



Australian Government
Department of Social Services

Influ-Info

Influenza kit for home care



Disclaimer

This publication and all its component parts are provided to assist home care package providers and carers in making decisions about the prevention and control of influenza. Any policies and practices dealing with the prevention and control of influenza in a home care setting should be developed in the context of relevant legislation, codes of practice and other professional standards, policies and guidelines relevant to the practice setting, together with appropriate advice on legal care issues.

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Home Care In flu-Info Kit Contents

Coordinator handbook

What is influenza?	2
Influenza management flowchart	3
Identification of potential episode	4
Prevent spread	6
Who to contact for assistance and notification	8
For more information	10

Information and resource sheets for staff

Recognising and managing influenza in community clients	Poster
Attention all staff	Sheet 1
How to hand wash with liquid soap	Sheet 2
How to hand wash with alcohol-based gel or rub	Sheet 3
Hand hygiene – when and why	Sheet 4

Information and resource sheets for residents and visitors

Notice to family and visitors – general warning	Sheet 5
Notice to visitors – house/room entry	Sheet 6
Hand washing sheets	

What is influenza?

Influenza, or 'the flu', is caused by infection with influenza viruses A, B and rarely C. It mainly affects the throat and lungs, but can also cause problems with the heart and rest of the body, especially in people with other health problems.

What are the symptoms?

The initial symptoms of influenza may be similar to those of other respiratory infections. Symptoms usually develop rapidly, one to three days after infection, and may include the sudden onset of fever, headache, sore throat, cough, muscle and joint pain, runny or stuffy nose and severe tiredness.

How is it spread?

- Influenza is mainly spread from person to person through droplets after an infected person coughs or sneezes, or through touching.
- Most people are usually infectious for three to four days after infection and may be infectious one to two days before symptoms appear.

Who is at risk?

Anyone can get influenza. People who are at higher risk include:

- those aged 65 years of age and over;
- those with chronic debilitating disease/s;
- Aboriginal and Torres Strait Islander people 50 years of age and over; and
- residents of long-term care establishments (e.g. residential aged care homes).

How is it prevented?

Vaccination against influenza viruses A and B are available annually (mid-February). Influenza vaccination is especially recommended for people who are at higher risk, unless medical reasons, or vaccine refusal on non-medical grounds are provided.

As care staff in the community, it is recommended you see your doctor and have an influenza vaccination annually.

You may also wish to suggest to your clients that they see their doctor and discuss the influenza and pneumococcus vaccination.

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

RECOGNISING AND MANAGING INFLUENZA IN HOME CARE

Activity	What to do
Influenza suspected	<p>Signs and symptoms:</p> <p>Fever/chills, cough, muscle and joint pain, runny nose, tiredness/exhaustion, headache, sore throat, loss of appetite, onset or increase of confusion, shortness of breath, increasing Chronic Obstructive Airways Disease symptoms</p>
Implement infection control practice	<ul style="list-style-type: none"> • Increase hygiene measures • Use Personal Protective Equipment (ie. mask and gloves) • Notify your employer of any clients with influenza-like symptoms
Protection of care workers' health	<ul style="list-style-type: none"> • Personal hygiene – wear gloves, mask, ensure good hand washing • Care workers are advised to seek medical advice regarding immunisation if not vaccinated, and the use of anti viral medication
Notify	<ul style="list-style-type: none"> • Notify your employer of clients with influenza • With client's permission, notify their relatives or representatives of their condition if they haven't. Suggest they inform other community visitors • Encourage client to notify their GP, or, notify their GP at your client's request
Environment	<ul style="list-style-type: none"> • Enhance cleaning measures, especially of frequently touched surfaces, with a neutral detergent such as dishwashing detergent • Regularly clean your work case or bag and other items carried in it • Correctly dispose of all tissues, clinical waste, and sharps
Document	<ul style="list-style-type: none"> • Details of each of your clients exhibiting influenza symptoms • Onset date of influenza-like illness • Symptoms – any three of: fever, cough, muscle and joint pain, tiredness/exhaustion • Contacts – identify possible 'at risk' groups (eg. other community helpers, visitors)
Manage clients who are ill	<ul style="list-style-type: none"> • Encourage your client to rest and adhere to treatment • Recommend client limits their group activities and stays at home until they are better • Encourage client to seek medical advice if they continue to be unwell
Restrict contact	<ul style="list-style-type: none"> • If a care worker exhibits symptoms they should be encouraged to stay away from work and not to return until free from symptoms or advised by a doctor • If a care worker has recently been exposed to a client with influenza, their employer may limit their contact with other clients

Identification of potential episode

1. Signs and symptoms of influenza

Rapid onset of:

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

Symptoms in the elderly may also include:

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

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

If your client shows influenza-like symptoms, recommend that they seek medical advice as soon as possible. Other precautions you can take include:

- Notifying your employer of any clients with influenza-like symptoms in the community.
- Increase hygiene measures.
- Increase use of Personal Protective Equipment.
- Recommend clients inform their visitors of their condition.
- Recommend clients limit their group activities and stay at home until they are better.

3. Manage clients who are ill

- Encourage your client to notify their general practitioner or notify the doctor at your client's request. Based on symptoms and examination, a doctor can diagnose an influenza-like illness and if necessary, take a sample of your client's fluids or blood to be tested.
- Use dedicated staffing and equipment where possible/practicable.
- Recommend client informs their visitors of their condition.
- Recommend client limits their group activities and stays at home until they are better.
- Discuss with your client alternative forms of care, such as a hospital if the condition warrants.

4. Document

- Details of your clients exhibiting symptoms in the community.
- Onset date of influenza-like illness for each client.
- Symptoms — any three of: fever, cough, muscle and joint pain, tiredness/exhaustion.
- Contacts — identify where possible, (e.g. other community helpers, visitors) to identify 'at risk' groups.

5. Confirmed influenza

- Notify your employer of your clients with influenza in the community.
- With the permission of your client, notify their relatives or representatives of their condition if they haven't. Suggest they inform other community visitors and limit their contact with the client where possible.
- Encourage your client to rest and adhere to treatment as recommended by their doctor.
- Discuss with your client and/or their relatives/representatives alternative forms of care, such as a hospital if the condition warrants.

Prevent spread

1. Continue hand washing

- Handwashing is the most important hygiene measure in preventing the spread of influenza.
- Gloves are not a substitute for handwashing.
- Wash your hands with soap and water before and after contact with each client. If hand washing facilities are not readily available use an alcohol-based hand wash according to the instructions.
- Care must be taken to wash your hands before removing items from or returning clean items to your work case or bag.

2. Increase personal protective equipment

Your employer has a responsibility to provide you with personal protective clothing and equipment required to protect you from hazards that you may encounter.

Gloves

- Wear gloves if contact with respiratory secretions or potentially contaminated surfaces is likely. Change gloves and wash hands after contact with each client. Dispose of gloves correctly.

Masks

- Wear masks appropriate for respiratory infection on entering your client's home or when working within one metre of the client. Remove the mask when leaving your client's home and dispose of it correctly. Do not reuse the mask between your clients. Wash your hands after you have removed the mask.

Gowns

- Wear gowns if soiling of clothes with respiratory secretions is likely. Remove the gown and dispose of it correctly. Do not reuse the gown between your clients. Wash your hands after you have removed the gown.

3. Restrict contact

- If you have any symptoms of influenza inform your employer and do not return to work until you are free from symptoms or as determined by your doctor.
- If you are currently working with a client with influenza your employer may wish you to limit your contact with other clients in the community.

- Recommend clients inform their visitors of their condition.
- Recommend clients limit their group activities and stay at home until they are better.

4. Environment

- Enhance cleaning measures, especially of frequently touched surfaces, with neutral detergent.
- Regularly clean your work case or bag and other items carried in it (e.g. stethoscopes), especially if they become soiled.
- Correctly dispose of all sharps and other clinical wastes.
- You may wish to suggest to your clients that they:
 - > Sleep in a separate room where applicable
 - > Stay in certain areas of their home if it is a shared house
 - > Dispose of generated waste correctly (e.g. tissue papers)
 - > Use an independent air conditioner/filter system where applicable

5. Medical management

- Encourage your client to rest and adhere to treatment (anti-viral medication) as prescribed by their doctor.
- Recommend clients' family, representatives and visitors who are in regular contact immunise against influenza if they haven't.
- Use dedicated staffing and equipment where possible/practicable.
- Discuss with your client alternative forms of care, such as a hospital, if the condition warrants.

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

Contact details for State and territory Public Health and Communicable Disease Units

NB: These Public Health Unit Contact Details were correct at the time of printing.

The following numbers should be contacted by medical practitioners for the reporting of communicable disease cases and for assistance in the management of disease outbreaks:

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)

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



For more information

For more information, refer to the Infection Control Guidelines for the prevention of transmission of infection diseases in the health care setting. The Infection Control Guidelines can be accessed on the Department of Health and Ageing website www.health.gov.au.

	Page
Infection Control in home and community health care settings	37-1
Responsibilities of health care workers	5-3
Overview of influenza	28-17
• Symptoms of influenza	28-18
• Transmission	28-18
• High risk groups	28-18
• Management – Patients and health care workers Immunisation/vaccination	28-18, 2-5
Basic infection control measures	2-3
• Handwashing and personal hygiene	12-1 – 12-3
• Personal protective equipment	13-1 – 13.6
Managing the environment	18-1
Collection and disposal of clinical wastes	15-3
Ethical and legal issues	10-1
• Patient decision making and consent	10-4
National Notifiable Diseases Surveillance System	A2-2