



FLU

Influenza pandemic plan

Table of contents

Introduction.....	3
Administration.....	3
Key components of planning	5
<i>Risk identification and analysis</i>	<i>5</i>
<i>Protecting people</i>	<i>7</i>
<i>Communication</i>	<i>7</i>
<i>Financial</i>	<i>7</i>
<i>Recovery process</i>	<i>8</i>
Summary of the primary health care key actions.....	9
Summary of facility response roles and requirements	10
Appendix 1: Organisational structure.....	12
Appendix 2: Pandemic resources	13
Appendix 3: PPE order form	15
Appendix 4: Staff sickness reporting	16
Appendix 5: Organisational debrief template.....	17

Acknowledgements

Cover imagery: <https://www.influenza.org.nz/>

Some parts of this plan have been developed using material sourced from the Royal Australian College of General Practitioners: Pandemic influenza toolkit, 2014

www.racgp.org.au

ISBN 978-0-86906-387-3

Published June 2014

© The Royal Australian College of General Practitioner

Introduction

Pinnacle's pandemic influenza plans align with the Ministry of Health (MOH) and the relevant district health board pandemic influenza documents.

The planning assumptions and planning principles are covered in pandemic planning documents on the following websites.

Ministry of Health: www.moh.govt.nz/pandemicinfluenza

Waikato DHB: www.waikatodhb.health.nz/

Lakes DHB: www.lakesdhb.govt.nz

Taranaki DHB: www.tdhb.org.nz

Tairāwhiti DHB: www.hauoratairawhiti.org.nz

Administration

Plan duration

This document remains in force until it is replaced by a later version.

Plan development and maintenance

Personnel nominated by the Pinnacle chief executive will maintain the plan. They will:

- ensure the plan conforms to requirements set out from time to time by the Ministry of Health
- oversee the development and maintenance of the plan
- liaise with the Ministry of Health, DHB, emergency services and Civil Defence Emergency Management Group
- coordinate monitoring and evaluation activities.

The plan will be subject to review every three years and amendments made as appropriate. In addition the plan will also be reviewed following its activation in response to:

- any emergency
- following exercises and other tests
- as new threats arise
- as changes in facility and government policies and procedures require.

The Pinnacle environment undergoes ongoing change including installation of new equipment, new IT programmes and changes in key personnel. When these events occur, the plan will be reviewed to ensure:

- emergency response duties are assigned to new personnel, if needed
- the locations of key supplies, hazardous substances, etc. are updated
- vendors, repair services and other key information for newly installed equipment are incorporated into the plan.

Plan created: February 2020.

Updated/revised: April 2020, January 2022.

Review process – January 2022

This plan remains current despite the dynamic changes seen with COVID-19 globally. It is aligned with the current New Zealand pandemic plan which is still focussed on an influenza-like outbreak. The success of the approach taken by New Zealand to date was published in an article in the Journal of the Royal Society of New Zealand in late 2021 with recommendations for a new strategic approach which may well be represented in any future national pandemic planning documents.

<https://www.tandfonline.com/doi/full/10.1080/03036758.2021.1891943>

Background

The Civil Defence Emergency Act (2002) and subsequent amendments requires all health and disability service providers to have a plan that can meet the expected delivery of essential primary, secondary and tertiary services in the event of a major health emergency occurring, whether that be local, regional or national. The Ministry of Health 'Operating Policy Framework' requires each district health board to have a health emergency plan should an incident occur such as civil defence emergencies, large casualty-causing incidents, major weather events, pandemics or natural disasters. The health emergency plan provides for both immediate, short duration events and extended emergencies, on both small and large scales. Primary care providers may be required to respond following:

- the declaration of a national pandemic such as influenza
- the declaration of a major outbreak such as measles
- rapid discharge of patients to their home following a major incident
- evacuation of homes following major flooding or toxic hazard spills
- removing pressure from emergency departments for non-critical patients when the department reaches an overload situation
- the declaration of a natural disaster in a region such as an earthquake, fire, volcanic eruption or a tsunami.

A national process has been developed and used by the Ministry of Health for situations that may require a health emergency response to be initiated. Staff identified as critical to management of any emergency situation will be notified by text from the relevant call tree list.

Key components of planning

Risk identification and analysis

Develop summary statements of organisational risk and potential impact corresponding to each stage, as shown in the example table below.

Stage /Code	Risk	Potential Impact
Stage 1 Code White (Information/Advisory)	<ul style="list-style-type: none"> Staff may not take planning seriously. 	Lack of knowledge of the plans and lack of personal planning. Valuable time may be lost and last minute plans may not be robust.
Stage 1 Code Yellow (Stand By)	<ul style="list-style-type: none"> Suppliers may have sold out of equipment for last minute purchasing. 	May not be able to procure essential equipment to maintain business continuity.
Stage 2 Code Red (Activation) Keep it out (Border Management)	<ul style="list-style-type: none"> If borders are closed supplies and staff may not reach the organisation. Staff may be at risk if they do not have sufficient information to protect themselves. Without adequate information staff may not go to work because of fear from catching the flu. 	Lack of staff or equipment may mean the business may have to continue with another practice. Reduction in workforce may lead to loss of business. Staff who are left may suffer “burnout”.
Stage 3 Code Red Stamp it out (Cluster Control)	<ul style="list-style-type: none"> As above. 	As above.
Stage 4 Manage it (Pandemic Management)	<ul style="list-style-type: none"> Staff shortages from staff or their families having the flu. Suppliers may not be able to deliver supplies. Organisations may run out of PPE cleaning equipment. Security of the organisation may be at risk if people are short of equipment/medication. 	Reduction in essential services, closure, loss of income Shortage of medication and equipment. Property may be damaged/stolen.
Stage 5 Code Green Stand down (Recovery)	<ul style="list-style-type: none"> Slow recovery period due to severe illness. Loss of clients due to illness or death. Loss of staff members due to illness or death. Loss of moral. 	As above. Loss of productivity.

General planning

Pinnacle Incorporated and all general practices should review existing business continuity plans and develop pandemic specific procedures as appropriate.

- Identify essential services.
- Identify essential equipment - swabs, cleaning equipment, gowns, masks, hand gel etc (in pandemic kit).
- Plan for up to 50 per cent staff absences for periods of 2-3 weeks at the height of the pandemic, and lower levels of staff absences for a few weeks on either side of the pandemic.
- Assess core staff and skill requirement needs, and ensure essential positions are backed up by an alternative staff member.
- Update infection control and flu treatment for all staff.
- Define structure and key roles – leadership and direction in the event of a pandemic, who makes the decisions, who communicates to whom internally and externally.
- Document main expectation of staff in key roles – allocation of other specific responsibilities and who maintains and updates the plan.
- Consider organisational policies to encourage sick people to stay at home, and enable staff to work from home.
- Prepare signage for flu prevention.
- Review security arrangements in the event of a premises shutdown or relocation.

Pandemic planning

Developing a quality pandemic plan will ensure that a general practice is well equipped to manage the next outbreak of pandemic influenza or other illnesses that can lead to a declaration of a pandemic, such as the novel coronavirus cluster of viral respiratory illness identified as SARS-CoV-2 (COVID-19) that emerged late in 2019. The plan will provide detail about how the practice will operate before, during and after a pandemic.

The key components of an effective pandemic plan include information on:

- human resources
 - roles and responsibilities
 - staff contact details
 - staff rostering
 - immunisation register
 - extra supports required for staff
- key resources
- equipment and supplies (clinical and non-clinical)
- infection prevention and control measures
- clinical management
- business continuity
- identified stakeholders
- communication.

It is strongly recommended that practices update their plans **every February** so that they are prepared for a pandemic and flu season. It is also important that all pandemic plans are subject to rigorous version control. It is recommended the pandemic plan have a version number and date.

Protecting people

Identify a key person to be the 'co-ordinator' for the practice, responsible for undertaking the key coordinating activities to ensure that the practice is prepared for and able to effectively respond to a pandemic. The co-ordinator develops the practice's pandemic plan and ensures the plan is flexible and covers all critical aspects.

- Modify workspace and practices to provide physical distance and separation of patients with flu symptoms. Put up flu prevention posters, have masks and alcohol-based hand sanitiser available.
- Remove magazines and toys.
- Develop a staff contact list and outline a roster for the practice to ensure that adequate staffing is available at all times. The staff plan may involve splitting staff into two teams, one to work remotely and one to work from the practice, and a plan for rotation of the teams on a weekly basis.
- Review personal protective equipment (PPE) supplies and additional cleaning equipment requirements. (See appendix 3 for PPE order form.)
- Train staff in the correct use of PPE – both putting the PPE on, and taking off in the correct way.
- Promote and provide for strict standard precautions for infection control. (Patients don masks on entry to building, provision of additional hand sanitiser and display of cough etiquette posters.)
- Increase cleaning schedule in waiting areas and consult rooms.
- Re-deploying staff from non-essential services to support essential services.
- Ensure adequate ventilation and control access to buildings. Separate areas into 'clean' and 'dirty' areas to minimise and potential for cross infection.
- Review staff annual leave and sick leave in preparation for and during a pandemic.

Communication

- Develop links with other organisations, DHB and PHOs.
- Designate a single point of contact person to receive and disseminate information. (See appendix 4 for staff illness report template.)
- Update contact details of all personnel.
- Establish mechanisms for alerting staff to a change in pandemic status.
- Establish procedures and triggers for escalation of response.
- Communication to the public will be via DHB and Medical Officer of Health (or delegate).
- Communication to general practice will be via the DHB to the Pinnacle incident controller and agreed by the Pinnacle CEO.
- Develop a telephone triage plan.
- Review computer security, IT companies may not have the personnel on the ground to detect viruses. Prepare a procedure for staff to handle a contingency by switching off broadband, not opening email attachments, backup daily and storing data off site.

Financial

Financial implications of an influenza pandemic will include:

- impact on cash flow due to late or non-payment of fees or other accounts
- changes to work environment
- procurement /storage costs for equipment and supplies

- costs of training and increased use of supplies
- loss of revenue through staff illness or secondment.

Recovery process

- Establish criteria and process for agreeing to return to business as usual.
- Review and update the risk and impact assessment.
- Communicate internally with staff and externally with related agencies.
- Consider the need for grief counselling and part-time work for staff who have been affected.
- Manage return to business as usual.
- Conduct full debrief process(es):
 - review and update the pandemic plan
 - review and update the business continuity plan as appropriate.

Summary of the primary health care key actions

for each phase of an influenza pandemic

Stage	Activities	DHB support
Stage 1 White (information/advisory) Plan for it (Planning)	Review and update influenza pandemic plan (IPP). Maintain communication systems with relevant organisations, community groups. Educate and audit against infection control standards in every organisation. Promote vaccination for seasonal influenza. Strengthen surveillance in identified organisations. Maintain pandemic influenza kits.	Support efforts to improve community preparedness.
Stage 1 Yellow (Standby)	Review plan and preparedness – including staff, equipment and facilities. Clinical management plans. In practices - implement influenza screening triage. Prepare to prioritise services.	Disseminate information via communications system.
Stage 2 Red (Activation) Keep it out (Border management)	Activate regional primary care plan including enhanced disease surveillance and notification. Prepare to assist with CBAC activation. Maintain essential services.	Prepare to activate CBACs. Information management.
Stage 3 Stamp it Out (Cluster Control)	Encourage early notification of cases to Public health. General practices implement clinical management plan – infection prevention and control; waiting room protocol, physical distancing etc. Implement communication and reporting systems. Maintain essential services	Mobilise extraordinary services – CBACs. Implement communication, registration and reporting systems. Support GPs and other primary care providers in the management of cases in the community.
Stage 4 Manage it (Pandemic Management)	Disseminate 'generic' information. Co-ordinate with DHB to maintain 'patient care pathway' and CBAC system. Prioritise services.	Implement vaccination programme (when available). Maintain CBAC operations. Information distribution.
Stage 5 Green (Stand down) Recover from it (Recovery)	Internal debrief and external debriefs. Deactivate. Review plan. Support colleagues. Continue business.	Debriefs e.g. Local, DHB, MOH. Deactivate. Review plan. Support GPs and other primary care providers. Continue business.

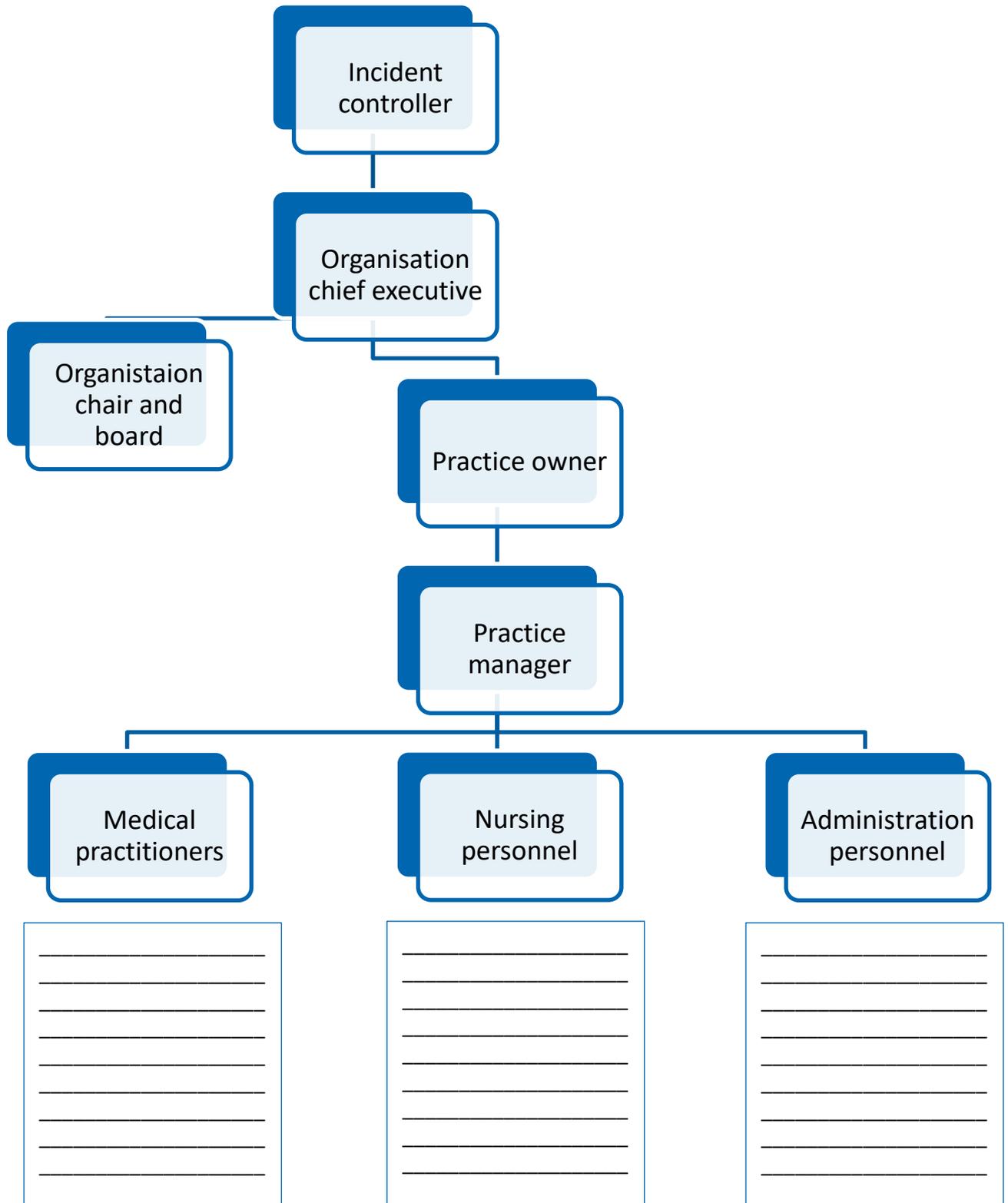
Summary of facility response roles and requirements

(during a pandemic)

Likely facility emergency roles	Requirements to be effective
<p>Internal emergencies Protect patients, visitors and staff. Protect facilities, vital equipment and records.</p>	<p>Generally requires planning, training and exercises. Also requires internal culture where safety and readiness are given high priorities. Specific requirements include:</p> <ul style="list-style-type: none"> • emergency plans • training / exercises / audits • signage • business continuity plans • security • internal/external communications • staff notification and recall • emergency procedures distributed throughout the facility.
<p>Reception and triage During a pandemic, facilities may become points of convergence for infected, worried, or dislocated community members. Depending on the emergency and availability of other medical resources, facilities may not be able to handle all of the people presenting with influenza like illness. Minimum facility role will likely be triage, reporting, treating, and holding until transport can be arranged.</p>	<ul style="list-style-type: none"> • Response plan. • Staff recall procedure. • Procedures to obtain outside additional assistance – other facilities nearby, PHO and DHB . • Crowd management. • Location of other facilities who can take the overflow. • Effective record keeping. • Reception area. • Triage identification. • Triage training. • Medical supplies.
<p>Reception of hospital overflow In a pandemic, hospitals may be overwhelmed with people presenting with influenza like illness and those requiring high levels of care, while at the same time facing the normal influx from patients with regular injuries or the worried well. Facilities may be requested to handle people with minor injuries or patients to relieve the pressure on the hospital.</p>	<p>Requirements above for pandemic care. Prior agreement that defines:</p> <ul style="list-style-type: none"> • circumstances for implementation • types of patients that will be accepted • resource / staff support provided by hospital • patient information / medical records.

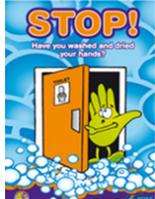
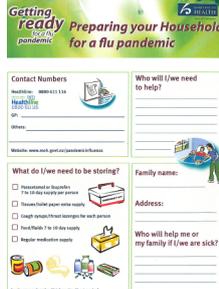
<p>Maintaining ongoing routine patient care</p> <p>Normal levels and extended surge. The community’s need for routine medical care will continue following an emergency.</p>	<p>Facilities should prepare to maintain their service capacity through protection of equipment, critical supplies, medications, and personnel. Requirements include:</p> <ul style="list-style-type: none"> • continuity of management plan • procedures to augment resources • in areas subject to frequent power outages, facilities should consider adding generators to ensure operational capacity.
<p>Mental health services</p> <p>Facilities can expect the convergence of the “worried well” following an emergency.</p>	<ul style="list-style-type: none"> • Emergency mental health training for clinicians / licensed mental health staff. • Internal or external mental health team. • External source of trained personnel to augment response.
<p>Mass prophylaxis</p> <p>Facilities may be requested to participate in mass prophylaxis managed by the local DHB (Waikato, Lakes, Taranaki, Tairāwhiti).</p>	<ul style="list-style-type: none"> • Availability of staff who have appropriate skills. • Procedures for determining when facility staff can be utilised.
<p>Risk communications</p> <p>Facilities are often important conduits of health information for the communities they serve. Patients, staff and community members may look to the facility for answers to their questions about a pandemic influenza or other emergency.</p>	<ul style="list-style-type: none"> • Communications link with media staff at the local DHB. • Procedures for communicating with patients, staff and community (in languages spoken in the community) eg. notices, posters, etc.
<p>Provide support staff</p> <p>Facilities may be requested to provide staff to deliver health services at shelters, for mass prophylaxis or at other response sites.</p>	<ul style="list-style-type: none"> • Back-up staff. • Policy for receiving requests, pooling staff, and releasing staff for non-facility duties. • Policy on release of staff for support duty.
<p>Community readiness</p>	<ul style="list-style-type: none"> • Educational material in appropriate languages. • Educators / volunteers. • Ability to take a lead with local emergency response teams.
<p>Sheltering</p>	<ul style="list-style-type: none"> • Holding area. • Protection from weather. • Bedding. • Medical supplies. • Pharmaceuticals for common conditions (insulin, etc.).

Appendix 1: Organisational structure



Appendix 2: Pandemic resources

PANDEMIC RESOURCES		
Resource name	Code	Numbers required
Unite Against COVID-19 https://covid19.govt.nz	Website	
Updated PPE information (3 December 2021) for community settings https://www.health.govt.nz/system/files/documents/pages/hp7716_-_ppe_use_in_community_healthcare_settings_v2_3dec.pdf	Website	
Reference to N95 masks and fit testing https://www.health.govt.nz/system/files/documents/pages/the_role_of_medical_masks_and_particulate_respirators_110821.pdf	Website	
Getting Ready for a Pandemic https://www.healthed.govt.nz/search/health-resources	HE 1717 pamphlet	
Takatu ana ki te whawhai ki tetahi uruta rewharewha a-ao (Getting Ready for A Flu Pandemic) https://www.healthed.govt.nz/search/health-resources	HE 1913 pamphlet	
Stop the Spread of Germs https://www.healthed.govt.nz/search/health-resources	HE 1716 Poster (A3)	
Kia Mataara – Be Prepared for a Flu Pandemic https://www.healthed.govt.nz/search/health-resources	HE 2249 pamphlet	

<p>The Difference between Influenza and a Cold</p> <p>https://www.healthed.govt.nz/search/health-resources</p>		<p>HE 1418</p> <p>A5 pad of 25 leaflets</p>	
<p>Horoia o Ringaringa Wash your Hands</p> <p>https://www.healthed.govt.nz/search/health-resources</p>		<p>HE1556</p> <p>sticker</p>	
<p>High Five for clean hands</p> <p>https://www.healthed.govt.nz/search/health-resources</p>		<p>HE 2203</p> <p>sticker</p>	
<p>Stop have you washed and dried your hands?</p> <p>https://www.healthed.govt.nz/search/health-resources</p>		<p>HE 2202</p> <p>A5 sticker</p>	
<p>Getting Ready for a flu pandemic – Preparing your household for a flu pandemic</p> <p>PH Waikato DHB</p>		<p>A4 flyer</p>	
<p>Getting Ready for a Flu Pandemic Emergency Supplies Kit</p> <p>PH Waikato DHB</p>		<p>A5 flyer</p>	

Appendix 3: PPE order form

Personal protective equipment (PPE) order form

Requestor details:

GP practice name:	
Contact name:	
Contact telephone:	
Delivery address:	

PPE request details:

DHB Code	Description	Standard Qty	Qty Required
109234	Gloves small – LATEX – generic supply option	BX100	
109236	Gloves medium – LATEX – generic supply option	BX100	
109238	Gloves large – LATEX – generic supply option	BX100	
106881	Mask - N95 filter mask (staff only)	BX35	
118074	Mask – Surgical (patients)	BX50	
118075	Mask - Surgical with Visor (staff)	BX25	
120691	Gowns (Isolation – Blue) - large	BX50	
135304	Apron Disposable	EACH	
100921	Hand Gel – Sterigel – 500ml	EACH	

I confirm that the above order is to replace stock already utilised by this GP practice on suspected pandemic influenza cases.

Name _____ Signature _____ Date _____

Appendix 4: Staff sickness reporting

General practice staffing levels daily notice

Date: _____

Name of general practice	
Number of staff employed	
Doctors	
Nurses	
Admin	
Number of staff on sick leave today	
Doctors	
Nurses	
Admin	

Please advise if any of your staff are available to assist at any stage:

Name of staff member	Role GP/Nurse/Admin	Contact details

Any critical issues

Appendix 5: Organisational debrief template

(Staff and responders to incident / event complete)

Name of incident:

Date of incident:

Aims:

- to provide a mechanism for staff to communicate their experiences of the emergency so that lessons can be identified
- to identify strengths and weaknesses of current systems and plans
- to identify future learning areas.

1. What were the worst aspects of the response?

2. What were the best / most successful aspects of the response?

3. The most significant thing I have learnt from this event has been:

4. If I was involved in another emergency response I would:

5. What role did you undertake?

6. What processes need to be improved (how)?