of emergency department response to an influenza pandemic 4

1.3 Activation of enhanced triage, influenza screening stations and influenza clinics 6

1.4 Governance structure 6

1.5 Patient disposition 6

1.6 Accompanying persons 7

Section 2: Response levels 8

2.1 Enhanced emergency department triage 8

2.2 Emergency department screening stations 13

2.3 Stand-alone influenza clinic (during containment stage) 15

2.4 Stand-alone influenza clinic (during 'maintenance of social function' stage) 17

Section 3: Role of other health service providers 19

3.1 Role of general practitioners 19

3.2 Role of Aboriginal Medical Services 19

3.3 Role of private hospitals that provide emergency department services 19

3.4 Role of the NSW Ambulance Service 20

3.5 Role of pharmacies 20

Section 1: Overview

1.1 Introduction

This document describes the response of emergency departments (EDs) and multi purpose services to an influenza pandemic. For simplicity, when the term 'emergency department' is used in this document, it refers to all facilities in NSW with an emergency department, and all multi purpose services.

Due to the wide variability of health care facilities in New South Wales (NSW), a document such as this cannot be entirely prescriptive. Rather, it should be seen as a guide for developing and implementing a local response to pandemic influenza. Strategies will need to be implemented at each facility to ensure they meet the objectives described in this document.

The two main stages of the pandemic response are the containment stage and the 'maintenance of social function' stage.

In the containment stage, the emphasis is on slowing the spread of a pandemic to reduce the burden on the health system and to buy time for the development of a pandemic influenza vaccine. The main strategies in this stage are to:

- prevent people with pandemic influenza entering Australia
- find people with pandemic influenza, isolate them, and treat them with antiviral medication
- trace the contacts of these people, provide them with antiviral prophylaxis, and quarantine them.

A close liaison between clinicians and public health unit (PHU) personnel is vital for containment to be successful.

The 'maintenance of social function' stage will occur when the resources required for containment are exceeded. In this stage, the key role of EDs will be to manage the potentially large number of patients with pandemic influenza who require high level medical care.

A response to an influenza pandemic will require the mobilisation of resources from across the area health services (AHSs), particularly during the later stages. Each AHS will be required to develop plans to operationalise the ED response to an influenza pandemic at all facilities with an ED.

The *Hospital Response to Pandemic Influenza. Part 1: Emergency Department Response* document should be read in conjunction with the *Interim National Pandemic Influenza Clinical Guidelines* and *Interim Infection Control Guidelines for Pandemic Influenza in Healthcare and Community Settings,* which are appendices to the *Australian Health Management Plan for Pandemic Influenza* (AHMPPI) (June 2006).

1.2 Overview of emergency department response to an influenza pandemic

EDs have a key part to play in the response to an influenza pandemic in NSW, particularly in their role in activating enhanced ED triage and influenza screening stations.

To respond to the changing nature of an influenza pandemic, a graded response to the threat will be required. This response will range from the establishment of enhanced ED triage (when a new influenza strain is reported to be causing clusters of human disease with human-to-human transmission overseas) to the establishment of ED screening stations (when there is a high likelihood that a patient meeting the case definition will present to an ED). Once there are clusters of cases in Australia that exceed (or are expected to exceed) the capacity of EDs such that a broader AHS response is required, stand-alone influenza clinics will be established. The role of stand-alone influenza clinics will be to see suspected pandemic influenza patients who are not in need of high-level ED care. Stand-alone influenza clinics will not provide high-level emergency care; this role will be maintained by the EDs.

The NSW Department of Health (NSW DoH) will request initiation and escalation of response through the AHS chief executives. The NSW DoH will define the level of the operational response required, which will depend upon the epidemiological characteristics of the disease, including the extent of pandemic influenza overseas, transmissibility of the pandemic influenza virus, and the level of morbidity and mortality resulting from the new influenza strain.

Table 1 summarises the levels of response required and the drivers that will determine the need for an increase in the level of response. All NSW public and private hospitals with EDs will be required to initiate the response described in this table. Each facility will need to consider their own circumstances and devise strategies to ensure they meet the response objectives.

Table 1. Description, drivers for activation, and purpose of emergency department (ED) response to an influenza pandemic

Response	Description	Drivers for activation	Purpose
Enhanced emergency department (ED) triage initiated	Additional screening conducted at the usual ED triage point, based on an up-to-date case definition.	Declaration of overseas pandemic alert phase 4[1] (OS phase 4)—clusters with human-to-human transmission overseas— where the clusters are occurring in a relatively isolated region. (If first clusters are in a major centre overseas, a move directly to pandemic influenza screening stations may be required.)	**Containment stage** To decrease the rate of transmission of pandemic influenza in the community, general practice surgeries, hospitals and other health care facilities by: • ensuring rapid identification and isolation of suspected cases • allowing diagnosis and treatment of cases with antiviral agents, if indicated • providing a linkage with the public health response of contact tracing and provision of anti viral prophylaxis • allowing collection of epidemiological and clinical data to inform clinical management and public health decisions.
ED pandemic influenza screening station established	Pandemic influenza screening station established at the entrance to ED to identify patients who meet the pandemic influenza case definition before they enter the waiting room.	No cases in Australia (Australian pandemic alert phase 0-3) but outbreaks occurring in areas overseas from which it is significantly likely that people will be travelling to Australia. Widespread outbreaks overseas. Significant morbidity and mortality from pandemic influenza overseas. Declaration of Australian pandemic alert phase 4 (i.e., clusters with human-to-human transmission in Australia).	**Containment stage** As for enhanced ED triage, and to allow a higher level of vigilance than provided by enhanced ED triage in light of an increased likelihood of pandemic influenza cases being encountered.
Stand-alone influenza clinic[2] established. **ED pandemic influenza screening station established/ maintained.**	A separate influenza clinic facility established to identify and treat those who meet the case definition for pandemic influenza. Note: an influenza screening station at the entrance to ED will still need to be maintained.	**At containment stage** ED capacity to isolate and manage suspected cases is exceeded. **At 'maintenance of social function' stage** Inability to contain pandemic influenza outbreaks (resulting in declaration of 'maintenance of social function' stage). Declaration of influenza pandemic (Australian phase 6b).	**Containment stage** As for enhanced ED triage, and to allow effective management of an increased number of pandemic influenza patients. **'Maintenance of social function' stage** To provide standardised assessment, triage, and management of patients with suspected pandemic influenza. To reduce patient presentations to EDs and general practices, thereby allowing those facilities to continue their core business and reduce the risk of transmission within those settings. To collect epidemiological data to monitor progress of the pandemic and inform optimal resource allocation.

[1]This assumes that a pandemic starts overseas. If a pandemic starts in Australia, an elevated level of response will be immediately required.

[2] The governance structure of the stand-alone influenza clinic will need to be determined by the area health service (AHS) and identified in AHS and facility plans.

1.3 Activation of enhanced triage, influenza screening stations and influenza clinics

The NSW Chief Health Officer (CHO) will notify the AHS chief executives of the change in the pandemic alert level and instruct AHSs to activate one of the ED response strategies listed below. The response will depend on the phase of the pandemic alert, the number and location of people with pandemic influenza, and the epidemiology of the new influenza virus. The three levels of response are:

- enhanced triage within EDs
- separate pandemic influenza screening stations
- stand-alone influenza clinics (note: if a stand-alone influenza clinic is required, screening stations will still need to operate at the entrance to the ED).

Activation of enhanced triage within EDs will be required within 8 hours of notification; activation of ED screening stations will be required within 12 hours, and activation of stand-alone influenza clinics within 48 hours. The NSW DoH will require confirmation by AHS chief executives that activation has occurred.

A pandemic influenza case definition to be used for screening purposes will be provided to all AHSs at, or shortly after, the formal request to activate an ED response. The new case definition, and subsequent case definitions, will be available on the NSW Health intranet and internet websites, and will be found immediately after the Netepi login page. Netepi is a web-based public health data collection and management system.

A detailed breakdown of the ED pandemic influenza response, according to the containment and 'maintenance of social function' stages, is provided in Section 2 of this document.

1.4 Governance structure

The governance structure for the various response levels will need to be determined by individual AHSs and outlined in the AHS plan.

1.5 Patient disposition

Following assessment of patients' clinical condition, likelihood of complying with home isolation, and ability to care for themselves, patients will be either admitted to hospital and isolated or discharged for self-care in home isolation. The decision to discharge a potentially infectious patient must be made in consultation with the PHU and relevant specialists. Patients must remain in isolation (in hospital or at home) until an alternative diagnosis is made or the infectious period is over.

If admitted to hospital, the patient may be admitted to either the hospital to which the patient has presented or to another hospital in accordance with AHS plans for suspected and confirmed cases of pandemic influenza. If admitted to hospital, the patient should be cared for in a single room. Patients with confirmed pandemic influenza should also be cared for in a single room; however, if insufficient single rooms are available, patients with confirmed pandemic influenza can be cohorted and isolated in a separate ward or wing of the hospital. The number of staff who come into contact with the patient should be minimised.

The collection of clinical and demographic information required to facilitate contact tracing by the PHU will be an important activity in the ED response. The investigation does not have to be carried out in the ED, but it is important that the patient is kept in isolation at the facility while this investigation is being carried out.

1.6 Accompanying persons

It is likely that patients who are suspected of being infected with pandemic influenza will present with accompanying persons. In all but exceptional circumstances (e.g., where the suspected case is a child) accompanying persons who do not meet the case definition should be provided with information about pandemic influenza, have their contact details collected and provided to the PHU, and (upon advice of the PHU) be sent to home quarantine. The PHU will provide advice about the management of accompanying persons.

If the ED clinician decides that it is necessary for an accompanying person to remain with the patient, advice must be sort from the PHU before the accompanying person is allowed into the isolation room with the suspected case.

Management procedures for persons accompanying children presenting to a children's hospitals have not yet been finalised. This document will be updated when these procedures are available.

Section 2: Response levels

2.1 Enhanced emergency department triage

During the containment stage—when small clusters of human-to-human transmission of the new influenza virus have been reported overseas (WHO Overseas phase 4, Australian phase 0-3)—all facilities with emergency departments (EDs), and multi purpose services, will be required to commence enhanced ED triage with screening for pandemic influenza. Screening is to be performed at the beginning of the ED triage process, and provision must be made for the isolation and management of suspected pandemic influenza patients in single rooms. To ensure the safety of health care workers, screening should be conducted from behind a physical barrier such as a glass screen or by keeping more than a metre away from the patient. If this is not possible, full personal protective equipment (PPE) should be worn.

Operating requirements

Once advised to activate enhanced ED triage screening, a senior medical or nursing staff member, as designated in the AHS pandemic influenza plan, will be required to ensure:

- correct signage is displayed
- an up-to-date version of the case definition is available
- all presentations to ED are screened for pandemic influenza during the triage process
- there is a one-way flow of suspected pandemic influenza patients through the ED
- the availability of at least one single room to be used for isolating a suspected case of pandemic influenza (this room should be selected beforehand and identified in the AHS pandemic influenza plan)
- there is an adequate stock (20–100, depending on the facility size) of P2 masks and other PPE for use by the doctor/nurse(s) assessing and managing the suspected case(s), and that these staff use the PPE appropriately
- PPE stock is replenished as required
- a medical officer (or experienced nurse where no medical officer is normally available) is nominated to assess person(s) meeting the case definition. The staff member should be familiar with the case definition and with protocols for diagnosis, clinical management and infection control
- the PHU is contacted immediately upon identification of a suspected case
- viral swabs (as per testing algorithm) are readily accessible (the designated person should, ideally, be experienced in taking nose and throat swabs for viral testing, given the importance of obtaining a quality specimen for an urgent influenza test)
- surgical masks and hand washing facilities (or alcohol-based gel) are available for use by the suspected pandemic influenza case(s)
- screening staff have access to hand washing facilities and/or alcohol-based gel and wash their hands frequently
- availability of anti-influenza medication for treatment of pandemic influenza patients (this should be detailed in the AHS pandemic influenza plan)
- an appropriate cleaning regime in accordance with infection control guidelines is in place to disinfect areas potentially infected.

Operating procedure

The procedure for enhanced ED triage is described below. A flow diagram summarising the process is shown in Figure 1.

Step 1: Screen

- At first contact, all patients are to be asked the up-to-date pandemic influenza screening questions.
- If a patient meets the case definition, proceed to Step 2. If a patient does not meet the case definition, the triage process continues as normal.
- Refer to Figure 2 for a more detailed description of the screening process.

Note 1: In facilities where the implementation of enhanced ED triage is not possible (e.g., in facilities that do not have a permanently staffed ED), different strategies will need to be implemented to keep pandemic influenza out of the facility. Strategies may include an early move to setting up a screening station at the entrance to a facility.

Note 2: Once enhanced ED triage is implemented, ambulance officers will screen all patients upon pickup and report identified suspected pandemic influenza cases to facilities prior to arrival. Section 3 of this document provides more information on the role of ambulance officers in response to pandemic influenza.

Note 3: When there is an outbreak or outbreaks of pandemic influenza overseas but not in Australia (WHO Overseas phase 4 or above, Australia phase 0-3) the epidemiological screening questions (on travel history) are to be asked before the clinical questions because they are the more specific discriminators and because they can be asked while keeping a safe distance. Once cases are identified widely in Australia (implying that overseas travel/contact with someone who has travelled overseas to the affected areas ceases to be the discriminating factor) travel history will be removed from the case definition and clinical features will prevail.

Step 2: Isolate

- If a patient meets the case definition, treat them as a suspected case of pandemic influenza: provide them with a surgical mask, instruct them to wash their hands, and isolate them immediately in a single room. If a single room is not available, cohort pandemic influenza patients in such a way that risk of transmission is minimised.

Note: If a patient with suspected pandemic influenza has not been triaged immediately on arrival at the ED, the contact details of all the people within the ED waiting room (including other patients and staff) who have been in contact with the suspected case must be recorded in case pandemic influenza is later confirmed and contact tracing is required.

- Clean the triage area as per infection control guidelines.

Step 3: Assess/manage

- Continue subsequent assessment and management of the patient with suspected pandemic influenza in a single room. If the patient requires immediate medical intervention, this should be performed in the single room wherever possible.
- Obtain demographic information for the patient.
- Perform a clinical assessment.
- Obtain appropriate specimens for laboratory testing. Details relating to the collection of microbiological specimens can be found in *Pandemic Influenza—Interim Response Protocol for NSW Public Health Units.* For viral specimen collection, one viral swab (not a bacterial swab) from the right nostril, one viral swab from the left nostril and one viral swab from the throat (i.e., three swabs in total) are required.

Step 4: Notify/consult

- If the suspected case still fits the case definition, notify the PHU of the suspected case by telephone and provide details of information collected to date. PHU staff are available 24 hours a day in all areas of NSW; contact details are available in the AHS pandemic influenza plan or via the AHS switchboard or the NSW Health intranet contact directory.
- Consult with PHU staff and infectious disease and/or other relevant physicians regarding diagnosis and continued management of the suspected case.
- Obtain advice from the PHU about where specimens should be sent.

Step 5: Send specimens

- Following consultation with the public health unit and infectious disease physician, and confirmation that the patient meets the case definition for pandemic influenza, send specimens.
- Specimens are to be labelled 'suspect case of pandemic influenza'.
- The hospital laboratory is responsible for notifying the reference laboratory and ensuring the urgent transport of the specimens to the reference laboratory for specific detection of the pandemic influenza strain. The two reference laboratories in NSW are the Institute for Clinical Pathology and Medical Research (ICPMR) at Westmead, and the South East Illawarra Area Laboratory Service (SEALS) at Prince of Wales Hospital, Randwick.
- Other specimens (including microbiological specimens) should be processed following usual procedures.
- Specimens are to be packaged and transported in accordance with the National Pathology Accreditation Advisory Council's *Requirements for the packaging and transport of pathology specimens and associated materials.* (The National Pathology Accreditation Advisory Council guidelines can be found at http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/7549F296F1F58024CA256F1800469D8F/$File/Transport.pdf.)

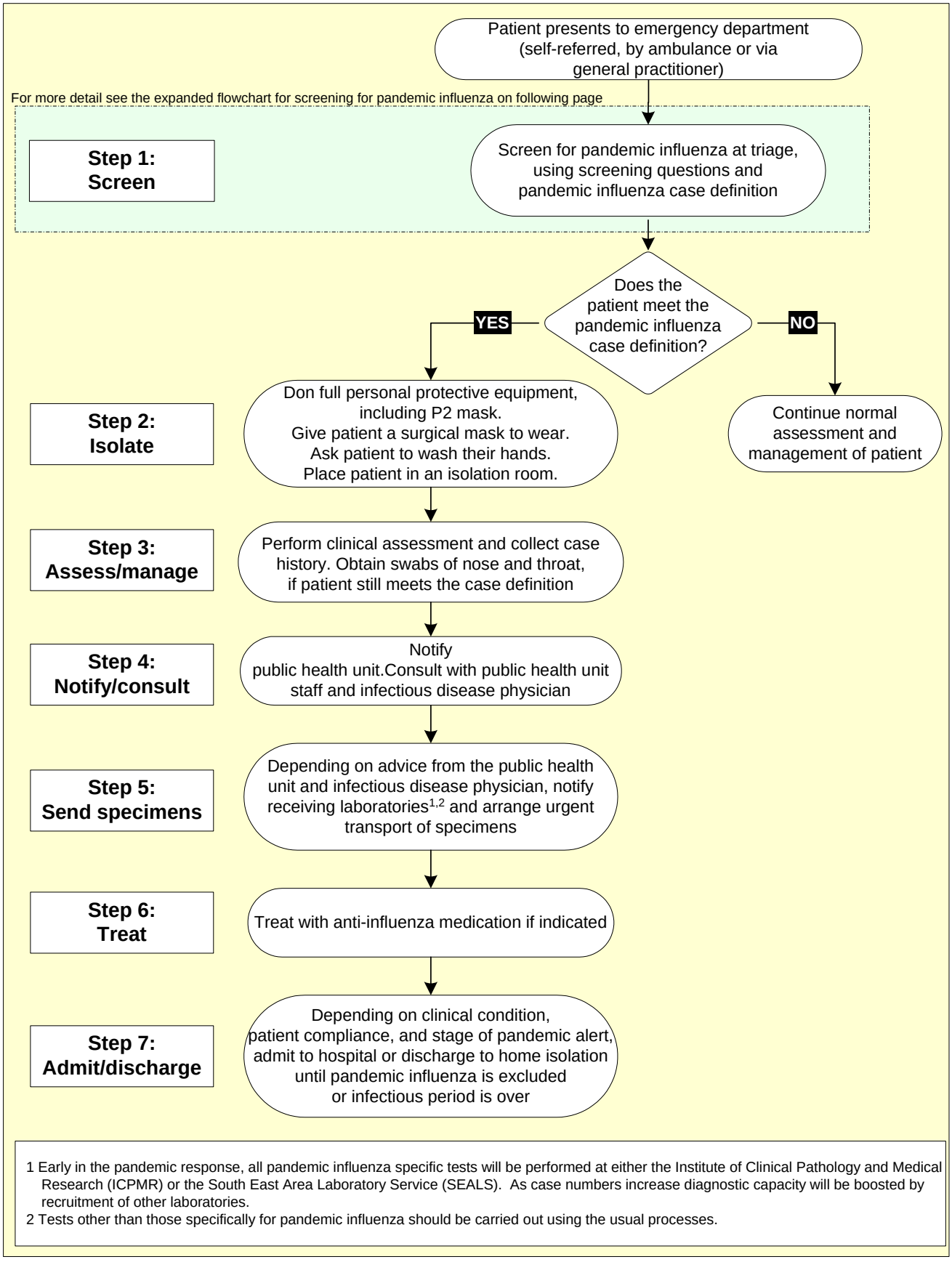
Step 6: Treat

- If there is a high index of clinical suspicion for pandemic influenza, assess the patient for contraindication to anti-influenza medication and consider administering the first dose of treatment while awaiting the pathology result (given the importance of administering anti-influenza medication as early as possible after symptom onset), and certainly within 48 hours.
- If reference laboratory confirmation of the diagnosis is likely to take longer than 8 hours, it is recommended that the first dose of anti-influenza medication be administered as soon as possible.

Step 7: Admit/discharge

- If the pandemic influenza test is positive or a diagnosis of pandemic influenza cannot be excluded, admit the patient to hospital or, following assessment of the patient's clinical condition and ability to comply, discharge them to home isolation. Discharge of potentially infectious patients *must* be made in consultation with the PHU and relevant specialists.
- If a decision has been made to admit the patient and they do not require further care in the ED, they can be transferred out of the ED and into a single room elsewhere in the facility. Further clinical and public health follow up can occur in that single room.

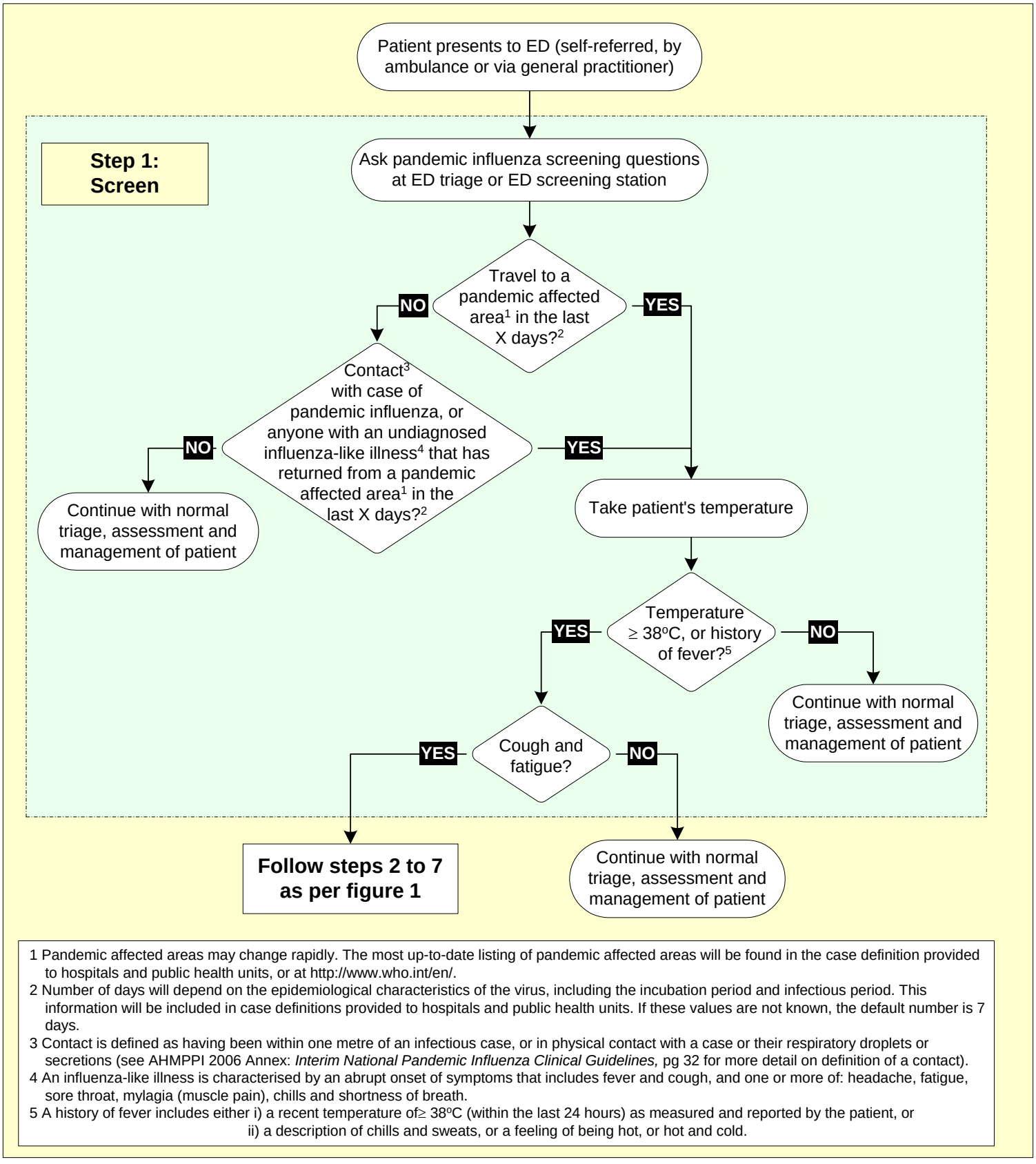
Figure 1. Flow diagram for the screening, assessment and management of a suspected pandemic influenza case in the emergency department



1 Early in the pandemic response, all pandemic influenza specific tests will be performed at either the Institute of Clinical Pathology and Medical Research (ICPMR) or the South East Area Laboratory Service (SEALS). As case numbers increase diagnostic capacity will be boosted by recruitment of other laboratories.

2 Tests other than those specifically for pandemic influenza should be carried out using the usual processes.

Figure 2. Flow diagram of the screening process for pandemic influenza



1 Pandemic affected areas may change rapidly. The most up-to-date listing of pandemic affected areas will be found in the case definition provided to hospitals and public health units, or at http://www.who.int/en/.

2 Number of days will depend on the epidemiological characteristics of the virus, including the incubation period and infectious period. This information will be included in case definitions provided to hospitals and public health units. If these values are not known, the default number is 7 days.

3 Contact is defined as having been within one metre of an infectious case, or in physical contact with a case or their respiratory droplets or secretions (see AHMPPI 2006 Annex: *Interim National Pandemic Influenza Clinical Guidelines,* pg 32 for more detail on definition of a contact).

4 An influenza-like illness is characterised by an abrupt onset of symptoms that includes fever and cough, and one or more of: headache, fatigue, sore throat, mylagia (muscle pain), chills and shortness of breath.

5 A history of fever includes either i) a recent temperature of≥ 38ºC (within the last 24 hours) as measured and reported by the patient, or ii) a description of chills and sweats, or a feeling of being hot, or hot and cold.

2.2 Emergency department screening stations

Screening for influenza using screening stations at the entrance to EDs (or in smaller facilities without permanent EDs, at the entrance to the facility) will commence when the likelihood of patients with pandemic influenza being encountered has increased to a stage that warrants screening of *all* people presenting to an ED *before* they enter the ED waiting room, and *before* they are triaged. This is expected to occur when Australia pandemic alert phase 4 is declared (clusters of cases with the new influenza strain with human-to-human transmission are reported in Australia) or when cases have not yet been reported in Australia but are occurring in major regional transport hubs. Activation of screening stations will be required within 8 hours in metropolitan and base hospitals and within 12 hours in rural hospitals. It is expected that close monitoring of epidemiological data will provide advanced warning that an elevation of response will be required.

It is possible that some parts of the state will establish ED screening stations, while others that are less likely to see patients with suspected pandemic influenza because of their distance from the reported cases of influenza, will continue with an enhanced ED triage response.

The driver for the activation of ED screening stations is principally an assessment that the new influenza virus poses an increased and imminent risk to NSW health facilities. This risk will be assessed based on the epidemiological characteristics of patients identified with the new influenza virus, the number and location of people with confirmed pandemic influenza , and the threat to the local area.

It is acknowledged that a number of very small facilities will not be able to implement screening stations. These facilities will need to be identified in AHS plans and will need to develop strategies locally to meet the objective of keeping pandemic influenza out of their facilities. Strategies may include screening through intercom, facility lock down, or advance screening by telephone.

A cascaded approach to ‘ramping up’ a broader whole-of-facility response to keeping pandemic influenza out of facilities will be implemented according to the level of threat. This will include limiting entry and exit points to facilities; limiting visitor number and times that visitors can enter facilities; postponing elective and non-urgent treatment for persons returning from pandemic influenza-affected areas; and screening staff. A policy designed to keep hospitals safe from the threat of pandemic influenza is being developed.

Operating requirements

In essence, an ED screening station is similar to the enhanced ED triage response, and the operating requirements are also similar. The significant difference is that with a screening station the screening for pandemic influenza will occur at the entrance to the ED and not at the normal ED triage point. Screening stations will need to operate 24 hours and screen all patients and accompanying persons who present to the ED. The location and management of this screening station will be described in the AHS pandemic influenza plan.

Operating requirements and procedure

The operating requirements for ED screening stations are similar to those for enhanced triage, described in Section 2.1, except that a screening table, chairs and, if appropriate, shelter will be required.

The operating procedure is also similar, apart from the changes and additions listed below.

Step 1: Screen

- All patients and accompanying persons attending the ED must be screened at the influenza screening station located at the entrance to the ED.
- All patients presenting are to be asked screening questions based on an up-to-date pandemic influenza case definition.
- If the patient does not meet the case definition, the patient proceeds to triage as normal.

Note: All staff at pandemic influenza screening stations must wear full PPE while screening and the screening station must be disinfected in accordance with infection control guidelines each time a suspect case is identified.

Steps 2 to 7

If the patient meets the case definition, follow **steps 2 to 7** (isolate, assess/manage, notify, send specimens, consult, treat, admit/discharge) as outlined in the enhanced ED triage operating procedure described in Section 2.1.

Refer to Figure 2, above, for a summary of the process of screening for pandemic influenza.

2.3 Stand-alone influenza clinic (during containment stage)

Stand-alone influenza clinics will commence operation in a location separate from the ED when the number of people with suspected pandemic influenza exceeds the capacity of the ED to isolate and manage them appropriately.

Stand-alone influenza clinics will require activation within 24 hours of notification in metropolitan and base hospitals and within 48 hours in rural and remote hospitals. It is expected that close monitoring of epidemiological data will provide advanced warning of the need to activate stand-alone influenza clinics.

During the containment stage, the key roles of a stand-alone influenza clinic will be to continue the process of containing the spread of pandemic influenza by enabling the rapid identification, isolation, and management of patients with suspected pandemic influenza, and to expedite follow up of their contacts by the PHU. Stand-alone influenza clinics will relieve the patient load on EDs by assessing and managing patients who do not require high-level care in an ED, thus allowing EDs to continue their core role of treating critically ill patients.

Stand-alone influenza clinics will not have the capacity to provide high-level emergency care; EDs will maintain this role. If a patient with suspected pandemic influenza is sick enough to require high-level emergency care, they will need to be transferred to the ED.

Stand-alone influenza clinics will need to be prepared to operate 24 hours per day and have their own dedicated workforce.

Stand-alone influenza clinics will initially be established on hospital campuses. As the number of people affected by pandemic influenza increases, stand-alone influenza clinics may need to be established at other sites.

Operating requirements

A stand-alone influenza clinic during the containment stage will perform the same function as the enhanced ED triage and screening station, but operate on a larger scale. The driver for establishing a separate influenza clinic is an increase (or anticipated increase) in the numbers of patients that meet the pandemic influenza case definition, or an increase in the numbers of patients presenting at EDs in order to be screened for pandemic influenza.

Note that a screening station will still be required at the entrance to the ED when a stand-alone influenza clinic is in operation. Refer to Figure 3, following, for a summary of screening procedures for pandemic influenza at EDs when stand-alone influenza clinics have been activated. The procedures are described in more detail in the next section.

Operating procedure

Patients are likely to present at the stand-alone influenza clinic via two mechanisms:

- after being screened and triaged at an ED, or
- having come directly to the influenza clinic (see Figure 3).

The text below describes operating procedures for both the ED pandemic screening station and the stand-alone influenza clinic.

(i) Patients presenting to the ED pandemic influenza screening station

Step 1: Screen

- All patients and accompanying persons attending the ED must be screened at an influenza screening station located at the entrance to ED.
- All patients and accompanying persons presenting need to be asked screening questions based on an up-to-date case definition for pandemic influenza.
- If the patient does not meet the case definition they should be instructed to proceed through the hospital system as normal.
- Patients that meet the pandemic influenza case definition and are *not* in need of emergency treatment should be provided with a surgical mask and asked to wear it, be asked to wash their hands and then sent to the separate stand-alone influenza clinic for treatment.
- Patients that meet the pandemic influenza case definition and that *are* in need of emergency treatment should be triaged and treated in a single room in the ED.

Steps 2 to 7

Follow **steps 2 to 7** (isolate, assess/manage, notify, send specimens, consult, treat, admit/discharge) as outlined in the enhanced ED triage operating procedure above.

Refer to Figure 2, above, for a description of the process of screening for pandemic influenza.

ii) Patients presenting to the stand-alone influenza clinic after being screened and triaged at an ED

Step 1: Identify screened patients

All patients and accompanying persons presenting to the stand-alone clinic after being screened and triaged at an ED need to be identified and placed in a separate queue.

Steps 2 to 7

Follow **steps 2 to 7** (isolate, assess/manage, notify, send specimens, consult, treat, admit/discharge) as outlined in the enhanced ED triage operating procedure above.

(iii) Patients presenting directly to the stand-alone influenza clinic

Step 1: Screen

- Patients and accompanying persons presenting directly to the stand-alone influenza clinic need to be screened to ensure that they meet the case definition:
    - If the patient meets the pandemic influenza case definition, they should be triaged and, if *not in need* of high-level emergency treatment, should be assessed and managed in the stand-alone influenza clinic
    - If the patient meets the pandemic influenza case definition, they should be triaged and, if *in need* of high-level emergency treatment, directed to the ED.

- Patients that do not meet the pandemic influenza case definition should be re-directed to the ED, other health care providers (a GP for example) or sent home. Patients that do not meet the influenza case definition should not be treated in an influenza clinic.

Steps 2 to 7

Follow **steps 2 to 7** (isolate, assess/manage, notify, send specimens, consult, treat, admit/discharge) as outlined in the enhanced ED triage operating procedure above.

2.4 Stand-alone influenza clinic (during 'maintenance of social function' stage)

The 'maintenance of social function' stage of an influenza pandemic will be declared when it is no longer possible to contain the spread of the new influenza virus in the community. Once the 'maintenance of social function' stage of the pandemic is declared, the purpose of stand-alone influenza clinics will change significantly, moving from a focus on containment (identification and isolation of patients, and quarantining of contacts) to a focus on maintaining essential health service delivery.

During this stage, stand-alone influenza clinics will operate as influenza triage, assessment, and management facilities for potentially large numbers of sick people. The stand-alone influenza clinic staff will determine whether the patient requires admission to a hospital or staging facility, or whether they can be discharged home with community follow-up as required. Laboratory testing for pandemic influenza will not routinely occur during this stage (unless the patient is hospitalised). Contact tracing will no longer be carried out. Current national policy is that stockpiled anti-influenza medications will be available for pre and post exposure prophylaxis and not for treatment of patients. However, this may change as the size of the stockpile is increased.

Operating requirements

The scope and capacity of the 'maintenance of social function' stage stand-alone influenza clinics will be determined by a number of factors including the epidemiological characteristics of the virus, the availability of anti-influenza medication for the treatment of cases and the availability of an effective vaccine.

Operating procedure

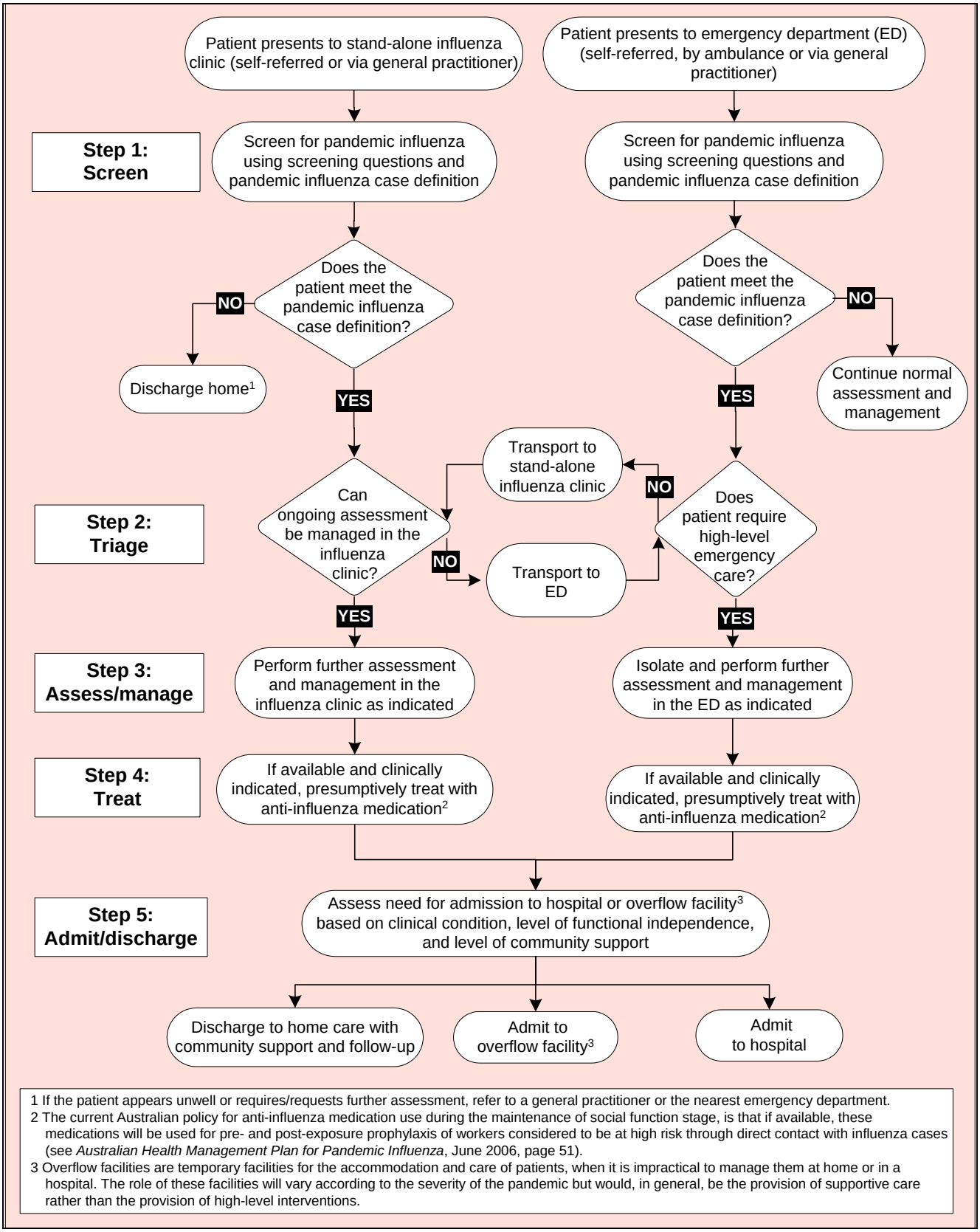
The procedure for operating a stand-alone influenza clinic during the maintenance of social function phase will be significantly different to those for previous response levels.

Staff in a stand-alone influenza clinic will:

- refer patients in need of high-level emergency care to an ED
- manage patients based on a clinical, rather than laboratory, diagnosis of pandemic influenza
- administer anti-influenza medication within 48 hours of symptom onset if medication is still available for treatment of patients, treatment is clinically indicated and there are no contraindications for treatment
- determine whether admission to a hospital, a staging facility, or discharge into home isolation with community follow-up, is required
- if discharging a patient to home care, provide appropriate advice to patient and carer(s) and refer for community follow-up.

A flow diagram summarising case management during the maintenance of social function stage is shown in Figure 3, below.

Figure 3. Flow diagram for the screening, assessment and management of patients with suspected pandemic influenza during the 'maintenance of social function' stage.



1 If the patient appears unwell or requires/requests further assessment, refer to a general practitioner or the nearest emergency department.
2 The current Australian policy for anti-influenza medication use during the maintenance of social function stage, is that if available, these medications will be used for pre- and post-exposure prophylaxis of workers considered to be at high risk through direct contact with influenza cases (see *Australian Health Management Plan for Pandemic Influenza*, June 2006, page 51).
3 Overflow facilities are temporary facilities for the accommodation and care of patients, when it is impractical to manage them at home or in a hospital. The role of these facilities will vary according to the severity of the pandemic but would, in general, be the provision of supportive care rather than the provision of high-level interventions.

Section 3: Role of other health service providers

3.1 Role of general practitioners

The key role of general practitioners (GPs) during an influenza pandemic is to ensure that their usual primary health care services are maintained. If pandemic influenza is suspected in a patient, GPs are encouraged to provide the patient with a surgical mask, refer the patient to an emergency department (ED) or influenza clinic immediately, and notify the ED or influenza clinic that a suspect case has been referred. All suspected pandemic influenza patients should be referred to an ED or influenza clinic as these facilities have the capacity to appropriately assess and manage pandemic patients, access rapid diagnostic tests and anti-influenza medication, and contain further spread of infection.

An exception to this rule will occur in rural and remote areas where GPs may be the only health service provider, or be involved in providing ED response at a local facility. AHSs should plan with GPs as to what the GPs' role will be, and how the GPs' usual primary care role is to be maintained, particularly during the 'maintenance of social function' stage of an influenza pandemic.

The NSW DoH will provide information to all GPs when a change in pandemic alert phase occurs. This information will include advice to refer suspected pandemic influenza patients to EDs and will direct GPs to refer to the NSW DoH website to ensure they are up to date with current case definitions and protocols (e.g., infection control). GPs will also be asked to immediately notify their PHU and ED of any patients with suspected pandemic influenza that they identify and refer.

3.2 Role of Aboriginal Medical Services

In metropolitan areas, Aboriginal Medical Services (AMSs) will be encouraged to refer patients that meet the pandemic influenza case definition to EDs. In rural areas, a case-by-case assessment to define the role of AMSs will need to be undertaken, taking into account access to ED facilities, the capacity for isolation and management of patients, and the normal role of the AMS.

AHSs will be required to advise AMSs within their boundaries of any change in the pandemic alert phase or pandemic influenza case definition.

3.3 Role of private hospitals that provide emergency department services

The Hills Private Hospital, Kareena Private Hospital and Sydney Adventist Hospital are the only private hospitals in NSW that have EDs. These hospitals will be required to activate enhanced ED triage and ED screening stations at the same time as public hospitals. AHSs are responsible for notifying private hospitals within their boundaries whenever a change in pandemic alert phase and case definition occurs. The mechanism for notifying private hospitals and the role of private hospital EDs during an influenza pandemic, are to be described in the individual AHS influenza pandemic plans.

3.4 Role of the NSW Ambulance Service

Once enhanced ED triage is activated, NSW ambulance officers will screen all patients (that are able to be screened) for pandemic influenza on pick-up and, if a case is identified, will (if appropriate) provide the patient with a surgical mask and notify the ED of the suspect case in advance. When ED screening stations are activated, patients that cannot be screened will be presumed to be a suspect case of pandemic influenza, and treated accordingly until proven otherwise. The Ambulance Service of NSW is developing a protocol to guide this process.

The Ambulance Service of NSW is also in the process of developing a protocol defining when ambulances transporting patients who have been identified as suspected pandemic cases should by-pass smaller facilities.

The Ambulance Service of NSW will be involved in the transport of suspected and confirmed pandemic influenza patients between facilities. Protocols to cover this are being developed.

3.5 Role of pharmacies

The primary role of pharmacies during all stages of an influenza pandemic is to continue to provide their normal pharmaceutical services. Pharmacies in rural and remote areas in particular should plan for the need to continue to provide essential medicines during an influenza pandemic.

The NSW DoH will notify NSW pharmacies of a change in pandemic alert phase and the pandemic influenza case definition via the Pharmacy Guild. Pharmacies will be encouraged to refer patients that meet the case definition to the nearest public hospital ED.