

**Plan for the management of the effects
of an outbreak of
Influenza A (H1N1) virus in Cheshire Ireland
services.**

27-07-09 Revised 3-9-09



An Emergency Planning Committee for the management and co-ordination of a response to the effects of the Influenza A (H1N1) virus (also commonly referred to as **SWINE FLU**) on Cheshire Ireland services was formed on the 17-07-09. **The Emergency Planning Committee** comprises:

- Dr Caroline Whelan, Head of Human Resources, **(also the National Response Co-ordinator) Phone 087-9061725.**
- Maggy Blake, Practice Development Co-Ordinator, **Phone 087-9269332.**
- Paddy O'Brien, Risk Management/Health + Safety Co-Ordinator, **Phone 087-2790430.**

A risk assessment on the effects of service users and employees becoming infected with the Influenza A (H1N1) virus (referred to from now on as Influenza A in this document) was undertaken. The following plan was drawn up as a response to potential effects of Influenza A on Cheshire Ireland services. There are three phases in the plan with **Phase 1** being implemented immediately. The implementation of phases 2 and 3 is triggered when certain situations arise or when a direction is given from the **Emergency Planning Committee.**

The **Emergency Planning Committee** will keep senior management, including the CEO informed throughout the implementation of all phases of this plan.

If **Phase 2** is activated, a weekly report will be given by the **Emergency Planning Committee** to senior management and the CEO.

If **Phase 3** is activated daily reports will be given by the **Emergency Planning Committee** to senior management and the CEO.

There may be issues which could arise which are not covered in this plan. If and when such issues arise then service managers must contact the **Emergency Planning Committee for advice.**

1: Initial Phase:

Actions required immediately:

1.1. Response group:

Each centre/service must form a small Influenza A **Response group**. This group should comprise of the Service Manager/Co-Ordinator, a Nurse or Senior Care worker, the Health and Safety representative and another member of staff possibly from catering. *(fill in names below)*

For community services the composition of the **Response group** will most likely be different to the above, however it should where possible have 4 members. *(fill in names below)*

<i>Name of Centre/Service:</i>		
<i>Members of action group</i>	<i>Job Title</i>	<i>Contact number</i>

1.2. Nominated contact person:

A member of the **Response group** must be assigned responsibility as the contact person for receiving and communicating information to and from the **Emergency Planning Committee**. A deputy person must also be assigned. *(fill in names below)*

<i>Name of contact person:</i>	<i>Job title of contact person:</i>	<i>Contact number</i>
<i>Name of deputy contact person:</i>	<i>Job title of deputy contact person:</i>	<i>Contact number</i>

1.3. Nominate a person with the responsibility for surveillance and monitoring of the presence of the Influenza A virus in service users, employees and others in the service. *(fill in names below)*

<i>Name of person with responsibility for surveillance and monitoring:</i>	<i>Job title of contact person:</i>	<i>Contact number</i>

- When details have been completed on this page send a copy to the **Emergency Planning Committee** in central office.

1.4. Communicate information and advice:

Communicate with service users about the possible effects of an outbreak of Influenza A and the potential actions which may need to be taken, such as barrier nursing and isolation as outlined in **2.7.** of this plan.

Distribute the '*Basic Hygiene Precautions*' advice sheet (**appendix 1**) to all service users, employees including volunteers, family, friends and visitors.

Display '*Basic Hygiene Precautions*' advice sheet in appropriate prominent locations.

Erect **hand washing technique signs** at all wash hand basins (**appendix 2**).

Distribute the '*Actions to be taken if feeling unwell*' (**appendix 3**) advice sheet to all service users, employees including volunteers, family, friends and visitors.

Display the '*Actions to be taken if feeling unwell*' (**appendix 3**) in appropriate prominent locations.

Flu like symptoms:

The symptoms are like those of regular seasonal flu and include: fever that starts suddenly, cough, sore throat, runny nose, headache and muscle aches. Some people have vomiting and diarrhoea.

A common cold is a milder, though an uncomfortable illness. The symptoms of colds and flu are compared below:

Flu Symptoms Include:

- Sudden Onset of Symptoms
- High Fever - Temperature over 38°C/100.4°F
- Severe weakness and fatigue
- Dry cough
- Aching muscles and joints
- Sore throat
- Headache
- Runny nose
- Vomiting / diarrhoea

Common Cold Symptoms Include:

- Sneezing
- A blocked nose, or a runny nose
- Pain when swallowing
- Mild fever - temperature between 37 and 38.3°C or 98.6 and 101.0°F
- Mild earache
- Tiredness
- Headache
- Coughing

If a service user, employee including volunteers, family, friends, visitors or others inform a supervisor that they are experiencing flu like symptoms ensure that this information is communicated to the **Nominated Contact Person** in the service.

The **Nominated Contact Person** must then contact a member of the **Emergency Planning Committee** (names and contacts are listed at the top of this document) and inform them of the situation.

The **Emergency Planning Committee** will monitor the ongoing situation. A data base of all service users and employees who have contracted Influenza A will be held in Central Office.

1.5. List of contact details for emergency numbers:

Fill in the names and contact numbers for critical contact people and agencies on the '*Critical Contact List*' form (**appendix 4**). It is important to have a comprehensive consolidated list compiled in the event of a crisis situation developing. The names and numbers should include those of service user's family and friends along with advocates, key workers, respite service users, contacts in the HSE Regional Crisis Management Teams, GP's, PHN's, local supports, Local Area Hospital points of contact and others.

1.6. List of contact details for others.

Fill in the names and contact numbers for others that would interact with your service, use '*General Contact List*' (**appendix 5**). This list can be used for advising people, groups etc on the developing situation. The term '*others*' here could refer to people or groups using Cheshire services, delivery contacts, service companies etc.

1.7. Identify vulnerable people in your service.

Compile a list of vulnerable people in your service, including service users and employees. The definition of 'vulnerable' in this instance is; if a person were to contract Influenza A that they could suffer significant adverse health effects due to a compromised immune system or pregnancy or other medical condition. This list must be kept available for use if **Phase 2** of the emergency plan is implemented.

1.8. Vaccination:

When a National vaccination scheme is introduced ensure that all service users and employees receive the vaccine. Compile a list of those that have received the vaccine, record on '*Influenza A (H1N1) virus vaccination*' form (appendix 6).

When service users and employees, including volunteers have received the vaccination the **Contact Person** must notify the **Emergency Planning Committee**.

1.9. Infection control equipment and supplies:

Develop a comprehensive list of essential infection control equipment and supplies. This should be recorded on '*Infection control equipment and supplies list*' (**appendix 7**). **The list should include;**

- Disposable gloves.
- Alcohol based hand wash and dispensers.
- Disposable masks.
- Disposable aprons.
- Clinical waste bags.
- Cleaning supplies.

Ensure that you have a six week supply of this equipment and supplies.

1.10. Identify essential general supplies and suppliers.

Develop a comprehensive list of essential general supplies and suppliers. It would be worthwhile to identify alternative suppliers for essential supplies. Essential supplies could include;

- Food supplies.
- Clinical supplies.
- Oil.
- Gas.

1.11. Protocol for non-regular relief staff:

- It is important that services begin to consider alternative staffing options now, which may need to be called upon should a critical staffing level be reached.
- The **Response Group** in each service should discuss this issue with the local **HSE Regional Crisis Management Team**.
- The **Response Group** in each service should make contact with other Cheshire Ireland services which may be local to them to discuss the sharing of staff should staffing levels drop significantly.
- **Response Groups** should also consider contacting other possible sources of appropriately trained staff for crisis situations. For instance if there is a HSE service, nursing home etc. local to your service please discuss with them the possibility of sharing staff in emergency situations.
- The **Response Group** should consider management of all areas of the service if a critical staff level should arise, not just the care/support area. Thus, consideration should be given to managers, nursing, catering, domestic, driving, maintenance.
- Consideration should be given to the roles of one group, which in a crisis situation, could be managed by another group of staff.
- The **Response Group** should develop a brief document outlining any significant safety concerns or risk management issues for people living in their centre/service (e.g. a person is not safe to eat solid food etc.). This document should then be brought to the attention of non-regular relief staff, who may work in the service on a crisis management basis, by a senior member of the staff at the Cheshire service.

- Non-regular relief staff should receive a brief induction to the service by a senior member of staff. This should include information on any service users with ‘*safety critical*’ medical issues, moving and handling, fire safety and wheelchair clamping. Non-regular relief staff should not be involved in the management of any complex clinical interventions.

1.12. Determination of minimum staffing levels:

Determine the minimum number of employees that is required to provide a safe support service. **The number of employees attending for work needs to be monitored daily by a nominated member of the response group.**

Fill in numbers below.

	Critical employee numbers:	
Minimum number of employees required to ensure that a safe support service can be provided.	<i>Day time</i>	
	<i>Night time</i>	

When employee numbers drop below the ‘critical employee numbers’ level **action is required see Phase 2.**

2nd Phase:

This phase is triggered if somebody in the service, an employee, service user or other person contracts Influenza A or if an instruction to activate this phase is given through the Emergency Planning Committee.

2.1. Notifying relevant contacts:

Depending on how this phase has been triggered it will be necessary to notify immediately the appropriate people, Authorities etc from the 'Critical Contact List' (**appendix 4**).

<i>The following to be notified:</i>	<i>Date when notified:</i>
Emergency Planning Committee	
Regional Manager	
HSE Regional Crisis Management Teams	
GP's	
PHN's	
Local supports	
HR Department	

All service users, employees and others in the service must be made aware that a person has contracted Influenza A and be aware of possible symptoms among other service users and employees.

2.2. Surveillance and monitoring of service users and staff:

Following a person in your service contracting Influenza A or a person in close contact with a person in your service, surveillance and monitoring must be initiated.

Daily surveillance of service users must be undertaken to check for signs of flu like symptoms.

All employees must inform their supervisor if they experience any signs of flu like symptoms.

Employees who are at increased risk from influenza complications e.g. pregnant employees or those with compromised immune systems or other medical conditions may need to be given Health and Safety leave or be transferred to an alternative work location if this is possible. This would be decided on a 'case by case' basis **in conjunction with HR.**

Surveillance must continue for a period of **7 days** from the last reported case of Influenza A or from 7 days from the last report of somebody experiencing flu like symptoms.

Any cases of Influenza A virus that are confirmed must be communicated to the **Emergency Planning Committee** and the **Regional Managers.**

Regional Managers will keep the **Emergency Planning Committee** updated on the situation in their services.

2.3. Protocol for staff who become infected with Influenza A or experience flu like symptoms as indicated above under 1.4. or have been in close contact with a confirmed case of Influenza A.

- **What** happens if an employee is confirmed with Influenza A.
 - ❖ *Notify line manager.*
 - ❖ *Stay out of work until advised by GP that it is safe to return to work.*
 - ❖ *Contact line manager before attending work.*

- **What** happens to employees who experience **flu like symptoms as indicated above under 1.4.**
 - ❖ *Contact line manager.*
 - ❖ *Go home if in work or stay at home.*
 - ❖ *Contact the Influenza A information help line on **1800 94 11 00** or your GP and ask for advice on what to do.*
 - ❖ *Update your line manager on the advice that you have been given.*

- **What** happens employees who experience **flu like symptoms as indicated above under 1.4.** but feel well enough to work.
 - ❖ *Contact line manager and the Influenza A information help line on **1800 94 11 00** or GP.*
 - ❖ *Make a decision about attending work on advice from the Influenza A information help line or GP.*
 - ❖ *Contact line manager before attending work.*

- **What** happens to employees who have been in close contact with a person who has been confirmed with Influenza A.
 - ❖ *Contact line manager.*
 - ❖ *Contact the Influenza A information help line on **1800 94 11 00** or your GP and ask for advice on what to do.*
 - ❖ *The line manager will decide on the employee's continued attendance at work on advice from the Influenza A information help line and/or their GP and in consultation with service manager and HR.*

2.4. Information for suspension of visitations:

When a decision has been made to suspend visitations, contact needs to be made with service user's family, friends, advocates, and other entities where required such as Rehab, the IWA etc to ask them not to visit the Cheshire service until they receive a communication from the Service Manager/Co-ordinator indicating it is safe to visit.

Contact needs to be made with service user's family, friends, advocates, and other entities such as Rehab, the IWA etc to ask them not to visit the Cheshire service **if they have flu like symptoms or have been confirmed with the virus.**

2.5. Hand-wash units:

Install hand-wash units at the entrances and at other appropriate locations.

2.6. Respite facilities:

Notify respite service users, their family or other contacts, the HSE and other stakeholders about possible cancellation or cancellation of respite services.

2.7. Service users who become infected with Influenza A:

If a service user or a number of service users become infected with **Influenza A** then the following actions need to be followed:

- Single room isolation or corridor isolation.
- Where possible, staff who are assigned to work with infected individuals will not work with others.
- Barrier nursing using gloves, face masks and aprons when in close contact with the infected person.
- Practice hand hygiene principles.
- Dispose of used protective equipment in clinical waste bags/containers.
- Handle clinical waste bags in a manner compliant with infection control principles.

2.8. Serious illness:

If a service user or a number of service users become seriously ill as a result of **Influenza A** then seek medical assistance from either GP or local A+E.

2.9. Capacity for the intake of ill patients from the HSE or other outside sources.

At the present time we do not have the capacity to take in any ill patients from outside sources.

If however, a request is made for the intake of people into our service then this will be reviewed on a case by case basis. Decisions regarding this will be made by Managers and Regional Managers in conjunction with the **Emergency Planning Committee.**

3rd Phase:

This phase is triggered when staffing levels reach a level below which a safe support service can no longer be provided, or when the number of service users that require a higher level of care due to Influenza A is too great for a safe support service to be provided.

3.1. Notification on critical employee levels.

Notify the **Emergency Planning Committee** and **Regional Manager** when employee numbers reach a critical level.

Try to source staff from other Cheshire services, relief staff agencies or other sources. Inform **Regional Manager** and **Emergency Planning Committee about actions relating to sourcing alternative staff.**

Notify the **HSE Regional Crisis Management team** when employee numbers reach a critical level due to absenteeism caused by Influenza A.

If replacement staff cannot be sourced, seek accommodation from the **HSE Regional Crisis Management team** for the number of service users which would bring the numbers to a level where a safe support service can be provided with the staff numbers that are available.

3.2. Notification when numbers of service users with Influenza A reaches a critical level.

Notify the **Emergency Planning Committee** and **Regional Manager** when the number of service users with Influenza A reaches a critical level.

Notify the **HSE Regional Crisis Management team** when the number of service users with Influenza A reaches a critical level.

Seek accommodation from the **HSE Regional Crisis Management team** for the number of service users which would bring the numbers in the service to a level where a safe support service can be provided with the staff numbers that are available.

How does flu spread?

In the current situation, the Influenza A (H1N1) flu virus appears to be spreading from person to person mainly by infected people coughing and sneezing. The virus spreads when droplets from a cough or sneeze of an infected person are propelled through the air and deposited on the mouth or nose of people within approximately one metre. It settles on surfaces in the surrounding environment. Flu viruses may then spread when a person touches respiratory droplets on another person or an object and then touches their own mouth or nose (or someone else's mouth or nose) before washing their hands.

- If you have flu symptoms cover your cough (cover your nose and mouth with disposable tissues when sneezing, coughing, wiping and blowing your nose).
- Bin your used tissues.
- Wash your hands thoroughly and often with soap and water, especially after coughing or sneezing.
- Clean hard surfaces regularly using a cleaning product.
- Avoid contact where possible with people who are unwell or who may be vulnerable to infection.
- Avoid spreading the virus by contact with others, keep 2 metres distance from others.
- Avoid spreading the virus by handshakes, this is a high means of transmission.

Actions to be taken if feeling unwell

Appendix 3

Flu like symptoms:

The symptoms can be the same as those of ordinary flu but the onset of the symptoms may be sudden and may be severe. They may include a high temperature and some of the symptoms outlined below;

- Headache
- Dry cough
- Aching muscles
- Sore throat
- Runny nose
- Vomiting / diarrhoea

For service users:

If you are experiencing flu like symptoms contact a member of staff.

If you are a member of staff and a service user has informed you that they are experiencing flu like symptoms then you must notify your line manager.

If you are an employee who notices flu like symptoms in a service user then notify your line manager.

For employees including volunteers:

If you are experiencing flu like symptoms at home contact your line manager, remain at home and contact the flu information help line on **1800 94 11 00** or your GP by phone. **DO NOT COME TO WORK.**

If you are at work and you feel the onset of flu like symptoms contact your line manager and go home. When at home contact the flu information help line on **1800 94 11 00** or your GP.

Keep your line manager informed about your condition.

If it is confirmed that you have contracted **Influenza A** inform your line manager.

It may be necessary to find out who you have been in contact with in work etc.

Contact your line manager when you intend to return to work.

For service user's family, friends, visitors etc:

If you have flu like symptoms, please do not visit the service, contact the Cheshire service and advise the Manager.

An Infection Control Strategy

“Minimizing the Risk of an outbreak of the H1N1Virus, Commonly known as “The Swine Flu.”



Appendix 8

Sept 09

Responsibility/ Accountability

It is the responsibility of all Cheshire staff and Managers to take a proactive approach to protect the health of service users, their work colleagues and all visitors to Cheshire Centres.

Below are some simple, user friendly, infection control guidelines which you may find helpful in dealing with the illness.

The virus is spread from person to person by an infected person, sneezing or coughing in close proximity to another individual. So the aim is clearly to, **Catch it, Bin it, Kill it, before you spread it.** The virus can survive on your hands for 2 hours, on clothes and bed linen for 4 hours and on hard surfaces for 24 hours. Hand Hygiene is the single most important intervention in preventing the transmission of infection.

It is considered an outbreak if 3 or more people have symptoms, at the same time.

Be vigilant

If a Service User presents with sudden onset of illness, probably a high temperature and other symptoms of the flu (see appendix 3, of the Cheshire Emergency Plan) inform your line manager or a member of the designated Response Group in your service and the appropriate action will be implemented.

- The service user will be isolated and follow the advice given by the Medical team.
- Standard precautions will need to be implemented immediately. (see your HSE infection control manual 2008) and use the Respiratory Hygiene Cough etiquette and Hand Hygiene programmes.
- Minimise the number of staff attending to the service user. It's recommended only essential staff should enter the room. Where possible 1 person should provide the care/ support and should not attend to other service users especially those who would be considered “high risk” e.g. those with respiratory problems or compromised immune systems. All residents in a residential setting are considered at risk but some residents and service users would not be as vulnerable as others, so it may be useful to have a list of residents/ service users prepared in advance, stating who would be in a low, medium or high risk categories, depending on their medical history. This list could be consulted daily before allocating your staff at the beginning of the shift. The carer looking after the isolated service user may be able to attend to the service users in the low risk group, if staffing is an issue.

- If your centre doesn't have wall mounted dispensers for gloves and aprons and soap and alcohol dispensers, then it would be preferable to set up a trolley/ table outside the isolation room with the following supplies;
 - Gloves
 - Gowns with long sleeves which are Fluid Repellent
 - Face Masks which are Fluid Repellent
 - Alcohol Gel with pump action dispenser
 - Disposable goggles (if suctioning, using a nebuliser)
- Have a Clinical Waste Bin inside the isolation room, which is foot operated to dispose of PPE safely.
- Do not take equipment or supplies into the room unless it is completely necessary. If you do take equipment into the room it must be decontaminated before it is used again. Unused supplies will have to be discarded, which is costly to the organisation. They can not be put back into circulation.

Be Ready To Go

Be prepared in advance of an Isolation episode and have containers ready with the necessary supplies which need to be taken into the room and supplies ready for outside the room

This is a useful tool to limit stress and panic for staff, when a resident/ service user becomes symptomatic initially, as all the items are together. Inform all staff in advance.

Infection control kits:

Use a disposable plastic bag or plastic box, labelled, containing;

- Thermometer
 - Tissues
 - Alginate bags
 - Small disposable plastic bags for used tissues
 - Alcohol gel dispenser
 - Hard surface disinfectant wipes
 - Disposable body cleaning wipes.
 - Disinfectant hand wipes for the resident.
 - Box gloves.
- Short sleeves only to be worn and remove wrist and hand jewellery
 - Before entering the room, apply gloves, mask and gown and disposable goggles if suction is required.
 - If a service user is having nebulised medication it is preferable for the carer to remain outside during that time as this is considered high risk, as is respiratory suction. If you don't have long sleeved gowns then wash your arms from elbows down and apply alcohol gel.

- On leaving the room, remove your gloves, gown/apron and mask in the correct sequence. Remove gloves 1st avoiding the outside as you will cross contaminate. Apply alcohol gel.
 - Remove your gown/apron 2nd and the face mask last. Do not touch the front of the gown or the front of the mask as you will contaminate your hands. A poster for this process is available to download from the HSE website as is the Respiratory Hygiene and cough etiquette poster. Dispose of PPE in the clinical waste bin before leaving the room.
 - Wash your hands and apply alcohol gel, outside of the room. The taps should be hands free, soap in liquid form only and alcohol gel in dispenser.
 - Clean the room daily paying particular attention to the bedside table, locker, commode bedrails/ cot sides, doorknobs and door handles etc.
- ❖ **Continue this process until the person is symptom free.**

Decontaminate the environment (all hard surfaces) using a Hypochlorite solution of 1000ppm, following the manufacturer's instructions. Wash curtains.

Thoroughly clean and decontaminate the room and equipment etc between Respite users.

Clean = Wash with detergent only.

Disinfect = Clean and remove micro organisms with a chemical disinfectant e.g. alcohol or Hydrogen peroxide based solutions.

Decontaminate = Kill resistant micro organisms e.g. MRSA, Norovirus H1N1 Virus.

Example of a hypochlorite solution = Presept tablets or granules.

References:

The following documents were referenced for the production of this plan;

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