

Pandemic Influenza Plan



Type of document

Please tick the relevant box:

- Policy (must do) ☐
- Guidance (should do) ☐
- Protocol/procedure (must do) ☒

Responsible for guidance:	EPRR Manager & Infection Control/ Microbiology
Name of responsible board/committee:	EPRR Steering Group
Reviewed:	November 2021
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Name of responsible board/committee:	Clinical Management Board
Date ratified:	January 2022 (by DIPC)
Contact Details:	Ext: 5699
iRespond cards:	03.040 – 03.054 & 03.093

Title:	Incident Plan – Pan Flu Index of cards	Serial Number: n/a	
Owner:	EPRR Manager		
Version:	1.0	Date: Nov 2021	Review: Nov 2023

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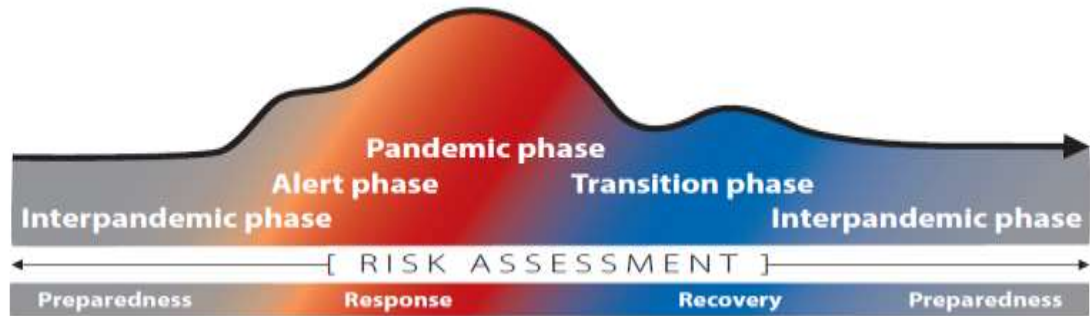
Title:	Pandemic Flu Plan - Overview		Serial Number: 03.040	
Owner:	EPRR Manager			
Version:	3.0		Date: November 2021	Review: November 2023

Purpose	To provide an overview for Pandemic Flu planning, this guidance is produced in collaboration with the NHS Operating Framework – Response to a Pandemic and PHE Pandemic Response Plan & Strategic Framework & Cabinet Office Preparing for a Pandemic.
Headline	The prospect of a flu pandemic is one of the highest risks faced by the UK, and is top of the National risk register. Ensuring the country is fully prepared and able to respond quickly and effectively is a top priority for the government.
Background	<p>In November 2007, the Department of Health (DH) published ‘Pandemic Flu: A National Framework for responding to an influenza pandemic’ and ‘Pandemic Influenza: Guidance for infection control in hospitals and primary care settings’ and subsequently there have been further publications.</p> <p>Operating Framework for Managing the Response to Pandemic Influenza 2017 https://www.england.nhs.uk/publication/operating-framework-for-managing-the-response-to-pandemic-influenza/ accessed 19/10/2021</p> <p>November 2011 (DH) published the ‘UK Influenza Pandemic Preparedness Strategy 2011’ - https://www.gov.uk/government/publications/review-of-the-evidence-base-underpinning-the-uk-influenza-pandemic-preparedness-strategy accessed 19/10/2021</p> <p>May 2017, WHO published revised pandemic influenza guidance, ‘Pandemic Influenza Risk Management- A WHO guide to inform & harmonize national & international pandemic preparedness and response’ - https://www.who.int/publications/i/item/WHO-WHE-IHM-GIP-2017.1 accessed 19/10/2021</p> <p>July 2013, the UK Government Civil Contingencies Secretariat (CCS) published revised guidance on the production of local multi-agency pandemic plans, ‘Preparing for Pandemic Influenza: Guidance for Local Planners’ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/225869/Pandemic_Influenza_LRF_Guidance.pdf accessed 23/10/2019</p>
Why Plan for Pandemic Influenza?	<p>Strains of influenza viruses are circulating around the world at any given time. Influenza viruses have been associated with world-wide epidemics or pandemics causing high rates of illness and death. A pandemic may occur at any time with the potential to cause serious illness, death and social and economic disruption. Although the timing, nature and severity of the next pandemic influenza cannot be predicted, preparedness planning is imperative to lessen the impact of a pandemic.</p> <p>Historic evidence suggests that pandemics occur three to four times per century. In the last hundred years there have been three influenza pandemics.</p> <ul style="list-style-type: none"> • Spanish Flu 1918-1919 • Asian Flu 1957-1958 • Hong Kong Flu 1968-1969 <p>The most deadly, the Spanish Flu of 1918-1919 killed an estimated 20-40 million people worldwide, with 250,000 deaths in the UK</p>
Influenza	<p>Influenza is a highly contagious respiratory illness that is caused by a group of viruses;</p> <p>Influenza A – a group of viruses that causes most winter epidemics (and all known pandemics) and that affect a wide range of animal species as well as humans</p> <p>Influenza B – viruses that only infect humans (generally children) and circulate most winters and tend to cause less severe illnesses and smaller outbreaks than influenza A viruses</p> <p>Influenza C – a group of viruses that are amongst the many causes of the common cold</p> <p>To date most seasonal outbreaks are caused by strain A or B. Type C rarely causes human illness.</p>

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Symptoms of Influenza	<p>The onset of influenza is very sudden with fever (usually very high and lasting 3-4 days) and cough along with one or more of the following symptoms:</p> <ul style="list-style-type: none"> • Headache (often severe) • Aches and pains (often severe) • Fatigue and weakness (often lasting 2-3 weeks) • Extreme weakness (at the start of the illness) • Stuffy nose, sneezing, sore throat and cough • Nausea, vomiting and diarrhoea • Loss of appetite <p>NB: A lot of different illnesses, including the common cold, can have similar symptoms to influenza, but these are generally not as severe as influenza.</p>		
Complications of Influenza	<p>While most healthy people recover from influenza without any complications, some people are at high risk for acquiring serious complications. Those at high risk of complications are:</p> <ul style="list-style-type: none"> • Patients >65 years of age • Chronic respiratory disease • Chronic heart disease • Chronic renal disease • Chronic liver disease • Chronic neurological disease • Immunosuppression • Diabetes Mellitus • Pregnant Women • Children under five <p>Some complications caused by influenza include:</p> <ul style="list-style-type: none"> • Bacterial pneumonia • Dehydration • Worsening of chronic medical conditions • Sinus and ear infections <p>Most complications usually occur in vulnerable groups such as the elderly or the chronically ill, but pandemic viruses can have serious complications in any age group. Illness is more severe than the usual seasonal influenza and may occur in all population groups.</p>		
Transmission of Influenza	<p>Influenza is directly transmitted from person to person when people who are infected with the virus cough or sneeze and the droplets of their respiratory secretions come into contact with the mucus membranes of the mouth, nose and eyes of another person. The droplets can survive for 24-48 hours on hard non-porous surfaces, 8-12 hours on cloth, paper and tissue and up to 5 minutes on hands. Contaminated hands, surfaces and objects may cause the virus to spread indirectly. On average, one person will infect 1.4 others, but this may be a greater number in closed communities i.e. schools.</p> <p>People are highly infectious for about four to five days from the onset of symptoms and for longer in children and immuno-compromised people. The incubation period is usually one to three days; some people are infectious before they have symptoms. Recovery usually occurs within seven days but complications such as bronchitis, pneumonia, pneumonitis, myocarditis, myositis, encephalitis and Guillain-Barré Syndrome can cause serious illness or death. Bacterial pneumonia is the most common pulmonary complication; in 1918 many victims died rapidly of viral pneumonitis. However, so far it looks as though the current pandemic of Swine Flu has a mortality rate of less than 0.5% and is not more virulent than normal seasonal flu.</p>		

Title:	Alerting Phase – Pandemic Influenza	Serial Number: 03.041	
Owner:	EPRR Manager		
Version:	3.0	Date: November 2021	Review: November 2023

Purpose	To provide an overview for the alerting phase of a Pandemic Influenza outbreak										
Key information	<p>The WHO (World Health Organisation) is responsible for identifying and declaring influenza pandemics.</p> <p>Public Health England (PHE) lead the initial pandemic response which uses the UK Influenza Pandemic Preparedness Strategy 2011, using the five stages of DATER – Detection, Assessment, Treatment, Escalation & Recovery, with PHE leading on detection and assessment elements.</p>										
Global Notification	<p>The Continuum of Pandemic Phases</p>  <table><tr><td>Inter-pandemic phase</td><td><ul style="list-style-type: none">The period between influenza pandemics</td></tr><tr><td>Alert Phase</td><td><ul style="list-style-type: none">a new subtype of influenza causing disease in humans has been identifiedincreased vigilance and risk assessment at local, regional, national and global levelsif risk assessments suggest this is not developing into a pandemic strain, a de-escalation of activities to those of the inter-pandemic period may occur</td></tr><tr><td>Pandemic Phase</td><td><ul style="list-style-type: none">period of global spread of human influenza caused by a new sub-typemovement between the inter-pandemic, alert and pandemic phase may occur quickly or gradually as indicated by the global risk assessment</td></tr><tr><td>Transition Phase</td><td><ul style="list-style-type: none">as the assessed global risk reduces, a de-escalation of global actions and reduction in response activities, or a movement toward recovery activities, based on countries own risk assessment</td></tr></table>			Inter-pandemic phase	<ul style="list-style-type: none">The period between influenza pandemics	Alert Phase	<ul style="list-style-type: none">a new subtype of influenza causing disease in humans has been identifiedincreased vigilance and risk assessment at local, regional, national and global levelsif risk assessments suggest this is not developing into a pandemic strain, a de-escalation of activities to those of the inter-pandemic period may occur	Pandemic Phase	<ul style="list-style-type: none">period of global spread of human influenza caused by a new sub-typemovement between the inter-pandemic, alert and pandemic phase may occur quickly or gradually as indicated by the global risk assessment	Transition Phase	<ul style="list-style-type: none">as the assessed global risk reduces, a de-escalation of global actions and reduction in response activities, or a movement toward recovery activities, based on countries own risk assessment
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UK Pandemic Phases (DATER)	<p>The UK approach to the indicators for action in a future pandemic response takes the form of five stages of response, Detection, Assessment, Treatment, Escalation and Recovery (DATER).</p> <p>The phases are not numbered as they are not linear and it is possible to move back and forth or jump phases. In a severe situation, it may be necessary to activate Detection and Assessment at the same time, then Treatment and Escalation in short order, if not concurrently.</p> <p>The DATER phases will be used in flexible, precautionary and proportionate way in response to the level and severity of the influenza pandemic.</p> <table><tr><th>UK Phase</th><th>Focus</th><th>Indicator for moving to next stage</th></tr><tr><td>DETECT – commences on the basis of reliable</td><td><ul style="list-style-type: none">Intelligence gathering from countries already affectedEnhanced surveillance within countryThe development of diagnostics specific to</td><td>The identification of the new influenza virus in patients in the UK</td></tr></table>			UK Phase	Focus	Indicator for moving to next stage	DETECT – commences on the basis of reliable	<ul style="list-style-type: none">Intelligence gathering from countries already affectedEnhanced surveillance within countryThe development of diagnostics specific to	The identification of the new influenza virus in patients in the UK		
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Owner:	EPRR Manager		
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	intelligence or if an influenza related 'PHE Emergency of International Concern' – PHEIC) is declared by WHO.	<ul style="list-style-type: none"> the new virus Information and communications to the public and professional 	
	ASSESSMENT – PHE led	<ul style="list-style-type: none"> The collection of detailed clinical and epidemiological information on early cases on which to base early estimates of impact and severity in the UK Reducing the spread of 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 contact, based on the possible impact of the disease 	Evidence of sustained community transmission of the virus, i.e. cases not linked to any known or previously identified cases
	TREATMENT – NHS led	<ul style="list-style-type: none"> Treatment of cases Enhancement of the health response to deal with increasing numbers of cases Consider enhancing public health measures to limit transmission of the virus, as appropriate, such as localised school closures based on public health risk assessment Arrangement will be activated to ensure that necessary detailed surveillance activity continues in relation to samples of community cases, hospitalised cases and deaths 	Demands for services start to exceed the available capacity. 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.
	ESCALATE	<ul style="list-style-type: none"> Escalation of surge management arrangements in health and other sectors Prioritisation and triage of service delivery Resiliency measures 	This stage would not necessarily be activated in a mild to moderate pandemic
	RECOVER	<ul style="list-style-type: none"> Normalisation of services Restoration of business as usual services Evaluation Planning and preparation for a resurgence of activity Targeted vaccination, when available 	Influenza 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

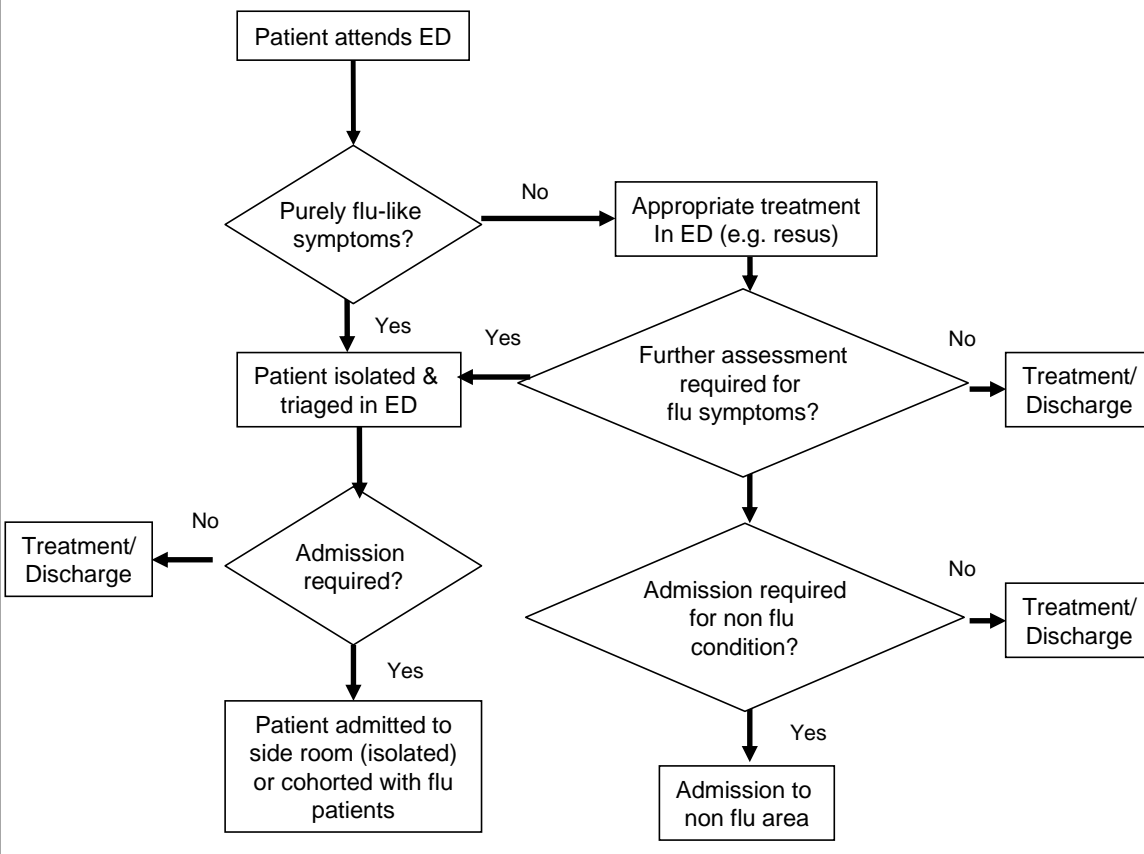
Title:	SFT Operational Response Phases & Command & Control – Pandemic Influenza	Serial Number: 03.042	
Owner:	Chief Nursing Officer/ Deputy Director of Nursing		
Version:	3.0	Date: November 2021	Review: November 2023

Purpose	To provide a checklist for the Trusts Operational Response and Command & Control of a Pandemic Influenza outbreak for National Command and Control arrangement see the LHRP / LRF plan.		
Background	<p>Advice from DH is that symptomatic patients should remain at home, and seek information and help via the national telephone and online flu service. The public are asked not to attend health care facilities unless by prior arrangement following an agreed clinical protocol.</p> <p>However, it is recognised that a level of self-referral to all health providers is inevitable. This section of the plan deals with our response to patients presenting at Hospital.</p>		
Operational Response	Phase	Description	Summary Response
	1	Isolation Phase Small numbers of patients seeking outpatient advice or admission	<ul style="list-style-type: none"> Patients encouraged to stay away from hospital Self-presenters managed in ED / MAU Inpatients with flu or new flu cases requiring admission isolated in side rooms in an appropriate area Flu patients requiring Intensive care treated in Radnor Appropriate PPE available in key areas and via site team and EPRR Team
	2	Cohorting Phase Increasing numbers of patients seeking outpatient advice or admission resulting on pressure on side rooms	<ul style="list-style-type: none"> Patients encouraged to stay away from hospital Self-presenters managed in ED / MAU Inpatients with flu or new flu cases requiring admission cohorted in segregated area Side rooms in an appropriate area may still be used. (Clinical decision dependant on co-morbidities, e.g. if flu is not primary complaint) Flu patients requiring Intensive care treated in Radnor Appropriate PPE available in key areas and via site team and EPRR Team
	3	Full Escalation Phase Larger numbers of patients seeking outpatient advice or admission resulting in pressure on all areas	<ul style="list-style-type: none"> Patients encouraged to stay away from hospital Self-presenters with flu as primary complaint managed in flu unit triage area (PFI, Level 2 template) Inpatients with flu or new flu cases requiring admission cohorted in flu unit inpatient area (PFI, Level 2 template) ICU area established in Flu Unit - Flu patients requiring Intensive care treated in PFI, Level 2 template Paediatric flu area established in Flu Unit – Children with flu treated in PFI, Level 2 template Side rooms in an appropriate area may still be used. (Clinical decision dependant on co-morbidities, e.g. if flu is not primary complaint) Appropriate PPE available in key areas and via site team and EPRR Team
Key information	<p>The command and control arrangement will be monitored in accordance with the phase of the pandemic. The Chief Nursing Officer/ Deputy Director of Nursing will be the Executive Lead for the response.</p> <p>The Incident Management Coordination Centre (ICC) will not be established for the Isolation or cohorting phase, as it is expected the situation will be managed as an internal incident at full escalation phase the ICC will be established with the Incident Management Team (Flu IMT).</p> <p>Any decision to move to phase 3 will be taken in conjunction with the PHE and CCGs.</p>		

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Owner:	Chief Nursing Officer/ Deputy Director of Nursing		
Version:	3.0	Date: November 2021	Review: November 2023

Key role of ICC in Pandemic	<p>The Incident Management Team (IMT) will be responsible for the following:</p> <ul style="list-style-type: none">• The command and control of the impact on the service• Identifying and communicating with the necessary personnel to form an Operational Continuity team or teams;• The direction of resources of the Operational Continuity Teams or team as appropriate.• Ensuring that all wards and departments have invoked their Contingency Plans• Prioritising the work of the teams according to need.• Keeping Trust senior management informed of progress as appropriate.• Logging key decisions regarding the pandemic response• Keeping the LHRP & CCG updated on the Trust operational / situational status on a daily basis. (see ‘Situation Reporting’ below)• Remaining in operation until normal operations are resumed.• Conducting a full debrief of the incident following its conclusion so that lessons can be learned for subsequent events.																				
Incident Management Team (Flu)	<p>Key Member of the IMT:</p> <table><tr><td>Chief Nursing Officer/ Deputy Director of Nursing</td></tr><tr><td>On-Call Manager</td></tr><tr><td>Patient Flow Manager</td></tr><tr><td>EPRR Manager</td></tr><tr><td>OH Nurse Lead</td></tr><tr><td>Head of Nursing Medicine</td></tr><tr><td>CCOT Representative</td></tr><tr><td>ICT Representative</td></tr><tr><td>Physician on call</td></tr><tr><td>ITU Clinician on call</td></tr><tr><td>Clinical Lead (Respiratory)</td></tr><tr><td>Paediatric on call</td></tr><tr><td>ED Consultant</td></tr><tr><td>Pharmacy Lead</td></tr><tr><td>Radiology Lead</td></tr><tr><td>Clinical Director – Surgery</td></tr><tr><td>Central Booking Manager</td></tr><tr><td>IT Lead</td></tr><tr><td>Head of Communications</td></tr><tr><td>PA to Deputy Director of Nursing (administrative role)</td></tr></table> <p>The above team will be coordinated by the Chief Nursing Officer/ Deputy Director of Nursing and will be responsible for managing the operational response during a pandemic. All members of the team should have nominated deputies.</p>	Chief Nursing Officer/ Deputy Director of Nursing	On-Call Manager	Patient Flow Manager	EPRR Manager	OH Nurse Lead	Head of Nursing Medicine	CCOT Representative	ICT Representative	Physician on call	ITU Clinician on call	Clinical Lead (Respiratory)	Paediatric on call	ED Consultant	Pharmacy Lead	Radiology Lead	Clinical Director – Surgery	Central Booking Manager	IT Lead	Head of Communications	PA to Deputy Director of Nursing (administrative role)
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Strategic Team	<p>The Pandemic Flu IMT will report daily to the Trust Strategic Team via the on-call Executive. The on-call executive will be responsible for ensuring the Executive Team are kept updated and informed of all actions undertaken and that any DH required situational reports are completed and forwarded as appropriate.</p> <p>The Trust Strategic Team will consist of the following members:</p> <ul style="list-style-type: none">• Chief Executive Officer• Chief Medical Officer• Chief Nursing Officer• Chief Operating Officer• Chief Finance Officer• Chief People Officer <p>This team may operate as a virtual team communicating via MStTeams, telephone and e-mail communication.</p>																				

Title:	Operational Response – Isolation Phase Patient Flow	Serial Number: 03.043	
Owner:	Chief Nursing Officer/ Deputy Director of Nursing		
Version:	3.0	Date: November 2021	Review: November 2023

Purpose	To provide an overview for the operational response for an adult or paediatric patient flow during the isolation phase (Phase 1).		
Background	Phase	Description	Summary Response
	1	Isolation Phase Small numbers of patients seeking outpatient advice or admission	<ul style="list-style-type: none"> Patients encouraged to stay away from hospital Self-presenters managed in ED / MAU Inpatients with flu or new flu cases requiring admission isolated in side rooms in an appropriate area Flu patients requiring Intensive care treated in Radnor Appropriate PPE available in key areas and via site team and EPRR Team
Response Summary	 <pre> graph TD A[Patient attends ED] --> B{Purely flu-like symptoms?} B -- No --> C[Appropriate treatment In ED (e.g. resus)] B -- Yes --> D[Patient isolated & triaged in ED] C --> E{Further assessment required for flu symptoms?} D --> E E -- No --> F[Treatment/ Discharge] E -- Yes --> G{Admission required for non flu condition?} G -- No --> H[Treatment/ Discharge] G -- Yes --> I[Admission to non flu area] D --> J{Admission required?} J -- No --> K[Treatment/ Discharge] J -- Yes --> L[Patient admitted to side room (isolated) or cohorted with flu patients] </pre>		

Title:	Roles of Departments at different response levels – Pandemic Influenza	Serial Number: 03.044	
Owner:	EPRR Manager & Head of Service for Departments		
Version:	3.0	Date: November 2021	Review: November 2023

Purpose	To provide a checklist for the Response Levels of a Pandemic Influenza outbreak
Key information	<p>Isolation Phase (1) & Cohorting Phase (2) – covering very small numbers seeking outpatient advice or admission with increasing numbers seeking outpatient advice or admission.</p> <p>As the pandemic status increases it may be necessary to diminish or cease non-urgent elective work (outpatient and surgery) so that staff may be re-deployed to other key areas to maintain service delivery and bed capacity can be increased.</p> <p>The expectation therefore is that medical and nursing staff engaged in routine elective work are likely be asked to support those areas engaged in the delivery of urgent care to both flu and non-flu patients.</p> <p>This scaling back is also in line with national guidance on the public health and social measures to reduce spread of influenza, such as restriction of public gatherings, restriction of transport and closure of schools.</p>
Role of Emergency Department in Isolation and Cohorting Phase	<ul style="list-style-type: none"> • The role of ED is “business as usual” i.e. the initial assessment & treatment for all patients who self-present to the hospital, with or without flu symptoms. • Take flu patients referred by the GPs for assessment (they will not go to AMU and the initial management will be by the ED team not the “medics”). • ED is not planned to be a designated community antiviral collection points for patients who have symptoms of Flu but do not need hospital admission. • The ED does not plan to issue prescriptions or GP authorisation vouchers which may be used at the community antiviral collection points.
Role of Emergency Department in Full Escalation	<ul style="list-style-type: none"> • To be dealing with non-flu emergency patients (minimising “collateral morbidity/mortality”), plus all flu patients arriving requiring immediate “resuscitation” (that can at the time be offered this). • Input from ED staff in setting up and running the flu triage area in the PFI, Level 2 template. • It is accepted that the ED cannot remain entirely free of infectious flu patients. There will be patients with other pathologies whom incidentally have flu, other medical emergencies which have been precipitated by flu, and when “Resus” is deemed appropriate who may require the Resus room if this cannot be provided in other areas. These patients need to be identified as early as possible & managed in isolation as far as possible & ‘labelled’. • Patients with purely respiratory / flu like symptoms will be advised NOT to enter the ED but to attend the flu triage area in the PFI, Level 2 template • Signage will be in place at: the bottom of the ED ramp, at the door to the ED reception, and at the entrance to the main hospital corridor into the ED. Patients who ignore the signage and present to reception can be redirected down the ramp and towards the PFI, Level 2 template. • Flu patients who following assessment at the flu triage area are deemed to be seriously unwell, and who would during a non-pandemic time be resuscitated will be transferred to the ED if it is felt appropriate and the level of care necessary cannot be provided in a cohorted flu area.
Role of Maternity Department in Isolation and Cohorting Phase	<ul style="list-style-type: none"> • Based on the relative risks involved in splitting maternity services between 2 areas the recommendation is that mothers with flu are still cared for within the Maternity Unit. • Internal segregation and cohorting will be managed within the Unit.
Role of ICU in Full	In line with infection control advice the ideal aim is to keep ICU (Radnor Ward) for non-flu patients and establish a separate area for ventilated flu patients, both adults & children, on PFI,

Title:	Roles of Departments at different response levels – Pandemic Influenza	Serial Number: 03.044	
Owner:	EPRR Manager & Head of Service for Departments		
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Escalation	<p>Level 2 template.</p> <ul style="list-style-type: none"> • Spread ITU trained staff across the two areas. • Nursing staff a proposed ratio of 1 ITU Nurse to 4 other Nurses. • Availability up to 20 additional ventilators if theatres are scaled back • Likely there will be a shortage of regional & national paediatric ICU beds & therefore the ability to transfer ventilated children will be limited. <p>Detailed and regularly updated operational plans for Intensive Care have been prepared.</p>
Role of Paediatrics in Full Escalation	<p>In order to maintain segregation as far as possible, children with influenza will be treated in the PFI, Level 2 template rather than Sarum Ward. Any child who arrives on Sarum with symptoms suggestive of flu should be sent straight to PFI, Level 2 template, with care taken to avoid contact with other children.</p> <p>Before any children are accepted onto PFI, Level 2 template, full paediatric resuscitation equipment needs to be available, plus the full range of paediatric supplies (cannulas, ET tubes etc.) for both triage & inpatient areas.</p> <p>Children requiring ventilation will be cohorted in PFI, Level 2 template alongside adults. Non-ventilated children would be cohorted separately in PFI, Level 2 template.</p> <ul style="list-style-type: none"> • specialist paediatric nurses and medical staff will be required to split their team between Sarum and level 2 • Standard staffing ratios will be adjusted and not all children will be cared for by childrens trained nurses, all those caring for children will be PoCa checked • All outpatient activity ceased • Consultants may need to work 12-hour shifts and stay resident. • Visiting in the flu areas will be restricted • Educate and encourage children to adopt good respiratory hygiene measures • Staff may need gowns when caring for babies and neonates, because of the close contact required • The patient environment should be cleaned at least twice daily and when known to be contaminated with secretions and body fluids. • Communal areas such as playrooms should be closed. Toys should not be shared. All toys must be cleanable and should be cleaned regularly (preferably when the environment is cleaned). • Liquid formulations of Tamiflu are available for children. Pharmacy has produced a document giving dosage regimes, etc. Indications for treatment and prophylaxis will be according to national guidelines. <p>When cohorting children, we will take into consideration:</p> <ul style="list-style-type: none"> • Different age groups of children • Children's routine vaccination status • Presence of immuno-compromised conditions • Co-infection with another pathogen (e.g. RSV) – such children may be cohorted separately, although this will depend on the availability of rooms and staff and the number of patients infected with both influenza and another pathogen who require isolation. <p>For a comprehensive overview of regional paediatric pandemic flu plan see Pandemic Influenza Contingency Plan for the Provision of Paediatric Intensive Care in the Wessex region.</p>

Title:	Setting up of Full Escalation Area – Pandemic Influenza	Serial Number: 03.045	
Owner:	Deputy Chief Operating Officer & EPRR Manager		
Version:	3.0	Date: November 2021	Review: November 2023

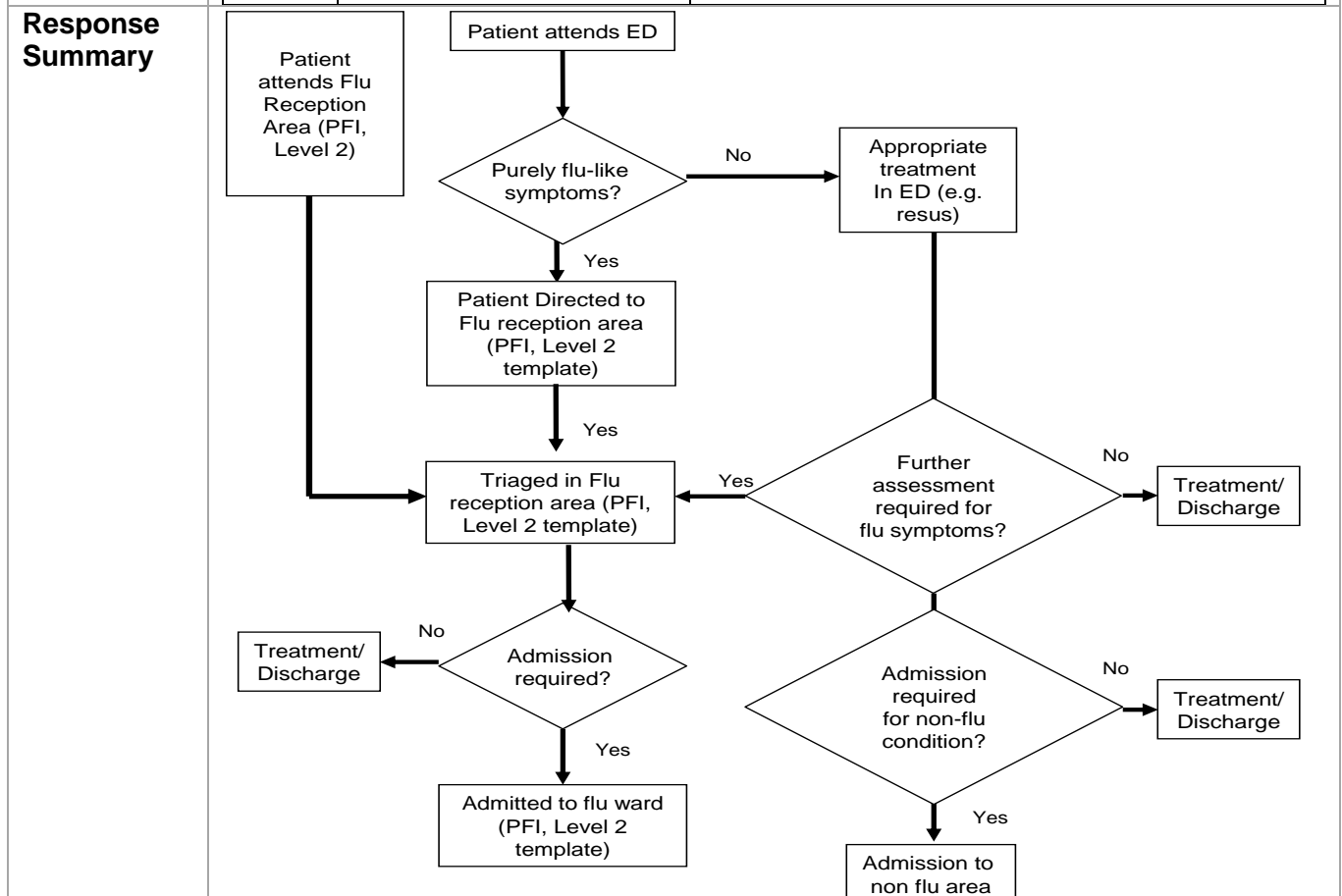
Purpose	To provide an overview to the setting up of the Full Escalation area for Pandemic Influenza response
Key information	The flu Reception and Triage area will be used to receive both adults and children who present and are suspected of suffering from symptoms of pandemic influenza. This will minimise use of the ED entrance allowing the ED to continue to function for non-flu emergencies. To minimise the number of flu patients presenting at ED, communications and signage will be put in place.
Location & Access	The Full Escalation area will be established in the PFI template level 2. The PFI, Level 2 template will be accessed via the entrance adjacent to the laundry at the back of the site. See Card 03.093 for Full layout
Beds	<ul style="list-style-type: none"> The PFI, Level 2 template, gives a total of 60 beds
Staffing	<ul style="list-style-type: none"> The lead speciality will be Medicine, with support from Intensive Care and Paediatrics. Clinical leadership will need to come from Medicine, ED and Paediatrics. Staffing will be an amalgam of specialities as other activity is scaled back.
Triage	<ul style="list-style-type: none"> Patients presenting at the Triage area will be assessed using national guidance to aid clinical acumen (see Microguide) There will still be a number of patients self-presenting who do not have acute symptoms that require hospitalisation. Those fit for discharge will be given written advice on how to manage influenza at home. Anti-virals will be recommended if within 48 hours of onset of symptoms. Advice will be given to the patient on how to obtain antivirals via the national flu line service as there will be NO routine dispensing from the hospital pharmacy of anti-virals on discharge. Anti-virals may be dispensed under exceptional circumstances on a case by case basis discussion with the consultant responsible for that patients care. This is to discourage un-necessary hospital attendance. <p>Patients, adults & children, who require admission will be triaged to a bed in the PFI, Level 2 template including those needing high dependency or intensive care and placed within the PFI, Level 2 template in the first instance.</p> <p>It is acknowledged that patient groups on other floors may show symptoms and signs of influenza. Following clinical assessment these patients wherever possible will be re-allocated to a side room on their ward or transferred to PFI, Level 2 template. This is dependent on the patient's primary condition and clinical risk.</p>
Discharging on Declaration of Full Escalation	On declaration of Pandemic Influenza at phase 3 it will be priority that patients in PFI, Level 2 template will be discharged or repatriated to another appropriate ward, hospital etc. in order to accommodate those affected by pandemic influenza. This will require close communication with all internal and external partners i.e. Surgical and Orthopaedic Wards, Social Care, CCGs and Independent sector. It needs to be made explicit at this time with acknowledgement from the PHE that access targets for elective surgery will require suspension.
Patient Segregation at ward level	Patients should remain in the PFI, Level 2 template Unit designated flu area until discharge to the community and should not be transferred to other areas purely for bed management purposes. However, if there is extreme pressure on beds in segregated areas of the hospital, convalescing patients with residual, non-respiratory problems but who require hospitalisation for other reasons may need to be moved to another area of the hospital, an intermediate care facility, or a nursing or residential

Title:	Setting up of Full Escalation Area – Pandemic Influenza	Serial Number: 03.045	
Owner:	Deputy Chief Operating Officer & EPRR Manager		
Version:	3.0	Date: November 2021	Review: November 2023

	<p>home. Such convalescing patients should, wherever possible, be accommodated together and away from other patients (seek advice from PHE if necessary for these community issues).</p> <p>The Trust will continue to adhere to Single Sex compliance for as long as possible during a Pandemic period. This may prove difficult at different stages of escalation and will be assessed on a regular basis. Where deemed 'appropriate' with guidance for example in highly specialised areas or when clinical needs take priority for the safety of our patients and staff we may not be able to comply fully to our Privacy and Dignity Policy.</p>
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Title:	Operational Response – Isolation Phase Patient Flow	Serial Number: 03.046	
Owner:	Deputy Chief Operating Officer & EPRR Manager		
Version:	3.0	Date: November 2021	Review: November 2023

Purpose	To provide an overview for the operational response for an adult or paediatric patient flow during the Full Escalation phase (Phase 3).		
Background	Phase	Description	Summary Response
	3	Full Escalation Phase Larger numbers of patients seeking outpatient advice or admission resulting in pressure on all areas	<ul style="list-style-type: none">• Patients encouraged to stay away from hospital• Self-presenters with flu as primary complaint managed in flu unit triage area (PFI, Level 2 template)• Inpatients with flu or new flu cases requiring admission cohorted in flu unit inpatient area (PFI, Level 2 template)• ICU area established in Flu Unit - Flu patients requiring Intensive care treated in PFI, Level 2 template• Paediatric flu area established in Flu Unit – Children with flu treated in PFI, Level 2 template• Side rooms in an appropriate area may still be used. (Clinical decision dependant on co-morbidities, e.g. if flu is not primary complaint)• Appropriate PPE available in key areas and via site team and EPRR Team



Title:	Standard Infection Control Principles – Pandemic Influenza	Serial Number: 03.047	
Owner:	Infection Control Team		
Version:	3.0	Date: November 2021	Review: November 2023

Purpose	Standard Infection Control principles in a Pandemic Influenza outbreak
Key information	Standard infection control principles and droplet precautions must be used if patients have, or are suspected of having, influenza. Standard infection control precautions are a set of broad statements of good practice to minimise exposure and transmission of a wide variety of micro-organisms. These principles should be applied by ALL healthcare practitioners to the care of ALL patients ALL of the time.
Hand Hygiene	<p>Patients' hands will be heavily contaminated, because of frequent contact with their nose, mouth and tissues they have used in respiratory hygiene. Their hands will also make frequent contact with their immediate environment. Therefore good hand hygiene among staff before and after contact with patients or their close environment is vital to protect both themselves and other patients. Good hand hygiene among patients should also be encouraged.</p> <p>Hand hygiene includes hand washing with soap and water and thorough drying, and the use of alcohol-based products containing an emollient that does not require the use of water. If hands are visibly soiled or contaminated (e.g. with respiratory secretions) they should be washed with soap and water and dried. When an alcohol hand rub is used to decontaminate hands, the hands should be free of visible dirt and organic material. The hand rub must come into contact with every part of the hand's surface.</p> <p>Hands must be decontaminated immediately before each and every episode of direct care of, or contact with, patients and after any activity or contact that potentially results in hands becoming contaminated, including the removal of personal protective clothing and cleaning of equipment. Hands should be decontaminated between caring for different patients and between different care activities for the same patient, even if gloves have been worn.</p>
Placement of Patients	Ideally patients with influenza should be placed in single rooms, but during a pandemic this will not be possible. Therefore patients should be 'cohorted' (grouped together with other patients who have influenza and no other infection) in an identified area.
Transport of patients	The movement and transport of patients from their rooms or the cohorted area should be limited to essential purposes only. If transport or movement is necessary, the dispersal of droplets can be minimised by the patient(s) wearing a surgical face mask if possible. The surgical mask should be worn during transport until the patient returns to the segregated area. If a surgical mask cannot be tolerated by the patient, then good respiratory hygiene should be encouraged.
Duration of isolation procedures	Infection control precautions for each patient should be implemented on the patient's admission and be continued for the duration of the illness.

Title:	Infection Control Personal Protective Equipment (PPE) – Pandemic Influenza	Serial Number: 03.048	
Owner:	Infection Control Team		
Version:	3.0	Date: November 2021	Review: November 2023

Purpose	Infection Control checklist for Personal Protective Equipment (PPE) in a Pandemic Influenza outbreak			
Key information	PPE should be worn to protect staff from contamination with body fluids and thus reduce the risk of transmission of pandemic influenza between patients and staff and from one patient to another. Please refer to the infection prevention & control package on the MLE, and complete the Using Personal Protective Equipment (PPE) module.			
PPE requirements		ENTRY TO COHORTED AREA BUT NO PATIENT CONTACT	CLOSE PATIENT CONTACT (within one metre) ^a	AEROSOL GENERATING PROCEDURES ^b
	Hand Hygiene	✓	✓	✓
	Gloves	X ^c	✓ ^d	✓
	Plastic Apron	X	✓	X
	Gown	X	X ^{e,f}	✓ ^f
	Surgical Mask	✓ ^g	✓	X
	FFP3 Mask	X	X	✓
	Eye protection ^h	X	Risk Assessment	✓
<p>a) PPE for close patient contact (within one metre) also applies to the collection of nasal or nasopharyngeal swabs.</p> <p>b) Wherever possible, aerosol-generating procedures should be performed inside rooms or other closed single patient areas with only essential staff present.</p> <p>c) Gloves and an apron should be worn during environmental cleaning procedures.</p> <p>d) Gloves should be worn in accordance with Standard Infection Control Principles. If glove supplies become limited or under pressure, this recommendation may need to be relaxed. Glove use should be prioritized always for contact with blood and body fluids, invasive procedures, and contact with sterile sites.</p> <p>e) Consider a disposable fluid repellent gown in place of apron if extensive soiling of clothing or contact of skin with blood and other body fluids is anticipated, (e.g. during intubation or caring for babies).</p> <p>f) If non-fluid repellent gowns are used, a plastic apron should be worn underneath.</p> <p>g) Surgical masks (fluid repellent) are recommended for use at all times in cohorted areas for practical purposes. If surgical mask supplies become limited or come under pressure, then in cohorted areas their use should be limited to close contact with a symptomatic patient (within one metre).</p> <p>h) Eye protection is required to be worn as part of Standard Infection Control Principles when there is a risk of blood, body fluids, excretions or secretions splashing into the eyes. Surgical masks with integrated visors are an option for eye protection.</p> <p>Care in the correct donning and removal of PPE is essential to avoid inadvertent contamination. All contaminated clothing must be removed before leaving a patient care area, with disposable or surgical masks being removed last.</p>				

Title:	Infection Control Personal Protective Equipment (PPE) – Pandemic Influenza	Serial Number: 03.048	
Owner:	Infection Control Team		
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Gloves	<p>Gloves are not required for the routine care of patients with pandemic influenza. Standard Infection Control Principles require that gloves be worn for invasive procedures, contact with sterile sites, non-intact skin, and mucous membranes, during all activities that carry a risk of exposure to blood, body fluids, secretions (including respiratory secretions) and excretions. Gloves should be removed immediately after use, disposed of as clinical waste, and hand hygiene performed. No attempt should be made to wash gloves for subsequent re-use.</p> <p>If glove supplies become limited during a pandemic, priorities for glove use may need to be established. In this circumstance, gloves should always be prioritised for contact with blood and body fluids, invasive procedures, and contact with sterile sites.</p>
Aprons	<p>Disposable plastic aprons should be worn whenever there is a risk of personal clothes or uniform coming into contact with a patient's blood, body fluids, secretions (including respiratory secretions) and excretions or during activities that involve close contact with the patient (e.g. examining the patient).</p> <p>Plastic aprons should be worn as single use items for one procedure or episode of patient care and then discarded and disposed of as clinical waste. In cohorted areas, aprons need to be changed between patients.</p>
Gowns	<p>Gowns are not required for the routine care of patients with influenza. However, gowns should be worn if extensive soiling of personal clothing or uniform with respiratory secretions is anticipated, or there is risk of extensive splashing of blood, body fluids, secretions and excretions onto the skin of the healthcare worker. Procedures such as intubation and activities that involve holding the patient close are examples of when a gown may be needed. Fluid-repellent gowns are preferable, but if non fluid-repellent gowns are used a plastic apron should be worn underneath. Gowns should fully cover the area to be protected, and be worn only once. After removal, ensure that hand hygiene is performed.</p>
Eye Protection	<p>The use of eye protection should be considered when there is a risk of contamination of the eyes by splashes and droplets from blood, body fluids, secretions and excretions generated through patient care. This should be an individual risk-assessment at the time of providing care. Eye protection should always be worn during aerosol-generating procedures. Eye protection can be achieved by the use of any one of the following – surgical mask with integrated visor, full face visors or safety spectacles.</p>
Fluid repellent Surgical masks (level 1)	<p>Surgical masks should be fluid repellent and should be worn by healthcare workers for any close contact with patients (i.e. within one metre). The mask will provide a physical barrier and minimise contamination of the nose and mouth by droplets. Surgical masks should:</p> <ul style="list-style-type: none"> • cover both the nose and the mouth • not be allowed to dangle around the neck after or between each use • not be touched once put on • be changed when they become moist • be worn once and then discarded in an appropriate bin as clinical waste; and hand hygiene must be performed after disposal is complete. <p>When influenza patients are cohorted in one area and several patients must be visited over a short time or in a rapid sequence (e.g. in cohorted areas), it may be more practical for healthcare workers to wear a single surgical mask upon entry to the area and to keep it on for the duration of the activity or until the surgical mask requires replacement. This also minimises hand-to-face contact and reminds healthcare workers that they are working in a high-risk area. However, other PPE (e.g. gloves and apron) must be changed between patients and hand hygiene performed.</p> <p>Depending on ward layout, it is likely that some locations within the parts of the facility segregated for influenza patients will not be designated part of the cohorted area, as there is no close contact with patients in these areas. Surgical masks will not therefore be required in such areas. Examples include offices; rooms used for staff breaks and remote nursing or ward administration stations.</p>

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	Although it may be more practical to wear a surgical mask at all times in a cohorted area, if surgical mask supplies become limited during a pandemic, surgical masks should be prioritised for use when healthcare workers are in close contact (within one metre) with a symptomatic influenza patient.
Respirators (face masks)	<p>A disposable respirator that provides the highest possible protection factor available (i.e. an EN149:2001 FFP3 (Full Face Protection Level 3) disposable mask) should be worn by healthcare workers when they perform procedures that have the potential to generate aerosols. If an FFP3 disposable mask is not immediately available, the next highest category of respirator available should be worn (i.e. FFP2).</p> <p>Fitting the mask correctly is critically important for it to provide proper protection. Every user should be 'fit tested' and trained in the use of the FFP3 mask. In addition to the initial fit test carried out by a trained fitter, a fit check should be carried out each time a mask is worn. The mask must seal tightly to the face, or air will enter from the sides. A good fit can be achieved only if the area where the mask seals against the skin is clean shaven. Beards, long moustaches and stubble may cause leaks around the mask.</p> <p>Other types of respiratory protective equipment (e.g. powered hoods) can be available and should be considered if a good fit cannot be achieved with disposable respirators. A powered mask might be the only type suitable for some healthcare workers. Powered respirators are re-usable. Training in their use is required (which may be available from the manufacturer or supplier), and proper maintenance is necessary, e.g. with regard to batteries and filters. Re-usable respirators must be decontaminated between uses in accordance with the manufacturer's recommendations and stored correctly.</p> <p>FFP3 masks should be replaced after each use and changed if breathing becomes difficult, if the respirator becomes damaged, distorted or obviously contaminated by respiratory secretions or other body fluids, or if a proper fit to the face cannot be maintained. Respirators should be disposed of as clinical waste.</p>

Title:	Infection Control Personal Protective Equipment (PPE) Donning & Doffing – Pandemic Influenza	Serial Number: 03.049	
Owner:	Infection Control Team		
Version:	3.0	Date: November 2021	Review: November 2023

Purpose	Infection Control checklist for Donning and Doffing Personal Protective Equipment (PPE) in a Pandemic Influenza outbreak
Key information	The level of PPE used will vary according to the procedure being carried out, and not all items of PPE will always be required. Standard infection control principles apply at all times.
Donning PPE	<p>Healthcare workers should put on PPE before they enter a single room or cohorted area. The order given here for putting on PPE is practical, but the order for putting on is less critical than the order of removal.</p> <p>Gown (or apron if it is not an aerosol-generating procedure)</p> <ul style="list-style-type: none"> Fully cover the torso from the neck to knees and the arms to the end of the wrists, and wrap around the back. Fasten at back of neck and waist. <p>Surgical mask (or FFP3 mask if it is an aerosol-generating procedure)</p> <ul style="list-style-type: none"> Secure ties or elastic bands at middle of head and neck. Fit flexible band to nose bridge. Fit snug to face and below chin. Fit check the respirator. <p>Goggles or face shield (in aerosol-generating procedures and as appropriate after risk assessment)</p> <ul style="list-style-type: none"> Place over face and eyes and adjust to fit. <p>Disposable gloves</p> <ul style="list-style-type: none"> Extend to cover wrist of gown if a gown is worn.
Doffing PPE	<p>Healthcare workers should remove PPE upon leaving the room or cohorted area in an order that minimises the potential for cross-contamination. If a single room has been used for an aerosol-generating procedure, those involved in the procedure should, before leaving the room, remove their gloves, gown and eye goggles, dispose of them as clinical waste and wash their hands. Remove the respirator and dispose of it as clinical waste, and apply alcohol hand rub on leaving the room or cohorted area. Finally hand washing should be performed. The order outlined as follows always applies, even if not all items of PPE have been used.</p> <p>Gloves</p> <ul style="list-style-type: none"> Assume that the outside of the glove is contaminated. Grasp the outside of the glove with the opposite gloved hand; peel off. Hold the removed glove in gloved hand. Slide the fingers of the ungloved hand under the remaining glove at the wrist. Peel off second glove over first glove. Discard appropriately. <p>Gown or apron</p> <ul style="list-style-type: none"> Assume that the front and sleeves of the gown or apron are contaminated. Unfasten or break the ties. Pull the gown or apron away from the neck and shoulders, touching the inside of the gown only. Turn the gown inside out. Fold or roll it into a bundle and discard appropriately. <p>Goggles or face shield</p> <ul style="list-style-type: none"> Assume that the outside of the goggles or face shield is contaminated. To remove, handle by head band or ear pieces. Discard appropriately. Wash hands using soap and water, dry thoroughly.

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	<p>FFP3 mask or surgical mask</p> <ul style="list-style-type: none"> • Assume that the front of the mask is contaminated. • Untie or break the bottom ties, followed by the top ties or elastic, and remove the respirator or mask by handling the ties only. • Discard appropriately. • Apply alcohol hand rub. <p>After leaving the room or cohorted are perform hand hygiene using soap and water.</p>		
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Title:	Infection Control General Advice in a Pandemic Influenza	Serial Number: 03.050	
Owner:	Infection Control Team		
Version:	3.0	Date: November 2021	Review: November 2023

Purpose	Infection Control checklist for aerosol generating procedures, swabbing a patient and accessing PPE supplies in Pandemic Influenza outbreak
Aerosol Generated procedures	<p>The following procedures are considered likely to generate aerosols capable of transmitting influenza when undertaken on patients with influenza, i.e. are considered to be potentially infectious aerosol-generating procedures:</p> <ul style="list-style-type: none"> • Intubation, extubation and related procedures, e.g. manual ventilation and open suctioning. • Cardiopulmonary resuscitation. • Bronchoscopy. • Surgery and post-mortem procedures in which high-speed devices are used. • Dental procedures. • Non-invasive ventilation (NIV), e.g. Bi-level Positive Airway Pressure ventilation (BiPAP) and Continuous Positive Airway Pressure ventilation (CPAP). • High-frequency oscillating ventilation (HFOV). • Induced sputum (to be avoided unless clinically indicated). • Chest physiotherapy. <p>For patients with suspected or confirmed influenza, any of these potentially infectious aerosol-generating procedures should only be carried out when essential. Where possible, these procedures should be carried out in well-ventilated single rooms with the doors shut. Only those healthcare workers who undertake the procedure should be present. A gown, gloves, eye protection and an FFP3 mask should be worn by those undertaking these procedures, and by those essential healthcare workers in the same room.</p> <p>Certain other procedures/equipment may generate an aerosol from material other than patient secretions but are not considered to represent a significant infectious risk. Procedures in this category include:</p> <ul style="list-style-type: none"> • Administration of pressurised humidified oxygen. • Administration of medication via nebulisation. <p>During nebulisation, the aerosol derives from a non-patient source (the fluid in the nebuliser chamber) and does not carry patient-derived viral particles. If a particle in the aerosol coalesces with a contaminated mucous membrane, it will cease to be airborne and therefore will not be part of the aerosol. For such procedures, gloves, an apron and a Level 1 surgical face mask, plus eye protection if there is a risk of splashes to the eyes are recommended.</p>
Swabbing a patient with suspected influenza	<p>A standard surgical mask (Level 1), with disposable apron, gloves and eye protection (if there is a risk of splashing or droplet contamination), should be worn.</p> <p>Use a universal transport medium swab (using one swab – always swab the throat, then the nose)</p> <ul style="list-style-type: none"> • First swab the posterior pharyngeal wall including the tonsil area. • Then tilt the patient's head back slightly, and using the same swab insert along the medial part of the septum until it reaches the posterior nares. • Request influenza testing via T'Quest.
Accessing PPE supplies	<p>All wards and departments must ensure that they have appropriate PPE supplies routinely available.</p> <p>The quantity and value of pandemic influenza stock held centrally in the Trust will be assessed before the Winter Flu Season and monitored with additional stocks being purchased if quantities are low.</p>

Title:	OD & People – Pandemic Influenza	Serial Number: 03.051	
Owner:	Deputy Chief People Officer		
Version:	3.0	Date: November 2021	Review: November 2023

Purpose	To provide an overview of the role of OD & People in the event of a Pandemic Influenza outbreak
Key information	<p>The Department of Health and NHS Employers published guidance on the key human resource issues that could arise in the event of an outbreak of pandemic flu including:</p> <ul style="list-style-type: none"> • how staff can be redeployed and how organisations can work together to sustain services to deal with the pandemic impact • how the NHS should deal with the likely impact of the pandemic on staffing levels, for example by seeking to build up a reserve pool of potential staff to draw on to fill in gaps created by staff absence • how to manage staff absence and in particular dealing with staff that have caring responsibilities, especially school age children • ensuring staff are used most effectively and reassuring staff around issues such as discipline • impact on terms and conditions of employment • how to comply with the working time regulations • Providing support to staff during the pandemic and the recovery phase. <p>This forms the basis of the Trust response. The Trust Deputy Director Chief People Officer is the HR Lead for this plan.</p>
Absence from work in a pandemic	It is accepted that during a pandemic there is potential to be a serious depletion of the workforce due to a number of factors that could include personal illness, family member illness, bereavement, and disruption of other sectors for example closure of nurseries, schools, residential / nursing homes or reduced public transport that can severely impact on the ability of staff to attend work.
Absence Reporting	<p>In order to minimise confusion in an already strained system, normal processes for reporting absence from work should be followed, with staff contacting their line manager / department in the first instance.</p> <p>In full escalation phase there will however be the need to obtain a more up to date picture of the situation across the Trust in order to monitor pressures, redeploy resources and aid with Situation Reporting.</p>
Absence Management	<p>Staff with caring responsibilities - Staff who have to stay at home to look after children, family members and / or friends as a result of illness or school / community closures where possible will be able to access the entitlements under the Trust's Special Leave Policy. In addition, in discussion with their Line Manager, staff will be able to access other flexible arrangements such as working different shift patterns, annual leave, time off in lieu (including a facility to "bank" time off against additional hours to be worked at a later stage) or unpaid leave. These must be agreed in advance.</p> <p>Unauthorised absence - A minority of staff may choose not to attend for work during a pandemic. The Trust will seek to ensure all staff are educated and informed to allay any fears that are causing them to consider non-attendance. If a member of staff fails or refuses to attend work, the absence will be treated as unauthorised, unpaid and could result in an investigation into the conduct of that member of staff under the Trust Disciplinary procedure.</p>
Mitigating the Impact of Staff depletion	<p>In order to help mitigate the impact of flu on staff numbers the following options will be used:</p> <p>Additional staff- recently retired staff will be asked if they are able to return to work. The Head of Working Planning and Information is able to run a report of all staff who have left in the last year. This will be refined to take out any staff who left due to ill health or dismissal and any whose last known address was outside the local area.</p>

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	<p>This cohort will be contacted by the OD & People team, in liaison with their previous line manager, to see if they would be willing to return to work during the pandemic, what role they could fulfil and the appropriate grade for that role. A “fast track” re-employment process would include a health screening together with:</p> <ul style="list-style-type: none"> • Registration Check (if no longer registered then working in a support role would be suggested) • Obtaining a new POCA check if working with children • Obtaining a new DBS check or using previous CRB/DBS checks with a Declaration and risk assessment form <p>Bank workers – Temporary Staffing Services Manager will work with their team to contact all workers on the database to ascertain whether they are willing and able to work shifts.</p> <p>Redeployment of staff, particularly those with clinical skills- staff who ordinarily do not work in ‘front line’ services and are registered and up to date with training requirements will be contacted to be redeployed into alternative roles if this is deemed essential for service delivery and if they are deemed competent to undertake that role. The GMC and NMC have issued national guidance about staff working in areas other than their normal speciality and these will be available on the Pandemic Flu pages of the intranet. The Head of Workforce Information and Planning will provide a report of such staff to the Deputy Chief People Officer and Deputy Chief Nurse.</p> <p>Use of volunteers - Volunteers working in the Trust will be asked to increase their hours to help cover roles / areas that they are familiar with to assist in providing essential basic care and support the delivery of services, e.g. feeding patients, helping patients to communicate with loved ones. The volunteers and friends of the hospital are not under any obligation to undertake this role but would be welcomed and supported should they decide to do so. Any new volunteers coming forward will be required to be recruited in the usual way, including all clearance checks prior to them starting work.</p> <p>Student Nurses – As students placed in the organisation are not Trust employees the Trust would need to approach their university and it would be the decision of the university as to next steps and their students’ involvement in such circumstances at the Trust.</p> <p>Working Time Regulations-Whilst the Working Time Regulations 1998 will remain in force the application of the regulations during a pandemic will be reviewed. National guidance indicates that during phase 3 limits on night work, rights to rest periods and rest breaks under the regulations would not apply to those staff directly involved due to the emergency nature of the pandemic. However, the Trust will support, where possible, staff to abide by the spirit of the regulations, giving opportunities for compensatory rest for example to support staff to function effectively and maintain their own health and motivation. The Trust already has an agreed 26 week reference period for calculating average working time which should enable those staff who will be required to work additional hours to be accommodated.</p>
Child Care	<p>Child Care - At alert level 3 it is uncertain whether all schools and nurseries will be closed to avoid situations where there could be an increased risk to the children due to transmission of infection. However, if this does happen the Tops Day Nursery may also be required to close. Further advice and support at such time would be available from the Nursery Manager.</p>

Title:	OD & People – Pandemic Influenza	Serial Number: 03.051	
Owner:	Deputy Chief People Officer		
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Annual Leave	At escalation phase previously agreed and booked Annual Leave will be reviewed by the manager in discussion with the individual and in consideration of service need. Pre booked annual leave will be honoured wherever possible. While it might be necessary to limit leave to sustain services there will not be a blanket ban on leave. Time away from work will be an important factor in maintaining the health and morale of staff.
Training and Education	All non-essential training and education will be suspended and / or cancelled to minimise the risk of cross infection and to allow staff to be re-deployed to clinical areas or other essential work at the height of any pandemic. Staff will be encouraged to communicate via e-mail or telephone-conferencing whenever appropriate. Staff attending external courses at educational institutions will be expected to work as it is anticipated that universities will be closed to limit the transmission of the infection.
Implementation of public health measures within SFT	At the height of any pandemic, social distancing is strongly advocated, therefore non-urgent meetings will be cancelled to limit transmission of infection. If people have to meet they are advised to maintain a minimum of 2 feet distance where possible, choose larger rooms, and introduce staggered lunch breaks to avoid overcrowded cafeterias. Use phone, fax and e-mail as much as possible. Advise staff to avoid activities out of the office where they may be exposed to infected people.
Staff accommodation on site	Plans are in place to accommodate for those members of staff who are prepared to work in the designated infected ward areas but choose to self-quarantine to limit the risk of transmission and infection to family and friends. This accommodation may include on-call rooms and other vacant spaces as well as staff accommodation.
Mutual Aid	Mutual Aid agreements between the Trust and any other healthcare organisation cannot be assumed as unlike a Major Incident, the impact will be nation-wide with all organisations under pressure.
Staff counselling and support	It is likely that there will be an increase in demand for services to support employees. Procedures will be put in place to provide additional emotional support or advice to staff via telephone hotlines. Face to face contact will be avoided. A list of staff frequently asked questions is being made available and is being updated regularly.
Staff communication	Information and guidance for staff regarding influenza will be provided as per the communication plan. It is essential that staff off work as a result of illness, bereavement, fear of infection and/or caring for others are kept updated.
Information sharing	The dissemination of information regarding influenza will be provided across the workforce in order to provide facts and reduce anxiety. Issues for discussion should include signs and symptoms, modes of transmission, personal and family protection and personal hygiene measures. Information will be made available on the intranet.

Title:	Media & Communications – Pandemic Influenza	Serial Number: 03.052	
Owner:	Head of Communications		
Version:	3.0	Date: November 2021	Review: November 2023

Purpose	To provide a checklist for the Media and Communications of a Pandemic Influenza outbreak
Key information	<p>The NHS will be the lead agency for warning and informing the public with regard to an influenza pandemic.</p> <p>Public Health England has responsibility to develop and co-ordinate the communications and media handling aspects of an influenza pandemic, the health response to an influenza pandemic and to lead on media handling and provision of local public information (DH, 2005).</p> <p>SFT Corporate Communications team will work closely with NHS England & Improvement and PHE Communication leads to ensure that the messages released to its own staff, other health responders, other agencies and the public are not contradictory but complement each other.</p> <p>‘Frequently asked questions’ and any other necessary internal briefing materials (such as scripts) will be prepared for use by the Customer Care Helpdesk and other staff.</p>
Actions by Communications team	<ul style="list-style-type: none"> • Link with LHRP partners communications teams to ensure a consistent message in line with National messaging • Monitor social media and answer direct questions to SFT • Ensure messaging cascaded through the appropriate media channels, including regional / local media, internal communications tools and social media

Title:	Support Services– Pandemic Influenza	Serial Number: 03.053	
Owner:	Heads of Service		
Version:	3.0	Date: November 2021	Review: November 2023

Purpose	To provide a checklist for the Support Services of a Pandemic Influenza outbreak
Key information	<p>Isolation Phase (1) & Cohorting Phase (2) – covering very small numbers seeking outpatient advice or admission with increasing numbers seeking outpatient advice or admission.</p> <p>Full Escalation (3) larger numbers of patients seeking outpatient advice or admission resulting in pressure on all areas</p> <p>As the pandemic status increases it may be necessary to diminish or cease non-urgent elective work (outpatient and surgery) so that staff may be re-deployed to other key areas to maintain service delivery and bed capacity can be increased.</p>
Role of Pharmacy	<ul style="list-style-type: none"> Additional pharmaceutical supplies will be required during a pandemic for the prevention and treatment of complications. Advice will be taken from the regional and national commercial medicines unit on availability of medication and any disruption to the supply chain. Antiviral medications and vaccine (if available) will be sourced depending on availability and local need. In some instances primary care may ask the trust to hold additional stock for community services and this will be agreed on a case by case basis following clear confirmation of funding streams. Estimates of additional stocks of drugs (e.g. antibiotics) and intravenous preparations required to treat patients will be procured & stock adjusted appropriately. In the event of a distribution to the supply chain National stocks of antibiotics from the Department of Health will be sourced. Stocks will be reviewed regularly to ensure supplies are adequate & in keeping with the latest national guidance. In the event of a suspected supply chain disruption the pharmacy will work closely with clinicians to recommend and source alternative suitable medicines.
Role of Procurement	<ul style="list-style-type: none"> Contingency planning for a pandemic requires balancing risks and practicalities of stockpiling essential supplies (cost, storage, expiry management etc.) Once a pandemic is confirmed, there is anticipated disruption to the supply chain Main operational areas have considered their requirements for essential items and equipment. This information has then been collated by Procurement and they have a critical items list for the Trust and alternative options for supply or substitute products (where practical) as a basis for agreeing plans for essential supply items such as PPE and any other critical items. Support areas such as Sterile Services, Laundry, IT etc. will follow their local Business continuity plans. <p>See action Card 03.054 – Operating Framework for Managing the response to Pandemic Influenza</p>
Role of Mortuary	<p>During a pandemic it may be necessary to provide additional mortuary facilities at short notice to accommodate the storage of the deceased.</p> <ul style="list-style-type: none"> Storage space for 62 deceased. This includes a temporary mortuary storage unit for 12 deceased. Arrangements with local funeral directors are in place to store additional bodies. Access to additional storage facilities can also be requested in the line with LHRP plan. <p>Factors affecting the mortuary service in the event of a flu pandemic are likely to include:</p> <ul style="list-style-type: none"> Increased numbers of bodies passing through mortuary with pressure on body storage spaces Infection risk to Anatomical Pathology Technologists (APTs) and Pathologists (not only from known flu cases from SFT but also from bodies for post mortem examination from the community) Increased demand for PPE and body bags Mortuary staff sickness (or leave required to care for dependents)

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	<p>Management Plan:</p> <ul style="list-style-type: none"> • Lead Clinician and Laboratory Manager to liaise with local Funeral Directors to ensure timely removal & additional storage of bodies from SFT • Temporary body storage facilities to be obtained from Nutwell Logistics if necessary (rental units supplied within 12-24 hours) • In event of very large number of deaths, Lead Clinician to liaise with LHRP regarding emergency plan (Local Resilience Forum). • FFP3 masks procured for use within mortuary. Further masks to be available from SFT supplies • Additional Body bags already procured. • Lead Clinician to liaise with HM Coroner to ensure only necessary post mortems performed during a pandemic in view of infection risk • In event of staff sickness, Lead Clinician to contact HM Coroner to arrange for post mortem cases to be sent to other trusts • Redeployment of Histopathology staff to mortuary in event of staff sickness to ensure continued body removal by Funeral Directors (likely reduction in histopathology workload should allow for redeployment)
Role of Bereavement Team	<ul style="list-style-type: none"> • The Trust's Bereavement Service will operate from the Bereavement Suite to provide support for relatives of the bereaved. • The Bereavement team may call on support from Trust managers on the Help Desk rota to cover absent staff or surges and demand. • The Bereavement process toolkit utilised in the Trust Major Incident Plan will be utilised. • This toolkit includes guidance on dealing with groups with specific cultural and religious beliefs.
Role of Security	<ul style="list-style-type: none"> • The security implications of a pandemic for the Trust will to a large extent depend on the public reaction to the pandemic, with the security of antiviral medication perceived as a risk nationally. • Access to antivirals is being managed via Flu Line and the Trust will not be a public distribution point for this medication. However, the risk remains that members of the public who are seeking antivirals or who are denied access to other services at the Trust could present a security risk. • The Trust has 24/7 Security service with additional support from a contractor as and when required. The provision of security staff in a pandemic will be managed via the Facilities Directorate. • On a National level the DH will work directly with the MOD and other agencies regarding security of the antiviral distribution network. • The LSMS will continue to work with colleagues in other areas of the NHS and provide updates for incorporation into future plans.
Role of ETS	Facilities and Estates staff will be requested to concentrate on clinical areas and curtail services to non-clinical areas. Engineering staff on new and routine work will be requested / transferred to essential maintenance.
Role of Transport	<p>The Non-Emergency Patient Transport Service providers will be informed and asked to facilitate the discharge of patients in a pandemic. These external providers are unable to assist with staff transport.</p> <p>The Trust Courier Service and taxi providers may be able to assist with staff transport in case of public transport, travel restrictions or fuel disruption. All requests should be coordinated by (Site/Duty Managers) to ensure the correct staff skill mix is available for all areas, with assistance from Facilities HQ and Transport Services.</p>

Title:	Pandemic Flu Plan – Full Escalation layout	Serial Number: 03.093	
Owner:	EPRR Manager		
Version:	3.0	Date: November 2021	Review: November 2023

