NSW FLU-INFO KIT

For Residential Care Facilities

Flu Outbreak Coordinator’s Handbook & Resources
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Background, acknowledgements and other resources

The NSW FLU-INFO KIT is a resource kit to assist residential care facilities in preparing for influenza (Flu) outbreaks and in recognizing and responding to outbreaks when they occur.

A number of key resources were used in the preparation of the NSW Health FLU-INFO KIT, principally the Communicable Disease Network of Australia (CDNA) Guidelines for the Prevention and Public Health Management of Influenza Outbreaks in Residential Care Facilities in Australia.


The NSW FLU-INFO KIT also draws extensively on the NHMRC Australian Guidelines for the Prevention and Control of Infection in Healthcare (2010) – Australian Government, as well as influenza outbreak management guidelines prepared by other health authorities within Australia and the infection control resources of the World Health Organization (WHO).

A similar influenza kit for aged care community services with a handbook and resources is provided by the Australian Department of Health – see the Influ-Info Kit for Home Care at: https://agedcare.health.gov.au/publications-articles/resources-learning-training/influ-info-influenza-kit-for-home-care

Additional influenza information sheets and posters for aged care services that were developed by the Department of Health in 2014 are also available at: https://agedcare.health.gov.au/publications-articles/resources-learning-training/influ-info-influenza-kit-for-aged-care
A. Flu Outbreak Coordinator’s Handbook
A. Flu Outbreak Coordinator’s Handbook

The FLU-INFO KIT is intended to assist residential care facilities (RCFs) in preventing, identifying and managing outbreaks of influenza. While some of the guidance provided is specific to an influenza outbreak, many of the outbreak management principles will also be effective during outbreaks due to other respiratory viruses.

The Director of Nursing, Care Coordinator or Senior Nurse and the Outbreak Coordinator should be familiar with the FLU-INFO KIT and its contents prior to an outbreak.

Key Points

REPORTING

RCFs must comply with NSW and Commonwealth requirements in reporting and managing outbreaks. Note that laboratory-confirmed influenza is a notifiable condition in NSW.

INFECTION CONTROL

Infection control measures are critical to minimising the severity and duration of influenza outbreaks.

OUTBREAK PLAN

RCFs should have an influenza outbreak management plan in place before an outbreak happens.

OUTBREAK COORDINATOR

RCFs should nominate an Outbreak Coordinator who can direct a response as soon as an outbreak is suspected. This person should have good knowledge of infection control practices and if possible should be identified before an outbreak happens.

PUBLIC HEALTH UNIT

Local public health units provide important support and guidance for RCFs during influenza outbreaks. RCFs that report suspected influenza outbreaks quickly tend to have shorter outbreaks that affect fewer residents and staff.

Structure of the NSW FLU-INFO KIT

A. Flu Outbreak Coordinator Handbook

The Handbook contains a range of advice and tools for facilities on:

- How to prepare for an influenza outbreak by developing an outbreak management plan, establishing an outbreak preparedness kit, and promoting annual influenza vaccination.
- How to detect a possible outbreak through surveillance, and how to confirm the outbreak through collecting respiratory swabs for testing.
- How to implement infection control measures to control an outbreak once it has been confirmed, and minimize its impact on residents and staff.

B. Influenza information sheets

These are a range of information sheets for staff on influenza outbreaks and how to investigate and control them.

C. Influenza outbreak resources

These are a range of resources to support the outbreak response, including signs, posters and letter templates.
The best way to prepare for possible outbreaks of influenza and other infectious diseases is to prepare an Influenza Outbreak Management Plan (OMP) and have a small stockpile of supplies.\(^1\)


**Key features of an OMP**

1. **Preparedness**
   - Advise staff to report all cases of influenza-like illness (ILI) so that cases can be monitored and potential outbreaks can be identified as early as possible.
   - A potential influenza outbreak is where there are 3 or more cases of ILI in residents or staff within 3 days/72 hours.\(^2\) An influenza outbreak is confirmed when one or more of these cases have influenza confirmed by laboratory testing.
   - During the winter consider a system for daily review of illness reports from across the facility to ensure timely recognition of potential influenza outbreaks.

2. **Reporting an outbreak – maintain documents for all reporting, including:**
   - Notifying facility management and the outbreak coordinator (if already designated).
   - Notifying your local public health unit (PHU) to report the outbreak and seek advice.
   - Informing residents, relatives and visitors.
   - Alerting the hospital when transferring a sick resident during an outbreak.
   - Informing all staff, including cleaners, laundry and kitchen staff, personal care attendants.
   - Notifying visiting GPs and allied health care workers, contractors (inc. laundry contractors).

3. **Responding to an outbreak**
   - Nominate an Outbreak Coordinator.
   - Hold an Outbreak Management Team meeting – confirm roles and responsibilities.
   - Notify the outbreak and review clinical features with GPs and PHU.
   - Collect respiratory swabs from residents with acute symptoms, usually 4-6 residents.
   - Implement infection control to prevent further spread – minimise group activities; isolate or cohort infected residents; exclude sick staff for five days after onset or until symptom free.
   - Modify infection control based on the cause of the outbreak.
   - Document staff and resident illness daily – update the Outbreak Monitoring Line List.

4. **Reviewing your actions once the outbreak is declared over**
   - Complete a summary report and retain outbreak records at the facility.
   - Evaluate your facility’s response to and management of the outbreak to identify what could have been done better. Consider conducting a facility outbreak debrief.

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\(^1\) For a list of outbreak stores see [A8 – Influenza Outbreak Preparedness Kit](#)

\(^2\) Note that this is different to the gastro outbreak definition – 2 or more cases in 24 hours.
Identifying influenza outbreaks

Influenza outbreak definitions

Suspected influenza outbreak
• 3 or more cases of influenza-like illness (ILI) in residents or staff within 3 days (72 hours)

Confirmed influenza outbreak
• 3 or more cases of influenza-like illness (ILI) in residents or staff within 3 days (72 hours)
AND at least one of the cases have had a positive laboratory test for influenza
OR at least two of the cases have tested positive to influenza using point-of-care tests.

Identifying an outbreak

Influenza-like illness (ILI)
ILI is defined as sudden onset of at least one of the following three respiratory symptoms:
• Cough (new or worsening) • Sore throat • Shortness of breath
AND at least one of the following four systemic symptoms:
• Fever or feverishness • Malaise • Headache • Myalgia

Initial actions

Additional precautions should commence as soon as an influenza outbreak is suspected.
Don’t wait for an outbreak to be confirmed by testing before starting outbreak control measures.

Seek medical advice immediately when symptoms appear
• Discuss whether antiviral medications should be used for treatment while awaiting influenza testing results.
• Notify other visiting GPs of influenza-like symptoms in the facility.

Confirm the cause of the outbreak
• Arrange for respiratory swabs to be collected from some affected residents and staff, and send for analysis as directed by the GP or the public health unit.
• For advice and instructions on testing see A5 – Determine the cause of the outbreak and B3 – Respiratory swab collection.

Report suspected outbreaks to the public health unit (1300 066 055)
• Report all suspected and confirmed influenza outbreaks as soon as possible to review infection control and other outbreak control measures.

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Implement infection control measures

- Reinforce cough etiquette and hand hygiene measures among staff, residents and visitors.
- Wash and dry hands before and after contact with affected residents, or use hand sanitiser if hands not visibly soiled.
- Warn visitors of risk.
- Defer group activities.

Manage residents who are ill

- Isolate ill residents in single rooms. If single rooms are not available, room sharing by residents with the same infection (called ‘cohorting’) is acceptable.
- Allocate specific immunized staff to manage ill residents, where possible, to minimize the number of people exposed.
- Put up appropriate alert posters and signage to alert visitors, residents and staff.
- Transfer to hospital if condition warrants (see C8 – Resident transfer advice letter template).

Document the outbreak and monitor for new cases

- Record the details of residents/staff exhibiting symptoms using the B7 – Outbreak Monitoring Line List template (also see the example line list at A9).
- Remember to include the onset date of influenza-like illness symptoms and if testing has been carried out. This should be updated each day of the outbreak.
- Identify and inform close contacts (e.g. residents, staff member, visitor) who may have already been exposed to a potentially infectious resident or staff member.

Additional measures when influenza is confirmed

- Advise your local public health unit of all confirmed influenza test results. The local public health unit is notified of positive tests by laboratories but they may not be aware when it is for a RCF resident or part of an outbreak.
- Notify the residents, their relatives/representatives, staff, and attending GPs when an outbreak is confirmed.
- See A3 – Outbreak management for further advice.
- Use the B5 – Outbreak Management Checklist to make sure you have considered all relevant actions.
Influenza outbreak management in residential care

Once an influenza outbreak is confirmed, focus on preventing further spread.

**Isolate residents who are ill if not already isolated**  
Resources: B6, C4  
Ideally ill residents should have a single room (see the B6 – Isolation Room Checklist). If a single room is not available, arrange for room sharing by residents with the same infection ('cohorting').

- Assign dedicated vaccinated staffing where possible and use dedicated equipment.

**Restrict contact**  
Resources: C1, C5  
- Exclude unwell staff from work until they are well.
- Limit staff movement into restricted area/s.
- Keep visitors to a minimum, short duration and warn of risk factors.
- Curtail social contacts/group activities for unwell and non-infected residents.
- Restrict new admissions to the affected area until the outbreak is over. (Note that residents who are influenza cases and who require hospital transfer can be re-admitted after their hospitalisation).

**Increase personal protective measures**  
Resources: A4, C2, C3  
- Ensure hand hygiene before and after contact with each resident.
- Wash and dry hands before and after contact with affected residents, or use hand sanitiser if hands not visibly soiled.
- Wear gloves if contact with respiratory secretions or potentially contaminated surfaces is likely. Change gloves and wash hands after contact with each resident.
- Wear a disposable surgical facemask on entering room or working within one metre of a confirmed or suspected case. Remove the mask when leaving each room and dispose of correctly. Do not reuse masks.
- Wear a single-use disposable gown if soiling of clothes with respiratory secretions is likely.

**Environment cleaning**  
Resources: A4  
- Enhance cleaning measures, especially cleaning of frequently touched surfaces with a neutral detergent followed by a disinfectant.
- Provide appropriate bins/disposal units for used tissues.
- Appropriate cleaning processes for reusable items.

**Medical management**  
Resources: C7, C8  
- Antiviral medications as prescribed by GP.
- Discuss with the PHU and GPs if antiviral medicines for well residents (prophylaxis) should be implemented to help prevent influenza, in addition to other infection control measures.
- Arrange for influenza vaccination for unvaccinated residents and staff.
- Transfer to hospital if condition requires, using transfer advice letter (C8).
A key role of the Outbreak Coordinator is to ensure that all staff and visitors consistently apply the recommended infection control measures.

Influenza and other respiratory viruses can lead to widespread outbreaks of respiratory illness in residential care facilities. Influenza infections can be spread directly through the air, from the infected droplets released when patients cough or sneeze, or indirectly when people touch surfaces that have been contaminated by infected droplets.

Standard precautions, including hand hygiene, and diligent environmental cleaning are as important for respiratory outbreaks as they are for other outbreaks, such as ‘gastro’ outbreaks.

Additional precautions are required for respiratory outbreaks because of the risk of viruses spreading through droplets when ill residents cough or sneeze.

Reinforce Standard Precautions

Standard infection control precautions need to be practiced at all times, including following the national 5 Moments for Hand Hygiene recommendations for washing hands.

<table>
<thead>
<tr>
<th></th>
<th>BEFORE RESIDENT CONTACT</th>
<th>WHEN?</th>
<th>WHY?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>BEFORE RESIDENT CONTACT</td>
<td>WHEN?</td>
<td>WHY?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>WHY?</td>
<td>• Clean your hands before touching a resident.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• To protect you and the resident against harmful organisms carried on your hands.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• * If the resident is a suspected or confirmed influenza case also put on a single-use face mask.</td>
</tr>
<tr>
<td>2</td>
<td>BEFORE ASEPTIC TASK</td>
<td>WHEN?</td>
<td>WHY?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>WHY?</td>
<td>• Clean your hands immediately before any aseptic task and before donning gloves.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• To protect the resident against harmful organisms, including the resident's own organisms, entering his or her body.</td>
</tr>
<tr>
<td>3</td>
<td>AFTER BODY FLUID EXPOSURE</td>
<td>WHEN?</td>
<td>WHY?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>WHY?</td>
<td>• Clean your hands immediately after an exposure risk to body fluids and after glove removal.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• To protect yourself and the care environment from harmful organisms.</td>
</tr>
<tr>
<td>4</td>
<td>AFTER RESIDENT CONTACT</td>
<td>WHEN?</td>
<td>WHY?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>WHY?</td>
<td>• Clean your hands after touching a resident and his or her immediate surroundings, when leaving.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• To protect yourself and the care environment from harmful organisms.</td>
</tr>
<tr>
<td>5</td>
<td>AFTER CONTACT WITH RESIDENT SURROUNDINGS</td>
<td>WHEN?</td>
<td>WHY?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>WHY?</td>
<td>• Clean your hands after touching any object or furniture in the resident's immediate surroundings, when leaving – even without touching the resident.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• To protect yourself and the care environment from harmful organisms.</td>
</tr>
</tbody>
</table>

See the hand washing instructions poster C2 - Wash your hands. Hand hygiene must always be performed, regardless of whether gloves are used or not. Wash hands before and after using gloves.

Actions required

1. Ensure staff members comply with standard hygiene procedures (standard precautions), particularly hand hygiene.
2. Talk with family, friends and visitors about the need for attention to hand washing to assist in infection control in your facility.
3. Ensure adequate supplies of liquid soap at wash basins and alcohol-based hand sanitiser in areas of high resident contact. Alcohol-based hand sanitiser should not be used when hands are visibly soiled.
Additional measures – Droplet Precautions and Isolation

Successful respiratory outbreak management requires additional hygiene measures, including droplet precautions, isolating or cohorting of ill residents, and appropriate signage.

During influenza outbreaks, droplet precautions are added to standard precautions because of the risk of spread from respiratory droplets. People are at risk if they come within 1-2 metres of infected residents, unless they are using appropriate personal protective equipment (PPE).

The early implementation of droplet precautions to the infection control procedures helps to limit the spread of infection and reduce resident illness and mortality.

Actions Required

1. Reinforce respiratory etiquette and hand hygiene
   • Isolate residents who are infected.
     Resource: B6 – Isolation Room Checklist
   • Promote good cough and sneeze etiquette, and hand hygiene among residents and visitors.
     Resources: C2 – Wash your hands poster, C3 – Cough etiquette poster
   • In individual rooms, multi-bed rooms, unit or wing. If an appropriate single room is not available, room sharing (cohorting) by residents with the same infection is acceptable.
   • Separation of beds and the use of screens or curtains can also reduce the risk of transmission.
   • Assign vaccinated staff to care for affected residents where possible/practicable and minimise staff movement between affected and unaffected residents.
   • Use dedicated equipment, including separate linen bags, for ill residents.
   • Use appropriate signage at the entrance to the facility and to isolation rooms
     Resources: C4 – Visitor room notice (poster), C5 – Visitor alert (poster)
   • If transfer to hospital is required, advise the hospital of the outbreak in the facility
     Resource: C8 – Resident transfer advice (letter template)
   • Discuss additional measures with your local public health unit.
     Resource: A7 – Public health unit contact details

2. Manage staff with respiratory symptoms
   • Ask all staff members to self-monitor for influenza-like symptoms, and report illness to the manager.
     Resource: C1 – Staff alert (poster)
   • Exclude ill staff members from work until no longer infectious, usually 5 days after the onset of acute illness, and be advised to not work in other facilities in the interim.
   • Ill staff members taking antiviral medications may be able to come back sooner on medical advice; usually after 3 days of treatment.

3. Exclude unvaccinated staff
   • Unvaccinated staff should be excluded from work in affected areas unless they are asymptomatic and either wearing a mask or taking appropriate antiviral prophylaxis.

4. Manage resident movement
   • Restrict contact between ill and unaffected residents for at least 5 days after onset of symptoms.
   • Minimise communal gatherings of unaffected residents, e.g. shared meal & lounge areas.
   • If the outbreak is continuing to spread throughout the facility, then closing all communal areas may need to be considered, with residents receiving meals in their own rooms.
   • Exclude non-essential staff from resident contact for the duration of the outbreak.
   • Restrict visitors – warn them of risks and ask them to defer their visits.
   • Place restriction notices at entrance to facility, isolation rooms, and in staff areas.
5. Increase personal protective measures
   - Maintain hand hygiene before and after contact with each resident.
   - Wear PPE – single-use face masks, gloves, disposable gowns – when caring for ill residents.
   - Add eye protection (goggles or face shield) when collecting respiratory swabs for testing.
   - Change PPE after contact with each ill resident.
   - Hand hygiene must be performed thoroughly after removing gloves, mask and gown.

Cleaning and Laundry
Successful respiratory outbreak management also requires managing the risk from the environment which may become contaminated by viruses.

Cleaning and disinfection of all resident care areas is important. Frequently touched surfaces, especially those closest to the resident, are most likely to be contaminated (e.g. bedrails, bedside tables, commodes, door handles, sinks, surfaces and other equipment close to the resident).

Influenza viruses are killed by chlorine or by 70% alcohol, so cleaning of environmental surfaces with a neutral detergent followed by disinfection is recommended during an outbreak.

Actions Required
1. Increase the frequency of cleaning of resident rooms and common areas using standard products (i.e. neutral detergents, followed by a disinfectant).
2. Ensure appropriate numbers and placement of disposal units for tissues, masks, and other PPE.
3. Increase wiping of frequently touched surfaces with neutral detergent then disinfectant, (e.g. hand rails, door handles, the nurses’ station counter top).
4. Wear PPE when cleaning the rooms of ill residents (facemask, gloves) and when handling laundry items from the rooms of ill residents.

CLEANING/LAUNDRY CHECKLIST

| · Staff wearing appropriate PPE during cleaning/laundry work (i.e. facemask, gloves) | ☐ |
| · Hand washing facilities in the laundry | ☐ |
Immediate collection of respiratory swabs is essential for early identification of the causative organism – either viral or other pathogen.

It is important to contact your local public health unit for advice regarding what tests you should request for specimens collected. They may also advise you on which laboratory to use to assist with their surveillance. Always consult with the treating GP of the ill resident(s).

As a general rule, laboratory requests should include respiratory virus testing including influenza. Using respiratory viral swabs allows detection of the influenza virus (a technique called PCR). This is more usually more useful than serology tests on blood samples for influenza.

Refer to the information sheet B3 – Respiratory Swab Collection for instructions on how to safely collect nose and throat swabs for respiratory virus testing.

Note that respiratory swabs should only be collected by vaccinated staff using appropriate personal protective equipment (PPE); including the addition of eye protection (face shield or goggles).

The Outbreak Coordinator should record all pathology tests requested and results obtained using B7 – Resident/Staff Outbreak Monitoring Line List.

If other pathogens are identified as the likely cause of an outbreak (such as other respiratory viruses, or bacteria such as mycoplasma or legionella) you will need to discuss specific outbreak control measures with your local public health unit.

Actions Required

1. Contact your local public health unit to discuss what testing is appropriate and where swabs should be sent.
2. Collect appropriate specimens – ideally use trained, vaccinated staff wearing appropriate PPE to collect the specimens – and store appropriately until they are ready to be sent.
3. Contact your local laboratory to see if they can send a trained specimen collector to get samples from residents.
4. Arrange for transport of specimens to the recommended laboratory and ensure follow up procedures are in place to check on results.
Antiviral medications in outbreaks

Early initiation of antiviral treatment reduces the risk of complications and hospitalization in residents with confirmed influenza infections. Antiviral prophylaxis for well residents and staff during an influenza outbreak may be recommended in some settings.

The most useful antiviral medications for treating or preventing infection with influenza are neuraminidase inhibitors – oseltamivir (trade name: Tamiflu®) and zanamivir (trade name: Relenza®). Oseltamivir is given orally and is usually preferred in outbreak settings to zanamivir which is administered via an inhaler. See the C7 - Antivirals information sheet.

Medication safety issues including potential side effects and renal function/renal insufficiency must be appropriately considered when prescribing for treatment or for prophylaxis.

Antiviral treatment

Antiviral treatment should be initiated as soon as possible after the onset of symptoms. Evidence for benefits is strongest when treatment is started within 48 hours of illness onset. Some studies have indicated there is still a benefit, including reduction in mortality or duration of hospitalization, for patients whose treatment was started later.

In order to facilitate early case treatment in the context of an identified influenza outbreak, treatment on the basis of symptoms may be warranted in the absence of laboratory confirmation, particularly for residents with underlying medical conditions that place them at increased risk of a severe influenza infection.

Antiviral prophylaxis

There is a potential role for antiviral medications to be used as prophylaxis in the management of influenza outbreaks in RCFs, as an adjunct to all other control measures. The use of antivirals as prophylaxis needs to be weighed against the risk of side effects, such as nausea and vomiting. As there is some debate about when it is appropriate to use antivirals for prophylaxis it is best to seek advice from your local public health unit.

Use of antivirals requires forward planning, and consultation with, and participation of, visiting GPs. The decision to use antivirals in any particular outbreak will need to be made in consultation with the local public health unit. Antiviral medication can be costly and may not be readily available from local pharmacies.

When used for prophylaxis, antivirals are recommended for ALL asymptomatic residents (regardless of vaccination status) and ALL unvaccinated staff and must be commenced within a 24 hour period. Incomplete coverage of the facility with antiviral use will reduce the effectiveness of the intervention.

Actions Required

1. Organise treatment for ill residents with antivirals, in consultation with their GPs.
2. When recommended by a local public health unit, undertake antiviral prophylaxis for ALL asymptomatic residents (regardless of vaccination status) and ALL unvaccinated staff.
The local public health unit should be contacted as soon as possible to report a suspected outbreak of influenza and to seek ongoing assistance with managing the outbreak.

**State wide number: 1300 066 055**

This single number will divert to your local public health unit.

Your local public health unit can provide expert assistance with investigating and controlling an influenza outbreak.

Evidence from past outbreaks indicates that the duration and severity of outbreaks are significantly reduced when public health units are involved early in the outbreak.

Check with the PHU about the best number to fax number or email address to send your daily updated line lists (B7 – Resident/Staff Outbreak Monitoring List).

A8. Influenza Outbreak Preparedness Kit

An Influenza Outbreak Preparedness Kit should be assembled in preparation for a respiratory outbreak. The items listed in this Kit will be essential during an outbreak of influenza.

**Prevent spread**

Keep adequate supplies of Personal Protective Equipment, including:

- Facemasks (surgical)
- Liquid soap and hand sanitiser
- Gloves
- Tissues
- Eye protection
- Disposable gowns

Extra supplies of cleaning equipment, including:

- Alcohol wipes (min.70%)
- Detergents
- Chlorine/Bleach (check expiry date)
- Separate waste containers and linen bags

**Resources for the Outbreak Coordinator**

- FLU-INFO KIT – Information sheets
- Outbreak Management Plan
- FLU-INFO KIT – Outbreak resources
- NSW Health influenza resources (signs, posters)

**Notification details and legislation**

- Public health unit contact details
- Australian Aged Care Quality Agency contact details
- GPs contact list
- Facility management contact details

**Documentation and templates for recording information**

- A copy of the facility’s Influenza Outbreak Management Plan
- Details of residents and staff members at higher risk of influenza complications
- Resident/Staff Outbreak Monitoring Line List templates (BZ)
- Copies of the relevant FLU-INFO KIT – Information sheets and posters (Section C)

**Specimen collection**

- Viral swabs for respiratory testing
- Pathology request forms
- Disposable spatulas
- Specimen transport bags

**External resources**

Know how to access the latest outbreak and infection control resources, including:

- CDNA: Guidelines for the Prevention and Public Health Management of Influenza Outbreaks in Residential Care Facilities in Australia (2017) – Australian Department of Health

Your local public health unit will require a monitoring line listing form as part of the outbreak investigation. The public health unit may have its own form, which you should use. If not, the following is an example and represents the information usually required.
<table>
<thead>
<tr>
<th>No.</th>
<th>Name (Personal + Family)</th>
<th>Sex (M/F)</th>
<th>Age (Yrs)</th>
<th>New Or Worse Cough Y/N</th>
<th>Sore Throat Y/N</th>
<th>Fever Y/N</th>
<th>Joint Pain Or Muscle Ache Y/N</th>
<th>Extreme Fatigue Y/N</th>
<th>Runny Nose Y/N</th>
<th>Date Onset First Symptom DD/MM</th>
<th>Date Swab Test Taken DD/MM</th>
<th>Other Symptom (or NONE)</th>
<th>Test Results</th>
<th>Date Resident Admitted to Hospital DD/MM</th>
<th>Date of Recovery DD/MM</th>
<th>Date Antiviral Started DD/MM</th>
<th>Date of Last Flu Vaccine MM/YY</th>
<th>Date of Last Flu Vaccine DD/MM</th>
<th>Test Results</th>
<th>Date of Recovery DD/MM</th>
<th>Date Resident Admitted to Hospital DD/MM</th>
<th>Date of Last Flu Vaccine MM/YY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Bridget Marshall</td>
<td>F</td>
<td>78</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>No</td>
<td>11/03</td>
<td>12/03</td>
<td>None</td>
<td>Flu A positive</td>
<td>N/A</td>
<td>15/03</td>
<td>N/A</td>
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<td>2</td>
<td>Harry Nguyen</td>
<td>M</td>
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<td>04/15</td>
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<td>3</td>
<td>Vince Conti</td>
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<td>41</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>None</td>
<td>14/03</td>
<td>14/03</td>
<td>SOB</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
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</tr>
</tbody>
</table>
B. Influenza Information Sheets
B1. GENERAL INFORMATION
Influenza background information

Description

- Influenza (flu) is a highly infectious respiratory illness caused by influenza viruses.
- Influenza viruses are spread primarily by droplets from coughs or sneezes but also by contact with contaminated surfaces.
- The early symptoms of influenza may be similar to colds or other respiratory infections. Influenza symptoms develop rapidly, usually 1-3 days after exposure to the virus.
- People are infectious from one day before symptoms appear until 5 days after.
- Influenza activity peaks during winter but outbreaks in facilities can occur year round.
- Annual influenza vaccines protect against multiple strains and are usually available from April.

Influenza vaccination for high risk groups

Influenza vaccines are recommended and available free under the National Immunisation Program for people who face a higher risk from influenza and its complications. These include:

- All people aged 65 years and over (including residential care facility residents).
- Aboriginal and Torres Strait Islander people who are aged 15 years and over.
- All people with chronic medical conditions (such as asthma, lung or heart disease, impaired immunity or diabetes) that can lead to complications from influenza.

Annual influenza vaccination is also recommended (but not free) for the following groups:

- Other residents of residential care facilities.
- Other people who may transmit influenza to persons at increased risk of complications from influenza infection including all staff and volunteers of residential care facilities.

NSW Health Legislation

Influenza is a notifiable condition under the NSW Public Health Act (2010). Reporting suspected and confirmed influenza outbreaks to the local public health units is also strongly recommended.

Commonwealth Legislation

Under the Aged Care Act 1997, Quality of Care Principles 2014, and Record Principles 2014, Australian Government-subsidised providers of residential aged care are required to comply with the Accreditation Standards. The Standards require providers to have an effective infection control program in place, and also require services to have systems in place to identify and ensure compliance with all relevant legislation and regulatory requirements.

Australian Government-subsidised providers of residential aged care are required to have in place a flu vaccination program that:

- provides staff and volunteers of the service with access to a free annual flu vaccination
- actively promotes the benefits of an annual vaccination for their staff and volunteers, and for the health outcomes of care recipients, and
- keeps records of the number of staff that receive a flu vaccination each year.
Successful infection control is based on good hygiene around a range of practices that arise from identifying and implementing risk management of the hazards.

Influenza vaccination
Annual influenza vaccination is recommended for all residents and for all staff who have contact with residents. Note that it takes up to two weeks after the influenza vaccine for recipients to develop full protection against influenza.

Older people don’t tend to respond as well to routine influenza vaccines, leaving them with lower levels of protection. Newer vaccines have been specifically designed for people aged 65 years and over and these tend to produce better immune responses that last longer.

Infectious disease control team
- Identify and document potential infection risks
- Identify suitable isolation areas
- Communication with staff, residents and visitors
- Liaise with GPs, local public health unit, local hospitals
- Maintain and document vaccination registers
- Identify and document possible infection outbreaks.

Isolation room
Resources: B6, C4
Ill residents should have a single room wherever possible. If an appropriate single room is not available, room sharing by residents with the same infection (called ‘cohorting’) is acceptable.

- Hand wash basin in room. If hand washing facilities are not available, provide hand sanitiser
- Single-use towels
- En suite bathroom (shower, toilet, hand wash basin)
- Minimum one metre separation between beds if multi-bed rooms in use
- Suitable container/s for safe disposal of tissues, gloves, facemasks, gowns
- Room entry alert signs.

Wash and dry hands before and after contact with affected residents.

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4 NHMRC. Australian guidelines for the prevention and control of infection in healthcare (81, 82, 83). Available at http://www.nhmrc.gov.au
B3. RESPIRATORY SWAB COLLECTION
How to take respiratory swab for testing


Swab collection procedure – Nose swab
- Stand beside the resident to take swabs (not in front).
- Tilt the patient’s head back gently against a wall or other firm surface and steady the patient’s forehead. With the other hand, insert the sterile swab into the patient’s right nostril. The swab should be rotated against the inner (medial) wall of the nostril to ensure the swab contains cells.
- Place the swab into the labelled VT or UTM tube (if UTM, fully insert the swab into the tube, snap the swab at the breakpoint, discard the residual shaft) and tighten the cap.

Swab collection procedure – Throat swab
- Obtain another swab and ask the patient to open their mouth and stick out their tongue. Use a wooden spatula to press the tongue downward to the floor of the mouth.
- Rotate the swab against both of tonsillar arches and the side of the pharynx, without touching the sides of the mouth.
- Place the swab into the labelled VT or UTM tube (if UTM, fully insert the swab into the tube, snap the swab at the breakpoint, discard the residual shaft) and tighten the cap.

Preparing the sample for sending to the laboratory
- Place the labelled swab transport tubes in the plastic bag provided, and complete the request form (making sure to include the name of your facility and request testing for respiratory viruses PCR). Refrigerate the specimen until it is sent to the laboratory.
- Specimens should be packaged in a small cool bag or box (2-8°C) for transport to the lab.

Personal protection
- Gloves, a facemask and eye protection should be worn when collecting swabs.
- Masks should NOT be touched while wearing.
- At the end of the procedure safely remove the gloves, mask (handle by the side ties only), gown (if used) and eye protection. Dispose of gloves, mask and gown in an infectious waste bag and disinfect the eye protection if reusable.
- Perform hand hygiene before and after the procedure.
The purpose of this document is to allow you to tailor the contents and instructions of the FLU-INFO KIT to your individual RCF. Please complete the applicable fields and use this document in conjunction with the FLU-INFO KIT in the event of an outbreak.

### Name of Facility:

### Person/Position responsible for monitoring Outbreak Management Plan:

<table>
<thead>
<tr>
<th>Status of Plan</th>
<th>Date</th>
<th>Printed Name – Owner</th>
<th>Signature of Owner</th>
<th>Expected Review Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REVIEW</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Training Session</th>
<th>Date of Session</th>
<th>Printed Name – Owner</th>
<th>Signature of Owner</th>
<th>Date of Next Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL STAFF</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEW STAFF</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### OUTBREAK PREPAREDNESS

<table>
<thead>
<tr>
<th>Location of the FLU-INFO KIT during a non-outbreak period:</th>
<th>Location:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who are the senior nursing staff and what are their contact details?</td>
<td>Name: Position:</td>
</tr>
<tr>
<td>Who could be appointed as an Outbreak Coordinator?</td>
<td>Name: Position:</td>
</tr>
<tr>
<td>Which staff members could be delegated by the Outbreak Coordinator?</td>
<td>Name: Position:</td>
</tr>
<tr>
<td>Which staff members will be assigned to specific activities?</td>
<td>Caring for residents</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Method used to advise management of the occurrence of an outbreak</th>
<th>Method:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location of the Outbreak Management Plan during a non-outbreak period</td>
<td>Location:</td>
</tr>
<tr>
<td>Location of Influenza Preparedness Kit and outbreak stores during a non-outbreak period?</td>
<td>Location:</td>
</tr>
<tr>
<td>Contact details of the local public health unit</td>
<td>Organisation: Telephone:</td>
</tr>
</tbody>
</table>

---

**B4. OUTBREAK MANAGEMENT PLAN (TEMPLATE)**
# Responding to an Outbreak

<table>
<thead>
<tr>
<th>Copies of information sheets and posters from the FLU-INFO KIT</th>
<th>Number of information sheets:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of Posters:</td>
</tr>
</tbody>
</table>

| Location of information sheets and posters (e.g., hallways, kitchen, communal area) | Locations: |

## Additional Resources to Manage the Outbreak

<table>
<thead>
<tr>
<th>Location of extra stores of soap, alcohol based gel or hand sanitiser and paper towels</th>
<th>Location:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Potential room(s) that could be utilised as isolation rooms if there should be a need</td>
<td>Room(s):</td>
</tr>
<tr>
<td>Resident transfer sheets - include information about status of influenza outbreak</td>
<td>Yes/No:</td>
</tr>
</tbody>
</table>

## Specimen Collection

<table>
<thead>
<tr>
<th>Laboratory we will contact to alert about the investigation of an outbreak and to submit specimen samples.</th>
<th>Organisation name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Contact Person:</td>
</tr>
<tr>
<td></td>
<td>Telephone:</td>
</tr>
<tr>
<td></td>
<td>Fax:</td>
</tr>
<tr>
<td></td>
<td>Email:</td>
</tr>
</tbody>
</table>

| Location of specimen examination request forms. | Location: |

| Method for tracking which tests are carried out and how to obtain the results of these tests (e.g. specimen tracking sheet). | Method: |

| Location of viral (green) swabs for nose and throat specimen collection. | Location: |
**Do we have an outbreak?**
- Check the information on identifying influenza outbreaks and initial actions
- Definition: 3 or more cases of influenza-like illness in residents or staff within 3 days/72 hours
- Activate your Influenza Management Plan by following the actions listed below
- Inform Senior Nursing Staff on duty/Manager and check on influenza outbreak supplies
- Convene an outbreak management team (OMT)
- Report to the local public health unit and seek advice

**Inform staff, residents & visitors**
- Inform all staff that a possible outbreak is occurring and advise of increased hygiene measures
- Inform residents & visitors – notices on doors & provide information on influenza.

**Implement infection control measures**
- Increase hygiene measures taken by all staff – standard precautions plus additional measures
- Ensure adequate PPE, hand hygiene and cleaning supplies.
- Contact the GPs of residents
- Isolate ill residents to their room (where possible) and ensure signage posted outside rooms
- Cohort ill residents in one area – separate infected & uninfected residents where possible

**Collect specimens to confirm/exclude influenza**
- Collect nose and throat swabs for respiratory virus testing to confirm influenza outbreak and other tests as indicated
- Observe standard precautions & wear PPE (eye protection, gloves, facemask)
- Label swabs, complete pathology request forms and liaise with the local PHU about testing
- Document which residents have been tested using the B7 – Outbreak Monitoring Line List.

**Vaccination (Influenza shots)**
- Review the vaccination records of all residents and staff
- Arrange influenza shots (if available) for all well unvaccinated residents and staff

**Restrict staff and resident movement**
- Allocate vaccinated staff to care for residents ill with confirmed or suspected influenza.
- Unvaccinated staff should work only if well and wearing a mask, or taking antiviral prophylaxis
- Staff should self-monitor for symptoms. Exclude staff with symptoms until well
- Avoid moving staff from affected sections to other areas of the facility
- Suspend group activities until outbreak resolved
- Advise other facilities when transferring residents.

**Restrict contact**
- Notify residents’ relatives or representative, all visiting GPs, allied health workers, laundry contractors, volunteers, and anyone in contact with your facility
- Restrict visitors, particularly visitors at increased risk of influenza complications
- Restrict movement of visitors within the home and ensure visitors practice hand hygiene
- Exclude visitors with symptoms of ILI until 5 days after the onset of their symptoms

**Document the outbreak and provide updates to the public health unit (PHU)**
- Prepare daily line lists of ill residents AND staff and fax/email to your local PHU
- Notify by phone within 24 hours of deaths or hospitalisations and record on the line list

**Antiviral medication**
- If influenza is confirmed, discuss early antiviral treatment for ill residents with their GP
- Discuss with public health unit to see if antiviral prophylaxis for contacts is recommended

**Update your Influenza Outbreak Management Plan**
- Review your plan regularly, both during and at the end of the outbreak
B6. ISOLATION ROOM CHECKLIST

☐ Hand wash basin in room and/or hand sanitiser
☐ Single-use towels
☐ En suite bathroom (shower, toilet, hand wash basin)
☐ Door on room with door self-closer (if possible)
☐ Minimum one metre separation between beds in multi-bed rooms*
☐ Suitable containers for the safe disposal of tissues, gloves, masks, single-use gowns, towels, linen
☐ Room restriction signs **
☐ Independent air conditioner/filter system if available.

NOTES:

* A single room is preferable. If not available, room sharing by residents with the same infection (cohorting) is an acceptable alternative.

** See the C4 – Visitor room notice (poster).
Your local public health unit will require a monitoring line listing form as part of the outbreak investigation. The public health unit may have its own form, which you should use. If not, the following is an example and represents the information usually required.

Update Daily and FAX Each Weekday to your local public health unit.

### B7. RESIDENT/STAFF OUTBREAK MONITORING LINE LIST (TEMPLATE)

<table>
<thead>
<tr>
<th>Resident Date of Death DD/MM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Resident Admitted to Hospital DD/MM</td>
</tr>
<tr>
<td>Date of Recovery DD/MM</td>
</tr>
<tr>
<td>Date Antiviral Started DD/MM</td>
</tr>
<tr>
<td>Date of Last Flu Vaccine MM/YY</td>
</tr>
<tr>
<td>Test Results</td>
</tr>
<tr>
<td>Date Swab Test Taken DD/MM</td>
</tr>
<tr>
<td>Date Onset First Symptom DD/MM</td>
</tr>
<tr>
<td>Other Symptoms (or NONE)</td>
</tr>
<tr>
<td>Runny Nose Y/N</td>
</tr>
<tr>
<td>Extreme Fatigue Y/N</td>
</tr>
<tr>
<td>Joint Pain Or Muscle Ache Y/N</td>
</tr>
<tr>
<td>Sore Throat Y/N</td>
</tr>
<tr>
<td>Fever Y/N</td>
</tr>
<tr>
<td>New Or Worse Cough Y/N</td>
</tr>
<tr>
<td>Age (Yrs)</td>
</tr>
<tr>
<td>Sex (M/F)</td>
</tr>
<tr>
<td>Staff (S) or Resident (R)</td>
</tr>
</tbody>
</table>

- **Name (Personal + Family)**
- **No.**
- **Facility Name**
- **Facility Telephone**
- **Facility Area(s) Affected**
- **Date sent to Public Health Unit?**
- **Date outbreak declared?**
- **Date outbreak declared over?**
- **Facility Fax**
- **Email**
C. Influenza Outbreak Resources
Attention All Staff

RESPIRATORY ILLNESS / INFLUENZA OUTBREAK ALERT

There are currently a number of cases of respiratory illness/influenza at our facility. We are trying to prevent this illness from spreading.
If you have symptoms of any respiratory illness now (such as fever, sore throat, cough, muscle and joint pain, tiredness/exhaustion) you should see your doctor immediately and not return to work until you are well.
If you are currently well you should take the following precautions to reduce your risk of acquiring this respiratory illness/influenza:

- **Get a flu vaccination** if you have not already had one this year. Note that unvaccinated staff may be asked to take additional precautions or work in other areas.

- **Wash your hands** with soap and water before and after contact with each resident, or use hand sanitiser if washing facilities are not nearby.

- If you are working with any of these residents who are sick, **avoid contact with other residents and staff** working in other areas.

- **Wear gloves** if contact with respiratory secretions or potentially contaminated surfaces is likely. Change gloves and wash hands after contact with each resident, and dispose of the gloves in an appropriate container. **Do not reuse gloves.**

- **Wear masks** appropriate for respiratory infection on entering a room or working within one metre of the resident. Carefully remove the mask by the straps when leaving each room. Dispose of it in the appropriate container and wash your hands. **Do not reuse masks.**

Thank you for your cooperation.

Manager/Director of Nursing
C2. Wash your hands (poster)

WASH YOUR HANDS

Remove any jewellery and wet your hands thoroughly

Apply soap from the dispenser

Lather vigorously for 10-15 seconds

Rinse hands with water

Do NOT touch taps with clean hands — use a paper towel to turn taps off and dispose

Dry your hands thoroughly using another single use paper towel

Dispose of used paper towels in an appropriate container

An alcohol-based hand sanitiser can be used for hand hygiene when your hands are not visibly soiled
Cough etiquette

Cover your cough

- When coughing or sneezing, use a tissue to cover your nose and mouth
- Dispose of the tissue afterwards
- If you don’t have a tissue, cough or sneeze into your elbow.

Wash your hands

- After coughing, sneezing or blowing your nose, wash your hands with soap and water
- Use alcohol-based hand cleansers if you do not have access to soap and water

Remember hand washing is the single most effective way to reduce the spread of germs that cause respiratory disease.

Anyone with signs and symptoms of a respiratory infection, regardless of the cause, should be instructed to cover their nose/mouth when coughing or sneezing; use tissues to contain respiratory secretions; dispose of tissues in the nearest waste receptacle after use; and wash their hands afterwards.
Attention All Visitors

Please check at reception before entering this room

Thank you for your cooperation.

Manager/Director of Nursing
Attention All Visitors

There have been a number of cases of respiratory illness/influenza at this facility recently. We are trying to prevent this illness from spreading.

Visitors are advised that there is a risk of acquiring this respiratory illness/influenza by visiting this facility at this time. We strongly recommend that you defer your visit until a later date.

Pregnant women and other people with medical conditions that place them at high risk of influenza complications – such as severe asthma, lung or heart disease, lowered immunity or diabetes – should particularly avoid visiting the facility at this time.

The risk is higher for people who have not received an influenza vaccine this year. Also note that the influenza vaccine takes two weeks to provide full protection.

If you choose to visit at this time, please first check at reception.

We request that you visit only the resident you have come to see, wash your hands with soap and water – or use a hand sanitiser – before and after the visit and then leave as soon as possible.

If you would like further information, please call us on the following number:

……………………………………………

Thank you for your cooperation.

Manager / Director of Nursing
Influenza (flu) is a highly infectious virus. It spreads through droplets caused by sneezing or coughing. Symptoms develop rapidly one to three days after contact with an infectious person. Individuals may be infectious from one day before until five days after their symptoms start.

Influenza is a particular risk of serious illness and death to:

- Residents in long term health care facilities such as residential aged care homes.
- People 65 years of age and over;
- Aboriginal and Torres Strait Islander people aged 15 years and over; and
- Pregnant women, people with certain medical conditions and young children

Influenza can be prevented, or the severity of the illness reduced, by immunisation with the current vaccine each year. Vaccine is available free of charge to all those 65 years of age or over, most Aboriginal and Torres Strait Islander people, pregnant women and other people at high risk of influenza complications, including those with chronic medical conditions.

It is recommended that all residents in residential care facilities receive the annual influenza vaccination. It is also recommended that all visitors, including family and friends, and all care staff are also immunised each year to minimise the risk of infection for themselves and to reduce the risk of introducing influenza into the facility.

If you have any of the following symptoms it is strongly recommended that you defer your visit to this facility until you have fully recovered:

- Fever/chills
- Cough
- Stuffy/runny nose
- Muscles and joint pain
- Headache
- Tiredness/exhaustion
- Sore throat
- Shortness of breath

When there are suspected cases of influenza in the facility we recommend you defer your visit. If your visit cannot be deferred you can reduce the risk of infection to yourself and others by:

- washing your hands thoroughly with soap and water – or using a hand sanitiser – before you enter a resident’s room;
- minimising physical contact with the residents and staff;
- covering your nose and mouth if you cough or sneeze;
- keeping your visit short;
- only visiting one resident each time you visit; and
- washing your hands again as you leave the resident’s room.

If the resident you are visiting has influenza-like symptoms, you should check with staff to ensure that they are aware of the symptoms and that the resident’s doctor has been notified.

Thank you for your cooperation.

Manager/Director of Nursing
What Tamiflu® (Oseltamivir) is used for
Tamiflu is a medicine used for the treatment and prevention of influenza (an infection caused by the influenza virus). It has no effect on the common cold or other respiratory virus infections.

Tamiflu belongs to a group of medicines called neuraminidase inhibitors. These medicines attack the influenza virus and prevent it from spreading inside your body.

Tamiflu is absorbed to the key sites of influenza infection and treats the cause. Taking Tamiflu can help you feel better faster. You will also be less likely to develop complications of influenza, such as bronchitis, pneumonia and sinusitis.

Do not give Tamiflu to children under the age of 1 year.

How much to take
Take Tamiflu exactly as has been prescribed.

Instructions for taking Tamiflu
• Tamiflu is available as capsules or syrup
• Tamiflu is taken twice a day for 5 days as treatment.
• Tamiflu is taken once a day for 10 days as prophylaxis.
• Tamiflu should be taken with food
• Tamiflu should be started as soon as possible.

You should NOT take Tamiflu if you:
• you have had an allergic reaction to Tamiflu
• are undergoing haemodialysis.

Tell your nurse or doctor if:
• you are pregnant or breast-feeding
• you have any type of kidney disease.

Side effects of Tamiflu
Some people feel unwell with nausea and vomiting or stomach ache. Mostly these are mild. Taking Tamiflu with food can reduce these side effects.

Tell your doctor if you notice anything else that is making you feel unwell, even if it is not listed above.

Interactions with other medicines
Tamiflu has no significant interactions with other medications.

Further information
Always refer to the information insert provided in the product package.

Current Consumer Medicines Information (CMI) and Product Information is also available from the Australian Therapeutic Goods Administration at: https://www.ebs.tga.gov.au/
Resident Transfer Advice

Receiving facility (name): ________________________________

Please be advised that (name): ________________________________
is being transferred from a facility where an influenza outbreak is □ suspected     □ confirmed.
Please ensure that appropriate infection control precautions are applied for this resident.

At the time of transfer, this resident:

□ had symptoms of influenza and testing confirmed
□ had symptoms of influenza not confirmed by testing or testing is pending
□ had no symptoms of influenza

Resident’s influenza vaccination history:

□ vaccinated with the current influenza vaccine on (date): ___ / ___ / ______
□ has NOT been vaccinated with the current influenza vaccine because of:
  □ Allergy     □ Vaccine declined     □ Other reason

Resident’s influenza antiviral medication history:

□ not currently taking antiviral medication
□ currently taking an antiviral medication: □ for treatment     □ for prophylaxis.

Medication name: □ Oseltamivir/Tamiflu     □ Zanamivir/Relenza

Start date: ___ / ___ / ______
Dose and frequency: ______________________

For further information, please contact: ________________________________

Phone: ________________________________

Thank you for your cooperation.

Manager/Director of Nursing

Facility name: ________________________________
Brochures, Posters and Signage

- **Staff influenza vaccination – protect yourself and your residents** - brochure.
  This brochure is also available in Arabic, Chinese, Filipino, Hindi, Nepali, Polish and Vietnamese

- **Help us protect our residents** - entrance poster

- **How to identify respiratory outbreaks and what to do next** (10 steps) poster

For other online influenza resources see the NSW Health Influenza resources page:

Printed resources can also be ordered through the Better Health Centre: