


# Leicester, Leicestershire & Rutland



## Local Resilience Forum

# PANDEMIC INFLUENZA VACCINATION PLAN

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## **DOCUMENT MANAGEMENT**

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The plan will be distributed via the LLR LRF Website, [www.localresilienceforum.org.uk](http://www.localresilienceforum.org.uk).

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### **EQUALITY IMPACT ASSESSMENT**

This document will be subject to an Equality Impact Assessment (EIA).

## **REVIEW & AMENDMENTS**

### **LRF REVIEW POLICY**

Unless otherwise stated every LRF plan will be subject to a Biennial review. This will encompass the plan being distributed to the General Working Group for consultation and comment. Once any alterations have been made the revised edition should be approved by the Programme Board and validated by the Executive Board.

Once a plan has been used for an incident any points that come from the de-brief process must be presented at the General Working Group for approval and the incorporation of the de-brief points into the plan. Once this is complete the revised edition should be approved by the Programme Board and validated by the Executive Board.

## DOCUMENT REVIEW

<b>Date of Review</b>	<b>Type of Review</b> After Use (A) Scheduled Review (S) Training (T) Exercising (E)	<b>Suitable / Unsuitable</b> (S/U)	<b>Details</b>
August 2010	A	S	

### LRF AMENDMENT POLICY

Minor changes to this document will result in the appropriate page(s) being updated and the obsolete page(s) being destroyed, confirmation of which must be supplied to the author(s).

Major changes will result in the whole document being replaced and the obsolete document being destroyed, confirmation of which must be supplied to the author(s).

### VALIDATION OF AMENDMENTS

Any substantial changes, which is defined as a complete re-write of the plan, a section of the plan or changes to the integral infrastructure or command structure of the multi-agency response, must be consulted and actioned at the General Working Group and Programme Board and validated by the Executive Board.

Any minor changes such as contact details, internal department arrangements, updates of tables/diagrams etc do not need to be ratified by the Executive Board and can be signed off by the Programme Board once consulted at the General Working Group.

### AUDIT OF AMENDMENTS

<b>Date</b>	<b>Paragraph Changed</b>	<b>Brief details of alterations</b>	<b>Approved by</b>
Oct 2010	3.1, 4.1	Changed to a generic plan	Ivan Browne
	5.3	Changes to NHS services	Ivan Browne

## **FOREWORD**

This plan has been developed out of the Swine Flu vaccination plan of 2009/10. It has been developed on the assumption that a future pandemic specific vaccination will be managed in a similar way to the 2009 pandemic.

This document should be used in conjunction with other existing LRF plans and procedures;

- [Antiviral Collection Point plan](#)
- [Pandemic Influenza Concept of Operations](#)
- [Pandemic Influenza Communications plan](#)
- [Excess Deaths from Pandemic Influenza plan](#)

## **DISCLAIMER**

This plan has been prepared and published in good faith by Leicester, Leicestershire & Rutland Local Resilience Forum (LLR LRF) and is believed to comprise of accurate and up-to-date information regarding all matters contained within the document at the time of writing. This document is a 'live document' and is reviewed and updated on a Biennial basis unless otherwise specified.

- However, no guarantee, warranty, nor binding assurance or representation of any kind given by virtue of the preparation and publication of this plan on behalf of LLR LRF, its employees or agents or anyone acting on their behalf.
- That the plans, intentions, procedures and information herein are complete and without defect or error of any kind.
- That any action or series of actions, processes, or procedures described herein as to be taken will be taken by the person or person herein described or by any other person or persons acting on his, her or their behalf.
- That all or any of the persons, resources, equipment, facilities or services described herein will be available at all or any time or times.
- That any person or persons other than members, employees or agents of LLR LRF who act or fail to act in reliance upon this procedure or any part of it do so entirely at his, her or their own risk.

## BACKGROUND

### HISTORICAL BACKGROUND

Influenza vaccinations have been recognised as an essential tool in the management of influenza each winter; the seasonal flu vaccine. Because of the changing nature of influenza viruses, the WHO monitors the epidemiology of influenza viruses throughout the world. Each year it makes recommendations about the strains to be included in vaccines for the forthcoming winter ([www.who.int/csr/disease/influenza](http://www.who.int/csr/disease/influenza)) for the northern and southern hemispheres. To provide protection, annual immunisation is ideally with vaccine against the currently prevalent strains (or those strains that are considered most likely to be predominant in the forthcoming influenza season). Influenza vaccines are prepared using virus strains in line with the WHO recommendations. Current seasonal influenza vaccines are trivalent, containing two subtypes of influenza A and one type B virus. Should a new influenza A subtype emerge with epidemic or pandemic potential, a monovalent vaccine against that strain is developed and implemented as in 2009 when the influenza A (H1N1)v strain emerged.

Trivalent seasonal influenza vaccine should be offered to:

- All those aged 65 years or over;
- All those aged six months or over in the clinical risk groups shown in [Annex A](#).

The rationale for these groups is that they are most at risk of complications from flu.

In addition to this, front line health and social care workers should be encouraged to have the vaccine as they are at increased risk of infection and of transmitting that infection to susceptible patients. The definition of what constitutes a front line health and social care worker is found in [Annex B](#).

## **LEGISLATION**

The Civil Contingencies Act 2004 places a statutory duty upon key responding and supporting agencies to prepare for and respond to emergencies.

Part 1 of the Act establishes a clear set of roles and responsibilities for those involved in emergency preparation and response at the local level. The Act divides local responders into two categories, imposing a different set of duties on each.

**Category 1 Responders** are those organisations at the core of the response to most emergencies (e.g. Emergency Services, Local Authorities, NHS bodies, Port Health Authority and Environment Agency). Category 1 Responders are subject to the full set of civil protection duties.

They will be required to:

- Co-operate with other local responders to enhance co-ordination and efficiency.
- Share information with other local responders to enhance co-ordination.
- Assess the risk of emergencies occurring and use this to inform contingency planning.
- Put in place Emergency Plans.
- Put in place Business Continuity Management arrangements.
- Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn inform and advise the public in the event of an emergency.
- Provide advice and assistance to businesses and voluntary organisations about Business Continuity Management (Local Authorities only).

**Category 2 Responders** such as the Health and Safety Executive, Transport, Utility Companies and the Voluntary Sector Organisations. These “co-operating bodies” are less likely to be involved in the core planning work but may be heavily involved in incidents.

Category 1 and 2 Organisations will come together to form “Local Resilience Forums” (based on police areas) which will help co-ordination and co-operation between responders at local level. The Leicester, Leicestershire & Rutland Local Resilience Forum was created to meet this requirement. Please see the LRF Constitution, available on the LRF website, for further details.

# PANDEMIC INFLUENZA VACCINATION PLAN

## 1. INTRODUCTION

**1.1** The delivery of a pandemic specific vaccination will be agreed via a decision of the Civil Contingencies Committee (CCC, also known as COBR, Cabinet Office Briefing Room). The effective delivery of this programme will be critical in reducing the level of severe disease in those suffering from the pandemic virus.

## 2. AIM & OBJECTIVES

### 2.1. AIM

This plan will describe the implementation of a large scale voluntary vaccination of the population with a licensed pandemic specific vaccine. It will describe the management of the process, including plans to arrange receipt, storage and distribution of the vaccine, to points where it will then be administered to the public. It will respond to circumstances within Leicester Leicestershire and Rutland as well as operating under constraints that may arise in the national context.

### 2.2. OBJECTIVES

- a. To ensure all people within identified at risk groups are offered vaccination against pandemic flu within a timescale identified by the SCG;
- b. To ensure that all front line staff from health and social care organisations across Leicester Leicestershire and Rutland are offered vaccination against pandemic flu, and to maximise this uptake;
- c. To communicate with the public about the importance of vaccination for those most at risk;
- d. To ensure all vaccines are maintained within the cold chain policy between delivery from national stockpile to administration, and
- e. To ensure delivery of this programme under a range of contingencies, potentially during a second or subsequent wave of a pandemic.

## 3. PLANNING ASSUMPTIONS

**3.1** This plan makes a number of assumptions in its development. These are outlined below, in a list which is not exhaustive:

- a. This vaccination will be voluntary process. Everyone has a right to refuse the pandemic flu vaccination or any other vaccination. Where a child is too young to consent themselves to being vaccinated, the right to decide rests with the person with parental responsibility.

- b. Anyone legally residing in the UK is eligible to register with an NHS GP and to receive a vaccine. Anyone wishing to register with an NHS GP should approach a local general practice. A patient from a priority risk group seeking to be vaccinated will be contacted by their GP and will receive the vaccine free of charge.
- c. The groups of the population who will be eligible for vaccination will be identified dependant upon the clinical features of the disease.
- d. Health and Social Care trainees and professional students who require vaccinations will be vaccinated alongside their qualified counterparts via Occupational Health schemes unless as outlined above they fall into the at risk groups, in which case they will be vaccinated via their GP
- e. The major “closed communities” in LLR – the five prisons, RAF Cottesmore and MOD North Luffenham – will undertake vaccination of the “at risk” groups in their establishments, as well as their own front line staff.
- f. Any requirement for vaccination of the “healthy population” (i.e. those not prioritised for clinical reasons and not in the defined occupational groups) will fall outside of the scope of this plan.
- g. The limited capacity for vaccinators will require clear understanding of who will vaccinate which priority group.
- h. Equal concern and respect is the fundamental principle that underpins this plan. This means that:
  - (1) Everyone matters
  - (2) Everyone matters equally – but this does not mean that everyone is treated the same.

**3.2** This plan acknowledges the ethical framework outlined by the Department of Health<sup>1</sup>, and recognises in this plan the seven principles of equal concern and respect, namely;

- a. Respect
- b. Minimising the harm that a pandemic could cause
- c. Fairness
- d. Working together
- e. Reciprocity
- f. Keeping things in proportion; and
- g. Flexibility

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<sup>1</sup> [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_080751](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080751)

## **4. METHOD OF DELIVERY**

### **4.1 VACCINE AND CONSUMABLES DELIVERY**

Supply of vaccine and some of the associated consumables (e.g. needles) will come from a national procurement. Vaccines will be delivered by the DH third party logistics providers. All vaccines will need to be transported with cold chain intact. It is the responsibility of the receiving organisation or contractor to maintain cold chain from receipt to delivery to another organisation or administration.

All vaccines will be delivered to an appropriately licensed vaccine store. Where possible, the initial delivery will include all the vaccine for supply to General Practitioners and for staff groups. The vaccine delivered for GPs will be proportioned with advice from the HPA in respect to practice size. These vaccines will be delivered out to practices by the normal delivery systems, reinforced as appropriate. Vaccine for administration to staff groups will be made available to the appropriate organisation. Priority for vaccination in staff groups will be given to those staff members who are at greatest risk of contracting the virus by means of their role. This will include (as an example) but not limited to, those working in ED, Critical Care or paediatrics at UHL and respiratory physiotherapists in the community. Employing organisations will need to agree any prioritisation of staff groups through the Vaccination cell. In line with national policy, vaccination prioritisation is not to be used as a substitute for business continuity planning.

Consumables required to support vaccination from the national stockpile will be delivered to the Eastern Shires Purchasing Organisation (ESPO) at Grove Park. In a similar way to the division of vaccines, these deliveries will be divided for onward distribution. These deliveries will be undertaken by ESPO.

Once the initial push of vaccine supply has been received and distributed, supply of vaccine and consumables will be by re-order. Locally, there will be a single point of contact for GP surgeries and other providers to reorder stocks. To maintain the effective availability of vaccine, once the initial push of vaccine has been delivered, the PCTs vaccine supply point will place orders with the national stockpile to develop and maintain a buffer stock of vaccine. This will then be available to GPs to reorder and receive a prompt delivery. The national lead in time is predicted to be in the order of two weeks, but a local buffer stock should be more responsive. Consumables will be delivered from national stockpile based on vaccine orders; these supplies will be available to reorder through the local vaccine supply point.

Any decisions on prioritisation of vaccination will be made by the JCVI and CCC. All local actions will be based on those decisions in force at the time. In the event that interruptions to or variations of the vaccine supply occur, any local decisions on further prioritisation will be made by the principles outlined by the SCG based on vaccination cell recommendations. Delegated authority for these variations may be done by the SCG chair under delegated authority from the SCG. Any such decisions will be made in line with the DH guidance on ethics in pandemic influenza planning, and only remain in force for as long as the interruption or variation is in place.

Operational monitoring of the programme will be by a dedicated website through to the Department of Health. This is in line with the national strategic plan for other similar vaccination campaigns.

## 4.2 DELIVERY OF PROGRAMME

*a) Stage One – Delivery through ‘Normal’ service provision.  
(Likelihood- Considered Possible)*

A negotiated national settlement may be reached with the General Practitioners Committee (GPC) to reimburse GPs delivering the Pandemic Flu vaccine to the nationally identified at risk groups. Using patient records GPs have the ability to identify and call individuals within the identified groups and they have extensive experience of vaccine delivery to large numbers of individuals in a relatively short period through the seasonal influenza vaccination programme.

Occupational Health Services deliver the seasonal flu vaccine to frontline health workers and whilst it is recognised that additional support may be necessary to provide the level of coverage necessary, we will be encouraging an established delivery mechanism is in place.

It is proposed that these services should be encouraged to be the bedrock of the stage one escalation level.

*b) Stage Two- demand in excess of normal service capacity or major loss of vaccination capacity.  
(Likelihood- Considered Unlikely)*

Should there be a need for an increase in capacity for vaccination or a wider vaccination process, this will be pursued through the Community Health Services based on the national or local requirements.

## 5. ROLES & RESPONSIBILITIES OF CATEGORY 1 & 2 RESPONDERS

### 5.1 PRIMARY CARE TRUSTS – PCTs

The PCTs will take operational oversight of the process under the direction of the SCG. They will collectively provide leadership across LLR, whilst the SCG retains the overall strategic direction. They will maintain the link between General Practice, local, regional and national NHS bodies where appropriate.

Anyone wishing to register with an NHS GP should approach a local general practice. GPs have the discretion as to who to register as patients. However, they cannot turn down an applicant on the grounds of race, gender, social class, age, religion, sexual orientation, appearance, disability or medical condition. Anyone who has difficulty registering with an NHS GP should contact the Primary Care Trusts. The PCTs will also provide an opportunity for those not able to be registered with GPs who fall within the at risk groups to receive a vaccination.

### 5.2 UNIVERSITY HOSPITALS OF LEICESTER – UHL

Through its Occupational Health Department, it will provide vaccination for the frontline health care workers in organisations with whom it has a contractual relationship. This may well be supported by NHS organisations vaccinating their own staff. UHL will also provide vaccination for certain groups of patients who may be unable to access vaccination through usual routes, such as inpatients with long term neurological problems and outpatients with HIV who may not be known to other services.

### 5.3 COMMUNITY CARE PROVIDERS

Organisations that provide community clinical services will provide appropriately trained staff as and if required to support the delivery of the vaccinations. This will be done in consultation with the commissioners of health services for the population

### 5.4 LOCAL AUTHORITY SOCIAL CARE DEPARTMENTS – LASCDs

Local authorities will work with the PCTs to ensure that any at risk patients who are not directly involved with NHS services are included in the programme. Social Care staff, including those employed in the independent sector, will be vaccinated through their own occupational health arrangements.

### 5.5 HEALTH PROTECTION AGENCY – HPA

The HPA will provide the NHS Flu Directors and PCTs with specialist support, guidance and advice.

### 5.6 VOLUNTARY SECTOR ORGANISATIONS

Voluntary Sector organisations will support, where appropriate, the NHS staff.

## 6. WARNING & INFORMING THE PUBLIC

**6.1** All communications, both public and professional, will be co-ordinated through the PCTs. An uptake plan will be produced to outline measures to raise awareness of the pandemic flu vaccination and to promote uptake. It will have two key audiences, frontline health and social care staff and the clinical at-risk groups. The plan will be created by the PCTs but ownership will be across the LRF with all partners sharing the key messages. The rationale for this shared approach is to ensure consistency of message and to better understand each organisation's position so we can prepare for any potential issues. The uptake plan will support the Department of Health's national work to promote the vaccine but also allow us to respond to local circumstances by for example providing resources in a range of languages.

## 7. VULNERABLE PERSONS / GROUPS

**7.1** The specific needs of vulnerable people/groups must be considered when undertaking this programme. Vulnerable people may be less able to help themselves in an emergency than self-reliant people. Those who are vulnerable would include:

- a. Those with mobility difficulties (e.g. those with physical disabilities, health issues or pregnant women);
- b. Those with mental health difficulties; and others who are dependent, such as children;
- c. Those for whom English is not a first language, and
- d. Homeless and asylum seekers.

**7.2** Local Authorities and local Primary Care Trusts work together in the identification and locating of these people/groups. The Community nursing services will be responsible for vaccinating the housebound who fall within the at risk groups.

## 8. TRAINING & EXERCISING

Elements of this plan will be exercised in accordance with the LRF training and exercise programme. Organisations will be responsible for ensuring that appropriately trained staff are available to enact this plan, particularly the delivery of the vaccinations.

## 9. FURTHER INFORMATION

**9.1** Questions relating to this procedure should be directed to – [andrew.kelly@leicestercity.nhs.uk](mailto:andrew.kelly@leicestercity.nhs.uk)

### 9.2 FURTHER READING

LRF Website	<a href="http://www.localresilienceforum.org.uk">www.localresilienceforum.org.uk</a>
UK Resilience	<a href="http://www.cabinetoffice.gov.uk/ukresilience.aspx">www.cabinetoffice.gov.uk/ukresilience.aspx</a>
Emergency Planning College	<a href="http://www.epcollege.gov.uk">www.epcollege.gov.uk</a>

DH Vaccination plan	<a href="http://tinyurl.com/swinevacc09">http://tinyurl.com/swinevacc09</a>
Immunisation against infectious disease - the Green Book	<a href="http://tinyurl.com/greenbook09">http://tinyurl.com/greenbook09</a>
Civil Contingencies Act (2004)	Available for download on the UK Resilience website
Civil Contingencies Act (2004) – A Short Guide	Available for download on the UK Resilience website
Emergency Preparedness (Guidance on Part 1 of the CCA (2004))	Available for download on the UK Resilience website
Emergency Response and Recovery Non-statutory guidance to complement Emergency Preparedness	Available for download on the UK Resilience website

## 10. GLOSSARY & ACRONYMS

CCA	Civil Contingencies Act (2004)
CCS	Civil Contingencies Secretariat
COBR	Cabinet Office Briefing Rooms
GOEM	Government Office for the East Midlands
HPA	Health Protection Agency
LLR	Leicester, Leicestershire and Rutland
LRF	Local Resilience Forum
PCT	Primary Care Trust
RCCC	Regional Civil Contingencies Committee.
RCG	Recovery Coordinating Group
SCG	Strategic Coordinating Group
SHA	Strategic Health Authority
STAC	Science and Technical Advice Cell
TCG	Tactical Coordinating Group
CCA	Civil Contingencies Act (2004)
CCS	Civil Contingencies Secretariat
COBR	Cabinet Office Briefing Rooms
GOEM	Government Office for the East Midlands

**WARNING – If you are viewing a printed copy of this document it may not be current.  
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HPA	Health Protection Agency
LLR	Leicester, Leicestershire and Rutland
LRF	Local Resilience Forum
PCT	Primary Care Trust
RCCC	Regional Civil Contingencies Committee.
RCG	Recovery Coordinating Group
SCG	Strategic Coordinating Group

## **11. INDEX OF ANNEXES**

- a. ANNEX A At Risk Population Groups For Vaccination.
- b. ANNEX B Definitions of front line workers.

**AT RISK POPULATIONS FOR  
VACCINATION**

<b>Clinical risk category</b>	<b>Examples (decision based on clinical judgement)</b>
Chronic respiratory disease, including asthma	Chronic obstructive pulmonary disease (COPD) including chronic bronchitis and emphysema; bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD). Asthma that requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission. Children who have previously been admitted to hospital for lower respiratory tract disease.
Chronic heart disease	Congenital heart disease, hypertension with cardiac complications, chronic heart failure, individuals requiring regular medication and/or follow-up for ischaemic heart disease
Chronic kidney disease	Chronic kidney failure, nephrotic syndrome, kidney transplantation.
Chronic liver disease	Cirrhosis, biliary atresia, chronic hepatitis.
Chronic neurological disease	Stroke, transient ischaemic attack (TIA). Conditions in which respiratory function may be compromised (e.g. Polio). Clinicians should consider need on individual patient basis including those with cerebral palsy, multiple sclerosis and similar related conditions, and hereditary or degenerative disease of the nervous system or muscles.
Diabetes requiring insulin or oral hypoglycaemic drugs	Type 1 diabetes, type 2 diabetes requiring oral hypoglycaemic drugs, and diet controlled diabetes.
Immunosuppression	Immunosuppression due to disease or treatment. Patients undergoing chemotherapy leading to immunosuppression. Asplenia or splenic dysfunction. HIV infection at all stages. Individuals treated with or likely to be treated with systemic steroids for more than a month at a dose equivalent to prednisolone at 20mg or more per day

	<p>(any age) or for children under 20kg a dose of 1mg or more per kg per day. <i>However, some immunocompromised patients may have a suboptimal immunological response to the vaccine</i></p>
Pregnant women	<p>Pregnant women not in the other clinical risk categories above and who have not already received monovalent H1N1v vaccine should receive the trivalent seasonal influenza vaccine. Pregnant women are at increased risk from the H1N1v strain, which is expected to be the predominant circulating influenza strain in the near future and they may not be protected should they not have already received influenza A (H1N1)v containing vaccine.</p>

## DEFINITION OF FRONT LINE WORKERS

### 1. HEALTH CARE WORKERS

#### a) Staff involved in direct patient care

This includes staff who have regular clinical contact with patients and who are directly involved in patient care. This includes doctors, dentists, midwives and nurses, paramedics and ambulance drivers, occupational therapists, physiotherapists and radiographers. Students and trainees in these disciplines and volunteers who are working with patients must also be included.

Seasonal or pandemic influenza immunisation helps to prevent influenza in staff and may also reduce the transmission of influenza to vulnerable patients. Influenza vaccination is therefore recommended for healthcare workers directly involved in patient care, who should also be offered influenza immunisation on an annual basis.

#### b) Non-clinical staff in healthcare settings

Seasonal or pandemic influenza vaccination is not routinely recommended in this group.

This includes non-clinical ancillary staff who may have social contact with patients but are not directly involved in patient care. This group includes receptionists, ward clerks, porters and cleaners.

### 2. SOCIAL CARE WORKERS

The definition for social care workers is: “**social care staff who are employed to provide personal care to children and adults, both in care homes and in the community**”.

“Personal care” means:

- a. Physical assistance given to a person in connection with:
  - (1) Eating or drinking (including the administration of parenteral nutrition),
  - (2) Toileting (including in relation to the process of menstruation),
  - (3) Washing or bathing,
  - (4) Dressing,
  - (5) Oral care, or
  - (6) The care of skin, hair and nails (with the exception of nail care provided by a chiropodist or podiatrist); or
- b. The prompting, together with supervision, of a person, in relation to the performance of any of the activities listed in paragraph (a), where that person is unable to make a decision for themselves in relation to performing such an activity without such prompting and supervision.

**2.1** Some examples of staff who would be included in this definition are:

- a. Care home staff in residential/nursing homes who provide personal care to residents;
- b. Domiciliary care workers employed by agencies who provide personal care to service users in their own homes;
- c. Personal assistants – staff employed to provide personal care to a single service user, and
- d. Students and trainees in these disciplines.

**2.2** Examples of people who would be excluded are:

- a. Social workers
- b. Informal carers – family members and/or friends
- c. Non care staff in residential/nursing homes
- d. Housing staff – those who work in managing sheltered and similar housing
- e. Staff working in child or adult safeguarding
- f. Foster carers

**It is the responsibility of the employing or contracting organisation to be the final arbiter if a staff member or group meets the criteria of front line or not. The Vaccination Cell will ensure consistency in this approach across Leicester Leicestershire and Rutland**