NHS
Mersey Care
NHS Foundation Trust

## TRUST-WIDE NON-CLINICAL POLICY DOCUMENT

# PANDEMIC INFLUENZA

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| **Policy Number:** | **SA31d** |
| **Scope of this Document:** | **All Staff** |
| **Recommending Committee:** | **Emergency Preparedness Resilience & Response Group** |
| **Approving Committee:** | **Executive Committee** |
| **Date Ratified:** | **July 2017** |
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| **Version Number:** | **2017 – Version 1** |
| **Lead Executive Director:** | **Executive Director of Nursing** |
| **Lead Author(s):** | **Modern Matron (Physical Health)** |

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**2017 – Version 1**

**Quality, recovery and wellbeing at the heart of everything we do**

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Mersey Care
NHS Foundation Trust

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# PANDEMIC INFLUENZA

## Further information about this document:

| | |
|---|---|
| Document name | **Pandemic Influenza Policy (SA31d)** |
| Document summary | **This policy provides a framework for Mersey Care NHS Foundation Trust to ensure an effective response to an influenza pandemic** |
| Author(s)<br><br>Contact(s) for further information about this document | **Joanne Scoltock**<br>**Modern Matron (Physical Health)**<br>**Telephone: 0151 471 2396**<br>**Email: Joanne.Scoltock@merseycare.nhs.uk** |
| Published by<br><br>Copies of this document are available from the Author(s) and via the trust's website | **Mersey Care NHS Foundation Trust**<br>**V7 Building**<br>**Kings Business Park**<br>**Prescot**<br>**Merseyside**<br>**L34 1PJ**<br>**Your Space Extranet: http://nww.portal.merseycare.nhs.uk**<br>**Trust's Website www.merseycare.nhs.uk** |
| To be read in conjunction with | **Divisional Physical Health Policies**<br>**Infection Prevention & Control Policy – IC01**<br>**Social Networking Security Standard – SS01**<br>**Handling of Medicines Policy – SD12**<br>**Management of Decontamination of Medical Devices – SA19**<br>**Major Incident Plan – SA31**<br>**Occupational Health Policy – HR29**<br>**Management of Attendance Policy – HR07**<br>**Equality & Human Rights – HR10**<br>**End of Life Policy – SD47**<br>**Cleaning Standards – SA16** |
| **This document can be made available in a range of alternative formats including various languages, large print and braille etc** | |



## Version Control:

| | | Version History: |
|---|---|---|
| Version 1 | Emergency Preparedness Resilience & Response Group | July 2017 |

## SUPPORTING STATEMENTS

this document should be read in conjunction with the following statements:

### SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Foundation Trust employees have a statutory duty to safeguard and promote the welfare of children and adults, including:

- being alert to the possibility of child/adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/adult;
- knowing how to deal with a disclosure or allegation of child/adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child/adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Foundation Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session.

### EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line with a Human Rights based approach and the FREDA principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy.

**Contents**

## 1. PURPOSE AND RATIONALE

1.1 This policy provides a framework for Mersey Care NHS Foundation Trust to ensure an effective response to an influenza pandemic. Pandemic Influenza is recognised by the Government as the single most disruptive event facing the UK today (NHS, 2013).

1.2 With unpredictable frequency, new influenza subtypes emerge to cause an influenza pandemic. When it emerges, it is likely that a new pandemic strain will spread rapidly throughout the world, affecting large numbers of the population with little or no immunity. However, until the 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 there was significant morbidity and mortality in young adults, to a 2009 pandemic, where the illness was mild in most groups of the population (Public Health England Strategy 2014).

1.3 In the event of a pandemic it is projected that up to 50% of the workforce may require time off at some stage over the entire period of the pandemic. In a widespread and severe pandemic, affecting 35-35% of the population, this could be even higher as some with caring responsibilities may require additional time off.

1.4 Staff absence should follow the pandemic profile. In a widespread and severe pandemic, affecting 50% of the population, between 15%-20% of staff may be absent on any given day. These levels would be expected to remain similar for one to three weeks and then decline.

1.5 Small teams or services (5-15 staff), where staff work in close proximity are likely to suffer higher percentages of staff absences. In a widespread and sever pandemic, affecting 50% of the population, 30-35% of staff in small teams or services may be absent on any given day.

1.6 Additional staff absences are likely to result from other illnesses, taking time off to provide care for dependents, to look after children in the event of schools and nurseries closing, family bereavement, practical difficulties in getting to work and/or other psychosocial impacts.

## 2. OUTCOME FOCUSED AIMS AND OBJECTIVES

2.1 The aims of the trust contingency plans are:

(a) to minimise spread of the new virus;

(b) to reduce morbidity and mortality from influenza illness;

(c) to ensure that essential and critical services are maintained and expanded as needed;

(d) to set out clear actions to be performed by staff in the event of a flu pandemic;

(e) to communicate timely information to staff and service users at all stages;

(f) to provide timely information to the health network to enable multi agency working and correct distribution of resource;

(g) to protect staff and patients against adverse effects where possible.

## 3. SCOPE

3.1 This policy applies to all staff trust-wide.

## 4. DEFINITIONS

4.1 Influenza (flu) is a widespread and familiar infection in the UK, especially during the winter months. The illness, caused by the influenza virus, is usually relatively mild and self-limiting. However, some groups of people such as older people, young children and people with certain medical conditions, may be prone to severe infection, or even death. This is why the flu vaccine is recommended each year for these groups of people.

4.2 Pandemic flu is different from the usual seasonal influenza circulating in the population. It occurs when a new flu virus emerges into the human population and spreads from person to person worldwide. As it is a new virus, the entire population is susceptible as no one has immunity to it. Therefore healthy adults, as well as older people, young children and those with existing medical conditions may be affected. The lack of immunity in the population means that the virus has the potential to spread very quickly from person to person, leading to more people becoming severely ill and potentially many more deaths. Should an influenza pandemic be declared, a timely response is essential across both health and social care sectors to minimise societal impact (PHE).

## 5. DUTIES

### 5.1 Board of Directors

The Board of Directors has overall responsibility for ensuring that all staff are appropriately trained and competent to effectively fulfill their role within the organisation and maintain the safety of patients. The trust has an obligation to comply with statutory and regulatory responsibilities.

### 5.2 Lead Executive Director

The Lead Executive Director for this policy (Executive Director of Nursing) has strategic responsibility for ensuring that the standards with this policy are monitored and reported to the board accordingly.

### 5.3 Policy Lead

The Policy Lead (Modern Matron – Physical Health) will oversee the implementation and promotion of the policy by supporting the monitoring and review of the policy when necessary.

### 5.4 Divisional Senior Management Team

Report to the Director(s) with responsibility for Clinical Divisions. Responsibility for ensuring delivery of high standards of care and adherence to this policy within their division.

5.5 **Service Care Leads, Modern Matrons and Ward Managers**

Responsible for ensuring high standards of care are maintained within their areas of accountability and adherence to the standards set out in this policy. They also have responsibility for identifying training needs of staff and liaison with appropriate personnel to meet those needs.

5.6 **All Healthcare Practitioners**

All staff working in trust areas or with service users have a responsibility to work in accordance with the standards set out in this policy.

5.7 **External Organisations or Agencies**

For key external organisations roles and responsibilities see Appendix 1.

## 6. PROCESS

6.1 **Planning Assumptions**

In developing the PHE response to a new pandemic, account must be taken of a number of assumptions described within the UK strategy:

(a) the plan should be adaptable, to be used in outbreaks of other infectious diseases;

(b) stopping the spread or introduction of the pandemic virus into the UK is unlikely to be a feasible option;

(c) any pandemic activity in the UK may last for a significant period of time and therefore a sustained response will be required;

(d) a novel virus would reach the UK very quickly;

(e) once established in the UK, sporadic cases and clusters will be occurring across the country in 1-2 weeks;

(f) about 50% of the population may be affected in some way or other;

(g) 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;

(h) 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;

(i) no vaccine will be available for four to six months.

6.2 **UK Response Phases**

The World Health Organisation (WHO) is responsible for identifying and declaring Influenza Pandemic.

6.3 Upon initiation of a pandemic response in the UK, NHS England Incident Management Teams (IMTs) will convene and meet as appropriate in response to the level required to co-ordinate and support the response of NHS organisations. NHS England Teams will ensure that capacity to respond to a concurrent major incident or emergency is maintained.

6.4 Local Health Resilience Partnerships (LHRPs) provide a strategic forum to facilitate health sector preparedness and planning for emergencies. The LHRP has a role in ensuring integrated plans are in place across the health economy to enable the health sector to respond to a pandemic.

6.5 NHS England, Public Health England (PHE) and Directors of Public Health (DsPH) in local authorities have important roles at all levels to ensure a coordinated health and social care response that provides the services needed by members of the public throughout a pandemic.

6.6 Local Resilience Forums (LRFs) will coordinate multi agency planning for pandemic influenza. During the response, NHS England will represent the NHS at any Strategic Coordinating Groups (SCGs), and ensure close collaboration with all NHS funded organisations through the LHRP and relevant sub-group structures as part of the planning process.

6.7 The UK approach uses a series of phases referred to as “DATER”:

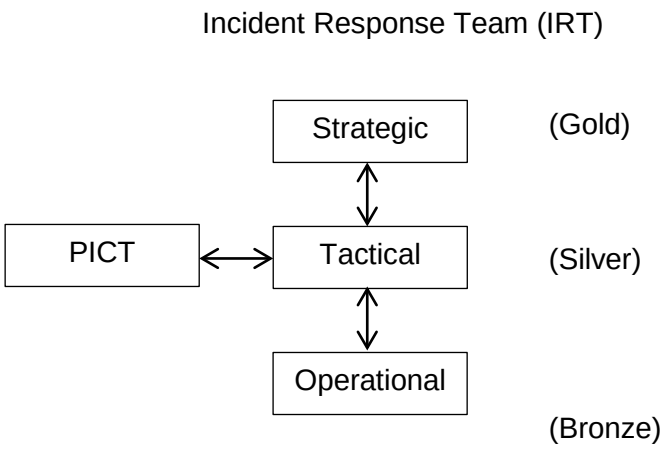
**The Detect Assess Treat Escalate Recover (DATER) Framework**

WHO have advised that pandemic flu plans follow the DATER Framework. The trust’s action plans/standard operating procedures are held by the leads of each area – see members of the PICT.

The UK approach for action in a future pandemic takes the form of five phases: **DETECT, ASSESS (Evaluate), TREAT, ESCALATE and RECOVER (DATER)** and incorporates indicators for moving from one phase to another.

The phases are not numbered **as they are not linear** and it is possible to move back and forth for jump phases. In a severe situation, it may be necessary to activate DETECT and ESCALATE at the same time, then TREAT and ESCALATE concurrently.

In the event of a pandemic the trust will be guided by NHS England to co-ordinate a response. A designated director will be responsible for the command and control within the organisation and a **Pandemic and Influenza Control Team** (PICT) will be established to input tactical considerations.



6.8 Membership of the Pandemic and Influenza Control Team (PICT) would be:

(a) Executive Director of Nursing;

(b) Accountable Emergency Planning Officer;

(c) IPC Specialist Nurse/DIPC;

(d) Workforce;

(e) Communications;

(f) Chief Pharmacist or Medicine Management;

(g) Representation from the clinical divisions and other departments as required;

(h) Applicable Directors;

(i) Staff Side/Union (around Workplace);

(j) Public Health Representative;

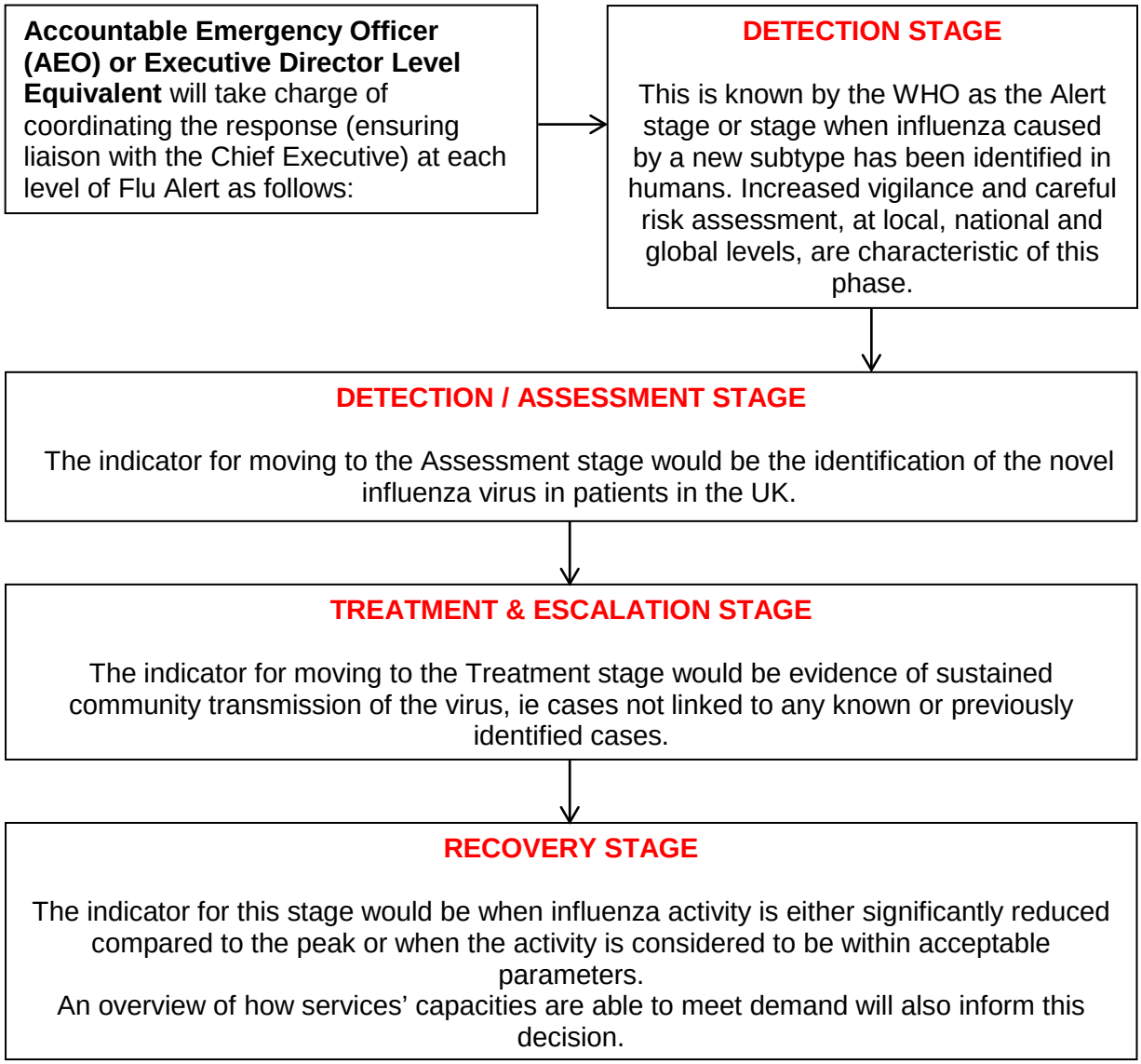
(k) Performance and Intelligence;

(l) Governance and Quality;

(m) Finance.

Situation reports (Sit Reps) to the local multi-agency will be co-ordinated via the PICT.

**DATER Framework**




## 7. CONSULTATION

7.1 The following staff were consulted in the development of this policy:

(a) Medical staff;

(b) Nursing staff;

(c) Divisional Directors, Service Leads and Modern Matrons;

(d) NHS England;

(e) Public Health England.

## 8. TRAINING AND SUPPORT

8.1 Ensure that staff are up-to-date with Infection Prevention & Control mandatory training.

8.2 Annual briefings for staff involved in the Pandemic & Influenza Control Team (PICT).

8.3 Each department should test their Standard Operation Plan using Pandemic Influenza as a scenario for testing.

All of the hazard specific plans sitting under the major incident plan will be workshopped annually which will give each department the opportunity to test their Standard Operation Plan.

## 9. MONITORING

9.1 The standards in this policy will be monitored at the Emergency Preparedness Resilience & Response Group who meet monthly.

9.2 PHE or the Local Resilience Forum will review and/or update plans annually; the organisation will be informed of this by NHS England and will make changes accordingly.

**Acknowledgement**
**The trust would like to acknowledge and thank the following trusts and organisations for their contribution in compiling this policy:**

**Liverpool Community Health**
**NHS England**
**Public Health England**
**World Health Organisation**

## 10. Equality and Human Rights Analysis

| |
|---|
| **Title: Pandemic Influenza** |
| **Area covered: Trust-Wide** |

| |
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| **What are the intended outcomes of this work?**<br><br>9.3 **This policy provides a framework for Mersey Care NHS Foundation Trust to ensure an effective response to an influenza pandemic. Pandemic Influenza is recognised by the Government as the single most disruptive event facing the UK today (NHS, 2013)).** |
| **Who will be affected?**<br>**Staff / Service Users / Carers / Visitors** |

| |
|---|
| **Evidence**<br>**The policy** |
| **What evidence have you considered?**<br>**Policy itself** |
| **Disability (including learning disability)**<br>**Some groups of people such as older people, young children and people with certain medical conditions, may be prone to severe infection, or even death. This is why the flu vaccine is recommended each year for these groups of people.** |
| **Sex**<br>**No Issues identified** |
| **Race**<br>**No Issues identified** |
| **Age**<br>**Some groups of people such as older people, young children and people with certain medical conditions, may be prone to severe infection, or even death. This is why the flu vaccine is recommended each year for these groups of people.** |
| **Gender reassignment (including transgender)**<br>**No Issues identified** |
| **Sexual orientation**<br>**No Issues identified** |
| **Religion or belief**<br>**Religious groups such as Muslims and Jews may be concerned about using vaccines containing gelatin from pigs. However, many faith group leaders have stated the use of gelatin in vaccines is acceptable and doesn't break any religious rules.**<br>**See action plan** |

| |
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| **Pregnancy and maternity**<br>**To protect staff and patients against adverse effects where possible.** |
| **Carers**<br>**Some groups of people such as older people, young children and people with certain medical conditions, may be prone to severe infection, or even death. This is why the flu vaccine is recommended each year for these groups of people.** |
| **Other identified groups Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.** |
| **Cross Cutting**<br>**Age /Religion** |

| **Human Rights** | **Is there an impact?**<br>**How this right could be protected?** |
|---|---|
| **Right to life (Article 2)** | ***This article not engaged within this document*** |
| **Right of freedom from inhuman and degrading treatment (Article 3)** | ***This article not engaged within this document*** |
| **Right to liberty (Article 5)** | **This article not engaged within this document** |
| **Right to a fair trial (Article 6)** | **This article not engaged within this document** |
| **Right to private and family life (Article 8)** | **This article not engaged within this document** |
| **Right of freedom of religion or belief (Article 9)** | **Human Rights Based Approach Supported** |
| **Right to freedom of expression**<br>**Note: this does not include insulting language such as racism (Article 10)** | **This article not engaged within this document** |
| **Right freedom from discrimination (Article 14)** | **This article not engaged within this document** |

| **Engagement and Involvement** ***detail any engagement and involvement that was completed inputting this together.*** |
|---|
| **Staff Side** |
| **HR** |
| **Medics** |

| **Summary of Analysis**<br>*No* |
|---|
| **Eliminate discrimination, harassment and victimisation**<br>**This document outlines the strategic approach to influenza Pandemic. It does not describe the practice of administering vaccine injections.** |

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| **Advance equality of opportunity**<br>**N/A** |
| **Promote good relations between groups**<br>**N/A** |

| |
|---|
| **What is the overall impact?**<br>**No impact positive or negative impact identified.** |

| |
|---|
| **Addressing the impact on equalities**<br>**N/A** |

| |
|---|
| **Action planning for improvement** |
| Detail in the action plan below the challenges and opportunities you have identified. *Include here any or all of the following, based on your assessment*<br>• *Plans already under way or in development to address the **challenges** and **priorities** identified.*<br>• *Arrangements for continued engagement of stakeholders.*<br>• *Arrangements for continued monitoring and evaluating the policy for its impact on different groups as the policy is implemented (or pilot activity progresses)*<br>• *Arrangements for embedding findings of the assessment within the wider system, OGDs, other agencies, local service providers and regulatory bodies*<br>• *Arrangements for publishing the assessment and ensuring relevant colleagues are informed of the results*<br>• *Arrangements for making information accessible to staff, patients, service users and the public*<br>• *Arrangements to make sure the assessment contributes to reviews of DH strategic equality objectives.* |

| |
|---|
| **For the record**<br>**Name of persons who carried out this assessment:**<br>**George Sullivan (Secure Services Equality and Human Rights Advisor )**<br>**Joanna Scoltock Modern Matron (Physical Health)** |
| **Date assessment completed:**<br>**24th May 2017** |
| **Name of responsible Director:**<br>**Executive Director Of Nursing** |
| **Date assessment was signed:**<br>**May 2017** |

## Action plan template

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

| Category | Actions | Target date | Person responsible and their area of responsibility |
|---|---|---|---|
| **Monitoring** | Ensure that services users who are Muslim /Jewish are informed of any vaccine contains Gelatine and that an alternative is offered.<br><br>Ensure that they are made aware of the advice on NHS Choices | | |
| **Engagement** | | | |
| **Increasing accessibility** | | | |

**APPENDIX 1**

**EXTERNAL ORGANISATIONS' ROLES AND RESPONSIBILITIES**

**Roles and Responsibilities**

**Key Organisations**

The World Health Organisation (WHO) is responsible for identifying and declaring influenza pandemic based on the global situation. Health and other partner organisations will be informed of a developing pandemic. National, regional and local intelligence will inform the scale and flexibility of the local response.

The Department of Health (DoH) maintains the policy lead for pandemic influenza preparedness and is the lead government department for pandemic preparedness and response. It has overall responsibility for developing and maintaining the contingency preparedness for the health and social care response.

The Local Resilience Forum (LRF) receives alerts relating to pandemic flu and other outbreaks, which are cascaded to all. Similar alerts will be received and distributed when suspected cases of pandemic flu are identified in neighbouring countries.

Public Health England (PHE) is a Category 1 Responder, and retains significant responsibilities for pandemic influenza preparedness and response. Public Health England will provide the leadership for managing a pandemic with support form, and working alongside NHS England at a national and local level and with Local Authorities.

NHS England (NHSE) is responsible for leading the mobilisation of the NHS in the event of an emergency or incident and for ensuring it has the capability for NHS command, control, communication and co-ordination and leadership of all providers of NHS funded care.

Clinical Commissioning Groups are to support the NHS and other Category 1 Responders in preparing for and responding to pandemic influenza.

**Roles and Responsibilities during a Response**

An Outbreak Control Team or other elements of NHS multi-agency response will be activated as appropriate, depending upon the interaction of national guidance and local conditions.

**Public Health England**

PHE will provide leadership for managing a pandemic outbreak with support from primary care, laboratories and other health professionals, and lead on the initial response phase of an influenza pandemic. They will, via the Director of Public Health, provide support and advice to the Strategic Co-ordinating Group (SCG). PHE will provide health protection services, expertise and advice.

Responsibilities:

- Attend SCG;
- Agree local appropriate responses;
- Verify and gather information;
- Provide public health advise; and
- Liaise with various agencies as necessary.

**NHS England**

NHSE will lead the NHS response to any emergency that has the potential or impacts on the delivery of NHS services. If an incident escalates to a national level, for example, in the event of an influenza pandemic NHSE's response may be mandated nationally and the NHSE National Office may take command of all NHS resources across England. In this situation, direction from the National Office will be implemented through regional offices and onto the area teams.

The national team has an on-call director and support staff to be sure that national command and control are effective and immediate.

**NHS England – Regional Teams (NHS RT)**

If an incident affects two or more areas, the NHS response will normally be led by the area team first affected and responding to it. If the NHS RT office has to take command of all NHS resources across the region, this will be implemented through the area team.

**NHS England Area Team**

NHS Area Team will monitor and command the Local NHS response to the influenzas pandemic.

NHSE will also be responsible for the release of NHS resources during an incident working with local Clinical Commissioning Groups.

Local NHS England Teams will establish an Incident Management Team at an early stage. The NHS command structures will be activated.

**Clinical Commissioning Groups (CCGs)**

In line with local health economy escalation plans, CCGs will work with NHS England, local teams to ensure local NHS providers manage the impact of a pandemic on local healthcare services.

**Strategic Co-ordinating Group (SCG)**

The SCG, also sometimes referred to a "Gold", is a committee of senior officers from the Category 1 Responders that will meet at the earliest opportunity and then as deemed necessary. The LRF may request formation of an SCG in response to a rising tide infectious disease or pandemic, it is expected that the SCG will be chaired by the NHS during a pandemic flu or other disease outbreak.

The purpose of SCG is to take overall responsibility for the multi-agency management of the pandemic and to establish the policy and strategic framework within which lower tier command and co-ordinating groups will work.

The SCG will as a minimum:

- Agree areas of responsibility'
- Identify the appropriate agency to chair the SCG;
- Update partners on the strategic situation;
- Agree the strategic aims and objectives in response to the incident;
- Agree and sign off, professionals and public messages developed with input from professionals;

- Discuss and agree on strategic decisions to ensure the maintenance of health and other essential services with the minimal amount of social and economic disruption;
- Ensure the collection of data as requested by Government and other bodies;
- If necessary, agree a future meeting schedule;
- At the first meeting of the SCG the decision to form a local STAC (Science and Technical Advice Cell) will be made. In addition the SCG may also form a media sub group to formulate staff and public messages which will be agreed and signed off by the SCG.

**Multi Agency Groups (MAG)**

An appropriate MAG will be formed when a pandemic has been declared and will meet frequently to assess the situation and provide direction. Early information of a MAG, at the appropriate level, may enable mitigation of risks and potential consequences.

The activation of a MAG will be through local police; they will be responsible for ensuring that relevant partner agencies that a multi-agency group is being covered.

**Tactical Co-ordinating Group (TCG)**

The purpose of the tactical level, sometimes referred to as Silver, is to ensure that the actions taken during a pandemic, by the operational level are co-ordinated, coherent and integrated in order to achieve maximum effectiveness and efficiency. During a pandemic formal co-ordination will be required at this level and a TCG will be convened.

**Multi-SCG and National Co-ordination**

In the event of a pandemic, national and/or regional circumstances may require collaboration/co-ordination facilitated by regional and/or national bodies. A multi-SCG Response Co-ordinating Group will be convened if the local response has been or may be overwhelmed and COBR (Cabinet Office Briefing Room) may be used to draw together the national picture.

**National Pandemic Flu Service (NPFS)**

The NPFS will supplement the response provided by primary care if influenza pandemic pressure means that it is no longer practical for all those with symptoms to be individually assessed by a clinician to access antiviral treatments.

The decision to activate the NPFS will be taken at national level. It will provide an online and telephony self-assessment service where individuals are not assessed by a clinician, but answer questions, that will determine whether the person who is ill is eligible for antiviral treatment or not. Individuals may also be directed to other health interventions such as home care advice or ambulance response.

## APPENDIX 2

## DEPARTMENTAL CONSIDERATIONS DURING DATER

### NATIONAL DETECT

Triggered by the declaration of WHO Phase 4 or on the basis of reliable intelligence or if an influenza related Public Health Emergency of International Concern (PHEIC) is decided by WHO. The focus in this stage, led nationally by the Department of Health/Public Health England (DoH/PHE) would be:

(a) intelligence gathering from countries already affected;

(b) enhanced surveillance within the UK;

(c) the development of diagnostics specific to the new virus;

(d) information and communications to the public and professionals.

The indicator for moving from this stage would be the identification of the none influenza virus in patients in the UK.

### TRUST DETECT

**During the DETECT phase the function of Trust will be to:**

| Department/Function: | Responsible Action: |
|---|---|
| **Communications** | Monitoring of PHE, DH, WHO and other related websites and national media.<br>Promotion of the latest flu campaigns; eg, national flu campaign, regional Examine Your Options, Choose Well and & CATCH IT BIN IT KILL IT.<br>Work with HR to ensure updated lists of service sites. |
| **Emergency Planning** | Research, awareness and planning in consultation and cooperation with key trust staff, NHS and other partners.<br>Establish (via NHS RT) the reporting mechanisms for monitoring the impact of pandemic flu on the health of the local population.<br>Review and if necessary, update the mass vaccination plan. |
| **Estates & Facilities** | Review estates strategy in readiness to support clinical need and ability to maintain estates and facilities operations throughout the period of the outbreak. |
| **Executive Team** | PICT to be made operational, working arrangements to be clarified and a regular meetings interval is circulated.<br>Monitoring and awareness of strategic issues of pan flu.<br>Engage with commissioners about possible contract disruption. |

| | |
|---|---|
| **Finance** | Identify a specific budget code with Director of Finance Revision and resupply of PPE.<br>Work with Infection Prevention & Control Team around procurement of PPE. |
| **Human Resources/Workforce including** | Annual staff vaccination programme starts in September.<br>Maintain up to date competencies for Vaccinators via up to date checks and attendance of training. |
| **Workforce planning**<br>**Health & Wellbeing**<br>**and Learning & Development** | Prepare for the provision of accelerated training programmes.<br>Assist in producing records of staff with transferable skill, to redeploy at times of need.<br>Monitor attendance data and provide information as required.<br>Work with Communications to provide staff information.<br>Monitor news of pandemic and engage with Staff Side.<br>Work with Communications to ensure all teams staff contact details are up to date including, local and organisational records. |
| **Infection Prevention & Control Team** | Infection Prevention & Control Nurses (IPCNs) will be training the trainers.<br>The Infection Prevention & Control (IPC) Team as a whole will be reviewing infection prevention & control plans and assisting Finance around the procurement of PPE. |
| **Locality Senior Management** | Identify staffing resources needed for the future deployment between critical services and anti viral centres. |
| **Locality Services (Clinical)** | All services to review their business continuity and escalation plans.<br>Obtain information on who the 'at risk' groups are likely to be and maintain lists of vulnerable at risk patients. |
| **Locality Services**<br>**(Non-Clinical)** | All services to review their business continuity and escalation plans. |
| **Medicines Management** | Review of business continuity plans.<br>Increase stock of relevant medicines and vaccines.<br>Monitor for relevant Patient Group Directives (PGD).<br>Identification of potential storage of vaccines and medicines. |
| **Performance & Intelligence** | Establish the reporting mechanisms for monitoring the impact of pandemic flu on services and staff.<br>Facilitation and maintenance of monitoring impact and immunisation form (re: staff vaccination reporting). |

**Assessment**

The focus in this stage, led by DoH/PHE would be:

(a) the collection and analysis of detailed and epidemiological information on early cases on which to base early estimates of impact and severity in the UK;

(b) reducing the risk of transmission and infection with the virus within the local community by:

(i) actively funding cases,

(ii) encourage self isolation of confirmed cases and suspected cases; and,

(iii) treatment of cases/suspected cases and use of antiviral prophylaxis for close/vulnerable contacts, based on risk assessment of the possible impact of the disease.

The indicator for moving from this stage would be evidence of sustained community transmission of the virus of case not linked to any known or previously identified cases.

The two phases – **D**etection and **A**ssessment – together from the initial response. This stage may be relatively short and the phases may be combined, depending on the speed with which the virus spreads, or the severity with which individuals and communities are affected. It will not be possible to halt the spread of new pandemic influenza virus, to do so would waste scarce public health resources and capacity.

| **Lead Responsibility:** | **Action:** |
|---|---|
| **Communications** | Same as actions listed under DETECT phase but also:<br>Working with Emergency Planning to develop key messages and ensure staff are aware of any specific issues. Publishing FAQs on staff intranet, website and posters for staff areas. Social Media and other internal communication routes as appropriate.<br>Issuing advice to the trust-wide, only in line with guidance from PHE and in liaison with Gold Command.<br>Work to the NHS England Communications Cell. Disseminate approved regional campaigns form these routes. |
| **Emergency planning** | Research, awareness and planning in consultation and cooperation with key trust staff, the wider NHS and other category 1 and 2, contractors, suppliers and Third Sector partners. |
| **Estates & Facilities** | Review estates strategy in readiness to support clinical need and Local Authority and ability to maintain estates and facilities operations throughout the period of the outbreak. |
| **Executive Team** | Monitoring and awareness of strategic issues of pandemic influenza.<br>Negotiate relevant emergency contractual arrangements with commissioners. |

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| **Finance** | Ensure resilience of PPE funding to meet demand from Localities. |
| **Human Resources/Workforce** | Daily situation reporting on staffing absences due to flu like illness to NHS England.<br>Review of Service Business Continuity plans.<br>Promotion of advice to staff on revised sickness policies, childcare issues due to school closures, etc.<br>Promoting Staff Vaccination. |
| **Infection Prevention & Control Team** | Promotion and advice to staff re: nursing and special infection prevention & control measures for effected patients via Infection Prevention & Control leads.<br>Daily situation reporting to structure identified by PICT and assisting Finance around the procurement of PPE. |
| **Locality Senior Management** | Review staffing of critical services and identify staffing resources to support the wider NHS with future anti-viral distribution and mass vaccinations. |
| **Locality Services (Clinical)** | Implement business continuity plans.<br>Reduce the risk of transmission and infection with the virus within the local community by actively finding cases and by self-isolation of cases and suspected cases.<br>Treatment of cases/suspected cases and use of any available anti-viral prophylaxis for close/ vulnerable contacts, based on risk assessment of the possible impact of the disease. |
| **Locality Services (Non-Clinical)** | Implement business continuity plans. |
| **Medicines Management** | Research and monitoring of situation.<br>Provision of advice and work in close consultation with clinical staff re anti-viral and other medicines for different patient groups.<br>Obtaining appropriate PGDs and licences required in advance of later stages.<br>Store, stock and distribute anti-virals across the trust.<br>Provide daily situation reports to NHS England via information team on any supply issues.<br>In collaboration and agreement with other providers, support partners as directed re: receipt and supply of vaccines and consumables and anti-virals. |
| **Performance &Intelligence** | Facilitation and maintenance of monitoring impact and Immunisation forms (re: staff vaccination reporting). |

**TREAT**

The focus on this stage:

(a) treatment of individual cases and population, treatment through routine NHS services which includes using the National Pandemic Flu Services (NPFS) if necessary;

(b) enhancement of the health response to deal with increasing number of cases;

(c) to consider enhancing public health measures to disrupt local transmission of the virus as appropriate, such as localised school closures based on public health risk assessment;

(d) depending on the development of the pandemic, to prepare for targeted vaccinations as the vaccine becomes available.

Arrangement will be activated nationally to ensure that necessary detailed surveillance activity continues in relation to samples of community cases, hospitalised cases and deaths. When demands for services start to exceed the available capacity, additional measures will need to be taken. This decision is likely to be made at a regional or local level as not all parts of the UK will be affected at the same time or to the same degree of intensity.

| **Lead Responsibility:** | **Action:** |
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| **Communications** | See actions listed under ASSESS |
| **Emergency planning** | Research, awareness and planning in consultation and cooperation with key trust staff and NHS and other partners.<br>Attendance at trust and partner agency response meetings and teleconferences.<br>Dissemination of DH demands and situation reporting. |
| **Estates & Facilities** | Implement any relevant estate measures across trust footprint<br>Support Local Authority in establishing anti-viral centres. |
| **Executive Team** | Monitoring and awareness.<br>Provide leadership and direction for the organisation.<br>Host weekly teleconferences with key managers and partners to manage the response on a local health economy basis.<br>Situation reporting to regional and national command and control structures. |
| **Finance** | Same as Actions listed under ASSESS plus:<br>Promote use of National Emergency Purchasing Scheme as appropriate. |
| **Human Resources/Workforce** | Daily situation reporting on staffing absences due to flu like illness to NHS England. Operation of Business Continuity plans.<br>Promotion of advice to staff on revised sickness policies, child care issues due to school closures, etc. |

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| | Vaccination of staff with any newly developed flu vaccine.<br>Ensure Payroll will run using default information from previous month. |
| **Infection Prevention & Control Team** | Same as actions listed under ASSESS. |
| **Locality Senior Management** | Ensure business continuity plans are operational and maintained.<br>Manage demands and Locality resource.<br>Revise preparations for targeted locality vaccinations as the vaccine becomes available. |
| **Locality Services (Clinical)** | Continue to reduce the risk of transmission and infection with the virus within the local community by actively finding cases and by self-isolation of cases and suspected cases.<br>Expand treatment of cases / suspected cases with the available anti-viral prophylaxis for close / vulnerable contacts, based on risk assessment of the possible impact and directions from Locality.<br>Senior Management on redeployment to support anti-viral centres. |
| **Locality Services (Nonclinical)** | Maintain business continuity plans and readiness for possible re-deployment directed by Locality Senior Management. |
| **Medicines Management** | Same as actions listed under ASSESS. |
| **Performance and Intelligence** | Same as actions listed under ASSESS. |

**ESCALATE**

The focus in this stage would be:

(a) escalation of surge management arrangements in health and other sectors;

(b) prioritisation and triage of service delivery with aim to maintain essential services;

(c) resiliency measures, encompassing robust contingency plans;

(d) consideration of de-escalation of response if the situation is judged to have improved sufficiently.

These two phases – *Treatment and Escalation* – form the *Treatment* component of the pandemic. Whilst escalation measures may not be needed in mild pandemics, it would be prudent to prepare for the implementation of the Escalation phase at an early stage.

| **Lead Responsibility:** | **Action:** |
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| **Communications** | Same as actions listed under TREAT. |
| **Emergency planning** | Same as actions listed under TREAT plus the following:<br>Research, awareness and planning in consultation and cooperation with key trust staff and NHS and other partners. Attendance at agency response meetings and teleconferences. Dissemination of DH demands and situation reporting.<br>Attend emergency Health Resilience Group |

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| | meetings as necessary.<br>Prepare for any de-escalation of response if the situation is judged to have improved sufficiently. |
| **Estates & Facilities** | Implement any relevant estate measures across trust footprint<br>Support Local Authority with any on-going anti-viral centre premises issues. |
| **Executive Team** | As at TREAT plus the following:<br>Monitoring and awareness.<br>Negotiating with commissioners re: suspending no-essential services and prioritising others.<br>Host weekly teleconferences with key managers and partners to manage the response on a local health economy basis.<br>Situation reporting regional and national command and control structures.<br>Attend trust emergency meetings as necessary.<br>Suspend all non-essential meetings. |
| **Finance** | Same as actions listed under ASSESS & TREAT. |
| **Human Resources/Workforce** | Daily situation reporting on staffing absences due to flu like illness to NHS England.<br>Operation of Business Continuity plans.<br>Promotion of advice to staff on revised sickness policies, child care issues due to school closures, etc.<br>Vaccination of staff with any newly developed flu vaccine.<br>Suspension of training except for that directly required for redeployed clinical (and admin) staff in support of key departments.<br>Keep Update on use of support services for staff ie Occupational & Health & Staff Support<br>Ensure Payroll arrangements function for salary provision. |
| **Infection Prevention & Control Team** | Same as actions listed under ASSESS. |
| **Locality Senior Management** | Ensure business continuity plans are operational and maintained.<br>Manage demands Locality resource, close non-essential services<br>to free up support for locality vaccinations centres. |
| **Locality Services (Clinical):** | Same as actions listed under TREAT. |
| **Locality Services (Nonclinical):** | Same as actions listed under TREAT. |
| **Medicines Management** | Same as actions listed under ASSESS. |
| **Performance and Intelligence** | Same as actions listed under ASSESS.<br>Identify where |

**RECOVERY**

The focus in this stage would be:

(a) normalisation of services, perhaps to a new definition of what constitutes normal service;

(b) restoration of business as usual services, including an element of catching-up with activity that may have been scaled down as part of the pandemic response eg reschedule routine operations;

(c) post-incident of business as usual services, including an element of catching-up with activity that may have been scaled down as part of the pandemic response eg reschedule routine operations;

(d) taking steps to address staff exhaustion;

(e) planning and preparation for resurgence of influenza, including activities carried out in the detection phase;

(f) continuing to consider targeted vaccination, when available;

(g) preparing for post-pandemic seasonal influenza.

The indicator for this phase would be when influenza is either significantly reduced compared to the peak or when the activity is considered to be within acceptable parameters. An overview of how service capacities are able to meet demand will also inform this decision.

The uncertainties in any pandemic mean that the actual characteristics of the pandemic may be different from the planning assumptions, and that planned actions may need to be modified to take account of changing circumstances.

| **Lead Responsibility:** | **Action:** |
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| **Communications** | Cascade of stand down and HR recovery FAQs advice to staff.<br>Review of pan flu plans.<br>Reinstatement of normal operations.<br>Attendance at trust communications debrief. |
| **Emergency Planning** | Attendance at formal debriefs for the trust and Local Health Resilience Partnership (LHRP) groups.<br>Identify lessons to date to inform future planning.<br>Update Influenza Pandemic Contingency Plan based on review findings.<br>Prepare for second wave of influenza pandemic, including activities carried out in the DETECT phase.<br>Stand down IRT and Incident Response Team (IRT) and Pandemic & Influenza Control Team (PICT). |
| **Estates & Facilities** | Restore business as usual, rescheduling cancelled or reduced work streams and reinstating targets.<br>Recovery of any building/service movement or closures. |
| **Executive Team** | Chief Exec will thank the staff and declare stand down.<br>Chief Operating Officer/Exec Nurse (accountable |

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| | officer for EPRR) to host:<br>a) A trust and partner agency recorded formal debrief and ensure that an action plan is drawn up and flu plans are reviewed and good practice examples are incorporated into normal operations as appropriate;<br>b) A joint local health, provider, commissioner and partner agency Recovery Team is set up to meet as frequently as required to plan a phased integrated coordinated recovery.<br>Attend a trust debrief. |
| **Finance** | Review of pan flu plans.<br>Activation of finance recovery plan including payroll issues.<br>Application for DH dispensations.<br>Claim for recompense for monies spent on the emergency response.<br>Revision and resupply of PPE.<br>Materials Management Team monitoring PPE. |
| **Human Resources/Workforce** | Review of pan flu plans.<br>Activation of HR recovery plans and payroll issues due to leave cancelled/ not taken/ extra hours worked.<br>Work with Payroll to correct pay budgets/salaries.<br>Preparation of staffing FAQs for the intranet and promotion of staff welfare measures with Communications.<br>Reinstatement of training and scheduling of extra sessions to ensure maintenance of clinical registration and other issues.<br>Planned extra activity for care of staff referred due to issues caused by the pandemic and the response thereto. |
| **Infection Prevention & Control Team** | Monitoring and replacing stocks of PPE.<br>Review of IPC Team specific pan flu plans.<br>Revision and resupply of PPE – if necessary. |
| **Locality Senior Management** | Restore business as usual, rescheduling cancelled or reduced work streams and reinstating targets.<br>Identify and return consumables and health care equipment stocks to baseline levels.<br>Review impact on health locality services.<br>Review of pandemic influenza plans. |
| **Locality Services**<br>**Clinical & Nonclinical** | Restore business as usual.<br>Review of outstanding HR issues, re. holidays, training, overtime hours worked etc. |

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| **Medicines Management** | Review of stocks and supplies, return stocks to national stockpile as required and replenish internal supplies.<br>Review of pandemic influenza plans. |
| **Performance & Intelligence** | Review of pandemic influenza plans.<br>Reinstatement of planned upgrades and projects.<br>Acceleration of activity to address any backlog.<br>Provide summary of performance targets to enable contractual negotiations to take place. |

**APPENDIX 3**

**EXAMPLE TERMS OF REFERENCE FOR PANDEMIC INFLUENZA CONTROL TEAM & INCIDENT RESPONSE TEAM**

| **Pandemic Influenza Control Team** | |
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| **As a minimum should ensure:** | Locality leads identify staff to undertake activities directed by the IRT. |
| | Provision accelerated training for staff as needed eg vaccinations. |
| | Staff complete relevant training, including infection prevention & control and providing self-care advice to patients. |
| | Infection prevention & control information and personal protective equipment is given to staff. |
| | Will submit regular situation reports using an issued standard template and/or the Unify2 system as advised by NHS England. |
| | Promotion of individual responsibility and action to reduce the spread of infection (Good hygiene practice and seasonal influenza vaccination). |
| | Review, maintain and manage stocks and supplies for distribution across trust geography as appropriate for an influenza pandemic. |
| | Human resources systems are in place to monitor sickness & absence. |
| | Once developed, a vaccine is made available to appropriate staff and patients in line with national recommendations. |
| | A communications strategy in place supporting the latest flu campaigns. |
| | Where appropriate, agree changes to admission and discharge policies with commissioners and the local Acute Trusts. |
| | Vulnerable people are identified. |
| | Provide guidance to staff to assist community based vulnerable service users accessing primary and secondary care. |
| **Business Continuity Considerations and Actions** | **Flexible working**<br>Consider flexible working, including working from home and sequestering certain or essential staff. |
| | **Consider alternative arrangements**<br>Postpone unnecessary meetings and travel, and conduct business remotely (e-mail, telephone/video conferencing etc.) where possible. Can information be sent by fax/scan instead of by hand? |
| | **Transport**<br>If public transport is not available or recommended, but staff are required to travel, investigate options (car sharing, taxi hire etc.). |
| | **Suppliers**<br>Ensure subcontracted or supplies services have effective business continuity plans and agreed models of working during the pandemic. |
| | **Critical Services**<br>Refer to critical services list in Business Continuity Section. |
| | **Training**<br>On-going staff training throughout the pandemic period is an important part of routine continuity planning. PICT to consider:<br>• Audit of staff secondary skills (eg driving) that may be helpful in maintaining service capacity; |

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| | • Generic training packages as part of general surge planning to the bed based services in order to continue intermediate care;<br>• Providing competency-based training for staff involved in vaccination including detailed knowledge of any new vaccines;<br>• Liaise with voluntary organisations to identify any human and training resources available from them, and vice-versa;<br>• Identifying retired professionals willing to work and prepare refresher training for them;<br>• Cross train staff to effectively cover other duties;<br>• In the event of staff to work outside normal roles or in unfamiliar situations, this remains within their scope of competence;<br>• Overview of pandemic influenza;<br>• Infection prevention & control training including the use of PPE and FFP3 respirators. |
| **Management Considerations** | Ensure everyone knows their roles (managers, employees, unions, internal flu group, etc.). |
| | Ensure continuation of discussions with staff eg protection, training, supervision and indemnity for unfamiliar roles they may have to fulfil. |
| | Guidelines (the what, how & who framework) are followed when business decisions are made because pandemic can affect anyone. |
| | Be prepared to make decisions about reducing services to community. |
| | Plan for core business activities to be sustained over several months. |
| | Compared to local short term disruptive incident, recovery may not be as immediate. |
| | Security – do building need to be secure if there are no staff? |
| | Establish what the trust's requirements will be (contracts, level of service agreements etc.) |