

11A: Influenza Assessment, Treatment and Referral Centre Tools

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Guidelines for Developing Influenza Assessment, Treatment and Referral Centres

1. Introduction

During an influenza pandemic, about 35% of the population will develop influenza. Depending on the severity of the pandemic, between 1.8 and 3.3 million Ontarians will be sick enough to seek care and between 19,000 and 66,000 will have to be hospitalized. Existing health care services will be able to meet some of the demand for influenza-related care, but communities will have to develop innovative ways to provide care and keep the health care system from being overwhelmed.

Establishing temporary community-based Influenza Assessment, Treatment and Referral Centres (Flu Centres) will help give the public easier access to influenza services and reduce some of the pressure on existing services. These guidelines will help communities plan and implement Flu Centres and should be adapted to meet local needs. Communities that have already developed a plan to respond to the increased demand for health care services during a pandemic should use their existing plan.

Note: These guidelines are for Flu Centres that would provide services 18 hours a day; however section 10 (Overnight Service / Stays) provides information for communities considering Flu Centres that have the capacity to operate 24/7 and provide overnight treatment / stays.

2. Function of an Influenza Assessment, Treatment and Referral Centre

A Flu Centre is a site that is currently not an established health care service or is an established health care site that usually offers a different type or level of care. Flu

Centres will:

- provide a consistent approach to assessing patients with influenza-like symptoms and triage patients to the appropriate type and level of care
- provide access to self-care information and treatment for patients who are not ill enough to require hospital care
- distribute antivirals
- offer vaccination clinics when vaccine becomes available.

3. Establishing Influenza Assessment, Treatment and Referral Centres

Administrative Options

A Flu Centre may be a satellite site of an existing health care facility or a free-standing site. Administratively, a satellite site is preferable because administrative and clinical structures are already in place including:

- systems for ordering, tracking, and maintaining equipment and supplies
- record keeping and patient tracking systems
- nursing protocols and patient care guidelines
- access to expertise and human resources
- access to services such as sterilization, laboratory, pharmacy, laundry, and food services
- referral networks
- liability, workers compensation, and other insurance programs.

Free-standing Flu Centres would have to

address all of the above and develop partnerships with acute care hospitals to support patient referrals and transfers.

Site Selection

During the Interpandemic Period, Advisory Committees should conduct regular community-wide space and site assessments, and maintain a list of preferred sites for Flu Centres. The list should include back-up sites in case the preferred sites are not available or more capacity is required during the pandemic. Possible locations include:

- schools
- hotels/motels
- convention centres
- meeting halls
- aircraft hangers
- military facilities/armouries
- churches
- surgical centres/medical clinics
- community/recreation centres
- sports facilities/stadiums
- convalescent care facilities
- trailers
- fairgrounds
- tents
- government buildings
- warehouses.

Criteria for Site Selection

When selecting a site for a Flu Centre, consider the following

Infrastructure

- Are doors/corridors wide enough to accommodate gurneys?
- Is the site wheelchair accessible?
- Is there a loading dock?

- Is there adequate free parking for staff and visitors?
- Are there enough toilet facilities, and showers?
- Is the building structurally sound?

Total Space and Layout

- Are there large rooms on the ground floor?
- Are there areas for registration, triage, treatment, pharmacy, laboratory work, ambulatory, and non-ambulatory services?
- Is there space to set up accessible hand hygiene stations in multiple locations around the site?
- Are there family areas?
- Is there space that can be used for preparing and serving food?
- Are there areas for equipment storage?
- Is there adequate administrative space (i.e., staff rooms; space for team debriefings, staff updates, and training sessions; links with public health; space for communication functions)?
- Will the space accommodate a single public entrance as well as separate exits for patients being discharged to the community and for patients being transported to hospital?

Utilities

- Is the space gas heated? (preferred)
- Is the site equipped with a power generator?
- Is there adequate ventilation and air conditioning?
- Is there adequate lighting?
- Is there a laundry area or easy way to access to laundry services nearby?

Communication

- Is the site wired for information technology /Internet access?
- Are there enough phones with long distance capability?
- Is there an intercom system?
- Is there the capacity to use two-way radio systems?

Other Requirements

- Is it possible to lock down the site?
- Is the site publicly owned? (preferred)
- How quickly can it be converted into a care site?
- Is it located in a well-known, accessible area? (e.g., major road ways)
- Is it close to a hospital emergency department?

- Can oxygen be delivered to the site?
- Can arrangements be made for biohazard and other waste disposal?
- Is building security adequate?
- Does it meet National Building Code standards?

Table 1 is a selection matrix tool that can be used to grade and compare a number of potential sites. Evaluation factors can be modified based on the potential timing of the pandemic (i.e., summer versus winter) and needs of the community. The weights are based on a 0 to 5 rating scale (bad to good).

When sites are selected, the Advisory Committee should negotiate agreements to use the facility in advance of a pandemic.

Table 1. Assessment and Treatment Centre Selection Matrix

| Potential Sites: | Aircraft Hangers | Churches | Community /Rec. Centres | Convalescent Care Facilities | Convention Facilities | Fairgrounds | Government Buildings | Hotels/Motels | Meeting Halls | Military Facilities | Surgical Centers/Clinics | Schools | Sports Facilities/Stadiums | Trailers/Tents (Military, etc.) | Others |
|---|------------------|----------|-------------------------|------------------------------|-----------------------|-------------|----------------------|---------------|---------------|---------------------|--------------------------|---------|----------------------------|---------------------------------|--------|
| Factors: | | | | | | | | | | | | | | | |
| Infrastructure | | | | | | | | | | | | | | | |
| Doors/corridors adequate size for gurneys | | | | | | | | | | | | | | | |
| Floors | | | | | | | | | | | | | | | |
| Loading dock | | | | | | | | | | | | | | | |
| Parking for staff and visitors | | | | | | | | | | | | | | | |
| Roof | | | | | | | | | | | | | | | |
| Toilet facilities/showers (#) | | | | | | | | | | | | | | | |
| Ventilation | | | | | | | | | | | | | | | |

| | Potential Sites: | | | | | | | | | | | | | | |
|--|-------------------------|----------|-------------------------|------------------------------|-----------------------|-------------|----------------------|---------------|---------------|---------------------|--------------------------|---------|----------------------------|---------------------------------|--------|
| | Aircraft Hangers | Churches | Community /Rec. Centres | Convalescent Care Facilities | Convention Facilities | Fairgrounds | Government Buildings | Hotels/Motels | Meeting Halls | Military Facilities | Surgical Centers/Clinics | Schools | Sports Facilities/Stadiums | Trailers/Tents (Military, etc.) | Others |
| Walls | | | | | | | | | | | | | | | |
| Total Space and Layout | | | | | | | | | | | | | | | |
| Auxiliary spaces (Rx, counsellors, chapel) | | | | | | | | | | | | | | | |
| Equipment/supply storage area | | | | | | | | | | | | | | | |
| Family area | | | | | | | | | | | | | | | |
| Food supply and prep area | | | | | | | | | | | | | | | |
| Lab specimen handling area | | | | | | | | | | | | | | | |
| Mortuary holding area | | | | | | | | | | | | | | | |
| Pharmacy area | | | | | | | | | | | | | | | |
| Staff areas | | | | | | | | | | | | | | | |
| Utilities | | | | | | | | | | | | | | | |
| Air conditioning | | | | | | | | | | | | | | | |
| Power supply (backup?) | | | | | | | | | | | | | | | |
| Heating | | | | | | | | | | | | | | | |
| Lighting | | | | | | | | | | | | | | | |
| Refrigeration | | | | | | | | | | | | | | | |
| Water (hot?) | | | | | | | | | | | | | | | |
| Communication | | | | | | | | | | | | | | | |
| Communication (# phones, local/long distance, intercom) | | | | | | | | | | | | | | | |
| Two-way radio capability to main hospital | | | | | | | | | | | | | | | |
| Wired for IT and internet access | | | | | | | | | | | | | | | |
| Other Services | | | | | | | | | | | | | | | |
| Ability to lock down facility | | | | | | | | | | | | | | | |
| Accessibility/proximity to public transportation | | | | | | | | | | | | | | | |
| Biohazard and other waste disposal | | | | | | | | | | | | | | | |
| Laundry | | | | | | | | | | | | | | | |
| Ownership/other uses during disaster | | | | | | | | | | | | | | | |
| Oxygen delivery capability | | | | | | | | | | | | | | | |
| Proximity to main hospital | | | | | | | | | | | | | | | |

| Potential Sites: | Aircraft Hangers | Churches | Community /Rec. Centres | Convalescent Care Facilities | Convention Facilities | Fairgrounds | Government Buildings | Hotels/Motels | Meeting Halls | Military Facilities | Surgical Centers/Clinics | Schools | Sports Facilities/Stadiums | Trailers/Tents (Military, etc.) | Others |
|--|------------------|----------|-------------------------|------------------------------|-----------------------|-------------|----------------------|---------------|---------------|---------------------|--------------------------|---------|----------------------------|---------------------------------|--------|
| TOTAL RATING/RANKING (Largest number indicates best site) | | | | | | | | | | | | | | | |

| Rating System |
|---|
| 5 Equal to or same as hospital. |
| 4 Similar to that of a hospital, but has SOME limitations (i.e., quantity / condition). |
| 3 Similar to that of a hospital, but has some MAJOR limitations (i.e., quantity / condition). |
| 2 Not similar to that of a hospital, would take modifications to provide. |
| 1 Not similar to that of a hospital, would take MAJOR modifications to provide. |
| 0 Does not exist in this facility or is not applicable to this event. |

Source: Denver Health and the Rocky Mountain Regional Model for Bioterrorist Events Working Group

Site Insurance

The Advisory Committee/lead agency must make arrangements for appropriate insurance coverage to use the site to provide health care services. Coverage should include fire, damage, theft, and site liability insurance. If the Flu Centre is a satellite site, investigate extending the sponsoring organization’s existing insurance program to cover the satellite site.

Equipment and Supplies

During the interpandemic period, the Advisory Committee/lead agency should identify the critical equipment and supplies

required to operate a Flu Centre. For more information on equipment and supply requirements at health care facilities, see Chapter 10. The following preliminary list of equipment and supplies is based on guidelines from the Canadian Plan for an Influenza Pandemic:

- personal protective equipment (e.g., masks, gowns, gloves, alcohol-based hand gel, hand soap, paper towels)
- beds, bedding
- lights

- intravenous equipment (e.g., needles, intravenous catheters, fluid and tubing, syringes, tape, tourniquet)
- sterilizers
- sphygmomanometer, stethoscopes, thermometers
- miscellaneous supplies (e.g., dressings, bandages, steristrips, gloves, alcohol sponges, gauze sponges, arm boards, pulse oximeter, extra batteries for equipment needs, flashlights, scissors, tongue blades, portable lamps)
- emergency crash cart for resuscitation
- airway supplies (e.g., ventilators, bag-valve-mask, oxygen masks, oxygen tubing, oxygen tank/outlet, oral airways, suction machines/outlet, and suction catheters*) Note: Flu Clinics will not support intubated patients; however, equipment may be needed to support patients who require ventilation while being transported to another facility.
- patient identification tools (armband, addressograph)
- privacy screens
- communications (telephone, cell, radio or alternatives for isolated communities, fax machine)
- computers and Internet access
- appropriate signage
- sharps containers
- janitorial and administrative supplies
- paediatric equipment supplies.

The Advisory Committee/lead agency should identify sources of these supplies; discuss with suppliers their ability to meet anticipated needs; and determine whether any supplies should be stockpiled locally.

The National Emergency Stockpile System (NESS) was developed primarily for use in crises where there is a sudden need for supplies and equipment to deal with a large number of people with varying medical needs. The components of the kits are packaged and stored in warehouses across Canada to facilitate timely distribution. In the event of a local emergency that overwhelms municipal resources, municipalities may contact provincial emergency management authorities to access the supplies. Potential access to NESS supplies should be considered during planning activities for an ATC. **However, as a pandemic will likely occur simultaneously in multiple communities across the province, the NESS will not be adequate to cover all the needs of individual communities. Thus, other supply sources should be lined up.**

4. Criteria for Opening a Flu Centre

Communities should establish criteria that will be used to determine when to open Flu Centres. The decision to open Flu Centres will be triggered by the epidemiology of the virus, the burden of disease and its impact on existing health care services, and the time it takes to set up a centre. Possible criteria include:

- reports from sentinel physician or walk-in clinics that they cannot accommodate all patients requesting appointments for ILI
- increase in ambulance re-routings due to full emergency rooms
- proportion of emergency room visits attributable to influenza
- proportion of influenza cases requiring hospitalization

- proportion of cases who normally live with high-risk individuals or who have no support at home and therefore cannot care for themselves.

5. Site Management

Command Structure

The Advisory Committee/lead agency will develop a command and control structure for the Flu Centre that can be integrated with the existing local emergency command structure. A copy of the organizational chart should be given to all staff and posted in the Centre.

Figure 1 illustrates a command structure based on the Incident Management System (IMS), an international emergency management structure that has been adopted by the Government of Ontario. The IMS consists of five components -- command, operations, planning, logistics, and finance and administration -- and three support elements that report directly to Command -- safety, liaison, and communications. The structure is simple and can be applied to any organization involved in emergency management. It also makes communication and cooperation among organizations easier and the process of managing an emergency more efficient. For example, Flu Centre planning staff will be able to communicate directly with planning staff at other health care facilities or at the Municipal Emergency Operations Centre.

The Ministry of Health and Long-Term Care is using the same organizational structure for the Ministry Emergency Operations Centre as other provincial and local organizations (e.g., health care facilities), which will help improve the effectiveness and interoperability of emergency management in the province.

Advertising and Promoting the Flu Centres

For the Flu Centres to be effective in diverting people away from their primary care provider or hospital emergency departments, the public must be aware that they exist and know how to access them. During a pandemic, public messages issued by the MOHLTC will direct people who are experiencing symptoms to call Telehealth where they will be directed, if necessary, to a Flu Centre. At the local level, the Advisory Committee should work with local health organizations and local media to ensure the public is aware of the locations of Flu Centres and when and how to use them.

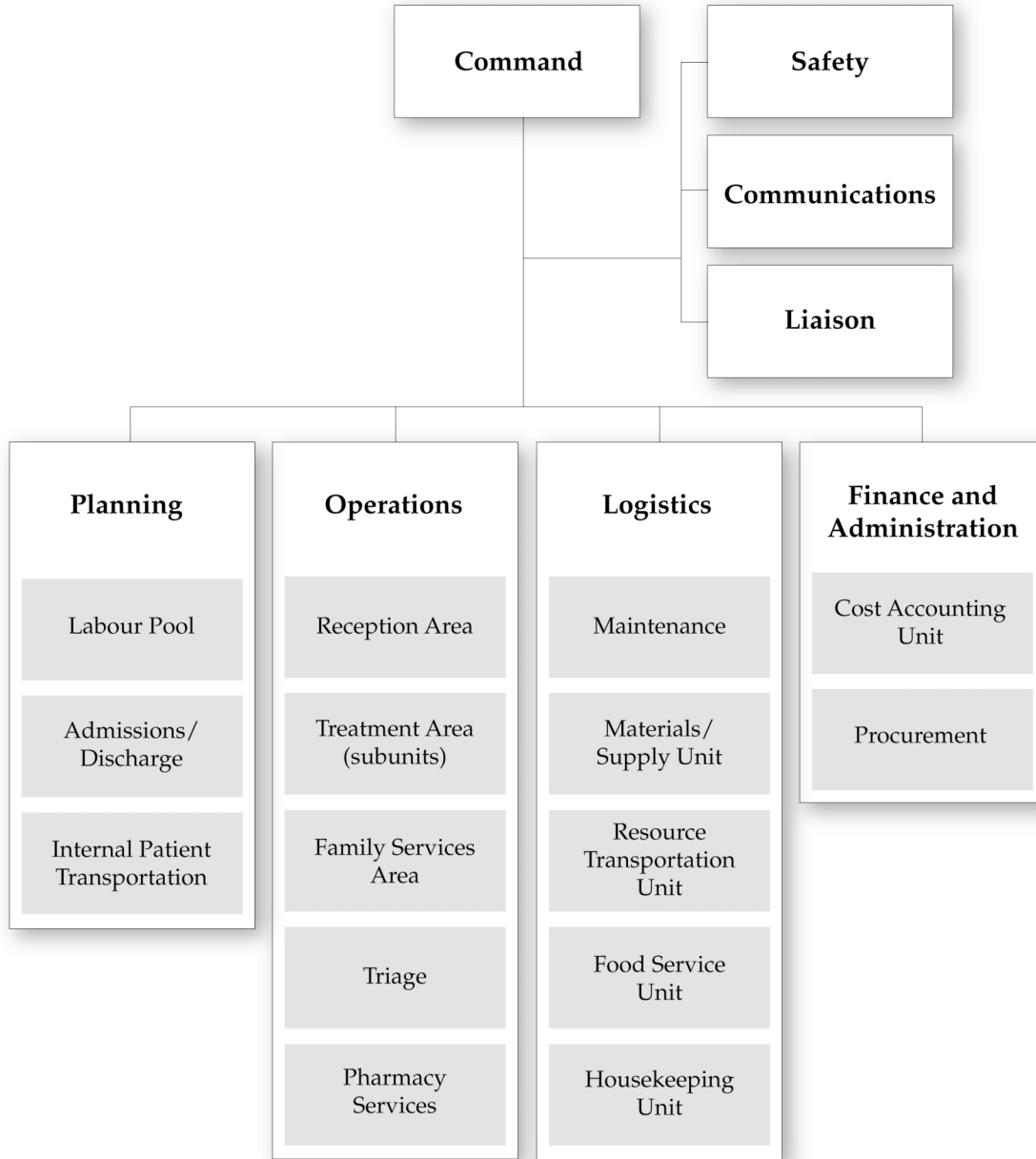
6. Staff Requirements

The number of people who can be seen at a Flu Centre will depend on the number of staff, particularly those providing nursing care. Ontario is using a competency-based (rather than a credential-based) approach to health human resources planning and deployment during an influenza pandemic (see Chapter 8). This should allow for greater flexibility in assigning tasks and deploying staff.

The competencies required at a Flu Centre include health care competencies (e.g., diagnosis, medication prescription) as well as other competencies required to run the Centres. They fall into six broad categories:

- **Administrative/support services:** including site administration, health records management, and communications infrastructure.
- **Transportation services:** for patients, laboratory specimens, hazardous supplies (e.g., oxygen cylinders), and biomedical waste. Transportation may also be needed for staff if public transit is reduced or to reach rural areas.

Figure 1. Influenza Assessment, Treatment and Referral Command Organization



Source: Modular Emergency Medical System: Concept of Operations for the Acute Care Center

- **Education** including: education of health care providers, staff, and volunteers (including training for providers who may be extending their scope of practice); and public education on preventing influenza and self-care.
- **Infection control/occupational health and safety/surveillance:** including syndromic and laboratory-based surveillance for disease and mortality in patients, disease in staff, vaccination rates, antiviral treatment and prophylaxis, and adverse events associated with vaccination and antivirals. Training in infection control and monitoring workplace safety are critical functions as are providing psychosocial and logistic support.
- **Care of well persons:** including providing vaccinations when vaccine becomes available.
- **Care of ill persons:** including assessing patient status, developing a care plan, providing direct care to patients who are ill with influenza, determining whether additional care is required and determining whether the patient can be discharged from the Flu Centre.

The following checklist of functions required at Flu Centre (Table 2) has been adapted from the Canadian Plan for an Influenza Pandemic:

Table 2: List of Functions and Skills Required at a Flu Centre

| Functions | Skill Sets |
|--|--|
| Administration | |
| Site Administration/Management | Management / Administration, familiarity with Incident Management Structure |
| Co-ordination of Patient Care - staff scheduling and support, assessing service demands and supply | Medical training/knowledge (e.g., in-charge nurse), leadership and coordination skills |
| Medical Management | Physician or nurse/nurse practitioner with physician backup |
| On-site training and orientation of staff, volunteers, and family members | Knowledge of basic patient care, patient triage, infection control, occupational health and safety |
| Spokesperson | Medical management or if unavailable, refer to hospital or site administrator |
| Receptionist | Communication/language skills, public relations, translation, basic infection control knowledge |
| Health Records Management | Clerical skills (including computer skills), confidentiality agreement, basic infection control knowledge |
| Information Technology Resource | Knowledge of IT systems, problem solving skills, basic infection control knowledge |
| Patient Care | |
| Medical triage | Medical training/nurse, ideally with ER training |
| Admissions/Discharge | Medical training/nurse, ideally with experience in discharge planning |
| Patient Care – medical/nursing | Instructed in nursing care: re-hydration, feeding, ambulation, bathing, vital signs monitoring, giving medications |
| Physiotherapy | Trained in chest physiotherapy and mobilization |
| Respiratory Care | Trained in oxygen delivery, patient monitoring, equipment monitoring (oximeters) and inventory |
| Pharmacy Services | Pharmacist at hospital or in community |

| Functions | Skill Sets |
|--|--|
| Discharge planning | Knowledge of resources available to assist patient at home |
| Infection Prevention and Control | |
| Sterilization of equipment | Trained in sterilization and infection control |
| Housekeeping/environmental services | Basic knowledge of infection control, biohazardous waste disposal, and WHMIS |
| Food Services | |
| Patient nutrition/therapeutic diets | Dietician at hospital or in community (home care, meals on wheels) |
| Food preparation - workers' meals | Basic food safety training |
| Social Services | |
| Social service / community care | Counseling, educating clients, accessing community resources, translation |
| Psychology/Pastoral Care/Grief Counseling | Social workers, religious leaders, psychologists, local service clubs/support groups |
| Care for children/family members of workers | Training or experience in child care, care for elderly, home care/criminal records check |
| Transportation | |
| Patients, Staff | Class 4 license |
| Dangerous goods (e.g. oxygen), medical waste | Appropriate licenses and liability insurance |
| Supplies, Lab tests | Drivers license, criminal records check |
| Services | |
| Laboratory testing | Laboratory services at hospital and/or provincial labs |
| Maintenance | Local businesses |
| Laundry | Local laundry business |
| Communication services and equipment support - phone, cells, cable, computer support, internet access, web page and information technology | Local businesses |
| Security | |
| Public order and personal safety | Crowd control, traffic control, minimize family in attendance |
| Protection of site - fire safety, theft | Trained in building safety and security |

Staff Recruitment

As part of local pandemic planning communities should establish a registry of health care providers, non-medical staff, and volunteers who could be available to staff a Flu Centre. Potential sources of staff include:

- retired health care professionals
- health professionals not working in health care or otherwise inactive
- fire/emergency/police departments
- the Canadian military
- private ambulance companies
- allied and home health agencies
- education institutions (e.g., nursing, medical, or veterinary students, etc.)
- temporary nursing agencies
- laboratories
- public health departments
- veterinarians
- allied health professionals (e.g., pharmacists, therapists, dieticians, etc.)
- volunteer agencies. (e.g., faith groups, Canadian Red Cross, volunteer fire

departments, St. John Ambulance, Scouts, Guides, etc.)

Volunteers may play a key role in performing functions that do not require particular health care competencies (see Chapter 8: Optimal Deployment of the Health Workforce).

Emergency legislation makes provisions for the management of workers, both paid and unpaid, during a crisis. Local planners should familiarize themselves with existing legislation, especially concerning the following topics:

- authority regarding licensing and scope of practice issues
- safety and protection of workers
- fair compensation
- insurance, both site insurance, workers compensation, and other forms of insurance
- training
- provision of clothing and equipment
- protection of the jobs of workers who take leave to assist during the pandemic.

The Advisory Committee/lead agency should also investigate financial compensation for all paid staff working at the Flu Centre. Payments should be based on current arrangements and labour agreements.

Training

Staff will require training to prepare them for their roles at Flu Centre. Health care providers may require training in skills such as infection control and vaccination procedures, emergency management skills/IMS, occupational health and safety training on the use of personal protective equipment, self-care guidelines, stress management techniques, and the use of respirators. Non-medical personnel and

volunteers will need training to acquire skills required to perform their functions at the Centre.

As much as possible, training should be provided during the interpandemic period. For health care providers, pandemic-related training can be incorporated into existing training programs, while volunteer agencies should be encouraged and supported to start training volunteers. Potential training curricula include:

- on-line courses
- St. John Ambulance Brigade. Brigade Training System. 1997
- St. John Ambulance Brigade. Handbook on the Administration of Oxygen. 1993. ISBN 0-919434-77-0
- The Canadian Red Cross Society. Yes, You Can Prevent Disease Transmission. 1998
- nursing colleges training programs (i.e., basic care programs for health care aides)
- CHICA, APIC, and the Infection Control Association in the UK have a “tool kit” with detailed forms and templates, 2002. [Reference: “Infection Control Toolkit” - Strategies for Pandemics and Disasters, can be ordered through the Community and Hospital Infection Control Association (CHICA - Canada), Phone: 204-897-5990 or toll free 866-999-7111; Email: chicacda@mb.sympatico.ca].

Support

Health care workers, patients, family members, and the general public may experience acute stress during the pandemic. Mental health services must be available on-site to help people with their mental health needs.

Protocols must also be in place to assist patients with non-medical needs, like housing, employment, food, and spiritual

guidance. Social workers, religious leaders, community officials, and volunteer agencies can all be engaged in these activities.

7. Infection Prevention and Control Measures

Each Flu Centre must establish infection prevention and control policies and procedures to minimize transmission and protect staff, patients, and visitors. According to the command structure outlined earlier, Flu Centres should have a designated safety section responsible for infection prevention and control measures at the site, including:

- providing education
- ensuring supplies (e.g., alcohol-based hand sanitizer) are readily available
- posting signs about routine infection prevention and control measures (e.g., hand washing, cough etiquette)
- providing guidance on personal protective practices and equipment
- establishing and maintaining cleaning procedures and a regular cleaning schedule for workspace and equipment that will support the operation of the Flu Centre
- working with other health care providers in the community to implement, and reinforce an awareness campaign about routine infection prevention and control practices that can prevent the spread of respiratory illness.

For information on recommended infection prevention and control and occupational health and safety measures – including environmental cleaning, see Chapter 7.

8. Clinical Management

Patient Triage

Providing assessment and triage services at Flu Centres will not only reduce the demand on hospital emergency departments, family physicians, and walk-in clinics, it may reduce public exposure by keeping influenza-like illness contained in a small number of sites in the community.

MOHLTC will provide screening algorithms that can be used by staff to assess patients and direct them to the right level of care. With this system, Flu Centres will direct patients who need a higher level of care to acute care hospitals; conversely, hospitals can direct patients who do not require inpatient care to a Flu Centre.

Patient Tracking

Flu Centres that are satellites of an existing health care facility will use the facility's patient tracking system. Stand-alone Flu Centres must develop patient tracking protocols. All patients must be tracked through the process. Information to be obtained includes:

- a patient identification number
- name
- date of birth
- address
- phone number
- emergency point of contact
- medical history.

Flu Centres will also be responsible for participating in surveillance activities, as directed by the local public health unit (e.g., adverse events related to antivirals and vaccines, number of outpatient visits, number of deaths). See Chapter 5 for more information on surveillance activities during the pandemic period.

Transportation

Flu Centres must have transportation protocols for transferring patients and personnel. See appendices for a sample protocol for transferring patients from a Flu Centre to an acute care facility. Issues to consider include: transportation between hospital facilities and the Flu Centre, recording of all arrivals and departures to and from the Centre, coordinating transportation to patients' homes, and overseeing ambulance services. All patient transfers to other health care settings (e.g., hospital, long-term care facility) will need to be done through the Ontario Air Ambulance Program's Provincial Transfer Authorization Centre. Because EMS may be operating at full capacity, Flu Centres may have to use non-traditional forms of transportation (e.g., volunteer drivers).

Provisions for Children

Children have special needs, both physically and psychologically that Flu Centres must take into account in the way they organize space and deploy staff. For example, Flu Centres should:

- cohort children in the same treatment subunit
- minimize separation from parents and involve family members in the child's care as much as possible
- ensure health care providers with childcare experience are available
- procure pediatric equipment and supplies.

9. Security and Traffic Control

Flu Centres will require security – particularly if they are distributing antivirals and vaccine. Internal security can also assist with patient flow through the Flu Centre. Flu Centres should also develop traffic

control procedures, including controlling the entrance and exits, directing traffic around the site, maintaining controlled points of entry for staff and patients, establishing secure sites for staff and patient parking, and securing ambulance staging and supply delivery zones.

10. Overnight Service and Stays

Most Flu Centres will operate extended daytime hours – 18 hours a day -- to meet the population's health needs. However, based on the community's needs, some Flu Centres may have to operate 24 hours a day, 7 days a week, and will have to take additional steps to plan and provide services.

Function of an Overnight Assessment and Treatment Centre

Flu Centres established to provide overnight care could play the following roles:

- act as a temporary influenza hospital for the care of patients who are not critically ill but not well enough to return home
- provide housing/ care for influenza patients who live alone or who live with someone at high risk of complications from influenza
- act as "step down" units and provide care for stable patients who have been transferred from acute care hospitals but are not well enough to go home.

The level of care provided at an overnight Flu Centre should be limited to supportive or palliative care. Critical care should remain the domain of an acute care facility.

Site Selection

When choosing a site for an overnight Flu Centre, the Advisory Committee/lead agency should consider the following (in addition to the earlier criteria for site selection):

- Does the site have large areas suitable for setting up (multiple) treatment units; and enough space to allow treatment beds to be located 1 metre apart?
- Does the site have space to accommodate enhanced food preparation/service facilities to provide meals for patients?
- Does the site have adequate showering and bathing facilities?

Planners should modify the selection matrix in Table 1 to reflect the specific needs of their community.

Equipment and Supplies

The services and level of care the Flu Centre offers will dictate equipment and supply

needs. See Chapter 10 for more information on equipment and supply requirements.

Staff Requirements

The Advisory Committee/lead agency will have to determine the human resources required to operate a Flu Centre 24 hours a day /7 days a week over the period of a pandemic wave (i.e., 6 to 8 weeks). To do this, the Advisory Committee should identify the level of care to be provided, the competencies required to deliver that care, job descriptions and the number of staff and volunteers required. (See: 6. Staff Requirements in this chapter: and Chapter 8, Optimal Deployment of the Health Workforce.)

Triage Zone Matrix

| Zone | Service Patient Assessment Record (PAR) | Skill Set Required | Source | Equipment Required (In addition to protective wear for staff) | Tools to be Developed | Patients not Suitable for Assessment |
|---|---|---|---|--|--|--|
| <i>Registration Zone</i> | Register in-coming patients Initiation of Primary Assessment Record (PAR): Personal Information Security | computer literate people skills work under pressure translators ability to maintain order ability to use PPE English language skills | NGO | computer stations automated translation centres | Registration document* Training for volunteer*** | |
| <i>Waiting Zone</i> | Awaiting Primary Assessment PAR History (patient with help from volunteer) Medication List (patient with help from volunteer) Distribution of educational materials | people skills work under pressure ability to monitor patients | NGO | easy-to-clean chairs | Training for volunteer** Assessment forms* Medication List | |
| <i>Assessment Zone</i> | Vital signs PAR Assessment Section 4 Chest auscultation and assessment PAR Assessment Section 2, Orders Section 6 and Discharge Section 5 | able to take temperature, blood pressure, pulse, respirations able to interpret chest sounds and complete assessment translators make diagnoses prescribe meds ability to recommend treatment plan | NGO Health professional: NP/RN/RT from community Local community volunteers | electronic or disposable thermometers BP cuffs and stethoscopes | Training for volunteer** Assessment Forms* | stabilized for transfer to other setting |
| <i>Assessment Zone (Advanced - where available)</i> | On-site specimen collection center* that would include blood, urines and respiratory specimens Assessment review PAR Assessment Section 4, Orders Section 6 and Discharge Section 5 | venipuncture radiographer consolidation of assessment findings translators collect specimens order tests | private laboratory staff -private laboratory physician/nurse practitioner from community Local community volunteers | refrigeration chest x-ray equipment recitation equipment | Assessment forms* | |
| <i>Advanced First Aid & Transfer Zone</i> | Service to patients who arrive in distress (or are directed to zone) including oxygen, suction, etc while they await transfer to emergency department PAR Assessment Section 4, Orders Section 6 and Discharge Section 5 | Advanced first aid Judgment Ability to deal with distressed people Physician/nurse practitioner from community ability to recommend treatment plan prescribe meds | | CPR equipment, oxygen, monitoring equipment | | stabilized for transfer to other setting |

| Zone | Service Patient Assessment Record (PAR) | Skill Set Required | Source | Equipment Required (In addition to protective wear for staff) | Tools to be Developed | <i>Patients not Suitable for Assessment</i> |
|-----------------------|--|---|--|--|---|---|
| <i>Education Zone</i> | Discharge instructions Educational resources PAR Section 5 | identify appropriate discharge material/information Training / teaching skills translators | NGO local community volunteers | | Development of discharge information in multiple languages* Training for volunteer** | |
| <i>Discharge Zone</i> | Liaison with transfer agency: provision of assessment document(s) PAR Section 5 Follow-up as per PAR Security | organization skills telephone skills office skills ability to assess ADL capacity & home support ability to dispense anti viral medications | NGO | | Transfer protocol* Training for volunteer** | |

* Provincial Responsibility

** Local Responsibility

Transfer Protocol from Flu Centre to an Acute Care Facility

The movement and transfer of patients with influenza should be limited as much as possible; however, influenza patients with severe complications who arrive at Flu Centre must be transported to an acute care facility – which may be in a separate institution, a separate part of the same institution, or within the same building. When transporting patients from a Flu Centre to an Acute Care facility, the following transfer protocol should be followed:

A. Flu Centre and Hospital are Located in Separate Institutions

1. The facilitating nurse or designate will coordinate the transport by calling:

- the receiving department or unit to ensure the patient's/procedure room is ready and staff will be ready to receive the patient on arrival
- the Provincial Transfer Authorization Centre (PTAC) to obtain an infectious disease referral medical transfer (MT) authorization for the inter-facility movement of the patient by ambulance or private medical transportation service
- the ambulance or private medical transportation service provider, advising them in advance about the personal protective equipment requirements and precautions to be taken
- respiratory therapists(s) if the patient has O₂ saturation level less than 95% or is on oxygen
- security to ensure designated routes for transport of influenza patients are followed (these routes must be separate from main traffic route/s).

2. Precautions will be taken in preparation for transport:

- Patients must wear a mask during transport.
- Trolley/wheelchair must be lined with disposable sheet.
- Transport and facility staff must wear full personal protective apparel (i.e., hair cover, single gown, gloves, protective eye wear, mask).

3. All medications/equipment not directly attached to patient and required for patient care must be transported in a biohazard bag.

4. Patients will follow a specific transfer route.

- Administration/management will establish dedicated entry and internal pathways for transferring severely ill patients (e.g., dedicated elevators, corridors, entrances, exits).
- Patients will be escorted out of the Flu Centre by paramedics. If a medical transportation service is utilized, the patient will be escorted out of the Flu Centre by both medical personnel and medical transport staff.
- Upon arrival at the hospital, the designated route for the transport of influenza patients will be followed.

5. Only those staff members required for the transport (i.e., paramedics or medical personnel/attendant staff) will be allowed to accompany the patient along the pre-designated alternate transportation route/s.

6. Site administrators or designate will document the following:

- date of transport
- time of transport

- patient name
- location of where transport was initiated and ended
- names of health care workers involved (e.g., porter, nurse)
- signature of security personnel documenting transport.

7. Environmental services must ensure effective cleaning of all contaminated surfaces:

- Wipe surfaces of the trolley / wheelchair with disinfectant after use.
- Wipe any other surfaces that came into contact with the influenza patient.

B. Flu Centre and Hospital are in Separate Parts of the Same Institution

1. The facilitating nurse or designate will coordinate the transport by calling:

- the receiving department or unit to ensure the patient's / procedure room is ready and staff are ready to receive the patient
- the ambulance or private medical transportation service provider, advising them in advance about the personal protective equipment requirements and precautions to be taken
- respiratory therapists(s) if the patient has O₂ saturation level less than 95% or is on oxygen
- security to ensure designated route/s for transport of influenza patients are followed (these routes must be separate from main traffic route/s).

2. Precautions will be taken in preparation for transport:

- Patients must wear a mask during transport.
- Trolley / wheelchair must be lined with disposable sheet.

- Transport and facility staff must wear full personal protective apparel (i.e., hair cover, single gown, gloves, protective eye wear, mask).

3. All medications/equipment not directly attached to patient and required for patient care must be transported in a biohazard bag.

4. Patients will follow a specific transfer route.

- Administration / management will establish dedicated entry and internal pathways for transferring severely ill patients (e.g., dedicated elevators, corridors, entrances, exits).
- Patients will be escorted out of the Flu Centre by paramedics. If a medical transportation service is utilized, the patient will be escorted out of the Flu Centre by both medical personnel and medical transport staff.
- Upon arrival at the hospital, the designated route for the transport of influenza patients will be followed.

5. Only those staff members required for the transport (i.e., paramedics or medical personnel/attendant staff) will be allowed to accompany the patient along the pre-designated alternate transportation route/s.

6. Site administrators or designate will document the following:

- date of transport
- time of transport
- patient name
- location of where transport was initiated and ended
- names of health care workers involved (e.g., porter, nurse)
- signature of security personnel documenting transport.

7. Environmental services must ensure effective cleaning of all contaminated surfaces:

- Wipe surfaces of the trolley / wheelchair with disinfectant after use.
- Wipe any other surfaces that came into contact with the influenza patient.

C. A Flu Centre is Located within the Hospital

1. The facilitating nurse or designate will coordinate the transport by calling:

- the receiving department or unit to ensure the patient's / procedure room is ready and staff are ready to receive the patient
- porter / s to notify them that an influenza patient requires transport with proper personal protective equipment
- respiratory therapists(s) if the patient has O₂ saturation level less than 95% or is on oxygen
- security to ensure designated routes for transport of influenza patients are followed (these routes must be separate from main traffic route / s).

2. Precautions will be taken in preparation for transport:

- Patients must wear a mask during transport.
- Trolley / wheelchair must be lined with disposable sheet.
- Transport and facility staff must wear full personal protective apparel (i.e., hair cover, single gown, gloves, protective eye wear, mask).

3. All medications/equipment not directly attached to patient and required for patient care must be transported in a biohazard bag.

4. Patients will follow a specific transfer route.

- Administration / management will establish dedicated internal pathways for transferring severely ill patients to be (e.g., dedicated elevators, corridors, entrances, exits).
- Patients will be escorted out of the Flu Centre by the porter / s.
- The patient will follow the designated route within the building.

5. Only those staff members required for the transport (i.e., porters) will be allowed to accompany the patient along the pre-designated alternate transportation route(s).

6. Site administrators or designate to document the following:

- date of transport
- time of transport
- patient name
- location of where transport was initiated and ended
- name(s) of health care workers involved (e.g. porter, nurse)
- signature of security personnel documenting transport.

7. Environmental services must ensure effective cleaning of all contaminated surfaces:

- Wipe surfaces of the trolley / wheelchair with disinfectant after use.
- Wipe any other surfaces that came into contact with the influenza patient.

Recommended Number of Influenza Assessment, Treatment and Referral Sites by Region by Attack Rate

| <i>Public Health Unit</i> | <i>15% Attack Rate</i> | <i>25% Attack Rate</i> | <i>35% Attack Rate</i> |
|---|----------------------------|----------------------------|----------------------------|
| <i>Algoma Health Unit</i> | 3 | 5 | 7 |
| <i>Brant County Health Unit</i> | 3 | 6 | 8 |
| <i>Chatham-Kent Public Health Services</i> | 3 | 5 | 6 |
| <i>Durham Region Health Department</i> | 15 | 24 | 34 |
| <i>Eastern Ontario Health Unit</i> | 5 | 8 | 12 |
| <i>Elgin-St. Thomas Health Unit</i> | 2 | 4 | 5 |
| <i>Grey Bruce Health Unit</i> | 4 | 7 | 10 |
| <i>Haldimand-Norfolk Health Unit</i> | 3 | 5 | 7 |
| <i>Haliburton, Kawartha, Pine Ridge District Health Unit</i> | 4 | 7 | 10 |
| <i>Halton Region Health Department</i> | 11 | 19 | 26 |
| <i>City of Hamilton - Public Health & Community Services Department</i> | 13 | 22 | 31 |
| <i>Hastings & Prince Edward Counties Health Unit</i> | 4 | 7 | 10 |
| <i>Huron County Health Unit</i> | 2 | 3 | 4 |
| <i>Kingston, Frontenac and Lennox & Addington Health Unit</i> | 5 | 8 | 11 |
| <i>County of Lambton Community Health Services Dept.</i> | 3 | 6 | 8 |
| <i>Leeds, Grenville and Lanark District Health Unit</i> | 4 | 7 | 10 |
| <i>Middlesex-London Health Unit</i> | 11 | 18 | 26 |
| <i>Regional Niagara Public Health Department</i> | 11 | 19 | 26 |
| <i>North Bay Parry Sound District Health Unit</i> | 3 | 5 | 7 |
| <i>Northwestern Health Unit</i> | 2 | 3 | 5 |
| <i>Ottawa Public Health</i> | 21 | 35 | 50 |
| <i>County of Oxford - Dept. of Public Health & Emergency Services</i> | 3 | 4 | 6 |
| <i>Regional Municipality of Peel Health Department</i> | 31 | 51 | 72 |
| <i>Perth District Health Unit</i> | 2 | 3 | 5 |
| <i>Peterborough County-City Health Unit</i> | 3 | 6 | 8 |
| <i>Porcupine Health Unit</i> | 2 | 4 | 5 |
| <i>Renfrew County & District Health Unit</i> | 3 | 4 | 6 |
| <i>Simcoe Muskoka District Health Unit</i> | 12 | 21 | 29 |
| <i>Sudbury & District Health Unit</i> | 5 | 8 | 12 |
| <i>Thunder Bay District Health Unit</i> | 4 | 7 | 9 |
| <i>Timiskaming Health Unit</i> | 1 | 2 | 2 |
| <i>Toronto Public Health</i> | 67 | 111 | 156 |
| <i>Region of Waterloo, Public Health</i> | 12 | 21 | 29 |
| <i>Wellington-Dufferin-Guelph Health Unit</i> | 7 | 11 | 16 |
| <i>Windsor-Essex County Health Unit</i> | 10 | 17 | 24 |
| <i>York Region Health Services Department</i> | 23 | 39 | 55 |
| TOTAL: PROVINCE OF ONTARIO | 320 | 533 | 746 |

Notes:

The population numbers used to determine the number of Flu Centres were calculated using FluAid 2.0 software developed by the U.S. Centers for Disease Control and Prevention and are based on a 1968-like pandemic virus. The population figures provided for each Public Health Unit are 2005 estimates based on the 2001 census.

The numbers of Flu Centres were determined using the suggested maximum number of patients who would become ill and require an outpatient visit during a pandemic.

The following assumptions were also used in the calculation formula:

- Flu Centres will be open 18 hours per day
- Average length of stay per patient: 1 hour
- Number of spots available per Flu Centre: 50
- Percent to be ill at the same time: 20%

| | |
|----------------------------------|------------------------|
| Name of patient: | |
| Address: | |
| Date of birth: / / | Age: |
| MRN: | |
| Telephone: Home: () - | Business: () - |

This patient may have influenza!
Use droplet precaution
(hand hygiene, gloves, eye protection, mask, and gown if close contact).

Primary Assessment Record - Adult

| | | |
|---|------------------------|---------------------|
| Patient (<i>first name, last name</i>) please print | Date (dd/mm/yy) / / | Time (hh : mm) : |
|---|------------------------|---------------------|

Section 1 - History

Check all that applies below and give dates when symptoms started

| a. General | When? (dd/mm/yyyy) | c. Digestive | When? (dd/mm/yyyy) |
|--------------------------------------|--------------------|---|--------------------|
| Fever (>38°C) | / / | Vomiting | / / |
| Chills | / / | Diarrhea | / / |
| Headache | / / | Abdominal pain | / / |
| Aching muscles and joints | / / | d. Neurological | When? (dd/mm/yyyy) |
| Stiffness | / / | Confusion, drowsiness | / / |
| Weakness | / / | Convulsions | / / |
| Red and/or watery eyes | / / | e. Contact | When? (dd/mm/yyyy) |
| Earache | / / | Have you had contact with someone with similar symptoms? <input type="checkbox"/> no <input type="checkbox"/> yes, when? | / / |
| b. Respiratory | When? (dd/mm/yyyy) | | |
| Cough | / / | | |
| Sore throat | / / | | |
| Hoarseness | / / | | |
| Stuffy or runny nose | / / | | |
| Shortness of breath | / / | | |
| Chest pain when taking a deep breath | / / | | |

Section 2 - Allergies

| | |
|----|-----------|
| 1. | Reaction: |
| 2. | Reaction: |
| 3. | Reaction: |

Section 3 - Medications

Do you take any medication (*pills, inhalers, needles, etc*) on a regular basis?
 no yes, please complete **the Medication List**.

| | |
|----------------------|--------------------------|
| Signature of Patient | Date (dd/mm/yyyy) / / |
|----------------------|--------------------------|

| | |
|---|-----------|
| If completed by someone other than patient Name (<i>first name, last name</i>) please print | Signature |
|---|-----------|

| | | |
|----------------------------------|------------------------|--|
| Name of patient: | | |
| Address: | | |
| Date of birth: / / | Age: | |
| MRN | | |
| Telephone: Home: () - | Business: () - | |

Section 3 - Medications *continued* ...

1. Allergies

I am allergic to:

2. Medications

Please list the medications you take, including the following: (the dose, how often you take it, and how you have to take it (pill, injection, etc)).

Medication List

| Drug (<i>medication name, dose, route, frequency</i>) | To be continued in hospital | |
|---|--------------------------------|-----------------------------|
| | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| | <input type="checkbox"/> yes | <input type="checkbox"/> no |

3. Signature of Patient or person completing this form

| | |
|---|-------------------------------|
| Name of patient: | |
| Address: | |
| Date of birth: / / | Age: |
| MRN | |
| Telephone: Home: () - | Business: () - |

Section 4 - Assessment

Clinical Case Definition

When influenza is circulating in the community, the presence of fever and cough of acute onset are good predictors of influenza. The positive predictive value increases when fever is higher than 38⁰C and when the onset of clinical illness is acute (less 48 hours after the prodromes). Other symptoms, such as sore throat, rhinorrhea, malaise, rigors or chills, myalgia and headache may also be present. Any case definitions developed prior to the pandemic may need to be modified once the pandemic occurs. A history of contact with another patient with influenza-like illness or with an influenza case confirmed by the laboratory should be sought. If present, it is of diagnostic value.

| | | | |
|---------------------------------|---------------------------------|-----------------------------|------------------------------|
| Heart Rate: _____ /min | Is HR > 100/min? | <input type="checkbox"/> no | <input type="checkbox"/> yes |
| Resp Rate: _____ /min | Is RR > 24/min? | <input type="checkbox"/> no | <input type="checkbox"/> yes |
| Blood Pressure ____ / ____ mmHg | Is systolic BP < 100 mmHg? | <input type="checkbox"/> no | <input type="checkbox"/> yes |
| Temperature: _____ °C | T>38 ⁰ C? | <input type="checkbox"/> no | <input type="checkbox"/> yes |
| SpO ₂ : _____ % | Is SpO ₂ ≤ 90%? | <input type="checkbox"/> no | <input type="checkbox"/> yes |
| Mucous Membranes: | Are lips/nail beds cyanotic? | <input type="checkbox"/> no | <input type="checkbox"/> yes |
| Chest auscultation: | Are crackles present? | <input type="checkbox"/> no | <input type="checkbox"/> yes |
| Mental status: | Is patient confused? | <input type="checkbox"/> no | <input type="checkbox"/> yes |
| Chest pain: | Does patient have chest pain? | <input type="checkbox"/> no | <input type="checkbox"/> yes |
| Vomiting: | Is patient vomiting > 3x's/24h? | <input type="checkbox"/> no | <input type="checkbox"/> yes |

If all "no" boxes are checked, go to Section 5.

If any "yes" boxes are checked, go to Section 6a.

If patient meets any of the following criteria, apply oxygen to maintain a SpO₂ > 90% and notify MD immediately: (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> SpO ₂ ≤ 90% | <input type="checkbox"/> Inability to protect airway | <input type="checkbox"/> RR > 30/min |
| <input type="checkbox"/> Clinical evidence of severe respiratory distress or impending respiratory failure | <input type="checkbox"/> Systolic BP < 90mmHg | <input type="checkbox"/> HR < 40/min or > 120/min |

Did this patient's influenza symptoms start within the last 48 hours?

- no, complete section 5, Discharge with telephone Follow-up.
 yes, complete section 6

| | |
|----------------------------------|------------------------|
| Name of patient: | |
| Address: | |
| Date of birth: / / | Age: |
| MRN: | |
| Telephone: Home: () - | Business: () - |

Patient (*first name, last name*) **please print**

Section 5 - Discharge Assessment

check all that apply

- | | |
|---|---|
| <input type="checkbox"/> Age > 65 years | <input type="checkbox"/> pregnancy |
| <input type="checkbox"/> Chronic lung disease | <input type="checkbox"/> congestive heart failure |
| <input type="checkbox"/> renal failure/dialysis | <input type="checkbox"/> immunosuppression |
| <input type="checkbox"/> haematological/blood abnormalities | <input type="checkbox"/> diabetes |
| <input type="checkbox"/> hepatic/liver disease | |

↳ If any boxes are checked, discharge home with telephone follow up in 48 hours

| | | |
|---|---|-----------------------------------|
| <input type="checkbox"/> Self care instruction sheet provided and reviewed <input type="checkbox"/> Discharge instruction sheet provided and reviewed <input type="checkbox"/> Prescription provided (see Section 6 "Orders") | Discharge date (<i>dd/mm/yyyy</i>) | Discharge time (<i>hh : mm</i>) |
| | / / | : |
| | Assessor's (<i>first name, last name</i>) please print | |
| Assessor's Designation | | |

Assessor's signature

| | |
|----------------------------------|------------------------|
| Name of patient: | |
| Address: | |
| Date of birth: / / | Age: |
| MRN: | |
| Telephone: Home: () - | Business: () - |

Patient (*first name, last name*) **please print**

Section 6 a - Orders

| Orders | Discharge date (dd/mm/yyyy) | Discharge time (hh : mm) |
|--|--------------------------------|-----------------------------|
| <input type="checkbox"/> Discharge home on self-care with self-care instructions | / / | : |
| <input type="checkbox"/> Discharge home with telephone follow-up in 48 hours. | / / | : |
| <input type="checkbox"/> Follow-up booked | / / | : |
| <input type="checkbox"/> Discharge to hospital for Secondary Assessment. | / / | : |
| <input type="checkbox"/> Transfer arranged | / / | : |
| <input type="checkbox"/> PAR sent with patient | / / | : |
| <input type="checkbox"/> Diagnostic testing ordered | / / | : |

Section 6 b - Prescriptions

- oseltamivir 75mg PO bid x 5 days
(*oseltamivir is recommended as first line treatment for all patients, except if on dialysis or pregnant or breastfeeding*)

| | |
|---------------------------------|---------------------|
| First dose given of oseltamivir | |
| Time (hh:mm) | Assessor's initials |
| ___ : ___ | |

OR

- zanamivir 10 mg (2 inhalations) bid x 5 days
(*recommended if on dialysis or if pregnant or breastfeeding*).

Warning:
zanamivir is not recommended for patients with asthma or COPD

| | |
|-------------------------------|---------------------|
| First dose given of zanamivir | |
| Time (hh:mm) | Assessor's initials |
| ___ : ___ | |

| | | | |
|--|--------------------------|---------------------------|---------------------|
| <input type="checkbox"/> medication provided Number of doses: _____ | Date (dd/mm/yyyy) / / | Time (hh:mm) ___ : ___ | Assessor's initials |
|--|--------------------------|---------------------------|---------------------|

Physician's name (*first name, last name*) **please print**

CPSO Number

Physician's signature

Date (dd/mm/yyyy)
/ /

Original Prescription (this page): Patient

Copy/duplicate : Patient chart

| | |
|----------------------------------|------------------------|
| Name of patient: | |
| Address: | |
| Date of birth: / / | Age: |
| MRN: | |
| Telephone: Home: () - | Business: () - |

Patient (*first name, last name*) **please print**

Section 7 – Lab Orders

Please order the following:

1. CBC, K+, Na+, Cl-, HC03, Cr, Ur, glucose, AST, ALT, ALP, Tbili, CK
2. EKG & troponin if history of chest pain or cardiac disease
3. CXR (PA & lat) if SOB or cough or SpO₂ < 95% or crackles on chest auscultation