DRAFT

NHS SCOTLAND

Influenza Pandemic Preparedness

Guidance for Health and Social Care Services in Scotland

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Healthier Scotland
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Executive Summary

Influenza Pandemic Preparedness provides guidance for health and social care organisations in Scotland in the context of pandemic influenza being the top national risk in the UK. It enables organisations to understand the challenges of a pandemic and their roles and responsibilities during various phases.

The document highlights that pandemic planning is taking place at a UK level, with the four UK nations working together to update the UK Influenza Pandemic Preparedness Strategy 2011, on which this guidance is based. It also emphasises key messages from recent national pandemic flu exercises – of agencies planning together to enable an integrated response; and further developing plans to respond to significant increases in demand for services.

Reflecting the particular integrated health and social care landscape in Scotland, this document sets out an expectation that NHS Boards and Health and Social Care Partnerships (HSCP) work closely together to develop scalable plans and enhance each other's as well as the overall resilience of their respective sectors.

Sections 1 to 4 explain the strategic context and the approach to be adopted in Scotland, and the dynamics of pandemic influenza. Section 5 sets out the legal framework that underpins the responsibilities of NHS Boards and HSCPs.

Sections 6 highlights the responsibilities of particular organisations in planning and preparing for a pandemic, and Section 7 explains how a national response will be coordinated. The roles and responsibilities of particular organisations, and what is required of them is outlined in Section 8. The importance of Business Continuity planning (Section 9) is clearly underlined with a checklist (Annex C) to support organisation's preparedness. The specific issues that require consideration, from taking action to minimise the spread of infection to planning for an increase in demand, are highlighted in Section 10.

Annexes A and B explain in detail the roles and remits of the range of health and social care organisations.

1. INTRODUCTION

1.1. The UK National Risk Register 2017[1] identifies pandemic flu as the highest risk facing the nation. The Influenza A H1N1 (commonly known as 'Swine flu') pandemic in 2009/10 was mild by historical standards and the threat of a new and far more serious pandemic remains.

1.2 Influenza (commonly known as 'flu') is a widespread and familiar infection, especially during the winter months. Illness caused by the influenza virus is usually relatively mild and self-limiting. However, some groups of people such as older people, young children and people with certain medical conditions, may be more at risk of severe infection or even death.

1.3. Pandemic flu is different from seasonal influenza. It occurs when a new flu strain emerges in the human population and spreads from person to person worldwide. As it is a new virus, the entire population is susceptible as very few people have immunity to it. Therefore healthy adults, as well as older people, young children and those with existing medical conditions, may be affected. The lack of immunity in the population means that the virus has the potential to spread very quickly from person to person, leading to more people becoming severely ill and potentially many more deaths.

1.4. Pandemic flu can strike at any time and has no seasonal linkage. A rapid integrated response, coordinated across the health and social care sectors, and the agencies involved in the Resilience Partnership, will help to minimise societal impact.

1.5 This guidance document is aimed at supporting health and social care services in Scotland to meet the strategic objectives set out in the UK Pandemic Preparedness Strategy 2011[2]. These are to:

- Be prepared to respond to any future influenza pandemic and any new emerging infections;
- Minimise the potential impact of a future influenza pandemic on health and social care services;
- Minimise the potential impact of a pandemic on society and the economy;
- Instil and maintain trust and confidence amongst health and social care organisations, the professionals who work in them, and the public in our ability to respond to pandemic influenza;
- Be active global players working with the World Health Organisation (WHO) and the European Centre for Disease Prevention and Control, including supporting international efforts to detect the emergence of a pandemic and early assessment of the virus by sharing scientific information; and to
- Regularly review research and development needs in pandemic influenza, in collaboration with research partners, to enhance our pandemic preparedness.

[1] https://www.gov.uk/government/collections/national-risk-register-of-civil-emergencies
[2] https://www.gov.uk/government/publications/responding-to-a-uk-flu-pandemic

3.4 The move to the **Assessment** phase would occur when the first patient with the pandemic strain of influenza is identified in the UK. The focus of Public Health agencies during this phase will be on:

- Collection and analysis of detailed clinical and epidemiological information on early cases, which will inform early estimates of the impact and severity of the pandemic; and
- Reducing the risk of transmission and infection with the virus within society by actively identifying, self-isolating cases and providing treatment as necessary.

3.5 **The Detection and Assessment phases form the initial response to the pandemic** and may be relatively short. These phases may be combined depending on the speed of transmission of the virus in society.

3.6 The initial response to the pandemic will be followed by the **Treatment** phase, as it will not be possible to curtail the spread of the pandemic strain of influenza once it has occurred in Scotland. During the Treatment phase, healthcare services will focus on:

- Continuing to treat individual cases as they occur within the population;
- Population level treatment and support, including the assessment of individuals (particularly those in the at risk groups)[9] and distribution of anti-viral medicines, via the National Pandemic Flu Service (if it is activated);
- Enhancement of the healthcare services to manage an increasing number of people infected;
- Consideration of advanced public health measures (including 'population distancing' strategies such as school closures) to limit the spread of the disease; and
- Developing a vaccine for the specific strain of influenza causing the pandemic.

3.7 In the event of a severe prolonged pandemic, and progression to the **Escalation** phase, the pressures on services and wider society may be extreme. The focus of health and social care organisations at this stage of a pandemic should be on adjusting service delivery to accommodate increasing demand, including:

- Implementing pre-planned arrangements to increase service capacity in response to a sudden increase or surge/ spike in demand;
- Prioritising service delivery and triage with aim of maintaining essential services;
- Revising service thresholds to respond to demand, acuity and service availability; and
- Implementing resilience measures and implementing contingency plans.

3.8 Following the peak of the pandemic, as the number of new infections decline, there will be a continued focus on Treatment activities, followed by a move into the **Recovery** phase. The focus of this phase will be on steadily returning services to normality and 'business-as-usual', reviewing the organisational response to the pandemic and the lessons, while simultaneously preparing for a potential resurgence of the pandemic (a second "wave").

[9] Children and young people, frail elderly, and those with long term conditions

Health and Social Care Partnerships

5.5 The **Public Bodies (Joint Working)(Scotland) Act 2014** places a duty on Integration Authorities to develop a strategic plan for the delegated functions and budgets under their control. Unlike Integration Authorities, Health and Social Care Partnerships (HSCPs) are not statutory bodies. These have been developed in each Integration Authority to create an identity for successful integration of health and social care staff from the council and Health Board into a single, coherent delivery entity. Each HSCP is led by a Chief Officer, supported by a senior management team, and is the operational and delivery arm of integration, bringing together staff from the relevant Health Board and Local Authority to support integrated working.

5.6 As 'delivery entities' of the local NHS Board and Local authority, HSCPs are not categorised as 'responders' under the CCA.

5.7 In this guidance, where integrated health and social care is being delivered, we refer to 'health and social care partnerships', to include community health services, social work and independent and third sector care providers.

5.8 It is important that NHS Boards and Local Authorities develop a memorandum of understanding with their local HSCP(s) to clarify mutual roles, responsibilities and discharge of functions under the CCA.

5.9 Under the **Social Work (Scotland) Act 1968**[15], Local Authorities (LAs) have a duty to assess a person's community care needs and decide how to meet their needs and manage any risks. Any assistance should be based on an assessment of the person's care needs and should take account of their preferences. In addition under Section 22 of the Children (Scotland) Act 1995, LAs have a duty to safeguard and promote the welfare of children in their area who are in need[16].

5.10 Each Integration Authority is required to produce a strategic commissioning plan that sets out how it will plan and deliver services in their area over the medium term, using the integrated budgets under their control.

5.11 Since implementation of the Public Bodies (Joint Working)(Scotland) Act in 2016, all social work services for adults have been commissioned via a strategic plan through the Health and Social Care Partnerships. Some HSCPs also include children and criminal justice services within their responsibilities.

5.12 **The Public Health etc. (Scotland) Act 2008** sets out the public health duties of Scottish Ministers, NHS Boards and Local Authorities. Scottish Ministers have a duty to protect public health i.e. to protect the community from infectious disease, contamination and any other hazards that constitute a danger to human health. This includes the prevention of, control of, and provision of a public health response to such disease, contamination or other hazards.

[15] http://www.legislation.gov.uk/ukpga/1968/49/contents
[16] https://www.legislation.gov.uk/ukpga/1995/36/contents

10. SPECIFIC ISSUES

This section highlights specific issues that require careful consideration to ensure an effective response to and preparedness for an influenza pandemic.

Minimising the spread of infection

10.1 Measures to minimise the spread of infection both in the population and care setting during an influenza pandemic include implementation of infection control measures in care settings, including the use of Personal Protective Equipment (PPE) and provision of advice to the public and clinical countermeasures (see section 10.8).

Infection control in the care setting

Infection control procedures

10.2 Standard Infection Control Precautions (SICPs) and Transmission Based Precautions (TBPs) are specified in the National Infection Prevention and Control Manual (NIPCM)[29], and should be implemented during all phases of an influenza pandemic e.g.:

- Hand Hygiene
- Respiratory and Cough Hygiene
- Patient Placement (isolation/cohorting)
- Personal Protective Equipment (PPE), including use of Respiratory Protective Equipment (RPE)
- Safe Management of the care environment and equipment (including linen and blood and body fluid spillages)
- Safe Disposal of Waste (including sharps)

10.3 Some treatment services may require to be rescheduled and non-urgent services may be reduced if there are shortages of staff and specialist consumables.

Respiratory Protective Equipment (RPE)

10.4 RPE i.e. Fluid Repellent Surgical Facemask (FRSM) and Filtering Face Piece (FFP) Respirator may be required:

A Fluid Repellent Surgical Mask (FRSM) should be worn by care staff when working in close proximity (within one metre) to someone with symptoms of influenza;

[29] http://www.nipcm.hps.scot.nhs.uk