

East Ayrshire
COUNCIL



East Ayrshire Community Health and Social Care Pandemic Flu Guidance

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Prepared By:

East Ayrshire Pandemic Flu group on behalf of East Ayrshire Joint Future Partnership Group

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- East Ayrshire Joint Future Group
- East Ayrshire Pandemic Flu Group
- Civil Protection Manager

Glossary of Terms

SECG – Strathclyde Emergency Co-ordinating Group

NHS – National Health Service

CHP – Community Health Partnership

GM – General Manager

LDS - Learning Disability Service

GP – General Practitioner

HV – Health Visitor

DN – District Nurse

PC – Primary Care

JHO – Junior House Officer

SHO – Senior House Officer

EACH – East Ayrshire Community Hospital

ADOC – Ayrshire Doctors on Call

PNA's – Professional Nurse Advisors

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Introduction

This document defines some of the key issues which need to be addressed when managing health and social care services in the community in the event of a flu pandemic. In light of these issues and the debate around them, it proposes a number of recommendations. Some recommendations address the management of health services in a pandemic directly, while others identify areas of joint work which must proceed in order to be prepared for a pandemic and to ensure service continuity during this time.

The recommendations in this document were developed following a number of joint exercises that were undertaken during 2007. These comprised of a table top exercise, 'Exercise Cold Play' which was followed by a service mapping exercise. The participants in these two exercise included representatives from Social Work, Education Health, elected members and patient groups

Following the exercises, a series of joint meetings also took place which culminated in the development of a discussion paper on issues in planning for Community Health and Social Care services in an influenza pandemic. The discussion paper was considered by an advisory group drawn from a wide range of backgrounds, which debated the options and suggested the preferred directions for managing care.

It is envisaged that the following arrangements will be implemented in conjunction with the Joint Escalation Procedure that has been developed in partnership with NHS Ayrshire & Arran, East Ayrshire Council, North Ayrshire Council, South Ayrshire Council and the Scottish Ambulance Service. These arrangements outline actions that should be taken in relation to the bed availability in the District General Hospitals, and it must be recognised that there will be some areas of overlap between the Escalation Procedure and the Local Pandemic Guidance.

A final point to note is, any guidance issued from the Scottish or National Governments during an influenza pandemic will take precedence over local guidance. Local arrangements may require to be amended in light of this

Categorisation/Prioritisation of Services

The under noted categorisation process was agreed to assist in prioritising services for a potential Fuel Shortage and maybe of benefit in considering how services maybe organised at a time of Pandemic Influenza;

Category A Service	Essential	Life threatening if removed
Category B Service	Essential	Patients at High Risk if prolonged (in excess of 5 days)
Category C Service	Desirable	Patients at Medium Risk if prolonged (in excess of 5 days)
Category D Service		Minimal impact if removed short term

As a starting point in terms of considering which services are essential and which are desirable, it may well be useful to consider the under noted prioritisation of services which was drawn up for the potential Fuel Crisis.

A scaled approach in terms of prioritisation should be adopted dependant on the severity of impact i.e. at what stage threat/actual virus is at;

Normal Service Pressure



Heightened threat of Pandemic Influenza



Pandemic Influenza appears imminent (within Ayrshire & Arran)



Pandemic Influenza outbreak (within Ayrshire & Arran)



Pandemic Influenza Peak (within Ayrshire & Arran)

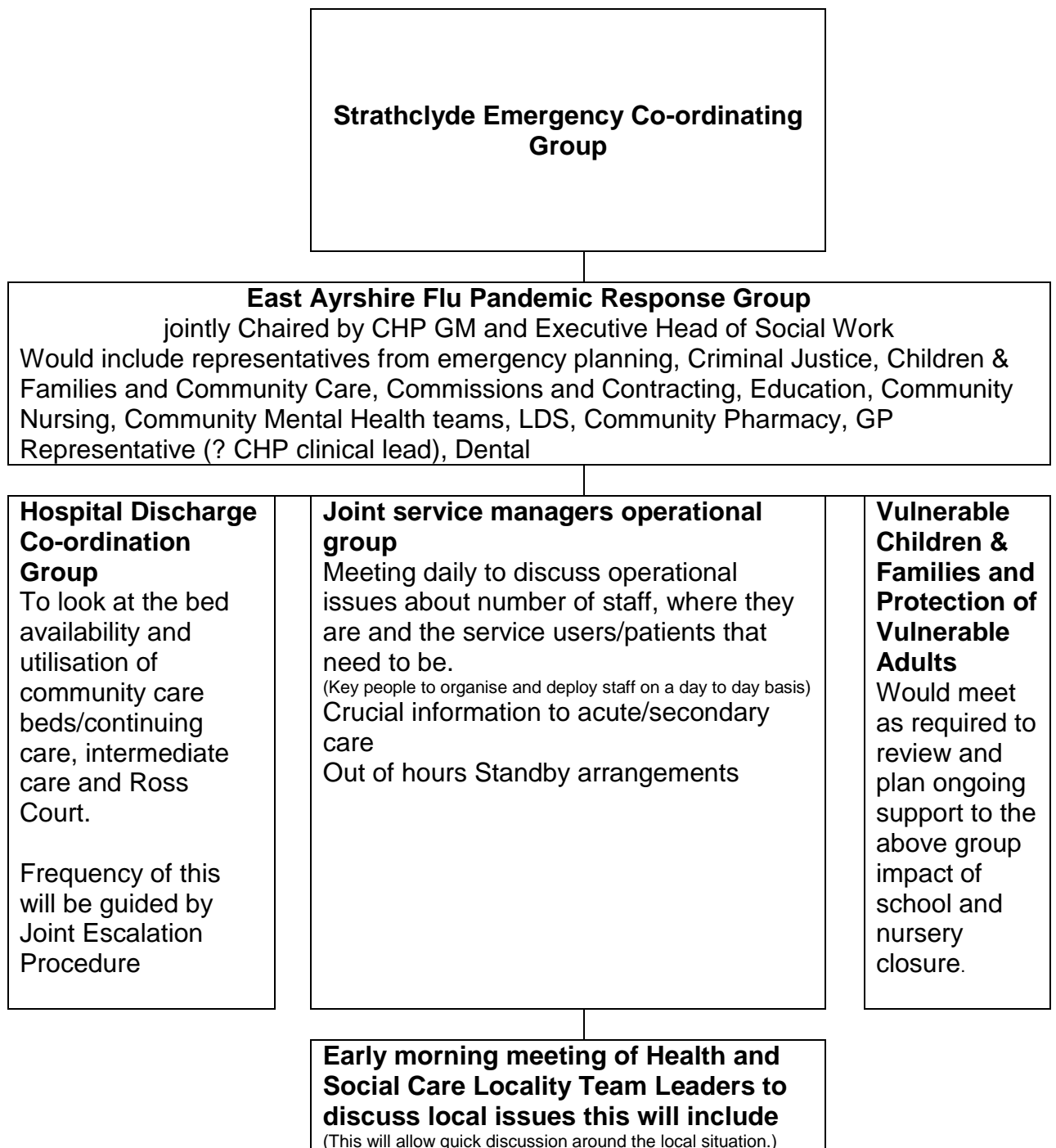


Pandemic Influenza outbreak reducing



Normal Service Pressure

Proposed Management Structures during pandemic during phase 5 & 6



Contingency Plan- Phase 4-6 Pandemic

In-Hours services

The services that are provided will be stretched and normal levels of care will no longer be available

Increasing number of ill patients in the community due to the effects of flu may increase the workload.

Discuss and Identify which patients require what? Who can carers assist with?

Phase	Outline	Contingency Actions	What resources do we need	Who will be responsible
Phase4- 5	<u>Category A patients</u>	Need to know palliative / diabetics/ warfarin unstable Need to know patients who live alone at phase 4 Need to know people whose family can step in to look after them	Good communication with the PC team Staff should discuss patients with the GPs & Clarify expectations of practices Be prepared to send out letters/ communicate with to those whose service will be stopped or changed	Community nurse responsible for their own patients
4	Home Renal Dialysis	Service will deemed a priority and supported by community nurses	List of patients receiving dialysis	Community Nurses
4	Patients on oxygen Therapy	Review family input Need to have a note of number of patients that require to have this service	List of patients on oxygen	Pharmacists
To consider	Patients on Warfarin	What are the expectations for the continued treatment of these patients? Who will be responsible for phlebotomy of housebound?	List of Patients on Warfarin	Ask Billy Malcolm about this and medical services
4	Patients on nebulisers	Review family input Ensure that patients have an adequate supply of nebulas prior to the peak of the pandemic. Carers to support the administration Redeployed staff could support the administration.	Adequate supply of nebulisers	
	Terminally	Check that Proper assessment processes	Access to appropriate care	Local GPs should review

4	III/Palliative care. Control of symptoms	have been carried out and that there is an end of life pathway treatment pathway established in agreement with patient/family/other health care professionals. Symptom control should be reviewed – Nausea and pain. Would normally be 4 visits per day. frequency of visits to be reduced, or alternated with homecare staff	pathways	their patients
6		Syringe pumps checking procedures-could be checked by Carer /redeployed staff Nurse could carryout some of personal needs Encourage families to undertake more responsibility for this issue.	Adequate supplies of medication Appropriate protocols require to be developed	Community Nurses
4	Patients receiving medication via syringe drivers	Service will deemed a priority and supported by community nurses	List of patients on syringe drivers	Community nurses
4	Insulin dependent diabetics	Service will deemed a priority and supported by community nurses Blood sugars may be checked by nurses or dietician Redeployed staff	Protocols require to be developed	
Phase 4 –	Need to consider storing food & Provision of Meals- in preparation for phase 6	Purchase freezers and start stock piling Source frozen storage containers – Stock pile frozen meals and emergency supplies in phase Consider the use of supermarkets stores for provision of ready meals Use school catering staff to prepare meals.(if schools closed) Purchase Packet goods, dry goods and tinned goods Encourage families to check stores levels in their relatives homes Carer to check stores levels for patients without families	Storage facilities in community and patients homes Vehicles to deliver	Community Care staff
Phase 5	All Patient Categories	Supply of medication to continue as far as possible		Community Nursed and

	Medication Administration	Identify patients who can have medication issued by those other than care staff Provide education to families/local and voluntary carers as to proper administration of medication Nursing staff can assist with this. Encourage family administer medication?	Developed protocols Education Material	Community care staff
6	Day care Staff Day Care Centres for older people & adults with LDS will close Day hospitals will close during peak	Community Care Managers to provide number of staff Day care staff will be able to be redeployed Re-deploy to most appropriate areas/ areas requiring additional support	Provide additional home care support, possible from re-deployed staff, to increase home support	Community care managers
6	<u>All Patient Categories</u> Discharge of Patients	Staff must be aware that there may be very little notice of complex discharges. Inform families/ carers that levels of support at home will be less than normal/none Encourage families/carers/ friends & neighbours to support people who have been discharged. Provide telephone support rather than home visits Provide contact information for support at home Issues around terminally ill patients discharges Some patients will have to be taken home and nursed in a normal bed rather than a hospital type bed as an interim measure . Families have to be informed that they will have to be responsible for personal care needs.	Equipment form community service, both NHS & LA Good communication Patients & Carers will require contact details for emergency assistance	Discharge Planners Equipment service Manager Community nursing staff Community care staff
6	Access to equipment stores/services	Offer additional hours for staff to complete extra runs. This should include weekends and evenings. Additional purchase of equipment should be considered at an earlier phase.Co-ordinate some deliveries with Local Authorities	Utilise redeployed staff as drivers with smaller vehicles	

6	<u>Category B patients</u> Dressings	Post -op dressings will require to be checked and assessed for frequency of change. Non post-op dressings-Staff to ask carers/relatives to do simple dressings Consider using dressings that require to be changed less frequently.	Appropriate dressings-stock piling at phase 4 Ensure stock items and non stock items are available Utilise alternative dressings	Community Nurses responsible for their own patients, and will evaluate and prioritise on an ongoing basis
4-6	Contractual issues re homecare provision * Andy will look at contracts	All contractors must have contingency plans in place Contractors to be kept informed of pandemic phases Regular communication with contractors to assess their position during the pandemic	Contingency plans	Community Care Managers
6	<u>Re-deployment of Staff</u> Educational staff	Deliver meals. Basic admin tasks Help co-ordinate.	Up to date staffing lists Union/partnership agreements	Directors of Education & Social Work
	Health Visitors	Normal clinics and non essential visits will be suspended. Prioritise caseload with particular reference to see primary visits and child protection issues/vulnerable children Immunisations can be suspended during the couple of weeks –month of the pandemic peak and a catch up programme delivered at a later date Utilise transferable skills. Can carry out non-specialist nursing tasks	Good communication between all agencies Nurse managers need to consider geographical cover as opposed to GP attached List of primary visits List of children at risk (eg child protection/ vulnerable children)	Health Visitors for their own case load Nurse Managers in relation to re-deployment issues Social Workers
To consider	School Nurses	Transferable skills/ Basic Nursing skills. Utilise what is available. Will have to continue seeing child protection issues. This could be done in conjunction with Education Staff/ Health Visitors	List of children at risk (eg child protection/ vulnerable children)	School Nurse Manager

	<p>Community Hospitals & Intermediate Care Resources</p>	<p>More dependent people could be transferred to Community Hospitals and other facilities where there is bed availability. Relax admission criteria re geographical residency Direct transfer from A&E with Kardex in agreement with nursing staff Consider re utilising JHO, SHO, Registrars to provide 24 hour cover at community hospitals Consider utilising other groups of re-deployed staff to support the hospital operations. Utilise day hospital transport for inter hospital transfers as appropriate</p>	<p>List of available staff Good communication with discharge co-ordinators and bed managers Transport vehicles-for discharges and transfers Include hospital cars</p>	<p>General managers/ Hospital Managers</p>
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Contingency Plan-Phase 4-6 Pandemic

Out of Hours period- including weekends

The services that are provided during the out of hours period will be stretched and normal levels of care will no longer be available

Increasing number of ill patients in the community due to the effects of flu may increase the workload

Out of Hours Plan will be implemented in conjunction with the contingency actions identified for in hours services

Phase	Outline	Contingency Actions	What resources do we need	Who will be responsible
Stage 3 Set up mailing lists	Changes to service structures and management may make it difficult to contact out of hours services	Communicate contact numbers to all relevant services on a regular basis. Use e-mail with pre-determined mailing lists that includes all relevant contacts [Update lists at stage 4 and inform]		
Phase 3	Standardise points of contact for ADOC	2 points of contact will be available 1 at EACH- Cumnock 1 at Lister Street- Kilmarnock	Current resources	General Manager ADOC
Phase 4	Currently at Exit Interviews, staff are being asked if they wish to retained as a point of contact in case of emergencies	Consider organising into local response teams, making full use of skill mix. Identify people who would be willing to work overnight. This could include staff who normally work during day, but can't because of childcare issues.	Consider having refresher courses available that can quickly be put in place	Human resources

		<p>Identify people who are willing to work additional hours. Review this on at least a weekly basis</p> <p>Use of Nurse Bank resource</p> <p>At phase 4, contact Retired but still with skills- contact and ask if willing to work. [What would these people be doing?]</p> <p>May have to offer some additional skills to this group at Phase 4</p>		
3-4	<p>End of Life Planning is essential to ensure that we best meet the wishes of patients and families. This should be done as a matter of routine where possible</p>	<p>Make sure end of life plan is available for both –</p> <ul style="list-style-type: none"> • Nursing Care Home Patients • Palliative Care Patients • Terminally Ill Patients <p>Inform Out of Hours Service on Emergency Care Summary</p>	<p>Appropriate training in Liverpool Care Pathway or other end of life planning tool</p>	<p>All nurses and carers should be aware of patients wishes</p>
<p>Phase 4</p> <p>Identify a joint base for personal care/overnight services that can be implemented in phase 6</p>	<p>Strengthen inter agency working by delivering care jointly. Resources that are available will have to be maximised</p>	<p>Identify patients who could be cared for jointly.</p> <p>Schedule one person visits to coincide with visits from the other service to maximise resources.</p> <p>Consider centrally locating out of hours community nursing and home care staff.</p>	<p>Current resources</p>	<p>Team leaders</p>
<p>Phase 4</p>	<p>Only essential care will be available. Teams should consider if some aspects of care packages can be provided by family or carers</p>	<ul style="list-style-type: none"> • Identify areas of care packages that will not be continued • Make this clear to service user and outline what level of care will continue to be provided • Identify any spare resources 		<p>Multi-disciplinary approach involving Team Leaders and Key Staff</p>

		<ul style="list-style-type: none"> • Need to work in tandem with both NHS and Local Authority regarding decision making 		
6	<p>Significant increased demand on Community Nursing Services</p> <p>Significant staff shortages</p>	<p>Patients that will require to continue with the same visits will be :-</p> <ul style="list-style-type: none"> • Palliative Care • Intensive Care Packages with Clinical Issues • Emergency or Unscheduled Care <p>All schedules care for evening service to be reviewed. Decrease frequency of visits to those who's continuing care needs are not critical. All patients need to be reviewed daily – feedback between home and health care Encourage patient's families to provide care during the Out of Hours periods.</p>	Good channels of communication	PNAs Team Leaders
6	<p>Significant increased demand on Community Care Services/Personal Care Service Provision</p> <p>Significant staff shortages</p> <p>These demands will increase as pandemic increases</p>	<p>Home from hospital team to work closely with community nursing services.</p> <p>All scheduled care for evening service to be reviewed. Decrease frequency of visits to those who's continuing care needs are not critical. Encourage patient's families to provide care during the Out of Hours periods. Personal Care Teams to work closely with Nursing Teams that</p>		Team leaders, Health and Social Services

		are working during Out of Hours periods.		
6	Good communication links and key contacts are essential for services to continue	To ensure good communication, Circulate Relevant contact numbers to bed Managers/Discharge Coordinators and Out of Hours Managers, Community Alarm, Mobile Alarm 2 points contact for ADOC Evening/Overnight Nursing contact	Current resources	Need to discuss with Out of Hours Nurse Manager
6	Cancer Crises Nurses and Marie Curie Nurses support patients during the out of hour's periods.	To continue with this service but consider using these services to help support overnight and evening services, particularly where visits require 2 Nurses		
6	Links with other Overnight Services need to be maintained-ADOC	Identify link person on shift by shift basis Share information re staff levels and daily issues between service Person responsible for Ross Court to maintain regular dialogue with ADOC and other overnight services Discuss end of life plans with patients/relatives and inform Out of Hours Services		
	Management of Out of All Hours Services will become problematic due to staff shortages.	Pan Ayrshire Out of Hours Managers to discuss operational issues on a regular basis which will be responsive to changing issues and challenges. [Health and Social Work Social Care] This can be done via teleconference facility or video-conference. This could also be done by e-mail Share staff rotas with other		

		managers in order to best utilize available staff Update regularly Co-location of Emergency planners		

Service User Categorisation during Pandemic peak

Category A - Essential - Life threatening if removed

Category B – Essential - patients will be at high risk if prolonged removal (for more than 5 days)

Category C – Desirable - patients at medium risk if removed (for more than 5 days)

Category D – Minimal impact if removed short term

Cat	NHS/ SW/ BOTH	Categorisation of individuals in relation to service provision requirements	People freed up	Reutilise where?
A	NHS	Patients on home renal dialysis	Nil	
A	NHS	Terminally ill/ Palliative care for symptom control	Nil	
A	NHS	Patients on oxygen therapy	Nil	
A	NHS	Patients on Warfarin therapy	Nil	
A	NHS	Nebulised patients	Nil	
A	NHS	Insulin dependent diabetics-unstable or no family/carers able to administer	Nil	
A	NHS	Patients on syringe drivers	Nil	
A	SW	Individuals requiring toileting including incontinent patients and hygiene requirements		
A	SW	Individuals requiring administration of medication		
A	SW	Individuals requiring assistance with eating including PEG feeding		
A	SW	Individuals requiring response to Community Alarm Call/Telecare		
A	SW	Individuals requiring residential care		
A	SW	Individuals requiring emergency respite		
A	SW	Individuals requiring statutory intervention by SW e.g.		

		under the Mental Health or Child Protection Legislation		
A	SW	Individuals requiring provision of meals by the SW Dept.		
A	SW	Individuals requiring frontline duty involvement		
A	SW	Individuals requiring essential equipment and services to facilitate discharge from hospital		
A	BOTH	Individuals receiving care at Ross Court	Nil	Beds may be available for reutilisation to meet the demands of flu.
A	BOTH	Individuals requiring comprehensive support packages		Joint visits
B	BOTH	Individuals requiring assistance for prevention of skin breakdown/pressure area care		
B	NHS	Dressings - post-op and ulcer patients will require some input depending on type of dressing	Will have limited impact	
B	SW	Individuals requiring assistance with essential food shopping		
B	SW	Individuals requiring essential bathing		
B	SW	Individuals requiring support from the Addiction Services and their families		
B	SW	Individuals requiring support from Criminal Justice Service ** (Fiona McK)		
B	SW	Individuals requiring home support as result of closure of day services		
C	NHS	Long Term Condition Management such as routine screening or testing Visits for advice and education on self management stop analysing data to identify patients at risk	Free up some nursing resources	
C	NHS	Minor procedures, including Podiatry, Nursing.		
C	BOTH	Rehabilitation in day hospitals/intermediate care	Nurses AHPs Health Care assistants	In patient settings
C	SW	Individuals requiring non essential homecare		
D	SW	Individuals requiring phased respite		

D		Routine clinics and non-essential visits will cease		
D		Delay routine childhood immunisation during peak period (2-4 weeks)		
D		Routine screening		
D		Podiatry Routine clinics and non-essential visits will cease		????????? Support community hospitals / acute hospitals and community nursing teams
D		Speech & Language therapy Children Service will stop, either if schools are closed, or during peak 2-4 weeks, therefore routine childhood screening services could be suspended and resources transferred to help Routine clinics and non-essential visits will cease		????????? Support community hospitals / acute hospitals and community nursing teams
D		Dental Routine clinics and non-essential visits will cease. Will operate as an emergency service School dental service will cease, either if schools are closed, or during peak 2-4 weeks	Community Dentists Dental Nurses	Support community hospitals / acute hospitals and community nursing teams
D		Continence delivery service Deliver bulk supplies in one go, rather than on a weekly basis	Drivers	Equipment service
Non clinical		Community Equipment Service Deliveries will be prioritised around supporting discharge and preventing admission	none	NA
Non clinical		Training of Staff & Students. This will be stopped during peak	students	Support community hospitals / acute hospitals and community nursing teams