Flu Pandemic Policy

Oxford Deanery

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**Oxford Deanery Flu Pandemic Policy**

Major elements of the policy will operate within the context of national and local (Oxfordshire PCT/SHA) influenza pandemic plans and guidance.

**Assumptions**

Assumptions (which are not the same as forecasts) underlying this policy include the following:

- The course of a pandemic may become manifest via 1-3 waves of flu. Nationally, each wave will last 3-4 months but will complete more quickly at a local level (perhaps 6-8 weeks). A subsequent wave may occur weeks or months after the preceding one.
- Public health information will be provided particularly via the Oxfordshire PCT and Department of Health. Simple hygiene measures will remain paramount. A pandemic specific flu vaccine will not be available for the first wave. Appropriate face masks may reduce infection risk for those dealing with infected patients but there is little evidence of proportionate benefit from widespread use. In general, individuals without flu symptoms will encouraged to carry on life as normal.
- Up to 50% of the population may show clinical symptoms of flu during the course of a pandemic. Up to 2.5% of those who become symptomatic may die. Individuals who recover from pandemic flu infection will have lifelong immunity against that strain of the virus.
- Health services across the county will be severely stretched at times of peak flu incidence. Everyone with pandemic-related illness, except for those who are extremely unwell, will be expected to be managed within the community Individuals with pandemic flu, but without medical complications, will need general support (rest, food, water, analgesics, etc.) and to remain away from others (as much as is practicable) while infectious. The government will have in place processes for ready access (by friends, relatives etc) to antiviral medications for individuals with uncomplicated early flu. Ideally, people will know who may be their available helpers in the event of a pandemic and have means for communication with them.
- Staff absences due to infection may peak over a 2-3 week period during a wave. Estimates range from 15-35% (the higher figure for small units) during peak if 50% are clinically infected. There may be psychosocial issues associated with a pandemic.
- International visitors, not normally entitled to treatment, are allowed to be managed for flu by general practitioners and within the NHS because the disease is infectious.
- Some schools might close.
- It is unlikely that the government will recommend a ban on public gatherings or internal (UK) travel although it may review the situation for public health reasons.
- International travel may be unevenly curtailed for public health and a variety of other reasons.

**Implementation of the Deanery Policy**

The deanery’s response will be guided by national and local pandemic plans, all of which will be determined by the UK alert levels based on the World Health Organisation’s assessment of the spread of the disease. During all phases, consideration should be given to recovery. Once the threat has been assessed and deemed to be receding, there will be the need to concentrate upon the restoration of a situation as close to normal core business activity as can be achieved in the circumstances.

The deanery will be responsible for responding to advice, guidance, and instructions issued by the PCT/SHA and may be asked to supply timely situation reports to the appropriate body (SHA) outlining the impact of the pandemic on the operation of the department.
Operational framework

**Leadership**
All critical decisions will be made by the Postgraduate Dean in consultation with the Deanery Executive Team and with reference to the SHA HR Office for NESC.

In the absence of the Postgraduate Dean the decisions will be made by the following in order and depending on their availability:
- The Deputy Postgraduate Dean
- The GP Director & the Postgraduate Dental Dean
- David Bailey, Associate Dean
- Anne Edwards, Associate Dean
- Other Associate Deans
- Heads of School.

**Administrative functions**
The deanery administration will be led by the Deanery Business Manager.

In the absence of the Deanery Business Manager, deanery administration will be led by the following in order and depending on their availability:
- Postgraduate Dean’s PA
- GP Directorate Manager
- Dental Directorate Manager

**Responsible Designated Officers**
In the event of a flu pandemic the above or a quorum (two from the leadership group and two from the administrative group) will join together to implement pandemic flu planning processes within its area of responsibility. This group will have the authority to co-opt members as necessary.

**Communications**
Relevant up to date information will be posted on the NESC Website.

There is already a document about prevention and protection.

**Administration and logistics**
It is possible that staff absences of up to 30 per cent may occur. Plans will be developed to cope with this.

**Impact of swine flu on rotations**
Swine flu should not have a major impact on rotations; it is expected that the patient will recover with 2-3 days and quarantine is usually around a week. Prophylaxis, etc for close contacts will be undertaken by the HPU. Therefore the usual process of any doctor who contracts an infectious disease at work will be followed for a doctor who becomes infected with swine flu. The HPU can be contacted and will advise appropriate actions for each individual case.

Trusts should have in place policies to deal with acute staff shortages due to a swine flu outbreak. When a vaccine is developed (perhaps before the expected increase in cases in the Autumn/Winter) medical personnel will be the first to be offered the vaccine and thus reduce any anticipated staff shortages.