# Plan:

## OPS 006 Pandemic Flu

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| Executive Director lead | Deputy Chief Executive and Accountable Emergency Officer |
| Policy owner | Emergency Planning Manager |
| Policy Author | Emergency Planning Manager<br>Senior Nurse – Infection Prevention and Control |

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**Plan Version and advice on document history, availability and storage**

This is version 2 of the Pandemic Flu Plan. It builds upon the Emergency Preparedness, Resilience and Response Policy and reflects guidance from NHS England and links directly with Sheffield City Council's Mass Vaccination and Treatment Plan.

This plan will be available to all staff via the Sheffield Health & Social Care NHS Foundation Trust Intranet and Internet. The previous version will be removed from the Intranet and archived.

Any printed copies of the previous version (V1 June 2014) should be destroyed and if a hard copy is required, it should be replaced with this version.

In the event of a Flu Pandemic turn to Appendix C, Page 25: Action Cards for the Accountable Emergency Officer in the first instance

**Contents**

**Flu Pandemic Response Flowchart:**

The overall objectives of the UK's approach to preparing for a Flu Pandemic are to:

- Minimise the potential health impact of a future flu pandemic;
- Minimise the potential impact of a pandemic on society and the economy;
- Instil and maintain trust and confidence

Towards this is a series of stages have been identified, referred to as 'DATER'

**D**etection

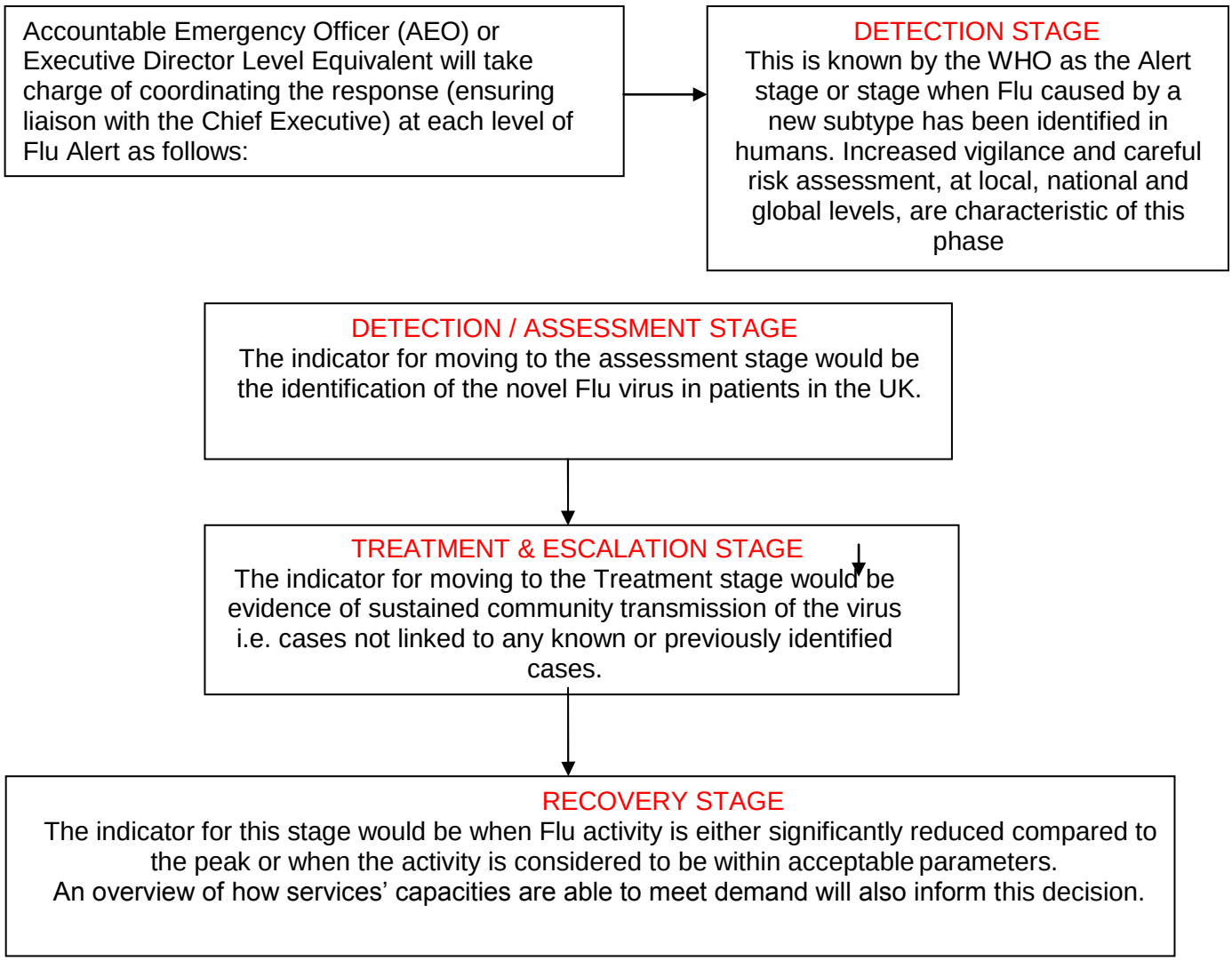
**A**ssessment

**T**reatment

**E**scalation

**R**ecovery

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 be recognised that there may not be clear delineation between stages.



## 1. Introduction

This plan is the Trust's response to a pandemic of Influenza, hereinafter referred to by its commonly known term, Flu.

A pandemic refers to a worldwide spread of an infectious disease. Outbreaks or Epidemics will occur in many countries and in most regions of the world. A pandemic happens when a new virus or new virus strain emerges which is markedly different from previously circulating strains and is able to:

- infect people (rather than, or in addition to, other mammals or birds)
- spread from person to person
- cause illness in a high proportion of the people infected
- spread widely, because most people will have little or no immunity to the new virus or strain and will be susceptible to infection

New flu subtypes emerge with unpredictable frequency to cause a flu pandemic. It is crucial to note that a flu pandemic can occur at any point throughout the year, not just in the winter.

The aim of the Pandemic Flu Plan is to assist with the timely, resilient and integrated response to a Flu Pandemic. This is not a stand-alone document; it supplements the Trust's Critical and Major Incident Plan and Business Continuity Plans, all of which link to the Trust Emergency Preparedness, Resilience and Response Policy, by providing additional and specific information to Pandemic Flu. It is intended to help mitigate the effects of the pandemic on service users and staff by doing the following:

- Reduce the spread of Pandemic Flu
- Limit the morbidity and mortality from Pandemic Flu
- Protect service users, staff and visitors against adverse effects where possible
- Show how the Trust would be expected to work alongside partner agencies before, during and after a flu pandemic
- Set out clear actions to be performed by Trust staff in the event of a flu 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

### 1.1 Pandemic Alerts

The World Health Organisation [WHO] will announce the onset of the various pandemic phases, co-ordinate international efforts to characterise and diagnose new viruses, co-ordinate international efforts to develop a new vaccine, and promote uniform international surveillance through the development of guidelines.

WHO guidance acknowledges that countries encounter differing risks at differing times and that risk management should be based on local risk assessments.

### 1.2 Business Continuity

Business continuity is the process by which organisations identify their critical functions using an effective method. It provides procedures to ensure that services can continue to

deliver these functions during a disruption and restore all other services after the event, following a systematic approach.

The effectiveness of the overall response in Sheffield requires the support and co-operation of the health community across Sheffield City Council (SCC), NHS England, Public Health England and Sheffield Clinical Commissioning Group (SCCG) that includes Sheffield Teaching Hospitals NHS Foundation Trust (STH), Sheffield Children's NHS Foundation Trust (SCH) and Sheffield Health and Social Care NHS Foundation Trust (SHSC). This group will be required to both assist in the response and maintain critical services across the city. Sheffield City Council hold responsibility for business continuity of services provided internally and with partner organisations. The Director of Public Health will be looking for assurance that services with health connections are managed appropriately and suitable plans are in place for strain or surge on those services.

It is therefore a Trust requirement that all teams include Pandemic Flu as a risk within their Business Continuity Plans to ensure adequate staffing is planned to maintain services.

## 2. Scope

This plan describes the actions taken by the Trust in the preparation and response to, and recovery from a Flu Pandemic.

This plan sets out all actions to be taken up to the declaration of a Major Incident. Should a Major Incident be declared, staff should refer to the Trust Major and Critical Incident Plan in conjunction with this plan.

## 3. Duties

### 3.1 Public Health England (PHE)

PHE is responsible for carrying out health surveillance across the UK to identify trends in a wide range of infectious diseases including new strains of flu. This allows for necessary preparation to take place for an emerging pandemic, ensuring a pandemic is not a complete surprise. Throughout this surveillance period PHE will continue to provide information, guidance and advice [from the WHO] in preparing and responding to the pandemic.

PHE will provide specialist expert advice and operational support to the Department of Health, NHS England, CCG's and other organisations whose formal responsibilities include responding to a flu pandemic i.e. Local Authorities.

### 3.2 Director of Public Health (DPH)

The Director of Public Health, a role within SCC, has responsibility for leading the public health response to pandemic flu for the city of Sheffield. Although the DPH is employed by the council their responsibilities include seeking assurance that a city wide coordinated response takes place. The DPH will be responsible for leading a whole system approach across the public sector to pandemic flu.

In the event of pandemic flu escalating beyond Sheffield, NHS England will take on a coordinating role across South Yorkshire for the response, in conjunction with PHE.

### 3.3 Sheffield Local Pandemic Group (SLPG)

The SCC public health response will be delivered with the involvement of health colleagues from across the city as listed below who will update the DPH on their individual response.

- STH – Emergency Planning Lead
- STH – Community Nursing Manager
- SHSC-Emergency Planning Manager
- SCCG-Emergency Planning Lead
- SCH – Emergency Planning Lead
- PHE - CCDC
- NHS England
- Emergency Planning Shared Service – Resilience Officer

Collectively this group will be referred to as the Sheffield Local Pandemic Group [SLPG]. All partners will work together to deliver a coordinated communications strategy and response to the pandemic. All partner responses will be coordinated by the DPH who has overall responsibility for the city's pandemic flu response.

Meeting frequency will be decided by the DPH and will be 'virtual' where possible. The SLPG will meet regularly throughout the response and meetings will focus on actions required for the response using the DATER format (See flowchart p.3). Terms of Reference have been established for the SLPG (see Appendix A).

3.4 Accountable Emergency Officer (AEO) (Deputy Chief Executive or Director on Call)
The Trust AEO will decide when to activate this plan following consultation with the DPH; will liaise at a senior level with other Executives, the Board, Trust Directorates and other partners as necessary and will co-ordinate Trust response.

Should a multi-agency Strategic Co-ordinating Group (SCG) be activated, the AEO will ensure Trust attendance as required is at Director level to provide sufficient seniority to make decisions on behalf of the Trust.

3.5 Emergency Planning Manager
Will support the AEO in liaising with all relevant parties and will provide Trust representation at the SLPG.

3.6 Network Management Teams
Shall have in place such plans and resources that will allow for the prompt implementation of the plan and inform the Emergency Planning Manager of the contact details of senior managers.

3.7 Head of Communications
The Head of Communications is the focal point for communications both within the Trust and with outside agencies; will liaise with the AEO, Chief Executive and partners.

All communication and media requests are to be channelled through the Head of Communications.

## 4. Infection Control

Standard Infection Control Precautions (SICP); including (droplet, airborne & contact) Precautions)) are fundamental in limiting the transmission of the virus. Additionally Respiratory Hygiene and "cough etiquette" should be strongly encouraged. (Catch it, Bin it, Kill it)

4.1 Droplet transmission
Droplets greater than five microns in size may be generated from the respiratory tract during coughing, sneezing or talking. If droplets from an infected person come into contact with the mucous membranes (mouth or nose) or surface of the eye of a recipient, they can transmit infection. These droplets remain in the air for a short period and travel one to two metres, so physical closeness is required for transmission.

4.2 Airborne transmission
Aerosol generating procedures (AGP) are considered to have a greater likelihood of producing aerosols compared to coughing for instance. Aerosols are smaller than the droplets described above and can remain in the air for longer and, therefore, potentially transmit infection by mucous membrane contact or inhalation.

4.3 Contact transmission
Contact transmission may be direct or indirect. Infectious agents can be inadvertently passed directly from an infected person (for example after coughing into their hands) to a recipient who, in the absence of correct hand hygiene, may then transfer the organism to the mucous membranes of their mouth, nose or eyes.

Indirect contact transmission takes place when a recipient has contact with a contaminated object, such as furniture or equipment that an infected person may have coughed or sneezed on. In the absence of correct hand hygiene, the recipient may transfer organisms from the contaminated object to the mucous membranes of their mouth, nose or eyes.

The Infection Prevention & Control Policy should be read in conjunction with other Trust Policies such as:

- Waste Management Policy.
- Decontamination – Environmental Cleanliness & Reusable Equipment

In normal business the Trust policy and its implementation will be monitored through the Infection Control Committee, reporting into the Executive Directors Group. The Infection Control Committee would provide additional support and guidance to areas receiving existing and newly admitted patients to limit spread.

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:

- Protecting yourself by taking advantage of the seasonal flu vaccine annually
- 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.

All staff, including those who have previously been infected with or vaccinated against a specific respiratory pathogen, should comply with recommended infection control measures.

Standard infection prevention control precautions are required from all healthcare workers (HCWs) for the care of all patients and patients' environments, to prevent cross-transmission from recognised and unrecognised sources of infection. When standard infection control measures alone are insufficient to interrupt transmission, additional transmission-based precautions are indicated.

Interrupting transmission of a respiratory pathogen requires more than one category of respiratory precautions, including:

- the use of droplet and contact precautions at all times
- the addition of airborne precautions while undertaking an aerosol-generating procedure (AGP)

Should a service user be diagnosed with pandemic flu, staff should follow the guidance in the IPC Policy; particularly sections relating to Isolation and Standard Precautions. Further information can be found in PHE (2016) Document titled "Infection control precautions to minimise transmission of acute respiratory tract infections in healthcare settings" available at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/585584/RTI_infection_control_guidance.pdf

Any new guidance on infection prevention relating to a Flu Pandemic will be provided by PHE and distributed to all NHS Providers.

4.4 Personal Protective Equipment (PPE) and Respiratory Protective Equipment (RPE)
An initial stockpile of PPE is kept in Trust in readiness should the need arise.

A funding allocation may be received from the DH in order to support the Trust's stock piling arrangements for PPE across all regions. The Head of Procurement will ensure that the Trust's PPE has been distributed across all localities in conjunction with the Transport lead and consists of:

4.4.1 Plastic apron.
4.4.2 Eye protection.
4.4.3 Soap, water and hand towels/alcohol hand rub & moisturiser.
4.4.4 Gloves.
4.4.5 Surgical face mask
4.4.6 Hood or Respirators (FFP3 masks) for aerosol-generating procedure (AGP)
4.4.7 Orange waste bags

PPE for Pandemic flu when used in a community/home environment, is classified as normal healthcare waste and should be dealt with according to normal procedure.

The use of Personal Protective Equipment during a pandemic applies to all staff employed by the Trust in all locations whether the premises are owned or leased by the Trust or owned by third parties.

Staff assessing or caring for patients with a suspected (clinically diagnosed) or confirmed flu are advised to wear a surgical face mask when in close contact with the patient (within two metres). Eye protection is advisable where there is assessed to be a risk of eye exposure to infectious sprays. For example, when caring for patients with persistent cough or sneezing. If single-use eye protection is not used, then appropriate procedures should be implemented to safely disinfect reusable eye protection (in accordance with manufacturer's instructions).

When patients with flu are cohorted in one area (bay/dormitory) and multiple patients require care, it may be more practical to put on a surgical face mask on entry to the area and keep it on for the duration of all care activities, or until the mask requires replacement (when it becomes moist or damaged).

Surgical face masks should be removed and disposed of inside the patient room once the healthcare worker is more than two metres from the patient(s).

## 5. Staff Absence

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 that some teams may be severely short staffed and would require assistance in order to perform their functions. In such a situation the Executive Directors Group may need to decide what functions a team may suspend in order to maintain critical services.

During a pandemic, staff will be absent from work if:

- They are ill with flu. 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 across those waves.

- Absence is likely to be 7 working days for those without complications, and 10 for those with
  a) A need to care for children or family members who are ill
  b) A need to care for (well) children due to the closure of schools
  c) They have non flu medical problems or
  d) they have been advised to work from home.
  e) Those with underlying health or long-term conditions

National guidance states that as a rough working guide, organisations employing large numbers of people, with flexibility of staff redeployment, should ensure that 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 smaller separate clusters spread over a wider geographic area 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.

As a result Trust business continuity plans need to be flexible enough to ensure safe staffing levels for critical services. Should a Major Incident be declared the Executive Directors Group would be required to prioritise critical services and deploy staff appropriately. This may require staff being re-assigned to different duties.

The Emergency Planning Manager has access to Team Business Continuity Plans that list all the critical services provided by each team within the Trust. This information may be used to identify high priority functions. All teams will be required to update this information if a Flu Pandemic is detected to ensure information is up to date.

Each team manager should also be aware of the following staff information to aid their decision making during a Flu Pandemic:

- Whether staff have dependents.
- Whether staff have underlying health conditions that may make them more at risk.
- Where staff live and how they travel to work.
- Whether staff are prepared to "live in" at work during the pandemic (if possible or required).

This will clearly affect how the Trust will cope in a situation of increasing demand, particularly as the country's infrastructure in terms of food, water, power and fuel distribution may be affected. Business Support Unit representatives would assist with decision making about the prioritisation of services during a flu pandemic by reviewing Business Continuity Plans.

## 6. Psychological Support for Staff

A Flu Pandemic could put staff under considerable pressure. Conflicts may arise between staff members' professional obligations and personal responsibilities. Support should also be available to individual staff to address ethical dilemmas that may arise. See guidance on psychosocial care for staff (Appendix B)

In the immediate aftermath of sudden events and after people's initial involvement in longer and more sustained emergencies such as a Flu Pandemic a very substantial proportion of survivors show a stunned reaction from which the vast majority recover given basic humanitarian and welfare aid.

## 7. Training for Staff

In the Detection and Assessment stages of a Flu Pandemic special attention must be given to ensure all staff are familiar with infection control advice and basic care skills that may avoid the need to transfer patients with flu like symptoms to other services. IPCTs are to play a key role in the response to a Flu Pandemic and specific actions for IPCTs are included in the actions card for the AEO at Appendix C.

Staff Training and Development may be affected by a flu pandemic. If the threat of an imminent pandemic is identified, then normal scheduled training may be halted. It would be replaced with refresher courses for staff that have clinical skills, to enable them to practice safely until normal training provision is resumed.

Mandatory training may not be able to be delivered in the normal way; however training could be delivered within the workplace through the use of electronic media and team level training.

**8. Continuity of Care**

Continuity of care relies on individual team Business Continuity Plans. Teams must ensure they have analysed their functions to identify those that are of a high, medium and low importance. This will allow them to identify critical functions and investigate suitable contingencies to ensure these functions are performed if the team is affected by a Flu Pandemic.

As data about a Flu Pandemic is gathered this will inform the response through scientific advice and modelling. This will not provide a definitive prediction but will allow contingencies to be tailored at team level. As information about the Flu Pandemic is available this will be shared with staff.

Initially, the Trust will be asked to engage with other NHS providers, providers of social care and other partners to agree strategy and coordinate response.

At a local level public health services would play a lead role in informing response through surveillance via GPs, community services and hospitals to identify outbreaks and assess mortality rates. As a result there may be a requirement on the Trust to contribute toward this surveillance work and this would be a priority throughout the duration of the Pandemic.

8.1 Vulnerable Groups

The following vulnerable groups will be considered at each phase of the pandemic to ensure that services take into account their circumstances. Some patients may fall into more than one group. Advice to each group must be tailored and agreed between all responding agencies via communication teams.

| **Vulnerable Group** |
|---|
| Non-English speakers<br>May be disadvantaged in terms of understanding the information cascaded from NHS England and PHE. Trust policy to be used to ensure patients have access to effective communication. |
| Service users with Children - May need help in understanding the implications of a flu pandemic with regards to children |
| Service users - Children including those that have conditions that increase the risk of complications from flu |
| Service users - Older people (65+) |
| Service users living alone |
| Service users in Residential care |
| Service users whose good health is dependent on taking regular medications |
| Service users with a mobility or sensory impairment |
| Service users not registered with a GP |
| Service users who may be homeless/travellers/illegal immigrants unlikely to attend GP surgery and may have no NHS number |

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|---|
| Service Users in long stay care facilities where rapid spread is likely to cause high |
| Service Users with chronic respiratory disease including asthma. |
| Service Users with Chronic heart disease, chronic renal disease, diabetes, chronic liver disease or with a suppressed immune system. |
| Health and Social Care staff involved in patient care. |

8.2 Access to Medicines

Access to medicines as part of normal business will continue during a flu pandemic.

Continuing access to medicines for patients requires a local response. The Trust's Chief Pharmacist has liaised with partners and suppliers to ensure they have adequate business continuity arrangements to maintain necessary supplies of medicines during a pandemic. Regular liaison with partners and suppliers will ensure that these arrangements are maintained.

When service users, who may not have capacity to consent to treatment need flu-related medicines, usual consent procedures should be followed as set out in the Mental Capacity Act 2005 and its Code of Practice. The Act gives the right to make Lasting Powers of Attorney (LPA) which enables other identified persons to make decisions on the patient's behalf if they are unable to do so (unless the treatment is covered by other mental health legislation).

Should a service user have made a lasting power of attorney (LPA)for welfare matters under the act, the attorney would need to be consulted about the person's treatment. This consultation may be affected if the LPA is affected by flu. Contingency plans will need to be in place to meet this. In relation to non-compliance, the Mental Health Act 1983 only permits the treatment of a mental health disorder without consent. However in urgent cases, treatment for flu may be possible under common law, but a legal opinion will need to be sought for continued treatment.

It may be necessary to transfer a service user detained under the MHA 1983, to another mental health hospital or general hospital bed for treatment in relation to contracting flu.

8.3 Antivirals

Antiviral medicines will be free for those who have a clinical need. Centrally held stocks of facemasks or hoods and antivirals may take up to 10 days to be distributed. PHE hold responsibility for the national stockpile. Depending on the severity of a pandemic, a National Pandemic Flu Service (NPFS) may be available to provide symptomatic members of the public with rapid access to assessment, advice, triage and if appropriate, authorisation of antiviral medicine treatment. NHS Direct will set up and manage this service.

It is likely that depending upon the attack rate, each country's arrangements for providing antivirals will build on normal structures through primary care services as far as possible.

It is the responsibility of local NHS commissioners and providers in England to also:

8.3.1 Identify collection points (the locations from which antivirals can be collected on referral from the National Pandemic Flu Service (NPFS) or a

healthcare professional), and other locations that may need antiviral medicines on their premises. All antiviral collection points and points of use must have appropriate operational, business and resilience procedures in place which are kept under review. They must also be properly risk assessed for suitability with police advice as appropriate;

- Make arrangements for the issuing of antiviral medicines at these local collection points (e.g. on referral from the NPFS), monitor consumption of antivirals across the locality (in England by using a nationally developed stock management and reporting system)
- Ensure plans are in place to enable authorisation and delivery of antivirals locally where people are unable to access antivirals via the NPFS or do not have a Flu Friend to collect their antivirals for them and ensure a "back up" plan is in place in the event that the NPFS is not functioning as required; and
- Nominate a team of appropriately skilled staff who are responsible for antiviral distribution coordination with the local NHS organisation. This team should be part of the NHS Organisation/Health Board coordination centre.

8.4 Social Care

Social care services could experience little pressure in the initial stages of a low impact Flu Pandemic. However, public health services and some Trust services may consider the early closure of specific day care centres to reduce the risk of spreading infection to vulnerable individuals. Staff and volunteers from these services may then be re-deployed as appropriate.

Trust bed based services and Community Mental Health Staff should ensure they are promoting good infection control measures amongst service users and staff, paying particular attention to those service users that arrange their own care. Efforts should be made to ensure that vulnerable people who have no one else are able to collect medication and are provided with care. This should be done via close liaison with partner agencies such as SCC and SCCG. The SLPG may be used to share intelligence between providers to ensure services can react to changes in pressures.

Wherever possible patients should be managed and cared for at home, avoiding hospital admission unless this becomes essential**.** It remains the responsibility of all NHS organisations to deploy the right healthcare resources to care for those affected by Pandemic Flu.

8.5 Admissions Criteria

The Trust would consider actions to mitigate pressures including the early discharge of inpatients with lower level needs, and transferring staff from other areas to ensure maximum flexibility. In extreme circumstances the Trust may be forced to close some or all inpatient areas with the possible exception of low secure, psychiatric intensive care and the Hospice.

Discharging service users from general inpatient wards to the community may be difficult during a Flu Pandemic. It will be necessary to evaluate the risk of discharge to the service user, and to others, compared with the risks of catching flu if remaining as inpatients and any loss of liberty that might be involved. This assessment should include assessing the level of support at home for individuals ready to be discharged, and the capacity of community services to provide care when their workloads may have already been increased by a pandemic.

8.6 Mental Health Services

In the medium and long term, a serious pandemic may precipitate serious mental disorders. Some people may suffer anxiety and/or depressive disorders consequent to a pandemic.

People who are vulnerable to serious mental illnesses may relapse. Also, people are likely to continue to develop mental disorders that are not directly or indirectly connected with the pandemic.

Thus, additional pressures within the caseloads of mental health services in both primary and secondary care are likely to include new service users as well as existing users. Therefore, it is also possible that more requests for help will be made both during a wave of a pandemic and in its aftermath. This will be at a time when mental health services will have a limited capacity to respond. As such teams will need to prioritise their workload and consider actions such as merging caseloads and performing assessments by phone.

People with severe mental illness and/or learning disabilities have high rates of physical morbidity are at risk of social exclusion and discrimination. Crisis needs to be anticipated and prevented and, if a crisis does occur, the service user involved requires prompt and effective help. This includes timely access to appropriate and safe mental health placements or hospital beds that are as close to home as possible. During a pandemic, such access will be affected and limited.

A large number of service users, such as people who have a learning disability, rely on family members or friends. These informal carers are a vitally important resource within community and mental health care, and contingency plans should be agreed where possible.

Carers may find it difficult to cope during the pandemic, requiring support. Provision of information to inform carers on how they can both protect themselves from contracting influenza and care for a service user with influenza will be critical. This includes advice on what to expect and what to do in the event of an outbreak and how certain services should be accessed, alongside hygiene and infection control measures.

It is anticipated that there will be a marked increase in demand for emergency short-term care for service users when their carers fall ill, impacting at a time when capacity and staffing are limited. The Trust will liaise with partners to plan and prioritise how they may meet this increased demand, with a view to service users remaining in their own homes if possible. Specific care plans may be needed enabling straightforward passing of care from carer to health professional, or between health professionals. It is important to ensure that discharge procedures are robust.

In a moderate or serious impact pandemic, pressures may mean that units cannot transfer service users who develop increased physical health needs to acute hospitals as regular practice would require. Access to primary care could also be limited, and the Trust may be required to care for existing and new service users who are suffering from flu or its complications. The Trust Infection Prevention Control Team would be available to provide advice to the clinical teams responsible for patient care.

Forensic services would consult their business continuity plans for contingencies for service users requiring legal proceedings or transfer for medical care during a pandemic that affected staff levels.

## 9. Supply Chain Resilience

Provision of supplies to meet the requirements of a surge caused by a Flu Pandemic will be assisted by partnership working through critical care networks and with leadership and advice from CCGs, PHE and NHS England to meet the anticipated need. Trust teams will need to stay in close contact with suppliers in order to receive warning of any disruption to supply so they can act accordingly.

## 10. Waste Disposal

The Trust have contracts in place with Waste Disposal Contractors for the disposal of:

- General Household Waste. (This would include all recycling waste)
- Healthcare Waste.

Healthcare Waste arising during an outbreak will increase substantially and the existing Waste Disposal Contractor would be expected to deal with the initial surge. Over long periods of an outbreak consideration would need to be given to the possibility of providing a designated storage area for holding the excess waste until it can be collected for disposal. Should the build-up be excessive then it may be necessary to arrange for the burning (incineration) of the waste on site in specially provided units. Guidance would be sought from the Environmental Health Department of SCC and the Environment Agency.

## 11. Vaccination

Immunisation is the most effective counter-measure against flu. Everything will be done to produce a vaccine as quickly as possible, but production of a vaccine could take at least 6 months or longer.

Prioritisation of flu vaccines will predominately be based on risk and is likely to target those in essential work (front line staff) and those with health conditions that put them at risk.

The Trust will follow NHS England & PHE Directives/National Protocols regarding the ordering, storing and prescription of vaccines once they are communicated. However the Trust will contact PAM Group Occupational Health and use their experience to plan a vaccination programme for a flu pandemic in advance of vaccines becoming available.

### 11.1 Pre - Pandemic and Pandemic Specific vaccines

There are two distinct types of pandemic vaccine:

Pre-pandemic vaccines that are produced in advance of a pandemic and are designed to protect against a strain of flu virus that expert's judge to be a Potential cause of a future pandemic, e.g. H5N1. The degree of protection will depend on how similar the pandemic viral strain is to the strain used to prepare the Vaccine.

Pandemic-specific vaccines that are developed specifically to protect against the Pandemic viral strain once it has been isolated. Once available, a pandemic specific Vaccine should protect most recipients from clinical illness and may also reduce illness

severity, hospitalisation and death and therefore the national impact of subsequent waves of the virus.

11.1.1 Pre-Pandemic vaccine
The Government currently holds a limited supply of H5N1 vaccine. This could potentially offer some protection. However, this vaccine would not necessarily be well-matched to the specific pandemic strain once it emerges and so the level of protection offered by the vaccine would not be known until a new pandemic virus emerges.

Taking account of this and the current Joint Committee on Vaccination and Immunisation (JCVI) advice, the Government's policy is that these vaccines, if useful, would be prioritised for the protection of frontline healthcare workers and those in clinically at-risk groups.

11.1.2 Pandemic-specific vaccine
The development of a new pandemic-specific vaccine can only begin once the new pandemic flu viral strain has been identified and isolated. Arrangements have been put in place by the European Medicines Agency (EMA) to enable manufacturers to conduct studies with prototype pandemic-specific vaccines and seek approval of 'mock up' licences in the inter- pandemic period. These studies mean that the form of Pandemic-specific vaccine will already have undergone detailed clinical trials, including safety studies, which allows the new vaccine to be licensed and available for use as quickly as possible.

The production process is highly complex and it is likely to take at least four to six months after the start of a pandemic before a pandemic-specific vaccine would start to become available.

As a contingency measure, the Government is currently in discussion with manufacturers about the possibility of securing new advance supply agreements for a pandemic-specific vaccine to be available as soon as it is developed. However, it is not realistic to expect that vaccination with a pandemic-specific vaccine will have an impact during the first wave of a flu pandemic although pandemic specific vaccines could be an important tool in preventing further cases and protecting the vulnerable, particularly if further waves of infection occur.

11.2 Vaccination Planning
In order to deliver a successful vaccination programme, the Trust will deliver its own immunisation programme across all patches by ensuring:

- Refrigerated storage both at Pharmacy and at a local level
- Potential to utilise staff vaccinators working in areas who administer other vaccines e.g. hepB.
- The release of those staff members from duty to undertake the immunisation programme.
- Protocols for administration of vaccine may use existing seasonal flu vaccination arrangements unless dictated otherwise by NHS England and Medicines & Healthcare Products Regulatory Agency (MHRA).
- Existing vaccination arrangements contain robust data gathering arrangements to ensure records of those vaccinated are completed.
- Equipment required for a mass immunisation programme is ordered with enough

notice to be delivered before it is required. This must take into account the likelihood of large numbers of orders being placed at the same time from other organisations.

Staff that have received the training to administer the vaccines will be responsible for:

- Keeping up to date with any guidance issued in relation to pandemic flu enabling them to answer questions regarding the vaccine.
- Completing pre vaccination screening.
- Recording details of the vaccination.
- Reporting any adverse reaction via Yellow Card Notifications to MHRA
- Transfer of information/data to the appropriate person/department for collation/reporting mechanisms.

Service directors/clinical directors responsible for front line clinical services are responsible for:

- Making staff aware of the immunisation program.
- Encouraging and supporting staff to receive the vaccination.
- Releasing staff from duty who wish to attend for vaccination.
- Identifying staff that can be trained to administer the vaccine.

Front line clinical staff that are offered the vaccination are responsible for:

- Accepting or declining the offer of the vaccination.
- Notifying the administering nurse of any underlying health conditions.
- Attending their GP practice in the event that they are referred on by the administering nurse for any reason and advising the appropriate person/department of their visit to the GP for collation/reporting mechanisms.
- Informing their GP Practice of the vaccination to update their personal health records.

After immunisation, antibody levels may take up some time to provide protection, the expected period this will take will be made clear once the vaccine has been produced.

The Trust will identify a hierarchy of vaccination for staff as supplies are provided, consistent with the following general guidance.

11.5 Priority Groups for vaccination

The Government would take advice on priority groups for vaccination from the STAC (Scientific & Technical Advice Cell) and JCVI Joint Committee on Vaccination and Immunisation.

Vaccination may be limited to health and social care workers and clinical “at risk” groups thereafter, depending on advice issued.

Initial assumptions are that the usual seasonal flu clinical at risk groups will be at greatest risk but there may be rapid modifications to these priorities once more is known about the characteristics and impact of the new virus. A virus may attack groups assumed to be less vulnerable. For example the 1918 pandemic saw 99% of deaths occurring in adults

aged under 65 years with over 50% aged 20-40. Local communication, and flexibility in delivery models to encourage vaccine uptake will be critical.

Frontline health and social care staff will be a priority group for vaccination. Encouraging vaccine uptake to become the norm in inter-pandemic years, ensuring open communication about the risks and benefits, providing opportunities for staff to access the vaccine easily both in and out of hours, and providing leadership through example, all contribute to successful uptake. Professional bodies may also play a role in encouraging uptake. A best practice document "*Learning the lessons from the H1N1 vaccination campaign for Health Care Workers*" was issued in July 2010. Successful initiatives include:

- Training additional staff to administer vaccine to staff in support of occupational health depts.
- Using private providers to immunise staff.
- Local leadership to promote vaccination e.g. lead clinicians having the vaccine as soon as it is available.
- Using roving clinics to take vaccine to staff.
- Engaging with staff side to promote the vaccination campaign.
- Holding clinics outside normal working hours.
- Enabling staff to take time out of their normal working day to receive the vaccine.

11.6 Vaccination Storage

Fridges used in the seasonal flu vaccination programme may be used to store pandemic Flu vaccines, subject to PHE advice. These fridges will be located and set aside for this use during the "detection phase" of a flu pandemic.

**12. Recovery**

As the impact of the flu pandemic activity wanes, the UK will move into a 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, on-going demands, backlogs, staff and organisational fatigue, and continuing supply difficulties in most organisations.

Therefore, a gradual return to normality is to be expected. This may be co-ordinated through a multi-agency recovery co-ordination group which may be established to ensure a joint approach to this phase. Further waves may occur so it is important to allow staff leave and rest to ensure staff recovery in preparation for a second wave and further sustained response. Within Trust a Recovery Coordination Group will be set up to consider the effects of the Pandemic and return to normal business. This Group may lead on, or work alongside those charged with debriefing and learning lessons from the incident.

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 activities that may have been scaled-down as part of the pandemic response e.g. re- schedule routine operations.
- 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 flu, including activities carried out in the Detection phase.
- Continuing to consider targeted vaccination, when available.
- Preparing for post-pandemic seasonal flu. The indicator for this phase would be when flu 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.

Health and Social Care services may experience persistent secondary effects for some time, with increased demand for continuing care from:
- Service users whose existing illnesses have been exacerbated by flu.
- 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.
- Possible increased demand for services through post-pandemic seasonal influenza.

The reintroduction of "business as usual" also needs to recognise that there may be reduced access to skilled staff and their experience. Many staff will have been working under acute pressure for prolonged periods and are likely to require rest and continuing support. Facilities, essential supplies, and medicines may also be depleted. Re-supply difficulties might persist and critical physical assets are likely to be in need of backlog maintenance, refurbishment or replacement.

Other sectors and services are likely to face similar problems and may also experience difficulties associated with income loss, changes in competitive position, loss of customer base, lack of raw materials, the potential need for plant and machinery start-up and so on.

Although recovery is characterised as a move back to normality, it is not possible to predict further waves of the pandemic or the shape and impact of the pandemic virus as it becomes a future seasonal flu virus, which will emerge and which will again require organisations to regroup and respond. In this sense, expectations around the performance of health and social care services should be managed as effectively as possible.

**13.Situation Reporting**

As numbers of cases increases, there will be a regular requirement for situation reports (sitreps). To minimise the burden of reporting the sitrep reporting within Trust should be co-ordinated with requests for information from external sources.

Unless otherwise advised, in the event of a Major Incident being declared, use the sitrep template provided in the Critical and Major Incident Plan to ascertain the pressures on each team in the Trust. See Appendix D

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.
- The projected likelihood of continuation of business.
- The consequences on a specific area from the transfer of service users from other areas of the Trust.
- The projected demand in light of the pandemic on the specific area of business.

Once compiled the sitrep should inform communications made to staff. It is imperative that staff across all teams are kept informed of the:

- The national situation. (This may be in the form of a "Top Lines Briefing" received from Government RED team, SCG or DPH)
- The regional and/or local situation. (Information available from the SCG Sitrep).
- Trust situation (Information from Trust Sitrep)
- The general course of action to be taken by staff in the event of flu symptoms.
- The need for priority and wherever possible flexibility to be given to those members of staff who may have caring responsibilities at home.

## 14. Associated Policies and Plans

Emergency Preparedness Resilience and Response (EPRR) Policy
Business Continuity Policy
Major and Critical Incident Plan
Adverse Weather or other Emergencies Plan
Heatwave Policy
Security Policy
Infection Control Policy
Waste Management Policy
Decontamination – Environmental Cleanliness & Reusable Equipment

## 15.Related Documents and References

SCC Public Health – Sheffield Pandemic Flu Response Plan
SCC Mass Treatment & Vaccination Plan for Sheffield
DH (2013) Preparing for Pandemic Influenza – Guidance for local planners
NHS England (2013) Operating Framework for Managing the Response to Pandemic Influenza.
Link to Emergency Preparedness Resilience and Response (EPRR) Policy:
https://nww.xct.nhs.uk/index/widget.php?wdg=wdg_policies&letter=E

## 16. Monitoring and review

This plan will be audited by review as part of the governance and reporting procedures included in it. Any failure to complete or update the plan within the timescales will be addressed as it occurs.

## 17. Training and other resource implications

Training and exercising of this plan will be co-ordinated by the Emergency Planning Manager.

## 18. Version Control

| Version No. | Type of Change | Date | Description of change(s) |
|---|---|---|---|
| 1.0 | New Plan – requirement of NHS England's EPRR Core Standards | June 2014 | New Plan |
| 2.0 | Plan fully revised to incorporate recommendations from Exercise Cygnus 2017 and both SCC Pandemic Flu Plan and SCC MTV Plan | April 2019 | Aligned with NHS England EPRR core standards and partner agencies plans, particularly the Director of Public Health, Sheffield City Council who together with NHS England have responsibility for co-ordinating health response to pandemic flu |

## 19. Equality Impact Assessment

The management of SHSC are committed to providing equality of opportunity, not only in its employment practices but also in the services for this plan for which it is responsible. The Equality Impact Assessment of the plan is neutral.

SHSC also value and respect the diversity of their respective employees and the communities they service. In applying this policy they will have due regard for the need to:

- Eliminate unlawful discrimination
- Promote equality of opportunity
- Provide for good relations between people of diverse groups.

**Appendix A – Terms of Reference – Sheffield Local Pandemic Group**

## Purpose of the group

1. To coordinate work necessary to identify, describe, manage and treat flu following declaration of a pandemic.
2. To promote good practice and behaviours to reduce the further spread of flu
3. To continuously monitor the current position to inform communications accordingly.
4. To monitor the effectiveness of action so far and amend actions accordingly
5. To provide a focal point for all partners in the management of pandemic flu response to ensure a consistent response
6. To share best practice
7. To support business continuity for both individual partners and to aid the joint response
8. To manage treatment/vaccination upon activation of the SCC Mass Treatment & Vaccination Plan (MTV Plan)

## SLPG Membership

SLPG members are responsible for ensuring that their representation at SLPG meetings is at a suitable level and covers the essential service areas of responsibility in their organisations. The exchange of information, guidance and need for mutual support tabled at meetings will be effectively communicated across their organisations and appropriate action taken.

Membership should include representatives from partner agencies. Suggested representatives include:

- Director of Public Health
- SCC Pandemic Flu Response Team
- Emergency Planning Manager – Sheffield Teaching Hospital's NHS Foundation Trust
- Emergency Planning Officer - Sheffield Children's NHS Hospital Foundation Trust
- Emergency Planning Lead – Sheffield Health and Social Care NHS Foundation Trust
- CCG representative(s)
- Resilience Officer Emergency Planning Shared Service
- Infection control nurse
- Pharmacy representative
- PHE's Consultant in Communicable Disease Control (CCDC)
- NHSE Partners [ to be specified]
- TRMG representative [SCC]
- Other members will be invited as appropriate throughout the response

Objectives of the group

1. To confirm that pandemic flu has been declared through the South Yorkshire Local Resilience Forum via WHO and Department of Health or locally via the DPH.
2. To consider the causes, characteristics and effects [epidemiology] of pandemic flu in order to agree required actions?
3. To coordinate and identify appropriate actions and next steps.
4. To ensure the appropriate treatment is being made available to those affected, managing MTV plan if activated.
5. To identify and promote actions required to reduce the risk of further spread
6. To follow the Pandemic Response Group Communications plan
7. To ensure the response provides guidance to be used for business continuity
8. To follow the Pandemic Response Group Recovery & Restoration plan
9. To take and respond to health actions as directed by Local Resilience Forum (LRF) / Local Health Resilience Panel (LHRP)

Accountability

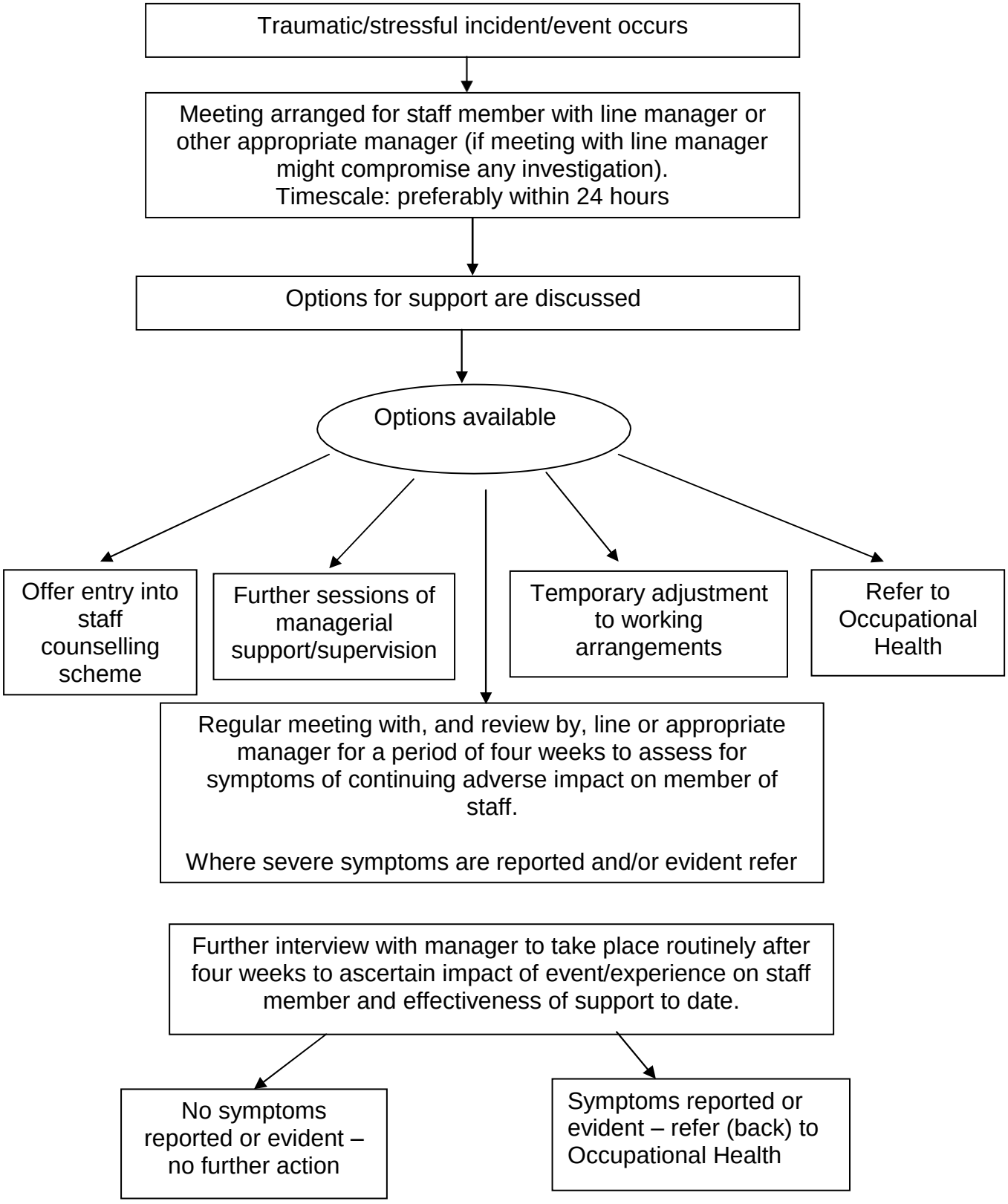
This group is accountable to:

- Sheffield City Council's Chief Executive
- Members and Executive Management Team of Sheffield City Council
- LRF / LHRP

## Meeting Frequency

During the response to an flu pandemic, the DPH will decide on the frequency of the SLPG group Meeting frequency escalated as required. In order to maximise efficiency, this could be a virtual meeting using audio and/ or data conferencing facilities. Local travel disruptions and caring for dependents may also make it necessary/ appropriate to hold meetings remotely. During the most acute periods, a short daily audio conference may help share impacts and issues in order to make multi-agency decisions. These issues and technical support should be considered by the SLPG to ensure smooth running of the SLPG.

**Appendix B – Flow Diagram for the provision of Support to Staff**



**Appendix C – Flu Pandemic Action Card**

**The Accountable Emergency Officer (or Executive Director Level Equivalent) will take charge of coordinating the response (ensuring liaison with the Chief Executive) at each level of Flu Alert as follows:**

## DETECTION STAGE

This is known by the WHO as the Alert stage or stage when flu caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national and global levels, are characteristic of this phase:

A. Follow guidance issued by PHE/NHS England.
B. Liaise with Head of Communications to ensure all staff are aware of situation.
C. Advise all teams to review arrangements in team business continuity plans for potential staff loss due to pandemic influenza.

Such business continuity planning may include:

- Whether staff have dependents.
- Whether staff underlying health conditions that may make them more at risk from influenza.
- Where staff live and how they travel to work.
- Whether staff are prepared to "live in" at work during the pandemic (if possible or required).
- Review of essential functions and production of action cards for those functions that may be used by new or temporary staff from other services if required.
- Checking of business continuity arrangements of essential contractors.
- Review of staff skill mix to identify vulnerabilities if staff loss were to occur.
- If receive any requests for information from PHE/NHS England or CCGs ensure all teams cooperate to provide prompt response

## DETECTION / ASSESSMENT STAGE

The indicator for moving to the assessment stage would be the identification of the novel flu virus in patients in the UK.

- Follow guidance issued by PHE/NHS England.
- Liaise with Head of Communications to ensure all staff are aware of situation.
- Advise all teams to review arrangements in team business continuity plans for potential staff loss due to pandemic flu.
- If receive any requests for information from PHE/NHS England or CCGs ensure all teams cooperate to provide prompt response.
- Consider moving SHSC to Major Incident "Standby". (See Major Incident Plan).
- Convene a special meeting of EDG and convene a Trust Emergency Planning Group
- Consult Infection Prevention Control Team (IPCT). Ensure infection and control procedures are in place as soon as possible to reduce the spread of the infection and refresher training given to all staff with special regard to Flu.
- Confirm arrangements for investigating and managing any suspected cases for patients and staff across all teams. Ensure that details of those affected are

collected on a regular basis and passed to AEO in order to keep a record of numbers affected for outside agencies such as CCGs, PHE and NHS England.

- Provide local guidance about use of antivirals (if available) for early cases (liaise with partners for further details).
- Review plans for supply and distribution of essential medicines/supplies with Chief Pharmacist.
- Contact PAM Group to prepare arrangements for possible vaccinations of patients and staff for flu pandemic e.g. ordering of equipment. If there is a decision by the government that a general pandemic has been declared it will take 7-10 days for national stockpiles of PPE and anti-viral medicines to be issued therefore there needs to be in place all anticipated required stock locally to last 7-10 days.
- If local meetings are called to discuss response to potential Flu Pandemic ensure attendance by suitable officer and ensure feedback from meeting is shared appropriately.
- Consider adding to membership of Trust Emergency Planning Group if Major Incident declared. Guidance can be found in Major Incident Plan. For a Flu Pandemic individuals to take part in Emergency Planning Panel should also include:

    i Chief Pharmacist (e.g. to report on access to medicines)
    ii Director of Infection Prevention and Control (DIPC)
    iii Senior Pharmacy Technician.
    iv Lead for Infection Control.

- Ensure regular feedback from affected areas on training and monitoring of arrangements on wards.
- Ascertain if teams are taking special measures to deal with vulnerable groups if affected by flu pandemic

## TREATMENT & ESCALATION STAGE

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

- Follow guidance issued by PHE/NHS England.
- Declare Major Incident “Implement” as per instructions in Major Incident Plan.
- Liaise with Head of Communications to ensure all staff are aware of situation.
- Alert all staff and partners including NHS England via Communications Team of decision to declare “Major Incident”.
- If requests for information from PHE/NHS England or CCGs ensure all teams cooperate to provide prompt response.
- Make arrangements to provide pre-pandemic vaccination if available to front line staff as per national policy.
- If appropriate cooperate with any local media campaign coordinated via PHE/NHS England, liaise with partners.
- Review local sitrep reporting arrangements and decide timetable for sitrep returns from teams to complement requests from outside agencies.
- Issue reminders to all patient facing staff of infection prevention advice.
- Review arrangements for any local antiviral distribution/patient assessment.
- Ensure contractor business continuity arrangements continue to be in place.
- Support the set up of anti-viral collection points in hotspots if required.

- Support the setup of local anti-viral delivery points if required. This should be available to receive deliveries 24 hours a day and cannot rely on the current NHS supply chain.
- Consider closure of non-essential day care services to reduce risk of spreading infection.
- Consider discharge of inpatients if appropriate.
- Teams to examine need to support Contingency plans for Carers.
- Teams to begin regular liaison with suppliers and contractors to ensure continuity of supply in event of staff absence.
- If local meetings are called to discuss response to potential Flu Pandemic ensure attendance by suitable officer and ensure feedback from meeting is shared appropriately.
- Continue with Major Incident Procedures ensuring regular meetings of Trust Emergency Planning Group.
- Monitor local health and social care response via liaison with partners.
- Monitor essential services and business continuity via situation reporting.
- Maintain regular contact between Trust Emergency Planning Group and IPCT.
- Convene a Recovery Coordination Group to facilitate move back to normal business when pandemic recedes.
- Restrict leave arrangements where local indications are that severe staff shortages are expected and this will dependent on whether it is expected to be low, medium or high impact and may be reviewed as further information is collected link to the HR policy.

## RECOVERY STAGE

The indicator for this stage would be when flu 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.

- Continue with Major Incident Procedures ensuring regular meetings of Trust Emergency Planning Group.
- Follow guidance issued by PHE/NHS England.
- Liaise with Head of Communications to ensure all staff are aware of situation.
- If requests for information from PHE/NHS England or CCGs ensure all teams cooperate to provide prompt response.
- Monitor local health and social care response via liaison with partners.
- Monitor essential services and business continuity via situation reporting.
- Consider transfer of staff from non-critical services to begin supporting areas that will be most heavily impacted by the pandemic.
- Increase use of bank staff if possible to deal with staff shortages and consider mutual aid if available.
- Introduce more flexible working arrangements to support staff to attend work.
- Review local vaccination arrangements and antiviral arrangements as appropriate.
- Maintain regular contact between Trust Emergency Planning Group and IPCT.
- Consult Recovery Coordination Group on progress to facilitate move back to normal business when pandemic recedes.
- Restrict leave arrangements where local indications are that severe staff shortages are expected and this will dependent on whether it is expected to be low, medium or high impact and may be reviewed as further information is collected link to the HR policy.
- Consider closure of non-essential day care services to reduce risk of spreading infection.

- Consider discharge of inpatients if appropriate.
- Teams to begin regular liaison with suppliers and contractors to ensure continuity of supply in event of staff absence.

If local meetings are called to discuss response to potential Flu Pandemic ensure attendance by suitable officer and ensure feedback from meeting is shared

## Appendix D - Emergency Planning Situation Report (Sit Rep)

This Situation Report is to be completed by the Service Director or Senior Manager deputising for them in each Directorate. Please return this to the Emergency Planning Manager on a daily basis until usual service is resumed. In the event of an IT outage please use this template as a structure to phone in the information to 07896 791389 or to Deputy Chief Executive, the Trust Accountable Emergency Officer.
Note: Please complete all fields. If there is nothing to report, or the information request is not applicable, please insert NIL or N/A.

| | | | |
|---|---|---|---|
| **Directorate:** | | **Date:** | |
| **Name & Role (completed by):** | | **Time:** | |
| **Mobile Telephone number:** | | | |
| **Email address:** | | | |

| | |
|---|---|
| **Type of Incident** | **e.g. Severe Weather.** |
| **Have you experienced any serious operational difficulties e.g. travel to community service users, staff unable to attend for duty, requests for assistance.** | |
| **Impact on services and patients:** | |
| **Have you invoked Business Continuity Plans?, *including any planned reduction in services and any rescheduled appointments etc.*** | |

| | | |
|---|---|---|
| | | |
| **Impact on other service providers** | | |
| **Mitigating actions taken** | | |
| **Additional comments,** | | |
| **Staff Unable to attend work Please list job roles and numbers:** | ***Role*** | ***Number unable to attend*** |
| | • | |
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