

## 21 Flu Pandemic Procedure

### 21.1 Objective

This document provides guidance to Management and Staff at Sutton & East Surrey Water (SESW) on actions to take if the World Health Organisation (WHO) has identified a new outbreak of influenza virus and the UK Government has put the National Influenza Pandemic Plan into action.

### 21.2 Responsibilities

- SESW Supply Manager to review this plan annually, and monitor functions for change in the interim.
- SESW Incident Team – to carry out day to day planning in the event of a Flu Pandemic.
- Staff – to comply with advice given by the SESW Incident Team regarding: hygiene, restrictions on travel cancellations, meets and gatherings and other advice designed to restrict the spread of the virus.

### 21.3 Definitions

There are important differences between ‘ordinary’ flu and pandemic flu. Epidemics of ‘ordinary’ flu occur every year around the world. An epidemic is a widespread outbreak of a disease in a single community, population or region. A pandemic spreads around the world affecting many hundreds and thousands of people across many countries.

For influenza virus to be capable of causing a pandemic it must be able to:

- Infect people (not just mammals and birds)
- Cause illness in a high proportion of those infected
- Spread easily from person to person
- Spread widely because the virus is significantly different from previously circulating strains and most people will have little or no immunity to it.

All previous flu pandemics exhibited these characteristics.

Further information regarding the issues surrounding a Flu Pandemic is available on:

- the Department of Health Website <http://www.dh.gov.uk/en/PandemicFlu/index.htm>, and
- the Cabinet Office Website <http://www.ukresilience.info>

The above websites include a link to the report ‘Pandemic flu: A national framework for responding to an influenza pandemic, and supporting guidance’.

### 21.4 Procedure

#### 21.4.1 Planning Assumptions

When reviewing or planning for a flu pandemic, the following assumptions, as advised by the Department of Health, should be used:

- Spread from the source country to the UK is likely to take two to four weeks. Once in the UK, it is unlikely that the spread of influenza could be stopped.
- Most staff will be susceptible to the new virus, although not all will necessarily develop clinical illness. All ages will be affected, but children and otherwise unfit adults could be at greater risk.
- A vaccine will not be available in the early stages. A pandemic vaccine cannot be stockpiled in advance, and it likely to be between four to six months before a vaccine is produced.
- As the vaccine becomes available it will be given according to nationally agreed priorities, starting with healthcare workers and other essential workers, which may include SESW staff.

- The British Government has stockpiled enough antiviral drugs/medications to treat 25% of the population. They may be used initially to contain smaller outbreaks. Later they will be used to treat certain narrowly defined priority groups according to Government guidelines in order to achieve the maximum health benefits.
- A flu pandemic is to be treated as a major incident, and it should be assumed that a cumulative total of 50% of staff will need to take some time off work – possibly 5-8 working days – over a period of three months. This first wave is likely to be followed by a second wave of similar duration. The interval between each wave could be several weeks or months. Absenteeism may be more than this either due to a higher rate of illness, the need to care for sick family members or fear of exposure to infection. Past pandemic experience indicates that between 15 – 35% of staff may be absent from work. The absentee rate is expected to peak for 1 – 2 weeks at the height of the outbreak (around weeks 8 – 9).

#### **21.4.2 Warning Phases**

The World Health Organisation (WHO) monitors influenza across the world. Once a new influenza virus has been identified and shown to have pandemic potential, the WHO will inform national governments. The WHO has set out pandemic alert phases, as shown in Table A, which trigger UK alert levels in the pandemic period. The UK alert levels will be used to escalate SESW's planning and incident management.

WHO Alert Phases	Significance for UK	Significance for SESW
<b>Inter-Pandemic Period</b>		
1. No new influenza virus subtypes detected in humans	UK not affected	No action.
2. Animal influenza virus subtype poses substantial risk	UK has strong travel/trade connections with affected country UK affected	Crisis Management Team to review arrangements for disinfection if staff required to enter poultry farms.
<b>Pandemic Alert Period</b>		
3. Human Infection(s) with a new subtype, but no new human to human spread to a close contact	UK not affected	No action.
4. Small cluster(s) but human to human spread still localised, suggesting that the virus is not well adapted to humans	UK has strong travel/trade connections with affected country	Staff briefing on pandemic flu alert to be published on SESW intranet.
5. Large cluster(s) but human-to-human spread still localised, suggesting that the virus is becoming increasingly better adapted to humans	UK affected	SESW Incident Team to be formed and then to review the situation weekly.
<b>Pandemic Period</b>		
6. Increased and sustained transmission in general population	UK Alert Level: 1. Virus/cases only outside the UK 2. Virus isolated in the UK 3. Outbreaks in the UK 4. Widespread infection across the UK	SESW Incident Team carries out day to day planning.
<b>Post Pandemic Period</b>		
End of pandemic. Return to inter-pandemic period		Carry out review on 'lessons learnt'

**Table A - International Phases and their significance to UK and SESW****21.4.3 Business Priorities**

Table B shows the Business Priorities for SESW at each UK Alert Level. Once UK Alert Level 2 has been declared, the SESW Incident Team will commence work checking that the recommended precautionary measures are being put in place, and that staff are informed of what is likely to happen. The team's priority is to ensure, as far as possible, that:

- Staff that become ill are properly cared for and are able to get treatment when it becomes available
- Staff that are able to work are kept fully informed and given whatever protection, e.g. vaccination, is available during the crisis
- The licensed operation continues
- Customers are kept informed and reassured

UK Alert Level	SESW Considerations
1. Virus/cases only outside the UK	SESW Incident Team should already be formed at WHO Phase 5. Continue to monitor the national situation.
2. Virus isolated in the UK	Publish guidance notes to all staff, including notes on personal hygiene, cleaning of workplaces, telephones, workstations. Carry out Pre-Outbreak actions listed in Annex C. Consider minimising use of public transport, examine home-working options, avoid meetings – use conference calls whenever possible.
3. Outbreaks in the UK	SESW Incident Team declares a Major Incident. Carry out Outbreak actions listed in Annex C. Consider preparing to place operations staff on weekend standby routines with all other staff sent home. Other functions prepare to reduce staffing to essential work only. Initiate flexible working to avoid peak time travel.
4. Widespread infection across the UK	SESW Incident Team in daily session. Issue daily updates on intranet. Reduce to standby/essential worker working. SESW Incident Team to maintain links with Public Health for information on treatment availability.

**Table B - UK Alert Level Phases and their significance to SESW**

#### **21.4.4 Essential Worker Lists**

If a vaccine becomes available, or if the Government Plan decides on prophylactic vaccination for key workers, then it is most likely that utilities including water companies will be required to submit lists of key staff in order that they receive treatment. Local GPs/Clinics will administer vaccinations or in some areas, mobile vaccination centres will be set up.

A key task of the SESW Incident Team will be to make sure operational standby lists are up to date (and any gaps are filled) and that priority worker lists are up to date. The SESW Incident Team will have carried out an initial review at WHO Phase 5, but the final lists will need to be as up to date as possible. Once checked, the names will be matched to their local NHS Primary Care Trust, which will administer the vaccination programme.

#### **21.4.5 Advice to Staff**

At UK Alert Level 2 the SESW Incident Team will publish guidance, based on the Chief Medical Officers document 'Explaining Pandemic Flu' on the SESW Intranet, via notice boards and through management. The type of information to be supplied is listed in Annex 'A'. At the same time, the Health Authorities will be issuing information through leaflets, websites and the media. Such information will tell staff how to protect themselves and their families and what to do if they believe they are infected.

#### **21.4.6 Operation of WTWs**

Annex D contain a contingency plan for the operation of the following 8 WTWs during a flu pandemic:

- Bough Beech WTW
- Cheam WTW
- Cliftons Lane WTW
- Elmer WTW
- Godstone WTW
- Kenley WTW
- Westwood WTW
- Woodmansterne WTW

For each WTWs, a number of possible emergency events are listed together with recommended actions if the events occur.

## Annex A: Examples of Guidance to be issued at UK Alert Level 2

### 1. Symptoms:

People are affected by flu with varying degrees of severity ranging from minor symptoms to pneumonia and death. The onset of symptoms is generally sudden and can include:

- Headache
- Severe weakness and fatigue
- Fever
- Cough
- Aching muscles and joints
- Sore throat
- Runny nose

The symptoms of pandemic flu are similar to ordinary, seasonal flu. However, in the case of pandemic flu, these symptoms are likely to be worse, resulting in more severe illness and possibly death in extreme cases.

If a member of staff does catch flu, it is recommended that they should:

- Stay at home and rest
- Take medicines to relieve the symptoms (following the instructions with the medicines)
- Drink plenty of fluids

### 2. Precautions:

Staff can reduce, but not eliminate the risk of getting or spreading flu during a pandemic, as at any time, by:

- Maintaining good, basic hygiene, for example by washing hands to prevent the virus spreading from hand to face
- Covering the nose and mouth when coughing or sneezing
- Avoiding crowds where possible

### 3. What Government is doing:

The government has drawn up a UK wide Influenza Pandemic Contingency Plan, which will be put in action in the event of a pandemic.

- NHS staff are being trained in how to manage a pandemic and cope with the demands that are likely to be placed on them.
- The government is taking steps to be in the best possible position for a vaccine to be manufactured as rapidly as possible when a pandemic virus is identified.

The government is building up its stocks of antiviral drugs. They will be used in the most effective way to treat those most at risk of serious illness based on how the disease develops. When pandemic flu reaches the UK, there will be announcements in the newspapers, and on radio and TV, and advice will be given on the best course of action to take. Simple hygiene measures outlined above and reducing social contact, (e.g. cancellation of meetings) could help to slow the spread and buy time until a vaccine is ready.

### 4. Other advice:

A SESW Incident Team will be set up to monitor the affect of the pandemic on SESW staff, and will coordinate tasks to minimise its affect.

## **Annex B: Actions for SESW Incident Team**

### **1. Pre UK Outbreak – SESW Incident Team**

- 1.1 Ensure Emergency Plans are up to date, and ensure essential workers are identified.
- 1.2 Issue Annex C to Departmental Managers.
- 1.3 Consider impact of suspending meetings, conferences, training, site visits and reducing travelling. Consider increasing the use of Video conferencing facilities, audio conferencing, and e-mail.
- 1.4 Agree policy on home working with Crisis Management Team.
- 1.5 Agree policy for staff payments/absence with Crisis Management Team due to:
  - Sickness
  - Non – sickness (caring for others)
  - Extended bereavement leave
- 1.6 Agree internal communication strategy for informing staff, reporting sickness, issuing advice, communicating sensitive issues such as the loss of a colleague. Draft staff briefing notes, based on current information and UK Pandemic Plan.
- 1.7 Agree policy on vaccination of key staff – see Section 4.4 of main plan.
- 1.8 Consider use of SESW web site for communicating with staff who are absent from work.
- 1.9 Discuss potential for suspension of all capital maintenance schemes
- 1.10 Check that main contractors and sub-contractors have emergency plans in place to maintain their services.

### **2. Outbreak Actions – SESW Incident Team**

- 2.1 Declare Outbreak as a Major Incident. Trigger implementation of Emergency Plans as appropriate.
- 2.2 Ensure implementation of all other arrangements agreed during pre-outbreak stage.
- 2.3 Ensure implementation of Communication strategy – inform staff, main contractors, sub-contractors, Trade Unions, and other stakeholders.
- 2.4 Monitor situation daily and provide regular updates to staff, contractors and other stakeholders.

## Annex C: Departmental Action

### 1. Pre-Outbreak

- 1.1 Identify key roles to be maintained during outbreak period.
- 1.2 Identify activities that could be suspended during the outbreak period.
- 1.3 Identify staff with specialist knowledge/skills. Consider multi skilling/cross skilling other staff to provide cover where this can be done quickly and effectively.
- 1.4 Identify staff who have recently left the department/section who could return and provide cover if required.
- 1.5 Identify staff members who have recently retired who could be re-employed to provide cover during the outbreak period.
- 1.6 Identify critical supplies/materials/consumables/spare parts etc., e.g. pipes, fittings, chemicals, fuel, and advise procurement if possible. Quantify usage and maximise stockholding where practicable.
- 1.7 Identify critical bought in services and ensure they have arrangements in place to continue to provide service during outbreak period.
- 1.8 Identify suitable deputy to manage department/section in the event of managers absence.
- 1.9 Identify staff in key roles and seek their agreement for vaccination if one becomes available.
- 1.10 Consider the impact of power and other energy interruptions.
- 1.11 Consider the impact should there be a shortage of critical supplies, materials, consumables and spare parts during the outbreak period.
- 1.12 Consider the impact should critical bought in services be unavailable during the outbreak period.

### 2. Outbreak Actions

- 2.1 Implement emergency plan as directed by the SESW Incident Team.
- 2.2 Monitor staff absence daily during outbreak period.
- 2.3 Direct/re-direct staff as appropriate to maintain delivery of core activities.