Aboriginal Community Controlled Health Services Pandemic Response Toolkit

Preparing a Comprehensive Plan and Response to Pandemics

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Acknowledgement of Country

The Aboriginal Health & Medical Research Council (AH&MRC) acknowledges that we operate and function on the Lands of the Gadigal and Bidjigal people of the Eora Nation. We pay our respect to these Lands that provide for us and acknowledge and pay respect to the Ancestors that walked and managed these Lands for many generations before us. We recognise the traditional owners' past injustices, and their ongoing fights for land rights, social justice, and cultural freedoms. Their sovereignty and land was never ceded.

Other Acknowledgements

- This Toolkit was developed with input from the Winnunga Nimmityjah Aboriginal Health Service Influenza Pandemic Plan (2015); the Royal Australasian College of General Practitioners Pandemic Influenza Preparedness Toolkit (2014); the NSW Health Influenza Pandemic Plan (2016) and Professor James Ward.

Abbreviations

ACCHS: Aboriginal Community Control Health Service

ACCH: Aboriginal Community Control Health

ACCHO: Aboriginal Community Control Health Organisation

AH&MRC: Aboriginal Health and Medical Research Council of NSW

AHC: Aboriginal Health College

NSW: New South Wales

CEO: Chief Executive Officer

KPIs: Key Performance Indicators

CQI: Continuous Quality Improvement

AGM: Annual General Meeting

NACCHO: National Aboriginal Community Controlled Health Organisation

PM&C: Prime Minister & Cabinet

CAH: Centre for Aboriginal Health

DoH: Department of Health

AMSs: Aboriginal Medical Service

AHW: Aboriginal & Torres Strait Islander Health Worker

MOU: Memorandum of Understanding

RDN: Rural Doctors Network

RACGP: Royal Australian College of General Practitioners

WSF: Aboriginal & Torres Strait Islander Workforce Strategic Plan

SEWB: Social Emotional Wellbeing

MBS: Medical Benefits Scheme

NSW AHPA: NSW Aboriginal Health Partnership Agreement

CCNSW: Cancer Council NSW

CTG: Close The Gap

Background

This ACCHS Pandemic Response Toolkit (Toolkit) may be useful for Member Services in planning for and responding to pandemics.

The Toolkit should be used in conjunction with:

1. The AH&MRC Seasonal Influenza Preparedness Toolkit
2. Advice from NSW and Commonwealth pandemic response teams, including with reference to the Australian Health Management Plan for Pandemic Influenza (AHMPPI) and the NSW Human Influenza Pandemic Plan and
3. The Local Health District (LHD) and Public Health Unit (PHU) pandemic response teams, including with reference to local emergency plans.

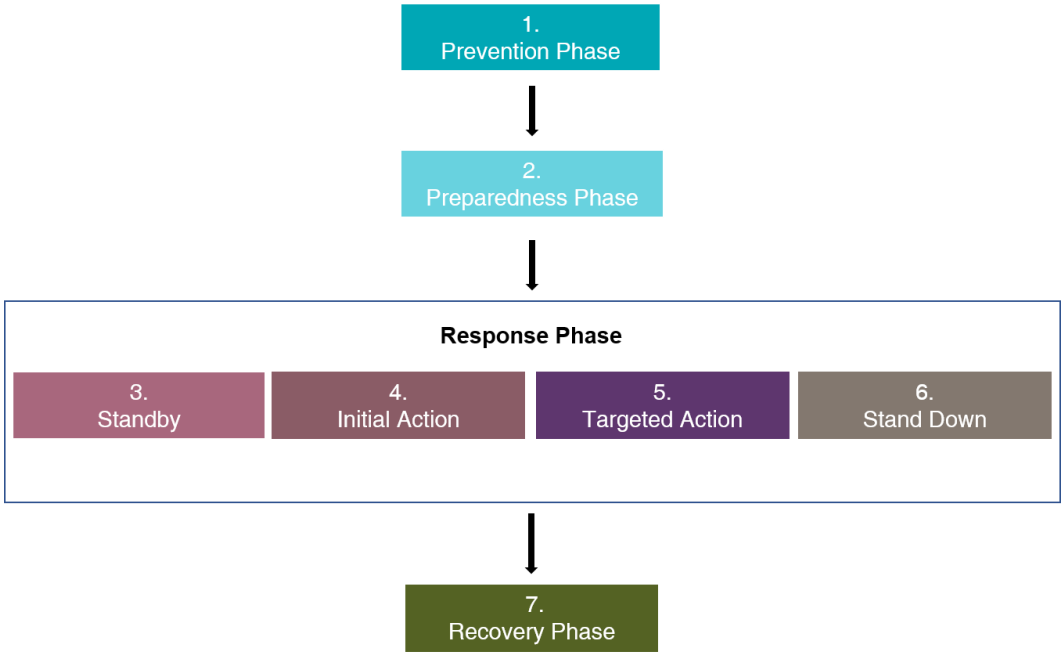
What is a pandemic?

A pandemic is the worldwide spread of a new disease that triggers a public health emergency

Large numbers of people are infected because populations have little or no immunity, causing large numbers of deaths even where the case-fatality rate is low. The Australian Health Protection Principal Committee (AHPPC) comprises of the Chief Health Officers from each jurisdiction and is responsible for announcing pandemic responses and enacting pandemic plans.

Member Services should develop and/or review their own pandemic plans

Services should link in with the LHD, state, and national-level responses and include actions for each stage of the pandemic response as per the diagram below.



Checklist Template

Member Services can adapt this checklist to develop their own local response plans to a pandemic.

1. Prevention Phase
2. Preparedness Phase
    a. Planning
    b. Resources
    c. Identification
    d. Communication
    e. Governance & Business Continuity
3. Standby (Response Phase)
    a. Preparing to Commence Enhance Arrangements
    b. Identification
    c. Communication
    d. Governance & Business Continuity
4. Initial Action (Response Phase)
    a. Preparing and Supporting Initial Patients
    b. Identification
    c. Communication
    d. Governance & Business Continuity
5. Targeted Action (Response Phase)
    a. Continuation of Response
    b. Communication
    c. Governance & Business Continuity
6. Stand Down (Response Phase)
    a. Transitioning
    b. Resources
    c. Identification
    d. Communication
    e. Governance & Business Continuity
7. Recovery Phase:
    a. Resumption of Non-Pandemic Services
    b. Resources
    c. Communication
    d. Governance & Business Continuity

Members Services' Pandemic Toolkit

1) PREVENTION PHASE

- Almost all activities to prevent a new pandemic disease occurs beyond the scope of an individual Member Service.
- At the primary care level, Member Services can contribute to prevention activities by:
  - Contributing to disease surveillance
  - Maintaining infection prevention and control standards

2) PREPAREDNESS PHASE

2a) PLANNING

ACTION	DETAILS	WHEN	WHO
Allocate pandemic leadership roles	Pandemic coordinator Roles may include: • Develop the Service's pandemic plan and integrate the pandemic plan into the Service's overall business continuity plan • Undertake appropriate education or training to fulfil the role and review relevant and current state and national pandemic guidelines and material • Monitor latest developments through communication with NSW Health and RACGP and obtain regular advice from NSW Health regarding management of pandemic • Manage stockpiles for clinical and non-clinical equipment (including Personal Protective Equipment – PPE) • Establish and maintain infection control measures and principles • Hold regular practice team meetings to discuss pandemic planning and management, including identifying barriers to an effective response such as through a SWOT analysis • Identify key stakeholders, initiate contact and maintain relationships (see 'partnerships' below) • Identify and establish processes for communicating with the public and at-risk patient groups. • Provide the practice team with ongoing training regarding the pandemic plan Partnerships to establish may include: • Elders, Land Councils, social support groups, local champions • AH&MRC • LHD, Centre for Aboriginal Health • Other ACCHSs in the region • Public Health Unit • Local hospitals and emergency departments, GPs, pharmacies, community nursing teams • Local diagnostics and pathology services • Primary Health Network • Clinical and non-clinical supplies companies	Mid- March	

Education to minimise spread of infection	Staff Educate all staff on: • Clinical features of the pandemic disease and features of the Service's pandemic plan • Hand hygiene procedures • Standard precautions when dealing with blood, body fluids, non-intact skin and mucous membranes and transmission-based precautions and correct usage and disposal of PPE, including: – Contact: Gloves, gowns, disposable plastic aprons, distancing – Droplet: Surgical masks, protective eyewear (goggles, face shield), distancing – Airborne: P2/N95 masks, protective eyewear, minimising exposure to other patients by variable scheduling, avoidance of aerosolising procedures • Biohazard waste management • Decontamination and cleaning of clinical areas and equipment, including dedicating a staff member to clean frequently used services daily and remind people of the importance of infection control practices • Quarantine and isolation protocol for the Service during a pandemic • Notification and referral pathways for unwell patients • Knowledge of where to find information with regards to infection control and the Service's pandemic plan • Seasonal flu vaccination education Patients Educate patients using: • Posters around the practice regarding: – Breathing and respiratory hygiene, cough etiquette, and hand hygiene – Encouraging uptake of seasonal flu vaccination – Practical ways they can bring infection control into their own home environments. Community Promote awareness and key messages to Community wherever possible (see Response Phase for more information) • Regular updates to and consultation with the Board regarding current status and approach • Share key messages on social media • Posters at entrance to service / in waiting room – ensure patients who feel unwell know what to do, where to go, how to care for themselves and others • Consider other options for communication - Community radio, school and sporting networks	End of March	

Developing and maintaining a staff immunisation register	• The pandemic coordinator should keep a register of staff immunisation for influenza that is readily available and easy to access.	April	
Triage system for pandemics	• Develop treatment algorithm or checklist, including for early recognition by patients and receptions staff • Please see appendix for influenza treatment algorithm and NSW Health website for further information about Coronavirus Disease 2019.	April	
Provision for isolation and quarantining of symptomatic patients	• Arrange a separate, designated reception area for symptomatic patients during a pandemic • Create appropriate posters and signage directing patients to appropriate isolation areas • Designate rooms for managing patients with influenza like symptoms • Designate staff for managing influenza patients during a pandemic • Ensure staff assigned to these duties have appropriate training in use of PPE and cleaning requirements		
Identification and management of at-risk patients with co-morbidities	• Identify at-risk patients and develop strategies to prevent infection and manage concurrent illnesses • Ensure adequate supply of all medications for patients with co-morbidities • Provide phone consultations with specialist services to ensure continuity of care (e.g. telehealth)	Quarterly (Jan, Apr, Jul, Oct)	
Mental health & psychosocial support	• Consider avenues for access to mental health and psychosocial support for at-risk groups, including staff, in the event of a pandemic	End of April	
2b) RESOURCES			
ACTION	DETAILS	WHEN	WHO
Establish and review stockpiles of PPE	• Have four weeks' supply of hand hygiene products, tissues and PPE • Conduct regular expiry date checks (e.g. P2/N95 masks) • Liaise with NSW Health to ensure adequate supplies	Quarterly (Jan, Apr, Jul, Oct)	
Vaccination supplies	• Have seasonal vaccine stock for staff and vulnerable patients • Conduct expiry date and vaccination fridge temperature check • Ensure adequate storage and storage conditions • Determine the protocol for obtaining the pandemic vaccine from NSW Health	Monthly or per legal requirement	
2b) RESOURCES (continued)			
ACTION	DETAILS	WHEN	WHO

Antiviral supplies	• Stockpile available from the Australian Government Department of Health as per WHO recommendations • Determine protocol for antiviral prescription and use from the Department of Health • Liaise with NSW Health to ensure adequate supplies	Monthly	
Hand rub	• Convenient location of hand wash dispensers e.g. workstations, reception and patient waiting areas, consultation and treatment rooms, staff meeting rooms	Monthly	
Community resources	• Collaborate with other health care providers to ensure continuity of care and sufficient equipment in the event of a shortage during a pandemic • Maintain relationship with pharmacies for extra prescription load • Pathology services in the event of increased load during a pandemic	Ongoing	
2c) IDENTIFICATION			
ACTION	DETAILS	WHEN	WHO
Preparation for patients with influenza or coronavirus	• Ensure timely receipt of the NSW Health or Commonwealth control guidelines, including the pandemic influenza and/or pandemic coronavirus case definition, diagnostic criteria and clinical management • Review and optimise collection and referral processes for pathology laboratories • Consider obtaining point-of-care testing if viable, and conducting the necessary training • Consider creating a policy regarding safe delivery of vaccines from a multi-dose vial based on guidelines released by NSW Health and RACGP, and conduct training if appropriate	Ongoing	
Data collection	• Establish and maintain systems to collect pandemic infection data within your Service, including a case register • Educate other clinicians and staff about processes in place to collect data • During the pandemic 'standby' phase, recommend the creation of de-identified weekly reports	Annually / end of March	
2d) COMMUNICATION			
ACTION	DETAILS	WHEN	WHO
Communication strategy	• Develop a strategy for establishing and maintaining communication with staff, patients, and external stakeholders (see 'systems for communication' below) • Standardise the format of communication, including for example: what we know; what we don't know; what we're doing; when the next update will be released; time and date	Annually	

Contact lists of other healthcare providers in multiple formats	• Maintain up-to-date contact lists in multiple formats (electronic and hard copy) of key stakeholders.	Ongoing	
2e) GOVERNANCE AND BUSINESS CONTINUITY			
ACTION	DETAILS	WHEN	WHO
Integration into the system	• Maintain contact with AH&MRC and NSW Health for advice regarding: Planning, laws and regulations, and data collection during a pandemic • Understand the roles and responsibilities that the different agencies and organisation play with regards to governance and management during a pandemic • Ensure that the Service's plan correlates with national and NSW guidelines • Review and update the Service's plan • AHW evaluation to ensure interventions are acceptable to the Aboriginal community • Identify local pandemic response committees and governance structures, and ensure ACCHS sector engaged	Ongoing	
Human resources	• Train staff in alternative roles to prevent interruption to service delivery due to staff absenteeism • Establish policies for employee compensation and sick leave absences • Manage staff exposed to the pandemic and develop policies regarding return to work for previously infected staff members • Identify services that can be downsized or closed if required during a pandemic that will minimise service disruption or postpone non-essential / routine consultations • Incorporate flexible hours and staggered shifts during pandemic • Identify additional potential staff for pandemic surge (e.g. local hospital casual staff, recently retired GPs and nurses)	End of April	

3) STAND BY (RESPONSE PHASE)

a) PREPARING TO COMMENCE ENHANCED ARRANGEMENTS

ACTION	DETAILS	WHEN	WHO
Await trigger of this phase by NSW Health	• This phase is triggered when warning of a pandemic has been received and is communicated by NSW Health.	Ongoing	
Monitoring changes in disease	• Monitor appropriate communication networks regarding Australian pandemic alerts (e.g. NSW Health, RACGP health alerts, Department of Health website) • Obtain regular advice from the NSW government regarding the management of pandemics	Within 1 week and ongoing	
Practice meeting	• Review the pandemic plan, obtaining feedback and discussing pertinent issues with staff • Reinforce the need for future staff meetings to review the pandemic status and provide updates on progress	Immediately and then weekly	
Check resources	• Re-check the stockpiles of equipment (see Preparedness: Resources), and order if required • Stockpiles should be sufficient for a ‘severe’ pandemic • Become familiar with the protocol for obtaining pandemic vaccine (if available)	Immediately and then ongoing	
Training for clinical staff	• Ensure staff training in infection control and pandemic protocols are up-to-date; undertake refresher courses, mini-drills, and ‘dry runs’ if necessary (see ‘Preparedness’)	Within 2 weeks and then monthly	
Triaging system and quarantining	• Prepare arrangements for triaging system, including allocation of staff, rooms and resources	Within 1 week	
Patient transfer	• Set-up patient transfer teams with equipment appropriate for pandemic • Allocate vehicles and resources to use for transporting influenza pandemic patients only • Ensure cleaning procedures are in place for cleaning vehicles between patients	Within 1 week	

b) IDENTIFICATION			
ACTION	DETAILS	WHEN	WHO
At-risk patients	• Identify people at highest risk of infection to contact in the event of escalation to the 'action' phase. Depending on the pandemic infection, this may include community members with other co-morbidities.	Within 2 weeks and ongoing	
Case notification and tracing	• Prepare to notify the Public Health Unit (PHU) of notifiable cases – know your key local contacts. • Prepare to support PHU with contact tracing in Community	Ongoing	
Surveillance	• Undertake surveillance in the practice, screening for symptoms of disease in patients • Monitor the interstate, national and international status of the pandemic	Ongoing	
Managing patients at home	• Set up a system for contacting sick patients who are at home, including a computerised record of details, with referral to community nurses	Within 2 weeks and ongoing	
c) COMMUNICATION			
ACTION	DETAILS	WHEN	WHO
Communication to patients and community	Topics of communication • Recognising symptoms • Infection prevention advice • Differentiating when it is appropriate for an appointment at the Service or when to present to ED • Quarantine and home isolation advice • Team approach with staff and patients Maintain systems for communication (considering cultural backgrounds, any sensory impairments, level of literacy and numeracy, and technological capabilities). Consider: • Posters and signs • Fact sheets • Email and mailing systems	Immediately and then ongoing	

	• Website or social media bulletins		
	Consider mental health support for both patients and staff, especially in dealing with anxiety and stress and including issues around quarantine or home isolation. • Prepare to institute a system once a pandemic has been confirmed and the action phase commences. • Encourage self-reporting of mental health concerns • Set up mental health support clinics consisting of a psychologist and mental health nurse • Identify groups (including staff) that may need psychosocial support and refer them to support organisations that could assist (e.g. Elderly and food support agencies, community nurse service) • Using online resources including Australian Psychology Society (APS) tip sheets for information about how to psychologically prepare for a disaster (see 'Appendix: Resources')	Within 4 weeks	
d) GOVERNANCE AND BUSINESS CONTINUITY			
ACTION	DETAILS	WHEN	WHO
Human resources	• Review 'Preparedness: Business continuity' • Dedicate a staff member to oversee work rosters, obtain staff availability in the event of escalation to 'action', and manage risks to staff health and wellbeing • Ascertain the best time to schedule staff meetings to ensure maximum attendance • Maintain systems for communication (considering cultural backgrounds, any sensory impairments, level of literacy and numeracy, and technological capabilities).	Within 2 weeks	
Staff roster	• Ensure adequate staffing and allow for absenteeism of staff who are sick or have sick relatives	Within 2 weeks	
Services	• Prioritise available services and consider cutting back non-essential services to deal with increased demand	Within 2 weeks	
Financial management	• Develop a weekly financial report and seek support from AH&MRC or NSW Health if required	Within 2 weeks	

4) INITIAL ACTION (RESPONSE PHASE)

a) PREPARING AND SUPPORTING INITIAL PATIENTS

ACTION	DETAILS	WHEN	WHO
Await trigger of this phase by NSW Health	• This phase is triggered when warning of a pandemic has been received and is given by NSW Health.	Ongoing	
Triaging	• Activate triaging of patients • Consider triaging outside or in cars to assess and reduce risk of cross-infection • Introduce phone and reception triaging (see 'appendix: triage algorithms') and display this information to patients	Immediately	

b) IDENTIFICATION

ACTION	DETAILS	WHEN	WHO
At-risk patients	• Confirm list of vulnerable patients and ensure they receive information about influenza symptoms and what action to take if unwell • Screen these patients for symptoms •	Immediately	
Data collection and case register	• Commence collection of relevant pandemic data within the practice (ie influenza, H1N1, coronavirus or other virus as the case may be) • Update case register created in 'Preparedness' with new and suspected cases	Immediately and ongoing	
Contact tracing	• Commence contact tracing and reporting of pandemic / influenza as per instruction from NSW Health • Identify persons who have been in close contact with the person diagnosed with influenza / infection • Take action depending on 'case definition' issued from NSW Health. • Action may include: – Issuing of post-exposure prophylaxis – Patient education of hand hygiene and symptoms to look out for – GP follow up for vulnerable patients – Possible referral to hospital	Immediately	

c) COMMUNICATION			
ACTION	DETAILS	WHEN	WHO

Maintaining up to date information	• Continue maintaining relationships with key external stakeholders
	• Receive alerts and updates from NSW Health
	• Regular communication and collaboration with Aboriginal Health Workers, Aboriginal Liaison Officers
	• Obtain information regarding Service patients that have been diagnosed
	• ALOs to talk with Elders in the community about stage and likely course of pandemic.
	• Staff
	  – Regular meetings to discuss updates and to ensure all staff are aware of the pandemic stage
	  – Acknowledge efforts of staff
	  – Identify challenges or areas for improvement or staff reallocation
	• Patients
	  – Delay non-urgent or routine appointments when necessary
	  – Reassure and support patients to reduce anxiety
	  – Continue and update communication through avenues listed in Preparedness – Communications
	• Board
	• Identify and engage with local pandemic committees and governance structures
		Weekly	

d) GOVERNANCE & BUSINESS CONTINUITY			
ACTION	DETAILS	WHEN	WHO

Staff allocation	• Appoint one GP and nurse to solely manage suspected cases, with back-up staff if required
	• When appointing staff for this position consider the following questions:
	  – Do you or your immediate family have health restrictions that may affect your ability to work during the pandemic while being exposed to suspected and confirmed cases of influenza?
	  – Are you prepared to be exposed to suspected cases of influenza?
		Immediately	

5) TARGETED ACTION (RESPONSE PHASE)

a) CONTINUATION OF RESPONSE

ACTION	DETAILS	WHEN	WHO
Await trigger	• This phase may be triggered when enough is known about the disease to tailor measures to specific needs. Targeted action is a proportionate response based on pandemic severity. • Liaise closely with NSW Health; targeted actions may include specialty clinics, mass vaccination exercises, pre- and post-exposure prophylactic and treatment with antivirals, or pandemic-specific immunisation	Immediately	

b) COMMUNICATION

ACTION	DETAILS	WHEN	WHO
Feedback	• Source feedback from staff, patients, external stakeholders • Update patients through communication avenues utilised in the Initial Plan	Regularly	

c) GOVERNANCE AND BUSINESS CONTINUITY

ACTION	DETAILS	WHEN	WHO
Analysis of response	• Review pandemic plan, obtain and discuss feedback – are the measures appropriate to the level of response required? Should they be scaled up or down? • Consider: triage, physical layout of clinic and patient flow, staffing PPE, stockpiles, clinical management and communication strategies.	Regularly	

6) STAND DOWN (RESPONSE PHASE)

a) TRANSITIONING

ACTION	DETAILS	WHEN	WHO
Await trigger	• There is a NSW Health decision that the pandemic can be managed under usual arrangements. • Stand Down activities focus on: supporting and maintaining quality care, ceasing activities that are no longer needed, monitoring for a second wave of the outbreak, evaluating systems and revising plans and procedures	Regularly	
Triage, quarantine, and infrastructure	• Transition triage system and practice set-up to non-pandemic arrangement; cease quarantine if appropriate	Within 2 weeks	
Patient transfer	• Transition patient transfer to routine processes as per seasonal influenza arrangements	Within 2 weeks	

b) RESOURCES

ACTION	DETAILS	WHEN	WHO
Resources	• Assess the status of resource stockpiles and replenish as appropriate	Within 2 weeks	
Vaccination	• Transition from pandemic to seasonal vaccination program	Within 2 weeks	

c) IDENTIFICATION

ACTION	DETAILS	WHEN	WHO
Surveillance and case notification	• Monitor for a second wave or viral mutation, and continue case notification system if there is a second wave • Attempt to identify any pandemic influenza patients that have missed follow-up due to strain on resources	For at least 1 month	
At-risk patients	• Endeavour to contact patients at higher risk to inform of state of pandemic and encourage reporting of any new symptoms of influenza	Immediately	
Contact tracing	• Complete any unfinished contact tracing	Within 1 month	
Affected patients	• Follow up any diagnosed patients and review current symptoms and management	Within 1 month	

d) COMMUNICATION			
ACTION	DETAILS	WHEN	WHO
Communication with staff	• Advise the transition to normal non-pandemic arrangements • Thank staff for their engagement in the response	Immediately	
Communication with patients	• Notify the community that services will transition to normal arrangement and why this is so • Thank community for their understanding and engagement in the response • Ensure the community understands the virus is still circulating and they should continue personal protective measures • Communicate through avenues previously utilised in pandemic • Remove posters and signage	Immediately	
Mental health support	• Continue mental health support	At least 1 month	
Social Health Team support	• Continue social worker support for the community	At least 1 month	
e) GOVERNANCE & BUSINESS CONTINUITY			
ACTION	DETAILS	WHEN	WHO
Staff roster	• Reduce staff load to seasonal arrangement and allowing staff to take leave when appropriate	Weekly	
Business continuity	• Resume non-urgent work, and non-essential services that were cut back	Within 1 week	
Financial report	• Generate financial report and review expenditure during the pandemic.	Within 1 month	

7) RECOVERY PHASE

a) RESUMPTION OF NON-PANDEMIC SERVICES

ACTION	DETAILS	WHEN	WHO
Await trigger	• NSW Health will notify of de-escalation from the response phase. • Note the 'Recovery Phase' begins at the beginning of the pandemic – that is, each Service should consider the aspects of recovery throughout each phase of the pandemic response.	Weekly	
Services	• Recommence community programs, outreaches or involvements that were put on hold during the pandemic	Immediately	
Affected patients	• Continue follow-up with affected patients and families with regards to mental and physical health • Screen for potential complications of influenza infection	Immediately	
Staff	• Ensure optimal physical and mental health of stall before returning to normal work routines • Consider offering services, compensation, or time in lieu to staff greatly affected from dealing with the pandemic	Within 1 week	

b) RESOURCES

ACTION	DETAILS	WHEN	WHO
Infection control	• Continue assessing PPE stock levels (should have four weeks of stock)	Immediately	
Vaccination	• Promote vaccination to all patients still yet to receive influenza vaccine, particularly at risk groups • Advise NSW Health/TGA about any reported adverse events to vaccination	Immediately	

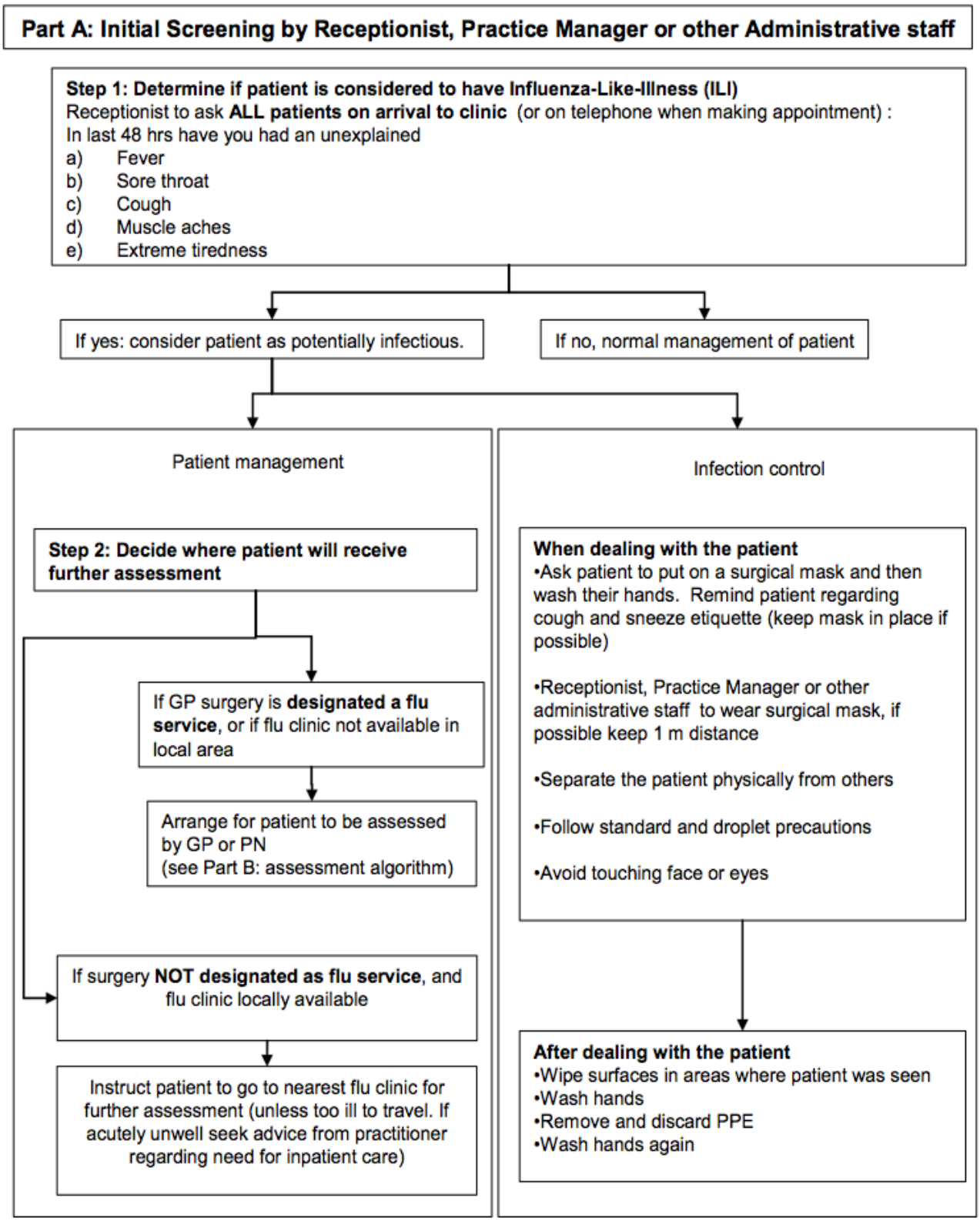
c) COMMUNICATION

Communication to patients	• Resumption of non-pandemic services • Communicate through previously used avenues	Immediately	

c) COMMUNICATION (continued)			
ACTION	DETAILS	WHEN	WHO
Communication to staff	• Service staff meeting to discuss the move into the recovery phase, and analyse pandemic planning and response • Incorporate suggestions to improve pandemic planning and response • Discuss cases that occurred during the pandemic that require social worker support and how they can be assisted in their recovery	Within 4 weeks	
Data and statistics	• Record pandemic influenza statistics to enable pandemic plan analysis and evaluation, and contribute to research and policies • Report statistics to NSW Health	Within 6 weeks	
Reporting to government	• Report to AH&MRC and NSW Health and other relevant government bodies regarding the impact of the pandemic on the Service to adapt pandemic influenza guidelines and improve resource distribution in the future • Make contact with the Department of Community Services, which has the responsibility of coordinating community recovery from a pandemic • This department is also in communication with various volunteer and community organisations designated to assisting in the pandemic	Within 6 weeks	
d) GOVERNANCE & BUSINESS CONTINUITY			
ACTION	DETAILS	WHEN	WHO
Business model	• Finalise financial report concerning the impact of the pandemic on service finances and future options to improve business continuity plans and resource consumption during a pandemic	Within 6 weeks	
Analysis of response	• Review pandemic plan, obtaining and discussing feedback – are the measures appropriate to the level of response required? Should they be scaled up or down? • Consider triage, physical layout of clinic and patient flow, staffing PPE, stockpiles, clinical management and communication strategies.	Within 4 weeks	

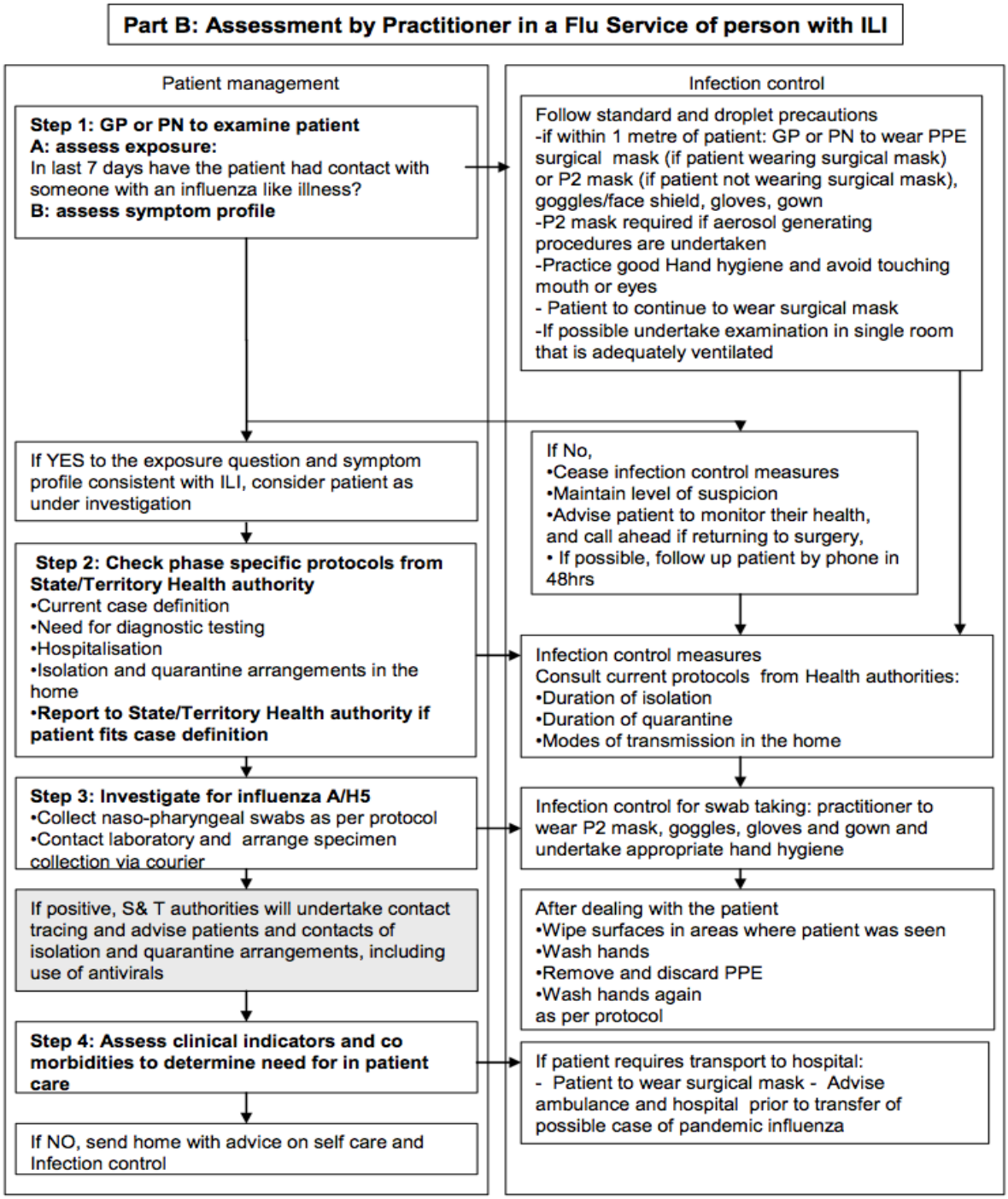
Appendix 1

Triage Algorithm: General Practices (All phases)



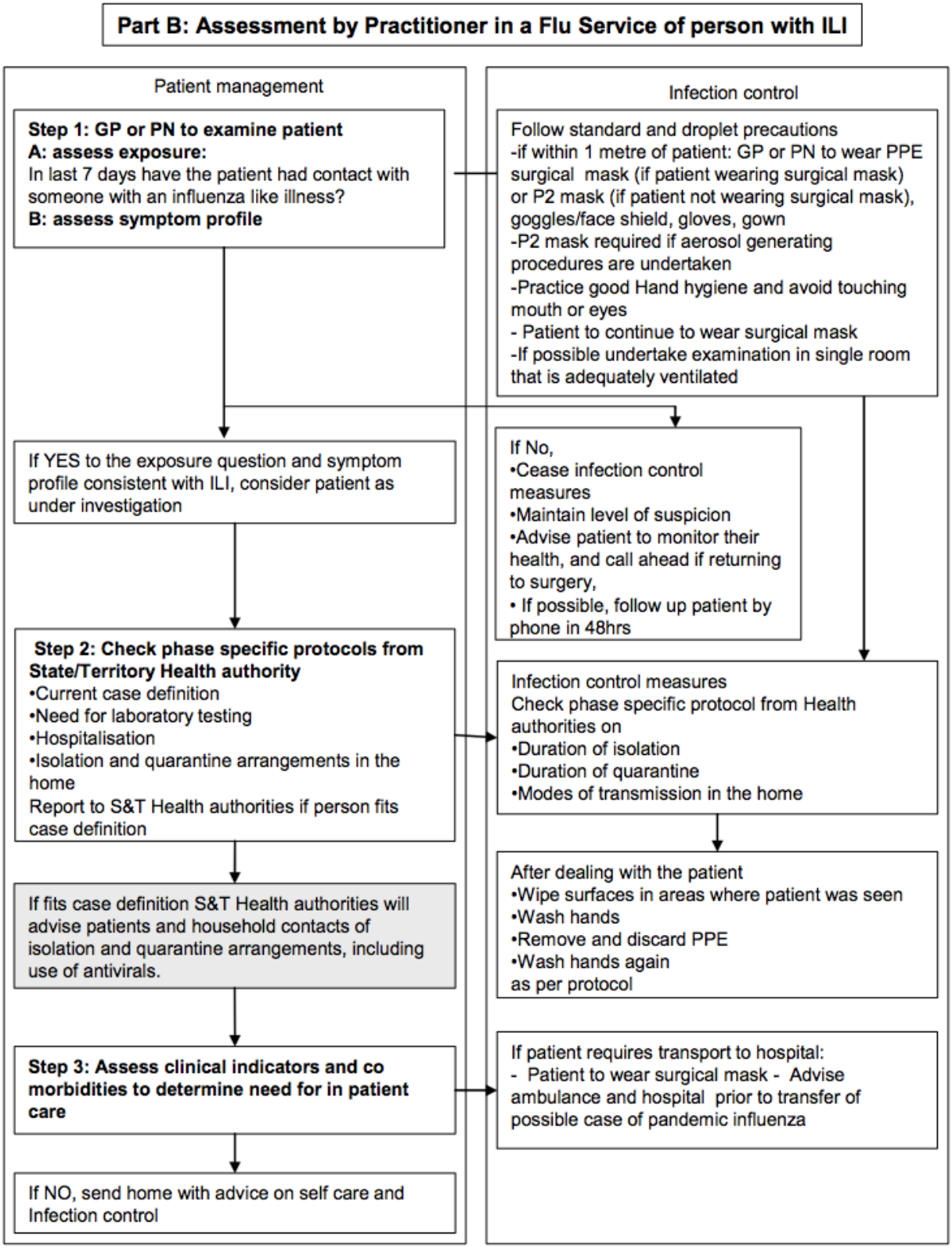
Appendix 2

Assessment Algorithm: Contain



Appendix 3

Assessment Algorithm: Sustain, Control, Recover Phase



Appendix 4

Communication and governance outside of your service

This appendix provides further information on communication and governance structures between you and other stakeholders outside your Service. Effective communication during an emergency is vital to relieving stress and ensuring an efficient and structured response. This section of the toolkit can contribute to your pandemic preparedness communication plan.

4.1 Between you and the community

- Be clear, concise and consistent with all communication with Community. Community consultation after the 2009 Influenza pandemic emphasised the importance of giving information in a clear and simple way, while showing respect for local culture. You know the best ways that your Community will respond to messaging. Just remember the most important thing is to be consistent to avoid confusion.

- Another key theme that arose from Community consultation after the last pandemic was the importance of having a ‘go to’ contact person. This could be your Communications Coordinator. A project in Wiradjuri country found that having a local contact person for people meant that there was someone that the community knew, trusted and could access easily if unsure about treatments or if someone was sick.

- You may need to check in with people in the Community who are more at risk of getting the flu or associated complications. These are pregnant women, babies and children, people with other chronic diseases (heart disease, kidney disease, respiratory disease) and our Elders. It is also important to note that some people may have chronic diseases that have not been diagnosed. Creating a list of people who may need additional support during a pandemic or adding a check box into your PIMS may be helpful.

4.2 Between you and other health services in your area

- Having a partnership and understanding of other health services plans in an emergency can help to alleviate stress and confusion. When you have finished your Influenza Preparedness Plan arrange a time to meet with the LHD Health Service Functional Area Coordinator (HSFAC) and be clear about who will be doing what.

4.3 Between you and AH&MRC

- The AH&MRC CEO will define and delegate who will be your main point of contact in the AH&MRC for up-to-date details on the pandemic. The AH&MRC and Centre for Aboriginal Health will meet with the NSW Ministry of Health’s State Pandemic Management Team regularly and will feedback to Member Services with updates via email or telephone.

4.4 Between you and government health services

- The NSW Health Pandemic Preparedness and Response with Aboriginal Communities in NSW Guideline is intended to support Local Health Districts (LHDs) to implement the national and NSW policies and plans specifically to Aboriginal people. It is also intended to support the AH&MRC and the Aboriginal Community Controlled Health Sector to work effectively together in an influenza pandemic.

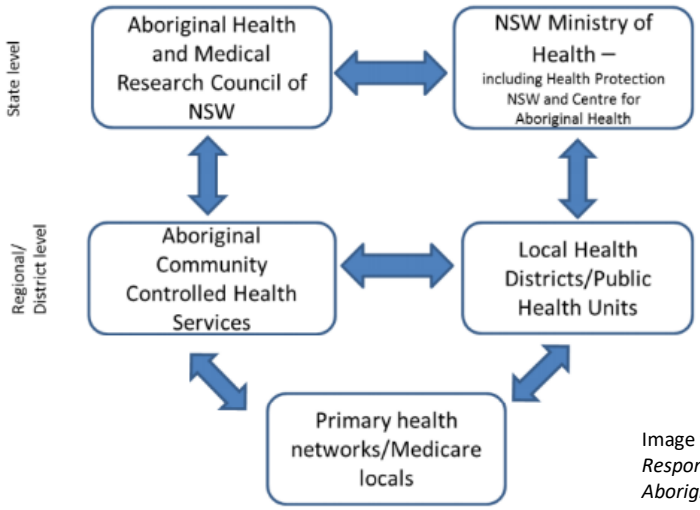


Image from the *Pandemic Preparedness and Response with Aboriginal Communities in NSW* 2019.

- It is useful to have a look at this guideline to familiarise yourself with the section on response activities that the LHD will support you with. It is important that you look over this section and arrange a time to speak to your LHD to discuss how these would specifically work in your region and with your health service.

- As you are likely to many different people on shift during a pandemic, establishing a Pandemic Communication Sheet can be useful to make sure vital communications are not lost. Managing this could be a task for the Pandemic Communications Coordinator.

Appendix 5

Medical Stockpiles

In a pandemic supplies are likely to be difficult to obtain and in short supply. The RACGP Pandemic Influenza Toolkit (2014) suggests having 4 weeks of anything that you think the Service will need in a Pandemic in stock at all times. This may not be possible for all Members to achieve, but it is important to consider that pandemics will disrupt international and national

5.1 Antivirals

- Antivirals are prescription only medications to treat the influenza virus, an example is Oseltamivir (or TamiFlu). Antivirals have a short window where they can be given to be effective and should be administered within two days of the patient showing symptoms. When given effectively they may lessen the duration and severity of symptoms.

- As the influenza virus adapts quickly (especially influenza A – which can cause pandemics) it can easily become resistant to antiviral medications. Because of this, antiviral use in a pandemic will be closely monitored by the NSW, National and International surveillance teams. The Government has a stockpile of antiviral medications, which will be administered when required during a pandemic. Your LHD will supply you with these when needed. You should consider how to best distribute, likely limited supplies, of antivirals to your community.

5.2 Vaccines

- Vaccination is an effective way to limit the impact of an influenza pandemic as it enables people to be immunised without experiencing illness. If there is a particularly bad seasonal influenza outbreak you may be required to set up a ‘pop-up’ vaccination clinic to immunise as many people as possible quickly. In the case of a pandemic (a new strain of influenza), the annual flu vaccine would not be effective and a new vaccine will have to be developed. This is likely to take several months to produce and stockpiles will be initially limited. The Australian Government has highlighted that Aboriginal populations are more at risk of mass infections from pandemic influenza. As a result, you and your local health districts are likely to be prioritised to receive vaccine stock. Having a plan in place with your LHD to ensure that your ACCHSs is able to administer these vaccines quickly is important to reducing the impact of a pandemic.

5.3 Equipment & Supplies

- During a pandemic or a severe seasonal influenza outbreak, supplies may be scarce. It is therefore important that the pandemic coordinator establish and maintain an adequate stockpile of supplies and equipment that may be needed in the case of an emergency. The following template for clinical supplies should be completed and updated by the pandemic coordinator. Additional lines can be added or deleted as appropriate.

Clinical supplies	Quantity	Expiry date
Plastic aprons		
Gowns		
P2 masks		
N95 masks		
Goggles/glasses		
Face shields		
Gloves		
Respiratory viral swabs		
Alcohol rub		
Tissues		
Paper linen for examination couches		
Cleaning products		
Rubbish bins		
Bin liners		
Add more lines as required		

Appendix 6

Cultural Considerations

We know how contagious the influenza and COVID-19 viruses are and that distancing from other people is a key way to reduce the risk of spreading viruses. This is often difficult in Aboriginal communities given the strong connection to family and social ways of life. However, these family and social linkages are important assets and help build resilience so as health professionals we need to think of ways that keep this connection while also reducing the spread of diseases. Be conscious and respectful of the different family and community ways of doing things. Work with them to identify ways to reduce the risk of transmission.

A team in Wiradjuri Country worked with Aboriginal Communities to develop the following strategies for reducing the risk of influenza spread:

Strategies for Families to Reduce the Risk of Pandemic Influenza

Keeping families safe: ways that can help to reduce the risk of influenza for families

- Vaccination against flu is safe and will help to protect your family, go to your local health service such as AMS or GP
- Cough and sneeze into tissues and throw them out – Catch 'em, Bin 'em, Kill 'em.
- If you don't have tissues, cough or sneeze into your arm, this keeps your hands safer and protects the people around you
- Washing hands with soap and water often will reduce the spread of flu and other germs
- Hand gels are great at getting rid of germs from hands
- Keeping healthy helps to avoid the flu: eat plenty of fruit and veggies, and get some exercise
- If you get a fever and a cough or think that you have the flu:
    - don't hesitate, don't wait, get to the doctor and ask for a mask when you arrive to stop the spread
    - keep a couple of steps away from others
    - stay away from work and school until have the better
    - get some rest; it's good for healing
    - drink plenty of water

If you are sick with the flu and have to go to an important family or community gathering, here are some things you can do to protect others:

- stand back if you can, keep a couple of steps away from others, let elders know you are sick so that if you are standing back it is not seen as disrespectful
- if you cough or sneeze use a tissue or cough into your arm
- where possible talk with people out in the open, on the verandah or in the fresh air
- take plenty of tissues and some hand gel with you and use them often
- less kissing, less hugs, less flu bugs can spread

Quarantine Measures

Should control measures such as isolation and or quarantine be required in communities risk mitigation strategies and decisions should be done in collaboration with Aboriginal and Torres Strait Islander families.

Key messages for the following settings should be considered:

- Reducing risk at home – promote home based infection control principles:
  - Messages should be family-centred and from a strengths-based approach. Rather than protective control measures, which has historical and negative connotations, approaches that focus on ways of keeping families safe, building empowerment by engaging families to be part of identifying solutions to the problems, rather than having prescribed control measures. For example; family members moving to another shelter – camp (Massey et al.)
  - Flexible approaches to service delivery should be explored with families, understanding that approaches and strategies will need to be tailored to each community based on the setting and location.
  - Families should feel empowered and be part of decision-making around quarantine, and exploring with families what quarantine looks like, and working through how it might impact on the family and ways of living and identifying ways around it.
  - Communications strategies should include:
    - distance, fresh air
    - clean surfaces
    - clean hands
    - Reducing shared hygiene items – sharing towels, toilets, laundry etc.

- Reducing risk at family and community gatherings - risk mitigation for family/community gatherings
  - Families will want to visit sick people in hospital – explore other ways using face time with sick family members in hospital, and for sick person to say its ok
  - Thinking practically about other ways to be able to maintain communication with families and stay socially connected in the online environment.

- Reducing risk actions – in the workplace:
  - Public health professionals, clinicians, and AHW having conversations with families that foster values of self-determination and empowerment
  - Families experience of conversation with clinicians, public health professionals and Aboriginal Health Workers have a ripple effect in families and communities. Framing the conversation to be more positive, working with families to identify and problem solve together could help facilitate more open and engaging conversations.

Appendix 7

Summary of Key Resources

1 The Australian Health Management Plan for Pandemic Influenza (AHMPPI)

The AHMPPI is a national plan for the health sector and is based on international best practice and evidence for responding to an influenza pandemic. It is recommended that the pandemic coordinator be familiar with the AHMPPI to ensure that they are able to effectively respond in the event of a pandemic.

2 The Emergency Response Plan for Communicable Disease Incidents of National Significance: National Arrangements (National CD Plan)

This whole of government plan focuses on assisting non-health agencies to anticipate the activities of the health sector and clarifying the expectations of agencies across government in supporting the health response and maintaining essential services. It identifies governance and communications coordination mechanisms, roles and responsibilities.

3 NSW Health Influenza Pandemic Plan

The NSW Health Influenza Pandemic Plan provides guidance on a range of strategic response activities for NSW Health staff and agencies to effectively prepare for and respond to an influenza pandemic, in order to minimise the adverse health impacts on the NSW population and reduce the burden and disruption to health-related services in NSW.

4 Pandemic Preparedness and Response with Aboriginal Communities in NSW

This Guideline outlines the strategies that LHDs are expected to consider when planning services for Aboriginal people in partnership with Aboriginal Community Controlled Health Services in preparation and response to a pandemic in NSW.

5 NSW Public Health Emergency Response Preparedness Minimum Standards

6 NSW Government Human Influenza Pandemic Plan

7 NSW Health – Mass Vaccination During an Influenza Pandemic

8 Royal Australian College of GPs – Managing pandemic influenza in General Practice

9 Royal Australian College of GPs – Pandemic Influenza Toolkit

10 Royal Australian College of GPs – Pandemic Influenza Implementation Guide

11 World Health Organization (WHO) – A checklist for pandemic influenza risk and impact assessment

12 World Health Organization (WHO) – Tool for Influenza Pandemic Risk Assessment