



RQIA Pandemic Flu Contingency Plan: October - December 2009

Scope of RQIA pandemic flu contingency plan

1. The purpose of this plan is to ensure that RQIA is prepared for handling potential issues raised by the swine flu (H1N1) pandemic during the period October to December 2009 in all areas of its work. The plan will be reviewed at the end of this period and updated as necessary to ensure it remains a relevant working document. Please note: advice for independent health and social care providers' management of the swine flu (H1N1) pandemic is available on RQIA's website www.rqia.org.uk.
2. As the regulator for health and social care services in Northern Ireland, RQIA has the responsibility to ensure that it responds constructively to the overall response of the current swine flu (H1N1) pandemic, whilst at the same time maintaining its core functions as laid out under the relevant legislation.
3. To ensure consistency of messages, RQIA will ensure that it operates in line with the guidance issued by DHSSPS in respect of health and social care provision in the statutory and independent regulated sector.

RQIA Pandemic Planning Team

4. In response to pandemic flu, in April 2009 a Pandemic Planning Team was established to ensure RQIA is prepared for handling issues arising from the pandemic. The team has met on a regular basis since its establishment, and since September 2009 meetings have been scheduled on a fortnightly basis. Membership is drawn from across the organisation, and includes:

Maurice Atkinson, Director of Corporate Services
John Black, Head of Residential Care and Day Care and Estates Regulation
Patrick Convery, Mental Health and Learning Disability team
Liz Colgan, Senior Inspector, Hygiene Team
Muriel Dickson, Head of Nursing Homes and Pharmacy Regulation
Malachy Finnegan, Communications Manager
Fiona Goodman, Head of Children's Services
Hall Graham, Head of Primary Care
Glenn Houston, Chief Executive
Dr Mary McClean, Project Manager

Sandra McElhinney, Information Manager
Bill Norris, Office Manager
Dermot Parsons, Head of Agencies
Phelim Quinn, Director of Operations and Chief Nurse Advisor
Dr David Stewart (Chair) Director of Service Improvement and Medical Director

5. RQIA has a presence on a number of regional groups, including the Pandemic Influenza Planning Group, and the Pandemic Swine Flu Programme Board Communications workstream. RQIA representatives also attend regional planning and information sessions with regard to pandemic influenza when appropriate.
6. RQIA's website is updated regularly to ensure all relevant and up-to-date information for staff and independent health and social care providers is available online. The date of the latest update is noted on the website.
7. RQIA has sought current email contact details from regulated services to ensure timely communication with providers. Where email details are unavailable RQIA may send information by post.

Arrangements for RQIA staff

8. RQIA staff have been provided with a copy of the weekly Swine Flu Bulletin issued by the DHSSPS, and additional updates are provided at monthly Staff Meetings. Records of staff emergency contact details are also being updated by the Information Manager.
9. Hand hygiene dispensers are being made available for staff use in the office and portable hand hygiene dispensers are available during inspection. Public information posters are to be displayed within RQIA offices. RQIA staff are also able to use hand hygiene dispensers made available by BT at the entrance to Riverside Tower.

RQIA activities during a possible surge period

10. Pressures on RQIA activities may arise as a result of RQIA staff being affected by pandemic flu, or increased levels of sickness / staff absence within regulated services. Current estimates suggest that some 15-20% of RQIA staff may contract swine flu at the peak of a surge. Current projections indicate a possible peak surge in late October or November 2009.
11. During a possible surge period it may be necessary to consider a proportionate approach to routine RQIA inspection of health and social care facilities or to RQIA service review activity. This is seen as necessary due to the potential widespread disruption to services, and in part, for preventative and logistical arrangements to minimise the spread of infection.

12. Departmental guidance includes recognition of the likely pressures on regulated services and how legislation and regulation may be applied in the event of an emerging surge pandemic.
13. RQIA will take a proportionate approach to inspection during a pandemic period and will put in place appropriate arrangements using a risk management approach. RQIA will take a similar approach to its activity in respect of review of statutory sector services and its ongoing monitoring of mental health and learning disability services as outlined in the Mental Health Order (NI) Order 1986. Details of RQIA's response to particular circumstances are outlined at Appendix A.
14. Current activity planned for the period October - December 2009 includes:

Regulatory activity

- Announced and unannounced inspections at regulated services
- Enforcement activity

Review activity involving site visits

- Hyponatraemia
- Out of Hours review in primary care
- Review of IV sedation in general dental practice (Phase 2)

Other planned activities

- Public Board meeting - 12 November 2009, Altnagelvin
- Launch of Review reports
 - Child protection review
 - Intrapartum care
 - Hygiene reports

- 15 RQIA will seek to respond positively to requests for assistance from other HSC organisations for staff assistance in activities relating to the pandemic. To date this has included facilitating a number of staff to attend training to prepare them to offer assistance in the planned vaccination campaign.

RQIA response to emerging surge

16. This document sets out RQIA's response at different points during the development of a pandemic. The document follows the structure as set out in the Pandemic Influenza Preparedness Programme (DoH 2009) FluCon reporting guidance: assessing service pressures in a pandemic. It describes the RQIA response at each FluCon level.
17. The levels outlined in the FluCon document are listed at Appendix A with the coinciding RQIA actions in the corresponding column.
18. RQIA's Communication Plan is attached at Appendix B.

Review of Plan

- 19.** This document will be reviewed as required to reflect the emerging situation.

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Appendix A

	<u>FluCon Level</u>	RQIA Response
1.0	<p><u>FluCon 0: pandemic not yet in locality/preparation or recovered</u></p> <p>This level represents the situation where no pandemic flu cases have emerged in the area and health care services are preparing for the oncoming surge. Primary and secondary care services may receive increased numbers of the 'worried well'. Health care services may consider this level of pressure similar to the previous years of health care service management for seasonal flu.</p>	<ul style="list-style-type: none"> • Carry on as normal with inspection, monitoring and review programme • plan for focus on inspection of infection prevention and control standards across regulated sector services, including provider contingency plans • Review and further develop contingency and business continuity plans • Set up internal RQIA flu pandemic preparation team • Ensure optimal communication and liaison with DHSSPS, PHA and HSC Board. • Set up enhanced information flows through development of information on RQIA web site, distribution of appropriate information to regulated sector services, updating of RQIA register and data bases to ensure optimal mechanisms for efficient communication into the HSC system.
2.0	<p><u>FluCon 1: slight effect on services</u></p> <p>This level represents the situation where cases of pandemic flu are being detected in the area and the health services are starting to implement their business continuity or pandemic flu plans in a coordinated way. There may be some planned closure and/or reduction in non-critical services.</p>	<ul style="list-style-type: none"> • Review and maintain communication systems internally with DHSSPS, PHA and regulated sector services. To include onward development of RQIA web site and mailings to regulated sector services <p>Actively contribute to the regional plans for the management of a pandemic including, communication plans with regulated sector services, assistance with the calculation of the PPE requirements in the sector, calculation of flu vaccine requirements in the sector</p>

3.0	<p><u>FluCon 2: moderate effect on services</u></p> <p>This level can be distinguished from FluCon 1 by the need for frontline health care staff to triage pandemic flu cases based on need, due to the increased demand for services.</p> <p>This level would also be indicated by the need to implement admission and discharge criteria. There may be increased service reductions or unplanned closures.</p>	<ul style="list-style-type: none"> • Review the ongoing requirement to maintain inspection programme on regulated sector services taking into consideration impact of flu on the resident population of regulated sector care services. • assess the impact of RQIA in terms of staff illness and assess the ability of RQIA to maintain inspection services both in terms of operational activities and the concept of spread into services regulated • Develop an information and reporting system monitoring pockets of flu infection within specific regulated services - seek to postpone inspection programme until such time as flu subsides in resident population • In the event of emerging service pressures in the statutory sector review or post pone any planned service, thematic or governance reviews • Liaise with DHSSPS on any requirements for changes in legislation or regulation in line with the emerging pandemic
4.0	<p><u>FluCon 3: severe effect on services</u></p> <p>This level would reflect the fact that demand for health care services is outstripping supply. This may be because the number of pandemic flu cases is very high and/or there is a large proportion of staff absences. Some services may not be delivered or may be severely reduced.</p>	<ul style="list-style-type: none"> • Cease all planned inspection and review activity in line with agreed changes in legislation.



Pandemic Influenza (H1N1) Communications Plan, October - December 2009

Introduction

This plan outlines RQIA's communications arrangements in relation to pandemic influenza (H1N1). The availability of up to date and timely information is a vital element in managing the situation as it emerges.

All RQIA activities will be guided by regional (and where appropriate national) guidance to ensure consistency of messages for staff, providers and service users alike.

Key audiences

- RQIA staff
- Registered (and pre-registered) health and social care service providers
- Service users

Other audiences

- RQIA Board
- DHSSPS, HSC Board, PHA, HSC trusts
- media
- public

Key messages

- emphasising regional (national) messages
- ensuring the most up to date information is readily available
- clear guidance for RQIA staff - operational and office-based
- clear guidance for independent sector
- best practice in infection control and prevention, hand hygiene for RQIA staff and providers
- emergency planning - arrangements for inspection/monitoring at peak/surge

Roles and responsibilities

David Stewart - lead advisor on pandemic influenza issues

Phelim Quinn - operational issues

Malachy Finnegan - communications - internal and external activities

Other relevant documents

RQIA Pandemic Influenza contingency plan which details arrangements for inspection and review activity at key points.

www.rqia.org.uk

www.dhsspsni.gov.uk

www.nidirect.gov.uk

DHSSPS communication materials

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