Emerging Infectious Disease & Pandemic Outbreak Plan

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Glossary

Abbreviation/ Acronym	Description
BCM	Business Continuity Management – the holistic process which binds all activity together
Bronze (Operational)	Operational level of emergency services command and control
CMO	Chief Medical Officer – the Government's most senior medical adviser
Community services	The range of services, including local authority social services, provided in the community
DH	Department of Health
DPH	Director of Public Health
EEAST	East of England Ambulance Trust
NHS England	Responsibility for overseeing health services and coordinating NHS response in the event of a pandemic
NRF	Norfolk Resilience Forum (Local Resilience Forum)
Gold (Strategic)	Strategic level of Command and Control
IMT	Incident Management Team – Health services command, responsible for overseeing operational response
LHRP	Local Health Resilience Partnership
LRF	Local Resilience Forum
MVC	Mass Vaccination Centre
PPE	Personal Protective Equipment
Recovery Phase	The formal phase of an incident that facilitates the restoration of normality. Usually chaired by the CEO of the local authority, aspects of recovery are considered right from the outset of any incident
RWG	Recovery Working Group – group established by SCG to plan recovery from a major incident such as an influenza pandemic
Silver (Tactical)	Tactical level of command and control
SRF	Suffolk Resilience Forum. The colloquial term in Suffolk for the Local Resilience Forum
STAC	Scientific and Technical Advisory Committee – Group of health, scientific and technical experts formed to advise Gold. Likely to be formed at regional level in an influenza pandemic
WHO	World Health Organisation

1. Introduction

This is the process at East Coast Community Healthcare (ECCH) to prepare for, respond to, and manage emerging pandemic disease. This document supports contingency planning in health organisations and builds upon NHS England and national planning guidance.

The most common pandemic causative agent is influenza, so this plan focuses primarily on this condition but is adaptable to any emerging infectious disease.

Definition

A pandemic is the worldwide spread of a disease, with outbreaks or epidemics occurring in most regions of the world. A pandemic of influenza results when a new virus emerges which is markedly different from recently circulating strains and is able to:

- infect people (rather than or in addition to other mammals or birds)
- spread readily from person to person
- cause illness in a high proportion of the people infected
- spread widely, because most people will have little or no immunity to the new virus and will be susceptible to infection

Objectives

The objectives of this plan are to:

- Identify a framework for a flexible response
- Minimise the spread of the new virus
- Limit morbidity and mortality due to infection
- Provide treatment and care for large numbers of people unwell
- Reduce the impact on health and social services consequent to pandemic, including consequences for other patients as a result of re-prioritisation of routine work
- Outline the arrangements for staffing and distributing antiviral medicines and vaccines
- Describe the arrangements for resourcing pandemic related infection control personal protective equipment, other infection control equipment and consumables.

Related Documents

National planning guidance is available on the Department of Health and UK Health Security Agency website

Your Infection Control and EPRR Teams will have the most up to date regional/local planning

2. Planning

Statement

Patient, staff and public safety remain paramount. ECCH will ensure infection prevention and control and health and safety needs are considered and provided for with every level of planning and operational response.

Key points

The plan is based towards the upper end of possible attack rates highlighted in Pandemic flu national guidance

- Up to 50% of the population may show clinical symptoms over the entire period of a pandemic, and up to 25% of these may develop complications
- Up to 2.5% of those who become symptomatic may die
- Up to 22% of cases can be expected during the 'peak week' of a pandemic wave
- Response plans should be flexible enough to deal with the range of possible attack rates

Potential Impact

The impact of a pandemic on health organisations will be intense and sustained. Services may quickly become overwhelmed as a result of:

- the increased workload resulting from patients with influenza and its direct complications
- a secondary burden on health caused by anxiety and bereavement
- depletion of the workforce and of numbers of informal carers, due to the direct or indirect effects of influenza on staff and their families
- logistical problems due to possible disruption of supplies, utilities and transport, as part of the general disruption caused by a pandemic
- delays in dealing with other essential healthcare

This plan should be used in conjunction with:

- ECCH Business Continuity Policy
- Public Health Network Distribution and use of Antiviral Medicines and Vaccines
- Norfolk Resilience Forum Pandemic Influenza Contingency Plan

Impact on Workforce

Up to 50% of the workforce may require time off at some stage over a pandemic, with individuals likely to be absent for a period of 7 to 10 working days. Absenteeism should follow the pandemic profile, with an expectation that it will build to a peak lasting for two to three weeks, when between 15% and 20% of staff may be absent, and then decline.

- Additional staff absences are likely to result from other illnesses, taking time off to provide care for dependents, family bereavement, other psychosocial impacts, fear of infection, or practical difficulties in getting to work.
- Modelling suggests that small organisational units (with 5 to 15 staff) or small teams within larger organisations should allow for a higher percentage of absenteeism – up to 30 – 35% over a two to three week peak period.
- Government may advise schools and early years/childcare settings to close in order to reduce the spread of infection. This advice will only be given if closure is anticipated to produce significant health benefits. Closures will be area specific and are likely to be for two to three weeks, although they may be extended if the pandemic remains in the area.
- Within each Department's local business continuity planning against a pandemic should have an estimate, through aggregation of data in each of the categories above, of the number of staff likely to be **absent from work at the peak time of a pandemic.**

Risk Assessment

The key effects of a generic infectious disease outbreak on the ability of the business to provide its normal services are:

- Increased demand on bed capacity and flow across the system
- Reduction in staffing levels due to sickness affecting staff or their dependents
- Disruption in normal supplies provision
- The effects of the outbreak may be prolonged and last for several weeks or months, in more than one wave
- Staff availability may be affected not only by the outbreak itself, but also by the closure of schools and lack of public transport
- Staff may elect not to work due to the perceived risk to themselves.

3 Minimising Disruption

Leadership

ECCH plans recognise that overall responsibility for pandemic preparedness (including provision for antiviral treatment) within a health community rests with the ICB in conjunction with the Local Resilience Forum (LRF).

In response to an influenza pandemic, ECCH will be involved at strategic and tactical levels, and will ensure contribution to overall operational plan.

Preparedness

In times of serious incident, ECCH will step up working groups or incident commands as per the Incident Response Policy. For pandemics, this should include:

- Infection prevention and control lead
- Clinical lead
- Nursing lead
- Pharmacy lead
- Operational management
- EPRR
- Communications
- Estates and Security
- Supplies and Logistics
- Human resources
- Finance
- ICB Infection Control Nurse Lead/s

Warning

Advice will be given by Government and UK EPRR bodies. ECCH Incident Management Group/s should refer to local guidance. The UK approach to managing infectious disease is described at england.nhs.uk titled "*Framework for managing the response to pandemic diseases*"

Communications

Introduction
In the event of a flu pandemic a Strategic Coordinating Group (SCG) will be arranged by the Local Resilience Forum (LRF). Each of these have a media cell to ensure the provision of:

- Accurate and timely public information
- Regular reviews and updates on key issues throughout the phases of the pandemic
- Appropriate levels of reassurance
- Consistency and uniformity of media policy in serious incidents involving more than one agency
- Effective management of the media and staff and public information communication processes

Principles for Communication

In communications with staff, partners and the public, the aim will be to:

- Warn and inform
- Build, maintain or restore public trust
- Announce early – to prevent potentially frightening rumours and misinformation (timing of such announcements will be determined at national level)
- Transparency – communicating must be honest, easily understood, complete and formally accurate.
- Allaying concerns of the public – accurate and timely information helps the public to overcome concerns and understand what they can do to protect themselves and their families
- Responsive – be prepared to answer questions

Contact Details
The Communications Lead will ensure all relevant organisations and agents have contact details for the SCG's and Media Centres, as appropriate, and that out of hours contact is arranged and details circulated.

Planning and Application Framework for ECCH

Action in Norfolk

ICB EPRR and Local Resilience Forums (NRF) Strategic Group will arrange an emergency meeting of the NRF.

Command and Control within Norfolk and Suffolk

Local Resilience Forum's Command and Control structure includes a multi-agency Strategic Coordination Group (SCG), which coordinates the response, management and recovery arrangements of Norfolk or Suffolk organisations in the event of a serious incident.

The NHS will be expected to lead the county's multi-agency response to pandemic flu and responsibility for the establishment and Chair of a Health-led SCG lies with the ICB and NHS East of England (EoE).

SCG

The lead ICB will normally represent Health at SCG, ECCH may attend.

SCG Priorities:

- Advise the local population on self-care and when/where/how to seek medical advice
- Mobilise the resources of general practice and lead arrangements for supporting community assessment and self-care

- Arrange for family support and reassurance in conjunction with Social Services
- Monitor and report local progress and development of disease
- Ensure that mutual aid arrangements are effective and liaise with other agencies
- Implement agreed contingency arrangements and make capacity available
- Monitor staffing levels and deploy to priority areas as necessary
- Work across and outside organisational boundaries to support home treatment, discharge and primary care
- Ensure the provision of patient transport, logistical and other support as necessary
- Issue treatment protocols to health professionals and maintain, as far as possible, supplies of antibacterial and antiviral therapy.
- Ensure that there are adequate contingency staffing arrangements for primary and secondary health care services
- Ensure that there are adequate contingency arrangements for the care of influenza cases, while maintaining essential services
- Ensure the establishment and maintenance of effective communication links to health professionals, the public and the media.
- Ensure provision of timely advice on the control management of particular local outbreaks and problems
- Ensure that relevant staff receive appropriate updating / training for their role in the implementation of tasks determined by SCG

NB specialist health advice will be through UKHSA and regionally established Scientific and Technical Advice Cell (STAC)

General

The trigger to activate surge plans should be authorised by NHS England, accounting for local epidemiology. Once activated, local escalation should occur in response to demand for healthcare and availability of resources.

A pandemic will place considerable demands on the coordination of responses to the emergency.

It is anticipated there will be implications regarding finance and attainment of targets which is recognised by the DH due to surge in demand. It is the responsibility of the Director of Finance to control these issues in conjunction with Strategic and Tactical Command.

Command and control systems will integrate and communicate with external stakeholder command and control systems, in particular ICB, Local Resilience Forums (LRF), other health organisations, and Local Authorities.

To assist in the command and control of the contingency plan ECCH will use the principles embedded into the organisation contained within the Incident Response Policy.

Processes

Specific pandemic plans

Whilst Incident and Business Continuity Plans will help in preparing for and responding to a pandemic, they will be insufficient on their own for a prolonged crisis.

Although normal services will need to be sustained as long as possible, there will come a point where activity has to change in order to deliver services to meet the threat, whilst at the same time maintaining critical

functions. This may require a shift in care provision in order to meet the needs of large numbers of infected patients.

Risk assessment-based planning

Planning must be based on systematic identification and assessment of significant. Identifying the risks threatening of critical functions will enable the organisation to focus resources in the right areas – refer to ECCH Covid-19 response planning. Departments are required to take a risk assessment-based approach to planning in order to understand the risks faced, to set them in order of priority, to act on them accordingly and to evaluate progress towards preparedness.

Some clinical functions may be reduced as demands increase elsewhere.

Nonclinical activities will be similarly affected. Examples of functions for which plans will have to be made regarding how they will change during a pandemic, include

- Maintenance and renovation
- Catering
- Cleaning
- Digital Health services & records
- Waste handling
- Security

There will also be a need to ensure fluidity of staff deployment based upon continual assessment of staffing needs. **All these activities and direction to staff should be discussed and logged at appropriate Strategic and Tactical groups at the organisation.**

Support
Language, emotional and religious support for relatives, patients and staff will intensify during the progress of the pandemic. Whilst current facilities such as INTRAN and other services will continue to be used, additional support should be reviewed as demand increases.

ROLES AND RESPONSIBILITIES of other agencies

SITE ACCESS

Patients

Wherever possible, affected patients will be contained within appropriate venues. Separate ward areas will be identified to contain the infection and reduce the risk of spreading to other areas – utilising side rooms etc. Utilise IPAC advice as usual.

Staff Movement

Staff must carry their ID cards with them at all times to ensure movement within ECCH premises. Arrangements for staff specific entrance and exit arrangements may be provided at the time of declaration and subject to change.

Staff movement must be limited to what is essential.
Visitors

There may be a suspension on visiting except in certain circumstances (such as imminent death of a loved one). Visiting will be at the discretion of the most senior manager on duty in the specific area, and in consultation with Infection Control and Silver Command.

DEPARTMENTAL OPENING

During a pandemic influenza outbreak consideration will be given to working hours.
Particular attention will be made by the Pharmacy Management Team to:

- Out-of-hours working, Saturday and Sunday
- Shift patterns
- On-call service

RECOVERY

Health plans should assume that heightened monitoring and surveillance will be required beyond the first wave and that all plans require review and revision in light of lessons learnt:

- In particular, the likelihood of ongoing constraints on supplies and services and continuing pressures on health and community services should be taken into account
- Health plans will be required for targeted or population-wide vaccination programmes in this period

The Department of Health will issue guidance to inform plans following review of the first wave.

Although the objective is to return to pre-pandemic levels of functioning as soon as possible, the pace of recovery will depend on the residual impact of the pandemic, on-going demands, backlogs, staff and organisational fatigue and continuing supply difficulties in most organisations.

Health services are likely to experience persistent secondary effects for some time with increased demand for continuing care from:

- Patients whose existing illnesses have been exacerbated
- Those who may continue to suffer potential medium or long term health complications
- A backlog of work resulting from the postponement of treatment for less urgent conditions

There will be a gradual reintroduction of quality assurance and performance frameworks and targets with the recognition that many staff will have been working under acute pressure for prolonged periods and are likely to require rest and continuing support. ECCH Tactical and Strategic Commands must recognise and include Wellbeing professional colleagues in these key groups. There will be numerous tired and bereaved staff, and a large backlog of annual leave.

Facilities and essential supplies may also be depleted, resupply difficulties might persist and critical physical assets are likely to be in need of backlog maintenance, refurbishment or replacement therefore impact assessments are required.

Appendix 1

Roles and Responsibilities of Key Agencies

The primary responsibility for developing preparedness plans for an effective operational response to major emergencies in the UK rests with local organisations. However, given the national scale, complexity and international dimensions of a pandemic, central Government coordination, advice and support will be critical in both the planning and response phases.

The DHSC is the designated lead government department to respond to a pandemic. It has overall responsibility for developing and maintaining the UK's contingency preparedness and for initiating and directing the government health response.

Department of Health & Social Care

Planning and preparation

- Develop and revise national contingency arrangements
- Maintain liaison with WHO, European Centre for Disease Prevention and Control and other partners/agencies to ensure UK plans reflect latest international knowledge and information
- Ensure that the UK contributes effectively to international surveillance, research and preventative measures
- Provide policy direction and advice on the health response
- Ensure through NHS England that local health plans are developed, maintained and Tested

UK Health Security Agency

Planning and preparation

- Support DH and provide specialist advice, expertise and information at all levels to support the development of plans
- Maintain laboratory and other arrangements to support surveillance, detection and public health arrangements
- Maintain international liaison
- (With others) develop and maintain infection control and patient management guidelines
- Develop internal contingency plans to support the health response

Activation

- Activate the agency's emergency arrangements for strengthening surveillance and the provision of specialist advice and information
- Establish liaison links with DH coordinating centre, Directors of Public Health and the NHS at local level
- Provide a central focal point for receipt, analysis and interpretation of data
- Monitor and assess the progress of the pandemic
- Provide specialist advice and operational support
- Support the provision of public advice and information

Scientific and Technical Advisory Cell (STAC)

Activation

- Provide accurate, timely and consistent health, scientific and technical advice at a regional level to RCCC, NHS England and local SCGs

NHS England

Planning and preparation

- Ensure that effective and integrated local plans are developed, maintained and tested on a multi-agency basis
- Develop and coordinate communications and media handling
- Ensure that effective information and reporting channels are in place

Activation

- Ensure that all local health agencies and their partners have implemented contingency arrangements when notified
- Monitor/report progress and provide a focal point for the local health response
- Support ICBs and NHS organisations and co-ordinate their response
- Lead on media handling and the provision of local public information
- Initiate mutual aid arrangements where necessary

Suffolk & Norfolk Local Resilience Forums

Planning and preparation

- Take overall responsibility for developing multi agency plan to respond to a pandemic
- Ensure category 1 and 2 responders have business continuity plans in place for responding to a pandemic

Activation

- Establish a SCG to take overall responsibility for the multi-agency management of and recovery from the pandemic in Suffolk and Norfolk.

ICBs

Planning and preparation

- Designate an influenza pandemic co-ordinator to lead the development of effective local contingency planning
- Establish an influenza pandemic committee to support and co-ordinate local plans
- Ensure that all NHS organisations, their key partners and general medical practices participate fully in local planning, that complementary plans are developed and integrated to provide an effective multi-agency response

Activation

- Ensure that all local health organisations and their partners implement contingency arrangements when notified
- Advise the local population on self-care and when/where/how to seek medical assistance
- Mobilise the resources of general practice and lead arrangements for supporting community assessment and self-care
- Arrange for family support and reassurance in conjunction with social services
- Monitor and report local progress and development of the disease
- Provide advice and coordination through the local influenza pandemic planning committee
- Monitor and support public health and NHS response
- Ensure that mutual aid arrangements are effective and liaise with other agencies

Ambulance Trusts - As per their plans

NHS Trusts

Planning and preparation

- Develop organisational plans in conjunction with partner agencies to respond to an influenza pandemic and maintain business continuity
- Develop contingency arrangement to create the significant additional capacity necessary to provide acute care
- Make contingency arrangements for the expansion of specialist care
- Support the ICB in coordinating and integrating organisational plans

Activation

- Suspend non-emergency activity when required to free capacity and staff
- Implement agreed contingency arrangements and make capacity available
- Monitor staffing levels and redeploy to priority areas as necessary
- Assess and provide for on-going training needs
- Work across and outside organisational boundaries to support home and primary care
- Request/provide mutual aid as necessary
- Provide patient transport, logistical and other support as necessary
- Monitor staff health and provide occupational health services (vaccination/antiviral drugs) according to national policies

Multi-agency Response in Great Yarmouth & Waveney

Local Authorities

Planning and preparation

- Designate a pandemic influenza coordinator
- Designate a pandemic planning committee
- Develop and maintain effective response plans
- Develop plans for responding to increased numbers of deaths
- Encourage business continuity planning to sustain key local services
- Provide a representative on the Resilience Forum Pandemic Influenza Working Group
- Provide a representative to support the ICB IMT from the Adult & Community Services and the Children's and Young People's Services
- Agree with local voluntary agencies how they may support, or be able to provide services
- Assist and work with the NHS England and other partners to develop and maintain local plans

- Train and exercise their staff
- Identify essential staff

Activation

- Activate influenza pandemic contingency plan
- Communicate any policy changes to partners where they may be affected by them
- Ensure their essential services are maintained

Fire and Rescue services

- Develop and maintain an effective response plan
- Communicate any policy changes to partners where they may be affected by them
- Provide a representative on the SRF SCG

Primary Care Providers

Planning and preparation

- Develop business continuity plans for responding to the pandemic
- Engage in NHS planning for the pandemic

Activation

- Provide treatment and advice for relevant patients – including children under 7 years of age, at risk groups and those with complications of influenza.

SECTION 3 - Key Responsibilities

Duty Manager

- Collating capacity state and staffing levels
- Preparing status reports for briefing control team members
- Relocating staff to cover shortfalls

On-Call Senior Manager

- Authorisation of requests for additional staff to cover staff shortages
- Clinics due to the lack of, or need to redeploy, clinical staff
- Liaise with the ICB and the NHS England when necessary
- Authorise the opening of extremis beds and agree additional staffing
- Monitor and respond to shortages of staff/supplies to all essential support services – e.g. catering, estates, supplies etc.
- Determine the necessity for non-clinical nursing roles to assist in clinical areas
- Liaise with external agencies as appropriate
- Authorise visiting restriction policies as appropriate

Consultant Microbiologist/Virologist (as appropriate)

- Liaise with the Consultant in Communicable Disease Control (CCDC)
- Liaise with Consultant Physician re sampling, diagnostic and treatment guidelines
- Liaise with Occupational Health Teams re prophylaxis strategy for at risk staff

Infection Control Team

- Ensure the agreed infection control procedures are in place on the receiving ward and other affected areas
- Provide advice to departments to minimise risk of staff spreading the infection – in hours and out of hours (on call)
- In liaison with Procurement, monitor supplies of appropriate infection control consumables e.g. masks, hand gel, etc.
- Provide advice as required to Operational Leads re prevention of infection or implications for other areas
- Contact tracing of affected patients
- Maintaining accurate data and providing sitreps

People/HR Manager

- Liaise with Duty Manager and Senior Manager re provision of additional staff in clinical and non-clinical areas
- Monitor staff absences due to sick leave with Occupational Health
- Monitor staff absences due to carer's leave or other unauthorised absences.
- Provide guidance and assistance to ward and department managers in approving and monitoring any necessary carer's leave absence

Pharmacy Services Manager or Deputy

- Provide appropriate antivirals to Occupational Health and receiving areas
- Ensure provision of normal pharmacy to supplies to receiving areas
- Liaise with the Duty Manager regarding any re-supply problems

Stores Manager

- Monitor deliveries from NHS Logistics and respond to any reduction in supply
- Arrange supplies for any reopened ward
- Liaise with infection control for delivery of supplies to receiving ward

Head of Support Services

- Ensure Domestic Services increase cleaning services to any affected areas and have appropriate infection control guidelines

Clinical Microbiology (via JPUH)

INFLUENZA PANDEMIC

Guidance Notes

In the event of a suspect case of new-variant Influenza presenting at ECCH:-

During Office Hours:-
Contact the Consultant Virologist and Infection Control Team

Out of hours:-
Contact the Bio-Medical Scientist On-Call for Microbiology AND the On-Call Consultant Virologist.

Appendix 2

Infection Control Procedures for Pandemic Plan

Influenza is transmitted via nasopharyngeal secretions; it is acquired either by inhalation of viral particles contained in airborne particles or contact with fomites which have been contaminated with the expelled respiratory droplets.

For an Outbreak

Throughout the Organisation:

- Strict adherence to Standard precautions is essential at all times, especially hand hygiene, containment of respiratory secretions and the use personal protective equipment (PPE)
- Hand hygiene: hands should be decontaminated with soap and water. Hand wash facilities will be available at the entrance and exit to departments and must be used by all staff and visitors.
- Staff must not travel in uniform. (With the exception of Community Staff) Uniforms should be placed in a bag and laundered as per normal and usual Organisational policy in all times.

Use appropriate PPE as per National IPC Manual, UKHSA guidance, and advice from the Infection Control Team.

Surgical masks must:

- Cover nose and mouth and not be allowed to dangle around the neck.
- Not be touched once put on
- Changed when they become moist, contaminated, or damaged.
- Removed by handling ties only
- Be worn once and discarded as clinical waste. Hand hygiene must be carried out after removal of masks.

FFP 3 Respirators must be worn by all staff carrying out aerosol generating procedures (and persons in the room during the procedure) as per current guidelines and changed after each use.

Community Staff/home visiting

- Staff should be designated to visit either influenza or non-influenza patients where possible.
- Ensure liquid soap, alcohol gel, PPE and other necessary equipment is carried in cars.
- All protective clothing should be removed prior to leaving the home followed by hand hygiene.

Ward

- Surgical masks will be available at a designated point within the entrance to the receiving / cohort ward
- Other PPE e.g. gloves, aprons, and gowns, must be changed between patients and hand hygiene carried out.
- A poster displaying the required precautions will be displayed at the entrance by the ICT to ensure all entrants are aware of precautions. All staff and visitors must decontaminate their hands as per organisational policy.
- Hands must be washed with soap and water when entering and leaving the ward.
- Visitors must not visit if unwell and will be restricted to 2 per patient and perhaps limited visiting times unless specific permission is granted by the person in charge of the area
- Side rooms may take priority for infectious patients over palliative care patients, to risk assess in conjunction with Nurse in charge, palliative care staff and IPC.

Patient equipment

- Each patient should be allocated their own non–critical items of patient equipment or use disposable items. Clean all reusable equipment between patients
- Patients with pandemic influenza should leave the segregated care area only for urgent and essential procedures
- Patients will be required to wear surgical masks when moving through areas of the hospital and should carryout hand hygiene on leaving the ward and after removing mask when they have returned to the ward

Additional precautions

- Visitors will be restricted to immediate family only, and only two at any one time, PPE will be required including masks
- No flowers/gifts will be admitted to the cohort ward (to facilitate the cleaning regimen).
- All non-essential items should be removed
- All waste from the cohort ward will be designated clinical waste.
- All linen will be designated infected linen.
- Patient food will be delivered and returned on the food trolley by a designated person/s who will leave the trolley within the ward but outside the area requiring masks. No additional PPE will be required but standard precautions especially hand hygiene must be scrupulously carried out.
- Patients should remain in the area until discharge and not be moved to other areas of the organisation except under advice from the outbreak management team.
- A domestic assistant should be allocated to the cohort ward/bay each shift. Terminal Cleaning should be carried out at least once per day with chlorine based detergent. Frequently touched surfaces e.g. door knobs and equipment will be cleaned at least twice daily. The domestic assistant to wear appropriate mask within the ward area and follow guidelines for PPE.

Additional precautions may be instigated by the outbreak management team.

Care of deceased patients undertaken as per National Manual

- For last offices PPE should be worn.
- Masks need only be worn if risk of splashes of blood and body fluid, (including respiratory secretions)
- Patient property will be placed in property bag and accompany patient
- Patient valuables will be cleaned by staff wearing PPE to remove gross contamination and sealed in strong envelope before placing in safe.
- (Bereavement) staff opening envelopes and handling valuables should wear gloves when handling and wash hands thoroughly after. There will be no risk of droplet spread at this point.

Appendix 3

Occupational Health Plan for Pandemic Flu

Occupational Health (OH) functions will be modified to accommodate exceptional demands and priorities within healthcare settings. The Occupational Health function should lead on the implementation of systems to monitor for illness and absence, implement vaccination and antiviral therapy programmes for healthcare workers, and liaise with infection control on general advice on the management of staff with pandemic influenza.

Aim

1. To provide an effective response to pandemic in maintaining and safeguarding the health of healthcare staff
2. To minimize disruption to services as far as reasonably practicable
3. To advise the organisation on fitness to work, staff absences, and redeployment
4. To comply with relevant guidance from Department of Health & Social Care

Health Response to a Pandemic

A major response will be antivirals and vaccines when available. The Department of Health advised by the Joint Committee on Vaccination and Immunisation and WHO will make final recommendations on the priority order to be adopted for anti-viral drugs or vaccine supplies when available.

Immunisation

It has been indicated that immunisation is the most effective counter measure against
influenza but requires a vaccine that is effective against an infecting strain. In the early phases until a vaccine is available the initial response will be treatment of cases together with general medical and social countermeasures to limit the spread of the disease.

Impact on working life

Travel disruption and the need to provide care for family members will exacerbate absenteeism. Anxiety, bereavement and social restrictions are all likely to add to pressure and disruption.

- Employees sick
- Employees caring for sick
- Employees reluctant to travel to, or for, work
- Disruption to national or international trade or commerce
- Disruption to national infrastructure

Fitness to work proposed criteria:

- Take Infection Control advice when planning for staff absence or working patterns where they may be affected by symptoms

Redeployment

Contracted Staff/ Volunteer staff/Locum staff

Workers at risk from complications from the outbreak
Staff at high risk for complications (pregnant women, Immune-compromised workers) should be considered for alternative work away from direct patient care.

Key Points
- Prompt recognition
- Ill workers should be excluded from work
- As a general principle, health care workers who care for pandemic patients should NOT care for other patients; exceptions may apply refer to IPAC advice
- Staff at high risk for complications from pandemic should not provide direct patient care

Other Considerations
- Plan for cancelling study / Annual leave in the event of staff shortage
- Plan for compassionate leave
- Prepare a list of retired staff that would be able to help if needed
- Prepare a list of volunteers
- Implications of staff absence and non-trained staff redeployment would need to be considered, if possible, making optimal use of their skills and potential.

Pandemic Plan Clinical criteria for considering antivirals: ADVICE MAY BE SUPERCEDED BY LATEST UKHSA ADVICE – TAKE INSTRUCTION FROM INFECTION CONTROL TEAM