

SESLHD PROCEDURE COVER SHEET



NAME OF DOCUMENT	Influenza Clinics for Seasonal Influenza
TYPE OF DOCUMENT	Procedure
DOCUMENT NUMBER	SESLHDPR/277
DATE OF PUBLICATION	Aug 2020
RISK RATING	High
LEVEL OF EVIDENCE	National standards Governance for Safety and Quality in Health Service Organisation- standard 1 Preventing and controlling healthcare associated infections- standard 3
REVIEW DATE	July 2020
FORMER REFERENCE(S)	N/A
EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR	Director Clinical Governance and Medical Services SESLHD HSFAC
AUTHOR	Anthony Cook SESLHD Disaster Manager
POSITION RESPONSIBLE FOR THE DOCUMENT	SESLHD Disaster Manager Anthony.Cook@health.nsw.gov.au
KEY TERMS	Seasonal influenza; Emergency department; Influenza clinic
SUMMARY	Describes the roles and responsibilities of the Emergency Department and Healthcare Facility Controller in relation to escalation of response and activation of influenza clinic. Plus the roles and responsibilities related to screening, assessment and management of patients presenting with influenza-like illness, and influenza clinic procedures.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

**This Procedure is intellectual property of South Eastern Sydney Local Health District.
Procedure content cannot be duplicated.**

Feedback about this document can be sent to seslhd-executiveservices@health.nsw.gov.au

1. POLICY STATEMENT

As a result of lessons learnt from pandemic H1N1 2009 response subsequently, the South Eastern Sydney Local Health District (SESLHD) winter bed strategy includes activation and operation of influenza clinics.

2. BACKGROUND

Every year, during winter, there is an increasing number of patients presenting to emergency departments (ED), resulting in an increasing demand on healthcare services and resources related to influenza-like illness. Influenza clinics were activated as part of the former South Eastern Sydney Illawarra Area Health Service (SESAHS) response to pandemic H1N1 2009. This was effective in relieving ED demand and identifying individuals with H1N1 Influenza 09 virus infection, and this model is to form part of SESLHD winter bed strategy.

2.1 Definitions**Case definition**

Many clinical case definitions of influenza and influenza-like illness are in use, depending on the surveillance need. During a pandemic, a national case definition will be promulgated by Communicable Disease Network Australia (CDNA).

A practical case definition for influenza-like illness used to guide clinical detection and treatment of individuals during community influenza epidemics is:

- Fever (temperature equal or greater than 38°C or a good history of fever), AND Cough or sore throat in the absence of any other explanation for symptoms.

This definition is fairly specific during an influenza epidemic but lacks sensitivity, so some influenza cases will be missed, and is poorly specific at other times.

Vulnerable patient groups

The following groups are regarded as vulnerable groups at increased risk of severe disease from influenza:

- Pregnant Women
- Persons of Aboriginal or Torres Strait Islander origin
- Elderly persons (generally, those ages ≥ 65 years old)
- People with:
 - Chronic respiratory conditions, including asthma
 - Cardiac disease
 - Diabetes mellitus
 - Chronic renal failure
 - Haemoglobinopathies
 - Chronic neurological conditions
 - Chronic Metabolic disease
 - Impaired immunity (e.g. on immunosuppressive drugs, HIV infection)
 - Children aged 6 months to 10 years on long term aspirin therapy
- Children less than five years old

3. ACTIVATION OF INFLUENZA CLINIC

As directed by:

- Chief Health Officer directing SESLHD Chief Executive to activate influenza clinics, and / or
- SESLHD Executive following report from healthcare facility controller and Director of the ED reporting that the number of people presenting with influenza-like illness, who do not require assessment in ED, impedes the capacity of the ED to properly function. This decision should be informed by the timely collection of respiratory samples for influenza virus detection, in consultation with the Virologist or duty Clinical Microbiologist, SEALS Randwick, together with virus surveillance reports issued by NSW Health or the Public Health Unit.

4. INFLUENZA CLINIC PROCEDURES

4.1 Objectives

The objectives of the influenza clinic are:

- To provide standardised assessment and management of patients with suspected influenza in accordance with protocols,
- To ensure a rapid throughput of patients,
- To collect surveillance data to inform health system planning and response,
- To decrease patient presentations to EDs, and
- To minimise the risk of spread of infection in hospitals by complying with infection control practices (e.g. hand hygiene, cough etiquette, use of personal protective equipment, cleaning and waste management) and to ensure that staff allocated to the assessment and care of influenza patients maintain optimal infection control.

4.2 Strategies

Communication

- Signage (includes general information about influenza and location of flu clinics) located at healthcare facility perimeters, ward entrances and entrance to the ED.
- Posters on respiratory and hand hygiene (hand wash / hand rub) displayed in patient common areas.
- Director of Public Health Unit notified that influenza clinic activated / de-activated location and times of operation.

Emergency Department

- Before an Influenza Clinic activated all presentations to be screened as per **Management Algorithm for People Presenting to Emergency department**.
- Influenza Clinic activated and ED to have a process to screen patients and triage to either ED or influenza clinic (may be a physical screening station).

Influenza Clinic

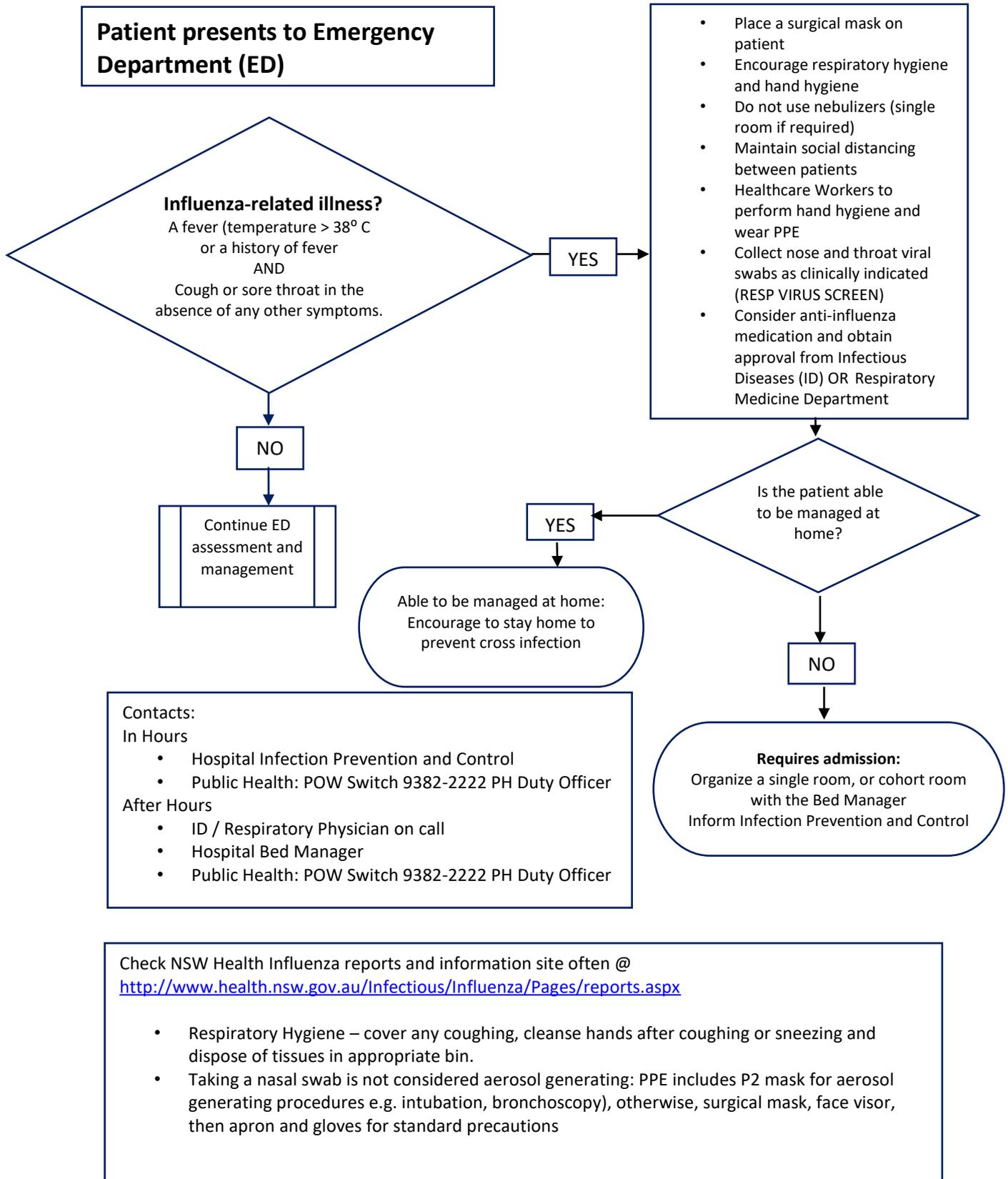
- Provide surgical mask and water-less based hand gel to individuals with suspected influenza, prior to entering the influenza clinic.
- Adhere to the management algorithm.
- Suitably qualified clinical staff to assess the patient, provide appropriate management and treatment (including anti-influenza medications), and decide on their disposition (discharge to a home setting with appropriate advice, transfer to the ED, or arrange a direct-to-ward admission).
- Have access to interpreter services.
- Collect and send aggregate data to nominated SESLHD staff member on a daily basis:
 - total number of patients assessed at the clinic
 - number of courses of anti-influenza medications supplied
 - number transferred to ED/hospital ward and which ward (e.g. ICU)
 - number of patients with confirmed influenza.

4.3 Patient groupings

Once an Influenza Clinic is activated, there are three main patient groups that are likely to present to influenza clinics. These are described in the following table along with the management approach.

Patient Group	Definition	Management Approach
Mild illness, not in vulnerable group	People who have mild illness but do not belong to a vulnerable group that would predispose them to complications of influenza	Symptomatic treatment (no anti-influenza medication) Discharge home with written advice
Mild illness, from vulnerable group	People who have mild illness and belong to a vulnerable group that predisposes them to complications of influenza	Consider supplying Anti-influenza medication Discharge home with written advice
More severe illness, regardless if in vulnerable group	People who have more severe illness requiring a higher level of assessment and management, who may or may not belong to a vulnerable group that predisposes them to complications of influenza	Anti-influenza medication recommended, depending on clinical assessment and time since symptom onset with Immediate transfer to ED or hospital ward

INFLUENZA FLOW CHART FOR ED PRESENTATIONS



4.4 Influenza Clinic site selection, layout and equipment

Consideration for the influenza clinic site selection and layout include:

- Location - may be located in either a temporary or existing structure, ideally located within the hospital, or MPS grounds.
- Waiting areas - should be protected from the elements and be set up in such a way that suspected cases can be managed at least one metre apart.
- Layout - where possible, should encourage a unidirectional flow of people to prevent infectious patients (patients with influenza) from re-entering lower risk areas, such as waiting areas.
- Utilities - reliable water and electricity supply, adequate hand washing facilities, access to toilet facilities for patients and healthcare workers, a telephone and reliable internet access (see listed resources below).
- Ventilation - as there is no evidence to link air-conditioning systems with transmission of influenza, discrete air-conditioning systems for flu clinics are not necessary.
- Accessibility - nearby parking facilities are required and wheel-chair access is desirable.

4.4.1 Office equipment

- Computer with internet access
- Telephone and/or mobile phone
- Access to a photocopier and fax machine
- Waste bins
- Pens, paper, stapler
- Folders
- Chairs
- Desks
- Signs
- Case definition AND means to access up to date case definition (internet)

4.4.2 Clinical equipment

- Tympanic thermometer
- Sphygmomanometer and stethoscope
- Scales
- Gloves
- Masks – both P2 and surgical masks
- Single use long sleeved gowns
- Full face visors
- Water-less hand rub/gel
- Clinical waste bins and bags
- Venipuncture equipment required
- Viral swabs
- Pharmacy equipment – medication chart, prescription pad, MIMS
- Antivirals
- Tissues
- Eskies/coolers
- Tongue depressors & all specimen collection tools that come with viral swabs

- Crash trolley (when not clinical area)

4.4.3 Contact list

To include but not limited to:

- Public Health Unit 9382 8333
- Nominated senior medical Officer e.g. paediatric or ED medical officer as per site flu clinic standard operating procedures
- Facility Infectious Diseases Physician / Clinical Microbiologist
- Facility Bed Manager
- Facility contacts for SEALS and Laboratory Courier
- Facility Environmental Services – cleaning, removal of waste
- Facility Pharmacy
- Facility Security
- Facility ED and nominated ED Controller
- Healthcare Facility Controller
- Director of Operations
- South Eastern Sydney Local Health Service (SESLHD) Health Services Functional Area Coordinator (HSFAC) 9398 7053

4.5 Roles and responsibilities

Healthcare Facility Controller will:

- Liaise with ED and monitor number of presentation to ED with influenza like illness not requiring assessment in ED.
- Advise SESLHD HSFAC and Director of Operations on need to activate influenza clinic.
- Nominate influenza clinic coordinator and assist influenza coordinator identify nurses to be deployed and medical officer to provide medical support.
- Ensure signage is located at healthcare facility perimeters, ward entrances and entrance to the ED plus respiratory and hand hygiene (hand wash / hand rub) posters displayed in patient common areas.
- Advise Director of Operations, SESLHD HSFAC, Public Health Unit and SEALS when influenza clinic is operational, the clinic hours, and contact names and numbers.
- Convene regular meetings to identify issues, monitor activity and develop action plans.
- Advise SESLHD HSFAC and Director of Operations on clinic activity and issues affecting the operation of the clinic.
- Advise Director of Public Health Unit, SESLHD HSFAC and Director of Operations on need to deactivate influenza clinic.

Influenza Clinic Coordinator will:

- Liaise with Healthcare Facility Controller, ED, and infectious disease experts to select and set up the influenza clinic.
- Advise Healthcare Facility Controller when influenza clinic is operational.
- Monitor and provide reports to the Healthcare Facility Controller on clinic activity and issues affecting the operation of the clinic.

ED Triage Nurse will:

- Check and maintain respiratory hygiene station (tissues, bin for used tissues, water-less hand rub/gel, surgical masks, respiratory hygiene posters for patients and visitors) located at triage station.
- Triage all patients presenting to the emergency department into one of three groups:
 - (a) Patients who have an influenza-like illness but are in need of treatment in the ED should be provided with a surgical mask, asked to use water-less hand rub/gel and directed to the ED;
 - (b) Patients who have an influenza-like illness and are not in need of treatment in the ED should be provided with a surgical mask, asked to use water-less hand rub/gel, and directed to the influenza clinic.
 - (c) Patients who do not have influenza-like illness but are in need of treatment in the ED should be asked to use water-less hand rub/gel and directed to the ED.

Influenza Clinic Nurse will:

- Conduct assessment for patient presenting with influenza-like illness:
 - Have access to up to date NSW case definition
 - Vital signs
 - Interview with the patient
 - Determine whether patient fits the NSW case definition
 - Categorise patient into one of three groups (as per 4.3):
 - i. 'Mild illness, not in vulnerable group' (can be discharged home)
 - ii. 'Mild illness, from vulnerable group' (can be discharged home)
 - iii. 'More severe illness, regardless if in vulnerable group' (need to be assessed in ED or hospital ward).
- Consult with nominated medical officer and co-ordinate management of the patient.
- Take nose and throat viral swabs as directed by the nominated medical officer.
- Give verbal advice and a completed any NSW Discharge Advice Form developed.
- Complete documentation for each patient.
- At the end of the shift, collate and forward influenza clinic data to nominated coordinator.

Medical Officer nominated to support Influenza Clinic Nurse will:

- Advise patient and as required:
 - Discharge home,
 - Admit to hospital – follow routine procedure for admissions,
 - Prescribe anti-viral medication,
 - perform nose and throat viral swabs.

4.6 Laboratory specimen

Collection of nasal and throat swabs for respiratory virus testing as per NSW Health Collection of nasal and throat swabs for respiratory virus testing summary.

Refer to:

- [NSW Health Collection of nasal and throat swabs for respiratory virus testing video](#)
- [NSW Health Collection of nasal and throat swabs for respiratory virus testing summary](#)

- [NSW Health Respiratory swab collection power point session](#)

4.7 Treatment guidance

- 4.7.1 Discuss eligible cases (meet the case definition), with the nominated medical officer. Additional information is available for prescribers on http://www.health.nsw.gov.au/Infectious/Influenza/Pages/info_for_prescribers.aspx

Patients are eligible for treatment if they:

1. a) present with fever $\geq 38^{\circ}\text{C}$ or a good history of fever, and either a cough or sore throat,
and
b) are at risk of severe illness (refer to vulnerable patient groups 2.1) and
c) present within 48 hours of symptom onset.

OR

2. Present with moderate or severe acute febrile respiratory illness, or are rapidly deteriorating.

4.8 Treatment and management of paediatric presentations with influenza like illness

4.8.1 Triage

All paediatric presentations to be assessed by a paediatric specialist, either in ED or influenza clinic.

4.8.2 Treatment

As per Influenza update for NSW Health Services:

Early treatment – ideally within 48 hours – with influenza antiviral medicines (e.g. oseltamivir, zanamivir) helps to protect people at most risk of severe outcomes. The two groups particularly targeted for treatment with these medications are:

- people medically assessed as having moderate or severe influenza, or if rapidly deteriorating
- people with an influenza-like-illness (ILI) who are in a group at high-risk of severe influenza.

Laboratory confirmation is not necessary prior to commencing antiviral treatment when clinically indicated.

5. DOCUMENTATION

[NSW Health Fact Sheet - Influenza, updated 24th April 2018](#)

[NSW Health Fact Sheet - Influenza \(Flu\) and Pregnancy](#)

[NSW Fact Sheet - Influenza – if your child is sick](#)

6. AUDIT

ED to record presentations with influenza-like illness in FirstNet.

When Influenza Clinic activated the following to be implemented until further advice provided:

- Influenza clinic nurse to collect data on a daily basis:
 - Total number of patients assessed at the clinic
 - Number of courses of anti-influenza medications supplied

SESLHD PROCEDURE

Influenza Clinics for Seasonal Influenza

SESLHDPR/277

- Number transferred to ED/hospital ward
- Number of patients with confirmed influenza
- Influenza clinic coordinator to collate ED triage and influenza clinic data and provide reports to healthcare facility controller and SESLHD Public Health Unit.
- Procedure to be review following demobilisation of Influenza Clinics.

7. REFERENCES

- [Centers for disease control and prevention \(CDC\) Prevention Strategies for Seasonal Influenza in Healthcare Settings](#)
- [NSW Health Collection of nasal and throat swabs for respiratory virus testing – video](#)
- [NSW Health Collection of nasal and throat swabs for respiratory virus testing – PDF](#)
- [Antivirals for influenza - information for prescribers](#)
- [NSW Health Respiratory swab collection](#)
- [Respiratory swab collection training exercise](#)
- [Communicable Disease Network Australia, Influenza Infection CDNA National Guidelines For Public Health Units](#)
- NSW Ministry of Health Influenza Update for NSW Health Services –
- <http://www.health.nsw.gov.au/Infectious/factsheets/Factsheets/influenza.PDF>
- http://www.health.nsw.gov.au/Infectious/Influenza/Pages/influenza_and_pregnancy.aspx
- http://www.health.nsw.gov.au/Infectious/Influenza/Pages/care_for_kids_with_flu.aspx
- <http://www.health.nsw.gov.au/Infectious/Influenza/Pages/health-professionals.aspx>
- [NSW Ministry of Health Influenza website](#)
- [NSW Ministry of Health Influenza - Infection Control resources](#)
- [NSW Ministry of Health Influenza - Clinical description and diagnosis](#)
- [NSW Health PD2017_013 Infection Prevention and Control Policy](#)
- [SESLHDPR/343 Bare Below the Elbows – Hand Hygiene](#)

8. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
Dec 2010	0	Endorsed by Area Patient Safety
Oct 2012	0.1	Nicola Nel SESLHD Disaster Manager revised procedure to align with current resources and information. Draft procedure circulated for comment
Feb 2013	0.3	Nicola Nel SESLHD Disaster Manager revised procedure incorporating comments and suggestions from SESLHD Public Health Unit
Jun 2013	1	Endorsed by SESLHD Disaster Management Committee (out of session)
Jul 2013	1	Approved by CQC
July 2015	1	Review by Anthony Cook SESLHD Disaster Manager
July 2018	2	Minor review by Anthony Cook SESLHD Disaster Manager and Greg Melbourne A/Disaster CNC.
July 2018	2	Endorsed by Executive Sponsor
July 2020	3	Executive Sponsor updated from District Director Medical Services to Director Clinical Governance and Medical Services. Approved by Executive Sponsor and published by Executive Services.