



Department of  
**Health, Social Services  
and Public Safety**

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AN ROINN

**Sláinte, Seirbhísí Sóisialta  
agus Sábháilteachta Poiblí**

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MÄNNYSTRIE O

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an Fowk Siccar**

## **PANDEMIC INFLUENZA AND NIAS**

**GUIDANCE FOR NORTHERN IRELAND AMBULANCE  
SERVICE AND THEIR STAFF**

**NOVEMBER 2008**

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## 1 - Strategic approach to pandemic influenza planning

### 1.1 Underpinning principles

In developing this guidance, the following underpinning principles have formed its basis:

- As far as possible, planning for an influenza pandemic should build on arrangements that are already in place rather than develop a series of new, 'special' arrangements. The approach required should be able to use the usual mechanisms and procedures for deployment of NIAS resources in order to respond to an unusual set of circumstances.
- However, during the course of a pandemic, there will be some crucial differences in how services will be delivered. These include:
  - close links with acute hospitals and other independent healthcare providers to ensure a consistent approach
  - the basis for the treatment of patients with pandemic influenza, which will be treatment at home and advice on how, when and where to seek medical direction. Ambulance responses (both in control rooms and in the field) will need to reflect this change by having appropriate procedures and protocols in place to enable successful assessment and treatment at home
  - local flexibility for planning and responding, given the uncertainty about the effects of a pandemic.

This document does not provide detailed guidance on what a local plan for NIAS should include, but rather a framework for local planning and links to resources NIAS may find useful.

## **2 The role of NIAS during an influenza pandemic**

Responding to this significant challenge will require each section of the health community to prepare and plan for this eventuality, but this planning must be integrated across and within all those organisations that deliver health and social care to the population. Only through this whole-systems approach, including engagement with Local Resilience Forums will robust and effective healthcare be maintained under extremely demanding conditions.

### **2.1 Adding value to the response**

NIAS will need to maintain local planning and readiness for pandemic influenza based on a common response strategy, integrated with local health plans. This strategy will provide the framework for:

- prioritising effort
- ensuring resilience to arrangements locally and regionally

The demands likely to be placed on NIAS will bring the organisation to such a critical level that normal and routine activity cannot continue in the same form. This will be both from a patient demand perspective and from a business continuity angle, principally around the provision of resources.

In their planning, NIAS should address the following key questions:

- During an influenza pandemic, what services can safely be curtailed or downgraded?
  - At what trigger points would these steps happen?
  - Who would take these decisions at the time?
  - Who would need to be informed?
- What resources are released as a result of this action?
- What is the impact of releasing these resources?
- How can these resources be put to best use primarily in the local health response but also in the multi-agency response?
- How can ambulance personnel be appropriately supported (including training and clinical supervision) to work differently in order to facilitate the principle of 'assess, treat and leave at home' for the majority of cases, triaging only the most unwell and vulnerable patients for transportation to hospital?
- What is the NI Ambulance Trust's own ability to continue its critical function during an influenza pandemic?

In answering these questions, local planners should bear in mind that other illnesses and injuries will continue to occur, and that ambulance response capability to other emergencies needs to be maintained as far as possible.

## **2.2 Whole-systems approach to healthcare – interfacing with the NI Ambulance Service response**

NIAS must develop a coordinated and consistent approach towards responding to patients. Linked to the coordination of methods of handling calls seeking help is the need for appropriate assessment that takes account of the patient's reported needs and the availability of resources according to the availability of care.

## **2.3 Overarching principles**

- NIAS will play a vital role in acting as one of the main gateways to healthcare. For this to be effective, NIAS must work in partnership with Health and Social Services Boards, Health and Social Care Trusts, GPs, local out of hours services, emergency departments, minor injuries units, walk-in centres and others that provide Health and Social Care services. Pandemic-specific pre-hospital patient assessment and treatment protocols will need to recognise that hospital capacity will be extremely limited, emphasising treatment at home and ensuring that only patients with serious or life threatening conditions are actually admitted into the acute sector. This work has been initiated nationally. Local response plans should also consider the extent to which the field assessment and treatment skills of ambulance staff could be utilised to support the wider delivery of home care.
- The process, however, should not be viewed as starting with the ambulance professional arriving at the patient's location, but rather with the receipt of the call. Key pre-prepared questions will need to be asked to ensure that the limited resources available are targeted to those most in need. A challenge in achieving this will be to ensure that the call prioritisation software used by NIAS reflects these revised algorithms. This work has been initiated nationally, but will need to be completed as part of national influenza planning and preparedness.
- Effective communication strategies informing patients why their expectations may not be met are being developed nationally by Department of Health (London). In these scenarios, staff in ambulance service control centres will play a vital role in providing consistent and accurate advice and information. These types of messages must be consistent with advice provided by other health professionals.
- NIAS have other experiences and resources that are vital when responding to pandemic influenza. NIAS, through their knowledge and understanding of command and control systems, are well placed to

assist in planning the establishment of call-handling centres and patient tracking systems.

- Many vulnerable patients of all ages and those with long-term conditions who are being cared for in their home setting are likely to be well known to ambulance and other local services.
- NIAS should explore the potential role of emergency care practitioners during an influenza pandemic in conjunction with HSS Boards and HSC Trusts and Belfast Resilience.
- The aim should be to transport to hospital only those patients who are most critically ill, in parallel with maintaining services to other patients, for example those receiving life-sustaining outpatient treatment or those injured as a result of accidents, and those receiving maternity care.
- NIAS will play a vital role in the safe transport of patients away from acute settings, especially those sites implementing a policy of increased discharge rates as a result of the pandemic.

## **2.4 Children**

For NIAS during the influenza pandemic, the principles for managing children should be along the same pathways as for adults, whilst taking into account the different physiology and needs of children. The severity of a child's illness may be more difficult to assess than that of an adult. They should therefore be seen by a person with the appropriate training and experience to make that assessment in a timely manner. NIAS are advised to build this contingency into their pandemic influenza plans.

## **2.5 Strategic command, control and coordination arrangements**

NIAS work regularly with the police and fire and rescue services. This experience places the ambulance service as a useful link between the wider healthcare system and the resilience community.

As the clinical attack rate increases, consideration must be given to reducing or ceasing certain service provision in order to pool and target resources effectively. During the pandemic period (WHO Phase 6, UK Alert levels 2-4), this may require daily assessment of resource availability. When considering the whole-systems approach, any reduction or cessation of ambulance service provision will need to be agreed with the HSS Boards and HSC Trust, as there will be a knock-on effect elsewhere in the healthcare system.

The HSC command, control and coordination arrangements have been reviewed and revised to take account of the changes made to the

organisation of the HSC and also to the needs of the service during a pandemic.

## **2.6 Recovery**

NIAS will need to consider, as part of contingency planning, a recovery strategy for the post-pandemic period. Although the objective is to return to pre-pandemic levels of functioning as soon as possible, the pace of recovery will depend on the residual impact of the pandemic, ongoing demands, backlogs, staff and organisational fatigue and continuing supply difficulties in most organisations. Therefore, a gradual return to normality should be anticipated and expectations shaped accordingly. Plans at all levels should recognise the potential need to prioritise the restoration of services and to phase the return to normal in a managed and sustainable way.

NIAS is likely to experience persistent secondary effects for some time with increased demand for continuing care from:

- Patients whose existing illnesses have been exacerbated by influenza
- Those who may continue to suffer potential medium or long-term health complications
- A backlog of work resulting from the postponement of treatment for less urgent conditions

The reintroduction of performance targets and normal care standards also needs to recognise loss of staff and their experience, and that most staff will have been working under acute pressure for prolonged periods and are likely to require rest and continuing support. Human resource issues will need to be considered carefully.

Work is in progress to produce specific advice on human resource issues and it will be published as soon as it is available.

Facilities and essential supplies may also be depleted, resupply difficulties might persist and critical physical assets are likely to be in need of backlog maintenance, refurbishment or replacement, meaning impact assessments will be required.

Audit trails for both clinical and corporate governance purposes will need to be reviewed in preparation for any wider inquiry into the response, or for increased requests for information on the treatment provided to individuals. Any backlog of routine work that was put on hold, such as training and similar activity, may need to be prioritised to ensure that the service can continue to move forward.

NIAS should also consider developing arrangements for regrouping services between waves of the pandemic.

### **3 Clinical issues**

#### **3.1 Control of infection**

Some of the DHSSPS pandemic influenza guidance document, *Guidance for Pandemic Influenza: Infection Control in Hospitals, Community Care and Primary Care Setting*, is applicable to the NIAS and is available at <http://www.dhsspsni.gov.uk/ic-guidelines-jan06.pdf>

Generally, limiting the transmission of pandemic influenza requires the application of tried, tested and proportionate basic infection control measures such as:

- Staff education
- Local risk assessments to inform decisions on control and protective measures as required by the Control of Substances Hazardous to Health Regulations 2002
- Documenting proportionate procedures, operational protocols and checklists
- The inconsistent application of basic hygiene and standard principles of infection control measures
- Timely recognition of symptomatic patients
- Ensuring that staff are well informed about and adhere to procedures for the prevention of influenza transmission
- Providing personal protective equipment if occupational risk assessments have indicated that to be necessary and ensuring that staff are trained in its correct wear, limitations, use and disposal.
- Implementing enhanced cleaning routines to minimise the risk from contact with hard surfaces.

Further guidance on infection control measures is available from the Health Protection Agency at:

[www.hpa.org.uk/infections/topics\\_az/influenza/pandemic/fluplan.htm](http://www.hpa.org.uk/infections/topics_az/influenza/pandemic/fluplan.htm)

The Ambulance Service Association's *National Guidance and procedures for infection prevention and control*, developed with the HPA, is also available at

[www.asa.uk.net/content\\_files/files/ASAIPCguidanceA4size0905.pdf](http://www.asa.uk.net/content_files/files/ASAIPCguidanceA4size0905.pdf)

#### **3.2 The use of face masks and respirators**

WHO recommends the use of the equivalent of the European FFP2 standard disposable respirators and surgical masks by health care workers during a pandemic. However, standard Health and Safety Executive (HSE) guidance calls for higher specification FFP3 respirators for healthcare workers in the UK whenever respiratory protection is indicated, although it recognises that this may not be

sustainable in the special circumstances of an influenza pandemic. Based on available evidence, the current UK pandemic influenza infection control guidance recommends:

- Wearing FFP3 standard disposable respirators only when carrying out clinical procedures likely to generate aerosols of respiratory secretions from infected patients (for example intubations), although such procedures should be avoided as far as is possible
- Use of fluid-repellent surgical masks by staff who may be in close or frequent contact (within one metre) with symptomatic patients.

### **3.3 Assessment**

The assessment of patients can be divided into two broad elements, telephone assessment and face-to-face assessment. The intention is to help support the delivery of a consistent service across the HSC. Work is currently being developed regarding triage and flu lines.

### **3.4 Telephone assessment**

Existing telephone assessment systems used in ambulance services in the UK recognise that not all patients accessing 999 require an ambulance emergency response. A significant proportion of 999 calls are dealt with using alternative care pathways (for example 'Category C' calls), with either advice or arrangements made for care to be provided by other, more appropriate, service providers.

### **3.5 Face-to-face assessment**

Although the majority of pandemic influenza cases may be adequately dealt with through telephone assessment, there will remain a need for protocols to enable staff working in primary care, including ambulance staff, to assess and prioritise patients in order to decide who can reasonably be left at home. Such protocols would recognise the pressures that the local health service was experiencing and would be applicable to patients with complications of influenza as well as to those with unrelated illness or injury.

### **3.6 Access to accident and emergency departments and admission to critical care units**

The demand for hospital admission can be expected to increase dramatically at the peak of a pandemic, given a 50% clinical attack rate, and is unlikely to be met from available acute hospital capacity.

In such circumstances, referral and assessment decisions will have to differ from normal expectations. To do this effectively there must be clear, locally agreed methods in place, taking account of any national advice, to support staff charged with the responsibility for such

decisions. The extent to which support may be required will vary with the clinical attack rate and the resulting clinical pressures.

The priority is to reduce illness and save most lives in a way that is fair. During the course of an influenza pandemic and the follow-on period, it is essential that NIAS formulate and agree with HSS Boards and HSC Trusts explicit plans to maximise efficient use of these limited resources and that, during the pandemic, daily dialogue is maintained with these same organisations.

### **3.7 Treatment**

The basis of treatment for pandemic influenza will be advice about staying at home and accessing antiviral treatment via the flu line, primary care and out-of-hours services.

NIAS will need to give advance consideration to the care and management of anxious or distressed friends and relatives.

### **3.8 Mass fatalities**

OFMDFM are responsible for producing multi-agency plans for managing excess deaths in conjunction with other partners, agencies and groups. NIAS must ensure that they are actively engaged in this planning process to ensure that their role in the transport of live patients is understood.

## 4 Business Continuity

The guidance provided within this section aims to focus the attention of planners upon issues that may need to be specifically addressed in preparation for managing an influenza pandemic. NIAS is reminded that these pandemic-related areas should be included within, and as an extension of Trusts' business continuity arrangements.

Further information on generic business continuity planning in relation to the Civil Contingencies Act 2004 is available at [www.ukresilience.info/preparedness/businesscontinuity/index.shtm](http://www.ukresilience.info/preparedness/businesscontinuity/index.shtm)

The Cabinet Office has also produced specific contingency planning material in relation to pandemic influenza and this is available at [www.ukresilience.info/publications/060710\\_revised\\_pandemic.pdf](http://www.ukresilience.info/publications/060710_revised_pandemic.pdf)

In addition, NIAS may wish to self-assess against the new British Standard for Business Continuity (BS25999). Details are available at [www.thebci.org/pas56.htm](http://www.thebci.org/pas56.htm)

The following section is a summary of some key considerations.

### 4.1 Workforce

DHSSPS is working on the delivery of specific guidance on pandemic influenza-related workforce and human resource issues, including staff indemnity, and it will be published as soon as it is available.

NIAS should develop contingency plans for maintaining and expanding the workforce available to support additional ambulance service capacity. They should place strong emphasis on the importance of maintaining staff safety, confidence and morale. Experience from previous events suggests that these are crucial issues in preserving workforce commitment and availability, and that staff absence is likely to increase if staff have concerns about their safety or the safety of their families.

These preparations should include:

- Identifying the skill base of existing staff and the areas in which they might reasonably be asked to work in the event of a pandemic. These staff may be:
  - working in other related areas, e.g. in hospitals
  - recently left, e.g. retired, reallocated or seconded
  - working off-site
- identifying staff who have responsibilities as carers (for children, relatives etc) which may impact on availability and affect rota planning ,

and making an assessment of the impact of the closure of schools, nurseries, day hospitals, etc on contingency arrangements for staffing

- considering the circumstances under which staff may be asked to undertake responsibilities that exceed their normal capacity and skill levels, and identifying what additional resources may be required, e.g. training, clinical supervision, debriefing and psychological support for staff and their families
- establishing mutual aid arrangements with other organisations, e.g. by making arrangements for staff unable to travel to work who may be able to attend facilities nearer to their homes more easily and taking into consideration the distances travelled and methods of travel used by staff
- Reassessing and restructuring staff rotas, and understanding what agreements there are for particular levels of staffing and what might constitute acceptable identification of minimum staffing establishments for staff
- Making arrangements for residential accommodation for those staff unable to travel home
- Establishing procedures, protocols and residential facilities for the accommodation of staff whilst working and for those who might be reluctant to attend work unless facilities are available to prevent the need to return home (because of concerns about disease transmission to their family)
- Developing strategies for return to normality as the pandemic subsides. These should include the progressive, planned release and support of staff who may have been working under stress, and possibly continuously for a prolonged period.

## **4.2 Training and support**

Additional training and support may be required for existing ambulance personnel to enable them to respond appropriately to the demands of the pandemic. In addition to pandemic-specific programmes, this may include education on generic issues to enable the maintenance of services.

Standard infection control principles and procedures should be reinforced and training should be provided where gaps are identified. During WHO Phase 5, NIAS are advised to provide infection control refresher courses to their staff.

The HSE has produced pandemic-specific infection control guidance for the occupational setting and this is available at [www.hse.gov.uk/biosafety/diseases/pandemic.pdf](http://www.hse.gov.uk/biosafety/diseases/pandemic.pdf)

Support and training programmes must be developed for those members of staff who may be reallocated to other roles in support of pandemic influenza operations.

Training programmes must contain infection control advice for those ancillary workers (e.g. cleaners, vehicle workshop staff, technical and IT staff) who interface with emergency ambulance staff and vehicles, and thus are at risk.

Ideally, staff should be seconded to such courses on a rolling, regular-update basis in order to produce and maintain a high level of preparedness. However, it is recognised that it may also be essential to provide 'off-the-shelf' training at short notice.

#### **4.3 Maintenance of the fleet and other services**

The resilience of the fleet support arrangements is essential during a pandemic. NIAS should assure themselves that both in-house and contracted services are resilient and, if required, additional arrangements should be put in place with alternative providers in the preparatory phase to strengthen these arrangements. The following areas should be included:

- Main dealer support
- In-house maintenance
- Auto-electrical support
- Tyre supply and fitting.

Specifically, arrangements should be reached with vehicle manufacturers regarding work during an influenza pandemic that may need to be undertaken by non-approved contractors to prevent the infringement of vehicle warranties, which may have long-term financial consequences.

#### **4.4 The role of the voluntary and independent sector**

The demand on voluntary and independent resources should not be underestimated; unlike conventional, short-lived periods of increased demand where such resources may be deployed, support during a pandemic is likely to be required for approximately 12 to 16 weeks at a time. NIAS should therefore liaise with voluntary providers, the voluntary aid societies and the independent sector early in order to ascertain their capacity and resilience for such prolonged engagement. The engagement of other voluntary and independent providers not routinely used by NIAS should also be considered.

#### **4.5 Financial controls**

The response to a pandemic will place particular challenges upon Trusts' financial procedures due to the demand for urgent resupply and possible stockpiling of resources. Whilst it is important to deal with unusual demand by using normal systems, it is essential that NIAS ensure that finance, and particularly procurement systems (and the staffing to support these) are robust. Engagement with Trust bankers should identify fall-back arrangements to ensure continued access to funds in order to continue paying staff and essential suppliers throughout the pandemic period.

#### **4.6 Data collection and transmission – focused data collection systems**

Discussion is being conducted nationally to agree what will be required from situation reports, the method and the likely frequency of collection. Once this information is available, NIAS should ensure that appropriate support systems are in place to facilitate effective linkage to these arrangements both locally and nationally.

#### **4.7 Equipment and supplies**

NIAS should review their inventory of resources. This will facilitate access in abnormal circumstances and prioritising the use of equipment during the pandemic.

NIAS should give consideration to what additional equipment and supplies, including masks, gowns and other personal protective equipment, respiratory circuit filters and other essential respiratory support apparatus, and core pharmaceuticals/oxygen/ disposables, might be needed to sustain an influenza pandemic response.

The potential for disruption to the supply chain due to staff absence or fuel shortages should be considered. NIAS may wish to increase stock levels of equipment and supplies that are normally maintained in a 'just in time resupply' basis such as medical and personal protective equipment consumables, medical gases and vehicle fuel and parts.

Consideration should be given to plans for the storage of equipment to support an influenza pandemic response, how such equipment will be accessed and the maintenance of critical supply and delivery chains. NIAS are encouraged to engage in discussions with HSS Boards and HSC Trusts on this issue.

Advance planning will enable NIAS to make the most efficient use of limited resources in an escalation setting. This could include collaborative agreements with neighbouring Boards and Trusts on the use of combined storage and stockpiling of agreed resources. Similar agreements could be undertaken relating to disposable and personal

protective equipment. The use of memoranda of understanding between Trusts should be considered to ensure that there is clarity about what equipment, supplies and other resources are being held and the basis for access and use.

It is essential that critical logistical and supply chain arrangements are robust. NIAS are encouraged to be fully conversant with their suppliers' (influenza pandemic) business continuity arrangements and, if required, consider alternative arrangements for supply chain requirements.

## **5 Leadership**

### **Chief Executive and the Board**

The Chief Executive and the Board of NIAS should take overall control of the preparations being made to respond to an influenza pandemic. While it may be appropriate to delegate the task of preparation planning, the Chief Executive and the Board should retain an active interest in progress, and should be represented at Emergency Planning Officer level on pandemic preparedness working group meetings.

The Chief Executive should:

- set up an influenza pandemic planning group
- nominate an influenza pandemic coordinator
- routinely monitor the progress of pandemic arrangements
- require routine exemption reports to outstanding issues
- ensure that appropriate arrangements are in place to test and exercise plans
- ensure that plans are built on an integrated basis with the local health community and multi-agency partners
- ensure that appropriate arrangements are in place to support and train staff
- ensure that arrangements are in place to keep staff fully informed about planning and preparing for a pandemic

The influenza pandemic coordinator should:

- develop, test and review plans
- seek out examples of best practice in pandemic influenza planning
- keep staff informed
- ensure that NIAS representatives are liaising with HSS Boards, HSC Trusts and Belfast Resilience.
- communicate with the private and voluntary sector
- liaise with primary care services so that GPs are aware of likely restrictions on ambulance response, and hence may encourage care of patients in their homes
- raise awareness of problems and direct people towards relevant information

- keep DHSSPS informed about the local response, so that regional and national plans can be adjusted accordingly (e.g. pass on evidence obtained during a disease epidemic that provides information on its likely peak, duration, infectivity and mortality rates).

## **Annex**

### **Resources and information**

#### **Strategy and planning**

DHSSPS guidance on planning and preparing for an influenza pandemic, including material for specific sectors is available at: [www.dhsspsni.gov.uk/](http://www.dhsspsni.gov.uk/)

The *UK National framework for responding to an influenza pandemic* is available at [www.dh.gov.uk/pandemicflu](http://www.dh.gov.uk/pandemicflu)

Further information on the Civil Contingencies Act and Local Resilience Forum arrangements are available at [www.ukresilience.info/ccact/index.shtm](http://www.ukresilience.info/ccact/index.shtm)

The Cabinet Office has issued advice to assist business continuity planning comprising *Guidance on contingency planning for a possible influenza pandemic*; *Pandemic influenza checklist for businesses*; and *introductory advice to staff on planning for pandemic influenza*, which are available at [www.ukresilience.info](http://www.ukresilience.info) and [www.pfe.gov.uk](http://www.pfe.gov.uk)

The World Health Organisation has produced a planning framework through its pandemic plan and a planning checklist, which are available at [www.who.int/csr/resources/publications/influenza/GIP\\_2005\\_5Eweb.pdf](http://www.who.int/csr/resources/publications/influenza/GIP_2005_5Eweb.pdf) and [www.who.int/csr/resources/publications/influenza/FluCheck6web.pdf](http://www.who.int/csr/resources/publications/influenza/FluCheck6web.pdf)

#### **Clinical information**

More detailed information on influenza viruses and the illness they can cause is available at [www.dhsspsni.gov.uk/](http://www.dhsspsni.gov.uk/)

Further information on infection control can be found at [www.dhsspsni.gov.uk/](http://www.dhsspsni.gov.uk/)

General guidance and procedures in infection prevention and control, including standard principles, cleaning and decontamination of equipment etc, are contained in the Ambulance Service Association national guidance at [www.asa.uk.net/content\\_files/files/ASAIPCguidanceA4size0905.pdf](http://www.asa.uk.net/content_files/files/ASAIPCguidanceA4size0905.pdf)

Guidance on the clinical management of patients with influenza-like symptoms during a pandemic is available from the following websites:

British Thoracic Society – [www.brit-thoracic.org.uk/PandemicFlu.html](http://www.brit-thoracic.org.uk/PandemicFlu.html)

British Infection Society – [www.britisheinfectionsociety.org](http://www.britisheinfectionsociety.org)

Health Protection Agency –

[www.hpa.org.uk/infections/topics\\_az/influenza/pandemic/fluplan.htm](http://www.hpa.org.uk/infections/topics_az/influenza/pandemic/fluplan.htm)

#### **Business continuity**

Further advice on business continuity is available at [www.ukresilience.info/ccact/eppfs/ep\\_chap\\_06.pdf](http://www.ukresilience.info/ccact/eppfs/ep_chap_06.pdf)

Further advice on the new British Standard for Business Continuity (BS25999) is available from the Business Continuity Institute at [www.thebci.org/pas56.htm](http://www.thebci.org/pas56.htm)