

Pandemic Policy and Procedure

Category: Health and Safety Sub-category: Health & Safety



Policy Review Sheet

Last Reviewed: 18/02/20 Last Amended: 18/02/20



Next planned review in 12 months, or sooner as required.

Note: The full policy change history is available in your online management system.

Business Impact:	Low	Medium	High	Critical
			X	
These changes require action as soon as possible.				

	Reason for this review:	New Policy
	Were changes made?	Yes
	Summary:	This is a new policy that must be read with the Infection Control and Decontamination Policy and Procedure and the Business Continuity Policy and Procedure. It outlines what actions must be taken to prepare for a pandemic. The policy contains a checklist within the Forms section to support preparation. This policy refers to the coronavirus and as this is a changing situation, the policy and procedure will be updated if further information in relation to specific coronavirus pandemic management becomes available. The key facts have been written so that information can be shared with people who use the services and there are links to public health campaign posters and information.
	Relevant Legislation:	<ul style="list-style-type: none"> • The Parental Bereavement (Leave and Pay) Act 2018 • Civil Contingencies Act 2004 • Control of Substances Hazardous to Health Regulations 2002 • Data Protection Act 2018 • General Data Protection Regulation 2016 • Health and Safety at Work etc. Act 1974 • Health and Social Care Act 2008 (Registration and Regulated Activities) (Amendment) Regulations 2015 • The Care Act 2014

Pandemic Policy and Procedure

 Underpinning Knowledge - What have we used to ensure that the policy is current:	<ul style="list-style-type: none"> • NHS England, (2019), <i>Emergency Preparedness, Resilience and Response (EPRR) - Guidance and Framework</i>. [Online] Available from: https://www.england.nhs.uk/ourwork/epr/gf/ [Accessed: 18/02/2020] • NHS England, (2019), <i>NHS Core Standards for Emergency Preparedness, Resilience and Response</i>. [Online] Available from: https://www.england.nhs.uk/publication/nhs-england-core-standards-for-epr/ [Accessed: 18/02/2020] • Department of Health, (2011), <i>NHS Emergency Planning Guidance</i>. [Online] Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215643/dh_125842.pdf [Accessed: 18/02/2020] • Public Health England, (2020), <i>COVID-19: infection prevention and control guidance</i>. [Online] Available from: https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/wuhan-novel-coronavirus-wn-cov-infection-prevention-and-control-guidance [Accessed: 18/02/2020] • Health and Safety Executive, (2020), <i>Pandemic Flu - Workplace Guidance</i>. [Online] Available from: https://www.hse.gov.uk/biosafety/diseases/pandflu.htm#ref14 [Accessed: 18/02/2020] • Gov.uk, (2020), <i>COVID-19: interim guidance for primary care</i>. [Online] Available from: http://www.gov.uk/government/publications/wn-cov-guidance-for-primary-care/wn-cov-interim-guidance-for-primary-care [Accessed: 18/02/2020]
 Suggested action:	<ul style="list-style-type: none"> • Encourage sharing the policy through the use of the QCS App • Establish process to confirm the understanding of relevant staff • Establish training sessions for staff • Arrange specific meetings to discuss the policy changes and implications • Ensure that the policy is on the agenda for all team meetings and staff handovers • Widely distribute the 'Key Facts' of the policy • Share content of the policy with all staff

Pandemic Policy and Procedure

1. Purpose

1.1 To set out how the practice will take precautionary, proportionate and flexible arrangements for the management of response and recovery to a pandemic.

1.2 To meet the legal requirements of the regulated activities that the practice is registered to provide:

- The Parental Bereavement (Leave and Pay) Act 2018
- Civil Contingencies Act 2004
- Control of Substances Hazardous to Health Regulations 2002
- Data Protection Act 2018
- General Data Protection Regulation 2016
- Health and Safety at Work etc. Act 1974
- Health and Social Care Act 2008 (Registration and Regulated Activities) (Amendment) Regulations 2015
- The Care Act 2014

2. Scope

2.1 The following roles may be affected by this policy:

- All staff

2.2 The following people may be affected by this policy:

- Patients

2.3 The following stakeholders may be affected by this policy:

- Family
- Advocates
- Commissioners
- External health professionals
- Local Authority
- NHS

3. Objectives

3.1 To outline the contingency arrangements for the practice to prepare for, respond to and manage the recovery from a pandemic. This policy must be read with the Business Continuity Plan, Infection Control and Decontamination Policy and Procedure, Clinical Waste Disposal Policy and Procedure and the Sickness Absence Policy and Procedure.

GHS13 - Pandemic Policy and Procedure



4. Policy

4.1 The practice is committed to reducing and minimising the transition of infection. It is a requirement that each individual has the responsibility to ensure that they manage personal hygiene effectively within the principles of the Infection Control Policy and Procedure and where there is responsibility for housekeeping, that good standards are maintained.

The practice will ensure that staff and Patients understand that although it is not possible to prevent the spread of the disease, steps can be taken to control/reduce the spread by:

- Good hand washing practices
- Practising good personal hygiene
- Covering the mouth and nose with a tissue while sneezing or coughing
- Individuals must not be using cloth handkerchiefs or reusing tissues. This practice carries a risk of contaminating pockets or handbags which may then re-contaminate hands every time they go into those pockets or handbags
- Disposing of used tissues promptly and carefully (bag and bin them). Tissues must be disposed of in domestic waste they do not require any special treatment
- Washing hard surfaces (e.g. worktops, doorknobs) with a domestic cleaner regularly. Normal household detergent and water must be used to clean surfaces
- Avoiding unnecessary travel
- Avoiding crowds where possible
- Ensuring that children follow this advice

4.2 The practice will have measures in place to respond to major incidents of any scale, including a pandemic, in a way that ensures that staff and Patients are safe, that services experience minimal disruption and there is a speedy return to normal levels of business functioning.

In addition to this, the practice will have business continuity and contingency plans that follow this for safe delivery of care and support with the Patients and staff most at risk identified in advance. The plan at the practice will be to ensure that measures are in place before a pandemic arises so that if swift action is required, the resources, staff and plan can be mobilised.

Pandemic Policy and Procedure

5. Procedure

5.1 In the event of a pandemic the practice will be guided by and will work in partnership with the CCG. A designated manager will be responsible for the command and control within the practice and a Pandemic Team will be established at the practice to ensure that any action required is carried out. The Registered Manager will ensure that they understand what action is required in line with phases of a pandemic which is referred to as Detect, Assess, Treat, Escalate, Recover (DATER) Framework.

The registered manager will ensure that the business continuity plan is up to date and the checklist within this document has been completed and any action required is carried out.

5.2 Staff Management

- Staff must report to their Line Manager if they are unable to come to work, whether ill themselves or caring for others who are ill. This will ensure that the practice can implement contingency plans to ensure that core services are delivered, and that staff can be diverted elsewhere wherever possible depending upon need and skill provision. the practice will follow the Sickness Absence Policy and Procedure
- The business continuity plan must identify staff who can work from home, those who can work elsewhere and those who have other transferable skills that may be utilised in the event of staff shortages

5.3 Training and Support

- The practice will ensure that staff are up to date with Infection Prevention & Control mandatory training
- Annual briefings for staff involved in the Pandemic Team will be undertaken. During a pandemic the frequency of briefings will be increased to make sure staff are up to date
- All of the business continuity plans will be workshopped annually which will give the practice the opportunity to test their response to a pandemic
- The practice will ensure that staff have up to date information on any emerging pandemics and that patients have access to information that is factually correct
- The registered manager will familiarise themselves with the business continuity plan and will ensure that the practice has an [emergency pack](#) available in the event of a pandemic

5.4 Record Keeping

Records must be kept on all actions, logging events as they happen. It is essential that a comprehensive record is kept of all events, decisions and actions taken - in order to facilitate operational debriefing and to provide evidence for inquiries.

It is also essential that all ongoing care and support, including any incidents of where care is not provided as planned, is recorded in the patient notes. Good record keeping also allows lessons to be learnt from the response to an incident, whether or not there is a formal inquiry.

Contingency planning must include how personal sensitive data will be stored, transferred and communicated and the GDPR compliance is adhered to.

5.5 Respiratory and Cough Hygiene

Respiratory and cough hygiene will minimise the risk of cross-transmission of respiratory illness. Patients and staff must be encouraged to cover their nose and mouth with a disposable tissue when sneezing, coughing, wiping and blowing the nose. All used tissues must be disposed of promptly into a waste bin.

Patients must be given the opportunity to clean their hands after coughing, sneezing, using tissues, or after contact with respiratory secretions or objects contaminated by these secretions. Tissues will be placed at key access points for Patients. Staff must use good hand hygiene at all times.

5.6 Wearing Face Masks

The Department of Health's advice is that if a person is ill, or thinks they are ill then they should stay at home. To help prevent spread of infection, the Department of Health recommends that people who are ill stay at home and suggests that relatives, neighbours etc. collect food, medicines etc. for them. This measure should help limit the number of symptomatic individuals in public places. Therefore, it should not be necessary for workers to wear

Pandemic Policy and Procedure

masks routinely when in contact with the general public.

Pandemic Policy and Procedure

There may though be some situations when it will be advisable for a worker to wear a mask. Such a situation will depend on the nature of the work, where it is to be carried out and the outcome of the risk assessment that should, among other things, assess the risks to the worker.

Pandemic respiratory viruses spread mainly through droplets of respiratory secretions in the air, typically generated by coughing and sneezing. The viruses spread through hand/face contact with surfaces contaminated with such secretions. The coronavirus is a new virus and not fully known yet how it spreads. Masks can provide a physical barrier, but some precautions need to be observed. They should properly cover the mouth and nose and be used in combination with good personal hygiene.

5.7 Air Conditioning

Where the practice has air conditioning systems, although there may be some advantages in switching off an air conditioning system, the overall effect would be to create more static air which may result in discomfort and ill health effects. The main advantage of air conditioning is that it has a dilution effect on stale/contaminated air and also provides a more comfortable environment overall. HSE's advice is therefore to continue running any air conditioning system already provided for the workspace.

5.8 Patient Management

In the unlikely event that a Patient presents at the practice with 'flu-like symptoms, you should ask whether they have travelled in the last 14 days or whether they have been in contact with anyone who has, and whether they are experiencing cough or fever or shortness of breath. If the answer is yes, follow [the interim advice for primary care providers](#) (see the link in the **Further Reading** section)

- Identify potential cases as soon as possible
- Prevent potential transmission of infection to other Patients and staff
- Avoid direct physical contact, including physical examination, and exposures to respiratory secretions
- Contact 111 (on the Patient's telephone)
- Isolate the Patient, obtain specialist advice and determine if the Patient is at risk
- Follow the guidance provided
- Support the Patient throughout
- Arrange decontamination procedures once the Patient has left the premises and follow current guidance and requirements

Pandemic Policy and Procedure



6. Definitions

6.1 Pandemic

- A pandemic refers to a worldwide spread of an infectious disease, with outbreaks or epidemics occurring in many countries and in most regions of the world. A pandemic results when a new virus or new virus strain emerges which is very 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; and
 - Spread widely, because most people will have little or no immunity to the new virus/strain and will be susceptible to infection

6.2 Influenza or Respiratory Pandemic Disease

- Outbreaks can be characterised by the sudden onset of a number of symptoms, notably fever, chills, headache, muscle pains, prostration and usually cough, with or without a sore throat or other respiratory symptoms. In a non-pandemic situation, most healthy people recover from these symptoms without complication after about a week, although they may be lethargic and have mild symptoms for longer
- Complications are mainly respiratory, due to secondary bacterial infections such as middle ear infection (in children), bronchitis and pneumonia. This can lead to admission to hospital, severe illness and death. Respiratory infections may also exacerbate underlying diseases such as asthma, diabetes or coronary heart disease. Those at higher risk of more serious illness may include the very young, people aged 65 and over and patients with chronic chest, heart or kidney disease, pregnant women, persons with diabetes or reduced immunity due to other disease or treatment

6.3 The Civil Contingencies Act 2004

- The Civil Contingencies Act 2004 defines an emergency as: 'An event or a situation which threatens serious damage to human welfare in a place in the UK, the environment of a place in the UK, or war or terrorism which threatens serious damage to the security of the UK.' The definition is concerned with consequences rather than the cause or source and what is a major incident to the NHS may not be a major incident for other local agencies

A major incident is any event whose impact cannot be handled within routine service arrangements. It requires the implementation of special procedures by one or more of the emergency services, the NHS, or a Local Authority to respond to it. A major incident may arise in a variety of ways:

- Big Bang – a serious transport accident, explosion, or series of smaller incidents
- Rising Tide – a developing infectious disease epidemic, or a capacity/staffing crisis
- Cloud on the Horizon – a serious threat such as a major chemical or nuclear release developing elsewhere and needing preparatory action
- Headline news – public or media alarm about a personal threat
- Internal incidents – fire, breakdown of utilities, major equipment failure, hospital acquired infections,
- Deliberate release of chemical, biological or nuclear materials
- Mass casualties
- Pre-planned major events that require planning - demonstrations, sports fixtures, air shows

6.4 Novel Coronavirus (2019-nCoV)

- Coronaviruses are mainly transmitted by large respiratory droplets and direct or indirect contact with infected secretions. They have also been detected in blood, faeces and urine and, under certain circumstances, airborne transmission is thought to have occurred from aerosolised respiratory secretions and faecal material
- Coronaviruses can be destroyed by a wide range of disinfectants. Personal protective equipment (PPE) and good infection prevention and control precautions are effective at minimising risk but can never eliminate it
- As 2019-nCoV has only been recently identified, there is currently limited information about the precise

Copyright Notice:

Pandemic Policy and Procedure

routes of transmission. Therefore, this information is based on knowledge gained from experience in

Pandemic Policy and Procedure

responding to coronaviruses with significant epidemic potential such as Middle East Respiratory Syndrome Coronavirus (MERS-CoV) and Severe Acute Respiratory Syndrome Coronavirus (SARS-CoV)

6.5 The Detect, Assess, Treat, Escalate, Recover (DATER) Framework

- The UK approach uses a series of phases referred to as “DATER”: The Detect, Assess, Treat, Escalate, Recover (DATER) Framework. The World Health Organisation have advised that pandemic flu plans follow the DATER Framework. The UK approach for action in a future pandemic takes the form of five phases: DETECT, ASSESS (Evaluate), TREAT, ESCALATE and RECOVER (DATER) and incorporates indicators for moving from one phase to another. The phases are not numbered as they are not linear, and it is possible to move back and forth for jump phases. In a severe situation, it may be necessary to activate DETECT and ESCALATE at the same time, then TREAT and ESCALATE concurrently

6.6 Emergency Pack

- One of the most useful actions that you can take to cope with an incident is to have prepared an “Emergency Pack” in advance. [The Cabinet Office Toolkit on Business Continuity Planning](#) details what the pack must contain



Key Facts - Professionals

Professionals providing this service should be aware of the following:

- Patient care and empathy will be a natural process throughout
- The team will act in the best interests of the Patients, public and general health care profession at all times
- A pandemic is the worldwide spread of a new disease
- Some aspects of influenza pandemics can appear similar to seasonal influenza while other characteristics may be quite different. For example, both seasonal and pandemic influenza can cause infections in all age groups, and most cases will result in self-limited illness in which the person recovers fully without treatment. However, typical seasonal influenza causes most of its deaths among the elderly while other severe cases occur most commonly in people with a variety of medical conditions
- A pandemic response requires that business continuity plans are developed to cope with the rise in the number of cases of the infection and the impact this will have on staff, Patients, the infrastructure within the country where supplies may be disrupted such a food, fuel, medicines and transport
- The practice has a business continuity plan and will use a checklist to ensure preparedness for a pandemic



Key Facts - People Affected by The Service

People affected by this service should be aware of the following:

- The practice has a plan in place to manage your care and support if there is a pandemic
- You must tell the practice if you feel unwell and you develop symptoms such as a fever, cough, sneezing, runny nose and think you may have come into contact with someone who may have been exposed to a virus like coronavirus
- Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitiser if soap and water are not available. This is particularly important after taking public transport
- Avoid touching your eyes, nose, and mouth with unwashed hands
- If you feel unwell, stay at home, do not attend work
- Cover your cough or sneeze with a tissue, then throw the tissue in a bin. Catch it, bin it, kill it is the advice from the government
- Clean and disinfect frequently touched objects and surfaces in the home and work environment
- If you are worried about your symptoms, do not go directly to your GP or other healthcare environment. 111 can give advice on the phone

Pandemic Policy and Procedure



Further Reading

As well as the information in the 'Underpinning Knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

Health and Safety Executive:

<https://www.hse.gov.uk/biosafety/diseases/pandemic.htm>

Care Quality Commission:

<https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-69-business-continuity-arrangements-emergencies-major>

Business Continuity Management Toolkit:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/137994/Business_Co



Outstanding Practice

To be 'Outstanding' in this policy area you could provide evidence that:

- The practice will ensure that all team members complete annual training
- The wide understanding of the policy is enabled by proactive use of the QCS App
- Risk assessments reflect equality and human rights legislation, as well as Patient capacity
- The practice has developed robust contingency plans to ensure that the service can continue to operate effectively and safely during incidents (e.g. staff emergencies, heatwaves, flood, fire or loss of services)
- The practice provides accessible information to people who need care and support about how to keep themselves safe and report concerns
- There is a culture which encourages concerns about cleanliness, infection control and hygiene and how these can be raised and responded to
- Managers and staff know how to escalate issues and alert appropriate agencies to help control infection and protect others using the service or in the community
- The practice has an infection control lead who is passionate about their role and dedicated to providing a high level of cleanliness. They keep up-to-date records detailing spot checks, cleaning rotas and hand hygiene audits. They regularly meet with the staff team to discuss a range of issues, from prevention of common seasonal viruses to good hand hygiene etc.



Forms

The following forms are included as part of this policy:

Title of form	When would the form be used?	Created by
Pandemic Planning Checklist - GHS13	To prepare for a pandemic	QCS

Pandemic Policy and Procedure

This page is deliberately left blank

Pandemic Planning Checklist - GHS13

Task	In Progress	Not Started	Completed
Business Continuity			
Have you identified a pandemic co-ordinator/team in your business with defined roles and responsibilities?			
Do you have an up-to-date business continuity plan?			
Has the plan been tested?			
Does your plan have a clear escalation process in an emergency?			
Are all contact details including your workforce details up to date?			
Do you have the contact details for your regional and local public health centres?			
Do you have up to date contact details for your workforce significant others?			
Do you know how many of your staff have dependents – children, elderly relatives?			
Do all your staff know about your business continuity plans?			
Do you have up to date information from your Local Authority, your regulator, Public Health England, the NMC and GMC?			
Have you worked out in your plan how many staff you will need to safely run your service?			
Have you thought about what will happen if other key staff are unavailable?			
Have you thought about staff skills and other roles they can support with in the event you have gaps in your workforce?			
If you use locums what plans do you have for two-way communication?			
What is your plan if your staffing levels drop and you cannot support your service?			
Do you have a pool of staff that can cover in an emergency?			
Have you checked your local commissioning plans?			
Do you know who to contact if a member of staff/Patient or relative of a Patient becomes unwell			

Pandemic Planning Checklist - GHS13

Task	In Progress	Not Started	Completed
Policies			
Has your Sickness Absence Policy and Procedure been communicated to staff?			
In the early stages of a pandemic, do you have a plan to review annual leave requests with a view to postponing leave during the peak of the pandemic?			
If you plan to postpone leave how will staff be able to take their leave when the pandemic is over? <ul style="list-style-type: none"> • Buying annual leave days out after the pandemic • Allowing carry-forward of annual leave days owed • A combination of buying out and carrying forward annual leave days 			
Do your staff understand the Unable to Attend Workplace Policy and Procedure?			
Do your staff understand your Compassionate Leave Policy and Procedure?			
Do your staff understand the Parental Bereavement Leave and Pay Act which will entitle them to 2 weeks paid leave in the event their child under 18 dies (from 06/04/2020)?			
Do you have a clear flexible working plan - can staff work from home, can you agree different visit times?			
Do your staff understand the Infection Control and Decontamination Policy and Procedure?			
Is staff infection control training up to date and does it include handwashing techniques, PPE, and have you highlighted the campaign Catch It, Bin It, Kill It?			
What is your plan if staff become ill at work with the suspected virus? Does your policy include mandatory paid sick leave?			
Do you have a policy that is clear and is communicated on how staff should raise concerns and what they should do if they feel they are not being listened to?			
Task	In Progress	Not Started	Completed
Do your staff know how to escalate concerns about a Patient if they feel they are at risk?			
Do your employment contracts allow staff to be redeployed?			
What is your emergency policy if you do not have DBS cleared staff to provide a service?			
Do you have cleaning and decontamination procedures in place?			
Do your staff understand how to dispose of clinical waste?			

Pandemic Planning Checklist - GHS13

Task	In Progress	Not Started	Completed
People – Patients			
Do you have reliable information you can share with Patients in an accessible format?			
Do you have a clear communication strategy for Patients to understand the importance of non-attendance if feeling ill, or with signs of contagia?			
Do you have information and advice to hand for Patients within the workplace which is clearly visible?			
Do you have enough and accessible infection control supplies (hand hygiene equipment, tissues, masks, disposal facilities)?			
Have you anticipated any fear, rumours, anxiety and misinformation and do you have a rapid communication strategy in place to manage this?			
Do you have a definition of what an outbreak is?			

Pandemic Planning Checklist - GHS13

Task	In Progress	Not Started	Completed
People- Your Staff			
Does your plan allow for staff absences due to personal illness, family member illness, community containment measures and quarantines, school/business closures, public transport closures?			
Do your records indicate which staff may be more at risk during a pandemic due to illness or disability e.g. heart condition, respiratory problems, immune suppressed?			
Do you know which of your staff might be/are pregnant?			
Do you have any young workers?			
Do you have a plan in place to manage any anxiety or questions that your workforce may have?			
Do you have a plan to support your workforce if a vaccine becomes available?			
Is your workforce aware of their roles and responsibilities during a pandemic?			
Do your staff know what to do if a Patient becomes unwell?			
Does your plan with any agency workers include checks on whether they have been exposed to the virus?			
Have you assessed the hours staff are working to make sure they comply with the working time directives and the correct number of breaks?			
Will you be able to provide transport for staff to get them to work?			
Do you know how your staff travel to work?			
Do you know where they live and how you will stay up to date if any infection hot spots occur?			
If you must relocate your services, what is your plan to reimburse your staff travel costs?			
Do you have an option to lease transport for staff if there are transport issues?			
Do your staff know who to contact if they become unwell at home – 111 stay at home and seek advice?			
Do you know which of your staff may be willing to work at another location?			
Do you have more than one person who holds the keys?			
Does your plan include provision for where any specialist skills are required?			
Do staff know how to notify the regulator and what they must notify?			

Pandemic Planning Checklist - GHS13

Task	In Progress	Not Started	Completed
Technology			
Have you thought about how you will record any changes you have made so that you can return to normal quickly?			
Do you have a good communication processes in place so that you can update staff?			

Task	In Progress	Not Started	Completed
Suppliers and Partners			
Have you checked your stock levels to ensure that you have enough equipment and supplies to manage during the pandemic waves? (PPE etc.)			
Do you have a plan to be able to share best practice/resources in your local area to improve community response efforts?			
Do you have access to your local authority contingency plan?			
Have you shared your plan with your commissioners?			
Do you have a system in place for escalating central alerts quickly and documenting any action required?			

Pandemic Planning Checklist - GHS13

This page is deliberately left blank