

# Practice Pandemic Planning Resource (Counties Manukau)

Controlled Document: Number 9  
Version 1.3, last modified 30/01/2007

Prepared by Hoagy Scoins, Pandemic Planning Coordinator  
© ProCare Health Limited 2007

## 1 Introduction

A pandemic is inevitable. When it will occur, and if it will be caused by the H5N1 influenza virus is unknown, but given the number of cases of H5N1 influenza that have occurred in humans to date (251 as of late September 2006) and the rate of death of more than 50%, it would be prudent to develop robust plans for dealing with such a pandemic.<sup>1</sup>

In all three pandemics in the 20<sup>th</sup> century, birds were infected before human-to-human transmission began. The World Health Organization has warned that the recent wide spread of the H5N1 strain of avian influenza means that there is now a significant risk of another human influenza pandemic, possibly as severe as the 1918/19 pandemic that killed over 8000 New Zealanders. Estimates vary as to how many people might be infected, and how many of those might die as a result, if H5N1 develops into a strain that can be transmitted between humans; most planning to date has been based on an infection rate of 30-40%, and an overall mortality rate of 1-2%, but, while this would be consistent with previous pandemics, it could be more or less severe. The population of Counties Manukau is especially at risk, because of the relatively large proportion of high-needs patients.

A pandemic will be a significant challenge for Primary Care. Infective patients will put other patients and staff at risk, although precautions can be taken to redirect and isolate these patients. Some practices may be forced to close as staff fall sick, which begs the question of how that practice's patients will be treated, and where the skills of the remaining staff members can best be employed. Early education, good communication, and a thorough knowledge of appropriate procedures within Primary Care will help to control the infection in the community, and protect staff from the disease. This will require transparent, early planning; and practice staff and the public should be as well-informed as possible. Self-management – by individuals, communities and the region as a whole – will become increasingly important, as the usual support systems may fail in a crisis.

This plan, aimed at General Practice Staff, provides an additional framework to the ADHB Primary Care Pandemic Response Group's '*Guidelines for General Practice Pandemic Planning*'. It describes the part general practices in Counties Manukau will be required to play in a pandemic, investigating some issues in greater detail and from a more practical aspect. It is intended to be a guide and handbook to writing a pandemic plan for your General Practice. It describes the linkages to other organizations in the region, their areas of responsibility, and how they will interface with practices during a pandemic. It is to be hoped that this document will inform practices of what information to expect, who it should come from and when – as well as assisting to develop their own well-rehearsed response.

If nothing else, anyone planning for a pandemic should be aware that:

---

<sup>1</sup> Webster/Gorkova, 2006.

- Every employer is responsible to take appropriate steps to protect their staff: So, do not assume that the MOH or your DHB will provide resources; they will do what they can, but there will be many competing priorities.
- As far as possible, health providers will be expected to continue to work as normal. Pandemic patients will be directed to special facilities or told to stay at home.
- The health sector will not be able to provide support to the same standards as usual, when a percentage of staff is off work. It is essential that patients are informed and prepared to self-manage. This may require community involvement and coordinated planning.
- Because a person can be infective before they start to show symptoms, every patient must be considered to be carrying the disease. This means that practices will need to stockpile PPE in large quantities (see Appendix 1).

**It is a requirement of the MOH that all practices have a Pandemic Plan.** They are also required to have an Emergency Plan. It is assumed that all plans will undergo refinement once the nature of the threat is better understood.

Any comments and suggestions to improve this document may be directed to the author (contact details on last page).

## **1.1. Background**

A Pandemic may be caused by influenza, or by new/re-emerging infectious diseases such as severe acute respiratory syndrome (SARS). Unlike seasonal influenza, which occurs every winter, Pandemic influenza occurs at irregular intervals, approximately three times a century. It is caused by a novel virus to which most of the population has no immunity.

Influenza is transmitted from person to person by large droplets carrying the virus, which are generated when an infected person coughs or sneezes. These droplets can land on the eyes, and nose, or be inhaled by those who are near the infected person (i.e. within 1 metre). Transmission may also occur through direct contact with infectious (wet) respiratory secretions on surfaces in the everyday environment.

Very rarely, an avian influenza virus can also infect people. One of these viruses - H5N1- has infected some people in close contact with infected birds. Avian influenza can cause severe flu-like symptoms in people and may result in death. Symptoms generally appear three to seven days after exposure and can last for up to 2-4 weeks. It has not been shown for sure that anyone has caught avian influenza from another person, but as avian influenza spreads – and it is spreading – and the numbers of human cases increase, the chances of the virus adapting to human-to-human transmission are growing. There are currently no commercially available vaccines that will protect people against disease caused by the H5N1 avian influenza strain.<sup>2</sup> Development of a vaccine will take up to six months, and will only begin once the virus has been identified and become more easily transmitted to humans

Practice plans should be sufficiently flexible and current to cope with a variety of threats. This document will refer frequently to pandemic influenza and to some specific preparations for this current threat, but the majority of preparations will apply to any emergency situation.

## **1.2. Principles**

Practice planning and implementation processes must:

---

<sup>2</sup> Waikato District Health Board Pandemic Influenza Q&A

- Be aligned to Ministry of Health and regional pandemic plans
- Meet legal and ethical requirements
- Not worsen health inequalities during the time of a pandemic

Existing infrastructure, services and systems will be used as far as possible, and business will continue as usual. During the time of a pandemic, practice staff should work within their normal scope of practice, although of course good clinical practice may make some flexibility necessary, for example if some staff are sick but the practice is able to keep going by sharing some tasks. Any changes to the role of practice staff during a pandemic will be at the direction of the Medical Officer for Health. Infection prevention and control is the essential element that will allow practices to keep functioning in the crisis. Management of the pandemic is not the problem faced by general practices – their task is to maintain business as usual in the face of staff sickness, lack of resources, and an elevated risk of infection.

### **1.3. Objectives of this Pandemic Plan**

- To establish procedures for a coordinated response by general practices – for example, having a clear plan for referral of patients in the event of forced practice closures.
- To identify the key planning tasks that are required of general practices, and how they will interface with other organizations during the crisis.
- To have effective communication strategies in place for the planning, response and recovery phases.

While communities, and other health workers and agencies in those communities, will have a positive or negative impact on the work of general practices during a pandemic depending upon their level of knowledge and general preparedness, it is outside the scope of this project to furnish them with plans. Every person, and every employer, is responsible for their own plan. If you have concerns that communities or other agencies will cause your practice problems, you should take steps to correct the situation as part of your pandemic planning, i.e. engage in open discussion.

### **1.4. Ethical Issues**

The response by health service providers in a health emergency will require balancing individual rights against collective interests. Openly discussing the choices and confirming that they are based on ethical values that are shared by members of the community can engender greater trust, authority and legitimacy. Three key issues that will arise during an influenza pandemic are:

- Health workers have a duty to provide care during a communicable disease outbreak; but, all staff have a right to refuse to come to work if they feel there is an unacceptable health risk. Practices should consider, if normal business is disrupted and they are forced to close, how their remaining staff can best serve the community.
- In the interest of public health, the liberty of some patients may be restricted by measures such as quarantine. This might lead to infection of healthy people, suspected of infection and quarantined with others who are infected.
- Priorities must be set. Although referring pandemic patients to other facilities is important, there will be other high-needs patients who should also be considered a priority, even in a crisis; for example, those with an urgent need for medication for a chronic condition.

In a pandemic, the health sector simply will not have the capacity to provide the care it normally does. Some people will suffer as a result. For example, if we assume a 30% rate of infection, then 30% of the staff that normally visit patients in their homes will be off work sick – plus those who choose not to come to work because they are looking after their own sick family members. If schools close, many parents will stay at home, whether their children are ill or not. In this scenario, at least 30% of patients requiring home care will have to manage their own conditions.

This situation can be managed, but not prevented. Communities, families and individuals need to consider how they will survive a pandemic, taking into account and discussing openly the ethical issues outlined above.

Money is a further important ethical issue, in two particular areas: Firstly, 'access' patients whose practice closes may need to go to a practice that is non-access funded. They may not be able to pay for treatment, and will certainly be unwilling to do so. Secondly, although there is a commitment to pay staff that transfer from closing practices via time sheets to be kept and presented to the DHB, exactly how this will work (given the different levels of funding from private and public moneys applicable to each practice) is not yet clear. Both of these issues are awaiting further direction from the MOH, and are only mentioned here for the sake of completeness.

It is possible that a patient may die while at the surgery. In this case, the police may act as agents for the coroner. A Doctor's Certificate is sufficient to allow for disposal of the body – legislation is under consideration that would allow a nurse to sign this certificate. Funeral Directors will carry out their existing role, including removal and burial/cremation/refrigerated storage of the body. The risk of pandemic infection from a dead body is relatively low. Further information is available in Appendix 2 of the NZIPAP (see references).

## 1.5. Linkages

A key aspect of effective community preparedness and response will be the way in which different organizations understand their roles and responsibilities and the effectiveness of their linkages to other key organizations.

New Zealand's level of alert is defined as Code White, Yellow, Red or Green.

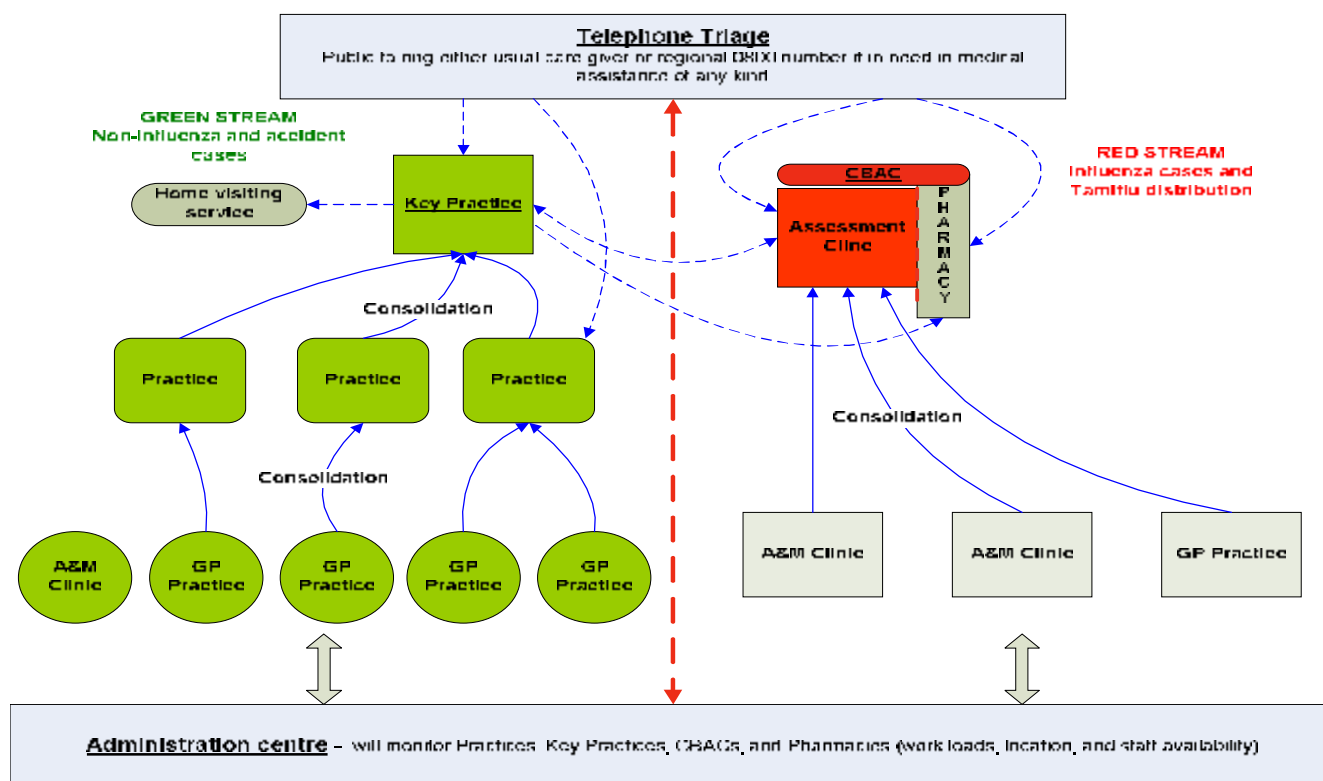
Stage	NZ Strategy	MoH/DHB alert code	Objective	Practice Objective
1	Plan for it (planning)	White (information/ advisory)	Develop a plan to reduce the health, social and economic impacts on New Zealand	Develop a plan detailing how your practice will manage a pandemic
		Yellow (standby)	Stand by preparedness	Your practice is prepared and ready for a pandemic
2	Keep it out (border management)	Red (activation)	Keep pandemic out of New Zealand	Review practice plan
3	Stamp it out (cluster control)		Control and/or eliminate any clusters that occur in NZ	Be familiar with ARPHS advice on case management and isolation
4	Manage it (pandemic management)		Reduce the impact on New Zealand's population	Implement practice plan
5	Recover from it (recovery)	Green (stand down)	Expedite the recovery of population health	Expedite the recovery of your patients' health

The MOH will notify the regional planning group (HCEG) of a change in alert status. In the event of escalation to Code Yellow, the regional administration centre will come into operation. For practices in Counties Manukau, all pandemic information from this point onwards will flow through the administration centre (Where the admin centre will be, how many there will be in the region, and who will do this work, will be decided as we progress into 2007). As far as practices are concerned, information will come from their PHO. In Code White or Yellow (i.e. before CBACs are operational) practices should send patients suspected of being infected with the pandemic virus to the emergency department of the nearest hospital, with prior warning for investigation.

During Code Red, the practice's PHO will be the main point of contact for queries or issues originating at General Practices. They should inform the PHO of:

- Any suspected pandemic cases, including the patient details and referral details
- Any staff sickness
- Any other emerging risks to business continuity
- Closure of the practice. The Administration Centre will arrange for the redeployment of remaining staff and resources to other practices. Staff will be paid for work in other practices.

Code Green will be declared by the MOH, and relayed to practice staff by the Administration Centre, their PHO or DHB. This is the recovery phase; practices may be re-opened, staff may return to work as they recover, and business will return to normal. The Administration Centre will continue to co-ordinate activities through this phase.



## 2 Planning for a pandemic

### 2.1 The Practice Environment

#### CBACs

During a pandemic, Community-based Assessment Centres (CBACs) will come into operation. Their purpose is to separate patients who have symptoms suggestive of pandemic influenza from patients without such symptoms, but who still require primary health care services (and to treat those with symptoms). CBACs have been identified, and have been developing plans for some time. As far as possible, General Practices will maintain business as usual, and will undertake telephone triage of patients with influenza symptoms. Many infected patients, however, will still turn up at general practices – those who also have chronic diseases, for example. This means practices must be able to:

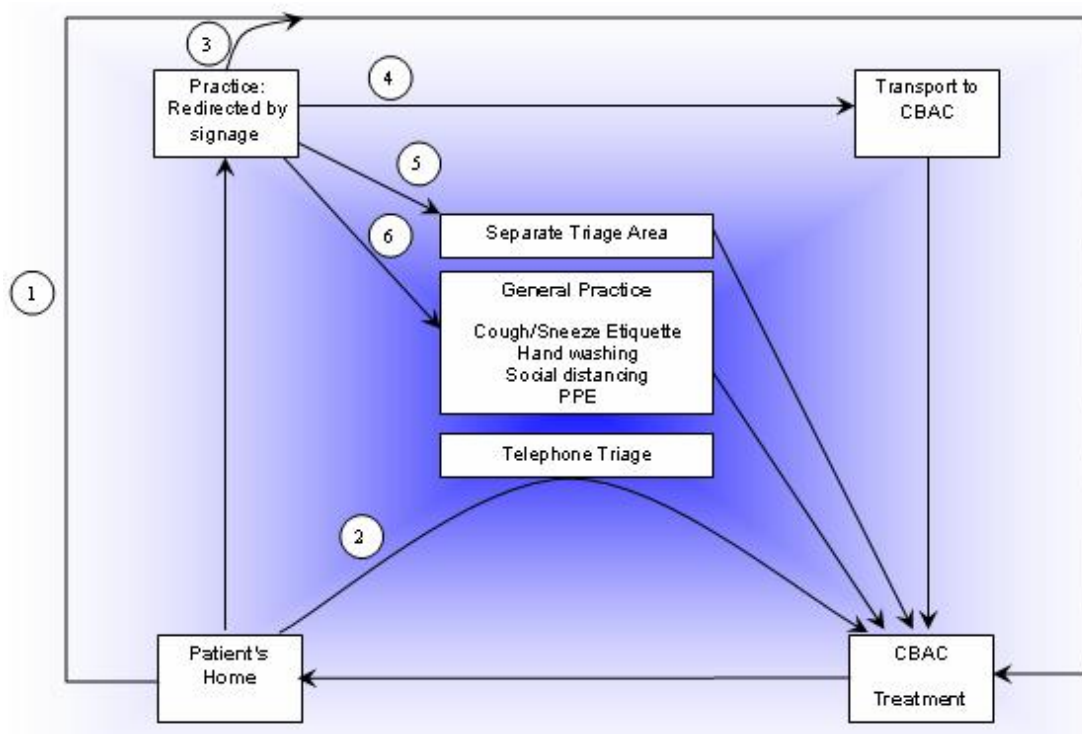
- Isolate patients with suspected pandemic flu
- Refer patients to CBACs (i.e., know where the nearest one is)
- Protect their staff and other patients from infection, through good infection control measures (See Section 3)

### Key Practices

Key Practices are practices that have been identified as having special strategic significance. The regional plan is to maintain these practices as a priority. Remaining resources and staff of closing practices will be directed to these centres. Key Practices may have a pharmacy onsite, and may also have a CBAC onsite, although in most cases, they are separate.

Key Practices have been preparing for a range of emergencies. The DHB will supply some generators in an emergency. If you are considering this issue, the crucial thing at this stage is to supply a connection in your practice. You can get a generator later; but you can't always get an electrician.

### Isolating patients



The options listed above are intended to provide a hierarchy of patient movement in Primary Care during Code Yellow and Red. This means that the first option is the ideal scenario; but, if option one is impossible or not taken, option two is the next most preferable, and so on. The options have been sorted according to their relative contribution to keeping patients away from general practices.

The reasoning behind this diagram is that practice plans will fail, however good their infection control measures are, if enough infective patients are allowed into the practice. The above diagram provides options to reduce these numbers to a manageable level:

- Option 1: The patient already knows, through effective communication by the MOH, community services, their local GP Practice, etc. that they should stay at home during a

pandemic. If they require Tamiflu, they know to go to a CBAC (or pharmacy), and go directly there. They receive Tamiflu, and return directly home.

- Option 2: The patient is not quite sure what to do, but they know the number to call for advice. Either from a telephone triage centre, or their local surgery, they receive advice, and proceed as in option 1.
- Option 3: As they are feeling unwell, the patient visits their local practice. Signs outside the building inform them that, as their symptoms correspond to the pandemic virus, they should visit the nearest CBAC. They proceed as in option 1. However, if they have come for another reason, they will enter the practice.
- Option 4: This option is for practices that are concerned about their ability to maintain asepsis in a separate triage area. It is considered that the risks of transporting patients to the nearest CBAC will be lower in some cases than providing a separate triage area. It is not recommended that GPs put themselves at risk, and triage areas for flu could quickly become unmanageable as they become swamped by patients, unless the key message that patients should stay at home, or - if they need Tamiflu - go to a CBAC, is effectively communicated. It may be in the practice's interests to arrange transport to the CBAC; but consideration will need to be given to who will undertake this transportation.
- Option 5: Patients are permitted to enter the practice, but are kept separate from other patients, i.e. they may have a separate entrance. A form may be sufficient to approve referral to a CBAC, but if doubt remains, a GP may opt to speak with the patient further. In this case, it should ideally occur in a separate triage area, to which no non-influenza patients will have access (including the route to that room). The GP should wear appropriate PPE (see Appendix 1).
- Option 6: Patients enter the practice as normal; staff and patients will be encouraged to undertake appropriate precautions to control infection.

Option 6 is included here because some patients will slip through the other safeguards; it is something practices should be prepared for, but not something they should encourage. If Option 6 fails, the practice will be forced to close.

ALL options must be planned for, and in an increasing level of focus. So option 6 requires the most planning, followed by 5, 4, and so on. However good your system is, some infected patients will make it into the surgery – especially those with chronic conditions and the pandemic virus, who need medication changes, etc. In such cases, practice staff should isolate the patient if possible, and wear appropriate PPE. Once the patient has been appropriately dealt with, they should be directed to the nearest CBAC for Tamiflu.

In the event that a pandemic has not been declared, and a patient arrives at the surgery showing symptoms of pandemic flu; or, if that patient was not kept away from other patients and staff for any reason; then, isolation of the patient and anybody they may have come into contact with, including staff, should be considered (although, see above for the ethical implications).

### **Referral**

During Code Yellow/Red, information will be released by the MOH advising patients to stay at home if they have contracted the disease, and to visit their nearest CBAC if they are unsure. It is likely that many patients will call their general practice out of habit, because they do not know where the nearest CBAC is, or because they are affected by more than one ailment. Staff dealing with these calls should be able to ask the right questions to identify if a patient is likely to have the disease, or if their complaint is unrelated to the pandemic. If you have concerns that your staff

have not had sufficient training to be competent to deal with these calls, training via the DHB can be arranged (contact number on back page).

### **Infection control**

Where it is not possible to have separate waiting areas and entry points, practices should make it possible for patients to maintain a 1 metre distance from each other. They should ensure that, as far as possible, cleaning, disposal of waste, and other normal activities will not be disrupted.

### **Personal Protective Equipment**

It will be worthwhile for practices to gather a stock of PPE. Appendix 1 contains details of the recommended numbers of each item. One option may be to keep a box to hand, in case it is required in Code White or Code Yellow, and to keep the rest in storage until the situation worsens.

The question is often raised of whether a particulate respirator mask (N95) is necessary, or if a P2 surgical mask is sufficient. The answer is a commonsense one, i.e. it depends how close an individual is likely to get to an infected person; but, given that we know very little (and will still know very little during a pandemic) about the exact nature of the disease and how it can be transmitted, it would be wise to err on the side of caution.

#### **A note on Tamiflu**

Tamiflu (oseltamivir) is effective against influenza A and B viruses (avian influenza viruses are type A). It can reduce the symptoms of influenza by preventing the virus spreading from the respiratory tract. It can also help to prevent infection of others, by reducing the amount of virus an infected person sheds into the environment.

The entire treatment course is taken as one capsule twice a day for five days. Treatment should be started as early as possible after the development of symptoms; CBACs will treat patients with Tamiflu during a pandemic, making the General Practice's role that of effective and safe referral. However:

- **Tamiflu treatment started more than 48 hours after symptoms develop provides no benefit**
- **It is not known if Tamiflu will be effective against a pandemic strain virus.**

Although DHBs have been issued with PPE and Tamiflu from the MOH reserves, they are only able to issue this when and how the MOH directs. It is the responsibility of every employer to protect their staff with a robust pandemic plan and appropriate training and PPE, not the responsibility of the DHB; Your PHO may be able to assist with discounted purchasing of PPE.

As of later this year, Tamiflu will be available without prescription. This may impact severely on pharmacies during a pandemic, but it should lessen the load of general practices.

## **2.2 Practice Staff**

Whatever the alert level, practice staff will need to screen themselves for influenza symptoms before they come to work. The best way to undertake this, and the implications and next steps, should be discussed in the planning stage with all workers, unions, etc. The best diagnosis we have at this stage is that a temperature of above 38 degrees and a cough should be considered as potential pandemic influenza. It seems most likely that staff who identify that they may have contracted the virus will telephone the individual at the practice responsible for coordinating pandemic-related activities, who will relay that information to their PHO.

Staff exhibiting pandemic flu symptoms at work should be sent home or told to stay at home until they are well enough to return to work, and advised to call Healthline **0800 6 11 116** if they require

advice on managing their illness. The person responsible at the practice should contact the Administration Centre, either directly or via their PHO, with information on any staff sicknesses.

### **2.3 Patients**

The following bullets are a summary of the advice that staff may pass on to patients.

- Involve family and friends in planning – once you or they become sick, they will be involved anyway.
- Know what you would need if you had to stay at home for a couple of weeks (e.g. food and other supplies – ideally in cans - a telephone and a doctor's contact details). Keep the Healthline phone number (**0800 611 116**) in a handy place: This is the number to call for advice if you, or somebody you may be caring for, contracts the virus.
- Build your emergency supply kit. Advice on what to include can be found on the back of Telecom's Yellow Pages, but items should include, as a minimum, paracetamol or ibuprofen, toilet paper/tissues, and plastic bags for their disposal.
- Have an influenza vaccination each year. Although this will provide very limited protection against pandemic influenza, the more people who are protected against circulating viruses, the less chance the virus has to mutate into a strain that could cause a pandemic.
- If you have prescription medicines (e.g., for blood pressure), always renew your prescription well before you run out.
- If a household member becomes sick with pandemic influenza, follow standard infection control measures (See Section 4) and try to keep them as far apart from other people as possible. Move them into their own bedroom and encourage them to remain there (rather than spending time on a couch or sofa in a living room). If more than one person in the house gets sick with influenza, they may share a room. Make sure they do not cough or sneeze towards you.
- Wearing gloves, gowns or masks is not recommended for household members providing care in the home, because it has not been shown to prevent the spread of influenza in this setting (CDC 2005).
- Do not share items with other household members, such as eating utensils and drink bottles.
- Make sure dishes are washed using hot water, either by hand or machine (USDHHS 2005).
- Put all used tissues into a disposable container (such as a plastic bag that can be tied off or has a drawstring) or burn them as soon as possible.
- Use a disinfecting solution to wipe down surfaces used by people who are sick with influenza before touching them (e.g., telephones, door handles and toilet and bathroom facilities). One of the most effective and cheapest disinfecting solutions is a solution of 1 teaspoon (5 ml) of bleach to half a litre (500 ml) of water.
- There are no special requirements for laundry in homes in an influenza pandemic because most people catch the virus from each other, so washing machines are an unlikely means of spread.

The list above is a guide only. Resources for further information can be found in the reference section of this document. Additional information may be circulated during Code Yellow/Red, once the nature of the threat is better understood.

## **3 Infection Control**

Good Infection control will be the difference between those practices that are able to continue working and those where staff fall ill. There are four basic rules to infection control during a pandemic. Primary Care staff should follow these rules, and encourage their adoption by others, i.e. patients, contractors and suppliers:

### 3.1. Hand hygiene

Hand hygiene is the single most important means of preventing the spread of infection (Wenzel 2004); in non-healthcare settings, it is more crucial than wearing gloves. People should wash their hands well with soap and warm water for 15 to 20 seconds, then dry them thoroughly, preferably with a disposable hand towel. An antiseptic gel designed for the purpose and used for 15 to 20 seconds is a good alternative when hands are not visibly soiled.

Hand-to-face contact, as occurs during such activities as eating, grooming or smoking, presents a very high risk because of the potential for influenza to be transmitted from surfaces contaminated with respiratory secretions. Hands should always be washed and dried thoroughly before any activity that involves hand-to-face contact and immediately after communal items are touched (e.g., after handling money).

Method for correct hand washing with plain soap and water is as follows:



1. Wet hands with water
2. Apply 3-5 cc. of liquid soap to palm, or rub hands with a bar of soap until a good lather forms
3. Rub hands repeatedly for at least 15 seconds
4. Cover all surfaces of the hands and fingers
5. Rinse hands with water and dry thoroughly
6. Turn taps off with paper towel.



When hand washing facilities are not available and when hands are not visibly soiled, use a waterless alcohol based hand sanitizer, with at least 60-70% alcohol.



- Apply 1.5-3cc. of gel or rinse, to the palm of one hand
- Rub hands together, covering all surfaces of your hands and fingers, including areas around/under fingernails
- Continue rubbing hands together until alcohol dries
- If you applied a sufficient amount of alcohol hand rub, it should take at least 10-15 seconds of rubbing before your hands feel dry.

### 3.2. Cough and sneeze etiquette

People who are coughing or sneezing should avoid close contact with other people. If close contact is unavoidable (e.g. in the home) the following simple measures aim to reduce the transmission of the virus:

- Minimize close contact with other people.
- Cover your nose and mouth when coughing or sneezing, ideally with a tissue.
- Do not spit out secretions in public. Cover your nose and mouth when clearing secretions and use a disposable tissue to contain them.
- Use disposable tissues rather than handkerchiefs and dispose of them immediately after use into a lined rubbish bin that either has no lid or has a pedal-operated lid.
- Wash and dry hands thoroughly after coughing or sneezing (CDC 2003).

### 3.3. Social distance

If an influenza pandemic has been declared, it will be advisable for people to avoid crowded places and large gatherings (e.g., social and sporting events, malls, etc.). If you need to go out in public, keep a distance of at least 1 metre between yourself and any other person (Ministry of Health 2005) and avoid making physical contact with other people. Some studies suggest that children and teenagers are likely to be more infective, and it is important that, if work and schools are closed, all family members stay at home rather than attending alternative social groups.

### **3.4. Adequate ventilation**

Influenza can spread in inadequately ventilated internal spaces. Before an influenza pandemic, practices should ensure windows can be opened and air-conditioning systems are properly designed and maintained. It is advisable that air handling systems do not re-circulate air and are vented to the outside to the maximum extent possible.

Most Primary care staff will have contact with people who potentially carry the virus. They should follow the four steps outlined above, but also:

- Do not share items with other people, such as food, drinks or cigarettes.
- Wipe down surfaces likely to be used by other people (such as computer keyboards, telephones and door handles) with a disinfecting solution.
- Ensure that they have sufficient PPE, and know when and how to wear it.

Workers who are able to maintain a distance of 1 metre from patients should follow the guidance above. Workers who are unable to maintain a distance of at least 1 metre from patients are recommended to wear a surgical mask when in contact with patients showing symptoms of pandemic influenza. They should also wear a gown, goggles and gloves. This is to protect against droplets spread by coughing and sneezing.

In order that staff and patients know how to promote good infection control, some guidance and facilities will be necessary, such as:

- Signs (in appropriate languages) that promote cough and sneeze etiquette in common areas such as waiting areas, cafeterias and toilets; signs should remind people to:
  - Cover their nose and mouth when coughing or sneezing
  - Use tissues to contain respiratory secretions
  - Dispose of tissues into a rubbish bin immediately after use
  - Wash and dry their hands after contact with respiratory secretions
- Tissues and no-touch receptacles into which used tissues can be placed (e.g., lined waste containers with pedal-operated lids or rubbish bins without lids). Thought should be given to the placement of these, and to the placement of signs, so as to avoid people gathering around them.
- Dispensers of antiseptic hand rub or soap and disposable towels for hand washing where sinks are available.

Ensure coughing people sit as far away as possible (at least 1 metre) from other people in common waiting areas. It is preferable that infective people wait in a separate room from those without symptoms. Make sure signs (in appropriate languages) at entrances instruct people to inform reception staff and health care personnel if they have symptoms of respiratory difficulties. Follow the usual practices for cleaning and disposing of equipment and waste during an influenza pandemic and wear the usual attire for performing such tasks.

### **3.5. Plan Testing**

The MOH has arranged a number of exercises to test New Zealand's preparedness for a pandemic. It is proposed that practices in Counties Manukau will be ready to engage in the last and most thorough of these, Operation Cruickshank. This will take place in May 2007.

Largely, the exercise will involve testing communication systems. It is proposed, however, that a test of practice's readiness is required: Even if every practice has a plan, how can we say that it is adequate without testing it? In this test, clearly identified mock pandemic patients will contact practices (by telephone or in person) at a pre-arranged time to test practice's preparedness and reaction. This will be co-coordinated with the larger exercise, and practices will receive plenty of

warning. Where this was conducted by the MOH in a previous test, callers posing as patients did not possess sufficient knowledge to carry the scenario through. This will be rectified for the proposed test in May.

## 4 Planning beyond the pandemic

### 4.1 *Recovery*

Practices will be expected to return to normal activities when the pandemic has passed. Pandemics typically occur in waves, so it would be wise to implement any necessary changes to your original preparations and plans (identified during the pandemic) as soon as possible.

Practice staff responding in emergency situations are at risk of experiencing significant psychosocial impact. These effects are likely to be more significant if their contact with survivors is prolonged. There are a number of ways that significant psychosocial effects on health care workers can be minimised, including providing a clear organizational structure, defined roles and responsibilities, and stress management to help workers anticipate and manage their own response to the pandemic event.

## 5 Practice Planning Toolkit

This section is designed to help you to think about how your practice will prepare for, and respond to, a pandemic. Answers are suggested, but practices may adopt different approaches, provided that the objective is safely achieved (for example, some practices may be easily able to segregate patients with little change to normal service; others might use a mobile unit, or a back entrance to the practice; or they may provide transport to the nearest CBAC). This plan follows the key principle that it is in the interests of the community to maintain 'business as usual' in primary care for as long as possible. This section is available as a separate document, which you can use as a template for your practice pandemic plan.

The issues raised by this document are not just for GPs to consider. Practice Nurses, Practice Managers and admin staff will all be affected by a pandemic and everybody needs to know their role. Other emergencies may occur that you should also be prepared for. While your response will depend upon a number of factors, response to an emergency situation will follow some universal rules and must be coordinated with the activities of other practices in your area and the wider region.

### **Part 1: Preparing for a pandemic**

This section is concerned with preparations such as training of staff, identifying leaders and communication channels, and testing systems and processes.

#### 1.1 *Communication in the planning phase*

##### 1.1.1 **Have you identified a Clinical champion and two deputies?**

The practice's clinical champion will take responsibility for pandemic/emergency planning, including the safekeeping of the plan. Two alternate clinical champions should be familiar with the plan and able to carry out the tasks required, in the event that the nominated clinical champion becomes ill. The Practice Manager might be the best person to undertake this role, so that doctors are free to attend to patients.

Clinical Champion	
Out-of-hours contact no:	
Deputy 1	
Out-of-hours contact no:	
Deputy 2	
Out-of-hours contact no:	

**1.1.2 What information/training has the clinical champion (and deputies) had, in preparation for, and response to, a pandemic? Are protocols and training in place to ensure appropriate use of PPE?**

Infection control measures that are adequate at most times may be insufficient during a pandemic. Practices should ensure that:

- All staff likely to have patient contact have had infection control training
- A member of staff is nominated to be responsible for infection control
- An audit of appropriate measures is undertaken, and any weaknesses rectified

Appointments can be arranged for education of staff, where a need is identified (contact details on back page).

*Enter text here - Staff who have had training:  
PPE storage location(s):*

**1.1.3 Have you advised your PHO of who the clinical champion and alternates are?**

*Enter text here: Yes / Not yet*

**1.1.4 Do you fully understand who will send you information and updates about a pandemic? Who will you send information to, and what information should you include?**

You should consider that telephone lines and electricity may be down in an emergency. The use of handheld radios to communicate with your PHO/ Administration Centre might be considered.

**1.1.5 How will you receive and share information with patients, staff and your PHO?**

In addition to essential communication with your PHO/Administration Centre, you may need to communicate with staff off the premises and the emergency services. It is recommended that contact details for all staff (including out-of-hours) are held in a safe place. The Administration Centre for CMDHB (likely to be ProCare) will also require a copy of this information. A commercial battery powered radio in the staff room will be a valuable source of current information.

The 'Getting Ready' brochure and 'Stop the Germs...' poster are available in Arabic, Chinese, Cook Islands, Hindi, Korean, Maori, Samoan, and Tongan translations from: <http://www.moh.govt.nz/moh.nsf/indexmh/pandemicinfluenza-resources-translations>. Community Health Workers could post these in appropriate places (such as community centres, marae, churches, etc.) where permission is granted. Signage at the practice is also vital to enforce infection control measures. Special consideration should be given to the placement of signage.

*Enter text here - Methods of communication with patients:  
Communication with staff:  
Communication with your PHO and other agencies:  
Location of staff contact details:*

**1.1.6 When can your plan be ready? How will it be kept current? How will you test your plan?**

The plan should be simple: In a crisis, primary care's functions will be pared down to priorities. Practices should be prepared to engage in a test of this plan in May – hence the deadline for the return of this document: **30<sup>th</sup> April 2007**. Practices will need to test their telephone and email alert systems with their PHO and address any problems to ensure functional flow of communications. A practical test is planned for May 2007, but practices should ensure that the plan is regularly reviewed and tested into the future.

*Enter text here - Next Review of plan:*

**1.1.7 Where will the practice plan be stored? Who will have access to it?**

One option might be to carry the plan on a USB card. To cover all eventualities, a paper-based folder should be kept in addition to any electronic files.

*Enter text here - Location of plan:  
Accessible by:*

**1.2 Business Continuity Planning**

**1.2.1 How will you manage cleaning contracts, and the payment of wages, during a pandemic?**

See <http://www.cmdhb.org.nz/Counties/Funded-Services/General-Practice/influenza.htm> for guidance on completing a business continuity plan.

*Enter text here.*

**1.2.2 Have all staff had a flu vaccination? What measures do you take to encourage patients to get vaccinated each year?**

*Enter text here – staff who have had a vaccination:  
Measures to encourage patients to get vaccinated:*

**1.2.3 What security measures can you take to deal with higher crime levels and large numbers of desperate patients?**

Crime may increase dramatically, particularly in relatively deprived areas, before, during and after a pandemic. If patients believe treatment is available at general practices, they may attempt to break in to access it. Signs should clearly state that Tamiflu is not available on site.

*Enter text here.*

**1.2.4 What insurance does your practice have against pandemic and other disasters?**

Practices should be aware that many insurers will not have the resources to pay out the sums likely during a pandemic, and will therefore not offer policies. Practices are advised to check with their insurance company. ACC has a duty to provide their usual cover as far as possible.

*Enter text here.*

**1.2.5 How will you finance a period of significant disruption?**

Practices should monitor their finances, and discuss with their PHO and DHB.

Enter text here.

**1.2.6 Is your practice located near the coast, or near rivers? What other emergencies might be specific to your practice?**

Auckland is vulnerable to a number of natural disasters, such as tsunamis, earthquakes, flooding and storm damage. Consider the major roads, flight paths, and industrial areas nearby. In any disaster, patients must be dealt with 'as usual' for as long as the system can support it.

Enter text here.

**1.2.7 In the case of damage to the building, what are the minimum requirements for maintaining a service?**

Also see, *closing a practice*.

Enter text here.

## **Part 2: During a pandemic**

### **2.1. Infection control measures**

#### **2.1.1. What PPE have you stockpiled?**

New Zealand's borders are likely to be closed in the early stages where there may be a possibility of "stamping it out". In order to ensure that your practice is adequately stocked, **it is essential that you stockpile PPE**. The MOH stockpile is held by DHBs, but will only be distributed as directed by the MOH; each practice is responsible to ensure it is adequately stocked. See Appendix 1 of the practice pandemic planning resource for guidance.

No. Masks (staff)		No. Masks (patients)	
No. Gloves (clinical staff)		No. Gloves (admin staff)	
Hand hygiene items		Alcohol Hand sanitizer	
No. Full PPE packs			

#### **2.1.2. How will you ensure that staff do not spread the virus? Will you stockpile Tamiflu for prophylaxis? For which staff?**

Staff should screen themselves at home, and remain there if they identify symptoms of the virus. Tamiflu will not be provided for prophylaxis by DHBs or the MOH. Ten days supply is thought to be sufficient to build resistance with regular patient contact.

*Enter text here – Amount of Tamiflu stockpiled:  
For use by:  
Any other measures to reduce spread of virus by staff:*

#### **2.1.3. How will you promote hand-washing and correct cough/sneeze etiquette to patients and staff?**

Where will you provide hand-gel, tissues and bins for the disposal of tissues, and signage? At what point will you do this? It might be worthwhile providing antiseptic wipes for patient's use, as they may feel more comfortable if they can wipe down surfaces around them, door handles, etc., and purchasing disposable cups and cutlery for staff.

*Enter text here – location of signage and hand washing facilities:  
Trigger for precautions:*

#### **2.1.4. Is the practice well-ventilated? What can you do to improve this?**

This should not be a problem for most practices, unless the air-conditioning breaks down. Where practical, wedging doors open will decrease the temptation to touch the handle.

*Enter text here.*

#### **2.1.5. What arrangements are there to ensure patients remain at least 1 metre apart? How will you promote the importance of social distancing to patients and staff?**

Signage, leaflets (and possibly barriers) will be important.

*Enter text here.*

### 2.1.6. How will you provide for any deceased patients?

See section 1.4 of the Practice Pandemic Planning Resource.

*Enter text here.*

## 2.2. **Communication during Code Yellow and Red**

A regional telephone triage centre will be set up for patients to get advice and authorisation for Tamiflu. Practices will be informed of the number to call once it is available. Practices will also be informed of the number of the Administration Centre. This will be a PHO (probably ProCare), which will co-ordinate resources and staff. During a pandemic, it is crucial that all staff know the number. Liaise with you PHO if you are unsure of it.

### 2.2.1. How will you inform patients of how to behave, when visiting the practice?

Posters and leaflets are available from the MOH (see reference section) on pandemic influenza, infection control and case management. Consider:

- Which can be displayed at any time, and which should be produced in an emergency
- Where to display posters (so as to avoid patients already infected gathering to read them).
- Promoting annual seasonal vaccination programmes to people in the community
- Advise patients to use 0800 286 385 (Ministry of Health) or MoH website to access pandemic information

Practices should promote purchase and holding of emergency survival kits in each home. The MOH will advise what these should comprise, so it will be a case of passing on the information. Contents of a basic survival kit is listed in the back of the telephone directory. Practices should also promote hand hygiene, cough hygiene and other infection control measures to patients.

*Enter text here.*

### 2.2.2. What precautions will you take for patients with chronic health problems requiring specialist medication/support? When will you implement these? (I.e. before a pandemic or during)

Patients with chronic health problems will require additional preparations, e.g. Extra supplies of essential medicines (one month, perhaps) and summary documents showing their medical conditions, medications, and allergies etc. which they can take with them should your practice be forced to close. Some patients, who ordinarily cannot self-manage, will nonetheless be required to do so in a worst-case scenario.

*Enter text here.*

## 2.3. **Patients at the surgery showing flu-like symptoms**

### 2.3.1. Can you segregate patients showing these symptoms?

Consider the patient's pathway. Does your practice have another entrance? Can you make use of an adjacent building, or mobile unit? Are you able to transport them directly to the nearest CBAC, so that they do not enter the practice at all?

*Enter text here – description of patient pathway:*

**2.3.2. Can you assess these patients in a dedicated area, away from other patients?**

Keep this area close to the waiting room. If they have to walk down a long corridor, passing rooms on either side, there is a greater risk of infection.

*Enter text here – location of separate triage area:*

**2.3.3. Are all staff clear on the steps to take, should they receive a telephone call from a patient exhibiting flu-like symptoms? Have all staff been informed of the necessary precautions to take when dealing with pandemic flu patients in person?**

See Section Three of the General Practice Pandemic Plan. Contact the Pandemic Planning Co-ordinator to arrange any additional training.

**2.3.4. Do you know where your nearest CBAC is, to which you should refer flu patients?**

You should be aware of the plans of nearby practices. Consult the Pandemic Planning Co-ordinator, or ask your PHO.

*Enter text here - Nearest CBAC:*

**2.3.5. It is not envisaged that there will be any official ‘reporting’ of patients – but who will you contact in Code White (i.e. now), if you suspect a patient has avian influenza?**

In Code White, you should call an ambulance, explaining that the patient may have pandemic influenza. You should also contact the regional public health service.

*Enter text here.*

**2.4. Closing the practice**

This is the final resort of every practice, and will probably be the result of staff sickness.

**2.4.1. What will be the trigger for closure? How few staff can the practice operate with?**

Supplies and equipment running low or becoming damaged is another concern, to be discussed with your PHO/the administration centre. Having more patients than can be dealt with is not a reason to close.

*Enter text here – Trigger(s) for closure:  
Minimum staff(names/titles):*

**2.4.2. How will patients be informed of the closure/changes to the service?**

If using posters or signs, paste several at different locations, and print in large letters, to avoid congregations of infective patients.

*Enter text here.*

**2.4.3. Where will you direct your patients to seek care?**

Choose a nearby practice, preferably one you consider likely to stay open longer than your own. Consult Procure’s Pandemic Planning Coordinator if you require advice on this in the planning stage. During a pandemic, you will need to check with your PHO/the Administration Centre, that the practice you intend to refer to is still open.

*Enter text here.*

#### **2.4.4. Where will telephone calls be diverted?**

You could either direct calls to the same practice that your patients are being diverted to; to the regional contact centre; or, you could continue to take calls although the practice is closed. Your PHO/the admin centre will assist you, during a pandemic (as the reason and nature of closure may have some impact on the decision), but you should at least have a 'Plan A'.

*Enter text here.*

### **Part 3: When the pandemic has passed**

Practices that closed during an emergency must resume normal service as soon as possible. Those that have remained open should undertake an assessment of which services can return to normal, and which precautions should be maintained (pandemic flu typically occurs in waves). Some areas will continue to suffer long after most have recovered.

**3.1.1. If the practice closed because of staff shortages, how will you maintain contact with practice staff, so that you will know when you are able to resume your service?**

It is important that ProCare (likely to be the administration centre for Auckland and CMDHB during a pandemic), your PHO (if different) and practice staff have access to a database of current contact details, including out-of-hours. In theory, the admin centre would inform staff of when they can return to their normal posts, but this will not necessarily be a straightforward process, and it is recommended that practice staff keep in touch if separated after a practice closure.

*Enter text here – plan for maintaining staff contact*

**3.1.2. How will you maintain contact with suppliers, so that you will know when they are again able to supply drugs, PPE, etc.?**

It is recommended that practices discuss this with their suppliers.

*Enter text here.*

**3.1.3. How will you inform patients of the resumption of normal service?**

If your practice is one that closing practices will refer patients to, it will be in your interests to re-direct patients once practices re-open.

*Enter text here.*

**3.1.4. How will your system of patient records/appointments cope with a prolonged closure? How will you prioritise patients, once you re-open?**

*Enter text here.*

**3.1.5. How will you ensure that the psychosocial impact of the crisis on your staff is effectively managed?**

See Section 4 of the Practice Pandemic Planning Resource.

*Enter text here.*

## 6 References

### ***Documents/Articles sourced for this plan***

Wenzel R., 2004. *Prevention and Control of Nosocomial Infections* (4th Ed.) Philadelphia: Lippincott Williams & Wilkins.

CDC., 2003. *Fact Sheet: Respiratory hygiene/cough etiquette in healthcare settings*. Atlanta, GA: Centers for Disease Control and Prevention.

Ministry of Health, 2006. *New Zealand Pandemic Action Plan*. Wellington, New Zealand: Ministry of Health

Webster R./Gorkova E. 2006. *H5N1 Influenza – continuing evolution and spread*. Article, The New England Journal of Medicine, Nov. 23, 2006. Issue 21.

### ***Websites sourced for this plan***

<http://www.cmdhb.org.nz/Counties/Funded-Services/General-Practice/Influenza/planning.htm>: This website contains a number of useful resources for staff and patients, including greater detail on the preparation of an emergency plan (as opposed to one principally aimed at dealing with a pandemic).

<http://www.med.govt.nz> has a link on the right of the homepage to some good pandemic planning resources, mainly for businesses.

<http://www.dol.govt.nz/initiatives/workplace/pandemic/visual-summary.asp> contains information for employers.

[www.moh.govt.nz/pandemicinfluenza](http://www.moh.govt.nz/pandemicinfluenza). The New Zealand Influenza Pandemic Action Plan is especially recommended reading.

<http://www.medsafe.govt.nz/DatasheetPage.htm> has some information on Tamiflu.

<http://www.guidetools.com/influenza/resources.html> has a range of links and resources.

### ***Sources of information for patients***

The 'Getting Ready...' brochure and 'Stop the Germs...' poster are available in Arabic, Chinese, Cook Islands, Hindi, Korean, Maori, Samoan, Tongan translations from: <http://www.moh.govt.nz/moh.nsf/indexmh/pandemicinfluenza-resources-translations>

<http://www.getthru.govt.nz> has information for general emergency planning.

<http://www.civildefence.govt.nz/memwebsite.nsf> has information on welfare, and preparing communities.

## APPENDIX 1: PPE REQUIREMENTS

Individual practices are responsible to provide and maintain stocks of PPE for their staff and patients. Emergency back up stock purchased by Ministry of Health will be held by DHBs to distribute on Ministry direction; but this should be seen as a fall back position to reinforce already purchased practice stocks. The amounts recommended below are considered a minimal requirement for most General Practices (CBACs and Key Practices will require larger volumes due to higher patient flows). **The correct and vigilant use of simple PPE and stringent hand hygiene will provide the best protection from any possible pandemic influenza virus for you and your staff.**

Item	Amount. required	Notes
<b>Masks (staff)</b>	5 per day per each FTE practice staff (GP/Nurse/Admin), for six weeks	Masks should be changed when wet.
<b>Masks (patients)</b>	1 per patient plus one per care giver per consultation, for six weeks.	In order to estimate the number of masks this requires, practices will need to review their current consultation rates, and then review how they intend to deal with direct patient contact during a pandemic event. Direct patient to doctor contact should be kept at a minimum to reduce the risk of infection and that most medical contact will be by telephone. A ballpark figure for patient masks would be in the order of 40 masks per FTE (GP / Practice Nurse) per day for six weeks.
<b>Gloves (clinical staff)</b>	1 pair per care giver per consultation, for six weeks.	It is envisaged that gloves will need to be changed between each patient contact, followed by careful hand hygiene (Washing or alcohol hand sanitiser)
<b>Gloves (admin staff)</b>	1 pair per FTE staff per day, for six weeks.	
<b>Hand hygiene items</b>		Provision of adequate hand washing facilities, soap, hot running water and paper towels are considered as a standard requirement already in place
<b>Alcohol Hand sanitiser</b>	1 litre per Clinical FTE for each six week period	
<b>Full PPE</b>	4 packs per clinical FTE for six weeks	Full protection PPE would be used for episodes of possible aerosol producing events such as resuscitation naso-pharyngeal swabbing etc. Full PPE is not required for normal patient contact. Full PPE consists of a pack which includes as a minimum: <ol style="list-style-type: none"> <li>1. Impervious gown</li> <li>2. N95 or other particulate mask (Used only in the above situations, not for regular clinical use)</li> <li>3. Eye shield (Glasses or plastic eye shield)</li> <li>4. One pair of non-surgical gloves</li> </ol>

A surgical mask consists of three layers. Inner layer facing the wearer absorbs water. Middle layer is the cotton filter. Outer layer is water resistant. Wearing surgical mask is just ONE of the ways to prevent the spread of droplet and respiratory tract infections. Observe good personal hygiene is utmost important. People with respiratory symptoms should wear a surgical mask to reduce the chance of spread of infection. Carers, and those visiting sick people, should also wear surgical mask.

**3 How to Place on a Mask**

**HOW TO DON A MASK**

- Place over nose, mouth and chin
- Fit flexible nose piece over nose bridge
- Secure on head with ties or elastic



Even if you do wear a surgical mask, you should continue to maintain a high standard of personal hygiene because no mask can offer total protection.

**HOW TO REMOVE A MASK**

- Untie the bottom, then top, tie
- Remove from face
- Discard



Wearing gloves and gown is equally important. A video is available from the MOH website, but you can contact Hoagy (details on back cover) for a copy or to arrange training if necessary.

**HOW TO DON A PARTICULATE RESPIRATOR MASK (N95)**

- Place over nose, mouth and chin
- Fit flexible nose piece over nose bridge
- Secure on head with elastic
- Adjust to fit
  - mold the nose piece to the shape of your nose
- Perform a fit check:
  - Exhale – check for leakage around face
  - Adjust as required



**HOW TO REMOVE A PARTICULATE RESPIRATOR MASK (N95)**

- Lift the bottom elastic over your head first
- Then lift off the top elastic
- Discard
- Do not place hands on the outside of the mask



**FOR FURTHER INFORMATION, OR TO MAKE COMMENTS/SUGGESTIONS  
TO IMPROVE THE NEXT VERSION OF THIS DOCUMENT, PLEASE  
CONTACT:**

**Hoagy Scoins, Pandemic Planning co-ordinator**

**Mobile: 021 497 917**

**Direct Dial: 369 7156**

**Fax: (09) 262 1484**

**E-mail: [hoagy.scoins@procare.co.nz](mailto:hoagy.scoins@procare.co.nz)**