



**Canterbury
Primary
Response
Group**

PANDEMIC PLAN

Created By:

CPRG Team

Plan Approval

This plan was approved on the 29th day of May 2018

Dr. P Schroeder
Chair of the CPRG

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Definitions

Pandemic: An epidemic that becomes very widespread and affects a whole region, a continent or the world.

Epidemic: A widespread occurrence of an infectious disease in a community at a particular time.

Endemic: Prevalent infection amongst a specific group of people.

Influenza: A contagious viral disease of the respiratory tract.

Outbreak: An outbreak may be defined as a greater rate of infection than expected within a population over a period of time. The point at which intervention is required will vary according to the risks of infection to those exposed and the transmissibility of the pathogen. An outbreak of infectious disease may either seriously affect individuals' health or have the ability to disrupt the organization's ability to provide normal services.

An outbreak may be identified by:

- Local/national surveillance systems
- Laboratory microbiological data
- Regional Community & Public Health, National or International alerts

An influenza pandemic is the most likely event to cause a large-scale health emergency. Three major influenza pandemics occurred in the 20th century, reaching New Zealand in 1918, 1957 and 1968. Recent estimates put mortality from the 1918 pandemic at between 50 million and 100 million worldwide. In New Zealand, the 1918 pandemic is estimated to have infected between a third and one half of the entire population, causing about 8,000 deaths, of which at least 2,160 were Māori. However, the first wave of influenza A (H1N1) 2009 reminds us that some pandemics may have only a small impact on death rates. The New Zealand Influenza Pandemic Plan (NZIPAP) has been developed by the Ministry of Health and provides a framework for all-of-government measures to be taken to prepare for and respond to an influenza pandemic.

Introduction

The Canterbury Primary Response Group (CPRG) Pandemic Plan focuses on the processes, structures, and roles to support and coordinate General Practice, Community Pharmacies, Community Nursing and other Primary Health Care Providers in the reduction of, readiness for, response to and recovery from an influenza pandemic. This plan could reasonably apply to other respiratory-type pandemics (such as severe acute respiratory syndrome – SARS).

This pandemic plan is a subset of the CPRG Emergency Plan and any response shall be managed within the context of that plan.

Goals

- To promote a collaborative, coordinated and supported health response to influenza or other respiratory pandemics within the Canterbury region.
- To actively work in collaboration with national (MoH) and local (CDHB) health planning and responses to such pandemics.

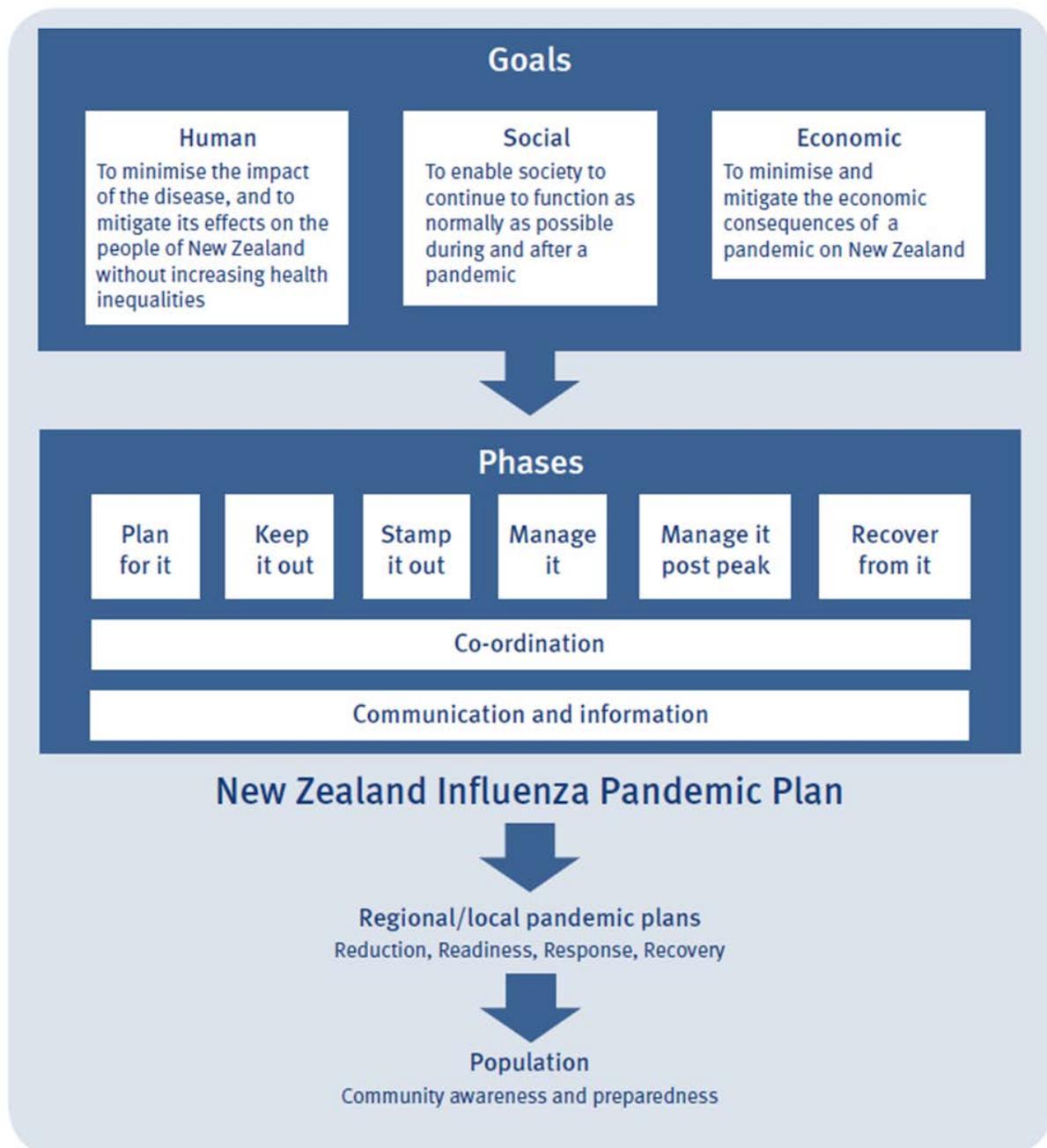
Expectations

The following expectations underpin this plan:

- That this plan supports and recognises the health sector's pandemic plans and other planning by the Ministry of Health (MoH) and the Canterbury DHB in relation to pandemics.
- That the CPRG will develop, maintain and exercise this pandemic plan and response management and coordination in conjunction with the CPRG Emergency plan.
- That the CPRG will lead and coordinate local readiness, capability and response amongst General Practice, Community Pharmacies, Community Nursing and other Primary Health Care Providers within the CDHB region.
- That the CDHB role and responsibility as funder and provider of health services with their region shall be acknowledged.
- That this plan expects an acceptance of Primary Health Organisations (PHO), Community Pharmacies, Community Nursing and other Primary Health Care Providers to support this plan and the CPRG role during a pandemic.
- That the rights of all primary and community health providers to continue their services to existing patients and support increased demand and where necessary to allow services to be reshaped to meet changes in demand and funding shall be recognised.

Plans

The New Zealand emergency planning structure outlining the health perspective from the Ministry of Health (MoH):



- New Zealand Influenza Pandemic Plan - A Framework for Action (NZIPAP)
<https://www.health.govt.nz/system/files/documents/publications/influenza-pandemic-plan-framework-action-2nd-edn-aug17.pdf>

New Zealand pandemic planning is based around a six-phase strategy:¹

1. Plan for it (planning and preparedness)

¹ New Zealand Influenza Pandemic Plan: A framework for action P 23.

2. Keep it out (border management)
3. Stamp it out (cluster control)
4. Manage it (pandemic management)
5. Manage it: Post-Peak
6. Recover from it (recovery).

The responsibilities of the MoH, District Health Boards, Public Health Units and the Ambulance services are contained in the above plan (pages 31-33).

- CDHB Pandemic Plan
Currently in draft form. District Health Boards are the lead agencies for planning and responding to pandemics (and other health emergencies) at a local level.²
- CDHB Hospitals’ and Community and Public Health Pandemic Plans
Held in house.

CDHB Expectations of Primary Care

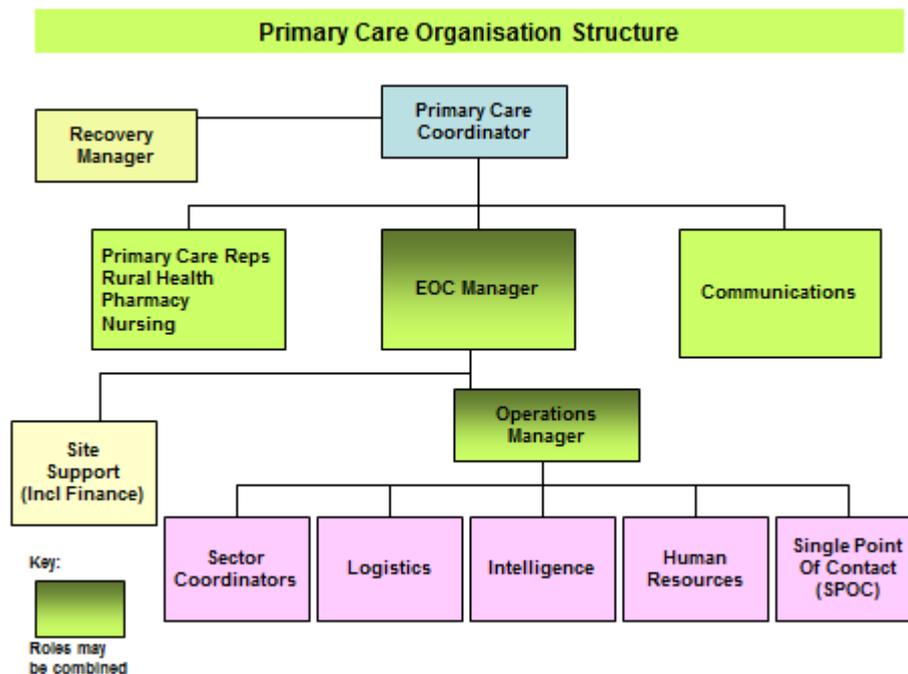
Table 1

	Reduction/ Mitigation	Readiness/ Preparedness		Response	Recovery
Primary Care	<ul style="list-style-type: none"> ✓ Vaccination programme for the community ✓ Vaccination programme for staff ✓ Promote self and family care and protection 	<ul style="list-style-type: none"> ✓ Policy agreement with DHB ✓ Resource planning and identification ✓ Designated clinics (e.g. CBACS) planning ✓ Sector information ✓ Red/green streaming in practices or other primary care or community locations ✓ Review infection prevention and control protocols, e.g., signage, PPE ✓ Vaccination of staff and patients ✓ Promote self and family care and protection 	Service continuity plans activated	<ul style="list-style-type: none"> ✓ Workload priorities ✓ Support for extending general practice capacity/capability ✓ Resources – PPE, medication, facilities, staff ✓ Workload monitoring and reporting ✓ Procedures for care of influenza patients vs non-influenza ✓ Designated clinics – CBACS ✓ Vaccination of staff and patients ✓ Ongoing liaison with other primary care providers and DHB 	<ul style="list-style-type: none"> ✓ Debrief ✓ Monitoring of INTEL ✓ Review plan ✓ Handover to PHOs for BAU

² New Zealand Influenza Pandemic Plan: A framework for action P 26.

Primary Care Emergency Organisational Structure

As outlined in the CPRG Emergency Plan (page 7):



Possible Response Scenarios

A primary care emergency pandemic preparation and response may include (but is not limited to):

- Supporting Community and Public Health in the event of a pandemic
- Supporting other agencies such as St John ambulance and/or hospital(s) emergency departments (ED) in such an event
- Providing community-based health support during a pandemic that affects normal services
- Ensuring ongoing primary care services prior, during or following a pandemic
- Providing essential community services should Canterbury DHB services or facilities have reduced capacity for any reason
- Restoring primary care services following a pandemic.

The Canterbury Strategy

The Canterbury strategy for an influenza response is based on reducing the influx of patients into the hospital system. It is based on the Civil Defence Emergency Management cycle of: Reduction, Readiness, Response and Recovery (4 R's). The CDHB expectation of primary care as outlined in Table 1 above is based on this cycle.

Such planning has the express intention of reducing the likelihood of an influenza pandemic.

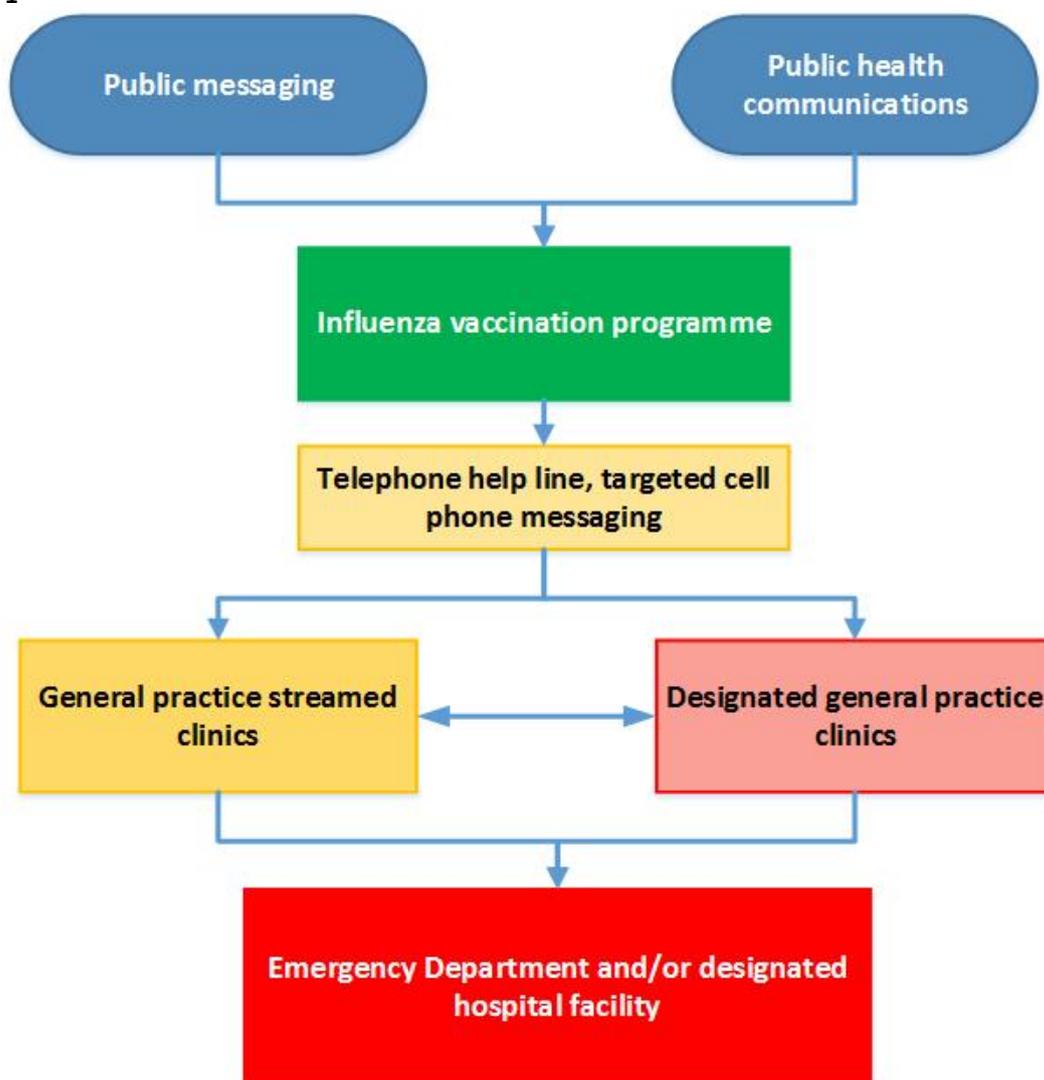
Primary care shall actively participate in public messaging and vaccination campaigns and also preparing their own facilities to cope with patients presenting with ILI symptoms.

This planning should include screening business as usual presenting patients (Green stream) from those presenting with ILI (Red stream) to prevent the virus spreading.

The flow chart in Figure 1 highlights the escalation of ILI presentations moving from occasional to increasing numbers and the move from one system for all patients to screening streams for Green and Red patients. This then flows to specialist influenza/pandemic clinics and then to specialist CDHB hospital facilities.

The triggers for escalation are shown in Figure 2.

Figure 1



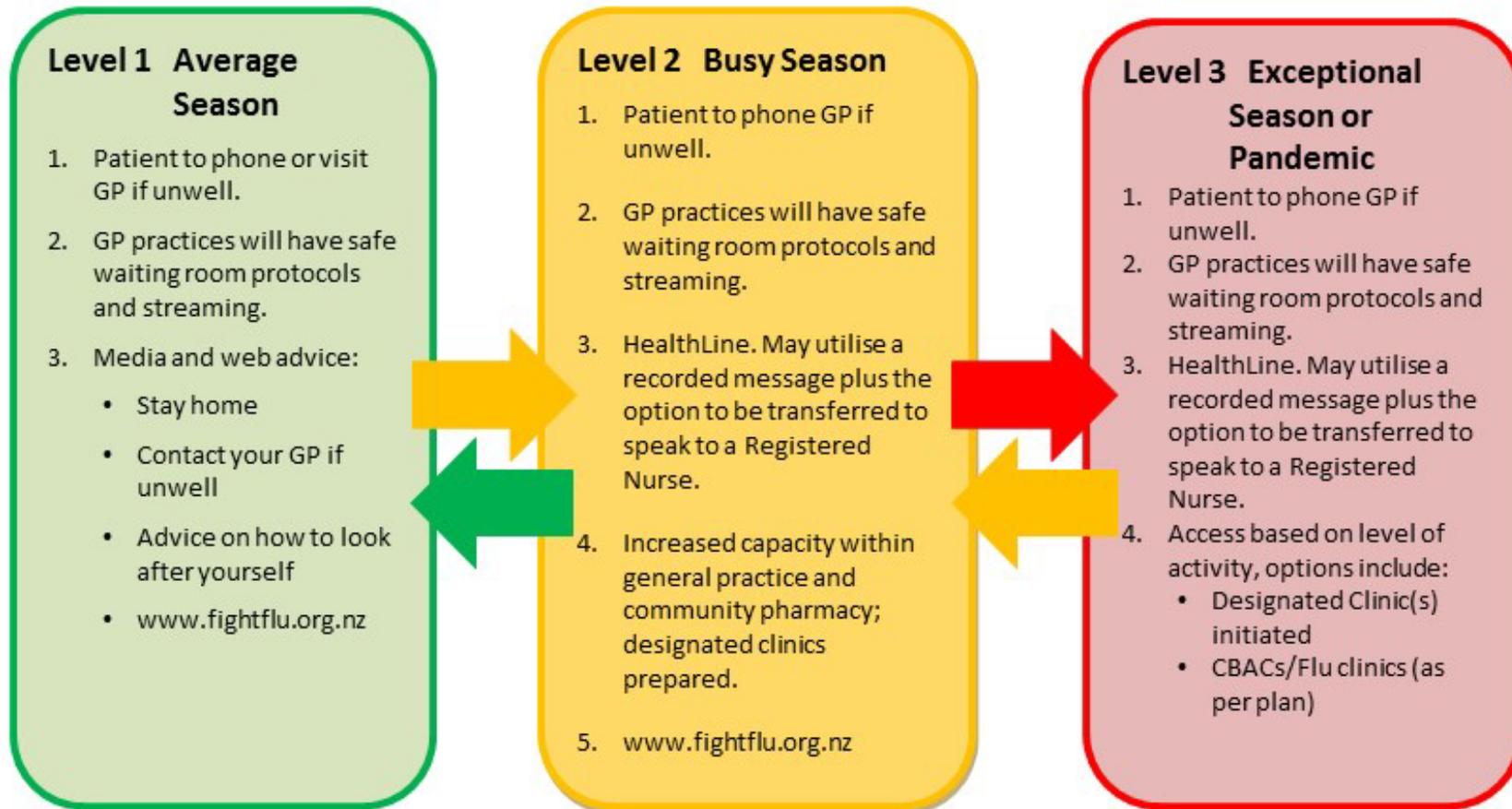
A special telephone line may be designated by the Canterbury DHB as a 'flu line' for the public, or normal practice may be followed. In Canterbury people are encouraged to ring their general practice in the first instance. If the practice is unable to answer their phone (i.e.

closed, after hours or too busy), the phone will most often be transferred to Homecare Medical, which provides a 24 hour nurse triage service to the region.

Homecare also provide telehealth services across New Zealand. The CDHB Communications team may develop a specific message for the public that Homecare Medical can disseminate through arrangements with cell service providers and their nurse triage service.

Figure 2

Canterbury Influenza Season Triggers and Primary Response Escalation



Escalation of response triggers: Clinical leaders meet separately to consider Community & Public Health data, incidence, severity and mortality before notifying the Chief Medical Officer (CDHB), and thereby requesting an escalated response.

The Establishment of Designated Clinics

Specialised or designated treatment and assessment clinics may be established when the numbers of ILI presenting patients overwhelm existing resources. This may be caused by the number of patients or by reduced staffing in primary care.

Such clinics, often referred to as Community-Based Assessment Centres (CBACs) may be in a designated clinic, a temporary clinic or other location. Guidelines for establishing such facilities and services are outlined in **Appendix B**.

CPRG Role

The CPRG role shall be led by the Primary Care Coordinator (as designated in the CPRG Emergency Plan), with the responsibility of leading and coordinating primary care emergency response activities within the CDHB region, to minimise the health impact of any pandemic emergency.

Roles and positions in the CPRG organisation structure will be activated according to the situation and the availability to resource positions.

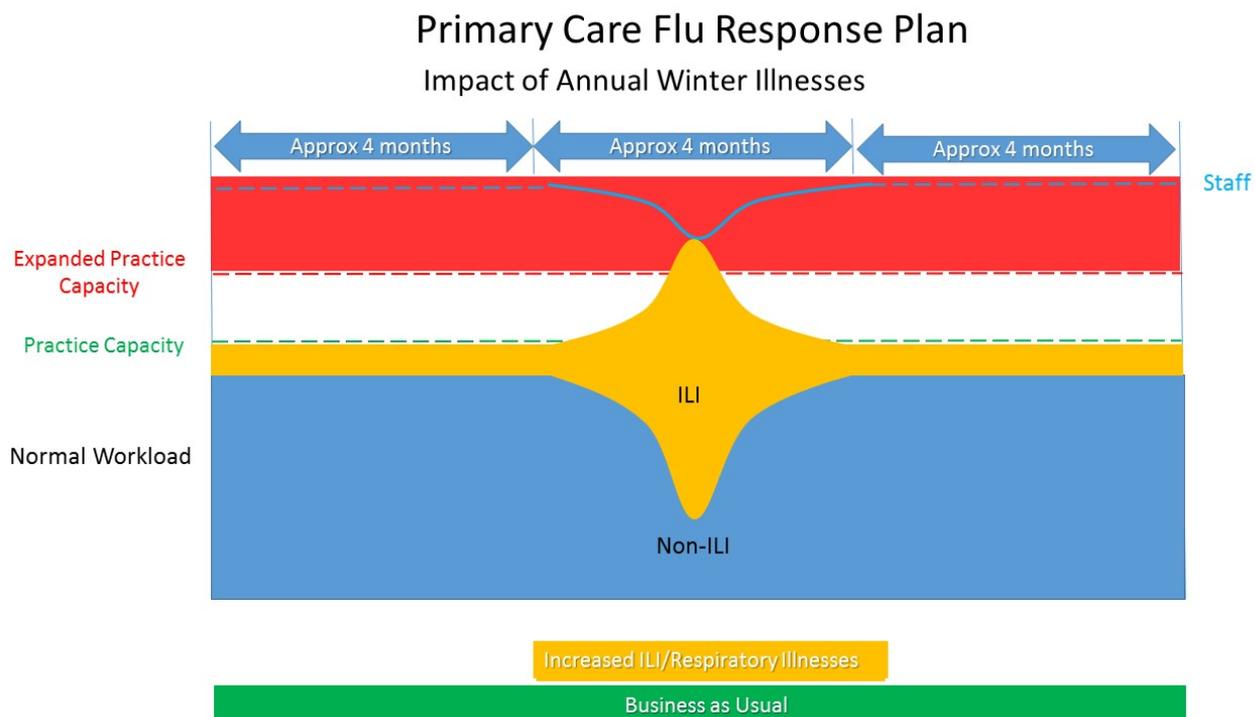
The CPRG role includes liaison between primary and community health providers and CDHB.

General Practice and Community Pharmacy Roles

General practice and community pharmacy teams must plan and be prepared for each influenza season. The typical influenza-like illness (ILI) season tends to be most intensive for four months.

At the least teams should be scheduling staff leave carefully over the winter period. In a pandemic this is particularly important as staff are likely to be affected by illness as well as a higher patient load. (See figure 3.)

Figure 3



General Practice Role

General practice provides the first line of assessment and treatment in the ILI/Pandemic cycle and it is essential that they plan and prepare for this role. An essential element of this is to limit the spread of any virus from those presenting with ILI symptoms to other patients or staff.

Their critical functions are:

- Streaming the flow of patients to limit cross infection
- Promoting protection and self-care
- Providing infection prevention and control measures, e.g., masks, hand-gel and signage for people entering their clinics
- Keeping updated on treatments and appropriate medication
- Participating in vaccination programme(s)
- Participate in data gather as/if required.

Pharmacy Role

Community pharmacies contribute a significant function in the ILI/Pandemic cycle and it is essential that they plan and prepare for this role.

Their critical functions are:

- Providing infection prevention and control measures, e.g., masks, hand-gel and signage for people entering their facilities
- Promoting protection and self-care
- Keeping updated on treatments and appropriate medication
- Stocking and dispensing medication as required
- Participating in vaccination programme(s)
- Mass distribution of medication such as Tamiflu as required.

Mass Vaccination Planning

Vaccines remain one of the most important public health strategies for the protection of people from diseases. Mass vaccination involves delivering vaccines to a large number of people at one or more locations in a short interval of time. Therefore it is important that planning and quality standards are applied to ensure maximum return on resources invested and provide the greatest individual benefits when vaccinating many people in a short period of time.

Although a mass vaccination programme will be at the directive of the Ministry of Health (MOH) and local Medical Officers of Health, it is important that this plan provides staff with the information and training to be able to work confidently and competently, and to effectively manage mass vaccination clinics.

See **Appendix G** for more information on mass vaccination planning.

Pandemic Plan Activation

This plan will be activated in response to situations requiring coordination of general practice, community pharmacies, community nursing and other primary and community health care providers in preparing for or responding to a pandemic that requires a higher level of support and coordination than business as usual.

The Primary EOC will be activated upon:

- Notification by the CDHB ECC, or
- Agreement of the Primary Care Coordinator or, if unavailable, the Canterbury Primary Response Group (CPRG).

Any such activation will be in accordance of the guidelines contained in the CPRG Emergency Plan.

Deactivation of Pandemic Plan

The Pandemic Plan and the EOC, if activated, will be deactivated on the decision of the Primary Care Coordinator based on their assessment of the de-escalating situation, reduced response needs and in consultation with health providers and the CDHB Incident Controller.

On deactivation EOC resources must be restocked and records of the event and response recorded for debrief and training purposes. Records of any financial expenditure and staff hours must be prepared for later reconciliation.

Review of Pandemic Plan

Pandemic and influenza strains and viruses change and mutate rapidly, therefore this plan will remain a live document and be edited according to changed requirements and procedures. All such changes will be noted on the news page of the CPRG website.

(www.primaryhealthresponse.org.nz)

Overall review of this plan shall be made by the CPRG every two years.

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Appendix A: Glossary

Activation	Activation in terms of an emergency or non-emergency event is the point at which an emergency plan is called into action. This may mean a specially trained team come together to coordinate a response to the event.
Canterbury Influenza Group	This group is a subgroup of the Canterbury Primary Response Group (CPRG) and is responsible for: <ul style="list-style-type: none"> • Supporting primary care to be well prepared for different levels of seasonal influenza outbreaks and thus alleviating pressure on hospital services. • Planning the continuity of effective community-based care services within Canterbury during the annual influenza response. • Working with the lead agency to prepare primary care to respond to other emerging infectious disease threats.
CBAC	A Community-based Assessment Centre is a general practice or other facility that has been designated by CPRG and the CDHB to provide assessment and treatment to patients with influenza or influenza-like illness, i.e., red stream patients. It may serve a wider community than its own enrolled patients. Clinics may also be established in other facilities, such as community halls, and staffed by clinical teams.
CDHB	Canterbury District Health Board. District health boards (DHBs) and their public health units are responsible for leading the planning and response to a pandemic at the local and regional level.
Community & Public Health	Community & Public Health have an obligation to the community and to the Ministry of Health to provide a public health response to all emergencies. They ensure drinking water is available, environmental hazards are managed, the public receive relevant information and the risk of infectious disease is minimised.
CPRG	The Canterbury Primary Response Group (CPRG) is a collaborative group of health professionals and provider organisations tasked by the CDHB to lead Canterbury’s primary care emergency planning, response and recovery. It is headed by the Primary Care Coordinator (who will also head the Primary Care Emergency Operations Centre team during an emergency). The CPRG meets periodically and issues updates to primary care providers as well as communicating with the CDHB and other relevant organisations in Canterbury.
Designated Clinic/Practice	A general practice or other facility who, in agreement with CPRG and the CDHB, agree to provide red stream services for their own enrolled patients as well as people from neighbouring general practices in the event of an increased ILI season or pandemic.
Endemic	Prevalent infection amongst a specific group of people.
ECC	Emergency Coordination Centre. A facility to support a Controller in coordinating a response, or part of it and provides

Canterbury Primary Response Group Pandemic Plan

	support to national, regional and local level responses. (MOH National Health Emergency Plan 2015) Emergency Operations Centres for smaller teams may be formed and report into the ECC.
EOC	The Emergency Operation Centre (EOC) is a facility where the response to an event may be supported and managed. In this context the EOC usually refers to the Canterbury Primary EOC, responsible for managing the response of primary care providers. The EOC team may come from across the health sector, including Pegasus Health staff.
Epidemic	A widespread occurrence of an infectious disease in a community at a particular time.
Green stream	Patients who present to general practice for reasons other than symptoms of influenza or influenza-like illness.
Health emergency	<p>Natural or man-made event that suddenly or significantly:</p> <ul style="list-style-type: none"> • Disrupts the environment of care • Disrupts the care and treatment of patients • Changes or increases demand for an organisation's services <p>May have no warning (e.g. earthquake) or prior warning (pandemic). Can be internal or external:</p> <ul style="list-style-type: none"> • Internal – events in the health facility that result in the loss of resources used for regular activities, e.g., fire, fume, loss of utilities, release of chemicals, hostage situations • External – events that occur in the community outside the health facility that may affect the facility's ability to carry out regular activities, e.g. floods, storms, snow, earthquakes, power outages, civil disorder
Infectious Disease	An infectious disease is caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi; the diseases can be spread, directly or indirectly, from one person to another. (WHO)
Influenza	Influenza is an acute viral infection that spreads easily from person to person. It is characterized by a sudden onset of fever, cough (usually dry), headache, muscle and joint pain, severe malaise (feeling unwell), sore throat and a runny nose. (WHO)
Influenza-like-illness (ILI)	The clinical case definition of ILI is an acute respiratory illness with a measured temperature of ≥ 38 °C and cough, with onset within the past 10 days. (WHO)
LEG	Local Emergency Group - A group of general practices and community pharmacies in a geographic area that is within easy biking distance (in the case of transport disruption). LEGs are encouraged to keep in touch with each other in 'peace time' so that relationships are already established in an emergency event.
MoH	Ministry of Health. The Ministry of Health is the lead agency for planning for and responding to pandemics on a national scale.
Outbreak	An outbreak may be defined as a greater rate of infection than expected within a population over a period of time. The point at

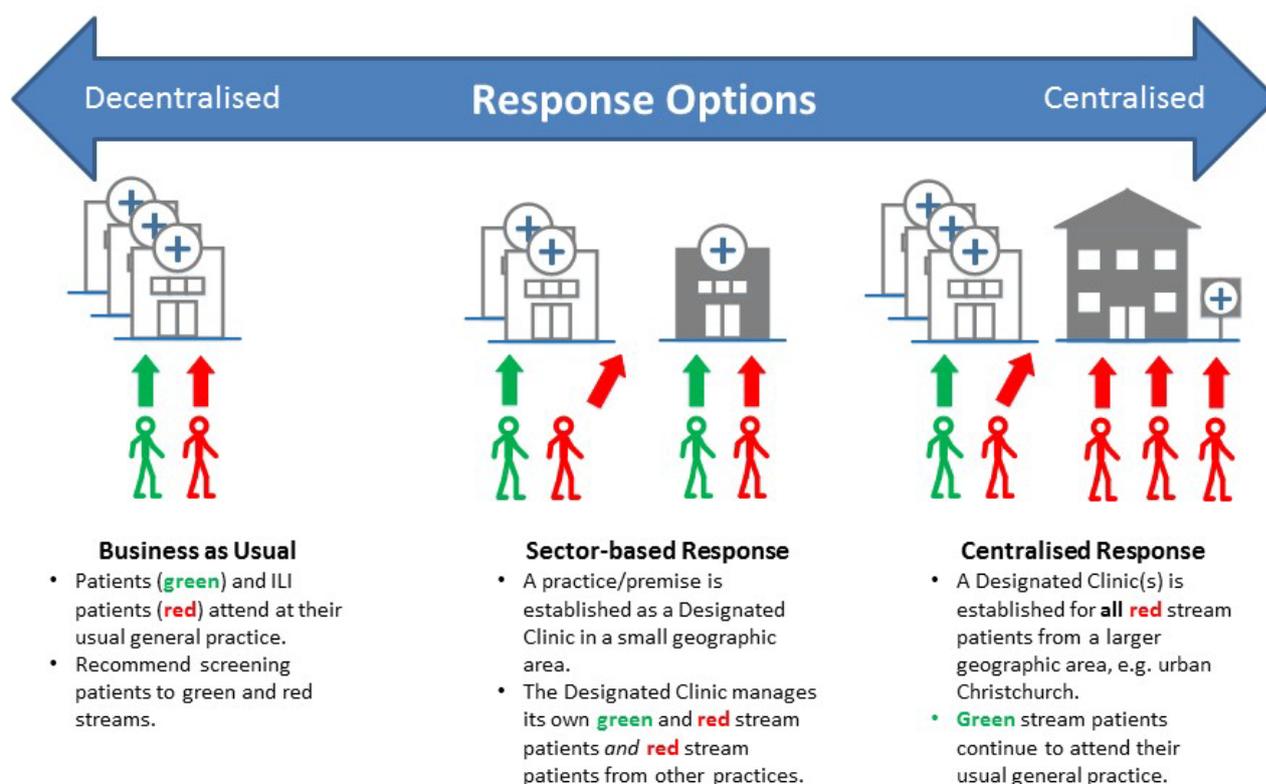
Canterbury Primary Response Group Pandemic Plan

	<p>which intervention is required will vary according to the risks of infection to those exposed and the transmissibility of the pathogen. An outbreak of infectious disease may either seriously affect individuals' health or have the ability to disrupt the organization's ability to provide normal services.</p>
Pandemic	<p>An epidemic that becomes very widespread and affects a whole region, a continent or the world.</p>
Primary Care Coordinator	<p>Leads the Primary Emergency Operations Centre team, is responsible to the CDHB Incident Controller for the overall coordination of any primary care emergency response.</p>
Red stream	<p>Patients with suspected influenza or influenza-like illness are triaged and guided (streamed) through a medical facility to minimise contact with people who do not have ILI.</p>
Response	<p>Activities taken immediately before, during or directly after an emergency that can:</p> <ul style="list-style-type: none"> • Save lives. • Minimise injury, illness and suffering. • Reduce damage to property and infrastructure. • Minimise the disruption of support services. • Make recovery easier.
Sector	<p>An area in Canterbury corresponding to an urban ward, rural district or geographic location. Canterbury has been divided into sectors to facilitate the coordination of an emergency response. The sector will encompass many general practices and community pharmacies.</p> <p>A Sector Coordinator in the EOC acts as a conduit between LEGs (general practices and community pharmacies) and the central Primary EOC team.</p>
Sector Coordinator	<p>This role in the EOC is the main point of contact between the general practices and community pharmacies in a specific sector of the region. They will contact the facilities within their assigned sector as requested and confirm their status to the Primary Care Coordinator and EOC.</p>

Appendix B: Activation of Designated Clinics

Red and Green Streaming and the appointment of Designated Clinics/Practices may be necessary if the health workforce is severely reduced and the volume of influenza, ILI or other pandemic cases are high.

There are likely to be increased demands from patients discharged from hospital and those unable to be admitted. Modelling suggests reconfiguration of general practices will be essential. Some general practices or community pharmacies may need to close or change their usual practices.



The aim is to manage the response so we:

- Go no further to the right than we have to
- For no longer than we have to
- With no more practices than we have to

Key:		Red Stream – patients with suspected influenza-like illness (ILI)
		Green Stream – patients not suspected of influenza or ILI
Sector		Wider area or suburb encompassing many general practices and community pharmacies in a particular geographic area
Designated Clinic		A general practice or other facility nominated to provide care to their own as well as other practices' 'red' stream patients in a geographic area.

Aim of Red/Green Streaming

- Reduce risk of influenza virus transmission to vulnerable patients within the practice/sector
- 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.

If a practice becomes overwhelmed or unable to see their patients with ILI within the day, then there will need to be designated practices that patients can be referred to.

Agreed Principles

- Essential links with secondary service for green stream patients remain the same.
- Capitation stays in place.
- Claw-back and enrolment are suspended for the duration.
- All patients attending Level 2 and 3 clinics may be charged at the enrolled patient cost rather than the casual rate. (This will be discussed further with the CDHB.)
- If extra staffing is required for Level 2 and 3 clinics, these staff (including doctors, nurses, and administration staff) will be employed and paid on casual contracts by the CDHB.
- It is intended that Level 2 and 3 clinics be staffed by clinicians drawn mainly from general practice, if possible, with some contribution from CDHB staff.

Appointment of Designated Clinics/Practices

As part of Canterbury's pandemic response it is anticipated that there will need to be four or five general practices that are identified to provide additional flex/surge capacity to support daytime general practice and protect the hospital's Emergency Department in the event of increased demand for care from people with ILI-related illness.

Recommendations

In accordance with the decentralised to centralised model, the following will be supported:

Level 1: All General Practices will maintain general practice services and the ability to provide flu appointments/extended hours, with the potential to offer additional evening and weekend ILI specific clinics.

Each practice may adapt their patient flow to suit their needs, depending on the size of the practice, the nature of the building, the response required, the population of the practice, and staff preferences. It is recommended practices and pharmacies have plans in place for managing patients with ILI.

Level 2: Four to five general practices within designated geographical areas ('sectors') will be identified to offer extended clinics, open up to seven days. These clinics will continue to

provide care for their own enrolled population and also ILI patients from surrounding practices.

In the event of escalation to a centralised response it is anticipated that identified Level 2 practices will have the capacity to convert to Level 3 if required.

Level 3: A full ILI clinic operating 24/7 will be established to manage all ILI patients in Canterbury and will be able to offer urgent, walk-in consultations.

Expectations of Level 2 and 3 Clinics

- 1. Streaming** - Designated practices will need to demonstrate the capacity to offer separate red/green streams. This will include at the least the following features:
 - Dedicated nurse triage with capacity for urgent assessment
 - High level of PPE/signage/patient information
 - Separate waiting area for red stream cases – these needs to be physically separated with appropriate signage/barriers access to rest room facilities and adjacent to consulting rooms.
- 2. Stabilisation/transfer**
 - Level 2 and 3 designated clinics will need to have facilities that enable rapid assessment/stabilisation and treatment of acute and complex presentations. This will include capability to rapidly transfer via ambulance to hospital.
 - Protocols and equipment will be in place that covers the management of medical emergencies.
- 3. Observation Beds**
 - Level 3 designated clinic(s) will need to demonstrate a capacity to assess and treat cases requiring short term observation and management including a suitable area with bed(s) and facilities to support this activity.
 - It is anticipated that the Level 3 facility is able to provide this capacity 24/7 with the ability to accept referrals from practices and Level 1 and 2 designated clinics where due to time or capacity restrictions they are unable to manage the case that would otherwise have required hospital admission.
- 4. Clinical Staff**
 - Level 2 and 3 clinics will be provided with HR support to ensure staff rosters on each shift have the appropriate skill levels e.g. including advanced assessment skills.
- 5. Information Systems**
 - Participating designated clinics will report ILI activity to the collecting agency and send consult notes back to the patient's normal general practice team.
- 6. Patient Enrolment**
 - Level 2 and 3 clinics will not enrol patients seen for ILI or in their capacity as a designated clinic where the patient is already enrolled with another practice.

Appendix C: General Practice Management of Epidemic/Pandemic Situations – Level 1

Level 1 – Business as Usual (BAU) with increased focus on the following strategies:

- Influenza vaccinations for all staff and promotion to at risk patients
- Signage/waiting room protocols : <http://www.primaryhealthresponse.org.nz/wp-content/uploads/2017/06/new-GP-flu-poster-2016.pdf>
- Infection prevention and control procedures within each general practice
<http://www.primaryhealthresponse.org.nz/cprg-archive/?q=infection+control>
- Consideration of **Red** and **Green** streaming
<http://www.primaryhealthresponse.org.nz/cprg-archive/>
- *Pandemic Advice to General Practice* <http://www.primaryhealthresponse.org.nz/wp-content/uploads/2017/10/PANDEMIC-ADVICE-TO-GENERAL-PRACTICE.doc>
- *Telephone Triage Guidelines for ILI*, link to HealthLine if appropriate
<http://www.primaryhealthresponse.org.nz/cprg-archive/>
- Managing load on the practice team, e.g., additional clinic hours, designated appointment times/clinics for ILI presentations
- Reducing non-urgent workloads, e.g., review of recalls and BAU activity
- Repeat prescriptions by phone, fax or email
- Review anti-viral protocols for use in aged care facilities.
- Patient education: *Coping with Flu at Home* resource
<http://www.primaryhealthresponse.org.nz/cprg-archive/>
- Increasing utilisation of Acute Demand services
- Managing staff leave to provide optimum service delivery

Appendix D: General Practice Management of Epidemic/Pandemic Situations – Level 2

Level 2 – Sector-based response and the establishment of Level 2 clinics within a small geographical area, and an increase on the following strategies:

- *Telephone Triage Guidelines for ILI*, link to HealthLine if appropriate
<http://www.primaryhealthresponse.org.nz/cprg-archive/>
- Signage/waiting room protocols : <http://www.primaryhealthresponse.org.nz/wp-content/uploads/2017/06/new-GP-flu-poster-2016.pdf> and a generic poster:
<http://www.primaryhealthresponse.org.nz/wp-content/uploads/2017/06/new-generic-flu-poster-2016.pdf>
- Establishment of identified designated clinics [\[link\]](#)
- Telephone support from HealthLine, e.g. appointments
- Increase in infection prevention and control procedures within each general practice and community pharmacy, e.g. PPE [\[link\]](#)
- Review of stocks and equipment required to support extended services [\[link\]](#)
- Patient education: *Coping with Flu at Home* resource
<http://www.primaryhealthresponse.org.nz/cprg-archive/>
- Increase in Acute Demand utilisation
- Managing staff leave to provide optimum service delivery

Appendix E: General Practice Management of Epidemic/Pandemic Situations – Level 3

Level 3 – Centralised response with an increase on the following strategies:

- Establishment of identified Centralised Designated Clinic(s) to manage red stream ILI patients only, 24/7 [\[link\]](#)
- Telephone triage/appointments from HealthLine
- Signage/waiting room protocols : <http://www.primaryhealthresponse.org.nz/wp-content/uploads/2017/06/new-GP-flu-poster-2016.pdf> and a generic poster: <http://www.primaryhealthresponse.org.nz/wp-content/uploads/2017/06/new-generic-flu-poster-2016.pdf>
- Staff orientation for Level 3 [\[link\]](#)
- ILI assessment and treatment protocols [\[link\]](#)
- Increase in infection prevention and control procedures within each general practice and community pharmacy, e.g. PPE [\[link\]](#)
- Provision of stocks and equipment required to support extended services [\[link\]](#)
- Patient education: *Coping with Flu at Home* resource <http://www.primaryhealthresponse.org.nz/cprg-archive/>

Appendix F: Mass Vaccination Planning

Planning for community mass vaccination involves the following: staffing, vaccines, clinic sites and schedules, preparation for adverse events and documentation.

Staffing

Resources required for mass vaccination are considerable, therefore, a number of roles and responsibilities are identified and will include:

- Clinical Lead/Clinic Manager
- Authorised vaccinators
- Administration Support
- Logistics support
- IT support
- Security staff
- Pharmacy

Vaccines

- Timely access to adequate vaccine supply is essential, and identification of at risk groups to be targeted will be unique to each response.
- Delivery of vaccines must be coordinated and in agreement with CDHB/PHARMAC.
- Care must be taken to ensure national standards for vaccine storage and transportation are adhered to.
- All material, equipment and procedures for cold chain monitoring must be available and recorded to maintain the effectiveness of the vaccine.
- Specific characteristics of a novel virus will dictate the need for number of doses to be administered.

Clinic sites and schedules

- To be geographically located and able to accommodate anticipated volumes.
- These may be based in large general practices, schools or halls and have access to internet and cold chain monitoring/storage facilities.
- Clinic layout will depend on each site; with all clinics having clearly marked entrance and exit points with adequate waiting space, easy to read signage
- Reception and waiting areas separated from the vaccine administration and aftercare area
- Infection prevention and control protocols must be in place and considered in clinic layout
- Clinics will be offered according to need e.g. a 5 day per week schedule/2 shifts per site.
- To effectively manage clinics it is vital that pre-determined appointments are allocated to manage patient flow, patient safety, waiting times
- A list of equipment/supplies for each clinic will be identified and available

Adverse Events

Existing policies and procedures will be followed including:

- All vaccine recipients shall remain in the facility for 20 minutes to ensure there are no acute adverse reactions.
- Management of fainting, severe allergic reactions; needle stick injuries, and injuries to patients
- All clinics shall have emergency equipment available and trained staff to respond to adverse reactions

Documentation

- Each clinic will have access to PMS/NIR, with the correct documentation entered for each vaccination/patient.
- Daily reporting of number of doses given/patients attended must be provided and must include ages.
- A daily inventory of stock in hand, etc., must be maintained.

Staffing Roles and Responsibilities

NB: Positions may be added/and or combined depending on the size of the programme and staff availability, e.g. the Clinical Lead may also be an authorised vaccinator.

- **Clinical Lead/Clinic Manager** (Overall responsibility for clinics - this may be a shared role.)
 - Overall responsibility for orientation and training of all clinic staff, including security
 - Daily communication to clinic staff, ensuring safe staffing levels for each clinic
 - Identification and development of data collection tools needed for statistical/reporting purposes
 - Follow up on any occupational health issues
 - Liaise with Logistics/Supply Manager
 - Identify and provide direction for team leaders of all clinics
 - Review staffing of clinic as needed, including roles and responsibilities of all clinic staff
 - Signage of timesheets/payroll
- **Administration Support**
 - Greet people as they arrive at the clinic, inform about wait times, ensure they are in the right location for vaccine, review eligibility (priority group being immunized if applicable)
 - Create patient record in PMS and complete data entry screening questions with patient and enter in the data base
 - Flag concerns and issues for follow up by the Nurse Vaccinator
 - Provide person to be vaccinated with screening questions and resource material to assist with the consent process
 - Direct person to the vaccination waiting area
 - Assist with reporting of daily activity

- Ensure clinic is set up for next day
- **Authorised vaccinators** (includes nursing and pharmacy vaccinators)
 - Assist with set up and clean-up of each clinic
 - Review screening questions
 - Assess patients' health status and eligibility for vaccination as per medical directive
 - Provide necessary education to patients and address questions before obtaining consent and proceed with vaccination
 - Documentation in PMS as per clinic policy, including date, time, site, vaccination batch, etc.
 - Ensure vaccine is stored and handled according to cold chain monitoring standards
 - Advise patient of post vaccination protocol to remain at clinic and be observed for 20 minutes
 - Monitor and observe for anaphylaxis or other reactions after vaccinate, respond appropriately in the event of an adverse reaction.
- **Logistic support**
 - Oversee and arrange for the ordering, collection, delivery and co-ordination of vaccines and clinic supplies
 - Ensure that all necessary clinic supplies are delivered and on site in sufficient quantities during vaccination clinics, maintain inventory, oversee distribution of supplies
 - Ensure procedures are in place for the maintenance of the cold chain during transportation and throughout clinic
 - Liaise with all clinic staff to develop and maintain a system to ensure replenishment of supplies
- **IT support**
 - Responsible for the set up and monitoring of PMS at all clinic sites (laptops, server, printers, etc.)
 - Ensure all laptops are running and connected to the data base prior to the clinic start
 - Provide ongoing support to staff throughout clinics with any technical problems as needed
 - Support staff with reporting of daily activity
- **Security staff**
 - Providing security for crowd control, traffic flow and related security issues e.g. ensuring all patients/families/whanau attending the clinic behave in an orderly manner
 - Responsible for providing protection to staff in the event of disruptive/disorderly behaviour
- **Pharmacy**
 - Provide an education role – provide quick answers to drug information questions

Canterbury Primary Response Group Pandemic Plan

- Vaccinators
- Greater safety for dispensing process
- Check medication history and interactions
- Stock control of pharmaceuticals and vaccines