

Flu Pandemic Action Plan

WHO and international experts believe that the world is now closer to another influenza pandemic than at any time since 1968, when the last of the previous century's three pandemics began. The highly pathogenic H5N1 avian influenza virus, which has been circulating in poultry in parts of Asia since mid-2003, has infected more than 200 humans in 10 countries, but remains primarily a disease of birds. Should the virus acquire an ability to spread efficiently and sustainably among humans, a pandemic is expected to begin.

Working and living through a Pandemic Influenza infection will be hard both mentally and physically. By planning for this beforehand we aim to make the working of the Home as normal as possible.

Phase 1 BLUE PHASE- Planning and Preparation

Phase 2 GREEN PHASE- First Cases identified Internationally

Phase 3 AMBER PHASE- General Outbreak Nationally.

Phase 4 RED PHASE- General Outbreak in our region.

Phase 5 PURPLE PHASE- Recovery and assessment.

Outstanding issues and risks

Contact list

The following people are contacts for Flu planning within the home

PCT.....

WSSC – Advice.....

 Payments.....

District Council.....

Public Health

Health Protection Agency

CQC

Safeguarding

Funeral Directors.....

Local clergy/ church leaders.....

Local GP surgery.....

National Flu line.....

Local Flu line for Anti virals.....

Phase 1 Planning and Preparation BLUE status signals that there is no alert – pandemic influenza remains a possibility; contingency plan is kept in good order.

Lead co-ordinator.....

Deputies

Individual Managers of each home.

Lead to be contactable at all times. 24hrs. All information is to be shared immediately upon receipt.

Blue Phase Actions

Actioned

- Training of Managers.....
- Liaise with GP re Practise Plans.....
- Discuss procedure for Anti-viral prescription with GP.....
- Discuss management of Flu Pandemic with GP.....
- Design and make Restricted Entry signs.....
- Buy Books to use as Communication and Decision log.....
- Write letters to send to relatives.....
- Decide essential Office/admin work.....
- Write out contacts lists.....

Training of staff

If time, training of all current staff regarding contingency measures in Pandemic flu to have been carried out, prior to onset of situation arising. ie. asap.

Copies of this plan to be used and Information leaflets to be given to staff (Jill will supply)

Dates actioned.....

Subjects to be discussed

1. Infection control
2. Health and safety/ legal aspects
3. Communication to staff, relatives and other visitors – what and when
4. Visiting clients (relatives and friends)
5. Recording actions – delivery of care balanced against recording care decisions
6. Disposal of waste
7. Staffing issues – such as leave, sleeping on the premises, travel and so on
8. Volunteer support

Phase 2 First cases Internationally- GREEN status signals that a pandemic influenza virus, transmissible between humans has been identified in the UK. Section Green is activated and there are measures to be put into operation.

All non-essential training will cease.

All mandatory training should be completed as normal.

Pandemic Training measures in advance of the pandemic becoming critical and/or local.

Further Training ie. Essential Infection Control.

Vulnerable group identification

All residents shall be classed as vulnerable.

Resources

At first signs of a possible Flu Pandemic the Manager shall ensure that there are increased stocks of;

Cleaning materials- bleach, rubber gloves, spray with bleach, toilet rolls, tissues, cloths, soaps, anti bacterial soaps, laundry soaps, anti bacterial surface cleaner, disinfectant, black bin bags,

Medical supplies, fluid repellent face masks, hand wipes, aprons, paper towels, alcohol gel, pads, wipes, incontinence sheets, nutritional supplements, yellow bags, disposable sheets, paracetamol, cough mixture,

Food. The chef/cook shall ensure there are increased levels of dry stores, dried milk, tins, soups fluids and that the freezers are stocked with basics (bread, meat/fish etc)

Medications. The Manager should liaise with the GP as to whether it might be necessary to stock certain drugs in advance. ie 2 months drug order.

Sundries. Gas lights and fuel, torches, batteries,

Green Phase Actions

- **Prepare to order 2 months supplies of all medications.....**
- **Buy in extra Infection Control supplies.....**
- **Buy in extra cleaning materials.....**
- **Buy in extra food supplies.....**
- **Buy in extra Medical supplies.....**

Phase 3 Pandemic Nationally- AMBER status signals an outbreak of pandemic flu in your region and the action needs to be stepped up; the contingency plan 'Section Amber' is activated.

Anti-Virals information

Anti-viral medications can reduce the length of symptoms and their severity, as long as they are taken with **48 hours of the onset of symptoms**. The UK has a current national stockpile of anti-virals, sufficient to treat 25% of the population, which will be increased to 50%.

There will be a separate process for getting anti-virals. This will include people nominating a "**flu friend**" before contacting the National Flu line. A flu friend is needed because flu sufferers would not be physically able to leave their property and collect the drugs themselves.

Once contacted, the **flu line operator** would ask the caller a number of specific questions, and determine from the responses whether the caller should have the anti-viral, or whether an alternative course of action was more appropriate. For example, the anti-viral should be taken within the first 12 hours on contracting flu, or at worst within 48 hours. So, if you contracted the virus five days ago, the drugs wouldn't help and they would not be prescribed. If anti-virals are the appropriate treatment, then the caller will be given a **unique reference number** which the flu friend will use to obtain the drugs from one of the distribution centers.

The **Primary care Trust** is responsible for distributing anti-viral drugs.

Amber Phase Actions

- Display notices and signs around the home and send information to relatives
- Revisit this plan with daily handovers.
- Staff Notice to be displayed and given to staff
- Information letters to be sent out to all relatives.
- Put up 'Restricted entry + Reasons why' signs at each access point into the home
- Send out a letter to each resident and relatives detailing procedures and cessation of visits
- Inform all suppliers of procedures for delivering goods
- Provide Alcohol gel, aprons, gloves and face masks for staff and essential visitors
- Communication and reporting of cases.
- Staff to commence use of '**Communication and Decision Log**'-
Used to document all and any decisions relating to the emergency.
Reasons for the decision.
Sign and date and time.

Phase 4 Pandemic Locally- RED

New Emergency Measures!!!

Crisis Management
Shift Management
Infection Control
Fire Safety
Moving and Handling.

'Communication and Decision Log'- used to document all and any decisions relating to the emergency.

Red Phase Actions

- Staff are to be contacted by phone informing them that this section has become active.
- Continue with Amber phase actions
- All new cases of pandemic flu (resident, relative, family and staff) must be reported to the Manager immediately, who will inform the local Health Protection Agency and the co-ordinator
- The Co-ordinator and Manager will be updated via the Oxfordshire Influenza Pandemic Committee. A summary of these updates will be given by the Manager to each shift at the handover, and a copy will be displayed on the staff notice board.
- Hand washing facilities in the entrance to the home. Plus alcohol gel.

Staffing

It is estimated that up to 50% of staff will be unable to come into work over the course of the pandemic. During the peak all non essential work will cease. (See below) Staff members may have to multi- task. It will be the responsibility of the Managers or their 'deputies' to arrange staff shifts. Healthcare workers will be at risk of acquiring influenza through exposure in both community and healthcare-related settings, and staff should be aware of the symptoms of influenza. Before commencing duty, staff must report any symptoms of influenza to their line manager, who will then advise accordingly. Similarly, members of staff who develop such symptoms whilst on duty must report to their line manager immediately.

Questions to ask

- Which of your staff have dependents (i.e. children, dependent relatives etc as they are more likely to need to take leave to care for others)
- What sources of additional / alternative staffing do you have (are there bank or retired staff you know you could call upon)
- Where do staff live and how do they usually travel to work (this will help with planning if transport is disrupted)
- Which staff might be prepared to 'live in' during a pandemic?

Roles and tasks to be dropped/deferred:

- All planned/ unnecessary maintenance
- Cleaning- deferred to Emergency Measures. (**Infection control- see below**)
- Activities/ entertainments
- New admissions What Office/Admin' tasks can be deferred?.
- Non-essential training.

Core Functions:

- Good **communication**.- Group Manager (8 Hourly/ as required) GP's, Public Health (daily)
Relatives will be asked to ring in daily during the afternoon.
- Immediate **isolation** of any residents exhibiting symptoms.
- All planned **leave** cancelled.
- Administer **drugs** to residents
- Provide **safe** environment (infection control/ medications).
- Provide **nourishment** for staff and residents
- Provision of **nursing care**
- Provision of **personal care**
- Adhere to **Universal Precautions**.

Minimum essential staffing levels:

(Staffing numbers may be reduced by up to 50% over a 2-3 week period)

- Staffing can be reduced by a) Leaving residents in bed if unwell.
b) Doing only essential Nursing Care.

ESSENTIAL to be defined as, absolutely necessary, indispensable, basic, essential to life.

ie providing enough sustenance to survive, a daily wash, 4hrly turns, warmth, observation and monitoring at Registered Nurse discretion per shift..

- Cook /Caring staff to prepare simple meals/ supplements if cook not at work
- 1 x RGN and 3 carers per day shift
- 1 x RGN and 1 carer per night shift
- 1 Cleaner

Back up staff: (Not to be expected or relied on)

Agencies:

Bank Direct

Bank Staff: RNs and carers

Catering/cleaning staff redeployed:

Emergency volunteers: Relatives and friends of residents, voluntary organisation networks, faith and religious groups to be used as a last resort and supervised as far as possible. Document in Decision Log

Staff Sickness:

Any members of staff who falls ill should report sick immediately and should not return to the home until certified fit by their GP. A sick note will be required on return to work. (Self certification). Anti Virals to be obtained through the National 'Flu Line' + pick up points.

Staff time off for care of family/ or bereavements to be handled with sensitivity and discretion.

Premises

The home shall endeavour to remain as **isolated** as possible.

Ask- 1) are we isolating the public from Flu within the home - Barrier Nursing?

Ask- 2) are we isolating the Home from Flu outside the home- Reverse Barrier Nursing?

All Non essential visits shall cease. (Including activity organisers, non trained volunteers, tradesmen, priests, chiropodists etc. Likewise visits by residents to outside events shall cease.

Visits of relatives shall be at the discretion of the Manager at the time, according to Health Protection Agency guidelines.

Management may contact family to attend to care for their relative in cases of severe staff shortage.

How to determine if a visit is essential:

- Delivery of essential supplies.
- Symptom free relative if essential.
- A resident contact enters Home following advice or request of the manager.

Cleaning:

- **Twice Daily Essential cleaning** of door handles, tables and surfaces.
- Provide EXTRA covered bins for disposal of possible infected material. i.e. Flu virus.
- Remove all clutter that inhibits efficient cleaning, toilets, bathrooms, commodes, hoovering and dusting, emptying of bins.

Additional roles, (likely demands during pandemic and how to deliver these).

The Manager shall nominate a **deputy** for each shift who is to inform the Manager of any developments. **The Manager** will then contact the **Co-ordinator**, 8 hourly or as required.

Phase 5 Recovery and Assessment- PURPLE status signals that pandemic flu has been declared **over** by the World Health Organisation

This is difficult to write, because by this stage you and all your staff will be exhausted. Some ideas are,

- Notify relatives that the pandemic has ended (bearing in mind that a pandemic can have more than one wave, so it could happen again in say six months)
- Hold an event to mark the end of a pandemic and remember those who have died.
- Hold meetings with staff groups to assess performance and to learn for the future.
- Review flu plan in light of meetings with staff.
- Identify those staff/residents who have had the virus, and ensure that those who haven't are inoculated as soon as the vaccine becomes available.
- Have a flexible plan of which services and related procedures can go from flu status to normal working.

Plan for potential second wave.

Reflect.
Review.
Refresh

Regroup
Record
Communicate

Repair
Restock
Counselling