

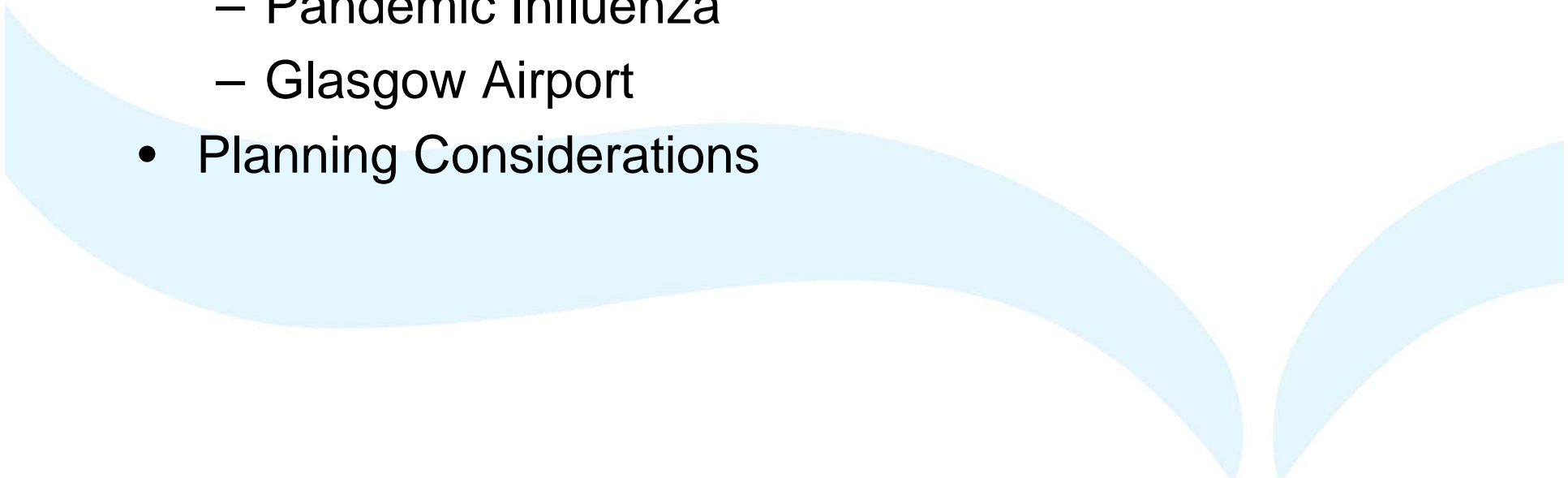
Emergency Planning in a Healthcare Setting

IHM Conference
2nd October 2007

Steve Conway

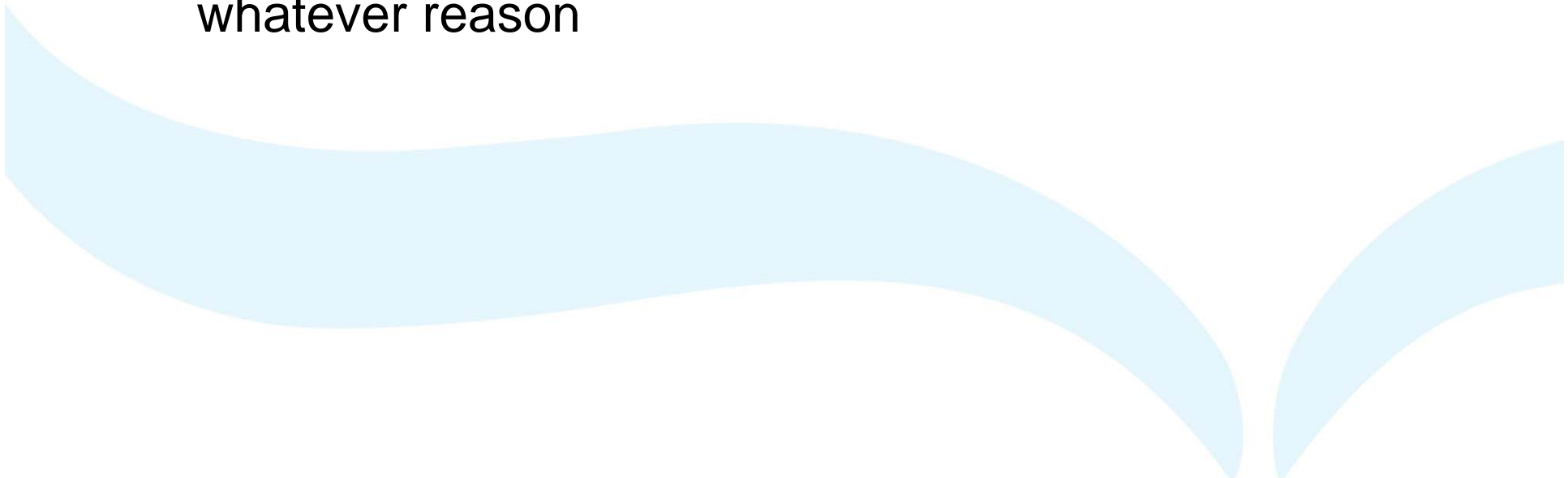


Content

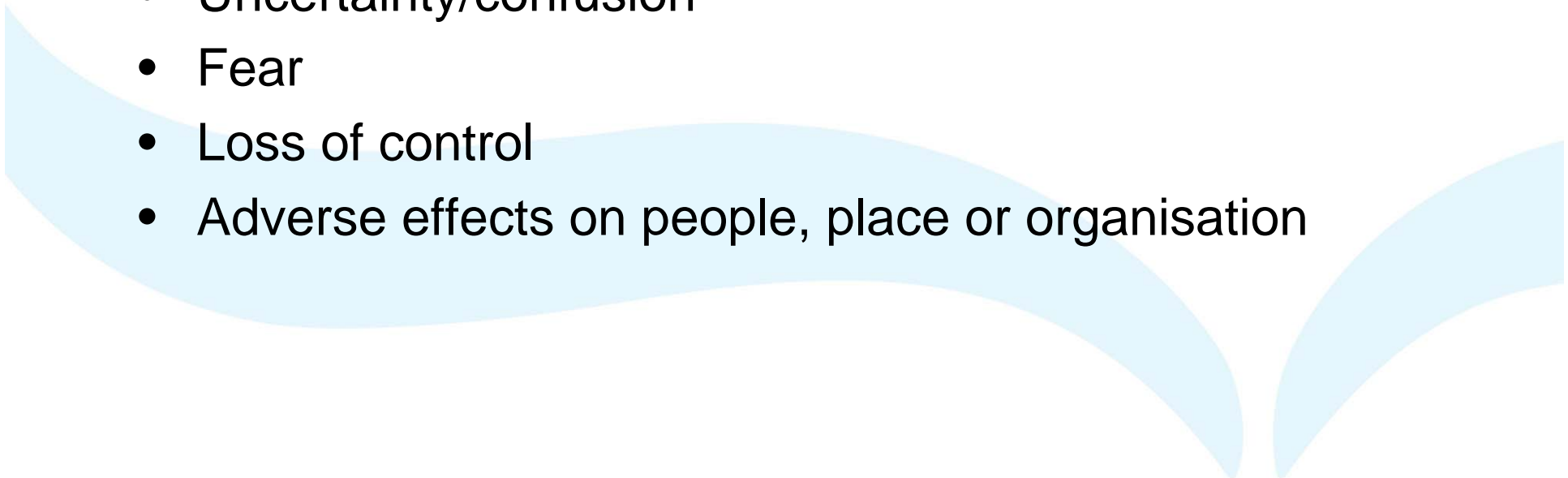
- Definition
 - Characteristics
 - Planning and Response Structures
 - Scenarios
 - Pandemic Influenza
 - Glasgow Airport
 - Planning Considerations
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Definition of an Emergency


A situation that jeopardises the provision of essential healthcare services because normal facilities have become overloaded, restricted or unavailable for whatever reason



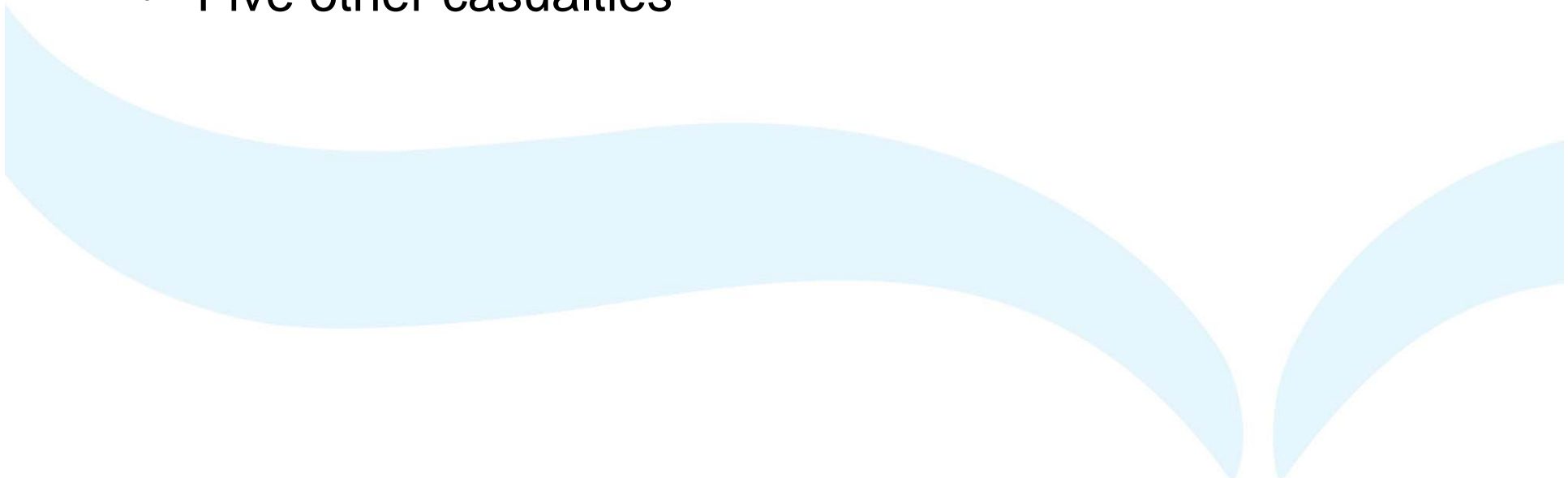
Characteristics

- Urgent need for rapid decisions
 - Acute shortages of trained personnel and other resources including time
 - Lack of information
 - Uncertainty/confusion
 - Fear
 - Loss of control
 - Adverse effects on people, place or organisation
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Emergency Planning & Response Structures

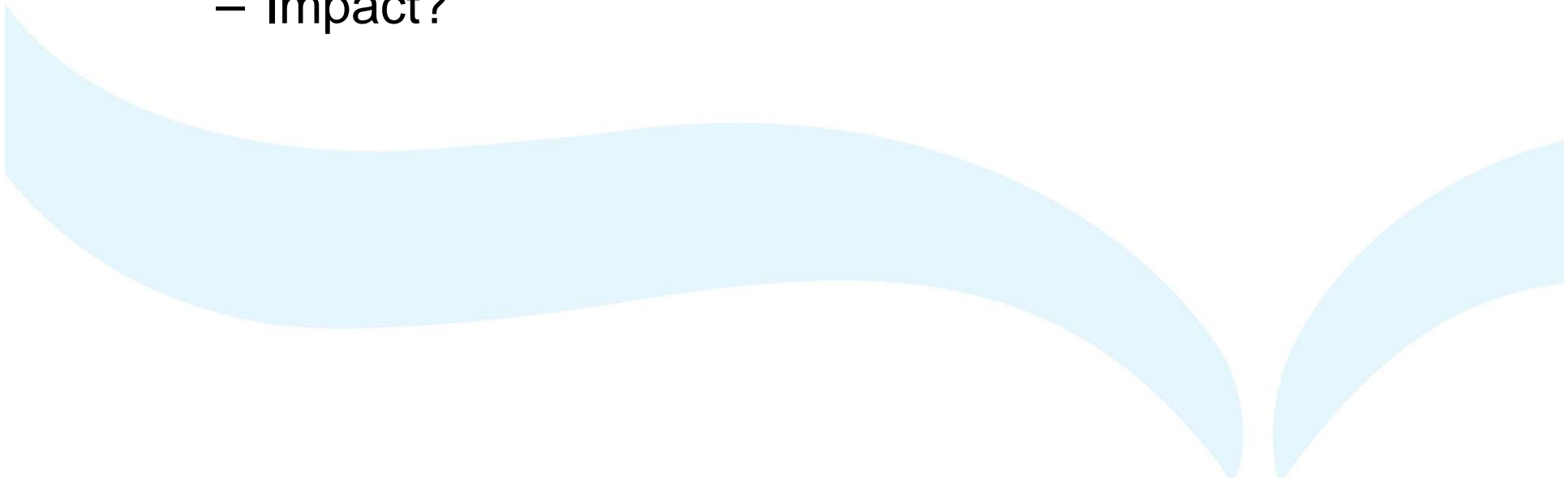
- Scottish Emergencies Co-ordinating Committee
 - Health and Well Being Directorates Emergency Planning Officers
 - Strategic Coordinating Groups
 - Board Emergency Planning Officers
 - Board Crisis Management Teams
 - Incident Response Teams
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Glasgow Airport Incident

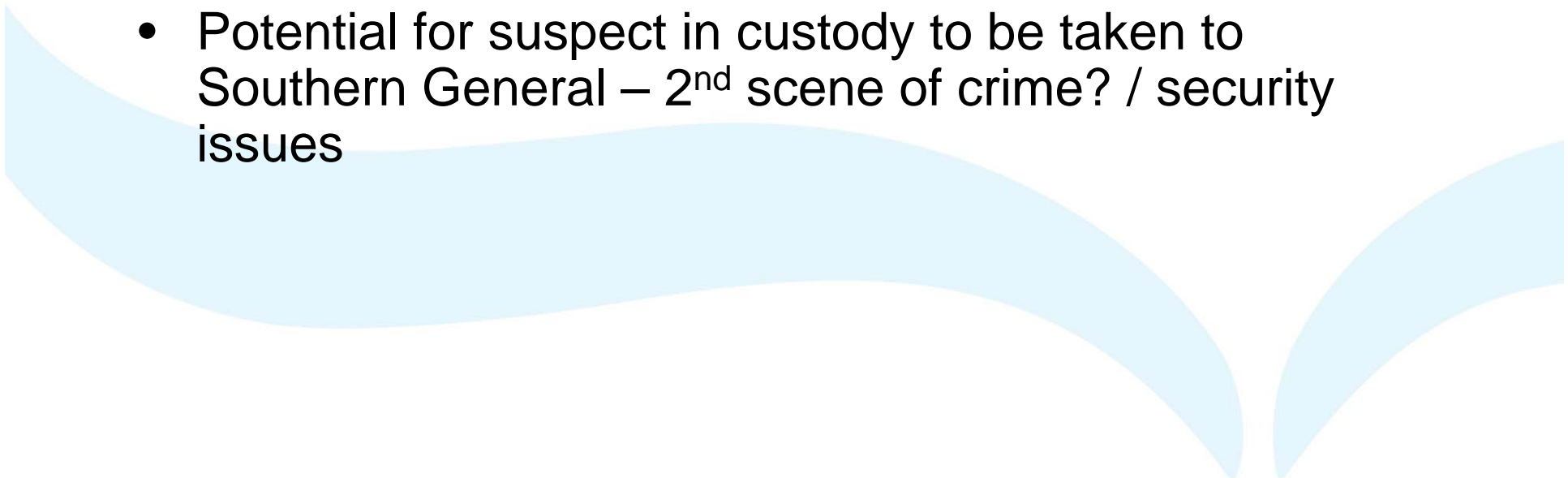
- Terrorist Incident – 30 June 2007
 - Vehicle driven into front doors of Glasgow Airport
 - Driver and passenger of vehicle initially survived the incident
 - Five other casualties
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Initial situation

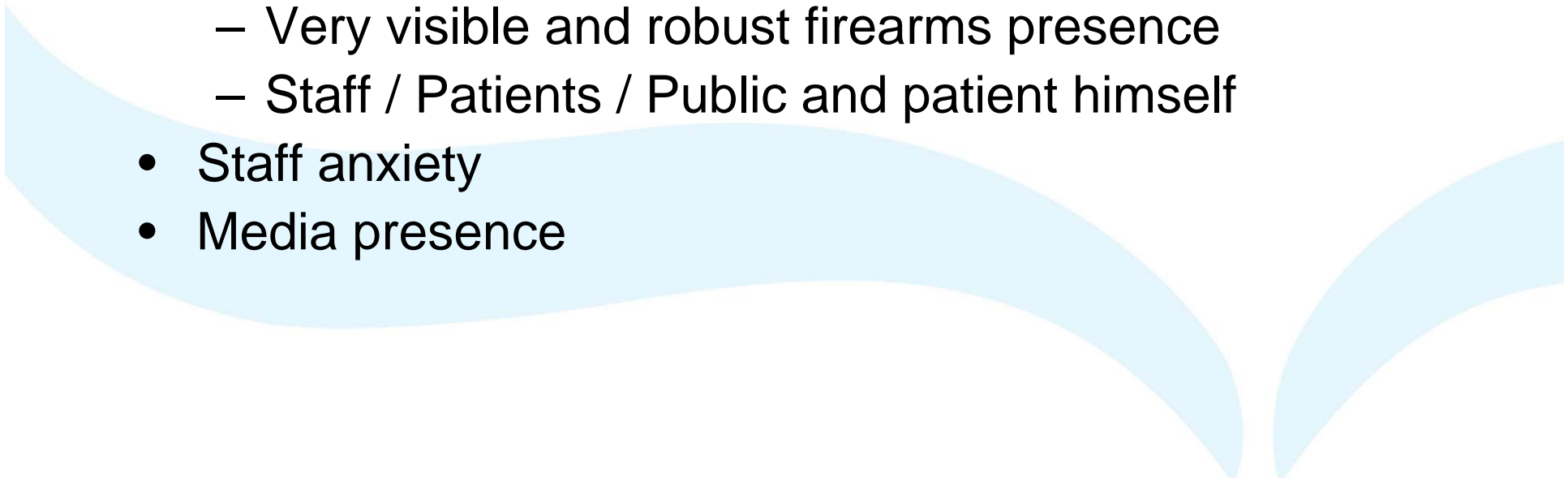
Patient Movements:

- One badly burned suspect taken to RAH
 - Five other casualties taken to Southern General
 - One suspect taken to Govan Police Station
 - Impact?
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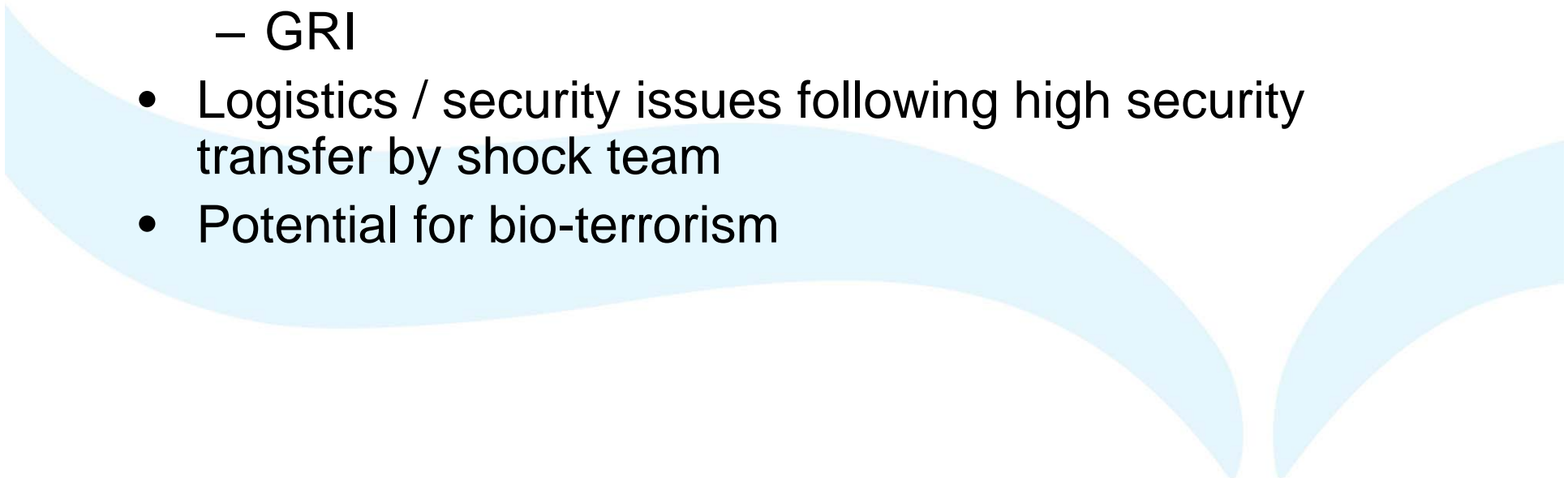
Local Impact

- RAH immediately became a scene of crime
 - Effectively closed A&E / CT scanner / Theatres / GP out-of-hours
 - Suspect vial leads to temporary clearance of ITU
 - Significant pressure on Southern General
 - Potential for suspect in custody to be taken to Southern General – 2nd scene of crime? / security issues
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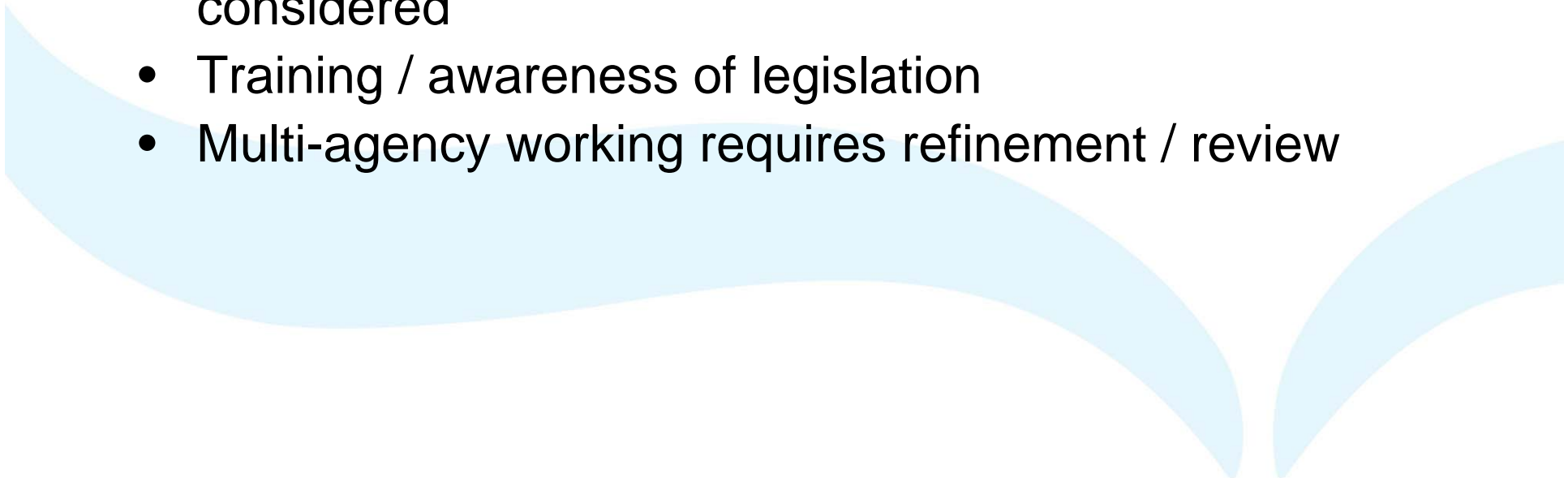
Key Local Issues

- Movement of patient led to major disruption, particularly in immediate aftermath
 - Ongoing access to ITU / Theatres
 - Need to isolate patient – relatively easy at RAH after initial difficulties
 - Security
 - Very visible and robust firearms presence
 - Staff / Patients / Public and patient himself
 - Staff anxiety
 - Media presence
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Associated Clinical Issues

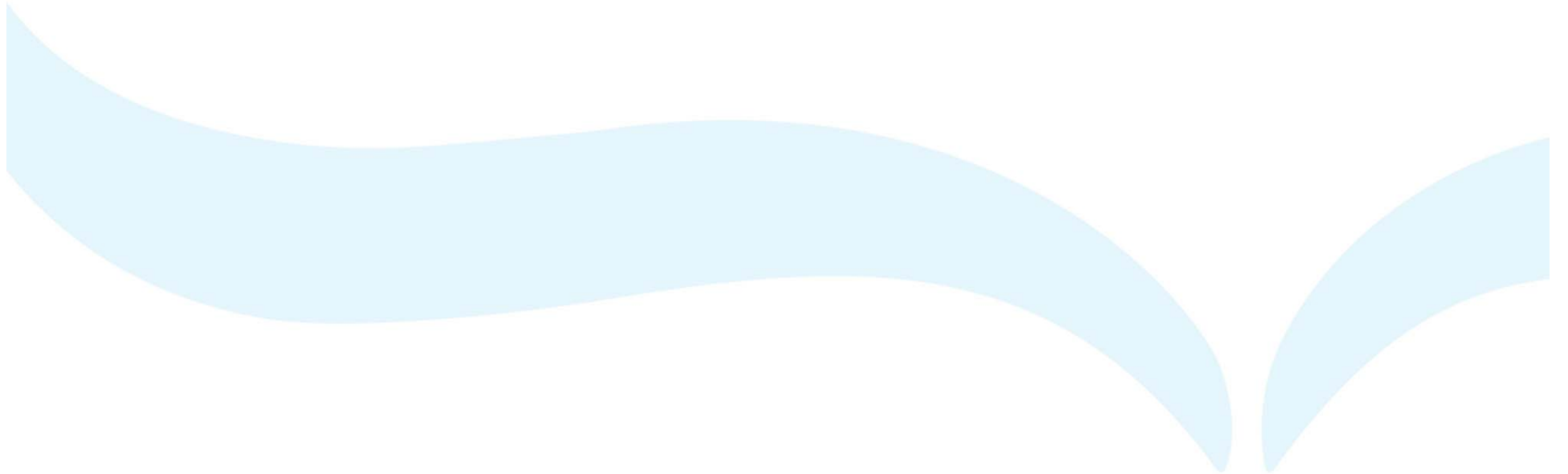
- Access to medical records / further tests to confirm identity
 - Sub-specialty consultant cover
 - Potential need to transfer patient
 - Birmingham – cross border implications?
 - GRI
 - Logistics / security issues following high security transfer by shock team
 - Potential for bio-terrorism
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Conclusion

- No strategic planning group routinely established to oversee totality of situation
 - Links between operational and strategic emergency planning need to be strengthened
 - Specific characteristics of such incidents need to be considered
 - Training / awareness of legislation
 - Multi-agency working requires refinement / review
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Pandemic Influenza

Pandemic flu is a type of influenza, to which humans have little or no immunity, that occurs every few decades and spreads rapidly to affect most countries and regions of the world.



20th Century Flu Strains & Pandemics



1918: "Spanish Flu"

40-50
million
deaths



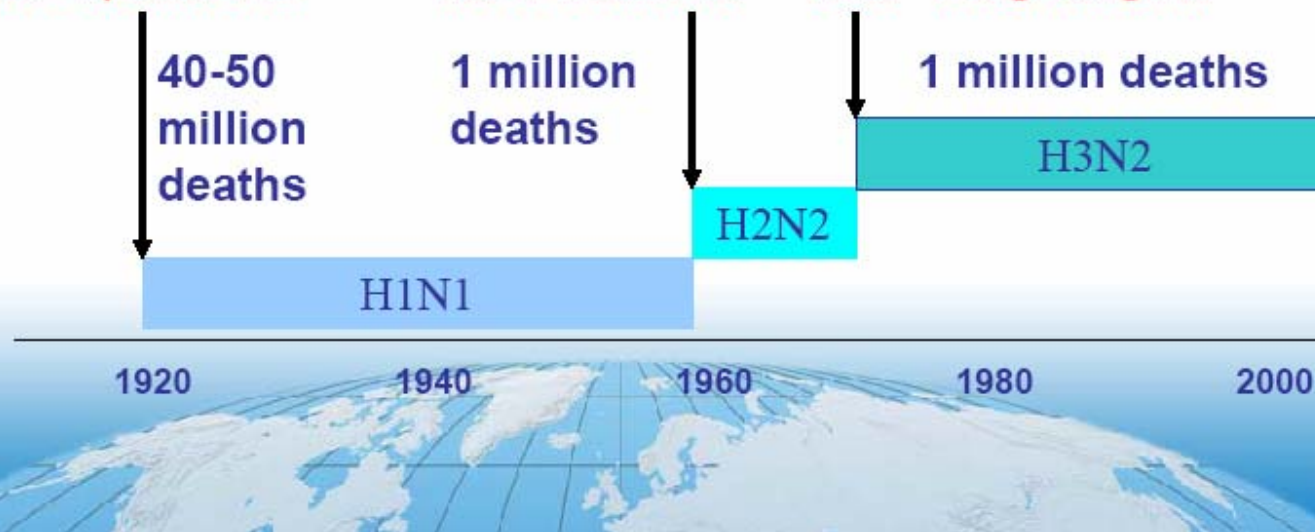
1957: "Asian Flu"

1 million
deaths

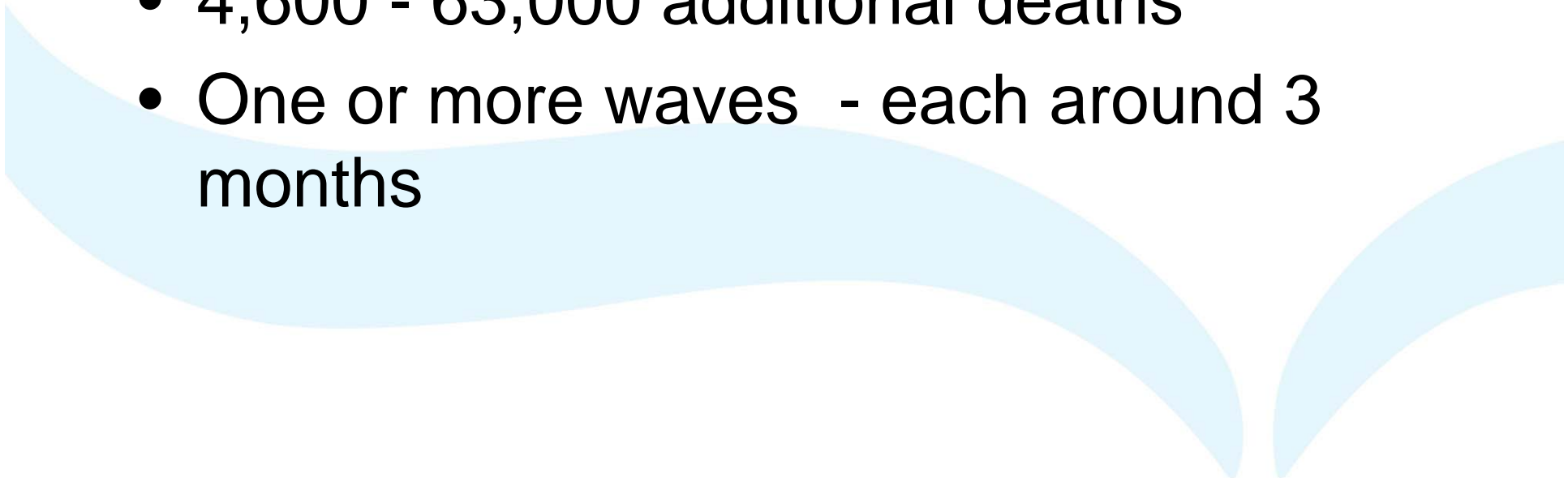


1968: "Hong Kong Flu"

1 million deaths



Impact in Scotland

- Could reach Scotland in less than one month
 - 25% - 50% population will become ill
 - 4,600 - 63,000 additional deaths
 - One or more waves - each around 3 months
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Excess Deaths

“Ordinary” Flu	Pandemic Flu	Pandemic Flu
	Base case (25% attack rate)	Worst case (50% attack rate)
Around 1200 deaths over the winter months	4600 additional deaths over one 3 month wave	63000 additional deaths over one 3 month wave

In a normal year there would be around **56,000 deaths** in Scotland

Impact on NHS in Scotland

Additional peak demand

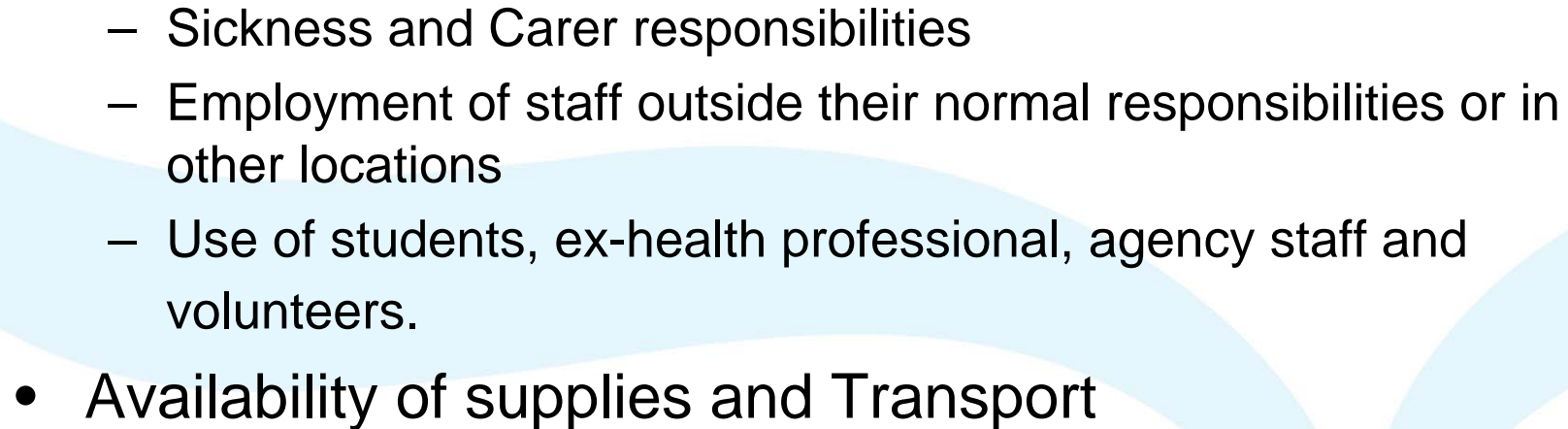
Estimated 3 weeks Peak Demand
verses average weekly demand
2004/05

GP consultations	13 – 50%
A&E presentations	12 - 90%
Hospitalisations	13 - 210%

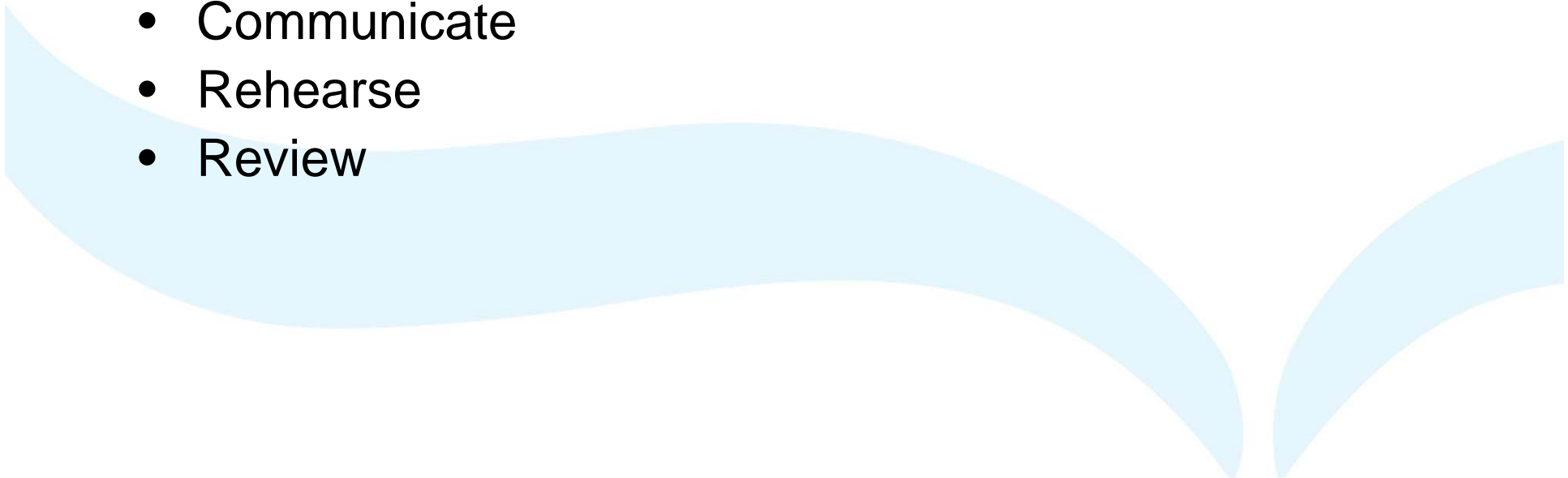
Effect on Employees

	Base Case		Worst Case	
Attack Rate	25% population		50% population	
Peak Absence	Large Orgs	7%	Large Orgs	15%
	Small Orgs	14%	Small Orgs	30%

Issues

- Increased demand
 - Suspension of Waiting Lists
 - GP QOF
 - Suspension of services e.g. elective surgery
 - Access to services/anti virals
 - Staff absence levels
 - Sickness and Carer responsibilities
 - Employment of staff outside their normal responsibilities or in other locations
 - Use of students, ex-health professional, agency staff and volunteers.
 - Availability of supplies and Transport
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Planning Processes

- Risk Assessment
 - Impact Analysis
 - Contingency Plans
 - Response
 - Recovery
 - Communicate
 - Rehearse
 - Review
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Planning Guide

- Define emergency by effect rather than cause
- Plans are a guide to action so do not over plan
- No plan will ever fully meet a specific emergency
- Include guidelines for review of plans
- Be prepared for more than one emergency
- Include task lists for response teams
- Standardise reporting procedures
- Define escalation processes
- Use 80-20 cubed rule for resource allocation
- Validate alternative provision/locations etc in advance

Key Messages

- Focus on effect to enable generic contingency plans to cover response regardless of what caused the incident
 - Take a multi agency approach to planning
 - Rehearse contingency plans before you need them for real
 - Don't think it won't happen to us!
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