Sheffield Health and Social Care NHS Foundation Trust

Plan:

OPS 006 Pandemic

Executive Director lead	Executive Director of Nursing, Professions and Operations and Accountable Emergency Officer
Policy owner	Emergency Planning Manager
Policy Author	Emergency Planning Manager Senior Nurse –Infection Prevention and Control

Document type	Plan
Document status	V.3 Final
Date of approval	24th October 2022
Approved by	Executive Director of Nursing, Professions and Operations
Date of issue	October 2022
Date for review	October 2025

Target audience	All SHSC staff

Keywords	Emergency, Preparedness, Resilience, Response, EPRR, Pandemic

Plan Version and advice on document history, availability and storage

This is version 3 of the Pandemic Plan. It builds upon the Emergency Preparedness, Resilience and Response Policy and reflects guidance from NHS England and links directly with NHS South Yorkshire and the Integrated Care System to create a plan for any pandemic.

This plan will be available to all staff via the Sheffield Health & Social Care NHS Foundation Trust extranet platform JARVIS. The previous version will be removed and archived. Any printed copies of the previous version (V2 April 2019) should be destroyed and if a hard copy is required, it should be replaced with this version.

In the event of a Pandemic turn to Appendix B, Page 17: Action Cards for the Accountable Emergency Officer in the first instance

Contents

Section		Page
	Pandemic Response Flowchart	3
1	Introduction	4
2	Scope	5
3	Duties	5
4	Infection Control	6
5	Staff Absence	7
6	Psychological Support for Staff	8
7	Training for Staff	8
8	Continuity of Care	9
9	Supply Chain Resilience	12
10	Waste Disposal	12
11	Vaccination	13
12	Recovery	13
13	Situation Reporting	14
14	Associated Policies and Plans	14
15	Related Documents and References	14
16	Monitoring and Review	14
17	Training and other resource implications	15
18	Version Control	15
19	Equality Impact Assessment	15
Appendices	Appendix A – Flow Diagram for the provision of support to staff	16
	Appendix B – Pandemic Action Card	17

Pandemic Response Flowchart:

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

- Minimise the potential health impact of a future 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'

Detection

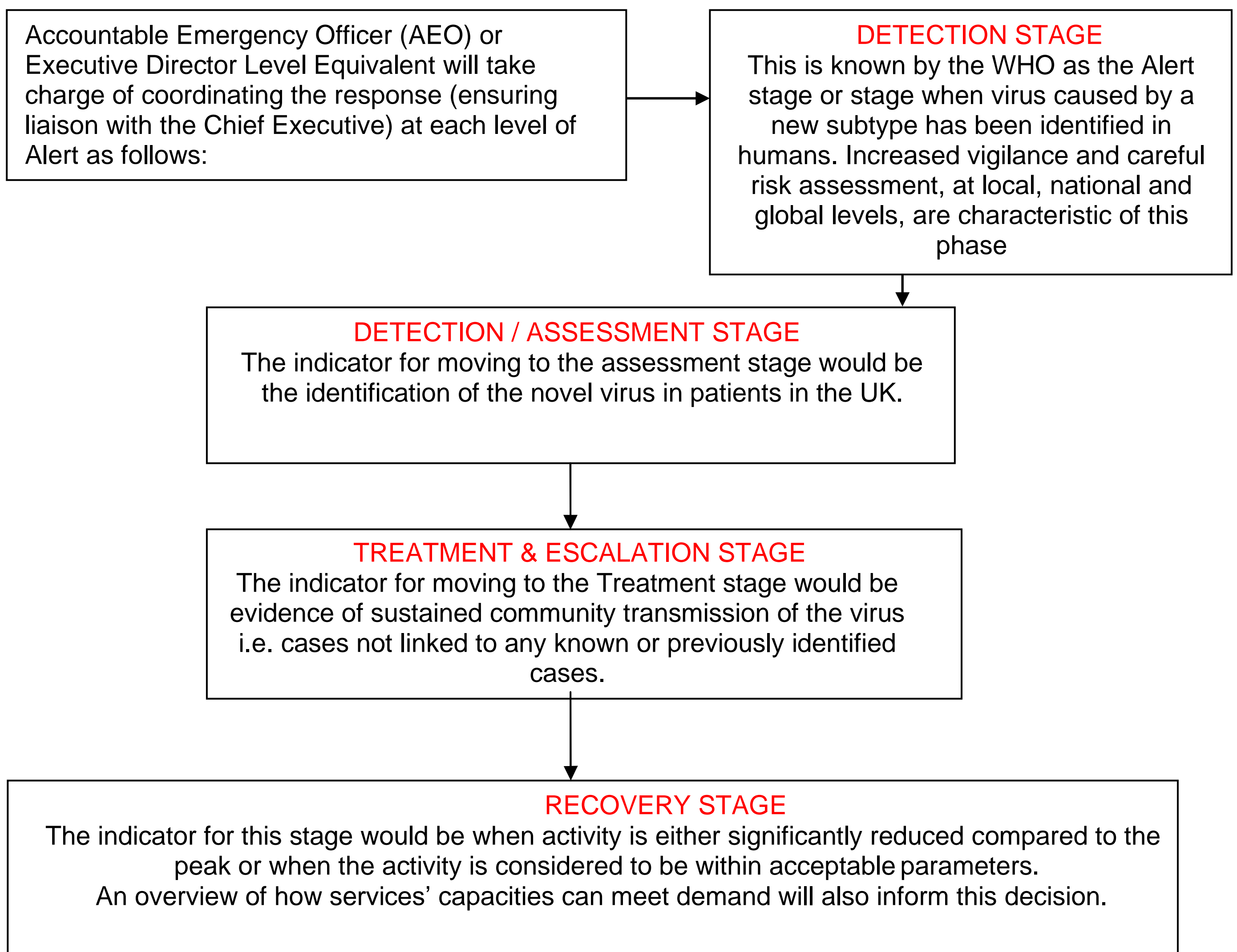
Assessment

Treatment

Escalation

Recovery

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 (see Appendix B).



1. Introduction

This plan is the SHSC response to a pandemic.

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 can:

- 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

The aim of the Pandemic Plan is to assist with the timely, resilient, and integrated response to a pandemic where a virus appears to which most people do not have immunity. This is not a stand-alone document; it supplements the SHSC Major and Critical Incident Plan and Business Continuity Plans, all of which link to the Emergency Preparedness, Resilience and Response Policy, by providing additional and specific information to and recovery from a pandemic. It is intended to help mitigate the effects of the pandemic on service users and staff by doing the following:

- Reduce the spread of a pandemic
- Limit the morbidity and mortality from a pandemic
- Protect service users, staff and visitors against adverse effects where possible
- Show how SHSC would be expected to work alongside partner agencies before, during and after a pandemic
- Set out clear actions to be performed by our staff in the event of a pandemic
- Provide added detail and context to assist with the delivery of critical services
- Provide guidance on vaccination if and when suitable vaccines become available
- Assist a return to normality with the resumption of normal services as quickly as possible

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 requires the support and co-operation of the health community across the South Yorkshire Integrated Care System, together with NHS England.

It is therefore a SHSC requirement that all teams include pandemic 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 SHSC in the preparation and response to, and recovery from a pandemic.

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

3. Duties

3.1 UK Health Security Agency (UKHSA)

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

UKHSA will provide specialist expert advice and operational support to the Department of Health and Social Care (DHSC), NHS England, Integrated Care Systems and other organisations whose formal responsibilities include responding to a pandemic i.e. Local Resilience Forums.

3.2 Director of Public Health (DPH)

The Director of Public Health, a role within South Yorkshire Integrated Care System (NHS South Yorkshire), has responsibility for leading the public health response to a pandemic in their area. Although the DPH is employed by the local authority 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 a pandemic.

3.3 NHS South Yorkshire

The Integrated Care Board for our area is NHS South Yorkshire and within this will be place based partnerships to manage the health and care response to a pandemic through a Strategic Co-ordinating Group.

3.4 Accountable Emergency Officer (AEO) (Executive Director of Nursing, Professions and Operations or Director on Call)

The Trust AEO will decide when to activate this plan following consultation with NHS South Yorkshire and NHS England; 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 SHSC.

3.5 Emergency Planning Manager
Will support the AEO in liaising with all relevant parties and will adopt the role of Incident Manager in the event a Critical or Major Incident is declared.

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 SHSC and with outside stakeholders including the media; 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.

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

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

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 available vaccines
- 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 prevention control measures.

Standard infection prevention control precautions as per the National Infection Prevention and Control Manual for England are required from all healthcare workers (HCWs) for the care of all service users and service user 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 the pandemic virus, staff should follow the guidance in the Infection Prevention and Control (IPC) Policy; particularly sections relating to Isolation and Standard Precautions.

Any new guidance on infection prevention relating to the pandemic will be provided by UKHSA and distributed to all NHS Providers.

4.1 Personal Protective Equipment (PPE)

An initial stockpile of PPE is kept in readiness should the need arise. However, in the event of a pandemic UKHSA will establish an overall policy on PPE, being the lead agency for setting infection prevention and control strategy and will, together with NHS England agree arrangements for distribution of PPE to providers of NHS funded services.

A funding allocation may be received from DHSC to support stock piling arrangements for PPE across all regions. The Head of Procurement will ensure that our PPE is distributed across all localities in conjunction with our Transport lead.

PPE for a pandemic when used in a community/home environment, is generally classified as normal healthcare waste and should be dealt with according to normal procedure. Any change to this will be immediately communicated.

Rules concerning the use of PPE during a pandemic applies to all staff employed by SHSC in all locations whether the premises are owned or leased by the Trust or owned by third parties.

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. SHSC 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 AEO or Executive leading if different may need to decide what functions a team may suspend to maintain critical services.

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

- They contract the virus. 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 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 will vary depending on the nature of the virus 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 other medical problems or
  d) they have been advised to work from home i.e. shielding
  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). SHSC is 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.

As a result, business continuity plans need to be flexible enough to ensure safe staffing levels for critical services. Should a Major Incident be declared, there may be a requirement to prioritise critical services and deploy staff appropriately. This may require staff being re-assigned to different duties.

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

This will clearly affect how SHSC 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 pandemic by reviewing Business Continuity Plans.

6. Psychological Support for Staff

A 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 A)

In the immediate aftermath of sudden events and after people's initial involvement in longer and more sustained emergencies such as a 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 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 mild symptoms to other services. IPC Nurses

and Physical Health trainers play a key role in the response to a Pandemic and specific actions for IPC nurses are included in the actions card for the AEO at Appendix C.

Staff Training and Development may be affected by a 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 e.g.; MS Teams and team level training.

There may be a need to identify as early as possible, those staff in corporate roles who could be brought back into patient facing roles in the event of large-scale staff absence and the training they would require, together with how it could be delivered to do so.

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 pandemic.

As data about a 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 pandemic is available this will be shared with staff.

SHSC will engage with other healthcare providers through our place-based partnerships via NHS South Yorkshire to agree strategy and coordinate response.

8.1 Vulnerable Groups

Defining vulnerable groups would be the responsibility of UKHSA. The following vulnerable groups will be considered at each phase of the pandemic to ensure that services consider their circumstances. Some may fall into more than one group. Advice to each group must be tailored and agreed between all responding agencies.

Vulnerable Group
Non-English speakers 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
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 diseases, diabetes or immuno-suppressed
Health and Social Care staff involved in patient care
People with learning disabilities

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

Continuing access to medicines for patients requires a local response. SHSC'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 pandemic-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 their 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 the pandemic. 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 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. Guidance in such circumstances must be sought.

8.3 Antivirals
Antiviral medicines may be free for those who have a clinical need. UKHSA hold responsibility for stocks of antivirals. Depending on the severity of a pandemic, arrangements may be put in place to make antivirals available to symptomatic members of the public.

Local Resilience Forums will need to understand local plans for the delivery of anti-virals and support the wider NHS as appropriate. It is likely that depending

upon the attack rate, arrangements for providing antivirals will build on normal structures through primary care services as far as possible.

8.4 Social Care

Social care services could experience little pressure in the initial stages of a pandemic. However, public health services and some SHSC 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.

SHSC 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 our partner agencies.

Wherever possible service users 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 a pandemic.

8.5 Admissions Criteria

SHSC 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, such as an outbreak being identified, SHSC may be forced to close some or all inpatient areas to new admissions.

Discharging service users from general inpatient wards to the community may be difficult during a pandemic. It will be necessary to evaluate the risk of discharge to the service user, and to others, compared with the risks of becoming infected 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 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 virtually or by phone.

People with severe mental illness and/or learning disabilities have high rates of physical morbidity and 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 the virus and care for a service user 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. SHSC 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.

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 SHSC may be required to care for existing and new service users who are suffering from the virus or its complications. SHSC Infection Prevention Control nurses and physical health 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 pandemic will be assisted by partnership working through critical care networks and with leadership and advice from NHS South Yorkshire, UKHSA and NHS England to meet the anticipated need. Procurement will need to stay in close contact with suppliers to receive warning of any disruption to supply so they can act accordingly.

10. Waste Disposal

SHSC 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 some secure storage until it can be safely transported to an approved disposal site. Guidance would be sought from the Integrated Care System and the Environment Agency.

11. Vaccination

Immunisation is the most effective countermeasure against pandemic viruses. 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 vaccines will predominately be based on risk and is likely to target those in essential work (patient facing staff) and those with health conditions that put them at risk.

SHSC will follow the Joint Committee on Vaccination and Immunisation (JCVI) advice, together with NHS England & UKHSA Directives/National Protocols regarding the ordering, storing and prescription of vaccines once they are communicated and in turn, will use the experience learned from the Covid pandemic to plan a vaccination programme in advance of vaccines becoming available.

11.1 Vaccination Planning

To deliver a successful vaccination programme, SHSC will co-ordinate with partners to ensure:

- Availability of trained vaccinators. This will be in accordance with local mass treatment plans where they exist.
- Retention of data on those staff members who are fully trained to immunise.
- Release of those staff from duty to undertake the immunisation programme.
- Availability of the equipment required for a mass vaccination programme.

12. Recovery

As the impact of the 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. Formation of a Recovery Coordination Group 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 the virus, including activities carried out in the Detection phase.
- Continuing to consider targeted vaccination, when available.
- Preparing for post-pandemic seasonal flu and booster vaccinations where appropriate..

13.Situation Reporting

In a pandemic there will be a regular and potentially increasing requirement for situation reports (sitreps). To minimise the burden of reporting the sitrep reporting within SHSC should be co-ordinated with requests for information from external sources.

It is expected that the timetable and information required will be provided by NHS England and NHS South Yorkshire and will almost certainly include the number of service users and staff affected by the virus, together with any operational issues.

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

- The national situation.
- The regional and/or local situation.
- Trust situation (Information from Trust Sitrep)
- The general course of action to be taken by staff in the event of 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 Plan
Security Policy
Infection Control Policy
Waste Management Policy
Decontamination – Environmental Cleanliness & Reusable Equipment

15.Related Documents and References

NHS England (2022) National Infection Prevention and Control Plan for England.

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
3.0	Revised plan for any pandemic, incorporates learning from Covid-19 pandemic.	August 2022	Aligned with Major and Critical Incident Plan, recognises legislative changes with introduction of ICB and ICS, covers any form of pandemic.

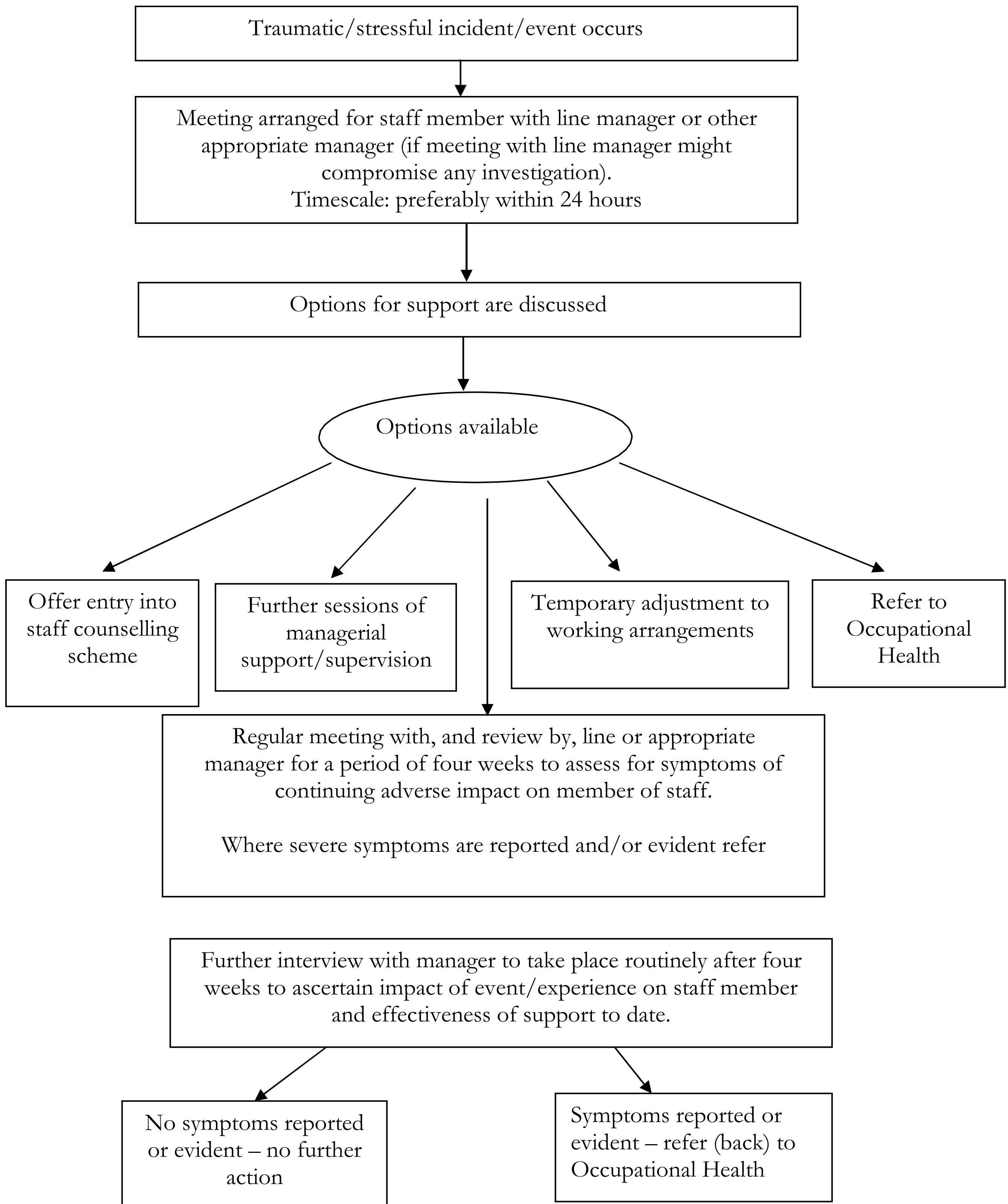
19. Equality Impact Assessment

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 – Flow Diagram for the provision of Support to Staff



Appendix B – 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 Alert as follows:

DETECTION STAGE

This is known by the WHO as the Alert stage or stage when a new virus 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 UKHSA/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 a pandemic.

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 UKHSA/NHS England or NHS South Yorkshire, 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 virus in patients in the UK.

- Follow guidance issued by UKHSA/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.
- If receive any requests for information from UKHSA/NHS England or NHS South Yorkshire, ensure all teams cooperate to provide prompt response.
- Consider moving SHSC to Major Incident "Standby". (See Major and Critical Incident Plan).
- Convene a special Emergency Planning Group meeting
- Consult Infection Prevention Control Nurses and Physical Health Team. 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.
- Confirm arrangements for investigating and managing any suspected cases for service users and staff across all teams. Ensure that details of those affected are collected on a regular basis and passed to AEO to keep a record of

numbers affected for outside agencies such as NHS South Yorkshire, UKHSA 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.
- Prepare arrangements for possible vaccinations of service users and staff for pandemic e.g. ordering of equipment. If there is a decision by the government that a 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 place meetings are called to discuss response to potential pandemic, ensure attendance by suitable officer and ensure feedback from meeting is shared appropriately.
- Consider adding to membership of Emergency Planning Group or setting up command structure if Major Incident declared. Guidance can be found in Major and Critical Incident Plan.
- Ensure regular feedback from affected areas on training and monitoring of arrangements on inpatient sites. Ascertain if teams are taking special measures to deal with vulnerable groups if affected by pandemic
- Set up communication email address and telephone number for receiving both internal and external communications relating to the 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 UKHSA/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 UKHSA/NHS England or NHS South Yorkshire, ensure all teams cooperate to provide prompt response.
- Decide 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 UKHSA/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 setup 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 pandemic, ensure attendance by suitable officer and ensure feedback from meeting is shared appropriately.
- Continue with Major Incident Procedures ensuring regular meetings of SHSC Command structure.
- Monitor local health and social care response via liaison with partners.
- Monitor essential services and business continuity via situation reporting.
- 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 be 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 activity is either significantly reduced compared to the peak or when the activity is within acceptable parameters. An overview of how services' capacities can meet demand will also inform this decision.

- Continue with Major Incident Procedures ensuring regular meetings of command structure until stand down and incorporate into normal BAU structure.
- Follow guidance issued by UKHSA/NHS England.
- Liaise with Head of Communications to ensure all staff are aware of situation.
- If requests for information from UKHSA/NHS England or NHS South Yorkshire, 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.
- 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 be 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 pandemic, ensure attendance by suitable officer and ensure feedback from meeting is shared.