# Recognising and Managing Influenza

| **Activity**  | **What to do** |
| --- | --- |
| Influenza suspected | . Fever/chills. Muscle and joint pain. Headache. Cough. Runny nose. Sore throat. Tiredness/exhaustionInform your senior nursing staff on duty |
| Implement precautions as soon as resident shows influenza-like symptoms | . Increase hygiene measures. Contact resident’s GP. Isolate resident if possible. Collect swabs as directed by medical officer. Warn visitors of risk |
| Nominate an infection control coordinator | Name: ……………………………………………..…..Ph: ……………………... Pager: ……………………. |
|  Notify | .Your State/Territory Public Health Unit. Resident’s GP and relatives or representative, all staff, all visiting GPs, allied health workers, volunteers, or anyone in contact with your facility |
|   Document | . Details of resident(s), staff with symptoms. Onset date of influenza-like symptoms for each. Types of symptoms. Their contacts – to identify ‘at risk’ groups |
|  Manage residents who are ill | . Isolation from residents who are well. Dedicated staff where possible. Dedicated equipment: hand basin, single-use towelling, en-suite bathroom, containers for safe disposal of gloves, tissues, masks, towelling. Staff use personal protective measures.Transfer to hospital if condition warrants |
|  Restrict contact | . Infected staff off work as determined by their medical officer. Limit staff movement into restricted area. Warn visitors and limit visit times. Suspend all group activities |
|  Prevent spread | Increase hygiene measures. Personal hygiene – wear gloves, mask, ensure good hand washing. Environment – enhance cleaning measures. Medical – anti viral medication as prescribed by GP, immunisation if not vaccinated |

 **WASH AND DRY HANDS BEFORE AND AFTER CONTACT WITH AFFECTED RESIDENTS**

**Further copies of this poster are available from National Mail and Marketing at** **NMM@nationalmailing.com.au**

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