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Section 1: Preparation for a Pandemic
1.1 Introduction to Influenza Pandemic Plan

The Pandemic Influenza Plan for the Blackpool, Fylde and Wyre Hospitals NHS Trust represents one component of the Integrated Plan for the Wider Health Economy, to which PCT's are required to contribute. It should be read in conjunction with the Hospital Emergency Procedure and Major Incident Plan.

In particular, it is anticipated as vital, that Primary Care Trusts and the Fylde Coast Flu Pandemic Planning Group will develop plans to communicate pandemic status and actions, in whatever fashion is culturally and linguistically appropriate, so that people living in and visiting the Blackpool, Wyre and the Fylde can receive the appropriate public health advice and reassurance.

1.2 Purpose of Pandemic Influenza Plan

The purpose of this Plan is to describe the organisational structures and procedures which will be brought into place within the Blackpool Fylde and Wyre Hospitals NHS Trust to prepare for an influenza pandemic.

It outlines the measures which will operate to maintain clinical service and business continuity during the extreme disruption of communication, transport, materials supply and workforce which could arise.

The Plan focuses primarily on the local management of an established pandemic, with high morbidity and low mortality.

The Plan also contains measures to prevent spread from a local case of imported, highly virulent influenza. The development of this aspect of the Plan depends on the evolution of advice emanating from the Department of Health.

1.3 Risk Based Approach

Some risks can be anticipated. Others will only be appreciated as the pandemic unfolds.

1.4 The Hospital

The hospital will experience a surge in unavoidable influenza related admissions and, at various stages of the pandemic, its patient population and their accommodation will shift from being predominantly not ‘flu to predominantly ‘flu and gradually back again.

It will rely on its business continuity plans to ensure the maintenance of heating, lighting, power, food and catering, water, laundry and oxygen, sterile supplies, ethicals and pharmaceuticals.
Scarcity of materials may increase the hospital’s vulnerability to theft of supplies. It is conceivable that individual emotions might be heightened at any time or that groups of individuals might ignite civil disturbance. These considerations are important to the hospital’s security function.

1.5 Staff

Staff will be protected by the use of personal protected equipment, by the cohorting and segregation of infected cases, by restrictions on social mixing and staff movement and by an explicit absence policy.

The resilience of schools and transport infrastructure and of individuals’ own carer responsibilities will impact on the availability of staff at times when the demand for admission is increased.

Staff will be kept informed of developments during a pandemic, through the team briefing system.

1.6 The Community

The community will depend on the resilience of care capacity in the primary and social care sectors. Elderly, vulnerable people and children will be a particular concern.

1.7 Core Activities of the Trust during a Pandemic

During a pandemic, the Trust will give priority to emergency admissions. Elective waiting lists will be reviewed daily, giving priority to elective cancer cases and other cases where an accelerating deterioration can be avoided by prompt action.

To minimise face to face contact, out-patient clinics will be curtailed or cancelled, and telephone review will be substituted whenever possible.

1.8 Essential services

- Clinical
  - Acute Obstetrics
  - Special Care Baby Unit
  - Paediatric respiratory support
  - Emergency Access, including medical and surgical decision units
  - Adult ITU
  - Adult respiratory support
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Acute Coronary Care: provision of thrombolysis when PPCI not logistically feasible

Pharmacy

Acute imaging

Pathology

Mortuary

- **Non-Clinical:** all non-clinical services are essential, specific priorities include:

  Heating
  Lighting
  Water
  Oxygen
  Food
  Bed linen
  Sanitation and waste disposal
  PPE
  Supply chain

1.8 Critical and Non-Critical Functions

The Trust’s critical functions that must continue, unabated or augmented during a pandemic include:

  Acute Obstetrics
  Special Care Baby Unit
  Paediatric respiratory support
  Emergency Access, including medical and surgical decision units
  Adult ITU
Plan for Pandemic Influenza: May 2009

Adult respiratory support

Acute Coronary Care: provision of thrombolysis when PPCI not logistically feasible

Pharmacy

Acute imaging

Pathology

Mortuary

Security

The Trust’s less critical functions, which may be closed down so that staff and resources can be temporarily redeployed to other needs include:

Clinical research and non-essential training

Elective surgery and elective endoscopy

Out patient clinics

Non-acute imaging

As needs are unpredictable, listing of functions under this heading does not necessarily imply a complete embargo on their provision. However, services in this category will be scaled down significantly.

Other services may be added to this list.

1.9 Critical Security Issues

Critical security issues include:

Security of supplies, including personal protective equipment and antiviral drugs

Control of access to hospital buildings, to limit movement by infected patients, visitors and staff

Maintenance of public order

Control of threatened violence
1.10 A simple classification of Influenza-like Illness

- Asymptomatic
- Symptomatic but not clinically "ill"
- Symptomatic : compromised : pneumonia
- Symptomatic : compromised : co-morbidity / immunosuppressed
- Symptomatic with aggressive pneumonia

An outbreak of pandemic influenza is likely to generate large numbers of patients with viral or secondary bacterial pneumonia, for whom special arrangements will be made, to prioritise and provide appropriate ventilatory support within the resources which can be made available.

"Special" forms of viral infection : SARS (coronavirus) or Avian 'flu - are less likely to become pandemic, but could generate a localised outbreak whose containment could be challenging.

This type of outbreak would require extraordinary personal protective and isolation measures, to eliminate aerosolisation and droplet spread.

The risk from this type of infection is a highly infectious and aggressive form of pneumonia.

1.11 Anticipated Features of a Pandemic and Response

Anticipated features of the pandemic and the pandemic response will include :

- prolonged duration (3-6 months)
- risk of infection spread by droplets, aerosols and manual contact with secretions and deposits
- increased frequency of aerosol prone procedures
- intensified control of infection measures
- use of Personal Protective Equipment
- cohorting of patients and staff to minimise cross infection
- control of access and movement within hospital buildings
- altered focus of clinical activity : less elective surgery, more management of respiratory illness and co-morbidity
- monitoring of staff illness absence and recovery

1.12 Planning Assumptions

The following are presented as estimates in order to inform the planned local response:

- The origins of a pandemic are likely to lie outside the UK, in those parts of the world where there is close proximity between humans, poultry, pigs and other domestic animals.
- It is likely to take just two to four weeks for the virus to reach the UK. Once cases occur in the UK, flu activity across the country is likely to rapidly increase over one to two weeks.
A second pandemic wave is likely to follow the first, possibly some months later.

- Up to 50% of the population may show clinical symptoms of influenza over the course of a pandemic, and up to 25% of those may develop complications.
- Up to 2.5% of those who become symptomatic may die. Mortality may exceed over 50,000 in the UK.
- Up to 22% of influenza cases can be expected during the ‘peak week’ of a pandemic wave.
- Up to 28.5% of symptomatic patients (including all children under one) will require assessment and treatment by a general medical practitioner or suitably experienced nurse.
- Up to 4% of those who are symptomatic may require hospital admission if sufficient capacity is available. Average length of stay for those with complications may be six days (ten if in intensive care).
- Excess mortality is likely to occur in children, young adults and older people.
- There will be sudden, unprecedented demand on health and social care services.

1.13 Primary Care-based Management of Pandemic Influenza

The Blackpool, Fylde and Wyre Hospitals NHS Trust will rely, for its own continuity of function during a pandemic, on support from robust plans made and implemented by Primary Care Trusts.

- Potentially infectious cases should not be sent to hospital without prior discussion.
- When telephone triage by the GP does not result in immediate surgery attendance or a home visit for influenza symptoms, it must be explained carefully to patients that they must not attend the hospital.

1.14 Purpose of Pandemic Influenza Plan

The purpose of this Plan is to describe the organisational structures and procedures which will be brought into place within the Blackpool Fylde and Wyre Hospitals NHS Trust to prepare for an influenza pandemic.

It outlines the measures which will operate to maintain clinical service and business continuity during the extreme disruption of communication, transport, materials supply and workforce which could arise.

The Plan focuses primarily on the local management of an established pandemic, with high morbidity and low mortality.
The Plan also contains measures to prevent spread from a local case of imported, highly virulent influenza. The development of this aspect of the Plan depends on the evolution of advice emanating from the Department of Health.

1.15 Responsibility for Co-ordination of Pandemic Planning

The Trust's Responsible Director for the co-ordination of Pandemic Planning is the Director of Nursing and Quality.

This person is responsible to chair the Pandemic Planning Group.

1.16 Pandemic Planning Group

Preparation for a Pandemic will be led by the Trust's standing Emergency Preparedness Group, with assistance, co-opted as necessary, from the following membership

<table>
<thead>
<tr>
<th>Director of Infection Prevention and Control</th>
<th>Nursing Executive or deputy</th>
<th>Consultant Occupational Health Physician</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Emergency Planning Lead</td>
<td>ADOps / Senior Representative from each Division</td>
<td>ADOps lead for Bed management</td>
</tr>
<tr>
<td>Infection Control Lead Nurse</td>
<td>Infectious Diseases Lead Consultant</td>
<td>Health Protection Agency (CCDC)</td>
</tr>
<tr>
<td>Director of Human Resource or Deputy</td>
<td>Communications and Public Relations Manager</td>
<td>Health and Safety (Physical and Clinical Risk Managers)</td>
</tr>
<tr>
<td>Head of Hotel Services</td>
<td>Head of Estates / Op Services</td>
<td>Director of Facilities</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>Procurement Manager</td>
<td>Other members co-opted ad-hoc</td>
</tr>
<tr>
<td>Pathology</td>
<td>Diagnostic Manager</td>
<td></td>
</tr>
<tr>
<td>Radiology</td>
<td>Directorate Manager</td>
<td></td>
</tr>
<tr>
<td>HR and OD</td>
<td>Deputy Director of HR and OD</td>
<td></td>
</tr>
<tr>
<td>Staff Side Representation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1.17 Outbreak Advisory Team

Consultants in the following disciplines:

- Microbiology / Control of Infection
- Staff and Occupational Health
- Health Protection
- Infectious Diseases
- Respiratory Medicine
- Critical Care

will identify a lead consultant who will attend meetings of the Emergency Planning Group, and other meetings, when requested.

The lead consultant will be the first point of contact between the Emergency Planning Group and other colleagues. He will maintain his colleagues' awareness of this Plan, and will agree deputising arrangements with colleagues from his own speciality.

The purpose of the Outbreak Advisory Team will be: to identify implications of the pandemic as it evolves from threat to reality; to provide advice to the Emergency Preparedness Group; and to provide specialist advice during a pandemic or outbreak, when requested by the Hospital Co-ordinating Team.

1.18 Emergency Communications

As set out in Section 3.1, "What to do if you recognise a patient who fits the case description", activation of the Hospital Emergency Procedure will result in the immediate establishment of a tactical co-ordination and control structure to ensure the proper immediate response.

The tactical structure is then replaced by a strategic, executive structure, as described in Section 3.3 of the present Plan, "Hospital Co-ordinating Team".

The Trust Emergency Communications Plan will be revised periodically, in line with the Trust Communications Strategy.

1.19 Sharing Best Practice

Best Practice will be shared with local collaborators through membership of the Emergency Planning Group and the Lancashire Major Incident Co-ordinating (LANMIC) network. The Trust will participate in Health Economy-wide exercises, co-ordinated by NHS Blackpool and NHS North West.

This Plan will also be published to collaborators, and will take account of information and advice as disseminated by the Strategic Health Authority and the Department of Health.
1.20 Specific Reference Materials

The plan takes note of the following specific guidance:

- Guidance for Pandemic Influenza: Infection Control in Hospitals and Primary Care Settings (DH, HPA October 2005)
- Clinical Guidelines for Patients with an Influenza like Illness during an Influenza Pandemic (BTS, BIS, HPA March 2006)
- UK Health Departments’ pandemic influenza contingency plan (October 2005)
- Pandemic Flu Plan: Critical Care. DR Kelly (Autumn 2005)
- WHO Global Influenza Preparedness Plan
- The Pandemic Contingency Plan of the Cumbria and Lancashire Strategic Health Authority.

Detailed, up to date guidance from UK health departments is at the Department of Health Website.
# Section 2: Awareness - Level of Alert

## WORLD HEALTH ORGANISATION AND UNITED KINGDOM PANDEMIC ALERT SYSTEMS

<table>
<thead>
<tr>
<th>Period</th>
<th>International Phase</th>
<th>Description</th>
<th>Colour code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inter-Pandemic</td>
<td>1</td>
<td>No new influenza virus subtypes in humans. A virus subtype that has caused infection may be present in animals. If present in animals, human disease risk considered low.</td>
<td>White</td>
</tr>
<tr>
<td>Inter-Pandemic</td>
<td>2</td>
<td>No new viral subtypes in humans. A circulating animal viral subtype considered to pose a substantial risk of human disease.</td>
<td>White</td>
</tr>
<tr>
<td>Pandemic Alert Period</td>
<td>3</td>
<td>Human infection(s) with a new subtype, but no (or rare) person-to-person spread to a close contact.</td>
<td>White</td>
</tr>
<tr>
<td>Pandemic Alert Period</td>
<td>4</td>
<td>Small clusters of infection with limited human-to-human transmission. Spread highly localised suggesting virus is not well adapted to humans.</td>
<td>Green</td>
</tr>
<tr>
<td>Pandemic Alert Period</td>
<td>5</td>
<td>Large clusters. Human-to-human spread remains localised suggesting that while virus is becoming better adapted to humans, it is not yet fully transmissible (substantial pandemic risk).</td>
<td>Red</td>
</tr>
</tbody>
</table>

**UK Alert Level 1:** Virus / cases only outside UK  
**UK Alert Level 2:** Virus isolated in the UK  
**UK Alert Level 3:** Outbreak(s) in the UK  
**UK Alert Level 4:** Widespread activity across the UK  

The World level of alert, as declared by the World Health Organisation (WHO) is at [this link](#). Other information about the evolution of an outbreak, and guidance on the Clinical response will be cascaded by the Chief Medical Officer and Health Protection Agency.
Section 3: Ethical Guidance

- DH Ethical Guidance
- GMC Ethical Guidance – Good Medical Practice

Up to date Ethical Guidance will be published on the Dept of Health website.
4.0 Before the First Case (During UK Alert Level 1)

**Confirming that all arrangements are in place**

UK Alert Level 1 represents significant spread on influenza. By definition, during Level 2, an outbreak has already occurred in the UK. Transition to Level 3 may be brisk and the urgency of last minute preparation will be intense.

During Alert Level 1, Clinical Directors, Head Nurses and Emergency Planning Leads from all Departments and Directorates will be expected to confirm their level of preparedness.
Section 4: Progressing the Pandemic

4.1 The First Case (During UK Alert Level 2,3)

Flu. Case Definition during Outbreak

During UK Alert Level 2, the Pandemic Planning Group will meet to ensure that arrangements are in place to ensure prompt case recognition and containment of suspected cases.

Advice on case recognition will be posted on the Health Protection Agency Web Site.

The first patient will be managed in the negative pressure side room Ward 8

Subsequent patients will be managed on the identified medical wards as detailed in Section 6 – Escalating Respiratory Bed Capacity

Symptoms of ‘flu include :

- Fever, dry cough, abrupt onset
- Headache, sore throat, runny nose
- Bone and joint aches, extreme feeling of illness and tiredness

What to do if you recognise a Patient who fits the Case Definition

- Notify 002 Bleepholder, who will
- Implement the Hospital Emergency Procedure
- Decide, with the Emergency Department Consultant on Call, whether to contact individual members of the Outbreak Advisory Team.

Emergency Ventilation

A critically ill influenza patient in the Emergency Department may require immediate ventilation.

This will be provided using portable equipment in the decontamination room / nurse practitioner room until a bed can be provided in a critical care area.
4.2 The First Cluster of Cases (During UK Alert Level 2,3)

Preparing for the First Cluster of Cases

Recognition of the first patient fitting the case description will cause the senior nurse in the relevant ward or department to contact the 002 Bleepholder. This is a Hospital Emergency and the Hospital Co-ordinating Team will convene according to the Hospital Emergency Plan.

The Emergency Department Consultant will convene the Outbreak Advisory Team. They will begin to escalate infection control, isolation and staff protection procedures, anticipating that further cases will be recognised over the next few hours or days.

The outcome of this meeting should be a briefing to the Medical Director (who should be invited to attend in the first instance). The Medical Director will then decide at what stage he will assume or reassign the role of Medical Co-ordinator.

In conjunction with Executive Directors of Operations and Nursing, the Medical Director will then advise the Trust Board how the Co-ordinating Team is to be supported and reconfigured on a continuing basis, and how the developing situation will affect the Trust's activities and the deployment of its resources.

Cohorting Arrangements for the First Cluster of Cases

The first cluster of patients will be admitted to acute medical wards in Phase 5 and will be managed separately from non pandemic affected patients.

As the epidemic unfolds, these wards will continue to care for those patients with influenza who most need support because of respiratory or non-respiratory comorbidity, but do not require ventilation.

Arrangements for Children

Children who are too ill to be managed at home will be admitted to single room accommodation on Berry Ward /the Adolescent Ward.
4.3 Full Scale Pandemic (UK Alert Level 3 or 4)

Control and Co-ordination During a Pandemic

Hospital Co-ordinating Team (UK Alert Level 3 or 4)

During a Pandemic, the Co-ordinating Team described in the Hospital Emergency Plan will immediately contact, and be supported or relieved by:

- The Medical Director or deputy
- The Deputy Chief Executive or deputy
- The Director of Nursing or deputy

With advice from members of the Outbreak Advisory Team if necessary, the Co-ordinating Team will continually re-assess the impact of the outbreak or pandemic upon:

- The availability of staff and their fitness for duty
- The need to deploy staff to altered duties and / or locations
- The availability of beds, the capacity to segregate cases, and the capacity to provide special respiratory support
- The options to escalate zoning arrangements which separate cases from non-cases
- The continued availability of resources for Treatment, Control of Infection and Respiratory / Ventilatory Support
Operations Team

The Operations Team will be responsible to the Co-ordinating Team, and will initially consist of:

- Bed Manager
- Director of Human Resource or deputy
- Head of Estates / Op Services or deputy
- Procurement Manager
- Pharmacy Manager
- Head of Hotel Services or deputy

The Deputy Chief Executive, in consultation with other Executive Directors, will review the membership of this team during the emergency, and may appoint surrogates for the duration of the emergency, to relieve these individuals for wider duties.

The Operations Team will assure continuous availability of beds, staff, equipment, workspace and materials to maintain priority functions of the hospital throughout the pandemic.
Bed Management

With relevant Associate Directors of Operations, the Deputy Chief Executive or his representative in the Hospital Co-ordinating Team will invoke existing internal Capacity and Escalation Arrangements, in conjunction with the Strategic Health Authority, to:

- track bed occupancy continuously
- cancel elective admissions at short notice
- convert surgical wards into medical wards
- identify policies for expediting discharge of patients in conjunction with PCTs and local services
- secure adequate transportation arrangements for discharged patients
Suspension of Visiting

The decision to suspend all unnecessary visiting will be made by the Hospital Co-ordinating Team, and will be kept daily under review.

This decision will apply also to visits by representatives of pharmaceutical and other companies.

Provision of Antiviral Medications

The Trust’s role in relation to stock and distribution and Preventing misappropriation of supplies

This Trust has been identified to be provided with a stock of antiviral medications for the treatment of patients admitted to the Trust. This is to aim to shorten the duration of illness, reduce illness severity and potentially reduce the time patients will require hospitalisation.

Antiviral stock will be delivered directly to the hospital following the declaration of a pandemic. Stock availability in the first instance will be based on predicted usage levels based on information known of the virus at the time of activation of national plans.

An on line web based computer management system Flu Line Professional Service (no public access), will be used by staff on the national flu line and those holding stock of antiviral medications to enable a track of previous distribution of antivirals to patients and verification of patients NHS number.

Antiviral medication will be available only for inpatients in the hospital who fit the clinical criteria (not A&E attenders).

Review of specific security arrangements within the Pharmacy Department will be taken at the time antiviral medication is available for inpatients affected in the pandemic. Security will be prioritised according to risks identified at the time.
Section 5: Clinical management

5.1 Management Guidelines for Clinicians

The Department of Health "March 2006 Draft Guideline for Patients with an Influenza like illness during an Influenza Pandemic" provides detailed advice for clinicians.

This document forms the basis of the Procurement and Contingency Plans of the Trust, PCT’s and the SHA. It is stressed that MOST patients will be treated in Primary Care settings. However, all senior clinicians are advised to become familiar with the parts of this document relevant to their own likely encounter with the pandemic.

Specifically, the Guidelines include:

- Management of patients at home
- Management of Community Acquired Pneumonia during a Pandemic
- Treatment of patients with Antiviral Drugs
- Treatment of patients with Pneumococcal Vaccine
- Criteria for continued hospital admission
- Paediatric Issues

5.2 Anti-viral treatment

Advice about anti-viral prophylaxis is available from NICE

Advice about treatment with anti-viral drugs is
5.3 Surge Management

The DH Pandemic Flu Managing Demand & Capacity in Health Care Organisations (Surge) April 2009.
Managing Demand & Capacity in HealthCare Organisations (Surge)

This document provides detailed guidance on capacity expansion; service prioritization; end of life care; triage as well and guidance for specific clinical disciplines.

Clinicians are advised to be aware of the contents pages and specific attention is drawn to the following appendices:-

Appendix 2: Ethical principles
Appendix 3: Practical guidance on completion of the Service Priority Assessment Tool
Appendix 4: Prioritisation example
Appendix 6: Modified standard assessment evaluation protocol
Appendix 7: Community hospital day of care criteria
Appendix 8: Patient classification system for emergency/disaster management
Appendix 9: CURB-65 and the pandemic medical early warning score
Appendix 10: Admission and discharge guidance for an influenza-like illness
Appendix 11: Inclusion and exclusion criteria
Appendix 12: Discharge and risk of consequential medial event
Appendix 13: Phased responses and staged triage for critical care
Appendix 14: The sequential Organ Failure assessment scoring system
5.4 Influenza: Severity Assessment - CURB65 Triage Score

Refer to "Department of Health Guideline for Patients with an Influenza like illness during an Influenza Pandemic"

CURB-65 Score: 1 point for each of the following:
- Confusion / disorientation
- Resp rate more than 30
- BP less than 90 sys, 60 dia
- Age 65 or older

<table>
<thead>
<tr>
<th>CURB-65 Score</th>
<th>Recommended Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Treat at home</td>
</tr>
<tr>
<td>1 or 2</td>
<td>Probably Admit, especially with score=2</td>
</tr>
<tr>
<td>3 or 4</td>
<td>Admit</td>
</tr>
<tr>
<td>Any score with bilateral chest signs of pneumonia</td>
<td>Consider admission</td>
</tr>
</tbody>
</table>
Section 6: Escalation

6.1 Escalating Respiratory Support

To help plan the escalation of respiratory support, Influenza Patients will be classified as follows:

- Cases with no co-morbidity
- Cases with co-morbidity, but no established chronic lung disease
- Cases with established chronic lung disease
- Cases with established chronic lung disease and other co-morbidity

6.2 Escalating Respiratory Bed Capacity

Suspected influenza and confirmed cases should be managed separately from normal acute medical patients.

Suspected influenza cases should be separated from confirmed influenza cases..

Ward 23 and Ward 24 Acute Respiratory Wards within Phase 5 have been agreed identified wards where the 2nd and subsequent influenza patients will be managed.

1st Patient Ward 8 negative pressure side room

This will trigger 002 to call a meeting of hospital co-ordinating team

2nd Patient Ensuite sideroom at entrance to Ward 23

3rd Patient Ensuite sideroom at entrance to Ward 23

4th Patient Ensuite sideroom at end of Ward 23

5th Patient Ensuite sideroom at entrance to Ward 24

6th Patient Ensuite sideroom at entrance to Ward 24

7th Patient Ensuite sideroom at end of Ward 24

Once all 6 ensuite siderooms on both wards are full it will be necessary to empty the three 7 bed bays and the single room on Ward 23 and convert this ward totally for influenza.

Further escalation will require the single room and three 7 bed bays on Ward 24 being similarly used. Single sex bays must be taken into account and accommodated.
Depending on the severity of symptoms, Patients may need:

- Formal ventilation in an expanded ITU / HDU Facility
- Invasive ventilation using a portable ventilation device
- (Short Term) Invasive ventilation using a self-inflating bag
- Non-Invasive ventilation
- Treatment of lower airways obstruction
- Treatment of secondary bacterial infection

**6.3 Escalating Critical Care Bed Capacity**

Demand for Critical care is likely to increase four-fold. The identified resource to escalate Critical Care capacity is to reopen closed beds in ITU and HDU.

**Augmenting the Critical Care Nurse Complement**

The Trust will maintain a register of nurses with HDU / ICU experience.

**6.4 Escalating Mortuary Capacity**

**Additional Mortuary Capacity**

Additional on site capacity is expected to be required in line with local business continuity arrangements.
Section 7: Hygiene and Control of Infection

7.1 Control of Social Mixing

The normal congregation of staff at mealtimes, their movement around the hospital and the constant traffic of visitors are avoidable factors whose control can help limit the spread of infection.

7.2 Curtailment of visiting

Arrangements to control visiting will be reviewed frequently during a pandemic, and through advice given by the Consultant Microbiologist and Control of Infection Team to the Hospital Co-ordinating Team. They will be communicated internally via special issues of the team brief. They will be communicated externally by the information department in conjunction with local PCT’s and the SHA.

7.3 Catering Arrangements and Food Hygiene

During the pandemic the staff and visitors’ restaurants will be closed to minimise infection spread in areas where socialisation would normally take place.

The decision to adopt and reverse this arrangement will be taken in conjunction with advice from Control of Infection Team through the Hospital Co-ordinating Team.

Communication to all staff will take place as decisions are taken.

7.4 Hand Hygiene

Planning for an Influenza Pandemic emphasises the fundamental importance of hand hygiene to prevent hospital cross infection in normal daily practice.

Basic hand hygiene precautions will be invigorated throughout an outbreak.

7.5 Management of the Coughing and Sneezing Patient

Staff, patients and visitors will be required to

- use disposable, single use tissues to cover mouth and nose
- dispose of tissues immediately in the nearest designated waste bin
- wash hands immediately after coughing, sneezing, using tissues or other contact with respiratory secretions.
- keep hands away from eyes, nose, mouth at other times

Staff will facilitate the observance of these precautions by children, the elderly and others, by providing appropriate supplies and receptacles.
7.6 Personal Protective Equipment

**Surgical Masks** will be worn by infected patients during transit between areas, and by healthcare workers at times of close patient contact (within 3 feet).

**Respirators** will be provided to meet DoH specification, and worn during aerosol generating procedures (see next section).

**Negative Pressure Suits** are not required for pandemic influenza, but could be required for SARS or a similar virus.

**Eye Protection** should be worn to prevent conjunctival contamination. However, external eyewear must be cleaned thoroughly between uses to remove accumulated debris.

**Gowns, gloves, aprons** will be worn during close contact and discarded after use with a single patient.

Detailed information is in Section 5 of "Guidance for Pandemic Influenza: Infection Control in Hospitals and Primary Care Settings"

7.7 Aerosol Generating Procedures

include:

- intubation
- nasopharyngeal aspiration
- tracheostomy care
- chest physiotherapy
- bronchoscopy
- nebuliser therapy

Non-essential staff must not be present when these procedures are carried out.

Respirators must be worn. Eye protection and other basic PPE must also be worn and discarded after use.

Detailed information is in Section 5 of "Guidance for Pandemic Influenza: Infection Control in Hospitals and Primary Care Settings"
7.8 PPE for Pandemic Influenza: Summary

<table>
<thead>
<tr>
<th></th>
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<th>Close patient contact (3 feet)</th>
<th>Aerosol generating procedure</th>
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</tr>
<tr>
<td>eye protection</td>
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<td>risk assessment</td>
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</tr>
</tbody>
</table>

7.9 Detailed Control of Infection Procedures

Detailed procedures will be modeled on Section SIX of "Guidance for Pandemic Influenza: Infection Control in Hospitals and Primary Care Settings"

During an outbreak, the Control of Infection Team will advise on the frequency of cleaning and disinfection and clinical waste removal. They will disseminate current DH guidance, to include the following:

- Clinical and non-clinical waste
- Linen and laundry
- Staff uniforms
- Crockery and utensils
- Environmental cleaning and disinfection
- Patient care equipment
- Furnishings
Section 8: Staffing Arrangements during a Prolonged Outbreak

8.1 Deployment of Staff to infected and non-infected areas

Healthcare workers with symptoms of pandemic influenza will be excluded from work to avoid infection of patients, colleagues and others.

If staff shortage is extreme, staff who are recovering, or who have newly reported the first symptoms of illness will be requested to assist in the area segregated for influenza patients, and to keep out of all other areas.

Staff who have recovered from the pandemic infection, and are now likely to be immune, may be requested to work in the segregated area.

Staff assigned to the segregated area will not normally return to duty outside this area until the pandemic is over.

8.2 Bank and Agency Staff will follow the same deployment advice as permanent staff.

8.3 Should I come to work during a pandemic or a declared outbreak?

If you think you have developed, or are developing the symptoms of influenza during a declared outbreak, you MUST notify your line manager immediately.

On recovery, you MUST also notify your line manager before returning to work, because you may now be required to work in a different area of the Trust.

If you think you are at special risk for complications from pandemic influenza, (eg pregnant or immunocompromised) you should contact your line manager and Occupational Health. You may need to stay away from work, or be reassigned to an area where the risk of contact with an infectious patient is negligible.

8.4 Avoidance of Exposure

a) Work-related Travel

To avoid unnecessary exposure to infection outside work, all travel to meetings outside the normal places of frequent and regular work will be cancelled.

This will include all forms of external study leave and training.
b) Return from Travel Abroad

Staff who return from travel to a country, where pandemic ‘flu broke out during their visit, SHOULD NOT return to work. Instead, they should contact their line manager immediately.

Your Line Manager will request you to contact Occupational Health urgently, or will relay to you any standing instruction which that department has issued in response to current news and DH guidance.
Section 9: Human Resources

9.1 Human Resources Department (including medical staffing and learning and development)

These departments will support managers, to monitor and supervise:

- Staff allocations to pandemic/non-pandemic areas, considering skill-mix and the likelihood of sickness and absence
- Tracking and coordination of staff deployments (including agency staff)
- Deployments of Staff outside their usual area of practice (e.g. medical and nursing students working as health care assistants)
- Possible use of family members and lay volunteers in an ancillary capacity
- Current resilience and the need to declare a staffing crisis. (This will be managed on a day to day basis by the Director of HR and OD and the overall nurse co-ordinator).
- Full-time staff member will be alerted to assist monitoring of staff attendance, sickness and reporting, and for advice to staff.
- The Director of HR and OD will be responsible to review all policies which affect staff attendance in the event of a pandemic. These policies are currently being updated and will take into account any mitigating circumstances. They will include attendance policy, European Working Time Directive, special leave and home working.
- HR guidance will be supplied at strategic, tactical and operational levels by discussion and collaboration with the Director of HR and OD.

9.2 Emotional and practical Support for Staff

A pandemic will be a stressful time for all who remain at work and it will be important for Line Managers to remember that their staff are aiming to cope in the face of exceptional duress. Colleagues will need to watch for signs of stress in each other and be willing to support each other whilst continuing to care for their parents.

Staff who have suffered bereavement through the death of a patient or a family member will be encouraged to confide in their Line Manager in the first instance. Those who feel unable to do this will be encouraged to speak to the Chaplain from the faith group they prefer to contact.

Staff who feel that their ability to continue coping is beginning to face significantly should also arrange to see their own General Practitioner. The Occupational Health service will be available to those who require exceptional assistance with emotional recovery.
9.3 Staff Redeployment and Database

As part of the electronic staff record through the Oracle Learning Management System, (OLM), an up to date electronic record of training and qualifications achieved by all Trust employees will be available. This will help to support in the management decisions that maybe required to move individual staff with specific skills needed in key areas that may become depleted during a pandemic.

It is envisaged that at the WHO phase 4 of the inter-pandemic period, the need to review and assess skills available in the Trust will be undertaken. The information on OLM will be supplemented at this time by the use of a spreadsheet issued to all managers who will complete in respect of their current staffing skills and qualifications.

All staff within the Trust hold contracts of employment which enable them to be moved within the exigencies of the service. Staff would not be moved to areas without the required support and training.

The Learning and Development Department have put together training packages for critical and non-critical areas and clinical and non-clinical staff which are ready off the shelf to cascade through cascade trainers at the relevant time.

Staff redeployed will follow the current arrangements used for temporary moved staff. The nurse in overall control states the priority and staff are moved accordingly. This will be tracked using the database.

A similar database will be prepared for lay volunteers if available and used.

9.4 Occupational Health Department

Checklist : Occupational Health

The Occupational Health Physician will develop plans and procedures to:

- Assess staff with respiratory symptoms
- Supervise and monitor staff deployment, including bank and agency staff
- Track and document staff sickness absence
- Provide psychological and social support to staff
- Administer antiviral therapy as may be specified by the DoH
- Vaccinate staff as may be specified by the DoH

Staff should continue to be offered and to take up opportunities from the Occupational Health for routine "winter 'flu" jabs.
Section 10: Maintenance of Consumable supplies

10.1 Continuity of Supply

Continuity of Supply will be maintained through the Business Continuity Plans of individual Directorates, in particular, Facilities, Pharmacy, Blood Bank and Procurement.

10.2 Stocktaking and Needs Assessment

The Contingency Plan of the Strategic Health Authority contains arrangements for the supply of antivirals, antibiotics and protective equipment. However, the Trust will maintain its own awareness of its own risk and will ensure that this can be communicated into the wider planning framework.

Service Managers, Matrons and Clinical Directors are required to consider the possible duration and impact of a pandemic, and to indicate their anticipated needs to the Procurement and Pharmacy departments via the Pandemic Planning Group and Emergency Preparedness Divisional Leads.

They are also required to identify optimum local stock levels for essential items, and trigger points for ordering extra supplies.

10.3 Procurement

The Procurement Manager will investigate capacity to store an increased stock of materials, sufficient to cover anticipated lead times between an order and supply from source.

Because demand is difficult to predict in advance, the Procurement Manager will also investigate the ability of suppliers and producers to respond if daily consumption of materials were suddenly to double, quadruple or continue to increase in geometric progression, and then remain at this level for a sustained period.

The Procurement Manager will investigate contingency plans in the event that primary sources of supplies become limited or exhausted. If the DoH / SHA recommend extraordinary stockpiling of reserve materials, the Procurement Manager will co-ordinate arrangements.
10.4 Maintaining Supplies of Personal Protective Equipment

The Procurement Manager will maintain awareness of current recommendations for all forms of Personal Protective Equipment (PPE), required in a pandemic or advised by the Department of Health for other Civil Contingencies.

The Procurement Manager will make robust arrangements to order and store supplies of PPE, at the level indicated by the Emergency Preparedness Committee.
Section 11: Education and Training

11.1 Overall Training Responsibility

Training will be supervised by the Emergency Preparedness Committee, and provided by the Learning & Development and Control of Infection Departments. Directive Managers and Clinical Directors will be responsible to ensure that staff are free to attend the training to be provided.

11.2 Key Trainers

Clinical Directors and Matrons will identify Key Trainers who will assist the Training Manager in the organisation and provision of training in infection control and decontamination procedures relevant to the place of work and the emergency or outbreak control procedures likely to be encountered.

Please see the Department of Health Infection control training materials.

11.3 Essential Training

**Level 1: Applicable irrespective of Flu Pandemic**

- Prevention and control of influenza/infection control
- Safe handling of specimens
- Safe handling of clinical waste
- Value and access to influenza and pneumococcal vaccine

**Level 2: general principles, applicable before established pandemic**

- Awareness of implications of pandemic
- Occupational health of staff during pandemic
- Control of Social Mixing:
  - Restriction of visiting and of movements by patients and staff
  - Catering arrangements and food hygiene
- Principles of staff redeployment
- Duties of patients, colleagues, employer and family: absence policy

**Level 2a: Skills Expansion**
Plan for Pandemic Influenza: May 2009

Training specific to expanded/redeployed roles

Level 3: Specific training, to be provided when a pandemic appears imminent

Case recognition (awareness of contemporary case definition)

Case reporting

Case Treatment

Triage and containment of possible cases

Isolation and cohorting of cases

Use of PPE

Hand hygiene and disposal of noseblows

Ethical considerations

Handling of conflict and violence

Breaking bad news
Section 12: The Communications Department

12.1 The role of the Communications Department:

- Provide accurate, timely and consistent information and advice to staff, the public and partner organisations;
- Promote understanding of pandemic flu amongst staff and explain their role in helping to reduce pressure on health services, whilst responding to public need;
- Explain the ability of the health service to respond to, and reduce the impact of, a pandemic, within the constraints that they will face.

12.2 Contingency Plans

In the event of the communications staff becoming ill, the Trust has a local arrangement in place to pool its communication resources with Blackpool and North Lancashire Primary Care Trusts. Support will also be available from the Communications Leads within the Cumbria and Lancashire Communications Network. The Trust is also in the process of providing media training for all on call managers.

12.3 Special Issues for Early Communication in a Pandemic

General principles of the Plan will be explained to all new staff during induction, and to all staff annually, within individual Directorates.

As the pandemic unfolds, the HR and Organisational Development, and Communications Departments will issue a regular Team Brief to inform staff about the progress of the pandemic, special precautions to be taken, and any facilities it has been possible to arrange in order to facilitate attendance at work by those who are fit.

During a flu pandemic it will be vital to ensure that people living in and visiting the Fylde receive the appropriate public health advice and reassurance that there are comprehensive plans in place to respond to the situation. The DoH will determine the timing of health announcements.

All messages communicated by health organisations must be based on the briefing material and Q&As produced by the DoH to ensure consistency of messaging across the country.

The Communications Manager and Communications Officer will be responsible for distributing regular updates to staff (in line with DoH guidance) via Staff Bulletins, Team Brief etc. They will also be responsible for handling all media enquiries (in line with DoH guidance).
Communication Toolkit

A Communication Toolkit was provided by the Department of Health in January 2006.

The Communication Toolkit for an example can be accessed here as an example, but users should check the DH website for a more up to date version before using this one.
Section 13: Checklists

13.1 Checklist: Triage and Patient Placement

- Establish procedures and test a plan for pandemic triage and rapid separation of patients with influenza from other patients
- Identify areas for segregating/cohorting large numbers of patients with pandemic influenza with engineering staff
- Identify a designated room in the radiology department that can be used for influenza patients only

13.2 Checklist: Bed and Capacity Management

- Procedures for reviewing and revising admission criteria
- Policies for expediting discharge of patients in conjunction with PCTs and local services
- Adequate transportation arrangements for discharged patients
- Plans for tracking bed occupancy during a pandemic
- Cancellation of elective admissions at short notice
- Plans to convert surgical wards into medical wards

13.3 Checklist: Mortuary Capacity

- Plan for mass fatalities
- Assess capacity for refrigeration
- Define overflow arrangements

13.4 Checklist: Supplies of Consumables

- Evaluate current stock of essential equipment
- Assess anticipated demand for consumables and determine trigger point for ordering extra supplies
- Determine feasibility of ordering and storing extra PPE
- Direct supplies managers to establish contingency plans in the event that primary sources of supplies become limited or exhausted

13.5 Checklist: Education and training

- Brief senior medical and nursing staff on pandemic infection control procedures (from Trust Board to Consultant/Ward Manager level)
- Brief managers of other departments (including Estates, Porters, Radiology, Physiotherapy, Occupational Health)
- Test local response capabilities, a tabletop exercise is strongly recommended
- Plan for additional training and fit-testing for staff likely to use FFP3 respirators
- Provide general training for all staff on the infection control implications of pandemic influenza
• Consider how the hospital intranet could be utilised for training, education and communication on infection control issues during a pandemic to minimise face-to-face meetings during a pandemic.
Section 14: Business Continuity & Service Recovery

During the Pandemic the Trust will be required to maintain key activities while providing inpatient care for pandemic influenza patients. Services will be reduced or even cancelled to facilitate the additional capacity required for management of pandemic influenza patients. In addition, staffing availability pressures will be experienced in both pandemic and non pandemic services.

14.1 Summary of Business Continuity during the Pandemic
The Trust will manage service provision during a pandemic by ensuring that the maximum number of services will continue at all stages during the pandemic, wherever practical. This is likely to be limited by staffing availability and the reduction of non-essential activity in order to increase pandemic inpatient capacity.

14.2 Reduction in/cancellation of services
The Internal Incident Management Team and Strategic Management Team will continually review the ability of the hospital to maintain essential services. This list of essential services is likely to change during the pandemic.

14.3 Service Recovery
Following the peak of a pandemic, admissions to the hospital are likely to decrease. As patients are discharged, bed capacity within pandemic areas will be under utilised. Where clinically appropriate, patients will be decanted to alternative pandemic wards. Pandemic admissions will be amalgamated to free up wards for recovery to normal duties.

Post-discharge of all patients, all areas are to be deep cleaned and certified infection free. The Infection Control Team will supervise this process. The Internal Incident Management Team will determine what services can resume when, taking into account:

- Bed availability
- Staffing availability
- Demand for services yet to resume normal activity
- Staffing requirements in other pandemic and non-pandemic inpatient areas.

Resumption of suspended activity is to start as soon as clinically appropriate. The Internal Incident Management Team will determine whether specific meeting structures to complement existing operational management arrangements are required to ensure activity levels return to normal levels.

14.4 Review of Service Priorities
At the end of the first pandemic wave the Internal Incident Management Team will review and identify learning of service continuity arrangements and implement as appropriate in preparation for the next wave.
Section 15: Additional Reference resource

GENERAL INFORMATION

Pandemic Influenza
http://www.hpa.org.uk/webw/HPAweb&Page&HPAwebAutoListName/Page/1191942171181?pn=1191942171181

Managing Demand & Capacity in HealthCare Organisations (Surge)

Influenza Pandemic contingency plan
http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1194947380783

Avian influenza
http://www.hpa.org.uk/webw/HPAweb&Page&HPAwebAutoListName/Page/1160495617087?p=1160495617087

Seasonal influenza

Swine influenza

CLINICAL INFORMATION

Clinical management of patients with an influenza-like illness during an influenza pandemic (Version 10.5 March 2006)

Algorithms

Avian influenza

Swine influenza
http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1240732819361

Treatment - TAMIFLU

Prophylaxis

Treatment

INFECTION CONTROL
Plan for Pandemic Influenza: May 2009

Hospital and Community
http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1238055328357

Critical care
http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1238055329642

LABORATORY GUIDANCE

Currently (28.4.09) as per HPA guidance for Avian influenza

PATIENT INFORMATION

NHS Choices
Flu - general information
http://www.nhs.uk/conditions/flu/Pages/Introduction.aspx

Mexican swine flu
http://www.nhs.uk/conditions/pandemic-flu/Pages/Introduction.aspx

HPA - Swine flu advice to returned travellers

DH - Current news (28.4.09) - Mexican swine flu