**Call Operator instructions – updated 31 July 2009**

**Table of Contents**

**1. Context** …………………………………………………………………………. **3**

**2. Making Appointments** ………………………………………………………. **4**

2.1 Christchurch Flu Centre address and directions …………………… 4

2.2 Afterhours arrangements ……………………………………………… 4

2.3 Rural patients …………………………………………………………... 4

2.31 Ashburton ………………………………………………………. 4

2.32 Methven ………………………………………………………… 4

2.33 Waikari (Amberley) …………………………………………… 4

2.34 Rangiora ……………………………………………………….. 5

2.35 Rolleston ……………………………………………………….. 5

**3. Where to find clinical information / support** ……………………………. **6**

3.1 Instructions for Non-clinical operators ………………………………. 6

3.2 Information for the Support Nurse …………………………………… 6

3.3 Contact details for support ……………………………………………. 6

3.4 Assessment by non-clinical operators…………………………………..6

3.5 Assessment of Influenza ……………………………………………… 6

**4. Influenza Clinical Information** ……………………………………………… **7**

4.1 Symptoms ……………………………………………………………… 7

4.2 Incubation period ……………………………………………………… 7

4.3 Infectious period ………………………………………………………. 7

**5. Who does not need to be seen at the Flu Centre** ……………………… **8**

**6. Chest pain** …………………………………………………………………….. **8**

**7. People who take regular medications** ……………………………………. **8**

**8. Who should be seen at the Flu Centre** …………………………………… **9**

**9. People who should be considered for Tamiflu** …………………………. **10**

9.2 Definition of High Risk ………………………………………………… 9

**10. Pregnancy** …………………………………………………………………….. **11**

**11. Tamiflu** …………………………………………………………………………. **12**

**12. Management of Influenza** …………………………………………………… **13**

12.1 Self management at home ……………………………………………. 13

12.2 Protect family and workmates from infection ……………………….. 13

12.3 How to treat a fever ……………………………………………………. 13

**13. Other Information** …………………………………………………………….. **14**

13.1 Measles …………………………………………………………………. 14

13.2 Health professionals …………………………………………………… 14

13.3 Hospital in-patient queries ……………………………………………. 14

13.4 Travel Advice …………………………………………………………… 14

13.5 Interpreter Services ……………………………………………………. 14

13.6 Testing for influenza / Swab results ………………………………….. 14

13.7 Time off work/school …………………………………………………… 15

13.8 Medical Certificates ……………………………………………………. 15

**14. Welfare Referrals** ……………………………………………………………… **16Call Operator instructions – updated 31 July 2009**

**1. Context**

**1.1 Streaming**

Primary Care in Canterbury is managing the current influenza pandemic by “streaming” – redirecting patients with suspected influenza who need to be seen by a doctor away from “green “stream general practices, to “red” stream general practice, located in the Flu Centre.

The Flu Centre is staffed by GPs and practice nurses, with the addition of CDHB nurses and admin staff.

**1.2 The aim is to:**

* Reduce infection rates in the community by advising people to stay home when infectious and use sensible infection control methods
* Prevent the spread of influenza in medical centres to other vulnerable patients
* Reduce rates of infection in health care workers in order to keep the system functioning

**1.3 The purpose of the 0800 Flu Line is to:**

* support the streaming of primary care patients into “red” stream with flu symptoms and “green” stream with other health problems
* assess and offer appropriate advice to people with influenza symptoms
* arrange appointments at the flu centre for those people assessed as needing to be seen
* provide information about influenza to the general public on request

Our call centre is open from 8 a.m. to 9 p.m., but the 0800 number operates 24 hours a day. Please do not tell people we are only open until 9pm. If people phone after the call centre closes, they will get the after hours message which advises them to call the 24 hour surgery.

**2. Making Appointments**

**2.1 Christchurch Flu Centre is at 70 St Asaph Street.**

* **Large Blue Building** on the left, between Montreal and Antigua Streets, very large sign on the front of the building.
* **Car Parking** is at 238 Antigua Street, turn left at St Asaph – lots of parking available – very well sign posted.

**2.2 After hours patients requiring medical assistance**

For urgent appointments after 9pm:

* Advise the patient to go to the 24 Hour Surgery on the Bealey Ave and Colombo St corner.
* The patient is required to report to the security guard who will be stationed at the building entrance, **do not** enter the main building.

**2.3 Rural patients**

**2.31 Ashburton**

Patients are to call their own GPs who will assess if they need to be seen and arrange for that to happen.

**2.32 Methven**

1. Assess the patient and if needs to be seen…
2. Patient calls (03) 302-8105 (between 8am – 6pm Mon – Friday)
3. Outside these hours, please ask the patient to call their GP’s number to get through to their after hours service.

**2.33 Waikari (Clinic is at Amberley)**

**Address:** Amberley Medical Centre, 6 Hilton Drive, Amberley

**Hours:** Mon - Sun from1400 – 1500 hours

Contact is Mike Northmore (03) 314-8504

There are 4 appointments for the hour. If you book the first appointment, book it on the hour, the second appointment on the ¼ hour, the third appoint on the half hour and the fourth appointment ¾ hour, therefore 4 = 1400, 3 = 141515, 2 = 1430, 1 = 1445.

If after hours ask the person to phone their GP to get through to the duty GP.

**2.34 Rangiora**

**Address:** Southbrook Sports Club, Southbrook Park, South Belt, Rangiora

**Hours:** Monday through Friday 1300-1700 hours

There are 6 appointments for each hour listed. If you book the first appointment, book it on the hour, the second appointment on the 10 minutes, the third appoint on the 20 mins and so on. You don’t need to phone appointments through.

No appointments are to be made after 1630 (i.e. 30 minutes before the end of the clinic) therefore at 1600 there are 4 appointment slots 1600, 1610, 1620, 1630 hours.

Kaiapoi residents are to be offered an appointment at either Rangiora or St Asaph.

**2.35 Rolleston**

**Address:** Community Centre, 94 Rolleston Drive, Rolleston

**Hours:** Monday to Friday 1300-1700 hours

There are 4 appointments for each hour listed. If you book the first appointment, book it on the hour, the second appointment on the ¼ hour, the third appoint on the half hour and the fourth appointment ¾ hour, e.g. 4 = 1300, 3 = 1315, 2 = 1330, 1 = 1345. You don’t need to phone appointments through.

No appointments are to be made after 1630 (ie 30 minutes before the end of the clinic) therefore at 1600 there are 3 appointment slots 1600, 1615, 1630.

**3. Where to find Clinical Information/Support**

**3.1 Non- clinical operators**

There is a “support” nurse on each shift. It is important that you ask the nurse for help as per the instructions in “3.4” below or about anything else that needs clinical oversight.

**3.2 Information for the Support Nurse**

The yellow folder holds information such as the latest update to GPs, information re Tamiflu and pregnant women, etc. Please read on each shift to make sure you are up- to-date.

If nurses have a clinical question which you can’t answer, please start by talking to Gill Davidson, the clinical nurse manager (available 8-5 Mon – Fri), and if you’re still unsure please contact one of the doctors (see 3.3) and they will advise.

If you have any questions/calls from the flu centre/Pandemic Control Centre (PCCR) or anything non-clinical which you can’t answer, please call Sue Chapman.

**3.3 Contact details for support**

* Call Centre Manager: Sue Chapman – to be advised.
* Advice doctors are:

Kim Burgess 027-201-7116

Paul McCormack 021-325-801

* + - Flu centre reception number – 378-6391

**3.4 Assessment by non-clinical operators**

Please refer caller to nurse if they have:

* Chest pain
* Shortness of breath
* Feeling very unwell
* Any of patient information boxes ticked (apart from allergic to antibiotics)
* If the patient requests a nurse
* If you have any other concerns

Ensure that the patient is happy to manage at home before ending the call.

**3.5 Assessment of influenza by nurses**

Telephone assessment of illness is not an exact science. Use your clinical experience and knowledge of respiratory illness to make an assessment which includes:

* Is this likely to be influenza?
* How unwell is this person at the moment?

Are there other factors (medical, social or other) which put this person at risk?

**Advise every patient at the end of the call that if their symptoms worsen or they are concerned AT ALL to phone us back – whether they have an appointment or not.**

**4. Influenza clinical information**

**4.1 Symptoms**

* Influenza-like illness is defined as history of fever, chills and sweating (or clinically documented fever =38°C), plus cough or sore throat
* Many people also have headache, muscle aches, and tiredness. Some people also have nausea, vomiting or diarrhoea.
* The illness lasts about a week in most people, although tiredness and cough can persist longer

**4.2 Incubation period**

* Influenza symptoms usually develop 1-4 days after contact with an infected person.

**4.3 Infectious period**

* People can be infectious to other people for a day before they develop symptoms
* Adults are considered to be infectious for 7 days after symptoms develop or until asymptomatic, whichever is longer
* Children are considered to be infectious for 7-10 days after symptoms develop or until asymptomatic, whichever is longer.
* Tamiflu reduces infectivity to about 72 hours (or until asymptomatic) for both adults and children.

**5. Who does NOT need to be seen at the Flu Centre**

* **Very unwell/emergency patients -** If you assess a patient as needing an ambulance, please advise them to call 111 immediately.

GPs can refer emergency patients to hospital in the usual way; advising that the patient has flu-like symptoms.

* People with mild/moderate flu symptoms and no underlying risk factors who are confident they can manage their illness at home
* People with illness which is clearly not influenza, e.g. fever without respiratory symptoms, especially if there are other symptoms e.g. urinary tract symptoms
* Likely respiratory symptoms that can be referred back to the GP include:
  + People who had an obvious flu-like illness 2-3 weeks ago, and who now have a probable secondary infection

Earache alone without fever, cough, sore throat

***If you are a non-clinical operator and you think the patient can be seen by a GP, please check with a Nurse before advising the patient.***

* ***Please ensure that any patient who does not receive an appointment is confident to manage at home***
* ***Advise every patient at the end of the call that if their symptoms worsen or they are concerned AT ALL to phone us back – whether or not they have an appointment.***
* ***If a second call is received regarding any patient, non-clinical operators, please refer to a nurse.***

**6. Chest pain**

Chest pain is difficult to assess according to a formula. All patients complaining of chest pain should be assessed by a nurse on the phone. The timing and nature of the pain can point to possible serious respiratory or cardiac conditions. Please use your clinical judgement and act accordingly. Anyone who appears to have cardiac pain which lasts 20 minutes or more should call 111 for an ambulance.

**7. People who take regular medications**

If you make an appointment for anyone who takes regular medications please ask them to either take their “yellow card” listing all their current medications with them, or if they don’t have a “yellow card” to take their medications with them.

**8. Who should be seen at the Flu Centre**

**8.1 People who have severe influenza**

* Unable to drink fluids, symptoms of dehydration
* Short of breath
* Chest pain
* Confusion or drowsiness
* “floppiness” in children

**8.2 People who have become more unwell during the course of their influenza, or who have started to improve and then become worse**

* Symptoms of secondary infection eg earache, increased cough and sputum, severe sinus pain,
* Exacerbations of asthma or COPD
* Green sputum without increasing unwellness is not necessarily an indication for antibiotics

**8.3 People with febrile illness or respiratory illness that may not be influenza**

* Be wary of meningitis, cardiac pain, pulmonary embolus, pyelonephritis, CHF.
* If the illness is clearly not influenza, the patient can be referred back to their own GP

**8.4 People whose GP requests an appointment for them**

If GPs (or a nurse delegated by the GP) phone through to get an appointment for someone they have already assessed, get the patient’s phone number and press “Update Details” then press the “Referral” button to make an appointment.

When making an appointment for a GP or Practice Nurse, use button number “6” on the “Referral” screen to show that the patient has been assessed by them. This is the only time that this button should be used.

**9. People who should be considered for Tamiflu treatment**

**9.1 All patients with severe clinical influenza-like illness, regardless of whether they are admitted to hospital**

* Extremely unwell patients should call 111 for an ambulance
* All other patients who appear to have severe illness should be offered an urgent appointment at the Flu Centre

**9.2 People who are “high risk” for complications and have influenza of any level of severity**

* Severely ill people should be offered an appointment
* Mildly/moderately unwell “high risk” people should be offered an appointment if within the first 48 hours of illness as tamiflu treatment may be appropriate.
* It may be appropriate for their own GP to provide this advice and treatment by telephone, rather than giving the patient an appointment.

**“High risk” is defined as:**

**9.21 S*ymptomatic people at high risk of influenza-related complications***

* People who are immune compromised or suppressed (transplantation, haematological and solid organ malignancy on chemotherapy/radiotherapy, HIV, autoimmune disorders, etc)
* Pregnant women and women who have given birth in the past 10 days.

**9.22 *Anyone over six months of age with chronic medical conditions, such as:***

* Severe or poorly controlled congestive heart failure
* Severe chronic respiratory disease
* More severe asthmatics (e.g. people on oral steroids, high dose steroid inhalers, or steroids and long-acting beta-agonists, hospital admission in past year)
* Renal replacement therapy.
* Diabetes

**9.23 *People who live or work in high risk institutions***

* Health care and other care providers in facilities and community settings who, through their activities, are capable of transmitting influenza to those at high risk of influenza complications.
* People who provide services within closed or relatively closed settings to persons at high risk (e.g. prisons, early child care centres).
* People of any age who are residents of a nursing home and other chronic care facility.
* Give these people the opportunity if within first 48hrs to either go to the Flu Centre if unwell enough for TamiFlu or phone GP (if in normal working hours) to discuss TamiFlu.

**10. Pregnancy**

* Pregnant women and women who have given birth in the past 10 days are at higher risk if they develop influenza.
* Ministry-funded tamiflu is available for pregnant women.
* The risks of influenza in pregnancy generally outweigh the risks of taking tamiflu.
* There is information in the yellow folder about pregnant women and Tamiflu. Please phone Kim Burgess or Paul McCormack if you are uncertain.
* Pregnant women and women who have given birth in the past 10 days should be referred to the flu centre if they need to be seen due to severity of illness.
* Pregnant women and women who have given birth in the past 10 days with less severe illness should be advised to phone their GP to discuss the option of tamiflu, if within the first 48 hours.
* If the GP thinks they should be seen at the flu centre, please make an appointment.
* Tamiflu is appropriate as a **treatment for pregnant women who have influenza,** within the first 48 hours of illness; it is not generally recommended as a preventative for pregnant women who do not have influenza.
* If a family member or close contact of a high risk person has influenza, avoiding contact with that person to avoid infection is the appropriate management (however inconvenient that might be). The flu patient may be infectious for up to 7 days.
* Ministry funded tamiflu is not available as a “back pocket” script for the person to hold in case they develop influenza.
* This advice applies to all stages of pregnancy.
* Some pregnant women are asking about the effect of their flu symptons on their unborn baby – please ask them to talk to their GP or midwife for advice.

**11. Tamiflu**

* Tamiflu antiviral medication can:
  + shorten the illness by 1-2 days
  + reduce the severity of the illness to some extent
  + Shorten the infectious period from 7-10 days to 3-5 days
* Tamiflu needs to be started within the first 48 hours of illness
* Tamiflu can cause nausea and vomiting.  This is more common with the first dose and will usually subside. Tamiflu should be taken with food, and this will usually reduce side effects. The full course of Tamiflu, as prescribed by the doctor, must be taken.
* It can be given to both adults and children (dose is modified according to weight)
* Ministry of Health-funded tamiflu is available for people with severe influenza, or who meet the high risk criteria above. People who qualify for Ministry-funded tamiflu should be referred to the flu centre, or if they have risk factors but are not very unwell they can phone their own GP to arrange a telephone prescription
* People who do not meet the Ministry criteria can have tamiflu but must pay for it at the pharmacy. If they need to be seen for clinical reasons they should be referred to the flu centre; otherwise they could phone their own GP for a telephone prescription for tamiflu, or phone their pharmacy directly. They will need to pay.

**12. Management of influenza**

**12.1 Self management at home**

* Drink plenty of fluids, frequent small sips if vomiting
* Take Paracetamol if necessary for fever, muscle aches and headache
* Get plenty of rest
* If you are at home alone please let a relative or friend know that you are unwell.

**12.2 Protect family and workmates from infection**

* Cover your mouth and nose with a tissue or your elbow when coughing or sneezing and dispose of the tissue straight away.
* Stay away from the rest of the household as much as possible, at least a metre apart if in the same room
* Anyone showing flu symptoms should not share a bedroom with anyone else
* Thoroughly clean hard surfaces such as door handles, telephones, cups or utensils that may have been contaminated.
* If people need to get medicines over the counter for their flu, please ask them to phone their pharmacy who will discuss their situation and send out the medicine if required. They are requested to not go to the pharmacy if they are unwell. Ask if anyone else can go on their behalf

**12.3 How to treat a fever**

* The height of the temperature is not necessarily an indicator of the seriousness of the illness
* Remove some layers of clothing. For a child, undress so that they are just wearing a single layer (for example a singlet and pants).
* Make sure the room is not too hot or too cold.
* Temperature Conversion:
  + 101 & 102 ˚F = 38 ˚C
  + 103 ˚F = 39 ˚C
  + 104 ˚F = 40 ˚C
* If your child is happy, and they are not unwell, you do not need to do anything more. You do not need to treat the fever with a medicine.
* If you or your child is miserable because of the fever, paracetamol can make you more comfortable. You must follow the dosage instructions on the bottle.
  + Adults: take one-two 500 mg tablets every 4-6 hours. The maximum adult dose is eight tablets in any 24 hour period
  + Children: follow the dosage instructions on the bottle.
    - It is dangerous for anyone to have more than the recommended dose.
    - In the past, people have used many ways to cool down a child with a fever. These included sponging with water, using a fan or placing the child in a tepid bath. These are not recommended now, because they upset the child and do not work.

**13. Other Information**

**13.1 Measles**

* There is currently an outbreak of measles, particularly amongst pre and school aged children (there is a group of children born in the mid 1990’s who were not vaccinated and they will be at particular risk).
* The early symptoms of measles are similar to flu. The rash develops 2-3 days after the initial flu-like symptoms.
* If a young person has flu symptoms and a rash (especially if they are not fully immunised), suspect measles.
* Children or teenagers with flu, who are not sick enough to go to the Flu Centre, please advise them that if they develop a rash, they are to call their GP.
* Patients with measles only, can be seen by their own GP, though they should tell the practice they have suspected measles when making an appointment.

**13.2 Health professionals**

* Primary care health professionals (GPs, practice nurses, district nurses, etc) can contact the duty flu clinician on 03 353 9938 or Paul McCormack on 021 325801 or Kim Burgess 027 201 7116 for assistance.
* Christchurch Hospital and other hospital staff have been given information about what to do if they get sick. They should contact their line manager in the first instance.
* If health staff are sufficiently unwell to need clinical assessment please refer to the Flu Centre.
* We’re no longer swabbing health professionals routinely

**13.3 Hospital in-patient queries**

* If you get a call from the hospital about an in-patient, please ask the doctor/nurse to contact Alan Pithie, Infectious Disease Consultant on 0274-759-315.

**13.4 Travel Advice**

* If would-be travellers have flu-like symptoms they should consider not travelling. Patients can phone the airline and explain the situation and they will usually be rebooked on another flight.
* Before travelling overseas please check for the latest updates regarding the situation overseas by looking at www.safetravel.govt.nz.
* Tamiflu is considered by Health Professionals to be an essential part of people’s travel kit. If people are travelling and they do not have the flu, they are able to get a script for Tamiflu from their GP to use if they get sick. They need to pay for this at the pharmacy.

**13.5 Interpreter Services**

* If you require the services of an interpreter to assess a patient, please inform your shift supervisor and they will assist you with this process.

**13.6 Testing for influenza / Swab Result**

* We are no longer taking swabs routinely for influenza.
* Some monitoring swabs are being taken
* You may get the occasional call from someone who has been swabbed and are looking for their results, ask them to call their GP. Results will usually be available 48 hours after the test was done.

**13.7 Time off work/school**

* People who have flu should stay off work for at least a week and children should stay off school for at least 10 days (or 24 hours after all symptoms have gone).
* If they take tamiflu they should stay off for at least 4 days.

**13.8 Medical Certificates**

* Flu centre appointments should be made for clinical reasons, not simply for medical certificates
* If a medical certificate is required ask the patient to phone their own GP and request this. GPs are able to write medical certificates for influenza without seeing the patient. There may be a charge to the patient.
* The certificate can normally be posted or faxed to the patient or workplace

More information is available at [www.fluinfo.org.nz](http://www.fluinfo.org.nz) or in your local newspaper.

**14. Welfare Referrals**

**14.1**

**Option 1:** This can be used for people who need transport to the Flu Centre. Only offer transport if it becomes apparent they have a transport problem. Ensure they don’t catch a bus. When clicking this option type in the Flu Centre Location and appointment time

**Options 2 & 3:** This is to be used if it become apparently during the call that the person is struggle to cope at home due to a combination of their personal circumstances and having the flu or there are others in the household that need support e.g. children or an unwell elderly partner. The Welfare service will call the person and assess their needs.

**Option 4:** This option is to be used if it becomes apparent during the call that in order for the person to stay in their own home items of medicine or some other goods need delivering to them. Do not commit to the caller that the service will be delivered, that will be an issue for Welfare to determine after they phone the person for further details. When clicking this option also type in the nature of the delivery request.

**14.2 Welfare Points of Contact:**

* + - Christchurch – contact Margaret Krauss at Christchurch Hospital after hours on 0274 399 840. No need to phone during working hours.
    - Ashburton – please phone Don Geddes on 0274 98 9968 whenever you make a request.

**14.3 Transport for Rangiora**

The following are the volunteers who are most likey to be able to provide support for transporting people to the Rangiora Flu Clinic. The responsibility for contacting the volunteers lies with the Flu Line.

* + - * **Kaiapoi:** Jude Archer, Community Support: 03 327 8945
      * **Rangiora:** Kay Vessey, Presbyterian Support Services: 03 313 8588
      * **Oxford:** Jo Ealam, Volunteers List: 03 312 3006