



Strategic Pandemic Influenza Plan

This plan provides strategic guidance to the States of Guernsey and Jersey for the preparedness and response to an influenza pandemic. The document aims to minimise the potential impact of a future pandemic on the society and on the economy, at a pan-island level. The document is based on the principle of mutual cooperation and supported by evidence based context.

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Strategic Pandemic Influenza Plan

1. Introduction

- 1.1 Each year, seasonal influenza affects many thousands of people in the UK and hundreds of people across Jersey and Guernsey. Occurring mainly in winter, influenza is an infectious respiratory disease capable of producing symptoms ranging from those similar to a common cold, through to very severe or even fatal disease. It brings about variable effects in successive winters and in some years causes intense pressure on our health and social care services and significant levels of absence from the workplace and schools.

An Influenza Pandemic tops the Channel Islands risk register, meaning that this is an event that will definitely occur, and the only uncertainty about it is when it will happen. The impact of an influenza pandemic can be dramatic for not only our Clinical Services but also for the wider population, due to our limited access to external support and material and human resources. Therefore preparation is key to minimise loss and impact on the public's health.

- 1.2 With unpredictable frequency, novel influenza viruses emerge or re-emerge to cause an influenza pandemic. When this happens, it is likely that global spread will ensue rapidly, affecting large numbers of the population because there will be little or no immunity to this strain. However, until such an event occurs, the impact, expressed as the severity of the illness and proportion of the population that will be most severely affected, will be unknown. As a guide, the impact could range from a 1918-type pandemic, where severe disease was mainly seen in young adults and there was significant illness and death, to a 2009 pandemic, where the illness was mild in most groups of the population.¹

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https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/344696/PI_Strategic_Framework_13_Aug.pdf

- 1.3 The World Health Organization (WHO) defines a pandemic as:
*“the worldwide spread of a new disease. An influenza pandemic occurs when a new influenza virus emerges and spreads around the world, and most people do not have immunity.”*²
- 1.4 When an influenza pandemic occurs, large swathes of the population may become infected by the new virus over a relatively short period of time. It may be associated with mild to moderate illness in the population (which may or may not be widespread), or significant severe illness and mortality in certain age or patient groups, and may significantly disrupt the normal functioning of our society. It is necessary to mobilise the collective efforts of society in order to manage the impact of a pandemic. For these reasons, the UK Department of Health, Social Services and Public Safety and the Scottish and Welsh Governments have collectively recognised that a new influenza pandemic continues to be one of the greatest threats facing the UK.³ Equally, in Jersey and Guernsey, we recognise the magnitude of risk to our islands and, in Guernsey and Jersey, the pandemic threat is the greatest threat on the island’s risk register.
- 1.5 In many respects, pandemic influenza can be responded to in the same way as seasonal influenza. The same good hygiene measures can reduce the spread of infection. The same self-care measures – staying at home, keeping warm, drinking plenty of fluids and the use of over the counter cold and ‘flu medicines - should be sufficient to meet the needs of most patients infected with an influenza virus that causes mild to moderate symptoms.
- 1.6 However, additional plans, over and above those for seasonal influenza, are needed for pandemic influenza to:
- Ensure we monitor intelligence provided by the World Health Organization (WHO), the European Centre for Disease Control (ECDC) and Public Health England (PHE) so as to be aware should a new virus

²WHO website: “Pandemic (H1N1) 2009: frequently asked questions: what is a pandemic?”

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emerge. Intelligence monitoring of these organizations will enable us to ascertain the severity of illness, the age groups and populations most affected, how transmissible the new virus is and to know when it arrives in the UK or on the European mainland.

- Take account of the potentially much greater number of people who will become ill with influenza and / or experience more severe symptoms and of the resulting potential impact on our islands' health systems and wider economies
- Prepare for an influenza pandemic that may have a high impact on our health systems and the wider societies of our islands.

1.7 Whilst influenza pandemics have been relatively infrequent over the past century, a new pandemic could emerge at any time. Plans for responding to any influenza pandemic build on and enhance normal business continuity planning for more routine pressures, such as bad weather and winter illness. Pandemic preparedness is therefore an integral part of wider emergency response and preparedness.

2. Strategic Approach

2.1 The overall objectives of the Channel Islands strategic approach is to:

- minimise the potential impact of a future pandemic;
- minimise the potential impact of a pandemic on society and the economy;
- instil and maintain trust and confidence.

2.2 These are underpinned by three key principles:

- precautionary – preparing for the worst;
- proportionality – the response reflecting the actual risk;
- flexibility – having a range of options and levels of response.

2.3 It is expected that the Channel Islands response and advice should be:

- evidence-based or based on best practice in the absence of evidence;
- based on ethical principles;
- based on established practice and systems as far as possible;
- co-ordinated across the Channel Islands and linking to Public Health England advice levels.

This strategic approach has been modified from the Public Health England's Pandemic Influenza Strategic Response, 2014.⁴

3. Purpose of this Document

3.1 Jersey and Guernsey have been preparing for an influenza pandemic for some years. Our preparations were tested by the H1N1 (2009) influenza pandemic, although, in comparison with previous influenza pandemics, the H1N1 (2009) influenza pandemic was mild. This document describes Jersey and Guernsey's strategic approach to planning for, and responding to, the demands of an influenza pandemic. It builds on previous pandemic planning and takes into account the local and national experience and lessons learnt in the H1N1 (2009) influenza pandemic. This learning includes:

- the need to work together across both jurisdictions to provide unified health messages for the public and the media;
- that our plans need to ensure a response that is proportionate to meet the differing demands of pandemic influenza viruses of milder and more severe impact, but we must still be prepared for "worst case" planning assumptions;
- that we take into account the learning from behavioural scientists about how people are likely to think, feel and behave during an influenza pandemic;
- that we ensure plans include dealing with subsequent seasonal influenza outbreaks (that is, the 'sting in the tail' in subsequent years that follows a pandemic).

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3.2 This document is supported by Operational Pandemic Influenza Plans for both Jersey and Guernsey which detail:

- a pandemic influenza antiviral distribution plan;
- a pandemic influenza vaccination plan;
- a pandemic influenza communications plan.
- a pandemic influenza hospital plan

4. World Health Organization Pandemic Influenza Alert Levels

4.1 The World Health Organization (WHO) is responsible for identifying and declaring an influenza pandemic based on the global situation. Following a revision of their guidance in May 2017, the WHO introduced a new risk-based approach to pandemic influenza risk management. This encourages countries to firstly take into account the WHO's own global risk assessment of each influenza virus with pandemic potential that is infecting humans, and then to use this information to develop their own flexible plans and management decisions for the benefit of their country's specific situation and needs, based on a local risk assessment.

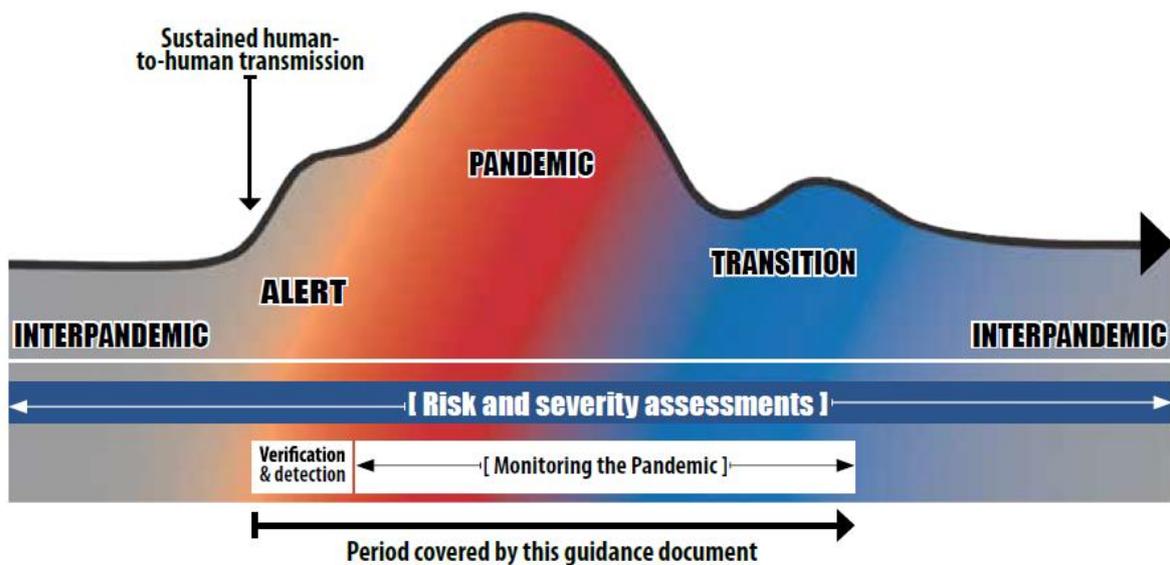
4.2 The revised WHO global phases are termed **interpandemic, alert, pandemic and transition** and they are designed to describe the spread of a new influenza subtype, taking account of the disease it causes, around the world. This risk-based approach to pandemic influenza phases is represented in Figure 1 as a continuum.

4.3 **Interpandemic phase:** This is the period between influenza pandemics.

4.4 **Alert phase:** This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national and global levels, are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur.

- 4.5 **Pandemic phase:** This is the period of global spread of human influenza caused by a new subtype. Movement between the interpandemic, alert and pandemic phases may occur quickly or gradually as indicated by the global risk assessment, principally based on virological, epidemiological and clinical data.
- 4.6 **Transition phase:** As the assessed global risk reduces, de-escalation of global actions may occur, and reduction in response activities or movement towards recovery actions by countries may be appropriate, according to their own risk assessments.

Figure 1: The continuum of pandemic phases showing WHO actions



Source: World health Organization, 2017, Global Influenza Programme, Guidance for surveillance during an influenza pandemic – 2017 update (available online)

- 4.7 In developing their revised guidance, the WHO recognize that as pandemic viruses emerge, countries and regions face different risks at different times. The impact of the H1N1 (2009) influenza pandemic across the UK varied significantly, particularly in the early stages. In London, the West Midlands and Glasgow, health services experienced extreme pressures before parts

of the North West and Northern Ireland had any cases. In Jersey & Guernsey, because of our frequent travel links to London, we expected our islands to be impacted sooner rather than later and it quickly became apparent that the timing for the introduction or cessation of response measures needed to be determined flexibly in the light of our local indicators. It is for that reason that the WHO now advise countries to develop their own national risk assessments based on local circumstances, taking into consideration the information provided by WHO global assessments. Risk management decisions by countries are therefore expected to be informed by global risk assessments, but to be based on local risk assessments. A local risk assessment document will be maintained alongside this preparedness strategy.

- 4.8 In the UK, the Department of Health is likely to adopt a consistent overall approach to dealing with the pandemic – so as to ensure an effective clinical and operational response, optimise use of limited resources and to maintain public confidence. Decisions about the nature of the UK’s national response to the pandemic – for example who should be given priority for vaccination and how antiviral medicines will be used – will be taken by UK Ministers based on scientific and clinical advice and will be reported on by national media. This may present a challenge locally as there may be good reasons why a different approach is needed to protect the population of a small island. For example, given the respective sizes of Jersey and Guernsey, each island may experience a single rapid pandemic wave which puts greatest pressure on healthcare services over a concentrated shorter period of time. In addition, the limited intensive care beds in each island may necessitate local health teams to respond in a different way (and perhaps sooner) than that of the UK. The challenge for those leading the local health response during a pandemic will be to ensure the public and media understand why a small island approach might be different from that of the UK – in this respect, it is vitally important that Jersey and Guernsey deliver one unified message.

5. Planning assumptions

- 5.1 Public Health Services in Guernsey and Health and Community Services in Jersey, in conjunction with partner organisations and departments on both

Islands, will provide microbiological, epidemiological and modelling advice as well as operational support across the Guernsey and Jersey. Public Health in Guernsey and Government of Jersey Officers will also provide some support to the response, such as undertaking initial risk assessments and the collection of exposure and clinical details and samples from cases.

- 5.2 A pandemic is most likely to be caused by a new subtype of the Influenza A virus but the plans could be adapted and deployed for scenarios such as an outbreak of another infectious disease, e.g. Severe Acute Respiratory Syndrome (SARS) in health care settings, with an altogether different pattern of infectivity. An influenza pandemic could emerge at anytime and anywhere in the world, including in Jersey and Guernsey. It could emerge at any time of the year. Regardless of where or when it emerges, it is likely to reach the UK (and our islands) very quickly.
- 5.3 It will not be possible to stop the spread of, or to eradicate, the pandemic influenza virus, either in the country of origin or in Jersey or Guernsey, as it will spread too rapidly and too widely. From the first case in the UK, it could be a further one to two weeks until sporadic cases and small clusters of disease are occurring in our islands.
- 5.4 Following an influenza pandemic, the new virus is likely to re-emerge as one of a number of seasonal influenza viruses and based on observations of previous pandemics, subsequent winters are likely to see a higher level of seasonal flu activity compared to pre-pandemic winters.
- 5.5 The transmissibility of the pandemic virus, and the proportion of people in which severe symptoms occur, will not be known in advance.
- 5.6 All ages are likely to be affected but those with certain underlying medical conditions, pregnant women, children and otherwise fit younger adults could be at relatively greater risk, as older people may have some residual immunity from previous exposure to a similar virus earlier in their lifetime. However the elderly have increasing co-morbidity with age. The exact pattern will only become apparent as the pandemic progresses.

- 5.7 The UK and Channel Islands' response to a future pandemic now takes the form of a series of phases that may be initiated at the time the WHO declares an influenza-related public health emergency of international concern (PHEIC) or based on reliable intelligence. The phases are: detection, assessment, treatment, escalation and recovery.
- 5.8 Each phase sets out the actions and priorities for the response, reflecting the situation as it affects the Channel Islands. Not all the phases may be activated during a pandemic and, because the phases reflect the circumstances on the ground at the time, it is possible to jump or move back and forth between phases.
- 5.9 The initial response consists of two distinct phases – detection and assessment. These may be relatively short depending on the speed of spread or the impact on individuals and communities.
- 5.10 Guernsey and Jersey each have a separate formal agreement with a vaccine manufacturer for the supply of pandemic specific influenza vaccine in the event of a pandemic. Guernsey's reserved volume is for 63,000 doses. Jersey's reserved volume is for 100,000 doses. Following a WHO pandemic flu declaration, each island has just 21 days in which to place their own firm order (in writing) with the manufacturer in order to secure pandemic specific vaccine supply for their island. From that point in time, it is likely to take at least four months for the first supplies of pandemic specific vaccine to arrive.
- 5.11 **Detection** – the focus in this stage relates to:
- intelligence gathering;
 - enhanced surveillance;
 - development of diagnostics;
 - information and communications to the public, the media and health professionals.
- 5.12 **Assessment and Containment** – the focus here relates to:
- the collection and analysis of clinical and epidemiological data;
 - reducing the risk of transmission within local communities by:

- actively finding cases (number of cases will be determined at the time of a response);
- self-isolation of cases and suspected cases ;
- treatment of cases/suspected cases and, depending on a risk assessment of the impact, the possible use of antiviral prophylaxis to prevent further spread of infection among contacts.

5.13 Once cases are established in the Channel Islands, the response will change to a more treatment focused period, consisting of two phases – treatment and escalation. Whilst escalation measures may not be needed in another pandemic which became characterised as relatively mild, it would be prudent to prepare for this.

5.14 **Treatment** – the focus in this stage would be:

- the treatment of individual cases, including making it possible for symptomatic individuals to access antivirals in Guernsey and Jersey, if necessary;
- enhancement of the health response and public health measures;
- preparing for targeted vaccinations as the vaccine becomes available (depending upon the development of the pandemic);
- ensuring that necessary detailed surveillance activity continues in relation to samples of community cases, hospitalised cases and deaths.

5.15 **Escalation** – the focus in this stage would be:

- escalation of surge management arrangements in health and other sectors;
- prioritisation and triage of service delivery with the aim of maintaining essential services;
- scaling down or cessation of non-essential services to release staff for response;
- resilience measures, encompassing robust contingency plans.

5.16 Once influenza activity is either significantly reduced compared to the peak, or activity is considered to be within acceptable parameters, then the response will move into recovery.⁵

5.17 **Recovery** – the focus in this stage will be:

- normalisation of services, perhaps to a new definition of what constitutes normal service;
- restoration of business as usual services, including an element of catching up with activity that may have been scaled down;
- post-incident review of response;
- taking steps to address staff exhaustion;
- planning and preparation for resurgence of influenza (second wave), including activities carried out in the detection phase;
- continuing to consider targeted vaccination, when available;
- preparing for post-pandemic seasonal influenza and winter pressures.

5.18 The planning assumptions are outlined in Appendix 1

6. Key roles and responsibilities of Public Health Services in Guernsey and Health and Community Services in Jersey

6.1 The UK pandemic influenza strategy describes a number of key aspects of the planning and response to a pandemic; these include:

- developing and promoting plans in the pre-pandemic period;
- exercising plans and training staff in their roles;
- detecting and assessing the impact of the virus and identifying the groups most at risk of severe illness;

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- reducing the risk of transmission of infection through appropriate behavioural interventions, and the provision of personal protective equipment to front line health and social care staff;
- minimising serious illness and death through rapid access to antiviral medicines, antibiotics and healthcare;
- communicating with healthcare professionals and the public;
- protecting the public through vaccination.

6.2 **Preparedness** – In the pre-pandemic period, the work of Public Health Services in Guernsey and Health and Community Services in Jersey will support and assist local partners in developing and testing their pandemic planning and preparedness. More specifically, it will involve:

- reviewing and updating our information and guidance on pandemic issues;
- ensuring appropriate surveillance systems are in place;
- maintaining the laboratory capability to detect influenza A with plans for onward referral to confirm pandemic identity;
- reviewing planning assumptions and models;
- managing the stockpiles of antivirals, antibiotics and consumables;
- managing the Advance Purchase Agreement for pandemic specific vaccine;
- development and co-ordination of multi-agency exercises.

6.3 **Detection and assessment** – The implementation of a proportionate response to a pandemic will depend on a detailed assessment of the clinical and epidemiological aspects of the new virus impact of the pandemic, and the effectiveness of the countermeasures. This is a central responsibility of Public Health Services in Guernsey and Health and Community Services in Jersey, but will require input from other health and social care professionals and the community across both islands. The key objectives of the lead health services will be to:

- identify key clinical epidemiological and virological features of the new virus
- collect and assess data on severe cases and identify the risk groups most affected

- describe the evolving pandemic – spread and impact on the population and health services of Guernsey and Jersey
 - measure the uptake and assess the safety of various pharmaceutical countermeasures
 - liaise with Public Health England, as required.
- 6.4 **Reducing the spread** – Public Health Services in Guernsey and Health and Community Services in Jersey will have a key role in providing guidance, based on best available evidence, on infection control measures to be adopted. This also includes managing the stockpiles of personal protective equipment (PPE) used by frontline health and social care staff.
- 6.5 **International travel** – Guernsey’s Public Health and Jersey’s Health and Community Service will work cross departmentally with Government colleagues to develop advice regarding travel to affected countries and the port health arrangements that would be deployed during a pandemic (this could include guidance to crew and ground staff), information at ports of entry and communications in general for the public.
- 6.6 **Minimising serious illness and death** – Health care services including virology clinical leads in each island will lead in this area, including developing guidance in relation to investigation and clinical management of cases and contacts. The Chief Pharmacist for each island is responsible for the management of the national stockpiles of antivirals and antibiotics and the advanced purchase agreement for the procurement of the pandemic specific vaccine. Public Health Services in Guernsey and Health and Community Services in Jersey will be responsible for the implementation of the vaccine programme to begin as soon as pandemic-specific vaccine is available.
- 6.7 **Public health measures** – Public Health Services in Guernsey and the Government of Jersey will:
- evaluate the evidence and advise on the potential benefits of school closures, offsetting this against the subsequent economic and social impact of these closures;

- advise on the potential impact of restrictions on public gatherings and public transport.
- advise on any further appropriate public health measures.

6.8 **Communications** – Communication to the public of both Jersey and Guernsey will be a key responsibility of both governments for the duration and aftermath of a pandemic. Where possible, key messages will be prepared and shared between both governments, although it is accepted that flexibility is key as some information will differ within islands, depending on circumstances, timescales and needs.

- In Guernsey, the Communications Manager in Health and Social Care in Guernsey, supported by Public Health Services, is responsible for communications. Public Health Services will provide the information for the key messages. Public Health Services will also have a key role in modifying, developing and providing healthcare professionals with timely and accurate clinical information and advice to enable them to treat patients appropriately.
- In Jersey, the Government of Jersey Communications Team (i.e. press office, social media team, digital and design, and internal communications) will work with the Head of Communications for Health and Community Services, and other Heads of Communications within the Government of Jersey as needed, to decide and deliver key messages. These will be agreed in conjunction with the Director of Communications for the Government of Jersey, the Medical Officer of Health, the Consultant in Communicable Disease Control, plus other key experts, consultants and clinical staff as needed.

It is noted that all channels of communication will be considered and utilised as needed, including the social media channels maintained by both the Government of Jersey and the States of Guernsey, as well as mainstream media channels and collateral such as posters, pull up banners and leaflets, as needed.

7. Coordination in the UK

- 7.1 Given the national scale, complexity and international dimensions of a pandemic, strong cross-government planning and central government coordination remains critical. The UK Department of Health is the lead government department for pandemic preparedness and response in the UK. It has overall responsibility for developing and maintaining the contingency preparedness for the health and social care response, maintaining liaison with international health organisations and providing information and specialist advice to Ministers, other government departments and responding organisations. It is likely that the UK Cabinet Office Briefing Room (COBR) will activate a Scientific Advisory Group for Emergencies (SAGE) to coordinate strategic scientific and technical advice to support UK cross-government decision making.

8. Command & Control (Guernsey)

- 8.1 Coordination of the response between Guernsey and Jersey will be led by the Director of Public Health and the Medical Officer of Health, respectively, with telephone discussions at appropriate frequencies depending on the phase of the pandemic.
- 8.2 In the Bailiwick of Guernsey, the Director of Public Health (DPH) would lead Health & Social Care's response to an influenza pandemic during the initial stages. The DPH would convene a Pandemic Influenza Expert Group which would become the Tactical Coordinating Group (Silver), with the activation of the Major Incident Plan (see Figure 2). This would become the pandemic hub.
- 8.3 The DPH would provide regular briefings to a States of Guernsey Strategic Lead, the Corporate Management Team and the Committee *for* Health & Social Care.
- 8.4 A States of Guernsey Strategic Lead will brief the Civil Contingencies Advisory Group (CCAG). The CCAG is the strategic level, multi-agency body

responsible for emergency planning in Guernsey and will meet and, if necessary, will convene the Civil Contingencies Authority to oversee the Gold (Strategic) Group response, setting the aims and objectives and strategy for the Silver (Tactical) Group. They may also determine the media strategy and take responsibility for other specialist cells e.g. logistics, scientific or recovery. The Bronze (Operational) Group will be constituted, as outlined in Figure 1, to oversee the operational response to an influenza pandemic. All meetings relating to pandemic influenza should have a Loggist present, who will record all policy decisions made and actions assigned, as this will give us a record for future scrutiny if needed.

- 8.5 Figure 2 illustrates the possible constitution of these groups. This will be varied according to need at the time of the pandemic.

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Figure 2: Bailiwick of Guernsey Influenza Pandemic Command Structure



9. Accountability: Guernsey

- 9.1 A States of Guernsey Strategic Lead has overall responsibility for ensuring this policy is implemented, ensuring there are appropriate strategies and policies in place to allow HSC to work to best practice.

10. Responsibilities: Guernsey

10.1 **The Policy and Resources Committee and Strategic Lead for Operational Delivery & Support are responsible for:**

- funding an adequate supply of influenza vaccine and antiviral agents in order to provide an effective vaccination programme for staff and patients, as well as prophylactic antiviral agents to prevent outbreaks where possible;

10.2 **The Committee *for* Health & Social Care and Strategic Lead for People Policy are responsible for:**

- providing staff with the appropriate support to manage patients affected by an influenza pandemic, including the availability of appropriate PPE;
- the formation of Silver (Tactical) and Bronze (Operational) Groups and the delivery of the recommendations of these teams through the Gold (Strategic) Coordinating Group.

10.3 **The Civil Contingencies Authority has responsibility for:**

- monitoring and assessing risks;
- taking action to prevent a threat developing into an actual emergency;
- dealing with an emergency should one occur.

10.4 **The Director of Public Health is responsible for:**

- triggering the activation of the local pandemic operational plan;
- co-ordinating the initial response to an influenza pandemic;

- chairing the Silver (Tactical) Group response.

10.5 The Medical Director is responsible for:

- chairing the Bronze (Operational) Group.

10.6 The Emergency Department Clinical Lead is responsible for:

- coordinating the Emergency Department response;
- providing expert advice on the siting of an influenza assessment unit

10.7 The Infection Prevention and Control Team are responsible for:

- working with Public Health on the Island-wide response in the event of an influenza pandemic;

10.8 The Occupational Health Team is responsible for:

- co-ordination of the staff vaccination programme;
- promoting the staff vaccination programme;
- keeping statistical data on staff uptake;
- ensuring staff administering the vaccine are competent.

10.9 The Chief Pharmacist/Pharmacy Manager is responsible for:

- managing the stocks of antiviral and antimicrobial agents within the Hospital Pharmacy;
- managing the stocks of pandemic influenza vaccine in the Hospital Pharmacy;
- reviewing the Patient Group Directive for the administration of influenza vaccine and antiviral agents.

10.10 The Health and Safety Team is responsible for:

- providing FIT test training for staff and maintaining up to date records.

10.11 Managers/Senior Nurses of in-patient areas (including ED) are responsible for:

- ensuring dissemination of this policy;

- promoting awareness of this policy;
- ensuring staff in their area are fit to work.

11. Compliance Monitoring: Guernsey

11.1 It is the responsibility of the Director of Public Health, in partnership with the Director of Governance / Chief Nurse to ensure that compliance monitoring of this policy is undertaken. Line Managers are responsible for ensuring compliance monitoring within their areas.

12. Policy Distribution: Guernsey

12.1 This policy will be placed on PoliPlus on the HSC intranet site, and a global email will be distributed to all departments to inform staff. Line managers are responsible for ensuring that all staff that do not have access to the Intranet are made aware of this and how they can access copies.

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13. Command and Control: Jersey

- 13.1 Coordination of the response between Guernsey and Jersey would be led by the Director of Public Health and the Medical Officer of Health (MoH), respectively, with telephone discussions at appropriate frequencies depending on the phase of the pandemic. The Consultant in Communicable Disease Control (CCDC) would deputise for the MoH as needed.
- 13.2 The MoH would convene a Pandemic Influenza Strategic Coordinating Group (SCG - Gold) and activate a Tactical Co-ordination Group (TCG - Silver).
- 13.3 The SCG would oversee the Gold (Strategic) Group response, undertake island-wide decision-making and set the aims, objectives and strategy for the TCG. The SCG would receive recommendations from the technical experts of the TCG. They may also determine the media strategy.
- 13.4 The TCG would convene a pandemic hub. The 'pandemic hub' would be a physical space within which key personnel would be sited to support the pandemic response and 'make things happen'. The 'pandemic hub' would require suitable telephone and IT connectivity. It would also act as a meeting place for the TCG.
- 13.5 Should the situation escalate (rising tide) options to convene a Special Incident Control team could be considered. Its purpose, chaired by the MoH, with key stakeholders within Health & Community Services would be to assess and determine as to whether a Major Incident should be declared (see Figure 3).
- 13.7 The Jersey Resilience Forum is the strategic level, multi-agency body responsible for emergency planning and civil protection in Jersey and the overall purpose of the Board is to ensure there is an appropriate level of preparedness to deliver an effective multi-agency response to emergencies – as such it provides the day-to-day management of emergency planning. The JRF may decide to escalate requests to the Emergencies Council (EC) - the EC is the overarching body responsible for dealing with emergency situations in Jersey. The Council holds full executive powers for decision-making and strategy in the event of major emergency, and provides the legislative

controls and political direction for its overall management. The Emergencies Council is chaired by the Chief Minister and membership includes the Minister for Home Affairs, Minister for Economic Development, the Minister for Infrastructure, the Minister for Health and Social Services and a Connétable nominated by the Comité des Connétables and every States member who is designated as a competent authority under article 4 (the Bailiff, Lieutenant Governor and Attorney General are entitled to attend, and be heard at any meeting of the Council).

13.8 The Jersey Resilience Forum would inform the community to implement Pandemic Flu Business Continuity Plans.

13.9 The MOH and / or CCDC, in close liaison with the HCS Director General, would brief the Chief Minister, Council of Ministers, and EMT as necessary.

13.10 The MoH and / or CCDC would provide regular briefings to GoJ Senior Leaders' Groups (stakeholders) and the Health & Community Services Management Executive.

13.11 The HCS Director General would brief the Emergency Planning Board (EPB)

13.12 Some of the above responsibilities could be delegated at the discretion of the HCS Director General and MoH

13.13 All meetings relating to pandemic influenza should have a Loggist present, who would record all policy decisions made and actions assigned, as this would give us a record for future scrutiny if needed.

13.14 Figure 3 illustrates the possible constitution of these groups. This would be varied according to need at the time of the pandemic.

Figure 3: Jersey’s Pandemic Flu Command and Control Structure

Membership may be varied according to need at the time of the pandemic.



14. Responsibilities: Jersey

14.1 **The Medical Officer of Health (or Consultant In Communicable Disease Control if the MoH is not available) is responsible for:**

- triggering the activation of the local pandemic plan;
- co-ordinating the initial response to an influenza pandemic;

14.2 **Health and Community Services are responsible for:**

- funding the advance purchase reservation agreement to ensure the option to order an adequate supply of pandemic specific influenza vaccine in the event of a flu pandemic being declared
- providing the technical/medical expertise, via the Consultant in Communicable Disease Control (CCDC) to manage a pandemic locally;
- funding and holding a supply of antiviral drugs and managing the distribution of antivirals (therapeutic and / or prophylactic) during a pandemic, as directed by the CCDC, to prevent outbreaks/spread where possible;
- providing its staff with appropriate support to manage patients affected by a flu pandemic, including the availability of appropriate PPE;
- providing appropriately trained staff to vaccinate people with the pandemic flu vaccine when it becomes available and training other non-HCS healthcare staff to vaccinate, as required.

15. Policy Distribution: Jersey

15.1 This plan was tested in a table-top exercise in November 2019. It was updated following the exercise, ratified and published on www.gov.je and Guernsey's government website.

16. Review Period

16.1 This plan will be reviewed by the CI pandemic steering group if changes occur, or at a frequency of not less than three years.

Appendix 1: Planning assumptions

In developing its response to a new pandemic, Public Health England advised that account should be taken of the following assumptions to underpin the UK strategy. It is reasonable for similar assumptions to underpin Channel Islands pandemic flu planning :

- the plan should be adaptable, to be used in outbreaks of other infectious diseases;
- stopping the spread or introduction of the pandemic virus into the UK and Channel Islands is unlikely to be a feasible option;
- any pandemic activity in the UK and Channel Islands may last for a significant period of time and therefore a sustained response may be required;
- a novel virus would reach the UK and the Channel Islands very quickly;
- once established in the UK, sporadic cases and clusters will be occurring across the country in 1-2 weeks;
- the Channel Islands will be at risk of spread from the UK and other neighbouring jurisdictions;
- about 50% of the population may be affected;
- up to 50% of staff may be affected over the period of the pandemic, either directly by the illness or by caring responsibilities, thereby creating potential pressures on the response;
- these staff shortages may have an even more adverse impact in a geographically remote location with limited infrastructures;
- the severity of the virus will be unknown and the groups of the population most affected will be unknown, as will the efficacy of antivirals;
- no vaccine will be available for 4-6 months.

Appendix 2: Lessons learned from 2009 H1N1 Influenza Pandemic

- **Uncertainty** - there will be little or no information at the outset of a new pandemic about the severity of the illness and we will need to look for information emerging from UK and European authorities as they gather accurate and detailed surveillance data on numbers affected, and hospital and critical care admissions.
- **Speed** - we have to be prepared for the number of cases and demand for services to develop with great pace, requiring an agile yet coordinated response.
- **Hotspots** - the demands of the pandemic are unlikely to be uniform and different UK areas will be under pressure at different times. As small islands, we may be affected differently, as was the case in 2009. There may be implications for services we source from the UK; we may ourselves become a 'hot-spot'.
- **Information** - the media, public and professional appetite for information is likely to be intense at times – frequent and consistently coordinated communications between health departments in Jersey and Guernsey will help prevent conflicting messages and confusion. Consideration must be given to the fact that the public is largely exposed to UK media based, mainly through the means of digital information.
- **Duration** - a pandemic wave can be expected to continue for many weeks in the UK but could pass through our island communities at a much quicker pace and impacting harder upon our limited island healthcare resources. In time, further waves may also occur.
- **Cross-sector** - whilst our health departments will be under particular pressure, the response will span different departments, requiring close working and mutual support.

- **Collaboration** – Cooperation at a regional level is essential to minimize the adverse health, social and financial effects of a pandemic and its aftermath. Strengthening links with health policy bodies in the UK should also be prioritised on order to protect Guernsey and Jersey's interests (ie. access to antivirals and pandemic vaccines).

Jersey reference materials detailing lessons learnt (available on request from the Preventive Programmes Team):

- Rolland, M. Haeberer, M. Seyler, T. *Impact of the influenza pandemic vaccination campaign in Jersey, 2009-2010*. Unpublished epidemiological study to quantify the impact of the influenza pandemic vaccination campaign in Jersey conducted Sept 2010 and funded by the European Centre for Disease Control IMOVE (Influenza Monitoring Vaccine Effectiveness in Europe) network.
- Geller R, Muscat I. Jersey – *Where containment of A/H1N1 pandemic worked?* Poster Presentation June 2010 Health Protection Agency Conference.
- Jones, M. Muscat, I. Diggle, L. Hamlin, M. *Protecting an island population through rapid immunisation of children*, Poster Presentation June 2010 Health Protection Agency Conference.
- Heaven A. *Catch it, Bin it, Kill it - a local response*. Poster Presentation June 2010 Health Protection Agency Conference.
- Diggle, L. *The Pandemic H1N1 vaccination campaign in Jersey 2009-2010*. Oral /Powerpoint presentation at the Baxter Symposium of the 29th Annual Meeting of the European Society for Paediatric Infectious Diseases, The Hague, The Netherlands, 2011.

Appendix 3: Ethical principles for pandemic preparedness

- Pandemic preparedness and response will inevitably lead our governments, organisations and individuals to face difficult decisions and choices that may impact on the freedom, health and in some cases prospects of survival of individuals.
- Decisions will be needed on how to make the fairest use of resources and capacity, in proportion to the demands of the pandemic alongside other pressures that may be in place at the same time, in order to minimise the harm caused by the pandemic as a whole.
- Given the potential level of additional demand, capacity limitations, staffing constraints and potential shortages of essential medical material, including medicines, hard choices and compromises may be particularly necessary in the fields of health and social care.
- Coherent and transparent communication is vital. People are more likely to understand and accept the need for, and the consequences of, difficult decisions if these have been made in an open and inclusive way.

Reference List

Public Health England, 2013, Pandemic Influenza Strategic Framework

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/344696/PI_Strategic_Framework_13_Aug.pdf

World health Organization, 2017, Global Influenza Programme, Guidance for surveillance during an influenza pandemic – 2017 update <available online>

World Health Organisation, “Pandemic (H1N1) 2009: frequently asked questions: what is a pandemic?” <available online>

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