

# Flu Pandemic Plan

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**Distribution List:**

Chief Executive.  
Director of Nursing/Operations.  
Executive Directors.  
Medical Director.  
Service Heads/Directors  
Flu Pandemic Committee

**Related Policies:**

Infection Control Policy.  
Major Incident Plan.  
Flu Pandemic Communications Strategy

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# 1. Executive Summary

Cases of pandemic flu have been recorded throughout history and cause widespread illness and extensive social and economic disruption. There is increasing concern that a new strain of flu, to which no natural immunity has developed, will emerge and spread, resulting in a pandemic.

A flu pandemic will not be 'business as usual' for the NHS. It is highly likely that demand for hospital beds and qualified staff will exceed supply. Unlike other incidents that have a sudden and immediate impact, the effect of a pandemic will gradually escalate. Pressure will build up slowly but continuously and sustainability of response will become a key issue.

To limit the impact of a flu pandemic on health services, an organised response will be needed including clear lines of accountability and co-ordination. Preparation is essential to establish and rehearse contingency arrangements and identify gaps in planning.

The CNWL Flu Pandemic Plan provides details of the actions the Trust has already taken to prepare a response; it also outlines the additional actions that will be taken in the event of a pandemic. It aims to ensure that the Trust's essential services are maintained and to reduce the negative impact of the pandemic on patients, carers and staff.

This plan has been produced using the most recent guidance from the World Health Organisation (WHO)<sup>1</sup> and the Department of Health<sup>2</sup>. It has been informed by participation in various North West London (NWL) flu steering groups including the NWL Strategic Health Authority (SHA)<sup>3</sup> Flu Pandemic Steering Group, the NWL Acute Hospitals Admission Group and the five local PCTs' flu planning meetings. Certain elements of the plan have been discussed in other forums, including the NWL Chief Pharmacists meeting, the NWL Network Communications meeting and the NW Sector Emergency Planning meeting. This has ensured a co-ordinated interface with other NHS organisations.

Input into the plan has been provided from the Trusts' local adult services (Brent, Harrow, Hillingdon, K&C and Westminster) and other services including CAMHS, Eating Disorders, Older Adults and Substance Misuse. This has ensured the plan is representative of the needs of the local mental health population.

This is a draft plan. The completion is dependent on further guidance expected from the Department of Health in Autumn 2006. It will also be informed by a Trust-wide desktop exercise planned for September 2006 and a workshop with Acute Trusts and PCTs scheduled for August 2006.

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<sup>1</sup> WHO Global Influenza Preparedness Plan November 2005.

<sup>2</sup> Pandemic Flu, UK Influenza Pandemic Contingency Plan. Department of Health, October 2005.

<sup>3</sup> North West London Strategic Health Authority Sector Pandemic Influenza Plan. May 2006

## 2. Flu Pandemic

### 2.1 Introduction

Influenza, commonly called the “flu”, is one of the oldest and most common viral diseases. A flu pandemic may occur whenever a major genetic shift in the influenza virus throws up a new subtype to which the world population has little or no immunity.

A pandemic is different from the flu epidemics that occur regularly in the UK and other parts of the world. Epidemics are national outbreaks of the flu virus and are sometimes known as seasonal flu. A pandemic is an international outbreak associated with illness in a high proportion of people. A pandemic spreads widely and rapidly because people have no immunity to the new virus and are therefore highly susceptible.

There is concern that the recently emerged H5N1 avian influenza virus could mutate into a new virus, with the ability to transmit easily from person to person. Should this occur, it may trigger a new pandemic causing economic and social disruption and high mortality and morbidity.

With present day global travel, a new virus has the potential to spread rapidly across the world within a number of weeks. Several waves of different outbreaks would be expected, with the second wave predicted to be more severe than the first. Based on previous experience, each wave could last between 8-12 weeks.

### 2.2 The Nature of the Virus

Flu is an acute viral infection characterised by the sudden onset of chills, fever, headache, cough and other respiratory symptoms. It can be quite severe and complicated by secondary infections, such as pneumonia or bronchitis. The virus can spread very rapidly in crowded conditions and among people in enclosed communities. This is especially the case where residents are particularly vulnerable, such as long-stay elderly residential patients.

Flu is usually spread via the respiratory route when an infected person talks, sneezes or coughs. It can also be spread by hand contamination. The Health Protection Agency (HPA)<sup>4</sup> describes the infectious period, for adults, as the day before symptoms begin to five days after illness onset. However, children and those with compromised immune systems are generally infectious for longer.

Survival of the virus on various surfaces is as follows:

- 24-48 hours on hard, non-porous surfaces;
- 8-12 hours on cloth, paper and tissue;
- 5 minutes on hands (post transfer from environmental surfaces).

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<sup>4</sup> Guidance for Pandemic Influenza: Infection Control in Hospitals and Primary Care Settings. Health Protection Agency, Department of Health, October 2005.

## 2.3 Phases of Influenza Pandemic

The WHO has listed the phases of a pandemic from no new detection of virus to complete transmission to the general population. These phases are summarised below.

**Table 1: WHO Influenza Pandemic Phases**

<b>Inter-pandemic period</b>	
Phase 1	No new influenza virus subtypes detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low.
Phase 2	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease
<b>Pandemic Alert Period</b>	
Phase 3	Human infection(s) with a new subtype, but no new human-to-human spread, or at most rare instances of spread to a close contact.
Phase 4	Small cluster(s) with limited human-to-human transmission but spread is highly localised suggesting that the virus is not well adapted to humans.
Phase 5	Large cluster(s) but human-to-human spread still localised, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).
<b>Pandemic Period</b>	
Phase 6	Increased and sustained transmission in the general population. A second and possible further waves of illness caused by the new virus are likely 3-9 months after the first wave has subsided. The second wave may be more intense than the first.
<b>Post Pandemic Period</b>	
	Return to inter-pandemic period

The UK is currently at **phase 3 (pandemic alert period)**. Transition between phases may be rapid and the distinction blurred.

The Department of Health has developed a four point UK-specific alert system for use once the WHO declare a pandemic period (phase 6) as follows:

- Alert level 1: Cases only outside the UK
- Alert level 2: New virus isolated in the UK
- Alert level 3: Outbreak(s) in the UK
- Alert level 4: Widespread activity across the UK

## 3. Planning Assumptions

Although it is difficult to predict the impact of a flu pandemic, this plan is based upon the expert opinion of the World Health Organisation, the Health Protection Agency

and the Department of Health. The following assumptions are widely used to inform pandemic flu planning:

- There is increasing international concern regarding the possibility that avian influenza (H5N1) may evolve to produce the next pandemic.
- A pandemic virus can emerge anywhere, including the UK, but is likely to originate in China or the Far East.
- A future pandemic could occur at any time (intervals between pandemics in the last century varied between 10 and 40 years, the last pandemic occurred in 1969).
- A new pandemic may not follow traditional seasonal patterns and can emerge at any point in the year.
- Spread from the source country to the UK is likely to take 2-4 weeks.
- Spread of the pandemic virus across the whole of the UK is estimated to occur within 2-3 weeks.
- Once a pandemic has taken place, flu activity may occur for 8-12 weeks with a second or subsequent waves likely.

The HPA estimate that the clinical attack rate (i.e. the percentage of the population who will become ill with the virus) will be 25%. This is assumed to be uniform across all age groups. Over a number of pandemic waves this attack rate would be expected to increase. The extent of mortality associated with a pandemic is difficult to predict, but is expected to be higher than a severe winter epidemic of normal influenza.

Based on the above statistics, staff absence rates in the event of a pandemic are projected at a minimum level of 25% at any one point during a pandemic wave. However, absence rates may be higher due to staff who:

- Have to remain at home to care for children if schools close
- Have to care for ill relatives
- Find it difficult to travel to work due to transportation disruptions

As the impact of a flu pandemic on health services will be severe, innovative approaches will be needed to cope with difficulties including creative and flexible staffing arrangements and care provision.

### **3.1 The Impact of a Pandemic on Services Provided by CNWL**

The specific impact of a pandemic on services provided by CNWL is not easy to predict. However, it is assumed that there will be high levels of flu illness among mental health patients, particularly those living within closed communities. Whole wards could become infected with the virus. Contingency arrangements need to be considered to manage patient admissions appropriately and provide continued support to patients whilst protecting and advising staff. There will be increased pressure on neighbouring PCTs and Acute Trusts, hence medical support for mental health patients, including acute hospital beds, may be in short supply.

CNWL is one of the largest Mental Health Trusts in London with 2,900 employees, serving almost 100 sites across eight London boroughs including 20 inpatient units. During 2004/05 Trust staff provided community care for more than 36,000 people and inpatient care for 3,500. Planning a response to a flu pandemic across the Trust needs to be undertaken in the context of the above scale and complexity of services. Further specific details on the Trusts' services and what will be prioritised and postponed in the event of a pandemic are included in section 5.1 and Appendix 3.

## **4.Responsibilities**

### **4.1 Sector-wide and National Responsibilities**

The national response to a flu pandemic will be informed by the WHO. They will announce the various phases of the pandemic as soon as they are confirmed. When the Department of Health is informed of the isolation of a new influenza virus with pandemic potential (phase 5), they will convene the UK National Influenza Pandemic Committee (UKNIPC).

Following the lead of the Department of Health, the SHA will convene an incident control team comprising of the SHA, the lead PCT and the HPU. This will interface between any Regional tier, the Department of Health, and other organisations such as the HPA and NHS Trusts in London.

The NHS operational response to a flu pandemic will be led by PCTs. However, CNWL Mental Health Trust is already liaising with all associated PCTs and Acute Trusts to plan a response to a flu pandemic and will continue to do so in the actual event.

### **4.2 CNWL Responsibilities**

Each NHS organisation needs to produce a Flu Pandemic Plan (as highlighted by the Department of Health). CNWL has established an Influenza Pandemic Committee responsible for overseeing this plan. This is chaired by the designated flu co-ordinator (the Director of Nursing Practice).

### **4.3 Terms of Reference**

The terms of reference for the Trust's Influenza Pandemic Committee are as follows:

- To agree the Trust's flu pandemic plan
- To ensure the flu pandemic plan is robust and sustainable
- To agree decisions about the deployment and prioritisation of Trust resources whilst ensuring essential services are maintained
- To limit the spread of the virus among staff groups and patients wherever possible
- To work collaboratively with other organisations and agencies
- To plan operational arrangements for delivering mass vaccinations and antiviral medication if and when made available to the Trust
- To respond to national and international guidance and direction
- To ensure normal services are resumed as soon as possible following a pandemic (this may need to be a phased process, particularly as a second wave is likely)

### **4.4 The Control and Command Unit**

A sub-set of the Influenza Pandemic Committee has been identified to form a central Control and Command Unit (CCU). The CCU will form as soon as the Department of Health announces alert level 1 (cases only outside the UK). They will meet to discuss the introduction of contingency arrangements across Trust Services. This

message will be cascaded to all the identified flu leads within the Trust's local Adult services and specialised services<sup>5</sup>. During this period the CCU will also make the necessary arrangements to respond to alert level 2.

As soon as alert level 2 is announced, the CCU will meet daily, initially face-to-face and then remotely (for example by teleconference) as the need arises. They will meet throughout the course of the pandemic and during the post-pandemic period. Their main focus will include:

- Cascading key messages to all the Trust's identified flu leads
- Ensuring the communication strategy is in place
- Providing high-level co-ordination across all Trust's services
- Ensuring the Trust's response is shared with local PCTs and Acute Trusts

It is the responsibility of each of the identified flu leads to ensure that their particular service area provides the appropriate response to the pandemic. Further details on the action this will entail is included in Section 5. It is also the responsibility of flu leads to report upwards to the CCU any specific problems and issues they encounter within their own services (e.g. severe staffing shortages).

The membership of both the Influenza Pandemic Committee and the Control and Command Unit is listed at Appendix 1.

#### **4.5 Aims and Objectives of the Flu Plan**

The aim of CNWL's flu pandemic plan is to provide a coherent framework for co-ordinating CNWL's response to a flu pandemic and to ensure that priority services are maintained.

The objectives are to:

- Ensure that priority services are maintained in the event of a pandemic
- Outline the actions to be taken at each phase of a flu pandemic and identify appropriate leadership and timescales
- Clarify which services need to be re-directed or temporarily closed whilst limiting the negative consequences of re-prioritisation on patients
- Maintain a communication strategy to provide timely, authoritative and up to date information and advice for staff, service users and the media.
- Implement infection control measures to limit the spread of the virus among staff, patients and carers
- Provide any reports to Central Authorities and other local bodies as necessary

### **5. Actions**

Section 5 details the actions CNWL has taken in the current pandemic alert period (phase 3) and outlines the actions that will be taken in the event of a pandemic. Specific actions are referenced in the CNWL Pandemic Action Plan (Appendix 2). The Action Plan has been devised to allow the Trust to escalate their response in

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<sup>5</sup> A list of all identified Flu Pandemic Leads for Adult Local Services (Brent, Harrow, Hillingdon, K&C and Westminster), Eating Disorder Services, CAMHS, Older Adults and Substance Misuse (and up to 3 deputies in the event of non-availability) is held by the Trust's Designated Flu Coordinator.

accordance with alerts issued by the WHO and Department of Health. The plan identifies:

- The various stages of action in response to alert issues
- Responsibilities
- Timescales

The key elements of the plan are designed to ensure business continuity and include:

- Prioritising services
- Staffing
- Communication
- Infection control
- Medication
- Support to patients
- Reporting arrangements

## **5.1 Prioritising Services**

In the event of a pandemic, CNWL services need to be prioritised due to high levels of staff absenteeism and unpredictable levels of demand. Some services will need to be postponed or cancelled to either prevent infection or make more staff available for priority services.

Each Service Head (or deputy) has identified their own priority services and areas where staff can potentially be freed-up to provide back-up support (Appendix Three). Priority services include inpatient care, crisis intervention and assessments under the Mental Health Act. Services that can be postponed include day hospitals, therapy services and drop-in clinics. The non-prioritised services greatly exceed the prioritised services in terms of staffing numbers. As many staff as possible will be freed-up thus releasing capacity.

When the Department of Health announce the UK alert level 1, the CCU will discuss with each Service Head the schedule of prioritisation and cancellation. This will be conducted with advice from the SHA. It is the responsibility of each Service Head (or deputy) to circulate the resulting decisions among their staff and co-ordinate action.

### *5.1.1 Inpatient Services*

It is anticipated that mental health services will not encounter an overall increase in demand for their acute inpatient services during a pandemic. The level of acute mental health emergencies should be unaffected by the presence of the flu. (Service areas where demand is anticipated to increase are highlighted in section 5.6)

During a pandemic, each inpatient unit will reduce the numbers of patients cared for within their facilities. This will involve the Trust temporarily altering their admission and discharge criteria (carried out in communication with local PCTs and patients' GPs). This action is required to respond to the anticipated reduction in staff availability and infection control issues.

Inpatient admissions will be restricted to emergencies including patients who are sectioned under the Mental Health Act, at risk of death, forensic patients and those suffering from Dementia. Discharges will be expedited in co-operation with local services. Prior to discharge, consideration will be given to providing patients with antiviral medication or the vaccine if available.

Increasing discharges and decreasing admissions will result in more empty beds on wards. By transferring patients between wards within each inpatient unit it will be possible to free up one ward per unit. Where this is not possible (for example there are only 2 wards at the Riverside Unit in Hillingdon) staff should organise patients so that empty bays are available within one ward. These emptied areas will be used to receive inpatients with flu symptoms (hence segregating symptomatic from non-symptomatic patients -see section 5.4.1 for further details).

During a pandemic, staff absence rates will be high and staff will need to work flexibly to provide cover for prioritised services. Appropriately qualified staff, for example Community Psychiatric Nurses and other community staff, may be asked to work at inpatient units (see section 5.2 for further information on staffing). However, due to reduced staffing availability, it may become unsafe or unfeasible to keep particular inpatient facilities open. In this event, the Control and Command Unit will decide to close particular units. This decision will be made in close communication with Service Heads and will involve the transfer of staff and patients to remaining inpatient units.

If staffing levels become critical it may only be feasible to staff one inpatient unit across the Trust. The Influenza Planning Committee has identified this unit as the Park Royal Centre for Mental Health in Brent. This site is central, has many facilities (both adult, older adult and secure), parking is available and the unit is adjacent to a General Acute Unit (for medical support).

#### *5.1.2 Minimum Staffing Levels*

Ensuring prioritised services have safe levels of staffing will be essential to maintain business continuity during a pandemic. It is difficult to predict the minimum staffing levels of these services as this will fluctuate depending on patients' need, for example the number of psychiatric emergencies. However, during a pandemic, attempts should be made to maintain the current rota for inpatient units and the Crisis Services. This will be possible with the support of staff from non-prioritised services.

During a pandemic, it is the responsibility of Service Heads to identify appropriate staffing levels within their services. If, at any point, minimum staffing levels are felt to be breached, i.e. the service becomes unsafe, the Service Head must immediately inform the CCU to discuss and decide an appropriate response.

#### *5.1.3 Flexible and Creative Working*

Staff will be advised, both by the communications team and their Service Heads, of the need to work flexibly during the pandemic. For example, staff who normally work in Harrow may be asked to work in Hillingdon depending on patient need and staff absence rates. Consideration will be given to staffs' place of residence in order to limit travel distance. Furthermore, in the event of transport difficulties, staff may prefer to work at a service nearer to their own home. The Trust should aim to accommodate these needs.

To provide the above response, Trust-wide up-to-date staff contact details are needed. These should reflect both staff contact details (e.g. home address and contact number) and also whether each staff member is currently a carer and car driver/owner. A proforma is included in Appendix Four to capture these details.

Creative types of working will be needed to respond to the pandemic. Service Heads will provide clear direction to their staff on other working methods e.g. home-based

working. The aim will be to reduce non-essential face-to-face contact with community clients and increase telephone support.

## **5.2 Staffing**

Trust staff will be at risk of acquiring the flu through both community and healthcare related exposure. Before commencing duty, any staff member with flu symptoms should report these to their line manager. Staff with symptoms should be excluded from work during the infectious period. The Trust's Communication Strategy (Appendix Five) will keep staff educated on the signs and symptoms of flu. Any staff member who becomes ill whilst on duty should report to their line manager and return home. The Trust will also advise all staff on the appropriate management of flu symptoms (e.g. attendance at flu centres).

All staff who have recovered from flu should report to their line manager before resuming clinical duties. This will enable the Trust to have a record of immune staff and may affect future deployment to clinical areas. A proforma has been devised to capture both staff who have recovered from the flu and those who have received the vaccine (Appendix 4).

### *5.2.1 Staff Deployment*

Careful co-ordination of the workforce during a pandemic is needed, as staff absence rates will be high. Staff who work in areas set aside for mental health patients with flu should not work in non-influenza areas or be assigned to work with patients who are free from flu symptoms. Staff should be identified for working in flu areas on a voluntary basis (this is in accordance with Acute Trusts' policy). There are some groups of staff who could work across both areas. These would include:

- staff who have recovered from the flu
- staff who have received the vaccination (once available)

Bank and agency staff should follow the same deployment advice as permanent staff.

Other available staff that could also provide support to priority services have been identified. This includes managerial staff with clinical training and the Trust's well-established pool of bank staff and agency staff. Thames Valley University has agreed that nursing students who have completed psychiatric placements would also be available.

Following discussion with each Service Head, it has been identified that other forms of support, for example support provided by voluntary or non-statutory agencies cannot be relied upon during a pandemic. With high absence rates among Trust staff, it would be impractical to spend time providing the necessary support or supervision to outside agencies. Furthermore, these organisations will encounter their own staff shortages during a pandemic.

### *5.2.2 Staff Support*

Staff will be kept informed of the progress of the pandemic and Trust developments mainly through the communications strategy. However, staff may also have a lot of fears and unanswered questions and it is vital that they feel supported and understood. They may also have conflicting priorities especially if they are carers.

Therefore, the Trust's flexible working policy should be followed and inpatient rotas devised to allow staff adequate resting periods. Consideration should be given to providing a staff support line within each service area. This could be provided by psychologists and therapists from neighbouring service areas who have been freed up from their own clinical duties.

### *5.2.3 Monitoring Staffing Levels*

A Trust-wide system will be introduced to monitor levels of staff absence. This will be informed by staffing level proformas (Appendix 4) completed by each service area. This information will be used by both the service heads and the CCU to identify any risks to business continuity, particularly within priority services.

### *5.2.4 Staff Protection*

Staff protective equipment includes items such as masks, aprons and gloves. A North West London stockpiling exercise was undertaken to estimate the levels of such equipment required to respond to pandemic flu. The figures were submitted to the Purchasing and Supplies Agency for logistical scoping and costing. As with all other Trusts, CNWL awaits central guidance from the Department of Health as to when to commence physical stock piling of protective equipment.

Once a decision has been made regarding purchasing, equipment will be made available for use by front-line staff as appropriate and in accordance with national guidelines (section 5.4.1). NHS staff will also be considered a priority for antiviral medication and vaccines once available.

Infection control training is included as part of the Trust's staff induction. The infection control team is currently identifying and developing workers on each inpatient ward. The role of these workers would be to provide a lead for infection control in their own work areas and to train their colleagues in infection control techniques.

### *5.2.5 Transport*

The practical problems typical in a pandemic are difficult to predict at the current stage. However, one of the main risks to the Trust's business continuity concerns the likely transport difficulties and the ability of staff to travel into work. For example, public transport may be discontinued or petrol shortages may occur.

Each Service Head has approximated how their staff travel to work. Generally, staff who work at central London services tend to travel to work using public transport and from various locations across London and beyond (this is also the case with staff who work in specialised services). Staff who work in the outer boroughs (e.g. Hillingdon and Harrow) tend to travel to work by car and live more locally.

To overcome any transport difficulties several strategies have been identified. Car sharing will be strongly encouraged and re-enforced via the communications strategy. Job sharing across sites will also be considered as it may be more practical for some staff to work at sites closer to their own home than their own base. This will be co-ordinated by the service heads.

Depending on need, the Trust will also consider setting aside some areas of inpatient and residential facilities to enable staff to sleep over if they are unable to travel to and from work. Each Service Head has identified areas of accommodation for their own

staff. Staff who live local to services will also be encouraged to offer to accommodate colleagues if appropriate.

If transport difficulties occur during a pandemic this will affect all organisations including other NHS Trusts. It is not yet known whether NHS staff will be a priority group for receiving petrol if shortages do occur.

### **5.3 Communication Strategy**

The communication strategy is an important element of the flu plan. Staff, patients and carers will need clear, accurate information and advice about the action they should take. The Communications Manager has developed a Flu Pandemic Communications Strategy in line with Department of Health and SHA guidance (Appendix Five). This includes a plan of action that details how staff and patients will be educated and informed and links with external agencies.

A London-wide flu pandemic communication strategy is under development. In the event of a pandemic there will also be a national campaign to inform the general public about symptoms and good management of flu. Local reinforcement of these messages will be undertaken by Trust staff.

### **5.4 Infection Control**

During the initial stages of a pandemic there may be limited supplies of antiviral medication and no effective vaccine. Non-pharmaceutical methods such as infection control will be the first line of defence. The Department of Health and Health Protection Agency (HPA) have provided guidance on the appropriate measures to be introduced<sup>6</sup>. A summary of basic infection control measures are listed in Appendix Six.

Meticulous attention to hand washing and containment of respiratory secretions produced by coughing and sneezing are the most effective methods of maintaining infection control. Other key recommendations from the HPA guidance include:

- Separation or cohorting of patients with pandemic flu
- Prompt identification of staff with pandemic flu
- Restriction of ill workers and visitors from healthcare settings
- Education of staff, visitors, patients and carers about the transmission and prevention of influenza.

#### *5.4.1 Separation of symptomatic and non-symptomatic mental health inpatients*

During a pandemic, mental health patients will continue to require emergency admission. It is highly likely that a proportion of these patients will also have symptoms of pandemic flu at the time of their admission.

Initially symptomatic and non-symptomatic patients will need to be cared for in separate areas. During the Department of Health's Alert Phase 1 (cases only outside the UK) wards will act to limit admissions and increase discharges. The remaining patients will be placed in beds to allow one ward per inpatient unit to be emptied. Where this is not possible, the aim will be to identify as many empty bays as possible

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<sup>6</sup> Guidance for Pandemic Influenza: Infection Control in Hospitals and Primary Care Settings. Department of Health, England and Health Protection Agency, October 2005.

on one ward. These empty areas will be used to receive inpatients who have flu symptoms.

Eventually it may not be possible to segregate patients due to the increasing spread of the virus. In this situation cohorting ill patients will need to be co-ordinated on wards.

During a pandemic, visitors to inpatient sites will have to be restricted due to the threat of cross-contamination. However, telephone access will be encouraged as an alternative.

#### *5.4.2 Staff Education*

Staff and patient education is addressed in the Communications Strategy. In addition, the Infection Control Team has a rolling programme of staff education including annual updates and staff induction. This programme has been updated to include education about the transmission and prevention of influenza. Inpatient units already follow a hand-washing routine that involves both staff, visitors and inpatients. The virus is easily inactivated by commercially available alcohol hand disinfectant.

In the event of a pandemic, all staff will be vigilant to signs of flu in their patients and involved in promoting self-care and good hygiene. Patients who remain in face-to-face contact with services during a pandemic will be encouraged to provide details of any flu symptoms as soon as possible. Additional measures to limit spread of infection may be implemented on a national scale including restriction of public gatherings, restriction of transport and closure of schools.

During UK Alert Levels 1 and 2 staff will be reminded (via the Infection Control Team and Communications Strategy) of the need to refer each patient with flu to their Service Head. Service Heads will report these patients to the CCU, who will subsequently inform the HPU. This will ensure that patients are transferred to the appropriate isolation facilities during this initial stage of the pandemic.

#### *5.4.3 Protective Equipment*

Face masks may be used for cooperative symptomatic patients thought to be at risk of spreading infection and for front-line staff. However, national guidance is awaited before the Trust decides upon the best use of masks. The Trust has also been advised that the use of gloves is only indicated if there is a co-existence of other infections such as skin lesions. An effective hand washing routine should replace any need for gloves in a pandemic.

#### *5.4.4 Closed Communities*

Special measures need to be introduced in the case of closed communities such as wards and residential facilities. Residents who become ill in these facilities will be managed in the same way as if they were at home. Therefore they will:

- Be advised by staff on how to limit the spread of infection to others
- Encouraged to continue good hygiene practices (Appendix Six)
- Be restricted to their own room (where available) as much as possible or to their restricted area and advised of social distancing
- Advised of bed rest and fluid uptake
- Given all appropriate medication as necessary

#### *5.4.5 Hospital Admissions*

For all patients including mental health, admission to an acute hospital setting should only be considered for those who meet the appropriate Acute Trust's criteria. Only the severity of clinical symptoms should justify transfer to hospital from an acute mental health or residential setting. Patients who might require admission will normally be limited to those with worsening of a pre-existing medical condition or those with flu-related complications such as pneumonia.

CNWL staff should expect that they will need to provide care for patients who are in an acute phase of their mental illness who also have the flu. Hence, the Trust will continue to admit patients even if they present with flu symptoms. In these cases the on-call manager will to be notified and all appropriate infection control procedures will be initiated to limit contamination to other patients.

### **5.5 Medication**

#### *5.5.1 Immunisation*

In the event of a flu pandemic an effective vaccine will not be available for approximately 6 months. The development, manufacture and supply of a vaccine and strategies for its use will be facilitated at a national level. During this period details will emerge as to how the vaccine will be distributed across the NHS to all Trusts.

The Trust will be kept informed of this work via the Trust's Chief Pharmacist. Until the Department of Health has circulated guidance on how the vaccine will be distributed it is difficult to plan how the Trust will receive and store the medication. However, the Trust will work closely with both local PCTs and Acute Trusts and the SHA to ensure a co-ordinated strategy.

#### *5.5.2 Antiviral Medication*

In the absence of a vaccine, antiviral medication offers the first form of pharmaceutical defence against pandemic influenza. This medication can shorten the duration of illness, help lessen severity, control spread and reduce demand for hospital admission.

The Department of Health are stockpiling appropriate antiviral medication and will develop strategies for their use. The stockpile is intended to treat all symptomatic patients at a 25% clinical attack rate. It is likely that supplies will be delivered to a single point in each PCT. PCTs are developing detailed plans concerning their own supply mechanisms. This supply chain will include distribution to mental health trusts.

Again any storage and distribution undertaken by the Trust will be dependent upon a national strategy.

#### *5.5.3 Access to Medication*

Antiviral medication or vaccines for inpatient use will be kept in the controlled drugs area (although further national guidance is awaited regarding storage issues). Medication will not be distributed from non-healthcare premises.

#### *5.5.4 Vaccination of Staff*

The Department of Health has stated that health care workers occupationally most at risk and those responsible for ensuring essential services are maintained should be vaccinated as a priority (once the vaccine is made available). The Trust has identified that front-line staff who deliver priority services should be the first to receive the vaccine.

Other staff groups to be considered for vaccination depending on supply includes:

- Infection Control
- Information technology
- Telecommunications
- Engineering
- Maintenance
- Administration
- Finance
- Transport
- The Influenza Planning Committee and the Command and Control Unit

The Trust will consider national guidance before it considers who will be responsible for vaccinating staff and how many staff should be vaccinated. It is likely that the Trust can use their medical staff to vaccinate staff. As the vaccine is being developed over the course of the pandemic the CCU will decide:

- Who vaccinates
- Where
- When
- Issues of consent
- Documentation of refusal
- Method of providing catch-up for new staff or staff members who initially refused
- Method of tracking staff to receive second dose of vaccine (if two doses are required)

#### *5.5.5 Vaccination of Patients*

The HPU strategic planning group is developing guidelines for pandemic flu vaccine use and will advise health authorities regarding priority groups should a pandemic occur. Once this is devised, the CCU will identify specific high priority patients and will also address the logistics of contacting these people to administer the vaccine. This work will be carried out by in close communication with PCTs and the local Acute Trusts.

In the first instance the vaccine may be offered to patients with compromised immune systems (including those with blood borne viruses) and the elderly. Vulnerable patients will also be considered including those who are homeless and those that do not have the usual access to primary care for whatever reasons.

#### *5.5.3 Medication for Children*

Special antiviral preparations will be required for children under a certain age and weight. CNWL only provides a very small number of services for such children, however, these service users will still be considered.

## **5.6 Support to Patients**

During a pandemic Staff will ensure that mental health patients understand information regarding flu. Such messages are likely to include:

- The promotion of self-care
- The promotion of the national Flu Line (likely to be manned by NHS Direct)
- Information on the location of flu centres and how to access appropriately

The Trust's communication team will circulate information on the types of messages staff should re-enforce with patients. Staff will also be advised on how to identify symptoms of flu. Flu detection that takes place early in a pandemic (i.e. UK alert levels 1 and 2) may slow down the rate of spread. During these periods, if a member of staff becomes aware of a patient with pandemic flu they should notify their Service Head. They will subsequently inform the CCU who are responsible for notifying the NWL HPU (and taking action on any advice).

#### *5.6.1 Priority Patient Groups*

Each head of service has identified their priority patient groups who must receive a continued service during a pandemic. Such patients include:

- Patients detained under a section of the Mental Health Act
- Patients who reside in the community or community facilities who are at high-risk of relapse if Trust support was not available
- Patients who receive a depot injection from Trust staff (and would be at risk of relapse if this was discontinued)

As previously discussed in section 5.1 (and listed at Appendix 3), some services will be prioritised and others postponed to make more staff available to provide continued support to the above patients. However, there are other vulnerable client groups who may need additional support during a pandemic. The needs of these clients are discussed below.

#### *5.6.2 Older Adults*

Older adults will be vulnerable during a pandemic for several reasons. Firstly, it is assumed that the effects of the flu would be particularly severe for the elderly in terms of the level of illness. Secondly, many older adults are cared for in the community by a carer who is often elderly themselves. If this carer becomes ill, or even dies, the support network would break down.

In order to provide additional support to this client group several strategies have been identified and work is also ongoing across North West London to ensure their needs are met. As previously mentioned, staff will need to work flexibly in the event of a pandemic. Staff who work in adult services (particularly non-prioritised community services) will be asked to provide support to Older Adults. If the number of Older Adults requiring inpatient admission increases, they will be accommodated on the Adult wards (if no beds are available within current Older Adult facilities).

Many of the support services received by Older Adults are provided by Local Authorities. The NWL Sector Intermediate and Social Care Planning Group is responsible for ensuring that robust plans are in place to provide such care to patients and families during and after the flu pandemic. Work is ongoing by this group to ensure that social care needs are prioritised by both PCTs and Local Authorities. They are also identifying particular groups who will need continued care during the

pandemic. The needs of the mentally ill older population have therefore been raised for further discussion.

### *5.6.3 Eating Disorders*

The Eating Disorder service based at the Vincent Square Clinic will encounter several potential problems during a flu pandemic concerning both staffing numbers and client group. The service is relatively small with quite specialised staff. Staff also travel to work from various locations hence any transport difficulties will particularly affect this staff group. The client group is also very vulnerable to physical illness. If they contract the flu virus it is anticipated that the impact will be quite severe.

To overcome these problems, it is likely that the Eating Disorder service will also need the support from Adult Services during a pandemic. Staff could either provide inpatient support to the Vincent Square Clinic or inpatients could be transferred to a neighbouring unit such as the Gordon Hospital (although the ethics of such a decision would need to be considered).

### *5.6.4 Horton Haven*

The Horton Haven a 67-bedded rehabilitation unit based in Epsom Surrey will encounter several problems. Unlike the rest of CNWL it does have links with any particular PCT or indeed acute trust. It will not be possible to discharge patients. It is difficult so see where the Horton haven would obtain additional staffing support or supplies.

We are aware that some staff who work in central London live in the Epsom area and as the Horton Haven has good parking facilities it is possible that these staff could be diverted to the Horton Haven.

There are no services that could be discontinued at Horton Haven except the Social Centre. At this point there is a specific plan for Horton haven as the focus has been on London based services. It is intended to develop a local plan when there is the capacity to link in with local PCT's and acute trusts

### *5.6.5 Psychological Support*

In the event of a pandemic, the Trust will make available a support line that will provide psychological support (including bereavement) to both patients and carers. The support line will be published via the communications strategy and publicised by staff. It will take over the current patients' medication support line and will be manned by psychologists and other therapists who have been freed up from their normal Trust duties.

It is likely that mental health patients will experience increased feelings of anxiety during a pandemic. These will be managed (by telephone support in preference to face-to-face interactions) by the home-based support staff who have been freed up from their normal duties.

### *5.6.6 Support for Acutely Ill Inpatients*

As previously discussed (section 5.4.1) mental health inpatients may be admitted with flu symptoms. If these symptoms worsen and an acute hospital bed is required transfer will be arranged (in accordance with the receiving Acute Trusts admission

criteria). However, during a pandemic hospital beds will be in short-supply and transfer of physically ill mental health patients may not be possible.

Ongoing planning is taking place across NWL to ensure that mental health patients receive appropriate physical support during a pandemic. An event is planned for August 2006 to co-ordinate inpatient referral criteria across PCTs, Acute Trusts and Mental Health Trusts within the NW London sector. Work is also ongoing to identify and provide additional training to mental health inpatient staff to enable them to improve their skills at managing flu symptoms. This work is being co-ordinated by the NWL Acute Hospitals Admission Group.

### **5.7 Reporting arrangements**

In the event of a pandemic, health service organisations will need to support the public health response. They will be required to supply data for surveillance purposes and for monitoring the local and national impact of the pandemic. It is not yet known exactly what data will be required to be returned.

During a period of pandemic flu, daily situation reports (sitreps) and consequence analysis reports will need to be sent to the SHA. These will then be forwarded to the Department of Health. All Trusts need to complete both reports by 10am each day (including weekends). Reports should also flag up any emergency issues relating to anti-viral drug availability, usage and safety and effectiveness.

The CCU will ensure that any central reports are submitted by the Trust on time and as required by both the Department of Health and the Health Authority.

## **6. Post Pandemic Phase**

Any pandemic will eventually end and this will be signalled through communication from the HPA. At this stage the number of new cases will show a substantial decrease and services will begin to return to normal.

During this phase, the CCU and Service Heads will consider how to re-introduce normal services, for example routine outpatient appointments and therapy services. Careful planning will be needed to ensure that contact with all patients is re-established and in many cases new assessments may be required. A stepped-approach should be used to ensure staff are not over-whelmed.

At the end of the pandemic, the committee will organise a de-brief to identify lessons learnt and note improvements for the future.

## **Appendix One**

### **Membership of the Trust Influenza Planning Committee**

- EPO (Chair)
- DIPC
- Medical Director
- Chief Pharmacist
- HR Director
- PCT representative
- Communication Manager
- Project Manager (Contingency and Planning Manager)
- Executive Director of Operations (Brent, Harrow and Hillingdon)
- Executive Director of Operations/Director of Nursing (Westminster and Kensington and Chelsea)
- Representative from the Health Protection Agency

Co-opted members include:

- Finance Director
- Risk Manager
- IT and telecommunications
- Director, Estates

### **Membership of the central Control and Command Committee**

- Chief Executive (or deputy)
- Director of Operations/Director of Nursing
- Director of Operations
- DIPC
- EPO
- Medical Director
- Chief Pharmacist
- Communication Manager
- HR Director
- Director, Estates

(NB, each member of the central Control and Command Committee is responsible for identifying deputies- up to 3)

## Appendix 2

### CNWL Flu Pandemic Action Plan

No.	Action	Lead	Timescale	Status
<b>1. PANDEMIC ALERT PERIOD (current)</b>				
<b>1.1. Roles and Responsibilities</b>				
1.1.1	Identify Trust lead	PW	Nov 05	Achieved
1.1.2	Establish flu pandemic committee with agreed membership and terms of reference	PW	Feb 06	Achieved
1.1.3	Ensure plan is kept up-to-date with national guidance	PW	Ongoing	Achieved
1.1.4	Undertake flu pandemic table top exercise	PW	Sept 06	
1.1.5	Undertake self-assessment by 28.07.06 and return to SHA	PW	July 06	
1.1.6	Ensure key internal staff, such as Service Directors, are kept fully aware of pandemic status and briefed	PW	Ongoing	Achieved
1.1.7	Review the plan on a annual basis in response to new guidance and following desk top exercise of the plan	PW	July 07	
1.1.8	Distribute plan to local PCTs and Acute Trusts	PW	August 06	
1.1.9	Contribute to NWL Mental Health Workshop	PW	August 06	
<b>1.2 Re-organisation of services</b>				
1.2.1	Identify priority services (clinical and non-clinical)	EB	June 06	Achieved
1.2.2	Identify services to be suspended (clinical and non-clinical) in a pandemic	EB	June 06	Achieved
<b>1.3. Staffing</b>				
1.3.1	Ensure an up-to-date record of Trust staff is maintained		July 06	
1.3.2	Identify additional staff who can be called upon in event of pandemic and up to date contacts		July 06	
1.3.3	Identify all priority staff groups as per 1.2.1	EB	June 06	Achieved
1.3.4	Agree with TVU use of students	PW	Mar 06	Achieved
<b>1.4 Communication Strategy</b>				
1.4.1	Put in place actions as per flu pandemic communications action plan 2006-07	SC	Ongoing	Achieved
<b>1.5 Infection Control</b>				

1.5.1	Infection control team provide rolling programme of staff training and updates in relation to infection control including actions to be taken in respect of flu pandemic	PW	Ongoing	Achieved
1.5.2	Stockpile protective equipment as per national guidance	unclear	Further guidance awaited	
<b>1.6 Immunisation</b>				
1.6.1	Attend NWL sector group	RH	Ongoing	
1.6.2	Identify how CNWL will receive supplies of antiviral medication and vaccines for local population		Ongoing	
1.6.3	Organise distribution of above	FPC	Ongoing	
1.6.4	Identify priority patient groups for antiviral medication/vaccine as per HPA guidance	FPC & S/Hs		
<b>1.7 Support to Patients</b>				
1.7.1	Identify vulnerable patient groups	EB & S/Hs	June 06	Achieved
1.7.2	Estimate numbers of patients who will need to maintain contact with essential services during pandemic	EB & S/Hs	June 06	Achieved
<b>1.8 Reporting Arrangements</b>				
1.8.1	Establish lines of reporting in a pandemic	S/Hs	June 06	Achieved
<b>2. PANDEMIC PERIOD (DEPARTMENT OF HEALTH ALERT LEVELS 1-4)</b>				
<b>2.1. Roles and Responsibilities</b>				
2.1.1	Convene control team based on pandemic committee membership	PW		
2.1.2	Ensure daily planning meeting to ensure essential services are maintained and control of spread and liaison with service heads	CCU		
<b>2.2 Re-organisation of Services</b>				
2.2.1	Restrict admissions to emergencies only	S/Hs		
2.2.2	Initiate cancellation/postponement of non-essential services	S/Hs		
2.2.3	Increase patient discharges from inpatient facilities where feasible	S/Hs		
2.2.4	Increase telephone contact/reduce face-to-face contact with low risk clients	S/Hs		
2.2.5	Maintain contact with high-risk community clients	S/Hs		
2.2.6	Follow HPA guidance on management of suspected cases	All staff		

2.2.7	Encourage and support self-care for flu patients in local population	All staff		
<b>2.3. Staffing</b>				
2.3.1	Monitor real-time staff absence rates and report to control team	S/Hs		
2.3.2	Re-direct back-up staff to areas of need	S/Hs		
2.3.3	Provide appropriate protective equipment for front-line staff	PW		
2.3.4	Ensure minimum staffing levels maintained	S/Hs		
2.3.5	Initiate staff support line	S/Hs		
2.3.6	Use minibuses for staff transport as needed			
2.3.7	Facilitate appropriate sleep-over arrangements if available	S/Hs		
2.3.8	Staff to remain vigilant to signs/symptoms of flu in patients	All staff		
<b>2.4 Communication Strategy</b>				
2.4.1	Put in place actions as per flu pandemic communications action plan 2006-07	SC		
<b>2.5 Infection Control</b>				
2.5.1	Restrict ill workers and visitors from healthcare settings	S/Hs		
2.5.2	Ensure separation of symptomatic and non-symptomatic mental health inpatients	S/Hs		
2.5.3	Infection control team re-issue relevant infection control procedures to all staff	PW		
2.5.4	Trust leads to remind staff to not attend for work if symptomatic	PW		
<b>2.6 Immunisation</b>				
2.6.1	Ensure priority and vulnerable patient groups receive antiviral medication/vaccine	CCU and S/Hs		
2.6.2	Roll out staff immunisation programme once vaccine becomes available			
<b>2.7 Support to Patients</b>				
2.7.1	Establish support line for local population	CCU		
2.7.2	Support key Department of Health messages	All staff		
2.7.3	Liaise with primary and Acute sector on caring for those affected with the virus	PW and S/Hs		
<b>2.8 Reporting Arrangements</b>				
2.8.1	Ensure daily situation reports (sitreps) and consequence analysis reports returned by 10am each day	CCU		

2.8.2	Ensure CE and Director-on-call kept briefed	CCU		
<b>3. POST- PANDEMIC PERIOD</b>				
3.1	Ensure change in alert status communicated to all staff	CCU		
3.2	Phase re-introduction of normal services	CCU & S/Hs		
3.3	Instigate recovery plan as necessary	CCU		
3.4	De-brief and review actions	CCU		

**Abbreviations:**

PW Peter Walsh

EB Emma Balfe

SC Stephanie Cotgrove

S/Hs Service Heads

RH Russell Hill

FPC Flu Pandemic Committee

CCU Central Control and Command Unit

## Appendix 3

### Service Details

#### Brent Adult Local Services

Service	Priority Service	Offer support to priority services	Comments
<b>24-Hour Services</b>			
331 Harlesden Road (supported housing)	Yes		Limit staff input and support to minimum possible levels
Crisis Resolution	Yes		
Craven Park		Yes	Reduce support to minimum possible levels
Fairfields House Rehabilitation	Yes		Limit staff input and support to minimum possible levels
Fairlight Community Rehabilitation	Yes		Limit staff input and support to minimum possible levels
Hanover Road Supported Housing		Yes	Reduce support to minimum possible levels
<b>Inpatient Services</b>			
Coombe Wood (part of CAMHS)	Yes		Reduce admissions to emergencies only Discharge patients where possible
PRCMH (3 wards)	Yes		Reduce admissions to emergencies only Discharge patients where possible Aim to empty one ward completely (by transferring patients to alternative wards) for receipt of mental health emergencies with flu
Hawthorn	Yes		
Willow	Yes		
Tamarind Day Centre		Yes	Close due to infection transfer risk
<b>Day Services</b>			
3 CMHTs	Yes- partial		Restrict to essential and priority services e.g. enhanced clients, depot injections, emergency assessments Consider home working where possible e.g. telephone support and monitoring to

			clients Consider transferring staff to inpatient services/other essential services
Assertive Outreach		Yes	Continue distant monitoring of patients (where possible). Transfer available staff to appropriate essential services
Brent Perinatal Outreach (part of CAMHS)		Yes	Restrict assessments and treatments to emergencies
Psychology & Psychotherapy		Yes	Consider transfer of staff to client/staff support work
Roundwood Day Centre		Yes	Close due to infection transfer risk
Westmore Day Centre		Yes	Close due to infection transfer risk
Outpatient Clinics		Yes	Close due to infection transfer risk Enhanced CPA patients/other high-risk patients to be monitored via CMHTs Inform GPs

#### Harrow Adult Local Services

Service	Priority Service	Offer support to priority services	Comments
<b>Inpatient Services</b>			
Northwick Park Hospital Inpatient Unit	Yes		Make discharges where possible, limit admissions to emergencies only. If possible, cohort patients so that one ward becomes available for mental health inpatients with flu symptoms. If becomes unsafe/unfeasible to staff inpatient unit transfer patients to PRCMH if possible (as per Trust Control and Command Unit agreement)
Rosedale Court	Yes		Staffing levels with need to be maintained
Roxbourne Complex	Yes		Staffing levels with need to be maintained
<b>Day Services</b>			
Crisis service (Intensive Community Support Team)	Yes		Aim to prevent relapses Aim to manage community response and A&E liaison service Link up with CMHTs
Mentally Disordered Offenders Scheme	Yes-partial		Limit to emergency work

Assertive Outreach		Yes	Limit to emergency work. Provide telephone support Free-up staff for crisis/inpatient work where possible
<b>Community Services</b>			
3 CMHTs		Yes	Limit work to emergencies or relapse-prevention Can provide back-up support or home based working Reduce CMHT bases to one
The Bridge		Yes	Close due to infection risk
Wiseworks		Yes	Close due to infection risk
Therapies (including Psychological)		Yes	Can provide back-up support e.g. bereavement work

#### Hillingdon Adult Local Services

Service	Priority	Offer support to priority services	Comments
<b>24-Hour Services</b>			
2 Colham Green Road (housing and rehabilitation) (13 wte)	Yes		Limit staff numbers to minimise spread of infection
Assertive Outreach (8 wte)	Yes		Work to prevent admissions
Crisis Resolution (25 wte)	Yes		Prevention of admissions/facilitate early discharge
Hostels (15)		Yes	Provide minimal support
<b>Inpatient Services</b>			
Frays Ward (19 wte)	Yes		Reduce admissions to emergencies only Discharge patients where possible
Crane Ward (33 wte)	Yes		Reduce admissions to emergencies only Discharge patients where possible Aim to empty ward to receive mental health emergencies with flu
<b>Day Services (approx 130 staff )</b>			
3 Duty Services/teams	Partial	Yes	Restrict to emergency assessments

			Reduce number of teams (i.e. 3 to 1) and hours of operation
3 CMHTs (including ASWs- 18)	Partial	Yes	Restrict to essential and priority services e.g. highest risk clients, enhanced clients, depot injections, emergency assessments Consider home working where possible e.g. telephone support and monitoring to clients Consider transferring staff to inpatient services/other essential services
Depot clinics	Yes		
Clozapine Clinic		Yes	
A&E Liaison Team		Yes	Reduce to emergency work only
Day Centres		Yes	Transfer staff to client/staff support work
Early Intervention		Yes	Transfer staff to inpatient/crisis work
Psychology Services		Yes	Transfer of staff to client/staff support work and support of bereaved clients
Primary Care Counselling Service		Yes	Consider transfer of staff to client/staff support work and support of bereaved clients
Outpatient Clinics		Yes	Close due to infection transfer risk Enhanced CPA patients/other high-risk patients to be monitored via CMHTs Inform GPs Inform Pharmacists of Prescriptions

#### K&C Adult Local Services

Service	Priority Services	Offer support to priority Services	Comments
<b>24-Hour Services</b>			
Crisis Resolution (2 Teams: North Kensington and South Kensington & Chelsea)	Yes		This is the priority community service. Other staff should be made available to support this service
<b>Inpatient Services</b>			
South Kensington & Chelsea MH Centre	Yes		Reduce admissions to emergencies only Discharge patients where possible Segregate flu patients from non-flu via cohorting

			Convenient location- adjacent to Chelsea & Westminster Trust
St Charles Mental Health Centre	Yes		Reduce admissions to emergencies only Discharge patients where possible Segregate flu patients from non-flu via cohorting Has the potential to be the flu site for Westminster and K&C due to ward layout and facilities (2 inpatient wards and PICU)
<b>Day Services</b>			
CMHTs (A, B and C, Courtfield and South Teams)	Yes- partial		Restrict to essential and priority services e.g. enhanced clients, depot injections, emergency assessments Consider home working where possible e.g. telephone support and monitoring to clients Consider transferring available staff to inpatient services/crisis resolution
Assertive Outreach		Yes	Continue distant monitoring of patients (where possible)- however risk that this client group will relapse quickly if not supported. Staff to continue to provide a crisis service for this client group
Early Intervention		Yes	To be restricted to crisis work
ECT		Yes	Lead nurse can be transferred to other priority services
Adult Psychology Services/Parkside clinic/Psychological Medicine		Yes	Staff can be transferred to support work e.g. bereavement/anxiety
Joint Homelessness Team		Yes	Trust staff can be used for other priority work
Day Centres (Waterview Centre and Willow)		Yes	Close due to infection transfer risk
Outpatient Clinics		Yes	Close due to infection transfer risk Enhanced CPA patients/other high-risk patients to be monitored via CMHTs GPs to be kept informed Repeat prescriptions to be used

#### Westminster Adult Local Services

Service	Priority Services	Offer Support to Priority services	Comments
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<b>Inpatient Services</b>			
Gordon Hospital	Yes		Make discharges where possible, limit admissions to emergencies only. If possible, cohort patients so that one ward becomes available for mental health inpatients with flu symptoms. Maintain staffing levels
Hopkinson House Intensively Staffed Home	Yes		Staffing levels could possibly be reduced- however consider safety aspects
Paterson Centre	Yes		Make discharges where possible, limit admissions to emergencies only. If possible, cohort patients so that one ward becomes available for mental health inpatients with flu symptoms. Staffing levels with need to be maintained
Rehabilitation Units		Yes	Provide limited staff input- aim to prevent relapse
<b>24- Hour Services</b>			
Crisis Resolution/Home Treatment Teams	Yes		Priority community service
<b>Day Services</b>			
5 CMHTs		Yes	Minimise service- aim to prevent relapses and focus on crisis and emergency work Support enhanced level clients and continue depot medication Consider reducing number of bases from 5
Community Outreach Rehabilitation Team (Assertive Outreach)		Yes	Limit to emergency work Staff to provide back-up for other priority services
ECT Service		Yes	
Psychology Services		Yes	Staff to provide back-up support (e.g. bereavement work)
Extended Day Care Services		Yes	Close due to infection transfer risk Staff to be freed up to support priority services
Housing and Personal Support Service		Yes	Cancel service to free-up staff
Housing Support Team		Yes	Cancel service to free-up staff
Liaison Psychiatry Service	Yes		Essential service (if staffing levels become low, could be supported by other trained nurses)
Out of hours service		Yes	Cover could be provided by the Crisis Service and the Emergency Duty Team
Paterson Day Hospital & South Westminster Day Service		Yes	Close due to infection transfer risk

Pathways to Learning & Routes to Employment		Yes	Cancel service
Lupus St Resource Centre		Yes	Close due to risk of infection transfer
Terrace Day Centre		Yes	Close due to risk of infection transfer
Waterview Centre		Yes	Free-up staff for support work
West End Day Care		Yes	Close due to risk of infection transfer Free-up staff for support work
Workshop and Company		Yes	Close due to risk of infection transfer
Refugee Support Service		Yes	Free-up available staff for support work
Early Intervention Service		Yes	Use available staff for support to inpatient units/crisis work

#### Child and Adolescent Mental Health Services (CAMHS)

Service	Priority Services	Offer support to priority services	Comments
<b>24-Hour Services</b>			
Coombe Wood – Mother and Baby Unit (10 Beds)	Yes		Make discharges where possible, limit admissions to emergencies only. Segregate flu symptomatic from non-symptomatic patients. Consider discharging babies home due to risk of flu. Mothers can be admitted to adult inpatient facilities if staffing levels drop.
Collingham Gardens Child and Family Psychiatric Service (14 beds)	Yes		Make discharges where possible, limit admissions to emergencies only. Segregate symptomatic from non-symptomatic patients where possible. Discharge patients home if becomes unfeasible/unsafe to staff
<b>Day Services</b>			
Long-term Psychotherapy (possibly)	Yes		Try to maintain long-term work in event of pandemic (due to time previously invested and the negative consequences of ceasing engagements).
Child and Family Clinics, Consultation services, Child Psychology, Perinatal		Yes	Discontinue service

Service, Day Unit			
Family Therapy		Yes	Discontinue service

### Older Adults Mental Health Services

Service	Priority Services	Offer support to priority services	Comments
<b>24-Hour Services</b>			
Inpatient Units	Yes		Make discharges where possible, limit admissions to emergencies only If becomes unsafe/unfeasible to staff all inpatient units reduce available units one-by one (Seacole Ward to remain open as last unit)
Beatrice Place (K&C)	Yes		High-level nursing will need to be sustained
Butterworth Centre (Westminster)	Yes		High-level nursing will need to be sustained
<b>Day Services</b>			
CPN Services (available across 5 boroughs although number of staff available small)	Yes- partial		Restrict to essential and priority services e.g. enhanced clients, depot injections, emergency assessments, clients who need support to be maintained in community. Consider home working where possible e.g. telephone support and monitoring Community services may need to be supplemented by staff from adult services if mental health needs of Older Adults increase during flu
Home Nursing Team and Home Treatment Team (Westminster and K&C)	Yes		Continue services
Day Hospital/Day Centres		Yes	Close due to infection risk
<b>Other Therapies</b>			
Occupational Therapy, Psychology, Admiral Nurse Service, Early onset Dementia Team, ECT Service		Yes	Can provide back-up support or home based working

### Substance Misuse Service

Service	Priority Services	Offer support to priority services	Comments
<b>24-Hour Services</b>			
Max Glatt inpatient unit (Ealing-12 beds)	Yes		Make discharges where possible, limit admissions to emergencies only. Segregate flu symptomatic from non-symptomatic patients.
<b>Day Services</b>			
Dispensing Services	Yes		Ensure clients can obtain supplies (either via dispensing services or agreements with local Pharmacists- this may need to be agreed at PCT level).
Family Therapies and all other services		Yes	Can be discontinued in the event of a pandemic. Freed-up staff could provide either support to inpatient or dispensing services or home-based telephone support to clients (particularly those with dual diagnosis and other needs e.g. blood borne virus or dependents- children)

#### Eating Disorder Service- Vincent Square Clinic

Service	Priority Services	Offer support to priority services	Comments
<b>Inpatient Services</b>			
12 bedded unit	Yes		Make discharges where possible, limit admissions to emergencies only. If it becomes impossible to safely staff unit due to high absentism, consider transfer to Gordon Hospital (or transfer of staff from Adult mental health services).
<b>Day Services</b>			
Day patient treatment (8 full-time places)	Yes		Aim to prevent relapses
<b>Community Services</b>			
Outpatient Treatment		Yes	Limit work to emergencies or relapse-prevention

Liaison Service		Yes	Use staff to provide back-up to inpatient unit

## Appendix 4

### Proformas

#### 1. Staff Contact Details

For completion by each member of staff

Name	
Role	
Service Areas	
Own Contact Number	
Address (with postcode)	
Car owner/driver	
Carer Responsibilities:	
- <i>Of pre-school child</i>	
- <i>Of school age child</i>	
- <i>Of other</i>	
Date Proforma Completed	

**2. Record of Staff who have had flu/ vaccine**

**For completion by line manager**

Name of staff member	
Flu:	
- <i>Date staff member became ill with flu</i>	
- <i>Date staff member commenced sick leave</i>	
- <i>Date staff member returned from leave</i>	
Vaccine:	
- <i>Staff member offered vaccine</i>	
- <i>Outcome</i>	
- <i>Reason for decline (if appropriate)</i>	
Name of Staff Member completing form	

### 3. Staffing Levels

**For completion by the Nurse in Charge on ward/residential facility**

Ward Name/Residential Facility	
Contact (Nurse in Charge)	
Date and time	
Number of staff on duty/grades	
Number of staff able to remain on duty	
Number of staff with own car	
Number of staff currently on sick leave	
Number of staff currently on any other leave	
Total patients on ward	
- <i>Number on home office restriction</i>	
- <i>Number detained under Mental Health Act</i>	
- <i>Number on informal admission</i>	
Number for immediate discharge	

**Completed form to be immediately forwarded to Service Head**

## Appendix 5

### Communication Strategy

#### 1.0 INTRODUCTION

CNWL recognises that effective and timely communications are essential to the provision and delivery of high quality care. This is especially true during major incidents or events of grave concern such as a flu pandemic and robust communications plans need to be in place to ensure continuity of communications for such times.

The aims of the national flu pandemic communications strategy, formulated by the Department of Health, are to:

- Convey accurate, timely and consistent advice to the public and health professionals
- Aid understanding of the pandemic amongst the general population
- Explain the ability of the NHS, Department of Health, and the government as a whole, to reduce the impact of a pandemic as far as possible but also to explain some of the constraints

The CNWL communications strategy is expected to contribute to all three aims.

This strategy has been developed to support the Trust's Flu Pandemic Plan and should be read in conjunction with the aforementioned document and the [DH UK Pandemic Flu Contingency Plan Communications Strategy](#). As outlined in each of these documents, the stages of a flu pandemic are defined by preparedness levels or phases, determined by the World Health Organisation. There are six identified phases of a flu pandemic and we are currently in Phase Three (March 2006). This strategy establishes the key communications requirements across Phase Three – Six of a pandemic.

Due to the nature of this project, this strategy is a working document which will be updated in line with new information received by the DH and changes to the Trust's Flu Pandemic Plan.

#### 2.0 OBJECTIVES

The overarching objectives of this flu pandemic communications strategy are to ensure the Trust has:

- A staff force educated in general awareness of a flu pandemic and specifically how staff will operate in the event of an outbreak
- A plan for communicating effectively and in a timely manner to different stakeholder groups during an outbreak, and during the build up to an outbreak
- Appropriately managed media contact throughout all phases of a flu pandemic

- Contingency for continuity of communications should the communications team be unable to work

### 3.0 COMMUNICATIONS STANDARDS

In line with NHS Communications Standards all communications are required to be:

Open	Corporate	Two-way	Timely
Clear	Targeted	Credible	Planned
Consistent	Efficient	Integrated	

Information should be clear and accessible using plain English and avoid jargon where possible.

### 4.0 COMMUNICATIONS CHANNELS

#### 4.1 Internal Communications

A review of the internal communications channels available to the Trust has recently been undertaken and a suggested utilisation list produced. From this list the recommended channels for communicating with staff during the pandemic period, and during the build up to this, are:

- Electronic
  - Trustnet: for timely briefings and general information for all staff
  - Email: for timely briefings to all staff or selected staff groups
- Printed
  - Departmental mailings: for flu pandemic leaflets and general information
  - Inbrief: for messages to all staff, limited use for time sensitive material
  - Posters/notices: for general flu messages to all staff
- Face to Face
  - Senior Staff Brief: key messages to senior managers for cascading to local teams
  - Team Briefings: local/specific messages for all team members

#### 4.2 External Communications

External communications methods include those that would be suitable for communicating to stakeholders, patients and carers and also members of the public as necessary. Recommended channels are:

- Electronic
  - Public website: timely messages for patients and carers and stakeholders regarding the operation of Trust services during the pandemic period; links to NHS Direct; [www.nhs.uk](http://www.nhs.uk)
  - Email: for briefings to stakeholders
- Printed
  - Leaflets: supplies of flu pandemic leaflets to out-patient and in-patient units for patients
  - Posters/notices: for general flu messages to service users
- Face to Face

- Briefings to stakeholders
- Briefings to patients and carers
- Media
  - Press statements: specific information on Trust services in liaison with SHA/DH
  - Spokespeople: key staff available for interview/comment
  - Q&A sheets: information on flu pandemic

## 5.0 STAKEHOLDER GROUPS

There are a number of different stakeholders the Trust should be communicating with during the various stages of a flu pandemic. These target audiences are identified as follows:

1. **Staff** including staff from shared services and partnership working
2. **Patients and carers** both in the community and inpatients
3. **Associated organisations**, these are identified as follows:
  - Service user support groups
  - Advocacy groups and voluntary services
  - PPI Forum
  - Commissioners
  - Overview and Scrutiny Committee
  - PCTs
  - Local authorities/council
  - Social services
  - Criminal justice services

The following information outlines communications requirements for each of these groups during the different phases of a flu pandemic.

## 6.0 PANDEMIC ALERT PERIOD COMMUNICATIONS, PHASE THREE – FIVE

All Trust messages should reflect the briefing material and Q&As produced by the DH to ensure consistency of messages throughout each period.

### 6.1 Staff

Communicating effectively with staff is a key requirement to ensuring continuity of care during a flu pandemic. We should consider that staff will be concerned for their own well-being and that of their families, as well as how to care for service users. Therefore, staff need to be educated on: the impact of a pandemic; transmission and prevention; the Trust's preparations for managing services during a pandemic period; the Trust's expectancy of staff during a pandemic period.

A number of existing communications channels can be utilised to achieve staff education during this period as identified in section 4 above. Various visual aids such as fact sheets, presentations and videos are available from the Department of Health to aid in this process.

### 6.2 Patients and Carers

Public awareness-raising campaigns are being rolled out by the Department of Health, supported by SHAs and PCTs. The Trust's communication with service users

and carers should reflect these messages. Booklets and posters are available for public consumption from the DH and these should be made available to this group. Q&A sheets are also available to enable staff to answer queries from patients and carers. All patient-facing and clinical staff should be familiar with these sheets and the Trust should consider expanding the existing material to answer local service related questions.

### **6.3 Associated Organisations**

Senior managers should be sharing details of the Trust's Flu Plan with associated organisations, as appropriate, and ensuring consistency with the associated organisations' plans.

Communications contacts should be established for each of the key associated organisations, where these do not already exist, and strategies shared.

## **7.0 PANDEMIC PERIOD COMMUNICATIONS, PHASE SIX**

Messages from the DH will be stepped up during this period and all Trust communications should be based on the briefing material and Q&As produced by the DH to ensure consistency of messages. The CNWL command and control team will be meeting on a daily basis to discuss key operational issues and to agree suitable briefings to be issued to each of the stakeholder groups.

### **7.1 Staff**

Regular briefings will be issued to staff using a suitable mix of the communications channels identified in section 4.1. Staff movement will be kept to a minimum so face to face briefings will be limited during the pandemic period. Communications focus will be placed on email, Trustnet and phone communications.

Two-way communications will be key to the continuity of care during the pandemic period. Service/ward managers will be expected to provide regular updates on staffing and patient levels to the command and control team via email and telephone. In the event that phone lines are not operational the Trust will revert to using satellite phones for essential briefings, which are available at each in-patient site and Trust Headquarters, as outlined in the Major Incident Plan.

Currently the Trust's intranet, Trustnet, is only accessible via the CNWL network. It would be useful if this could be made available from any computer with internet access via a password facility. This consideration needs to be taken forward by the Head of IM&T and the Communications Manager.

Staff who are ill or unable to work for any other reason should keep in daily contact with their line manager, as outlined in CNWL Human Resources Policies.

### **7.2 Patients and Carers**

Clinical teams will need to keep in close contact with patients and carers during the pandemic period to advise them of any changes to their local service. In addition, briefings may be cascaded from the command and control team for clinical teams to forward to patients and carers. The key communications channels during this period will be telephone communications, posters/notices, the public website and the local media if necessary.

### **7.3 Associated Organisations**

Regular briefings will be issued to associated organisations to keep them informed in any changes in local services and to advise them of updates to the Trust's Flu Plan

during the pandemic period. Electronic media will be the main method of communicating along with using the public website for posting any key messages.

#### **7.4 Continuity of Communications**

In the event of a pandemic period being reached, the Trust needs to have a contingency plan in place to ensure continuity of communications and media handling. Three teams have been identified as follows:

##### **Core Team**

- CEO/Appointed Deputy CEO
- Communications Manager (24-hour media cover)
- Communications Officer

##### **Back-up Team 1**

- CEO/Appointed Deputy CEO
- Communications Manager/Communications Officer (24-hour media cover)
- Trust Secretary

##### **Back-up Team 2**

- CEO/Appointed Deputy CEO
- Trust Secretary (24-hour media cover)
- PA to Trust Secretary

These teams will work with the command and control team to issue appropriate messages to each stakeholder group as outlined above. In the event that these members of staff become unavailable the CEO or appointed deputy will establish and brief additional back-up teams from available staff.

A flu pandemic communications pack should be prepared prior to phase six as a reference tool for each team, this will include action cards and key contact lists.

#### **8.0 MEDIA HANDLING**

Media enquiries received by the Trust are anticipated to be fairly low during a pandemic period, with most attention focused on acute hospitals and PCTs. However, the Trust must be prepared for a range of media enquiries relating to continuity of services, levels of staff sickness, outbreaks within inpatient centres and operational plans for low secure areas and psychiatric intensive care units.

The CNWL Media Handling Policy will apply across all phases of a pandemic. In the event of a pandemic period being reached major incident criteria will apply for media enquiries, namely all enquires will be directed to the North West London Sector Major Incident press office. This press office will liaise with the SHA and DH to release co-ordinated messages on behalf of the Sector and Trust as necessary.

An NHS Flu Pandemic Communications Toolkit has been produced to assist Trust's in their communications planning. This contains key points on what to include in press statements and how to prepare for press conferences and broadcast interviews. This information can be adopted by the Trust and press statements prepared in advance of a pandemic period. Any activity in this area should be arranged in close liaison with the press office of the SHA and/or the NWL sector major incident press office. An action card containing relevant contact details should be prepared for the flu pandemic communications pack referred to in section 7.4.

#### **8.1 Media Spokespeople**

The Trust is required to identify suitably trained media spokespeople to make statements to the media in the event of a pandemic, as appropriate. The lead spokesperson for CNWL will be the Chief Executive, or the appointed Deputy Chief Executive in his absence. In addition, the Trust's nominated medical expert will be the Medical Director. Any media training requirements need to be identified and actioned.

#### **9.0 ACTION PLAN**

A detailed action plan needs to be produced which identifies each task outlined within this strategy, and a lead co-ordinator appointed for each task. Where possible, timescales will be included against each action.

#### **10.0 DEVELOPMENT AND CONSULTATION PROCESS**

The communications strategy is a working document that will be reviewed and updated by the CNWL command and control team on a regular basis. After the each wave of the flu pandemic the strategy should be evaluated against activities undertaken and revised accordingly. The strategy will also be presented to the Communications Steering Group for comments and endorsement.

## Flu Pandemic Communications Action Plan 2006-2007

No	Action	Lead	Timescale	Status
<b>1</b>	<b>Staff Communications</b>			
1.1	Consider making Trustnet available outside of CNWL network	Chris Evers/Stephanie Cotgrove	?	
1.2	Create flu pandemic section on Trustnet as central source for all flu pandemic information	Stephanie Cotgrove/Patricia Dale	March 06	
1.3	Order and distribute DH flu pandemic pamphlets to all staff	Stephanie Cotgrove	March 06	
1.4	Presentation at Senior Staff Briefing on Trust contingency plan. Further cascading by managers at local team briefings	Peter Walsh	April 06	
1.5	Issue DH fact sheets to managers for cascading and place on Trustnet	Stephanie Cotgrove	April 06	
<b>2</b>	<b>Patients and Carers</b>			
2.1	Order and distribute DH flu pandemic pamphlets and posters for raising-awareness amongst users and carers	Stephanie Cotgrove	March 06	
2.2	Expand DH Q&A sheets to include CNWL Q&As	Peter Walsh	March 06	
2.3	Q&As to be issued to managers for cascading at local team briefings. Staff to use in discussions with users and carers. Also place on Trustnet	Stephanie Cotgrove	April 06	
<b>3</b>	<b>Associated Organisations</b>			
3.1	Compile list of associated organisations with contact names and details	Emma Balfe	March 06	
3.2	Identify appropriate associated organisations with which to share flu contingency plans	Emma Balfe	April 06	
3.3	Establish communications links for each key associated organisation and share flu plan communications strategies	Stephanie Cotgrove	May 06	
<b>4</b>	<b>Continuity of Communications</b>			
4.1	Prepare communications pack for each comms team and appointed back-up teams. Packs to include action cards, contact lists, press office details	Stephanie Cotgrove	April 06	
<b>5</b>	<b>Media Handling</b>			
5.1	Personalise standard press statements from DH comms toolkit so ready for use as needed	Stephanie Cotgrove	April 06	
5.2	Arrange media training for Trust media spokespeople as necessary	Stephanie Cotgrove	April 06	

## Appendix 6

### Summarised Infection control Measures

#### *Personal and Respiratory Hygiene*

Individuals can reduce, but not eliminate the risk of spreading or catching influenza during a pandemic by:

- Covering their mouth when coughing or sneezing and using a tissue where possible
- Disposing of used tissues promptly and carefully, bagging and binning them
- Avoiding non-essential travel and large groups whenever possible
- Maintaining good basic hygiene, e.g. washing hands frequently with soap and water to reduce the spread of the virus from the hands to the face or to other people
- Cleaning hard surfaces frequently using a normal cleaning product
- Making sure children follow this advice

If someone catches flu they should:

- Stay at home and rest
- Take medication such as aspirin, ibuprofen or paracetamol to relieve symptoms
- Drink plenty of fluids

In the event of a pandemic the Department of Health's national communication campaign will include details of:

- The symptoms of flu
- The need for prompt self-diagnosis
- How to reduce contact with others if ill
- The need to limit social gatherings
- The importance of not sharing handkerchiefs or sharing cups
- What to do if symptoms of flu are suspected