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## Care UK Influenza Pandemic Contingency Plan

Controlled document

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## **KEY ISSUES TO BE ADDRESSED:**

In line with national requirements this document details the contingency plans required for managing Pandemic Influenza. The key issues are:

- The disease.
- Immunisation.
- Slowing the spread of infection.
- Action Plan – phased response.

### **1. Introduction - Rationale**

Over the past 100 years there have been 3 pandemics, 1918, 1957 and 1968. It is hard to predict when the next Flu Pandemic may occur. However sufficient evidence exists to indicate that a future pandemic is likely to spread rapidly to all parts of the globe and cause sudden and sharp increases in illness over a matter of weeks. A pandemic could therefore rapidly overwhelm health and other services such as transport, education, and local government. The overall impact is likely to be even more far reaching, affecting daily life, business and consequently national and global economies.

The 'Spanish Flu' in 1918 caused in excess of 20 million deaths Worldwide with the greatest number being between the ages of 20 and 50. During the 1957 pandemic, in Liverpool Hospitals, 12 to 19% of nurses were absent during the first four weeks of the pandemic, and in one hospital nearly a third of nurses were absent at its peak. This demonstrates the need for Care UK to have contingency plans to deal with staff absenteeism in place to maintain core services during a pandemic.

As there is likely to be little warning good planning is essential. Plans are needed to establish contingency arrangements and improve our preparedness, so that we are in the best possible position to manage an emergency on such a scale and reduce its impact. Disruption is likely to be less if people know what to expect and what to do and have had time to think through the consequences for themselves, their families, communities and organisations.

#### **1.1 National Requirements**

The Department of Health and the Health Protection Agency are responsible for controlling outbreaks of infection in both hospitals and community settings. If a new strain of virus is identified which has the potential to cause world-wide outbreaks, the World Health Organisation will inform the Department of Health and the Health Protection Agency. The Department of Health and the Chief Medical Officer will coordinate centrally the response to an Influenza Pandemic.

All regions and therefore independent sector health and social care organisations have been asked to localise contingency plans for managing Pandemic Influenza. The Department of Health released an updated plan in November 2007 – UK Influenza Pandemic Contingency Plan ([www.dh.gov.uk/pandemicflu](http://www.dh.gov.uk/pandemicflu)) that clearly sets out the responsibilities for health organisations. This contingency plan reflects those requirements.

## **1.2 Scope**

This Pandemic Flu Plan will apply to all staff service users and patients group wide. The Pandemic Flu Plan will be used in conjunction with Infection Prevention and Control Guidelines on Flu Pandemic. Staff have a legal, moral and ethical responsibility to protect the health and safety of themselves and others. During a Flu Pandemic staff that are unwell with Flu/suspected Flu will not attend work for the duration of their illness.

## **2. Aims and Objectives**

The aims of this contingency plan are;-

- To reduce morbidity and mortality from influenza illness.
- To be able to cope with large numbers of ill patients and service users presenting and a reduction of the workforce due to staff illness.
- To ensure that essential services are maintained.

### **2.1 Planning Assumptions**

- The following list of planning assumptions has been drawn from Chapter 3 of the Pandemic Influenza - A national framework for responding to an influenza pandemic.
- A future influenza pandemic could occur at any time and at any time of the year.
- Initially, pandemic influenza activity in the UK may last for three to five months, depending on the season, and there may be subsequent waves, weeks or months apart.
- People are highly infectious for four to five days from the onset of symptoms (longer in children and those who are immuno-compromised) and may be absent from work for up to 10 days.
- The incubation period will range from one to seven days (typically two to five).
- In previous pandemics, the overall UK clinical attack rate has been of the order of 25% to 35%, compared with the usual seasonal range of 5% to 15%.
- Cumulative clinical attack rates of up to 50% of the total population are possible, spread over one or more waves of around 15 weeks, each some weeks or months apart. If they occur, a second or subsequent wave could be more severe than the first.
- The actual incidence (clinical attack rate) of illness will only become evident as person-to-person transmission develops, but response plans should recognise the possibility of a clinical attack rate of up to 50% in a single-wave pandemic.
- Up to 4% of those who are symptomatic may require hospital admission if sufficient capacity were to be available.
- Mortality due to pandemic influenza is expected to be much higher than in inter-pandemic years, when an average of 12,000 influenza-related deaths are estimated to occur in England and Wales each year.
- The UK case fatality rate in previous pandemics was between 0.2% and 2%.

### 3. Definitions and Alert Phases

A pandemic is the worldwide spread of a disease, with outbreaks or epidemics occurring in many countries and in most regions of the world. A flu pandemic is likely to occur when the flu virus undergoes major change (antigenic shift), and a new flu virus emerges, which is markedly different to recently circulating strains, and to which humans are not immune. A pandemic will occur if the new virus:

- Infects people (rather than, or in addition to, animals or birds).
- Spreads from person to person.
- Causes illness in a high proportion of the people infected and spreads widely, (most people will have little/no immunity and will be susceptible to infection).

The World Health Organization (WHO) defines three periods of a pandemic, divided into six phases (updated in 2005):

1. Inter-pandemic period (Phase 1 and 2)
2. Pandemic alert period (Phases 3 to 5)
3. Pandemic period (Phase 6)

A four point UK-specific alert mechanism reflects flu activity in the UK – see table 1 below. The time interval between the emergence of the pandemic and its spread to the UK is unknown. It is likely that a pandemic will start outside the UK, and become established in other countries first.

The interval between clear person-to-person spread and multiregional outbreaks is important in determining whether a vaccine will be developed in time for the first wave of illness in the UK.

#### WHO international phases and UK alert levels

WHO is the global organization responsible for determining international pandemic flu alert levels. Pandemic Alert level 6 triggers the UK alert levels as detailed in the table below. More information can be found in the following document; Cabinet Office/Department of Health, Pandemic Flu - A national framework for responding to an influenza pandemic

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_080734?IdcService=GET\\_FILE&dID=154605&Rendition=Web](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080734?IdcService=GET_FILE&dID=154605&Rendition=Web)

Phase	WHO international phases	Overarching public health goals
<b>Inter-pandemic period</b>		
1.	No new influenza virus subtypes detected in humans	Strengthen influenza pandemic preparedness at global, regional, national and sub-national levels Minimise the risk of transmission to humans; detect and report such transmission rapidly if it occurs
2.	Animal influenza virus subtype poses substantial risk	
<b>Pandemic alert period</b>		
3.	Human infection(s) with a new subtype, but no (or rare) person-to-person spread to a close contact	Ensure rapid characterisation of the new virus subtype and early detection, notification and response to additional cases Contain new virus or delay its spread transmission to gain time to implement preparedness measures, including vaccine development Maximise
4.	Small cluster(s) with limited person-to-person transmission but spread is highly localised, suggesting that the virus is not well adapted to humans	

5.	Large cluster(s) but person-to-person spread still localised, suggesting that the virus is becoming increasingly better adapted to humans	efforts to contain or delay spread, to possibly avert a pandemic and to gain time to implement response measures
<b>Pandemic period</b>		
6.	<p>Increased and sustained transmission in general population</p> <p><b>UK alert levels:</b></p> <ol style="list-style-type: none"> <li><b>1. Virus/cases only outside the UK</b></li> <li><b>2. Virus isolated in the UK</b></li> <li><b>3. Outbreak(s) in the UK</b></li> <li><b>4. Widespread activity across the UK</b></li> </ol>	Minimise the impact of the pandemic

The response to pandemic flu requires actions in all phases, in particular in relation to the following key areas:

#### **Surveillance and early detection**

- Identify the emergence of pandemic strains of flu in Care UK premises or staff.
- Rapidly assess the epidemiology of the pandemic locally to inform local control measures.

#### **Limiting spread and reducing disease impact**

- Reduce the spread of flu.
- Limit the morbidity and mortality.
- Treatment and care for large numbers of people with flu and its complications.
- Make provision for large numbers of deaths.

#### **Business continuity**

- Ensure that essential services are maintained.
- Reduce the impact on health and social care services, including any consequences for other patients as a result of prioritisation of services or cancellation of routine work.
- Reduce the impact on daily life and businesses, and minimise economic loss.

#### **Communications**

- Provide accurate, timely and authoritative advice and information to staff, service users and patients as appropriate.

#### **4. The Virus**

Flu is an influenza virus, which can usually be dealt with by the body's own defence mechanism or by vaccinations. Pandemics are caused when

Influenza type A mutates into a new strain to which the body has no prior immunity.

The Influenza virus affects the respiratory system and is predominantly spread as an aerosol; however it can be transmitted through direct contact with contaminated hands etc. The virus can survive outside the body for some time:

Hard surfaces	24 - 48 hours
Cloths	8 -12 hours
Hands	5 minutes

#### **4.1 The Spread of Pandemic Flu Strains**

Pandemic strains spread worldwide in about 6 months, although this may be shorter with the amount of international travel seen today.

The incubation period for the virus can be anything from 1 to 7 days and individuals can transmit the virus from the point of receiving it up to around 7 days. Active symptoms usually last anything up to 5 days, although associated illness can increase this period and the complexity of any medical interventions.

On average a pandemic lasts around 3 – 4 months although a second wave is traditionally experienced between 3 – 9 months later.

#### **4.2 Complications**

History has shown that Flu can affect any age, whereas we traditionally think those most vulnerable to be the old and very young. The 1918 flu pandemic predominantly affected young adults. It is therefore right to assume that the next may hit any age group.

The Influenza Virus can generate a number of medical conditions, predominantly;

Respiratory	Bacterial pneumonia (common) Combined viral/bacterial pneumonia Pure viral pneumonia
Cardiac	Atrial fibrillation Heart Failure Myocarditis Pericarditis
Musculoskeletal	Myositis Rhabdomyolysis
Central Nervous System	Encephalitis Transverse myelitis Guillain-Barre Syndrome

### **4.3 National Planning**

The WHO is exchanging information with the UK Health agencies on a regular basis. The Health Protection Agency (HPA) maintains surveillance within the UK and advises the Department of Health (DOH) and the NHS regarding the types of flu virus and will draw attention to the possibility of pandemic.

Once an alert phase has been identified the DOH will convene a national Influenza Advisory Committee who will advise on national strategy and communicate to all Health agencies. The Influenza Advisory Committee will act as the clearinghouse for information from abroad and from the UK and will co-ordinate the response within the UK.

Care UK response will be to convene a Pandemic Influenza Team consisting of the Group Medical Director, Director of Infection, Prevention and Control (DIPC), Lead for Infection, Prevention and Control (Secondary Care), Lead for Infection Prevention and Control (Social and Primary Care), Group Human Resources Manager and the Occupational Health Manager. The team will interface between any Regional tier, DOH, and other national bodies such as the HPA and the Trusts in each area. It will interpret and apply National policy for responses to the pandemic as it affects Care UK services.

### **4.4 Staff Immunisation**

The Occupational Health service, with advice from National Guidance and Infection Control, will advise on staff vaccination and use of antiviral medications, as and when vaccines/antivirals are available. Occupational Health clinics will be organised to provide staff vaccination where available and appropriate.

### **4.5 Patient/Service User Vaccinations**

The Department of Health and PCTs will advise regarding the patient groups to receive priority antiviral medication e.g. patients with chronic respiratory or heart disease, renal failure, diabetes or immuno-suppression due to disease or treatment.

### **4.6 Treatment of Cases**

Antibiotics have no place in the management of uncomplicated influenza. The Primary Care Services will guide treatment of secondary bacterial pneumonia in consultation with the service users/patients GPs as appropriate.

### **4.7 Early Stages of Influenza Pandemic - Slowing the Spread of Infection**

It is unlikely that the spread of influenza can be halted, but some slowing of the spread can be achieved by ensuring that staff comply with Infection Prevention and Control policies and additional infection prevention and control recommendations including encouraging staff suffering from the disease to go off duty and remain at home for the duration of infectivity. Pre pandemic infection prevention and control education and training must be undertaken to ensure that everyone understands the standard principles for infection transmission prevention at all times.

The Infection Prevention and Control service will advise on the best possible method of isolation of service user/patient cases (with defined influenza), within Care UK according to HPA guidelines and the Standard Infection Prevention and Control Precautions which also includes:-

- Hand hygiene.
- Decontamination of clinical equipment.
- Environmental decontamination.
- Safe disposal of waste and linen.
- Use of Personal Protective Equipment (mask, goggles, gloves and aprons/gowns).
- Isolation/cohort precautions.
- Safe collection and transport of laboratory specimens in appropriate containers.

In the early stages of Flu pandemic additional precautions will be required. They include:-

- Droplet infection prevention using surgical facemasks for close proximity to a symptomatic person, during most routine care/support activities.
- Higher level respiratory protection (EN 149:2001 FFP3 respirator) for aerosol producing procedures.
- Mask Fit training (only if masks purchased require this procedure) for a group of senior staff who will be responsible for cascading procedures to be implemented pre pandemic according to Health and Safety Policy – Personal Protective Equipment (PPE).

However, once flu is circulating in the community then staff will be exposed as part of everyday life. As the Influenza Pandemic gathers momentum Care UK in conjunction with local councils, Primary Care Trusts (PCTs), Local Authorities (Las) and multi-agency partners will escalate the management of the Pandemic via the Pandemic Influenza Team and the Infection Prevention and Control Team working together.

#### **4.8 Staff Management**

In planning prior to the declaration of a pandemic service location managers must identify staff who are likely to be absent (e.g. those with children of school age, frail elderly relative, etc) to care for others, to define the risk within their workforce.

Staff must report to their unit/departmental/home manager if they are unable to come to work, whether ill or caring for others. This will ensure that each service can implement contingency plans to ensure core services are delivered and that staff can be diverted elsewhere within Care UK in the locality, depending upon need and skill provision.

## 4.9 Phased Action Plan

### Phasing the response

There are four alert levels recognised in the emergence of a pandemic:

**Alert Level 0** - Inter-pandemic – no cases anywhere in world

Policy and action plan prepared (this document).

Coordinator identified (DIPC).

**Alert Level 1** - Cases only outside the UK

No action required by Care UK.

**Alert Level 2** - New virus isolated in the UK

Infection Prevention and Control service informed.

**Alert Level 3** - Outbreak(s) in the UK

Pandemic Influenza Policy and Action Plan ready to be activated depending upon locality of outbreak and guidance from Infection Prevention and Control Service.

**Alert Level 4** - Widespread activity across the UK

Pandemic Influenza Policy and Action Plan Activated.

## 5. Key Actions for Care UK

### Inter-pandemic period

- Designate an influenza pandemic coordinator/Lead.
- Prepare and maintain business continuity plans for all areas of Care UK, including:
  - Maintaining up to date register of contact details.
  - Preparing and maintaining lists of relevant external organizations.
  - Compiling lists of essential staff in all essential services.
  - Reviewing and agreeing the co-ordination of communication systems.
  - Reviewing and ensuring mutual aid arrangements between contract partners and other agencies.
  - Reviewing and agreeing local plans for preparedness and response to a flu pandemic.
  - Developing and agreeing the escalation framework and triggers, with particular reference to maintaining essential services.
- Work with Councils, PCTs, LA and multi-agency partners to keep the pandemic plan up to date, in line with national and regional guidance.

### Pandemic period

- Establish a Divisional Control Centre and ensure that all local plans are ready to be implemented when notified.
- Activate local communications network and issue communications with staff and public (in conjunction with central advice/communications team).

- Monitor the impact of the pandemic in each business unit and modify actions in the light of experience, national guidance and other developments.

### **Post-pandemic period**

- Review the local response to the pandemic and amend plan as appropriate.
- Ensure continuing support to staff and partner organizations.
- Ensure recovery plans are implemented, in partnership with external organisations, to return systems and services to normality as soon as possible.
- Plan for second wave.

## **6. Additional Roles and Responsibilities during Influenza Pandemic**

When an Influenza Pandemic has arisen, and neighbouring NHS agencies have declared a major incident the roles and responsibilities listed in this plan must be implemented, as well as those set out in the Infection Prevention and Control plan and local plans.

### **6.1 Group Medical Director (Emergency Preparedness Lead)**

- Arrange meetings of the Pandemic Influenza Team (PIT).
- Notify PIT members of date time and venue of meetings, wherever possible teleconferencing should be used.
- Take minutes of meetings, log decisions taken.
- Arrange internal debrief sessions.
- Co-ordinate external debrief attendances as required.
- Provide secretarial support/office to PIT.
- Produce handouts and other appropriate communication material as required in conjunction with Infection Prevention and Control and Occupational Health.

### **6.2 Pandemic Influenza Team (PIT)**

- Co-ordinate operational services to ensure business continuity and in peak of pandemic to ensure essential core services are maintained.
- Co-ordinate Care UK response with PCT /LAs.
- Work in conjunction with the Infection Prevention and Control Service to effectively manage flu outbreaks leading up to and including pandemic.
- Control admissions.
- Control visiting in all service locations.
- Staff Absenteeism – to receive regular reports from HR/Managers regarding staffing levels to co-ordinate service provision.
- Annual leave may have to be cancelled.
- Coordinate the vaccination of patients/service users across Care UK as directed by local PCT's and DOH.
- Utilise non nursing personnel from closed departments or admin offices to assist with service provision as appropriate.

- Identify strategies to manage waiting lists, catch up and resume to normal services.
- Review effectiveness of Flu Pandemic Contingency Plan and revise accordingly.

### **6.3 Infection Prevention and Control Leads –to work in conjunction with the PIT**

- The Infection prevention and Control lead will coordinate the epidemiological investigation.
- Prioritise with Occupational Health the vaccination of health care staff.
- Collate information about the extent of suspected and actual cases.
- Receive reports from the HPA/DOH.
- Receive reports from the Human Resources/Occupational Health.
- Provide professional advice to the PIT.
- Co-ordinate infection control advice to health professionals and others.
- Work with communications staff to ensure staff, service users and patients receive appropriate information.

### **6.4 Human Resources and Occupational Health**

- Provide professional Occupational Health advice to Care UK.
- Work with Infection Prevention and Control leads to collect data and assist with epidemiological investigations.
- Coordinate the vaccination of staff.
- Collect statistical data on staff sickness/deaths.
- Lead ongoing table top exercises.
- Maintain staff support programmes.
- Maintain staff helpline.

### **6.5 Divisional Directors**

- Implement divisional and local contingency plans to mitigate staff absenteeism and increasing numbers of sick patients/service users.
- Daily, or as instructed, report on staff availability throughout each division and locality of Care UK and effectiveness of divisional flu contingency plans.

### **6.6 Facility Management**

Each Service location should work with Facilities Management to ensure that adequate quantities of essential supplies are available in the event of disruption to the supply chain. We expect services in the same locality to liaise as appropriate in order to facilitate effective use of supplies.

- Implement contingency plans to manage disruption to services: power, fuel, transport.

### **6.7 Pharmacist Support**

Develop divisional and local plans to ensure appropriate supplies of relevant products (e.g. antibiotics, antivirals, etc) are available in co-ordination with local partners (PCTs, LAs) and the PIT.

## **6.8 Communications Team**

- Implement communications strategy; specifically for staff, patients and service users.
- Issue internal media bulletins.
- Assist with co-ordination of internal debriefs.
- Deal with press enquiries.
- Work with the PIT to produce press statements.

## **7. Strategic Command and Control**

This will be the role for the Pandemic Influenza Team and will include:

- Briefing/teleconference times.
- Local lead meetings/teleconference times.
- On-call rotas both for infection prevention and control and senior support.
- Situation reports, information and data requirement deadlines.
- Local authority and partner meetings.
- Monitor staffing levels.
- Exec briefings of key issues.
- Accessing public health advice/HPA .

## 7.1 Key Considerations

The following table sets out some of the key considerations for the Pandemic Influenza Team.

<b>Response Theme</b>	<b>Considerations</b>
<b>Meetings</b>	Face to face meetings should be kept to a minimum in order to reduce the possible spread of infection. Use teleconferencing facilities as much as is practicable.
<b>Data collection</b>	The information requirements for upward reporting will be requested by the DH. However, there may be additional data you wish to record and collate – e.g. deaths and hospital mortuary spaces; supplies/stocks and PPE; antibiotic antiviral and other pharmacy stocks; capacity issues; sickness and absence data; infection prevention and control issues; ability to maintain critical services
<b>Mutual aid</b>	The national guidance assumes there will not be any capacity for mutual aid between regions. We need to consider if we have staff who could be more valuably deployed somewhere else within the organization locally.
<b>Staffing &amp; HR</b>	During peak weeks there could be a 50% absence level. We may consider asking more staff to work from home or from other Care UK locations on a mutual aid basis, as appropriate. Key issues and position statements on pay, childcare, carers and compassionate leave need to be regularly communicated to staff to ease anxiety. Statistics will need to be collated on staff absences, temporary contracts for temporary staff, volunteers, etc. Reports and briefings on such data will need to be prepared for executive team briefings.
<b>Finance and Performance</b>	As the pandemic takes hold some services will not be able to meet performance and financial targets. This will require discussions with Commissioners/ DH/ Contractors and individual budget holders/ self funding clients as appropriate.
<b>Ethical decision making</b>	Ensure consistent messaging. Monitor publics'/clinicians' perception of ethical dilemmas and decision making.

<b>Response Theme</b>	<b>Considerations</b>
<b>Communications</b>	Managing the messages will be key - disruption will be caused, routine treatment will be cancelled; need to create ongoing dialogue with service users and patients to enhance understanding of the emergency and its impact on services; assure key messages are disseminated regionally and locally; agree messages for our staff in conjunction with HR (staff will need to be kept informed of the impact of the pandemic on them and their families).
<b>Business continuity</b>	Where possible we should aim to operate business as usual. Ensure critical and essential services are maintained. Monitor the robustness of outsourced services and contracts – e.g. IT support; telecommunications, etc, implementing contingency plans as appropriate.

## **8. Guidance for Divisions when preparing local contingency plans**

Divisions must prepare local contingency plans that allow them to continue to offer core services during the pandemic. The following list is not exhaustive, but provides guidance to issues that will need to be included in local contingency plans. Infection prevention and control guidelines built in to this plan should be replicated in all local contingency plans to ensure consistency across Care UK.

### **8.1 Patient/Service User Issues**

- Infection Prevention and Control measures must be implemented as recommended.
- Closure of wards/units/homes to new admissions may be recommended by the PIT/Commissioners/Local Acute Trusts etc.
- Restrict staff entering the ward/areas to only those who genuinely need to be there - instruction from PIT via Bulletins/Notices.
- Patients/Service Users should be encouraged to recover in their own rooms/bays.
- Patients/Service Users should bathe or shower daily.
- Bed linen, towels and night attire should be changed as soon as soiled and at least every day.
- Dirty linen should be disposed of as infected linen and placed in alginate bags and red plastic bags to protect laundry staff.
- Bedrooms, en-suites and toilets are to be cleaned daily as a minimum according to infection prevention and control decontamination guidelines.
- Ensure that extra fluids and nourishing drinks are available to prevent dehydration.
- Ensure that sick patients/service users have their vital signs recorded minimum 4 hourly or according to medical recommendations.
- All crockery, cutlery and medicine pots must be washed in the dishwasher.

## 8.2 Staff Issues

- Report cases of staff with influenza to Occupational Health and Infection Prevention and Control Lead Nurse.
- Staff who arrive ill or become ill when at work MUST GO HOME and remain off duty for the remainder of the illness.
- Hand hygiene is paramount, and all staff must wash their hands according to the Infection Prevention and Control Hand decontamination policy which includes:-
  - On entering and leaving a clinical area
  - Immediately before and after each direct patient/service user contact/care (taking observations, manual handling, bathing, etc).
  - After any activity or contact that potentially results in hands becoming contaminated (i.e. contact with blood and bodily fluids, skin, wounds, dust, linen, waste, making beds, coughing or sneezing into hand).
  - Following contact with patients/service users, linen and collection of samples etc.
- Staff attending to patients/service users confined to bed, when handling specimens, or cleaning up body fluid spillages will wear disposable gloves and aprons as per Standard Infection Prevention and Control Precautions policy.
- Used PPE e.g. masks, gloves and aprons must be disposed of as clinical waste according to Waste Management policy.

## 8.3 Staffing Levels

- Establish minimum staffing levels (flu pandemic is likely to be prolonged).
- Establish staff skill mix.
- Plan to transfer or redeploy staff.
- Plan to manage how staff will work in unfamiliar circumstances.
- Maintain current staff contact details.
- Plan to use volunteers as part of workforce where possible.
- Establish list staff that may not be able to come to work because of children or elderly dependants.
- Consider staff support, as there could be deaths amongst colleagues.

## 8.4 Equipment

- Establish core equipment requirements and establish availability in a crisis.
- Keep rechargeable equipment charged at all times and regularly serviced.

## 8.5 Stores/consumables

- Establish core turn over time for Stores/consumables.
- Establish stock levels of core consumables.
- Use single use equipment e.g. tourniquets, blood pressure cuffs, oxygen tubing and disposable items whenever possible.
- Supplies of Actichlor Plus or other chlorine releasing agent.

- FFP 3 masks.

## 9. Summary of Key Care UK Actions by Pandemic Phases

The UK alert system will be triggered by WHO pandemic flu alert system. Whilst technically WHO alert level 6 has to be reached to trigger the UK alert system, recent events have shown that a UK response is required prior to this being reached.

	<b>Response</b>
Level 0 – Routine pre pandemic continuity planning.	Develop, maintain and test robust resilient and integrated local response plans within national guidelines and in conjunction with partners. Ensure arrangements in place to identify; investigate; report and manage any suspected cases of infection with a novel virus. Review, revise, test pandemic plans. Conduct table top exercises.
Level 1 - Virus/cases only outside the UK	Ensure arrangements are in place to identify; investigate and manage cases/clusters following HPA guidance. Refine pandemic response plans. Continue to test plans for WHO Phase 5 and 6 in conjunction with local stakeholders. In addition to the above ensure operational plans are 'ready to go'.
Level 2 - Virus isolated in the UK	Ensure arrangements are in place for identification, investigation, management and reporting of any UK cases. Prepare for imminent implementation of pandemic plans, and move to care as directed by PCT or Local Authority. Manage initial cases and contacts as advised. Co-operate with the HPA to investigate. Liaise with DH over public communications about suspect/confirmed cases. Activate pandemic preparedness plans and move to essential care only when advised by DH.
Level 3 – Outbreaks in the UK	Adapt response according to capacity. Maintain local public information on health access, local policies. Care UK Pandemic Influenza Team is convened. Divisional Pandemic Influenza Teams and divisional operational staff monitor and direct local plans and interaction with local health economies.
Level 4 – Widespread activity across the UK	General mobilization of Care UK pandemic influenza plans.
Post pandemic – recovery phase	Implement recovery programme, assuming that further waves – or severe seasonal influenza – possible. Prepare to implement vaccination strategies on instruction from the DoH. Revise, maintain and test robust resilient and integrated local response plans to reflect improvements identified within the first wave and in line with any revised/additional national guidelines, in conjunction with partners.

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As of Last Complete Printing  
Number of Pages: 17  
Number of Words: 5,295 (approx.)  
Number of Characters: 30,182 (approx.)