**Managing Influenza - Red/Green streaming in**

**General Practice**

**Aim:**

* Reduce risk of H1N1/or other influenza virus transmission to vulnerable patients within the practice
* Reduce risk of staff illness
* Manage practice workload prioritising those most in need of care
* Contribute to maintaining a functioning health system by managing referrals appropriately
* Provide safe effective care for flu and non-flu patients

**2010 Strategy:**

1. CDHB will provide community information aimed at educating people about when and where to access health advice and care
2. An 0800 Flu line will operate -
* Recorded patient information
* Nurse advice
* Nurse triage and refer to own GP/After Hours care as appropriate
* Service could include general practice being able to divert phone over to Flu line during the day if become overwhelmed then link patients back to own GP also to make appointments
1. “Streaming” in General Practice – separating and treating flu and non-flu patients
2. If a general practice becomes overwhelmed or unable to see their patients with flu like illnesses within the day then there will be designated practices that patients can be referred to.

**Options for Red/Green stream concept in general practices.**

These options are suggestions only and can be adapted by each practice to suit needs, depending on size of practice, nature of the building, the population of the practice, and staff preferences. You may already have your own systems in place for your practice re managing patients with ILI (influenza–like-illness) and we welcome suggestions/feedback on these concepts.

1. **Managing load on practice**
* Take this time to review the organisation of your practice team, as you may need to increase capacity to manage potential increase in patient load e.g. extra hours, reallocation of tasks etc
* Consider reducing non-urgent workloads e.g.cx smears, diabetes reviews, etc
* Consider repeat scripts by phone/fax/email
* Encourage flu vaccinations for all your staff plus your identified at risk population
* It may also be possible to begin discussion with other practices in your vicinity about how to pool resources to manage load, particularly for very small practices that would be at risk of closing if staff became ill
1. **Signage/phone messages**
* Ensure you have appropriate signs at all practice entrances and in waiting rooms and other areas as required. Generic signage will be supplied to al practices
* If your practice has a pre-corded message prior to transferring to the receptionist you may wish to consider adding the 0800 number to recorded messaging on your practice phone
1. **Infection Control**
* Hand hygiene is the single most important step in reducing the spread of infection
* Ensure you have alcohol hand wash available at all entrances/exits for patient use
* Have general purpose masks available for all patients presenting with respiratory/ILI symptoms and ask them to wear these at all times in your practice
* Have sufficient number of rubbish bins with lids readily available for disposal of PPE/tissues, etc
* We encourage standard PPE for staff (according to current guidelines)
1. **Social distancing**
* Where possible, assign a separate waiting area for ILI patients
* It may be possible to operate separate”flu” clinics within your practice, e.g. in the afternoon and assign 1 GP/PN to manage these.
* Consider the flow of people through the practice where possible
* Minimise amount of time in waiting area, e.g. flu patients wait in their cars and are phoned/texted when ready to be taken in
* Some non-flu activities redirected to other times/places e.g. blood testing to lab
1. **Cleaning**
* Frequent regular cleaning of all patient areas according to current guidelines
* Removal of difficult to clean and non-essential items (e.g. toys, magazines) from all patient areas
1. **Pharmacy**
* Encourage “infectious” patients to stay away from pharmacy
* Fax scripts for delivery, or ask a friend or family member who is well to pick up script
* Consider telephone scripts for routine meds where possible to reduce need for well people to mix with ill people, and to reduce workload on practice
1. **Referrals**
* Overloading of hospital services is a risk – should the need for changes to referral guidelines be required then this will be clearly communicated to practices
* Acute demand and other home care services may also have changes in available services and referral thresholds