

PANDEMIC CONTINGENCY PLAN

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Applies to:	The main audience for this plan are Trust staff, especially managers and executives who will provide an essential management role in co-ordinating an effective response to a potential pandemic. The plan will also be useful for local health organisations, local responding organisations and suppliers to understand the proposed response within the Trust.

This document is available in other formats, including easy read summary versions and other languages upon request. Should you require this please contact the Equality and Diversity Lead on 01278 432000

DOCUMENT CONTROL

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AS/Aug15/PCP	V1	FINAL	Head of Corporate Business
Amendments	<p>Plan extensively revised in light of the new national pandemic and NHS EPRR arrangements and to reflect changes in the organisational structure of the Trust. Main sections rewritten and simplified, with new Action Cards to reflect DATER schema.</p> <p>August 2017 updated in line with the revised policy template and ensure correct titles and groups following the revised Governance Structure but no changes made to the approved procedure at this time.</p>		
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CONTENTS		
Section	Summary of Section	Page
Doc.	Document Control	2
Cont	Contents	3
1.	Introduction	6
2.	Purpose and Scope	6
3.	Duties and Responsibilities	7
4.	Definitions	10
5.	UK Strategic Approach	11
6.	Stages of a Pandemic	12
7.	Attack and Death Rates	14
8.	Response Stage	16
9.	Recovery Phase	19
10.	Infection Prevention and Control	20
11.	Workforce	22
12.	Distribution of Antiviral Medication and Vaccinations	24
13.	Managing Core Services during a Pandemic	25
14.	Vulnerable Adults and Safeguarding Children	26
15.	Equality and Diversity Issues	26
16.	Training and Testing Requirements	27
17.	Monitoring Compliance and Effectiveness	27
18.	References	27

APPENDIX		
ONE	Trust Core Functions and Services RESTRICTED DOCUMENT	30
TWO	Guidance on Visitors during a Pandemic	31
THREE	Trust Demand/Surge Management Pandemic Plan	33
FOUR	Security Management Pandemic Guidance	37
FIVE	Vulnerable Adults and Safeguarding Children	39
SIX	Mortuary Facilities	40
SEVEN	Influenza Pandemic: Communications Flow	44

	D.A.T.E.R. Action Cards	45
D1.	<u>D</u> etection Phase: Cases identified outside UK	46
D2.	<u>A</u> ssessment Phase: New Virus Isolated in the UK	47
D3.	<u>T</u> reatment Phase: Outbreaks in the UK	48
D4.	<u>E</u> scalation Phase: Widespread Activity	49
D5.	Post Peak Pandemic <u>R</u> ecovery Period	50
D6.	Next Pandemic Wave Planning	51

IMMEDIATE ACTION

IF YOU ARE REQUIRED TO TAKE IMMEDIATE ACTION ON THIS PANDEMIC CONTINGENCY PLAN AND YOU HAVE NOT READ IT BEFORE

DO NOT READ IT NOW

FIND THE RELEVANT ACTION CARD

AND FOLLOW INSTRUCTIONS

1. INTRODUCTION

- 1.1 Lessons identified during the response to the 2009/10 Swine Flu pandemic caused by the A(H1N1) virus and the 2010/11 winter seasonal influenza outbreak have informed ongoing pandemic preparedness activities. The A(H1N1) influenza pandemic has not altered the likelihood of a future pandemic. The general mild nature of the 2009/10 pandemic must not be taken as an indicator of the potential severity of future such events.
- 1.2 With unpredictable frequency, new virus subtypes emerge and may cause a future pandemic. When it emerges, it is likely a new pandemic strain will spread rapidly across the world, affecting large numbers of the population with little or no immunity. Until the event occurs, its impact will remain unknown. Given this uncertainty and the potential impact of such an event on the UK, pandemic influenza has been classified by the Cabinet Office as the number one threat to the UK population.
- 1.3 Any response to a pandemic must be flexible and proportionate. It is important the Trust's planning builds on currently developed business continuity arrangements, while addressing the specific issues which might emerge during a pandemic.
- 1.4 This document supplements the overarching generic Trust Incident Response Plan which details how the organisation will respond to significant incidents and emergencies. This should be read alongside other key guidance such as the NHS England Emergency Planning Framework (2013) and NHS Command and Control framework for the NHS during significant incidents and emergencies which set out the arrangements for planning for and responding to emergencies.
<http://www.england.nhs.uk/ourwork/gov/epr/>
- 1.5 This plan forms part of the emergency planning procedures for the Trust and outlines the methods which may be used to assist Trust staff, patients and health care colleagues during a pandemic. This plan should be read in conjunction with the Pandemic Flu Plans for local health and social care organisations. Inpatient, community and mental health services are provided across a spectrum of patient groups including children, adolescents, adults of working age and older people. Every individual will be at risk of becoming infected with influenza during a pandemic and the Trust will work with local organisations to ensure their physical health needs are met during a pandemic as well as their on-going mental health requirements.

2. PURPOSE AND SCOPE

- 2.1 The aim of the Plan is to ensure a timely and integrated response to a pandemic. This is not a stand-alone document; it supplements the Trust's existing Incident Response and Business Continuity Plans by providing additional and specific information on pandemic response. It is intended to help mitigate the effects of the pandemic on patients and staff by doing the following:
 - reduce the spread of pandemic influenza;
 - limit the morbidity and mortality from pandemic influenza;

- protect patients, staff and visitors against its effects where possible;
 - show how the Trust would be expected to work alongside partner agencies before, during and after a pandemic;
 - set out clear actions to be performed by Trust staff in the event of a pandemic;
 - provide added detail and context to assist with the delivery of critical services;
 - provide guidance on vaccination if and when suitable vaccines become available;
 - assist a return to normality with the resumption of normal services as quickly as possible;
 - ensure measures are taken to maintain essential resources including access to pharmaceuticals and other treatments
 - promote working and integrated local response plans with partner agencies;
 - ensure vulnerable mental and community health patients are able to access care services;
 - coordinate communication messages to existing and potential patients.
- 2.2 The Plan describes the actions taken by the Trust in the preparation and response to, and recovery from a pandemic. Should a Major Incident be declared, staff should also refer to the Incident Response Plan.
- 2.3 Extensive background information is published in guidance referred to in this plan; this will not be repeated in this document in detail.

3. DUTIES AND RESPONSIBILITIES

Partnership Working

- 3.1 Partnership working and good multi agency arrangements are essential to ensure patients' needs are met as effectively as possible. Patients are likely to be involved with social services, voluntary sector services and other health services. This has been factored into Trust plans which recognise the importance of collaborative working.
- 3.2 The overall responsibility in Somerset for coordinating the health response to pandemic preparedness rests with Somerset Clinical Commissioning Group who will lead on the arrangements for providing an effective and sustainable response.
- 3.3 There will be joint work with Somerset County Council for any joint social care services provided.

Duties within the Trust

- 3.4 The **Chief Executive** will oversee the Trust's strategic response to the pandemic and will convene and chair the Gold (Strategic) Team to oversee the Trust pandemic strategy. The Chief Operating Officer will deputise in the event of the Chief Executive's absence.

- 3.5 The **Director of Strategies and Corporate Affairs** is the Trust's Accountable Emergency Officer and acts as its Lead Pandemic Director. The Director will provide reports on pandemic contingency planning to the Trust Board. The Director will ensure pandemic contingency plans are tested as this is critical for ensuring an effective Trust response and will attend the Gold (Strategic) Team. The Director for Nursing and Patient Safety will deputise in the event of the Director's absence.
- 3.6 The **Chief Operating Officer** will lead the community services response to the pandemic and will lead the Silver (Tactical) Team. The Deputy Chief Operating Officer will deputise in the event of the Chief Operating Officer's absence.
- 3.7 The **Director of Nursing and Patient Safety** will oversee the Trust's infection control and patient safety response to the pandemic and will attend the Gold (Strategic) Team.
- 3.8 The **Director of Finance and Business Development** is responsible for ensuring the recording of additional expenditure arising during a pandemic and for ensuring compensation arrangements including insurance, are sought at the earliest opportunity and will attend the Gold (Strategic) Team. The Assistant Director of Finance will deputise in the event of the Director's absence.
- 3.9 The **Medical Director** will lead the Trust's medical response to the pandemic and will attend the Gold (Strategic) Team.
- 3.10 The **Director of Human Resources and Organisational Development** will lead the Human Resources response to the pandemic and will attend the Gold (Strategic) Team.
- 3.11 The **Head of Corporate Business** acts as the Trust's Emergency Planning Officer and has responsibility for pandemic planning. The Head will ensure planning is reviewed and tested at appropriate intervals and for ensuring the plan is communicated to all key parties. The Head will, in the event of a pandemic, advise the Executive Directors and Senior Managers of the key aspects arising. The Deputy Chief Operating Officer will deputise for the Head should this person become unavailable.
- 3.12 **Pandemic Management Group:** during periods of increased influenza activity, the Trust will convene a pandemic group which will meet on a regular basis. The following roles make up the core group:
- Chief Operating Officer/Pandemic Influenza Lead Director
 - Director of Strategies and Corporate Affairs/Emergency Planning Accountable Officer
 - Director of Nursing and Patient Safety
 - Director of Human Resources and Organisational Development
 - Director of Finance and Business Development
 - Head of Corporate Business/Emergency Planning Officer
 - All Heads of Division
 - Chief Pharmacist

- Head of Communications
- Head of IMT
- Staff-side / Union representative
- Head of Infection Prevention and Control

Meetings will be held at intervals that reflect the impact of the pandemic of the organisation, with weekly as the minimum.

The Terms of reference of this group are to:

- provide leadership and co-ordination in planning and dealing with the potential implications of a pandemic;
- monitor identified actions and report progress at each meeting;
- coordinate the work of subgroups;
- discuss and agree the decision making process for the deployment of local resources, including restricting, withdrawal and cancellation of services;
- identify and develop strategies for the maintenance of essential services;
- interpret and implement local, national and international guidance on potential pandemics;
- develop communication material for patients in line with national guidance and local responding organisations;
- develop business continuity strategies and co-ordinate post-pandemic return to normality;
- prepare reports on progress or planning issues

- 3.13 The **Gold (Strategic) Team**, when convened, will be responsible for determining the Trust strategy in response to the pandemic. The Team will be chaired by the Chief Executive and in whose absence will be deputised by the Chief Operating Officer.
- 3.14 **Heads of Division and Senior Managers** are responsible for ensuring pandemic plans are followed. They must ensure all contractors, suppliers and any external organisation with which their department has dealings have a clear understanding of their department's business continuity and pandemic influenza contingency planning arrangements, and are prepared to actively participate in them.
- 3.15 The **Infection Prevention and Control Team** will provide support, advice and coordination in response to the pandemic and members of the Team will attend the Silver (Tactical) Team when required.
- 3.16 **Managers and Heads of Departments** must ensure they are fully aware of pandemic planning arrangements and must keep their staff updated.
- 3.17 **All staff and other staff working at Trust premises** are responsible for the implementation of this plan as part of their normal duties and responsibilities.

4. DEFINITIONS

- 4.1 **Antiviral resistance** is the lack of responsiveness of a virus to an antiviral drug, caused by natural variation or as a result of adaptation by the virus.
- 4.2 **'At risk' groups** are people who, through their immune disposition or long-term illness (e.g. diabetes, chronic heart or respiratory disease) are deemed to be especially threatened by infection.
- 4.3 **Clinical attack rate** is the cumulative proportion of people infected and (**Attack rate**) showing symptoms over a specified period of time.
- 4.4 **Confirmed cases** are where illness has been confirmed by laboratory analysis.
- 4.5 An **Epidemic** is the widespread occurrence of significantly more cases of a disease in a community or population than expected over a period of time.
- 4.6 An **Outbreak** is the sudden appearance of, or increase in, cases of a disease in a specific geographical area or population, e.g. in a village, town or closed institution.
- 4.7 **Pandemic:** the World Health Organisation (WHO) defines a pandemic as the worldwide spread of a new disease. An influenza pandemic occurs when a new influenza virus emerges and spreads around the world, and most people do not have immunity." There are seven factors to consider in the event of a pandemic:
- **Uncertainty:** there will be little or no information at the outset of a new pandemic about the severity of the illness. This will require accurate and detailed surveillance data, including numbers affected, hospital and critical care admissions, to be gathered as an early priority.
 - **Speed:** in local areas, the number of cases and demand for services can be expected to develop with great pace, requiring an agile yet coordinated response.
 - **Local hotspots:** the demands of the pandemic are unlikely to be uniform, but different areas will be under pressure at different times (and some not at all), requiring flexibility of approach, as well as planning for easy access to antiviral medicines.
 - **Profile:** the media, public and professional appetite for information is likely to be Intense at times, requiring frequent, consistent and coordinated communications.
 - **Duration:** a pandemic wave can be expected to continue for many weeks, requiring robust arrangements to support individuals involved in the response. In time, further waves may also occur.
 - **Cross-sector:** whilst the health sector will be under particular pressure, the response will span different sectors and organisations, requiring close working and mutual support.
 - **Wider applicability:** the response to the H1N1 (2009) influenza pandemic built on, and enhanced, the response to more routine pressures such as those arising from severe weather.

- 4.8 **Post-exposure prophylaxis** is the use of antiviral drugs to prevent infection after exposure to infected contacts.
- 4.9 **Prophylaxis** is the administration of a medicine to prevent disease or a process that can lead to disease – with respect to pandemic influenza, this usually refers to the administration of antiviral medicines to healthy individuals to prevent influenza.
- 4.10 **Seasonal flu** is the annual period of widespread respiratory illness, typically occurring during the autumn and winter months in the UK, caused by the circulation of a strain of influenza virus that is slightly altered from the previous season.
- 4.11 **Surge capacity** is the ability to expand provision beyond normal capacity to meet transient increases in demand, e.g. to provide care or services above usual capacity, or to expand bed capacity to meet increased demand.
- 4.12 **Surveillance** is the continuing scrutiny of all aspects of the occurrence and spread of disease pertinent to effective control in order to inform and direct public health action.
- 4.13 **Suspected cases** of illness identified through symptoms but not confirmed by laboratory analysis.
- 4.14 **Virulence** is the capacity of an infectious agent to infect and cause illness.
- 4.15 **Wave** is the period during which an outbreak or epidemic occurs either within a community or aggregated across a larger geographical area. The disease wave includes the time during which the disease occurrence increases, peaks and declines back towards baseline.

5. UK STRATEGIC APPROACH

- 5.1 Any new pandemic can be expected to have a significant effect on individual members of the population, the NHS and society at large. The objectives of the UK's approach to planning and preparing for a pandemic are as follows.
- 5.2 **Minimise the potential health impact of a future influenza pandemic by:**
- Supporting international efforts to detect its emergence, and early assessment of the virus by sharing scientific information.
 - Promoting individual responsibility and action to reduce the spread of infection through good hygiene practices and uptake of seasonal influenza vaccination in high-risk groups.
 - Ensuring the health and social care systems are ready to provide treatment and support for the large numbers likely to suffer from influenza or its complications whilst maintaining other essential care.
- 5.3 **Minimise the potential impact of a pandemic on society and the economy by:**
- supporting the continuity of essential services, including the supply of medicines, and protecting critical national infrastructure as far as possible;
 - supporting the continuation of everyday activities as far as practicable;

- upholding the rule of law and the democratic process;
- preparing to cope with the possibility of significant numbers of additional deaths;
- promoting a return to normality and the restoration of disrupted services at the earliest opportunity.

5.4 **Instil and maintain trust and confidence by:**

- ensuring health and other professionals, the public and the media are engaged and well informed in advance of and throughout the pandemic period and that health and other professionals receive information and guidance in a timely way so they can respond to the public appropriately.

6. **STAGES OF A PANDEMIC**

6.1 The government judges that one of the highest current risks in the UK is the emergence of a pandemic. A pandemic could occur at any time. The Pandemic virus is almost certain to arise outside the UK. Cases could begin to occur in the UK within one month of the start of the pandemic. Once in the UK, it may spread to most major population centres within weeks.

6.2 The overall objectives of the UK's approach to preparing for an influenza pandemic are to:

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

6.3 Five pandemic stages have been identified, referred to as '**DATER**':

- **Detection;**
- **Assessment;**
- **Treatment;**
- **Escalation;**
- **Recovery.**

6.4 The stages are not numbered as they are not linear, may not follow in strict order, and it is possible to move back and forth or jump stages. It should also be recognised that there may not be clear delineation between stages.

Detection

6.5 This stage would commence on the basis of reliable intelligence or if an influenza-related "Public Health Emergency of International Concern" (a "PHEIC") is declared by the WHO. The focus in this stage would be:

- intelligence gathering from countries already affected;
- enhanced surveillance within the UK;
- the development of diagnostics specific to the new virus;

- information and communications to the public and professionals;
- the indicator for moving to the next stage would be the identification of the novel influenza virus in patients in the UK.

Assessment

6.6 The focus in this stage would be:

- the collection and analysis of detailed clinical and epidemiological information on early cases, on which to base early estimates of impact and severity in the UK;
- reducing the risk of transmission and infection with the virus within the local community by:
 - actively finding cases;
 - self-isolation of cases and suspected cases;
 - treatment of cases / suspected cases and use of antiviral prophylaxis for close / vulnerable contacts, based on a risk assessment of the possible impact of the disease.

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

6.8 *These two stages – Detection and Assessment - together form the initial response.* This may be relatively short and the stages 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 a new pandemic influenza virus, and it would be a waste of public health resources and capacity to attempt to do so.

Treatment

6.9 The focus in this stage would be:

- treatment of individual cases and population treatment via the National Pandemic Flu Service (NPFS), if necessary;
- enhancement of the health response to deal with increasing numbers of cases;
- 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;
- depending upon the development of the pandemic, to prepare for targeted vaccinations as the vaccine becomes available.

6.10 Arrangements will be activated to ensure 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.

Escalation

- 6.11 The focus in this stage would be:
- escalation of surge management arrangements in health and other sectors;
 - prioritisation and triage of service delivery with aim to maintain essential services, resilience measures, encompassing robust contingency plans;
 - consideration of de-escalation of response if the situation is judged to have improved sufficiently.
- 6.12 *These two stages – Treatment and Escalation - form the Treatment phase of the pandemic. Whilst escalation measures may not be needed in mild pandemics, it would be prudent to prepare for the implementation.*

Recovery

- 6.13 The focus in this stage would be:
- normalisation of services, perhaps to a new definition of what constitutes normal service;
 - restoration of business as usual services, including an element of catching-up with activity that may have been scaled-down as part of the pandemic response e.g. reschedule routine service user appointments;
 - post-incident review of response, and sharing information on what went well, what could be improved, and lessons learnt;
 - taking steps to address staff exhaustion;
 - planning and preparation for resurgence of influenza, including activities carried out in the Detection phase;
 - continuing to consider targeted vaccination, when available;
 - preparing for post-pandemic seasonal influenza.
- 6.14 The indicator for this phase would be when pandemic activity is either significantly reduced compared to the peak or when the activity is considered to be within acceptable parameters. An overview of how services' capacities are able to meet demand will also inform this decision.

7. ATTACK AND DEATH RATES

- 7.1 It is impossible to forecast the exact characteristics, spread and impact of a new pandemic. However modelling by the Cabinet Office (CO) suggests:
- a reasonable worst case would be cumulative clinical attack rates of up to 50% of the population in total, spread over one or more waves each of around 12-15 weeks, each some weeks or months apart. If they occur, a second or subsequent wave could be more severe than the first. Response plans should recognise the possibility of a clinical attack rate of up to 50% in a single-wave pandemic. Some of this activity may occur even after the WHO has declared the pandemic over;

- potentially up to 2.5% of those with symptoms would die as a result of influenza, assuming no effective treatment was available. Up to 4% of those who are symptomatic may require hospital admission;
- as the H1N1 (2009) pandemic showed, the demands of the pandemic are unlikely to be uniform, but different areas will be under pressure at different times and some not at all, requiring flexibility of approach. Local epidemics may even be over faster and be more highly peaked than the national average. Local epidemics may only last for 6-8 weeks or they may last longer;
- whilst there is likely to be local variability, there should be an expectation of between 10-12% of the local population becoming ill each week during the peak of the local epidemic, reaching to 22% in the peak week. It should be assumed that peak figures (based on the 50% clinical attack rate) could be sustained over a period of 2-3 weeks;
- the incubation period will be in the range of one to 4 days (typically two to three). Adults are infectious for up to five days from the onset of symptoms. Longer periods have been found, particularly in those who are immune-suppressed;
- children may be infectious for up to 7 days. Some people can be infected, develop immunity, and have minimal or no symptoms, but may still be able to pass on the virus; and all ages are likely to be affected, but those with certain underlying medical conditions, pregnant women, children and otherwise fit younger adults could be at relatively greater risk. The exact pattern will only become apparent as the pandemic progresses. It is likely Trust patients and staff would be infectious, with some groups at greater risk.

7.2 The impact a pandemic has on the population and wider society will be determined by three interdependent factors:

- **disease characteristics:** the number of cases and deaths, the proportion of severe disease in the population, the clinical groups most affected and the rate of onward transmission. This will only become possible to assess once sufficient data is available;
- **service capacity:** the number of patients presenting at primary care services and / or admitted to hospital and intensive care and specialist treatment and the capacity of public services, utilities and businesses to cope with increased demands and staff absence;
- **behavioural response:** the levels of concern experienced by the population, positive reactions to good respiratory and hand hygiene campaigns, the likely uptake of antiviral medicines and vaccination and the way health services are accessed and used.

7.3 For example:

- a highly transmissible virus producing relatively mild symptoms may still cause significant disruption to businesses and individuals as well as to health and social care services, due to the high incidence of sickness and staff absence over an extended period;

- a concentrated wave of infection, where a large number of people are infected over a short period with a more severe illness is likely to have a greater impact on society and service capacity than the same number of cases spread over a longer period;
- uncertainty about the severity of a new pandemic, and any alarmist reporting in the media, may drive large numbers of people to seek reassurance from health providers, placing strain upon primary and secondary care services.

8. RESPONSE STAGE

Key Principles

8.1 Given the uncertainty about the scale, severity and pattern of development of any future pandemic, three key principles underpin all Trust pandemic preparedness:

- **Precautionary:** the response to any new virus should take into account the risk that it could be severe in nature. Plans will therefore be in place for a pandemic with the potential to cause severe symptoms in individuals and widespread disruption.
- **Proportionality:** the response to a pandemic should be no more and no less than necessary in relation to the known risks. Plans will therefore be in place not only for high impact pandemics, but also for milder scenarios, with the ability to adapt them as new evidence emerges.
- **Flexibility:** in support of a consistent, UK-wide approach to responding to a new pandemic, the Trust will work with LHRP partners to ensure local flexibility and agility in the timing of transition from one phase of response to another to take account of local patterns of spread of infection.

Declaring a Pandemic

8.2 In June 2013, the World Health Organisation (WHO) published revised pandemic influenza guidance. This has moved away from the six previous clearly delineated pandemic stages, and instead uses a risk-based approach to pandemic influenza represented as a continuum of global stages (interpandemic, alert, pandemic and transition) that describe the spread of a new influenza subtype, taking account of the disease it causes, around the world.

8.3 Whilst referring to and recognising the importance of WHO arrangements, the UK response is not completely or solely predicated on a WHO alert and as such is not necessarily reliant on this information to activate NHS pandemic response plans.

8.4 As the threat of a Flu Pandemic increases, NHS England may delegate decisions to reduce NHS services to the provision of essential care only, and around the modification of/or suspension of performance targets to local/ regional decision making.

Notification of a Pandemic to the Trust and Activation of Plan:

- 8.5 The Department of Health will inform the Cabinet Office and Public Health England (PHE) should there be a danger of a pandemic or there is a significant change in the threat assessment.
- 8.6 The Cabinet Office will alert other government departments and work with the Department of Health to develop, update and circulate top-line briefings via the News Coordination Centre (NCC).
- 8.7 The Department of Health will alert Somerset Clinical Commissioning Group (CCG) via the NHS England Local Area Teams and who will in turn contact the Trust. In the case of the Trust this will be received by the Accountable Emergency Officer and Emergency Planning Officer.

Communications

- 8.8 The Head of Communications is the focal point for communications within the Trust and with outside agencies. If a pandemic is declared, the Head of Communications, working in conjunction with the Accountable Emergency Officer and Emergency Planning Officer, is responsible for working with partner organisations, government departments and media to ensure coordinated, timely, accurate and consistent communications. For further information refer to the Trust Communications Strategy, Incident Response Plan and the NHS Document Operating Framework for Managing the Response to Pandemic Influenza.

Multi-Agency Strategic Coordinating Group (SCG)

- 8.9 If a local multi-agency SCG is activated then the Trust may be asked to send a representative to each meeting or participate in a telephone conference. If invited, attendance is compulsory and should be someone of sufficient seniority. Usually the NHS England Local Area Team would represent NHS Providers but for a pandemic there may be requirement for representatives of individual Trusts to attend. Alternatively there may be teleconferences set up to avoid the need for groups to meet in person. The dates and times of such telephone conferences will be publicised by the NHS England Area Team and communicated to the Emergency Planning Officer and Accountable Emergency Officer.
- 8.10 A multi-agency SCG set up in response to a pandemic would require updates on how NHS providers like the Trust were coping through regular situation reports.
- 8.11 A multi-agency SCG would set up a media cell which would give advice and support to the group in coordinating the communications of all members. Trust communications would need to be fully coordinated with the SCG media cell to ensure consistency of information and advice being supplied to responding agencies and the public. Local communications, coordinated between the health providers and the SCG may be issued to help inform the general public, patients and carers on how best to protect themselves and others from the virus, indicating the most appropriate way of utilising local health services during the pandemic.

Situation Reporting

- 8.12 As the pandemic reaches the UK and numbers of cases increases, there will be a requirement for regular situation reports (sitreps) from the SCG. The timetable or sitreps may change as the pandemic is takes effect and will vary as the impact varies. Clarity will be provided as the pandemic progresses. To minimise the burden of reporting the sitrep reporting within the Trust should be coordinated with requests for information from external sources.
- 8.13 Within the Trust the Accountable Emergency Officer and Emergency Planning Officer will, unless advised otherwise, in the event of a Major Incident being declared, use SBAR reports to determine the pressures on each team in the Trust.
- 8.14 Sitreps may be timetabled so as to ensure decisions can be made on the latest information and fit into the timetable set by the SCG for sitreps from NHS providers.
- 8.15 The sitrep template includes generic questions about how a team is performing but may be amended to request other information such as the:
- situation of the specific area of business;
 - possible changes in practice or duties in response to the situation/staffing levels;
 - projected likelihood of continuation of business;
 - consequences on a specific area from the transfer of patients from other areas of the Trust;
 - projected demand in light of the pandemic on the specific area of business.
- 8.16 Once compiled the Trust sitrep should inform communications made to staff. It is imperative staff across all teams are kept informed of the:
- national situation (this may be in the form of a “Top Lines Briefing” received from Government RED team or SCG.);
 - regional and/or local situation (information available from the SCG Sitrep);
 - Trust situation (information from the Trust Sitrep);
 - general course of action to be taken by staff in the event of influenza symptoms;
 - need for priority and wherever possible flexibility to be given to those members of staff who may have caring responsibilities at home.

Financial Arrangements

- 8.17 There are likely to be financial implications related to the management of a pandemic. Costs may arise from additional staff, training, development and stockpiling of materials and equipment to ensure continued smooth running of the organisation and maintain the safety of patients. Personal Protective Equipment (PPE) may be issued via a national stockpile. There will be communication and guidance on how to access the stockpile when it

becomes available to organisations. Estimated and anticipated costs need to be notified to the Director of Finance and Business Development.

Performance Targets

- 8.18 It is not envisaged the Trust's Commissioners will suspend any targets. Therefore, performance against targets needs to be closely monitored and any concerns that they cannot be met discussed with the Commissioners at an early stage, this will ideally be as part of the local pandemic planning groups.

Implications for using the Mental Health Act 1983

- 8.19 The government has considered the potential impact on the ability of individuals and organisations to carry out their duties and responsibilities under the Mental Health Act 1983, and potential changes to the legislation which may be introduced in the event of an influenza pandemic are set out in "Pandemic Influenza and the Mental Health Act 1983" which can be found at <https://www.gov.uk/government/publications/pandemic-influenza-and-its-implications-for-the-mental-health-act-1983>.

Implications for using the Mental Capacity Act 2005

- 8.20 There can be no specific Trust plans around managing the majority of the Mental Capacity Act 2005 because the responsibility for assessing capacity, and then acting in an incapacitated person's best interests, falls on whichever member of staff is dealing with that person at any time. Emergency plans for managing the Deprivation of Liberty Safeguards will be developed in conjunction with the Local Authority and Somerset CCG in the run up to the pandemic.

Mutual Aid

- 8.21 Arrangements for mutual aid are described in the Incident Response Plan.

Record Keeping

- 8.22 Appropriate records will be kept of decisions taken and the justifications for making them. This is not only for accountability reasons, but in order to record any potential lessons and experiences which would need to be considered for any future pandemic waves or to a different pandemic in the future. For further guidance, please refer to the Cabinet Office / Department of Health document – Responding to pandemic flu, the ethical framework for policy and planning: <https://www.gov.uk/government/policies/improving-the-uks-ability-to-absorb-respond-to-and-recover-from-emergencies>

9. RECOVERY PHASE

Return to Normality

- 9.1 As the impact of the pandemic wave subsides and it is considered that there is no threat of further waves occurring, the UK will move into the recovery phase. Although the objective is to return to inter-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 normality in a managed and sustainable way.

- 9.2 Health and social services are 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.
- 9.3 The reintroduction of performance targets and normal care standards also needs to recognise the loss of skilled staff and their experience. Most others will have been working under acute pressure for prolonged periods and are likely to require rest and continuing support. 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. Impact assessments will therefore be required.
- 9.4 The Trust may consider redefining services at a strategic level to reflect the reduction in staffing and resources. Recruitment to healthcare posts will be difficult at this time and the number of overseas applicants will also be affected.

Debriefing

- 9.5 Members of staff at all levels within the organisation will be debriefed as set out in the Trust Incident Response Plan.

Reviewing and updating plans

- 9.6 Once debriefing has been completed, this plan as well as plans it is linked to will be reviewed and updated.

Second wave

- 9.7 There might be a second wave of influenza activity, which may be of the extent and impact or lesser. The principles of this plan apply to second and subsequent waves.

10. INFECTION PREVENTION AND CONTROL

10.1 Infection prevention and control standard precautions are fundamental in limiting the transmission of the virus.

- 10.2 Strict compliance with the **Standard Infection Prevention and Control Precautions Policy** is essential and this policy should be read in conjunction with other Trust Policies such as:

- Hand Hygiene Policy;
- Waste Policies;
- Cleaning of Equipment and Decontamination Policy;
- Isolation Policy;

- Outbreak of Infection Policy;
 - Needlestick and Contamination Injury Policy.
- 10.3 In normal business the Trust policy and its implementation will be monitored through the Infection Prevention and Control Assurance Group, reporting into the Clinical Governance Group. The Infection Prevention and Control Assurance Group are responsible for ensuring that the risk of transmission of influenza to existing and newly admitted patients is minimised. During a Pandemic this group will be overseen by, and report to, the Trust Strategic (Gold) Group if a Major Incident has been declared.
- 10.4 Applying basic infection prevention and control measures and encouraging compliance with public health advice are likely to make an important contribution to the UK's overall response. Simple measures will help individuals to protect themselves and others. The necessary measures include:
- covering the nose and mouth with a tissue when coughing or sneezing;
 - disposing of dirty tissues promptly and carefully – bagging and binning them;
 - washing hands frequently with soap and water to reduce the spread of the virus from the hands to the face or to other people, particularly after blowing your nose or disposing of tissues;
 - making sure children follow this advice;
 - cleaning hard surfaces (e.g. kitchen worktops, door handles) frequently using a normal cleaning product;
 - avoiding crowded gatherings where possible, especially in enclosed spaces.
- 10.5 Should a patient be diagnosed with pandemic flu, the Trust's **isolation precautions**, which is part of the **infection prevention and control standard precautions**, are designed to protect staff, patients and visitors by reducing exposure to potentially pathogenic organisms. It allows staff to make risk assessments and instigate appropriate precautions based on the transmission route of each particular organism, whilst maintaining as much individualised care as possible. Any new guidance on infection prevention relating to a pandemic will be provided by PHE and distributed to all NHS Providers.
- 10.6 **Objectives in Infection Prevention and Control:**
- to provide a safe environment for staff, visitors and patients;
 - identify risks posed by infections and the causative organism;
 - use principles of risk assessment to provide quality and individualised care for patients requiring isolation.
- 10.7 The Infection Prevention and Control Team will undertake routine surveillance on a daily basis of 'alert organisms'. This is continuous monitoring of infection risk in hospital caused by specific high-risk organisms. In addition, ward-based surveillance will be carried out. The level

of surveillance will continue to be dictated by the resources available to the Infection Prevention and Control Team.

Personal Protective Equipment (PPE)

- 10.8 A funding allocation may be received from the DH in order to support the Trust's stock piling arrangements for PPE across all services. The Trust will ensure PPE has been distributed across all localities and consists of:
- plastic apron;
 - eye protection;
 - soap, water and hand towels/alcohol hand rub;
 - gloves;
 - surgical face mask for exposure prone procedures;
 - FFP3 respirators for aerosol-generating procedures.
- 10.9 PPE for Pandemic flu when used in a community/home environment, is classified by the Trust as normal healthcare waste, and should be dealt with according to normal procedure.

11. WORKFORCE

- 11.1 In preparation for a pandemic all teams will ensure Business Continuity plans are in place to ensure adequate staffing for the maintenance of services. Care should be taken to ensure staffing is maintained at safe levels.

Staff Absence

- 11.2 The level of staff absence from work during a pandemic will depend significantly on the nature of the pandemic virus when it emerges. Trust Business Continuity Plans contain some contingencies for mitigating the effect of staff absence but it is a possibility some teams may be severely short staffed and would require assistance in order to perform their functions.
- 11.3 In such a situation the Trust Strategic (Gold) Group may be needed to decide what functions may be suspended in order to maintain critical services.
- 11.4 During a pandemic, staff will be absent from work if:
- they are ill with influenza. Numbers in this category will depend on the clinical attack rate. If the attack rate is the 50% figure given in the reasonable worst case, half of staff in total will be sick (and hence absent from work for a period) at some point during the course of the pandemic. This could give absence rates of 15-20% in the peak weeks of the pandemic assuming it occurs in one wave over a period of 12-15 weeks. But there may well be more than one wave, with absence from work being spread cross those waves;
 - absence is likely to be 7 working days for those without complications, and 10 for those with
 - a need to care for children or family members who are ill;

- a need to care for (well) children due to the closure of schools;
 - they have non-flu medical problems;
 - they have been advised to work from home.
- 11.5 National guidance states as a rough working guide, organisations employing large numbers of people, with flexibility of staff redeployment, should ensure their plans are capable of handling staff absence rates of up to the 15-20% set out above (in addition to usual absenteeism levels). The Trust is a large organisation made up of services spread over a wide geographic areas and as a result may see higher or lower rates of absenteeism depending on the area. National guidance estimates absences of up to 35% in some cases.
- 11.6 The workforce response to a pandemic will be guided by pre-existing HR policies and guidance. Management of the workforce is a key task to ensure business and service functions can be maintained.
- 11.7 Some of the normal HR activities may have to be suspended during a pandemic at the direction of the Executive Team.

Staff Redeployment and E-rostering

- 11.8 During a pandemic, staff may be requested to work in different services, teams or facilities within the organisation in order to keep essential services running.
- 11.9 Staff will not be expected to work in identified roles without appropriate training and qualifications. Staff will be required to take on additional duties during a pandemic to ensure patients basic care needs are met. Staff may be requested to work additional shifts or in a different work pattern than normal to cope with increased staff absences, however, working hours will be monitored to ensure staff take appropriate breaks and rest periods.
- 11.10 Payment of wages and expenses for additional work will be determined by the Trust.

Annual Leave

- 11.11 During the early stages of a pandemic, individual services should review annual leave requests with a view to postponing leave during the peak of the pandemic (following month).
- 11.12 In the event of a pandemic, the Trust would encourage members of staff to consider cancelling their leave arrangements.
- 11.13 In these circumstances, the Trust would need to consider how it would accommodate a build-up of annual leave. This may involve:
- consideration of buying annual leave days out after the pandemic;
 - allowing carry-forward of annual leave days owed;
 - a combination of buying out and carrying forward annual leave days.
- 11.14 If annual leave is carried forward, the Trust will inform staff how it will allow them to take the leave later. However, staff will still need to go through the usual Trust process for booking and approval of leave.
- 11.15 This process will be fully explained to members of staff before they agree to cancel their annual leave.

- 11.16 The Trust recognises the added stress and work, which would be placed on members of staff working during a pandemic event and will do everything possible to avoid asking staff to cancel their annual leave arrangements.

Staff with Caring Responsibilities

- 11.17 Trust policies in relation to absence for caring and childcare will continue to apply during a pandemic event. However, the Trust fully recognises the additional burden and stress placed on parents, partners and carers who are caring or concerned for others, during a pandemic.
- 11.18 When a pandemic has been declared all staff will report their absence because of caring for someone with influenza.
- 11.19 The Trust will ensure staff are given ready telephone access to contact their homes when at work through an identified phone in a designated private area or room. Staff will also be able to use their Trust mobile telephones for this purpose.
- 11.20 If staff require additional carer's leave, this needs to be dealt with in a sensitive, proactive manner in order to find the best alternative solution to meet the member of staff's needs. This may include:
- the use of paid or unpaid leave;
 - the use of annual leave;
 - finding alternative working hours;
 - finding additional sources of support at home.

Staff Accommodation & Transport

- 11.21 During a pandemic, the Trust will seek to provide accommodation for staff where required to enable them to continue working. Directorate business continuity plans have details of this. The Trust will liaise with local agencies to co-ordinate provision of transport for staff where possible to allow them to remain in their own homes.

HR Reports

- 11.22 The HR Department will be expected to provide regular situation reports on staffing to the Trust. The frequency of these may increase as the pandemic progresses.
- 11.23 The Trust recognises it is essential to maintain excellent relations with trade union organisations, professional bodies and members of staff as part of the pandemic planning process and when a pandemic occurs. The Trust will seek to keep its workforce informed of its pandemic planning and will ensure they have an opportunity to comment on these plans when ever possible.

12. DISTRIBUTION OF ANTIVIRAL MEDICATION AND VACCINATIONS

- 12.1 The distribution of antiviral medication and vaccinations is the responsibility of NHS England.
- 12.2 The Trust will ensure a supply of antiviral medication is available at all times for its inpatients. Community patients will access this medication through

their normal primary care services although the Trust recognises its responsibility to support vulnerable patients to access these services.

13. MANAGING CORE SERVICES DURING A PANDEMIC

- 13.1 This sets out the general principles under which the Trust will manage its services during a pandemic. More detailed guidance will be produced as a **RESTRICTED** document which will be published when a pandemic is imminent.
- 13.2 The Trust may experience a surge in demand for its services during a pandemic, the effect of which may be heightened by a higher than normal sickness rate amongst its staff. The Trust will consider how best to meet this demand surge and will complete a Pre Surge Demand Assessment and during and after the surge should it take place.
- 13.3 The Trust will wherever possible seek to maintain all its services.
- 13.4 The Trust will encourage flexibility by its workforce. In the first instance all clinically qualified staff occupying central/headquarters posts and other management posts should be made available to support the clinical needs of the service.
- 13.5 Bank and retired staff may also be encouraged to support clinical services.
- 13.6 The Trust will maintain essential tasks associated with the management of Trust services to enable clinically trained staff to be released to support clinical functions as required. Non-clinical staff should also be available to support service assistant and other ancillary roles.
- 13.7 The Trust will put in hand arrangements to ensure supplies of drugs are maintained. It may be necessary to maintain a limited range of emergency pharmacy supplies for such an eventuality.
- 13.8 Dependent upon the severity of the pandemic and level of staff absence, some functions may need to be brought together. The Trust will encourage as much flexibility within teams and across teams as possible.
- 13.9 A careful balance will be maintained between in-patient and community services and “retrenchment” to maintain a balanced workforce and services may need to take place on a parallel basis.
- 13.10 The effective management of medical cover is critical to support community and in-patient services.
- 13.11 The Trust will review its contracted beds with its commissioners in the event of a pandemic as these may be needed to manage any surge in demand for inpatient treatment.
- 13.12 Every effort will be made to discharge patients and restrict/reduce admissions – this may allow for a reduction in bed numbers and reduced staffing levels.
- 13.13 Responding to a pandemic will call for significant flexibility on the part of managers and staff in terms of how and where services are delivered. The Trust is committed to maintaining as full a range of services to its patients as possible, with a particular focus on in-patient and community services.

- 13.14 The Trust recognises absence levels may not allow it to maintain all its services. Agreements will need to be reached on which services are critical to the recovery and well being of patients and are absolutely necessary to be maintained. This may mean difficult decisions will need to be made about how the Trust uses staff and their skills and models of service delivery temporarily adopted which the Trust would not necessarily support in normal circumstances or would be considered best practice.
- 13.15 More detail on these issues is included at **Appendix Three** of this Plan.

14. VULNERABLE ADULTS AND SAFEGUARDING CHILDREN

- 14.1 Significant numbers of patients may be vulnerable and managed through the Vulnerable Adults and Safeguarding Children processes. Both these processes would be considered to be **Critical** services during a pandemic. These patients' vulnerability may increase by a pandemic.
- 14.2 The Trust will identify these patients during the period before the pandemic reaches Somerset and will undertake a reassessment of their needs and presenting risks to determine the most appropriate means to manage them. This may necessarily entail other patients receiving a reduced or no service during the pandemic.
- 14.3 The role of carers in helping to manage these patients during the pandemic is essential and the Trust will liaise closely with carers and will review their support plans during the period before the pandemic reaches Somerset.
- 14.4 Older people may become physically more vulnerable during a pandemic and the Trust will work closely with partner organisations, and in particular Somerset County Council, to prioritise those patients who are most in need.
- 14.5 Learning disabled patients will continue to be managed through the joint Trust and Somerset County Council Learning Disability Service who will advise the Trust of any appropriate measures which need to be taken.
- 14.6 The Safeguarding Children arrangements follow the guidelines set out by the South West England Safeguarding Children Board. The Trust recognises the need for continued vigilance in this regard and will prioritise safeguarding arrangements during a pandemic.
- 14.7 More detail on these issues is included at **Appendix Five** of this Plan.

15. EQUALITY AND DIVERSITY ISSUES

- 15.1 The Trust recognises and acknowledges the diverse nature of its workforce and of the patients and carers to whom it provides treatment and care.
- 15.2 It will ensure all information and guidance sent to members of staff, patients and carers will be in a language and format, which they can easily understand during a pandemic.
- 15.3 It recognises patients and carers who have English as a second language may experience language difficulties due to the added stress of a pandemic. It will endeavour to support them by ensuring language support is available. Full details of this service are available through the Intranet and at every ward and team. However, these pre-existing services will be under great

strain during a pandemic and may become unavailable. Local solutions may be needed to ensure Trust patients can continue to have their needs translated for them.

- 15.4 The Trust recognises the nine protected characteristics under the Equality Act and the different effects these may have on its workforce, patients and carers during a pandemic and will ensure these are taken fully into account as far as is possible during such an event.
- 15.5 A pandemic is a very and difficult time and need for increased spiritual and religious support is likely. Particularly due to possible deaths of members of staff and patients. Trust Chaplains and the Spirituality Forum will provide this support in cooperation with members of the Somerset faith communities. Rooms will be set aside in all premises for staff, patients and carers to use for reflection and prayer.

16. TRAINING AND TESTING REQUIREMENTS

- 16.1 This plan will be validated in an internal table top exercise to test the Trust's strategic response. The plan will be exercised by Trust representatives attending any Somerset based or regional exercises and any NHS England or Department of Health led exercises. A list of completed exercises will be kept by the Emergency Planning Officer.

17. MONITORING COMPLIANCE AND EFFECTIVENESS

17.1 Monitoring arrangements for compliance and effectiveness

- Executive Management Team meetings;
- Health, Safety, Security and Estates Management Group will receive quarterly reports.

17.2 Responsibilities for conducting the monitoring

- Health, Safety, Security and Estates Management Group.

17.3 Frequency of monitoring

This plan will be reviewed on an annual basis during the pre-pandemic period as part of the Trust Emergency Preparedness, Resilience and Response (EPRR) Assurance process on an annual basis. Additional reviews will take place as required by to reflect changes to Trust structure or national guidance.

18. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS

18.1 References

- 18.2 UK planning assumptions in the 2011 national strategy (www.gov.uk/pandemic-flu) reflect a reasonable worst case scenario and place emphasis on a precautionary, proportional and flexible response.
- 18.3 The WHO framework recognises the importance of national, regional and local plans for pandemic influenza that can be activated. The 'Pandemic

Influenza Risk Management, WHO Interim Guidance’, published in June 2013 shows a risk-based approach to pandemic influenza represented as a continuum of global phases and activity. [Pandemic Influenza Risk Management WHO Interim Guidance](http://www.who.int/influenza/preparedness/pandemic/influenza_risk_management/en/)
http://www.who.int/influenza/preparedness/pandemic/influenza_risk_management/en/

- 18.4 The ‘UK Influenza Pandemic Preparedness Strategy’ was published in 2011 and continues to apply
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213717/dh_131040.pdf and builds upon lessons identified during the 2009 pandemic and 2010/11 winter season. It recognises a flexible approach is required for pandemic preparedness and response and addressed the role of the NHS as well as wider health partners.
- 18.5 The operational response of the NHS is focused on by the DoH’s ‘Health and Social Care Influenza Pandemic Preparedness and Response’, published in April 2012
(https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213696/dh_133656.pdf). The roles identified in this guidance are now largely be delivered by NHS England while CCGs undertake local supporting roles.
- 18.6 The ‘NHS England Operating Framework for Managing the Response to Pandemic Influenza’ published in October 2013 sets of the roles and responsibilities of NHS England at national, regional and area team level in planning for and responding to pandemic influenza. This guidance supports NHS England in working with local NHS providers and commissioners to ensure appropriate and flexible plans are in place.
<http://www.england.nhs.uk/wpcontent/uploads/2013/12/framework-pandemic-flu.pdf>.
- 18.7 Pandemic Influenza and the Mental Health Act 1983” can be found at
<https://www.gov.uk/government/publications/pandemic-influenza-and-its-implications-for-the-mental-health-act-1983>.
- 18.8 **Relevant National Requirements:**
- ISO27001
 - BS25999
 - DOH Emergency Planning Guidance
 - DOH Pandemic Flu reports including:
 - Guidance on preparing mental health services in England;
 - Human Resources guidance for the NHS;
 - Planning for pandemic influenza in adult social care;
 - Surge capacity and prioritisation in health services;
 - Guidance on preparing acute hospitals in England;
 - Guidance for ambulance services and their staff in England;

- Guidance on the management of death certification and cremation certification;
- The ethical framework for policy and planning;
- National Strategy for responding to an influenza pandemic

18.9 **Cross reference to other procedural documents**

- Infection Prevention and Control Policies;
- Incident Response Plan;
- Business Continuity Management Policy and Plans;
- NHS in Somerset Mass Casualty Plan;
- NHS in Somerset Mass Vaccination Plan.

All current policies and procedures are accessible in the policy section of the public website (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet.

RESTRICTED TRUST DOCUMENT

**TO BE PUBLISHED AS DIRECTED BY TRUST CHIEF
EXECUTIVE OR NOMINATED DEPUTY**

APPENDIX TWO: GUIDANCE ON VISITORS DURING A PANDEMIC

1. INTRODUCTION

- 1.1 This guidance defines the visiting arrangements to inpatient wards and community hospitals which will be put in place in the event of pandemic influenza occurring.

2. PURPOSE AND SCOPE OF GUIDANCE

- 2.1 Inform staff of the actions required in managing visitors to Trust premises during a pandemic to help contain the spread of the virus.
- 2.2 The guidance applies to all staff working within the Trust and to all visitors to its premises.

3. GUIDANCE

- 3.1 This guidance aims to ensure the spread of pandemic influenza is, wherever possible, restricted and controlled as part of a portfolio of pandemic specific measures in conjunction with general infection control practices.
- 3.2 Visiting will be reduced to those for whom a visit to the designated area is deemed essential. An essential visitor list will be held by Trust local managers. This list will be reviewed upon application and not less than weekly by local managers with final approval by the relevant Head of Division.
- 3.3 In a fluctuating environment this may need to be reviewed by the ward staff in charge at the time of the intended visit. It may be necessary to refuse access to those who appear to have influenza-like symptoms.
- 3.4 Visitors exhibiting influenza symptoms will not be given access to the ward or unit until they are seven days post symptom/antiviral commencement.
- 3.5 Notices will be prominently displayed by all entrances and exits advising of the pandemic status of the ward or unit and the appropriate actions required to be permitted entry and the actions required upon entry and exit. This may include locking of clinical areas, which are normally open by means of the Locked Doors, Lockdown and door control policies.
- 3.6 All approved visitors will report to a designated reception zone outside of the patient area to make their presence known and await a member of Trust staff to meet them.
- 3.7 The member of staff will log the visitor's entry (time, date, name, business) and hand them a copy of the Infection Control procedures, instructing them on these and checking their understanding. This may include hand hygiene and the use of protective equipment and clothing, e.g. masks, alcohol based hand wipes.
- 3.8 All visitors will be required to comply with the Infection Control Policy in operation in the ward or hospital.
- 5.7 The Trust recognises the importance of visitors to promoting and maintaining the well being of patients. However, during a pandemic to prevent the spread

of the pandemic, telephone, letter and email contact will be encouraged instead of personal visits to ensure the well being of all visitors and patients. In exceptional circumstances, with the approval of the responsible Head of Division, it may be necessary to close the premises to all visitors.

6. HUMAN RIGHTS

6.1 *Article 8(1) "Everyone has the right to respect for his private and family life, his home and his correspondence."*

6.2 The Trust acknowledges that restricting visiting to patients may engage article 8 of the European Convention of Human Rights (as incorporated into The Human Rights Act 1998) as implementing actions, which restrict visitors to a patient, is included within the ambit of this article. However, in the event of a pandemic it is necessary to balance this right with the health and safety of patients and broader public health considerations.

6.3 The qualification to this right is to be found in article 8(2):

*"There shall be no interference by a public authority with the exercise of this right **except** such as is in accordance with the law and is necessary in a democratic society in the interests of national security, **public safety** or the economic well-being of the country, for the prevention of disorder or crime, **for the protection of health** or morals, or for the protection of the rights and freedoms of others" (emphasis added).*

6.4 Having fully considered the matter, the Trust regards its actions in restricting visitors under this policy to fall within the ambit of article 8(2), and as such its actions are justifiable and proportionate in all the circumstances.

APPENDIX THREE: SURGE/DEMAND MANAGEMENT PLAN

1. INTRODUCTION

- 1.1 The demand for services during a pandemic may outstrip the Trust's capacity to meet this need and therefore becomes a concern for the Trust.
- 1.2 Managing services to meet differing levels of demand will depend on the nature of the pandemic and may be a short term or a continuing issue. The Trust must be able to manage this.
- 1.3 The Demand Management Plan will help facilitate business continuity and service recovery planning and will be informed by Trust, Directorate/Department and Local Resilience Plans.
- 1.4 Actions by Trust managers may require a broader approach where more business continuity issues are concurrently affecting the Trust.

2. BACKGROUND AND PURPOSE

- 2.1 The increase in demand for services may be localised to a particular service area or may affect the whole Trust or all of Somerset.
- 2.2 The Trust will liaise with senior managers to minimise disruption.
- 2.3 Local Resilience Plans look at options to manage local demand issues where a disruptive incident affects the ability to meet local demand, for example, responding to the consequences of staff shortages.
- 2.4 These plans:
 - minimise disruption;
 - identify different methods the Trust may operate its business continuity management plans;
 - provide a central framework for managing demand management;
 - facilitate an effective usage of the remaining resources of the Trust;
 - maximise the care provided by the Trust with the resources available;
 - minimise any loss of revenue to the Trust where a full service cannot be provided.

3. ISSUES CAUSED BY EXCESS DEMAND ON SERVICES

- 3.1 Where demand exceeds resources there are a number of issues the Trust will consider before adopting processes to manage the excess demand placed upon it by a pandemic. These include:

Contracts and Demand Levels

- 3.2 All Trust services should be covered by contracts which indicate required services, demand levels, performance targets, and penalties where performance targets cannot be met.
- 3.3 Where excess service demand is covered by a contract, and demand levels exceed contracted service delivery, the Trust will review existing business contracts. Decisions will be made about how excess demand will be

managed, including the creation of waiting lists. Liaison with the business client will be required to agree the approach. Contracts often allow additional charge clauses where demand exceeds prescribed levels.

- 3.4 Where service demand is covered by a contract, but demand levels are below contracted delivery but due to resourcing levels demand needs to be managed, there is likely to be performance targets which may be missed. This may result in income penalties. Trust managers will consider the consequences of penalties when considering any demand management options.
- 3.5 Where a pandemic is significant and widespread, the Trust will discuss with partner agencies possible demand management strategies. In such an incident, it is possible some or all Trust performance targets within contracts may be suspended during a pandemic and cross working arrangements and assistance introduced.

Legal Requirements

- 3.6 Some services are required by law, for example, work carried out under the Mental Health and Mental Capacity Acts. During a pandemic, the Trust will ensure as far as fully possible these services are continued.

Risks

- 3.7 Where excess demand arises the Trust may be subject to additional risks.
- 3.8 These risks will be considered before agreeing options to manage the excess demand are decided upon. These risks may include:
- **Risks to staff.** Where staff are at risk due to the service provided and the additional demand loads required, Trust managers have a health and safety obligation to manage these risks;
 - **Risks to patients.** Where additional demand arises with fewer staff resources per patient this may result in higher risks to patients which will need to be managed;
 - **Risks to the Trust.** Where excess demand arises other risks may arise placing the trust at risk.

4. PROCEDURES/PLANS

- 4.1 For Demand Management purposes all services and members of staff, including those supporting Trust front line services, will need to be assessed, and a priority level assigned to the service based on how critical that service is to the trust on being provided. Table One below will be used to assess Trust services and their priority.

Table One: Trust Service Priority Rating

Priority	Description	Factors Affecting Service Priority Rating
RED	Critical Service	High-risk services. Required by law. Required by contract. No effective alternative service identified. Major losses of income if not provided to target levels. Critical support service to critical services.
AMBER	Essential Service	Medium risk services. Required by contract. Alternative service delivery possible. Loss of income possible if not provided to target levels. Essential support service to essential level services.
GREEN	Non Essential Service	Low risk services. Low or minimal losses of income if not provided to target levels within any contract. Non-essential support service to Non Essential services.

4.2 Should a pandemic occur, Trust teams and wards should consider how their services can be provided using alternative arrangements. This will have been considered as part of the business continuity planning arrangements. Trust teams and wards will also have assessed current services provided and identified key resource requirements.

5. **MANAGING DEMAND**

5.1 Where there is excess demand on services caused by a pandemic, the Trust can only manage this by increasing resource levels, alternative working arrangements and/or reallocating resources to key priority services.

5.2 Trust Business Continuity Management Plans identify how resources can be managed and plan for alternative working arrangements where resources are limited.

6. LESSONS LEARNED

- 6.1 The Trust recognises the need to identify any lessons learnt following a pandemic and will ensure processes are in place to enable this process to take place.
- 6.2 All Trust and staff groups affected by the pandemic will be involved in assessing and identifying the lessons learned and how services could be improved in case of a future event.

APPENDIX FOUR: SECURITY MANAGEMENT GUIDANCE

1. Introduction

1.1 In the event of a pandemic, several factors may need to be borne in mind.

- Health facilities, including hospitals and retail chemists, will be seen to be depositories of life-saving treatment. This will be a crucial factor in the early stages of a pandemic when medical supplies are likely to be rationed. This will be the period of most risk.
- Health services, including the Trust and the private sector, will be at full tilt addressing not only the pandemic but also the normal aspects of treating health issues. Since, this is likely to result in different priorities being set, this could result in civil disturbance and demonstrations within hospital grounds. Very few hospitals are equipped and have planned for such an eventuality.
- A major issue for the Trust is the close proximity of its headquarters at Mallard Court, Bridgwater to the NHS Logistics depot at Express Park.
- The Police and other law enforcement agencies will be affected by the pandemic and would therefore be short of manpower. In Somerset, the Police are likely to be fully deployed maintaining law and order in the larger population centres of Taunton, Bridgwater, Yeovil and Wells.
- The likelihood of police officers being able to provide protection to the Trust, public and private localities will be low and therefore alternative solutions will need to be identified, possibly from security providers.
- Emergency legislation may be enacted, which may include restrictions on national and local travel and general movement. These will be restrictive as it applies to internal security and might mean Trust staff being unable to reach some areas because of serious civil disturbance.
- The possibility Trust community bases in all sectors are used as overspills for patients from the acute hospitals in Somerset.
- Burglary of Trust premises by individuals seeking treatment and/or to finance treatment.
- Theft of treatment agents by a member of Trust staff for individual use or consequent to coercion. DATIX will be critical in developing trends and patterns.
- Criminal damage to Trust buildings and property including cars.

2. Public Perception

2.1 The public will not necessarily differentiate between the major Somerset acute hospitals, apart from their size, from Trust community hospitals, inpatient wards and community units. The blue and white NHS signs outside NHS premises may be enough if the public have limited faith in the decision-making process of officialdom and will seek alternative solutions. This could mean disruption outside Trust bases with demonstrators believing that they hold antibiotics. Such demonstrations could affect patients.

3. Community Bases.

- 3.1 It will be important for the existing security culture in community bases to be continued. Contracting security officers to control access in particular and to patrol should be considered for the larger premises – Taunton, Wells, Yeovil and Bridgwater. The Trust will work to ensure joint approaches with partner organisations who provide accommodation for Trust services.

4. Personal Security

- 4.1 Staff personal security may be at risk, at work, while travelling and perhaps at home.
- 4.2 A significant risk may be to community health staff, a factor which may increase when care is delivered in home settings. Lone worker and community staff personal security procedures will reflect the potentially greater risk and their locations, diaries and routes are known at all times by the team or exceptionally by the Incident Control Centre.
- 4.3 It is likely the majority of home visits will be significantly reduced to only a minority of cases to prevent cross infection and phone contact will instead be maintained with patients.
- 4.4 Trust staff will be told not to wear NHS ID Badges outside places of work but should have them available.
- 4.5 Cars will not be identified as being driven by staff. Community staff will be briefed on carrying medication which will only take place in exceptional circumstances.

5. Training and Briefings

- 5.1 Awareness of security and safety issues during a pandemic event is essential. Staff and premises may become the focus of desperate people seeking out medication and other assistance during a pandemic.
- 5.2 The Executive Team will receive a daily situation report detailing incidents, threats, solutions and advice concerning security issues during a pandemic. This information will be circulated as appropriate to the relevant Trust managers and departments.
- 5.3 An underlying principle is an acceptance there will be periods and occasions when it will be very difficult or impossible to fully protect Trust and the Trust may therefore suspend an activity or service in order to achieve more pressing matters.

APPENDIX FIVE: – VULNERABLE ADULTS AND SAFEGUARDING CHILDREN

1. During a pandemic, the NHS has a specific requirement, in conjunction with other organisations, to ensure at risk groups are specifically cared for. Examples of vulnerable people are:
 - those already ill, either acutely or with chronic health problems;
 - people dependent on drugs for disease management, symptom support or pain relief;
 - people with significant physical or mental health problems;
 - people with learning disabilities;
 - parents with babies or young children, or pregnant women;
 - people receiving home renal dialysis;
 - people with physical disabilities;
 - the elderly and confused.
2. The care of children requires special consideration. Children have special needs in a pandemic, being different from adults in terms of their size, physiology and psychological needs, all of which has an impact on their care. Health and other emergency services should take their needs into account in pandemic contingency plans.
3. The destination for children and young people who are inpatients will be to the NHS trusts who have paediatric inpatient facilities if these are available. It will be the responsibility of the Named Health Professional for Safeguarding Children to ensure the Trust response adequately caters for the needs of children.
4. The Trust will always try to accommodate the wishes of parents to remain with their children. Parents are likely to want to have close contact with their child, however, this will increase the risks to them and to any other children or family they may have. Anyone involved in a pandemic may suffer from stress and trauma. This is particularly important where children are involved. Parents and staff may be greatly distressed and counselling and support needs to be planned.
5. Access to psychological and counselling support will normally be co-ordinated by General Practitioners. Patients requiring such support should be directed to the most appropriate source which may be the Trust, social services or non-statutory bodies such as Cruse Bereavement Care, Young Minds or Victim Support.
6. Children with visual, hearing, physical or learning disabilities are a particularly vulnerable group in a pandemic.

APPENDIX SIX: MORTUARY FACILITIES (NONE IN MENTAL HEALTH FACILITIES)

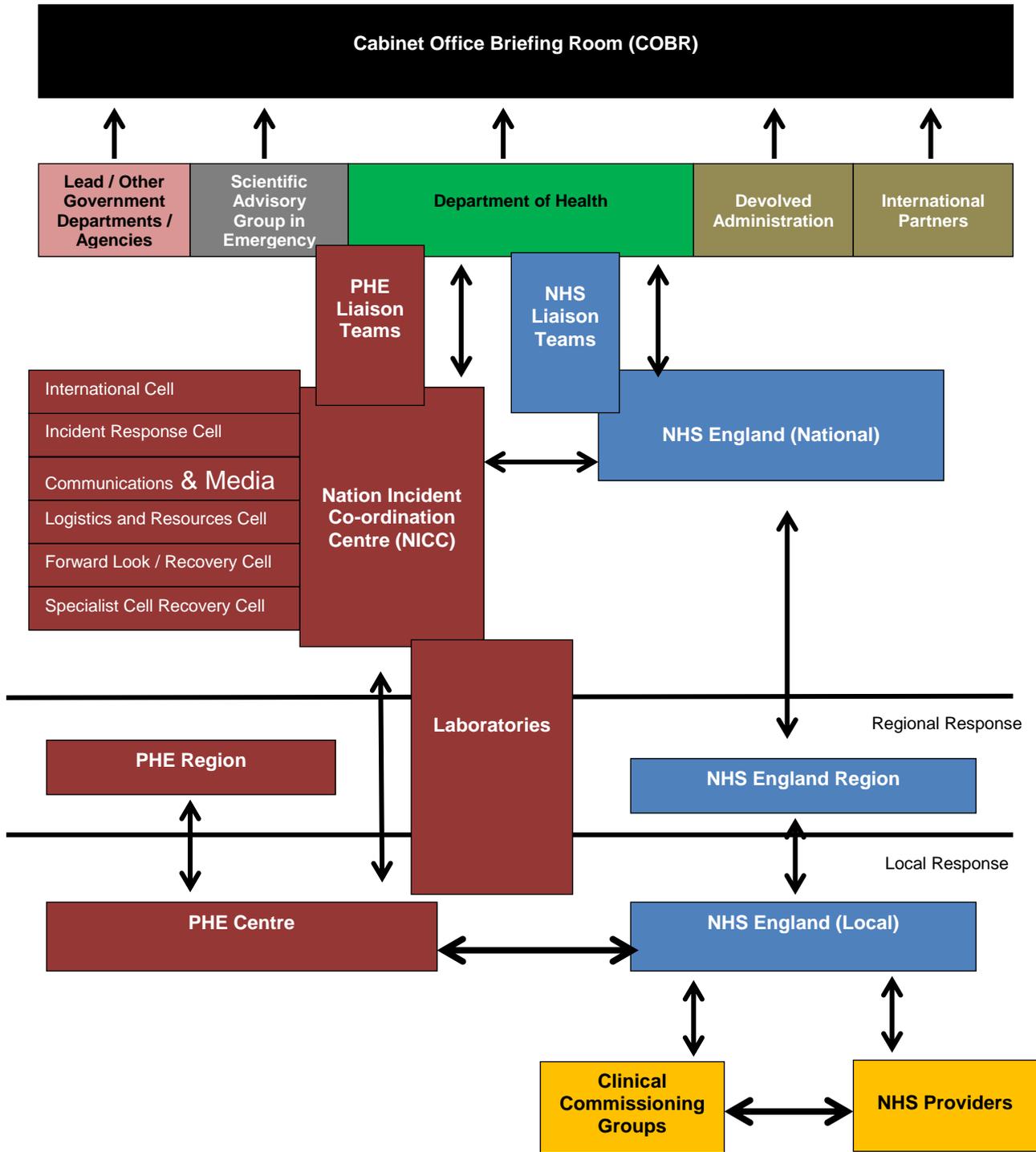
	Mortuary on site	Mortuary room not currently used but could be re-commissioned if needed	Action would be required to re-commission the mortuary and make it fit for purpose	Short term "holding arrangements" for bodies	Designated undertaker
Community Hospital					
Bridgwater	No	No	N/A	Physiotherapy Dept. to be used as additional mortuary provision.	H Biffen & Sons, 32 Wembdon Rd, Bridgwater, Somerset,
Burnham on Sea	No	No	N/A	Sanctuary Room to be used additional mortuary provision	Richard Marsh, Burnham Funeral Directors
Chard	Yes	No	N/A	Downstairs old ward 2 area to be used as additional mortuary provision	No

Crewkerne	Yes	No	N/A	Use existing old mortuary and the Physiotherapy Dept for additional mortuary provision	This depends on relative choice
Dene Barton	No	No	N/A	Dining Room to be used as additional mortuary provision	Thomas Bros, 95 Galmington Road, Taunton
Frome	No	No	N/A	Moxon Suite to be used as additional mortuary provision	Relative Choice, or Adlam Funeral Service, Locks Hill, Frome BA11 1NH
Minehead	No	No	n/a	Seminar Room to be used as additional mortuary provision	Local agreement with Hedley Price Funeral Directors of Minehead for removal of deceased when no other funeral director identified

Shepton Mallet	No	No	N/A	Training Room to be used as additional mortuary provision	No local undertakers at wishes of relatives
South Petherton	No	No	N/A	Education Room to be used as additional mortuary provision	If no preferred directors specified by patient /family use Irish & Denman's, South Petherton or A J Wakely, Ilminster
Wellington	No	No		Upstairs meeting room to be used as additional mortuary provision	Thomas Bros, Wellington
Wincanton	Chapel of Rest with refrigerator with 3 shelves		Need provision of larger trolley for transportation from ward areas to Chapel of Rest. Trying to find a supplier of a replacement trolley with a cover.	To date the facilities have been adequate	The local undertaker. Howard Miles, North Cadbury

<p style="text-align: center;">Williton</p>	<p>Yes</p>	<p>In Use</p>	<p>N/A</p>	<p>Three spaces for bodies in mortuary - bodies stay until collected by undertaker and 4 bedded rooms on Brendon Ward could be used for additional mortuary provision.</p>	<p>On Call undertaker if fridge broken or to collect bodies if too many</p>
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APPENDIX SEVEN: Influenza Pandemic Communication Flow



D.A.T.E.R.

**(Detection; Assessment; Treatment;
Escalation; Recovery)**

ACTION CARDS

**(To be read in conjunction with Action Cards
contained in the Incident Response Plan)**

**ACTION CARD DATER D1: DETECTION PHASE: CASES IDENTIFIED OUTSIDE
UK**

DATER ACTION CARD D2: DETECTION PHASE: CASES IDENTIFIED IN UK

DATER ACTION CARD D3: TREATMENT PHASE: OUTBREAKS IN THE UK

DATER ACTION CARD D4: ESCALATION PHASE: WIDESPREAD ACTIVITY

DATER ACTION CARD D5: POST PEAK PANDEMIC RECOVERY PERIOD

DATER ACTION CARD D6: NEXT PANDEMIC WAVE PLANNING

ACTION CARD DATER D1: DETECTION PHASE: CASES IDENTIFIED OUTSIDE UK

KEY ACTIONS

- Increase vigilance for signs and symptoms of influenza.
- Implement training program for staff on basic medical care and influenza assessment criteria.
- Establish communication methods and circulate key messages.
- Implement procedures for dealing with initial cases of infected patients.
- Review pre-pandemic vaccination arrangements and identify eligible staff patients.
- Agree Trust representation at multi-agency meetings and relevant forums.

In the event of human to human transmission of an influenza virus determined by the World Health Organisation to cause an influenza-related “Public Health Emergency of International Concern” (PHEIC), the Department of Health would alert healthcare organisations to implement the Detection. Phase for a potential pandemic or epidemic. **A nominated director should:**

	Convene first meeting of the Pandemic Management Team and agree meeting frequency and communication methods
	Allocate staff to multi-agency Pandemic Flu Groups (if established)
	Check case definition and epidemiology, identify at risk patients
	Activate increased surveillance for influenza (as directed by PHE / DH)
	Alert Human Resources / Heads of Division to monitor sickness absence reporting
	Review business continuity plans and ensure essential services are resilient
	Review pre-pandemic vaccine availability and identify suitable recipients
	Review Personal Protective Equipment distribution system and deliver to community based staff where necessary
	Step up infection control measures and use of Personal Protective Equipment where necessary, circulate latest infection control guidance
	Review antiviral storage and distribution arrangements
	Review communication methods by testing receipt of key messages to staff, patients, subcontractors, local organisations etc.
	Confirm local communication messages regarding changes to services
	Review provision of information and support for carers and vulnerable groups
	Regularly brief senior staff, especially On Call Director of current situation
	Review admission criteria and transport for suspected influenza cases
	Implement training and exercising programme for staff
	Review volunteer and recently retired staff lists, implement training programme

DATER ACTION CARD D2: DETECTION PHASE: CASES IDENTIFIED IN UK

KEY ACTIONS	
<ul style="list-style-type: none"> • Implement record keeping and surveillance for suspected and confirmed cases • Implement increased infection control procedures and distribute Personal Protective Equipment • Implement support procedures for staff and patients • Review surge capacity and business continuity measures • Increase awareness of pandemic influenza signs, symptoms and epidemiology 	
<p>Once the virus has been isolated in the UK, primary care services will be at the forefront of dealing with suspected cases. Clear communication at all levels will be essential to minimise the disruption to local services. The Pandemic Management Team should:</p>	
	Ensure Trust is represented at local multi-agency response groups
	Set up situation reporting including number of infected patients and staff
	Enhance surveillance and / or data collection to reflect NHS England data requests
	Request feedback from staff regarding general patient enquiries regarding influenza and concerns about accessing care (share with NHS England and Clinical Commissioning Group)
	Review sickness absence levels and enquiries
	Review essential services and allocate seconded / volunteer staff
	Review use of infection control procedures and personal protective equipment within services, introduce stock control if necessary
	Review current cases and accelerate discharges if necessary
	Ensure community staff are discussing potential alternative care arrangements with regular patients
	Review admission and discharge arrangements with Acute Trusts
	Review changes to primary care arrangements and update staff
	Set up anti-viral distribution points if required and test procedures
	Ensure communication updates are issued regarding changes to services
	Inform carers and vulnerable groups of any special arrangements or support
	Continue training programme for staff including basic medical care
	Ensure subcontractors and commissioned services are putting their response plans in place
	Review volunteer and recently retired staff lists and training requirements
	Review Trust pandemic plans in light of current epidemiological information
	Agree rota for staff on Pandemic Management Team

DATER ACTION CARD D3: TREATMENT PHASE: OUTBREAKS IN THE UK

KEY ACTIONS	
<ul style="list-style-type: none"> • Communication • Staff Welfare • Surge Demand – continuous assessment of capacity • Business continuity - provision of non-influenza services • Resources for patients in the community and inpatient facilities 	
<p>In the first few weeks of the pandemic, local services may be inundated with enquiries and it is extremely likely that any outbreak within Somerset will affect the Trust very quickly. The implementation of measures such as distribution of antiviral medication and provision of Personal Protective Equipment will require careful consideration at this stage. The Pandemic Management Team should:</p>	
	Review Trust attendance at local multi-agency response groups
	Review situation reports including number of infected patients and staff
	Review surveillance and / or data collection to reflect NHS England data requests
	Review use of infection control procedures and personal protective equipment within services, and stock control provisions, order additional stock if required
	Review sickness absence levels and enquiries
	Monitor provision of services and review trigger points for reduction
	Review guidance on PPE and use of masks
	Review current cases and advise changes to admission criteria if necessary
	Review ability of patients to access primary care services (i.e. NPFS, antiviral collection points) and implement alternative arrangements if necessary
	Review admission and discharge arrangements with Acute Trusts
	Review changes to primary care arrangements and update staff
	Implement anti-viral distribution points if required and recording systems
	Complete pre-pandemic vaccination and seasonal flu (if available)
	Ensure communication updates are issued regarding changes to services
	Review changes to voluntary service provision which may impact services
	Review training programme and provide additional events if necessary
	Review subcontracted and supplied services, including catering and cleaning
	Agree any measures which may be introduced to assist staff, i.e. provision of transport etc.
	Agree frequency of meetings and attendance for next three weeks
	Review Trust plans in light of current information and public reaction

DATER ACTION CARD D4: ESCALATION PHASE: WIDESPREAD ACTIVITY

KEY ACTIONS	
<ul style="list-style-type: none"> • Communication • Staff Welfare • Surge Demand – continuous assessment of capacity • Business continuity - provision of non-influenza services • Resources for patients in the community and inpatient facilities 	
<p>In the first few weeks of the pandemic, local services may be inundated with enquiries and it is extremely likely that any outbreak within Somerset will affect the Trust very quickly. The implementation of measures such as distribution of antiviral medication and provision of Personal Protective Equipment will require careful consideration at this stage. The Pandemic Management Team should:</p>	
	Establish daily briefing bulletin including number of cases and mortality rate
	Review data collection and surveillance requirements during peak period
	Review mental health professional availability and impact on treatment, admission, discharge and legal position
	Confirm arrangements for judicial hearings during peak weeks
	Review staff absence rates and ability to resource essential services
	Implement essential work only plans for community based services
	Review staff welfare arrangements to enable well staff to work
	Review implications of change in duties for redeployed staff
	Review use of personal protective equipment (if available) and stock control provisions (record level of use during peak weeks for use during next wave)
	Review antiviral medication stocks and availability for re-ordering
	Communicate latest medical and self-care information to staff for patients
	Agree admission and discharge protocols for Trust hospitals during peak weeks
	Determine level of care to be provided in the community for service users in relation to staffing and resource availability
	Implement alternative mortuary arrangements (if necessary)
	Ensure regular communication updates are issued and Trust messages are being added to local communication bulletins
	Implement any reduced service policies agreed with subcontractors
	Review policy on visitors to in-patient facilities during peak of pandemic
	Assess availability of medicines and essential resources
	Review decisions made in in light of current information
	Ensure deputies are appointed to all key roles in case of illness / absence

DATER ACTION CARD D5: POST PEAK PANDEMIC RECOVERY PERIOD

KEY ACTIONS	
<ul style="list-style-type: none"> • Communication • Staff Welfare and Resources • Reducing influenza specific services • Re-establishing core services and assessing continuing health needs • Post-pandemic vaccination strategy 	
<p>Once the number of cases of new influenza infections has been confirmed as reducing on a weekly basis, it will be important to manage the reimplementation of services based on the availability of staff and resources and the impact the pandemic has had on the local population who may access these services. Recovery measures, including the provision of psychological counselling for both staff and the public will also be required. The Pandemic Management Team should:</p>	
	Prepare a debrief report for submission to the Trust Board
	Reduce the frequency of briefing bulletins as appropriate
	Reduce resources to staff welfare as appropriate, review absence levels and allocate additional or compassionate leave where appropriate
	Review surveillance and data collection methods for use in next wave
	Review availability of services and implement recovery strategy
	Review availability of subcontracted services and suppliers
	Reduce rotas and duties (where necessary) for seconded / volunteer staff
	Ensure Personal Protective Equipment (if available) is used to minimise risk of infection (virus will still circulating although number of new cases reducing)
	Review use of personal protective equipment (if available) and stock control provisions (record level of use during peak weeks for use during next wave)
	Review antiviral medication stocks and availability
	Prepare post-pandemic vaccination strategy and allocate resources
	Review effectiveness of local communication methods and information
	Review admission protocols for Trust hospitals and reintroduction of services
	Review level of care provided in the community and transfer individuals to appropriate inpatient care (where available)
	Review mortuary arrangements and refer cases to Coroner (if necessary)
	Assess caseloads and redeploy staff and resources where necessary to relieve short term pressures
	Ensure regular communication updates are issued regarding changes to services, post-pandemic vaccination availability etc.
	Agree stand down of Pandemic Management Team

DATER ACTION CARD D6: NEXT PANDEMIC WAVE PLANNING

KEY ACTIONS	
<ul style="list-style-type: none"> • Communication • Using lessons learnt to plan an effective local response • Staff Welfare and Resources • Working without stockpiles of antiviral medication and PPE • Preparing for a higher illness, complication and mortality rate 	
<p>Past experience of pandemics suggest that a second, and possibly further, waves of illness caused by an influenza virus are possible after the first wave has subsided. The second wave may be as, or more intense than the first. If the second wave occurs before more stockpiling takes place, the local response will need to be adapted to reflect this. The Pandemic Management Team should:</p>	
	Prepare a report listing key issues for the Pandemic Management Team
	Establish a formal and informal debrief procedure to gather lessons learnt
	Establish a formal award system and enable staff to nominate colleagues
	Review non-influenza essential services provided during the pandemic
	Analyse the surveillance and data collection methods, including the use of data used to plan services and resources with a view to producing an efficient method of data collection and representation for use during the next wave
	Set up a system to allow staff, patients and carers to discuss their experiences during the pandemic with a view to planning for the next wave
	Set up a formal debrief procedure for staff to reflect on their experience during the pandemic and use lessons learnt to develop services and training material for the next wave
	Evaluate the use of the staff welfare provisions and hotline and use the lessons learnt to revise this service for the second wave
	Review the use of seconded / volunteer staff and training requirements
	Revise infection control information based on experience of using personal protective equipment during the pandemic
	Review effectiveness of local communication methods and information
	Agree changes in service provisions with subcontractors for next wave
	Assess requirements for future stockpiling of PPE and antivirals
	Prepare a formal report to the Trust Board including recommendations