General information for residential aged care homes

Influenza is a notifiable disease in most states and territories if laboratory confirmed.

Definition *[*The Handbook]*

- An acute, highly infectious respiratory viral infection.
- Two major types (A and B) affect humans.
- Vaccine against both types is available annually (mid-February).
- Usually seasonal in occurrence, from mid-autumn to late winter in southern Australia. Generally has an earlier appearance in northern Australia from late February with a second cluster of cases in August/September/October.
- Spread by droplets from coughs or sneezes.
- Initial symptoms may be similar to those of other respiratory infections.
- Symptoms develop rapidly, one to three days after infection.
- Individuals are usually infectious for three to four days after infection and may be infectious one to two days before symptoms appear.

High risk groups *[*The Handbook]*

- Those aged 65 years of age and over;
- Those with chronic debilitating disease/s;
- Aboriginal and Torres Strait Islanders 50 years of age and over; and
- Residents of long-term care establishments (eg. residential aged care homes).

Legislation

Under the *Aged Care Act 1997* 42-1 (1)(c) all Australian Government funded residential aged care services must be accredited in order to remain eligible for funding. *[Aged Care Act 1997]*

Under the Quality of Care Principles, Schedule Two, Accreditation Standards, homes must meet 44 expected outcomes relating to quality of care and quality of life. *[Aged Care Principles 1997]*

4.7 — Infection Control requires homes to have an effective infection control program.

4.2 — Regulatory Compliance requires that the organisation's management has systems in place to identify and ensure compliance in infection control. *[see Standards and Guidelines for Residential Aged Care Services]*

These requirements complement state and territory legislation. It is the responsibility of facility management to identify relevant state/territory regulations and ensure ongoing compliance with these.

* NHMRC: The Australian Immunisation Handbook 10th edition (4.7 Influenza) www.immunise.health.gov.au

DSS12995 June 2014 | All information in this publication is correct as at June 2014

Prevention of infection and spread of influenza in residential aged care homes

Successful infection control is based on good hygiene around a range of practices that arise from identifying and implementing risk management of the hazards.

Precautions

Vaccination (unless medical or vaccine refusers on non-medical grounds provided) for high risk groups

[▲National Immunisation Program Schedule]

Residents

- Influenza annually.
- Pneumococcus as recommended.

Staff

- Influenza annually (recommended).

NB: The vaccine takes approximately two weeks after vaccination to become effective and usually protects recipients against the annually specified types of influenza.

Standard practices *[•The Guidelines]*

- Personal hygiene, particularly handwashing.
- Appropriate handling and disposal of sharps and clinical waste.
- Appropriate processing of reusable equipment.
- Appropriate environmental cleaning.
- Appropriate laundry and food handling processes.

▲ National Immunisation Program Schedule: www.immunisation.health.gov.au

• Australian Guidelines for the Prevention and Control of Infection in healthcare (B1, B2, B3): www.nhmrc.gov.au

Continued overleaf

DSS12995 June 2014 | All information in this publication is correct as at June 2014

Infectious disease control team *[•The Guidelines]*

- Identify and minimise potential infection risks.
- Identify suitable isolation areas.
- Communication with staff, residents and visitors.
- Liaise with GPs, state/territory Public Health Unit, local hospitals, etc.
- Maintain and document vaccination schedules.
- Identify and document possible infection outbreaks.
- Initiate precautions.
- Coordinate protective measures.

Isolation room checklist *[•The Guidelines, see sheet R1]*

- Hand-wash basin in room (hands-free operation if possible).*
- Single-use towelling.
- Ensuite 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 container/s for safe disposal of tissues, gloves, masks, single-use towelling etc.
- Room restriction signs.
- Independent air conditioner/filter system if available.

* If hand washing facilities are not readily available, provide alcohol-based hand wash.
† If an appropriate single room is not available, room sharing by residents with the same infection is acceptable.

Wash and dry hands before and after contact with affected residents

DSS12995 June 2014 | All information in this publication is correct as at June 2014

Outbreak identification in a residential aged care home

Identification of potential episode

1. Symptoms of influenza *[*The Handbook]*

Rapid onset of:

- Fever/chills
- Cough
- Sore throat
- Stuffy/runny nose
- Tiredness/Exhaustion
- Headache
- Muscle and joint pain

Symptoms in the elderly may also include:

- Loss of appetite
- Shortness of breath
- Onset or increase of confusion
- Increasing Chronic Obstructive Airways Disease symptoms

2. Precautions should commence as soon as the first resident shows influenza-like symptoms

Seek medical advice immediately when symptoms appear.

- Appropriate swabs collected and forwarded for analysis (affected residents and staff) as directed by Medical Officer/s — see Collection:6.
- Notify all visiting GPs of influenza-like symptoms in the home.
- Increase hygiene measures.
- Warn visitors of risk.
- Curtail group activities.

3. Manage residents who are ill *[•The Guidelines, see sheets R1, R5, R6, R7]*

- In individual rooms, multi-bed rooms†, unit or wing.
- Dedicated staffing where possible/practicable.
- Dedicated equipment.
- Appropriate signage.
- Transfer to hospital if condition warrants.

* NHMRC: The Australian Immunisation Handbook 10th edition (4.7 Influenza) www.immunise.health.gov.au

• Australian Guidelines for the Prevention and Control of Infection in healthcare (B2): www.nhmrc.gov.au

† If an appropriate single room is not available, room sharing by residents with the same infection is acceptable.

Continued overleaf

DSS12995 June 2014 | All information in this publication is correct as at June 2014

4. Document

- Details of residents/staff exhibiting symptoms.
- Onset date of influenza-like illness for each.
- Symptoms — any three of: fever, cough, muscle and joint pain, tiredness/exhaustion.
- Contacts — identify where possible, (e.g. staff member, visitor) to identify 'at risk' groups.

5. Confirmed influenza *[see sheets R3, R4, R5]*

- State/territory Public Health Unit notified (usually by Medical Officer or Pathology).
- Advise your state/territory Health Department aged care unit.
- Notify residents' relatives/representatives, local hospital, all staff, GPs, allied health workers, etc.

Isolation room checklist *[see sheet R1]*

- Hand-wash basin in room (hands-free operation if possible).*
- Single-use towelling.
- Ensuite 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 container/s for safe disposal of tissues, gloves, masks, single-use towelling etc.
- Room restriction signs.
- Independent air conditioner/filter system if available.

* If hand washing facilities are not readily available, provide alcohol-based hand wash.
† If an appropriate single room is not available, room sharing by residents with the same infection is acceptable.

Wash and dry hands before and after contact with affected residents

DSS12995 June 2014 | All information in this publication is correct as at June 2014

Outbreak management in residential aged care

Prevent spread *[•The Guidelines, see sheet R1]*

1. Isolate residents who are ill if not already isolated

- In individual rooms, multi-bed rooms†, unit or wing.
- Dedicated staffing where possible/practicable.
- Dedicated equipment.
- Appropriate signage.
- Transfer to hospital if condition warrants.

† If an appropriate single room is not available, room sharing by residents with the same infection is acceptable.

2. Restrict Contact *[•The Guidelines, see sheets R3, R4]*

- Infected staff excluded from work for the period during which they are infectious, as determined by a medical practitioner.
- Staff movement into restricted area/s limited.
- Visitors kept to minimum, short duration, warned of risk factors.
- Curtail social contacts/group activities for non-infected residents.
- Restrict new/re-admissions.

3. Increase personal protective measures *[•The Guidelines, see sheets R2, R3]*

- Maintain existing hand hygiene before and after contact with each resident.
- Wear gloves if contact with respiratory secretions or potentially contaminated surfaces is likely. Change gloves and wash hands after contact with each resident.
- Wear masks appropriate for respiratory infection on entering room or working within one metre of the resident. Remove mask when leaving each room and dispose of correctly. Do not reuse masks.
- Wear gowns if soiling of clothes with respiratory secretions is likely. Do not reuse gowns.

• Australian Guidelines for the Prevention and Control of Infection in healthcare (B1, B2): www.nhmrc.gov.au

Continued overleaf

DSS12995 June 2014 | All information in this publication is correct as at June 2014

4. Environment *[•The Guidelines]*

- Enhance cleaning measures, especially of frequently touched surfaces, with neutral detergent.
- Appropriate disposal units for tissues, etc.
- Appropriate cleaning processes for reusable items.

5. Medical Management *[see sheet R7]*

- Antiviral medication as prescribed by GP/s.
- Immunisation for those without current vaccination.
- Transfer to hospital if condition warrants.

6. Seek specialist advice *[see Contacts:5]*

Isolation room checklist *[see sheet R1]*

- Hand-wash basin in room (hands-free operation if possible).*
- Single-use towelling.
- Ensuite 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 container/s for safe disposal of tissues, gloves, masks, single-use towelling etc.
- Room restriction signs.
- Independent air conditioner/filter system if available.

* If hand washing facilities are not readily available, provide alcohol-based hand wash.

† If an appropriate single room is not available, room sharing by residents with the same infection is acceptable.

Wash and dry hands before and after contact with affected residents

DSS12995 June 2014 | All information in this publication is correct as at June 2014

Who to contact for assistance with and notification of a suspected outbreak of influenza

Queensland		
Southern Population Health Unit Network		
Brisbane Southside	Ph: (07) 3176 4000	Fax: (07) 3176 4006
Gold Coast	Ph: (07) 5668 3700	Fax: (07) 5562 1649
Darling Downs	Ph: (07) 4699 8240	Fax: (07) 4699 8477
South West	Ph: (07) 4656 8100	Fax: (07) 4654 2615
West Moreton	Ph: (07) 3818 4700	Fax: (07) 3818 4701
Central Population Health Unit Network		
Brisbane Northside	Ph: (07) 3624 1111	Fax: (07) 3624 1159
Sunshine Coast	Ph: (07) 5409 6600	Fax: (07) 5443 5488
Wide Bay	Ph: (07) 4184 1800	Fax: (07) 4184 1809
Rockhampton	Ph: (07) 4920 6989	Fax: (07) 4920 6865
Bundaberg	Ph: (07) 4303 7500	Fax: (07) 4303 7599
Tropical Population Health Unit Network		
Mackay	Ph: (07) 4911 0400	Fax: (07) 4944 0661
Townsville	Ph: (07) 4753 9000	Fax: (07) 4753 9001
Mt Isa and Gulf	Routed through Townsville	Routed through Townsville
Cairns	Ph: (07) 4226 5555	Fax: (07) 4031 1440

New South Wales	
Ph: 1300 066 055 (directed to nearest office)	Website: www.health.nsw.gov.au/infectious/pages/phus.aspx

Victoria	
Communicable Disease Prevention and Control Unit	Ph: 1300 651 160

Tasmania	
Public and Environment Health Service	Ph: 1800 671 738 Freecall (only from within State) Ph: (03) 6222 7788 or Ph: 0408 532 708 (After Hours)

Continued overleaf

DSS12995 June 2014 | All information in this publication is correct as at June 2014

South Australia

Communicable Diseases Control Branch	Ph: 1300 232 272	Fax: (08) 8226 7187

Western Australia

Central Perth Communicable Disease Control	Ph: (08) 9388 4852	Fax: (08) 9388 4848
Metropolitan (Perth) Population Health Units		
North Metropolitan	Ph: (08) 9222 8588	Fax: (08) 9222 8599
South Metropolitan	Ph: (08) 9431 0200	Fax: (08) 9431 0223
Regional Population Health Units		
Kimberley - Broome	Ph: (08) 9194 1630	Fax: (08) 9194 1633
Pilbara - South Hedland	Ph: (08) 9158 9222	Fax: (08) 9158 9253
Midwest - Geraldton	Ph: (08) 9956 1965	Fax: (08) 9956 1991
Gascoyne – Carnarvon	Ph: (08) 9941 0500 or (08) 9941 0519	Fax: (08) 9941 0520
Goldfields - Kalgoorlie	Ph: (08) 9080 8200	Fax: (08) 9080 8201
Wheatbelt - Northam	Ph: (08) 9622 4320	Fax: (08) 9622 4342
Southwest - Bunbury	Ph: (08) 9781 2350	Fax: (08) 9781 2382
Great Southern - Albany	Ph: (08) 9842 7525	Fax: (08) 9842 7534

After hours: (Statewide Communicable Disease Control on-call) Ph: (08) 9328 0553

Northern Territory

Centre for Disease Control		
Darwin	Ph: (08) 8922 8044	Fax: (08) 8922 8310
Alice Springs	Ph: (08) 8951 7540	Fax: (08) 8951 7900
Katherine	Ph: (08) 8973 9049	Fax: (08) 8973 9048
Tennant Creek	Ph: (08) 8962 4259 or (08) 8962 4603	Fax: (08) 8962 4420
Nhulunbuy	Ph: (08) 8987 0357	Fax: (08) 8987 0355

Australian Capital Territory

Communicable Diseases Control	Ph: (02) 6205 2155	Fax: (02) 6205 1739

DSS12995 June 2014 | All information in this publication is correct as at June 2014

Swab collection instructions

- Nose (left and right nostrils) and throat swabs for respiratory outbreaks should only be taken from residents with acute symptoms (onset within the preceding 72 hours) and preferably from a resident with the most classical clinical presentation of the illness suspected. **Samples from 8 to 10 people should ideally be collected.** See collection instructions below.
- The specimens should be packaged in a small cool bag (with ice bricks) for transport to the pathology laboratory.

Swab collection procedure

GLOVES AND A MASK (with eye protection) should be worn when collecting nose and throat swabs

Nose

- Tilt the patient's head back gently, with one hand, and steady the patient's chin. With the other hand, insert the cotton bud end of the dry sterile swab into the patient's right nostril. The swab should be rubbed vigorously against the turbinate in the nostril to ensure the swab contains cells as well as mucous from the nostril. Withdraw the swab from the nostril.
- Remove the cap from the tube of transport medium. Break off (or cut with scissors) the end of the swab's plastic shaft, ensuring that the entire swab can be sealed within the tube. Loosely recap the tube. Discard the remaining end of the swab.
- Repeat the procedure with a new dry sterile swab in the patient's left nostril. Place the swab in the same tube of viral transport medium with the other swab.

Continued overleaf

DSS12995 June 2014 | All information in this publication is correct as at June 2014

Swab collection procedure

GLOVES AND A MASK (with eye protection) should be worn when collecting nose and throat swabs

Throat

- To perform the throat swab, remove another swab from the packaging and ask the patient to open his/her mouth and stick out their tongue. Use a wooden spatula to press the tongue downward to the floor of the mouth. This will avoid contamination of the swab with saliva. Firmly swab both of the tonsillar arches and the posterior naso-oropharynx, without touching the sides of the mouth.
- Remove the swab, which should be thoroughly wet with throat secretions. Remove the cap from the same tube as contains the two nose swabs and break off the shaft as before. Now firmly screw the cap back on the tube. Discard the end of the swab.

Label the transport media with the patient's full name, date of birth, type and date of collection.

Place the transport media in the plastic bag provided, and complete the request form (making sure to include the name of your facility). Refrigerate the specimen until it is sent to the lab.

Masks should NOT be touched during wear and should NOT be worn around the neck at any time. When the masks are removed they should be handled by the ties only. Both gloves and masks should be disposed of in an infectious waste bag.

WASH AND DRY HANDS before and after the procedure!

DSS12995 June 2014 | All information in this publication is correct as at June 2014