CDHB Pandemic Influenza Coordination Plan

September 2018

Document History

Version	Amendments	Author	Date
1	First draft	Megan Gibbs	17/08/2018
1.1	Edits	B Wilson, G McColl, M Gibbs	29/08/2018
1.2	Edit from HEGG and GM feedback	M Gibbs	18/08/2018

This plan was approved on the 10th of October 2019:

By Dr Sue Nightingale

Chair, CDHB Health Emergency Governance Group

Purpose

The purpose of this plan is to outline the CDHB coordination strategies to manage the risk of pandemic influenza. The intention is to provide:

- A coordinated view of the multiple and detailed plans at service, hospital and sector level that forms the CDHB response
- Guidance around processes to be followed to ensure appropriate support, decision making and direction is provided by the DHB for reduction, readiness, response and recovery in the event of a pandemic.

Background

CDHB is required by the MoH to plan a response to pandemic health situations both locally and in support of a national response.

The New Zealand Influenza Pandemic Plan[1] outlines health sector responsibilities based on a 6 phase cycle. This plan identifies specific activities within each phase and assigns responsibility for completion/management of them.

The 6 phases are outlined below:

Phase	Potential trigger	Specific objectives
Plan For It Planning and preparedness	Level of influenza at normal seasonal levels	Plan and prepare to reduce the health, social and economic impact of a pandemic on New Zealand Deal with disease in animals, if required
Keep It Out Border management	Sustained human-to-human transmission of a novel influenza virus overseas in two or more countries	Prevent, or delay to the greatest extent possible, the arrival of the pandemic virus in New Zealand
Stamp It Out Cluster control	Novel influenza virus or pandemic virus detected in case(s) in New Zealand	Control and/or eliminate any clusters found in New Zealand
Manage It Pandemic management	Multiple clusters at separate locations, or clusters spreading out of control	Reduce the impact of pandemic influenza on New Zealand's population
Manage It: Post-Peak Transition to Recover From It phase, and planning for a resurgence or second wave	New Zealand wave decreasing	Expedite recovery, and prepare for a re-escalation of response
Recover From It Recovery	Population protected by vaccination, or pandemic abated in New Zealand	Expedite the recovery of population health, communities and society where affected by the pandemic, pandemic management measures, or disruption to normal services

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[1] Ministry of Health. (2017). *New Zealand Influenza Pandemic Plan: A framework for action (2nd edn).* Wellington: Ministry of Health.

These activities form the CDHB Pandemic Influenza framework which provides a breakdown of where the activities will occur across the health system. This framework is attached as Appendix 1.

Definitions

Pandemic: An epidemic that becomes very widespread and affects large number of the population in a whole region, a continent or the world.

Epidemic: A widespread occurrence of an infectious disease in a community at a particular time.

Endemic: Prevalent infection amongst a specific group of people.

Influenza: A contagious viral disease of the respiratory tract.

Outbreak: An outbreak may be defined as a greater rate of infection than expected within a population over a period of time. The point at which intervention is required will vary according to the risks of infection to those exposed and the transmissibility of the pathogen. An outbreak of infectious disease may either seriously affect individuals' health or have the ability to disrupt the organization's ability to provide normal services.

An outbreak may be identified by:

- Local/national surveillance systems
- Laboratory microbiological data
- Regional Community & Public Health, National or International alerts

Objectives

The objectives of CDHB coordination are to:

- Prevent or delay the spread of pandemic influenza in Canterbury
- Promote and support self and community based care of patients with influenza
- Protect the health and wellbeing of staff
- Maintain the provision of essential health services
- Maintain timely and appropriate reporting

Detailed activity that supports achieving the objectives is outlined in contributing plans.

This plan outlines the processes and decisions required to coordinate the response.

Principles

- The Ministry of Health will provide detailed guidance at appropriate phases on:
    - The 'current' national response phase
    - Nature and management of the virus
    - Mass vaccination programmes
    - Distribution and use of national reserves
- The management of major risks is planned where possible
- Guidance around workforce management and redeployment of staff will be centrally developed and disseminated
- Any actions must be sustainable
- Business as usual structures and management processes will be used as much as possible

- When this is no longer appropriate the CIMS management structure outlined in the CDHB Health Emergency Plan will be activated and used.

Activation

The CDHB Pandemic plan will be activated on:

- Appropriate notification from the Ministry of Health(MoH) following a WHO declaration of a 'Public Health Emergency of International Concern', OR
- Notification from the MoH that there is a significant national Public Health Emergency, OR
- Following discussion and agreement between the CDHB Chief Medical Officer and the Medical Officer of Health.

This is likely to be at the 'keep it out' and 'stamp it out' stages and may require a limited response at DHB level while a full response is underway through Community and Public Health plans. The DHB coordination at that point is expected to focus on monitoring and support moving through to active management as and if further stages (i.e. management) are reached.

Key activities for the CDHB coordination centre.

The following list is not intended to be exhaustive but provides guidance around areas for consideration. Refer also to the 'yellow section' of the Pandemic Influenza Framework. Excluded are standard operational activities expected in a CIMS structure regardless of the type of event.

Planning

Objective	Activity
Prevent or delay the spread of a pandemic influenza in Canterbury	- Convene clinical advisory group to provide advice to DHB coordination team: - CMO - Medical Officer of Health - Occupational Health - IP & C - Infectious Diseases - CPRG – General Practice, community pharmacy community nursing and other community health providers. - Ensure appropriate mechanisms are in place for provision of Infection, prevention and control advice and monitoring across the sector. - Maintain surveillance activities. - Support Community and Public health activities related to border and cluster control. - Plan and implement vaccination programmes as required by the MoH in conjunction with the Regional Immunisation Group for communities and staff. - Develop and deliver appropriate communication strategies. - Identify vulnerable communities and ensure appropriate planning is completed for those communities.

Objective	Activity
	• Activate Psychosocial support planning process. • Work with partner agencies to educate, discuss specific issues and support appropriate response planning.
Promote and support self and community based care of patients with influenza	• Support activation and management of sub plans by CPRG, St John and agencies including the ARC sector, Ngai Tahu and Te Putahitanga. • Develop plans to ensure appropriate levels of stock, prophylaxis and vaccine. Confirm systems for distribution into communities. • Communication planning.
Protect the health and wellbeing of staff	• Develop staffing policy and guidance covering points as outlined in the Pandemic Influenza framework. • Deliver internal communications, ensure feedback mechanisms in place to identify and respond to specific staff concerns. • Promote development of individual staff plans to enable attendance at work. • Identify any training needs and deliver training particularly with respect to Infection Prevention and Control. • Ensure all sectors monitor staff welfare and support needs and report accordingly. • Implement relevant aspects of the CDHB psychosocial framework.
Maintain provision of essential health services	• Ensure services review and update plans if needed based on latest clinical information. • Develop plans for progressive service closure if required, inform services and complete planning for closure. • Develop projections for consumable and pharmaceutical requirements consider PPE, disposable cups, plates etc., biohazard disposal etc. • Confirm supply chain resilience. • Develop plans to limit movements of staff and patients, consider visitors. • Assess capacity of private hospital providers to support response. • Communication with public and those affected by change in service delivery.
Maintain timely and appropriate reporting	• Establish reporting requirements to monitor preparatory activity. • Complete regional and national reporting as required.

Response

Objective	Activity
Prevent or delay the spread of a pandemic influenza in Canterbury	- Maintain surveillance activities. - Continue delivery of specific vaccination programmes. - Review and if required amend support to vulnerable communities. - Release Public Health Nurses from BAU to assist with screening passengers at the Border and monitoring of cases at the quarantine facility. - Provision of equipment and resources to set up Facility Based Quarantine. - Provision of security staff at the quarantine facility - Setting up 0800 number to provide psychological support to people in Quarantine - Provision of a Van for the transportation of passengers to quarantine facility - Assist in the setup of an assessment centre for medical assessment of passengers if needed - Release of pandemic stocks of PPE, consumables and prophylaxis for processing passengers - Continue internal and external communications - Assist with the provision of interpreters
Promote and support self and community based care of patients with influenza	- Oversee distribution of PPE, consumables, prophylaxis and vaccine. - Ensure effective deployment of all resources across the sector. - Continue internal and external communications.
Protect the health and wellbeing of staff	- Communicate and implement staffing policy specific to pandemic. - Monitor impact of policy implementation, amend as necessary. - Review leave arrangements, ensure staff have regular opportunities to rest. - Deliver internal communications, ensure feedback mechanisms in place to identify and respond to specific staff concerns. - Continue to deliver training, issue regular reminders around I P & C practice. - Provide access to workplace support and EAP as needed, increase resource as required. - Ensure all sectors include staff welfare and support needs in regular reporting.

Maintain provision of essential health services	• Ensure services implement service continuity plans as agreed. • Direct progressive service closure and redeployment of staff as required. • Continue to provide guidance on appropriate management of patients being admitted for influenza **and** those without. • Discharge patients where possible. • Coordinate deployment of staff including vulnerable staffing groups. • Develop projections for consumable and pharmaceutical requirements consider PPE, disposable cups, plates etc., biohazard disposal. • Confirm supply chain resilience, specifically focus on risk of loss of key staff. • Develop plans to limit movements of staff and patients, consider visitors. • Maintain readiness to respond to major incidents.
Maintain timely and appropriate reporting and situational awareness	• Establish reporting requirements to monitor preparatory activity. • Complete regional and national reporting as required. • Establish liaison with neighbouring DHB's. • Contribute to CPH Intel/Surveillance by Analysts.

Recovery

Restore business as usual activity as soon as possible, anticipate and plan for a surge in activity as services 'catch up'.

Continue delivery of recovery plan as required.

Review of response and adjust plans accordingly.

Assess and address staff recovery:

- Acknowledge contribution
- Social/family recovery
- Consider wellness activities
- Address tiredness and physical recovery

Continue surveillance activities adjusting from lessons learned.

Review, return and adjust supply levels.

Debrief response and action lessons learnt.

Deactivation

The Plan and the ECC will be deactivated on the decision of the Incident Controller based on their assessment of the situation, remaining response needs and in consultation with other key people across the health system.

Debrief activities will be arranged in accordance with the guidance in the CDHB Health Emergency Plan. (Section 11).

Legislation

Health Act 1956 – Part 3 (amended 2006)

Health Amendment Act 2006

Epidemic Preparedness Act 2006

Health and Safety at Work Act 2015 (Any infectious disease encountered in the workplace is considered a workplace hazard. The HSWA 2015 requires that employers take all practicable steps to mitigate risk and protect workers at all times from workplace hazards).

Contributing Plans

New Zealand Influenza Pandemic Plan: A framework for action (2nd edition), Ministry of Health

National Health Emergency Plan, Ministry of Health

Health Emergency Plan, CDHB

Sector sub plans

APPENDIX 1: CDHB Pandemic Influenza Framework

	Reduction / Mitigation	Readiness/ preparedness		Response	Recovery
Ministry of Health		✓ Guidance on Mass Vaccination ✓ National Agreement with St John		✓ Provide Border Control, Cluster Control, Primary and Secondary care guidance documents ✓ Coordinate facility based quarantine.	
CDHB coordination team		✓ Ensure sector planning completed and reviewed regularly ✓ Convene clinical advisory group	Service continuity plans activated	✓ Provide clinical leadership and direction ✓ Support implementation of sector plans ✓ Reporting as required ✓ Decision making for identified all of sector resources	✓ Ensure recovery activities completed and recommendations approved and implemented

Public Health	✓ Public information – prevention/hygiene
	  o Signs symptoms
	  o Self-care advice
	✓ Vaccination programme for staff
		✓ Convene Outbreak Group, review and implement Outbreak plan
		✓ Border management – training, liaison
		✓ Public Health Information
		  o How health will respond
		  o Medication
		  o Self-care advice
		  o Advice to schools
		  o Caring for others
		  o Standard Public Health messaging
				✓ Border Control
				✓ Cluster control
				✓ Surveillance and Intelligence
				✓ Epidemiology
				✓ Public information
				  o Appointed spokesperson
				  o Standard messaging
				    ▪ Social distancing, hand washing, hygiene, self-care and care of others
				  o Specific sector messaging
				    ▪ Tourist Industry
					Debrief
					✓ Lessons learned
					✓ Action points
					✓ Start with earliest processes (reduction and readiness) and make changes quickly so can respond if resurgence)

Reduction / Mitigation	Readiness/ preparedness	Response	Recovery

	✓ Determine triggers and activate response
	✓ Disease surveillance
	✓ Engagement with Tourist Industry
	✓ Engagement with Ngai Tahu
		▪ Public amenities – libraries, community centres etc.
		    ▪ Public Transport Operators - buses, taxis
		    ▪ Private health care – Physiotherapy, Chiropractor etc. Ngai Tahu
		    ▪ Police and Courts
		  o Helpline – information and welfare
		✓ Contact tracing – increase capacity as required
		✓ Case Management
		✓ Support to agencies supporting those in voluntary quarantine	

	Reduction / Mitigation	Readiness/ preparedness		Response	Recovery
Primary Care (through CPRG)	✓ Vaccination programme for the community ✓ Vaccination programme for staff ✓ Promote self and family care and protection	✓ Policy agreement with DHB ✓ Resource planning and identification ✓ Designated clinics (e.g. CBACS) planning ✓ Sector information ✓ Red/green streaming in practices or other primary care or community locations ✓ Review infection prevention and control protocols e.g. signage, PPE ✓ Vaccination of staff and patients ✓ Promote self and family care protection	Service continuity plans activated	✓ Workload priorities ✓ Support for extending general practice capacity/capability ✓ Resources – PPE, medication, facilities, staff ✓ Designated clinics – CBACS ✓ Workload monitoring and reporting ✓ Procedures care of influenza patients vs non-influenza ✓ Vaccination of staff and patients ✓ Ongoing liaison with other primary care providers and DHB	✓ Debrief ✓ Monitoring of INTEL ✓ Review plan ✓ Handover to PHOs for BAU

St John	Vaccination programme for staff	✓ Operational agreement with CDHB based on MoH response
		   o Resource planning and identification
		   o Red/green streaming practice
		✓ Coordination
				✓ Activate response protocols
				✓ Workload priorities
				✓ Resources – vehicles, staffing, equipment, medication
				✓ Workload monitoring and reporting
				✓ Telephone triage process in place (with Home Care Medical)	

	Reduction / Mitigation	Readiness/ preparedness		Response	Recovery

Secondary Services	Vaccination for staff and residents (where appropriate)	✓ Set response policy
		✓ Priority service plans
		✓ Staff training/messaging
		✓ Identify resources for management of influenza patients – facility, staffing, medication, equipment
		✓ Financial planning and allocation
		✓ Red/green streaming plans
			Service continuity plans activated	✓ Clinical leadership/ decision making process within CIMS structure
				  ○ Service priorities, review service continuity assumptions, close services as necessary
				  ○ Cohorting decisions
				  ○ Admission management
				  ○ Managing demand on Emergency and Intensive Care
				  ○ Patient movements
				✓ Resource management – staffing, medication, facilities, security requirements
				✓ Tracking expenditure	

Community Providers	Vaccination for residents and staff	✓ Response planning, includes management of influenza patients on site ✓ Staff information/training ✓ Resident preparation/messaging		✓ Care at home ✓ Cohorting decisions ✓ Access to advice ✓ Service continuity ✓ Staffing, facilities, medication	

SUPPORTING ACTIVITY (across all phases) CONSIDER:	

Vulnerable people:
  ✓ **Set criteria**
  ✓ **Each sector identify vulnerable persons**	

✓ **Measures implemented as appropriate e.g. vaccination, additional support**	
Psychosocial support ✓ **Customise and implement plan**	
Surge planning: ✓ **Intensive Care** ✓ **Primary Care** ✓ **Ambulance** ✓ **Labs** ✓ **0800 helplines** ✓ **Dedicated Influenza hospital services/ community clinics**	✓ Continued care for existing patients ✓ Criteria/process for decisions around continuing/cancelling electives ✓ Shifting care away from the hospital ✓ Ethical issues – decisions around prioritisation and allocation ✓ Communications re changes in above
Staffing: **Determine national expectations…** ✓ **Monitor sickness** ✓ **Minimum staffing levels including prioritisation of critical, essential and non-essential services** ✓ **Redeploy as needs to critical areas, orientation, consider duties for vulnerable staff** ✓ **Set expectation regarding attendance, change in range of duties, work location, shift lengths** ✓ **Provide additional training/orientation as required** ✓ **Ensure staff relief is planned** ✓ **Staff welfare** ✓ **Vaccination – across entire sector?** ✓ **Utilisation of students** ✓ **Staff working across the sector, mechanisms for compensation**	Policy ✓ Staff becoming sick at work ✓ When to stay home ✓ Guidance on when to return ✓ Caring for sick family members or when schools are closed ✓ Vaccination and refusal of ✓ Deployment, selection, payment, expenses, orientation, stand down process and support Education ✓ Familiarisation/induction of non-facility based staff or volunteers ✓ Cross training of staff
Non-staffing resources ✓ **Modelling requirements for equipment, medications PPE for pandemic waves** ✓ **Process for prioritisation of equipment** ✓ **Plan for shortage of consumables** ✓ **Vendors have BCP's in place, alternative vendors identified?** ✓ **Labs, sufficient resources for increased workload**	
Communications plan: ✓ **Public messaging**	

✓ Monitor demand on helplines and extend as necessary ✓ Single point of contact ✓ Information for staff ✓ Media ✓ Update Community and Hospital Health Pathways as information comes to hand	
Intel/ Surveillance: ✓ **Spread of influenza, number, geography, communities, antiviral resistance etc.** ✓ **Mortality** ✓ **Staff sickness** ✓ **Capacity of services: ED, Labs, ICU, national reserves** ✓ **Reporting as required**	

Business continuity plans:
✓ **Staffing**
✓ **Facilities – lifelines**
✓ **Supply chain including:**
    ○ food services
    ○ laundry and waste management
    ○ national reserves PPE and prophylaxis
    ○ linkages with partner agencies, opportunities for co-ordination e.g. purchasing and supply management, managing PPE clean and dirty	

Post-mortem care ✓ **Scalable plan** ✓ **Mortality estimates inform plan and consumable requirements** ✓ **Funeral directors involved**	