

Policy and Procedure for Management of Pandemic and Major Infectious Disease Outbreaks

Version:	v1.0
Ratified by:	Executive Team
Date ratified:	3 March 2020
Name and Title of originator/author(s):	Collaborative preparation: Postgraduate Deans and Corporate Affairs Team
Name of responsible Director:	Lee Whitehead
Date issued:	4 March 2020
Review date:	4 April 2020
Target audience:	All HEE Staff
Document History:	Version 1: 26.02.20 Version 2: 04.03.20

Document Status

This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet, and copied to the internet, is the controlled copy. Any printed copies of this document are not controlled.

As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the intranet.

Executive Summary

Health Education England's Business Continuity policy (approved, November 2018) provides a framework for Health Education England (HEE) and its staff to follow in the event of:

- Facilities failure: fire, flood, denial of access, utility outage
- Skills shortage: pandemic, strike, natural disaster, weather
- Information loss: IT failure, cyber-attack which penetrates our systems, critical documents and information systems
- or any other emergency that may impact upon the daily operations of HEE.

The Business Continuity Policy describes the policy for implementing and maintaining a suitable business continuity process within HEE, including the roles and responsibilities of the officers with the responsibility for implementing it. This procedure should be read and implemented in conjunction with HEE's policy on business continuity management.

Contents

Paragraph	Page
1. Introduction	5
2. Purpose	5
3. Scope	5
4. Assumptions	5
5. Duties	7
6. Operational Framework	7
7. Next Steps	8
8. Equality Impact Assessments	9
9. Monitoring Compliance and Effectiveness	9
10. References	9
Appendix A – Redeployment of Junior Doctors in Training in the event of a Major Incident	10

1. Introduction

1.1 Health Education England's Business Continuity policy (approved, November 2018) provides a framework for Health Education England (HEE) and its staff to follow in the event of:

- Facilities failure: fire, flood, denial of access, utility outage
- Skills shortage: pandemic, strike, natural disaster, weather
- Information loss: IT failure, cyber-attack which penetrates our systems, critical documents and information systems
- or any other emergency that may impact upon the daily operations of HEE.

The Business Continuity Policy describes the policy for implementing and maintaining a suitable business continuity process within HEE, including the roles and responsibilities of the officers with the responsibility for implementing it. This procedure should be read and implemented in conjunction with HEE's policy on business continuity management.

2. Purpose

2.1 The purpose of this document is to consider:

- The impact of a pandemic infection on the functioning of HEE
- The potential role HEE could undertake in the management of a pandemic.

3. Scope

3.1 This policy and procedure for management of pandemic and major infectious disease outbreaks will operate across the whole of HEE. The policy covers all HEE offices and bases and applies to all members of staff of HEE, including those working within the organisation under honorary contracts, as contractors, volunteers or those employed indirectly via associated organisations directly procured by HEE.

This policy focuses on the key areas for consideration if a pandemic or major infectious disease outbreak occurs and links to local and national Business Continuity Plans.

4. Assumptions

4.1 The World Health Organisation (WHO) currently defines a pandemic as:

"... the worldwide spread of a new disease. An influenza pandemic occurs when a new influenza virus emerges and spreads around the world, and most people do not have immunity"

4.2 Assumptions (which are not the same as forecasts) underlying this statement include the following:

- The course of a pandemic will vary dependent upon the causative pathogen and become manifest via 1-3 waves of flu/illness. Nationally, each wave will last 3-4

months but will complete more quickly at a local level (perhaps 6-8 weeks). A subsequent wave may occur weeks or months after the preceding one.

- Public health information will be provided via NHS England, Public Health England and Department of Health.
- The mode of transmission is important in identifying what simple hygiene measures are important. For example, flu tends to be transmissible by means of airborne viruses, entering through the respiratory system; so rapidly transmitted through unprotected coughing/sneezing etc with increased risks in restricted environments where people gather such as HEE's offices
- Simple hygiene measures will remain paramount. A specific vaccine for a new pandemic pathogen will not be available for the first wave. Appropriate use of face masks may reduce infection risk for those dealing with infected patients but there is little evidence of proportionate benefit from more widespread use.
- In general, individuals without symptoms will be encouraged to carry on as normal. This advice will be modified if it is shown that transmission can occur in the pre-symptomatic period – in which case those who have been in close contact in the 14 days before a case should self-isolate in accordance with Public Health England (PHE) guidance.
- A large proportion of the population may show clinical symptoms of infection during the course of a pandemic. It is estimated that 2.5% of those who become symptomatic may die. Individuals who recover from pandemic infection will have lifelong immunity against that strain of the virus.
- Health services across the country will be severely stretched at times of peak infection incidence. Everyone with pandemic-related illness, except for those who are extremely unwell, will be expected to be managed within the community. Individuals with symptoms, but without medical complications, will be expected to self-care with general support (rest, food, water, analgesics, etc.) and to remain away from others (as much as is practicable) while infectious.
- The government will have in place processes for ready access to antiviral medications for individuals with uncomplicated early infection.
- Staff absences due to infection may peak over a 2-3-week period during a wave. Estimates range from 15-35% (the higher figure for small units) during peak if 50% are clinically infected. International visitors, not normally entitled to treatment, are allowed to be managed for flu by general practitioners and within the NHS because the disease is infectious.
- Some schools might close.
- It is unlikely that the government will recommend a ban on public gatherings or internal (UK) travel although it may review the situation for public health reasons.
- International travel may be curtailed.
- Defence Medical Services' trainees are hosted in some HEE training locations. At a time of a National Crisis (e.g. flu pandemic) it is possible Government departments or civil authorities may request assistance from all military personnel. There is a small possibility that military medical resources including military trainees will be required to work away from their usual place of work to support the national emergency.

5. Duties

5.1 HEE's response will be guided by national and local pandemic flu plans, all of which will be determined by the UK alert levels based on the World Health Organisation's assessment of the spread of the disease.

5.2 HEE will put in place plans to ensure a response that is proportionate to meet the differing demands of pandemic influenza viruses of milder and more severe impact, rather than just focusing on the "worst case" planning assumptions. Existing business impact analyses and recovery plans will be reviewed to consider options for maintenance and/or recovery of operations in the event of higher than currently planned for levels of staff absence.

5.3 During all incident response phases, consideration should be given to recovery. Once the threat has been assessed and deemed to be receding, there will be the need to concentrate upon the restoration of a situation as close to normal core business activity as can be achieved in the circumstances.

5.4 HEE's Incident Response Teams will be responsible for responding to advice, guidance, and instructions issued by the NHS England, Public Health England and Department of Health.

5.5 They will be expected to supply timely situation reports to the appropriate body (HEE and NHS England) outlining the impact of the pandemic on the operation of the of the local office during the pandemic.

5.6 The response to loss of staff will be guided by existing business continuity plans, including remote working encouraged and facilitated (as a preventative measure as the pandemic phase begins).

6. Operational Framework

6.1 The role of HEE's Incident Response Teams is to:

- undertake an assessment of the level of incident which has taken place
- decide if the business continuity plan should be activated
- establish methods of communication
- identify resource allocation to manage the incident
- undertake escalation where required

6.2 **Leadership:** In the event of business continuity measures being enacted as a result of pandemic as described in this document the Postgraduate Dean will be invited to join the Incident Response Team to support decision making in association with intelligence from the Regional Director of Public Health England.

- 6.3 **Communications:** Relevant up to date information will be provided to staff through the agreed business continuity mechanisms and posted on the HEE website and social media with support from the HEE communications team and their representative on the Incident Response Team.
- 6.4 **HEE should be an integral part of the local pandemic response** that will include Health Protection Units, NHS England, Public Health England, NHS Trusts primary care. The **precise role of HEE** will be determined by local circumstances but is likely to include the following:
- 6.5 Oversight of re-deployment of doctors in training to areas where additional critical input is needed, either as a result of increased numbers of patients with infection or where there are medical staff shortages. Deployment of trainee doctors should be in keeping with HEE policy on redeployment of doctors in training as a result of a major incident. HEE would monitor the impact of redeployment on individual doctor's training. Consideration should be given to supervision and indemnity.

(Details of principles can be found in Appendix A)

- HEE staff may be required to assist with urgent immunisation plans if a new vaccine is developed.
- Public Health specialty trainees would be a useful local resource with respect to supporting Health Protection Units/NHS England with respect to surveillance and reporting of cases of pandemic infection.
- Possible deployment of HEE administrative staff to support local pandemic plans.
- Consideration of whether routine postgraduate medical and dental functions should be suspended during a period of the pandemic.
- Undertaking effective communication with all involved stakeholders.
- Ensuring all staff have had appropriate vaccination when available.
- Increase awareness among trainees and administrative staff of the signs and symptoms of pandemic flu as well as understanding of the local pandemic flu plan

7. Next Steps

- 7.1 Existing business impact analyses and recovery plans will be reconsidered and further developed to cope with this situation if it occurs, with consideration of the impact on all critical functions, in particular the Annual Review of Competence Progression (ARCPs) and recruitment to training posts.
- 7.2 Postgraduate Deans to make contact with local Health Protection Units, NHS England and Public Health England in order to gain awareness of local pandemic flu plans i.e. who's who and who does what in the event of a pandemic
- 7.3 Advise existing Incident Response Teams of this policy and procedure, confirming their role should business continuity measures need to be enacted as a result of a pandemic.

7.4 An Action Card, supplementary to those in available for existing members of Incident Response Teams will be prepared for Post Graduate Deans and shared.

7.5 Implement basic awareness training on pandemic flu amongst HEE staff (Public Health England have implemented simulation exercises on flu management).

7.6 If appropriate, undertake an organisational state readiness exercise with input from Health Protection Units and Public Health England.

8. Equality Impact Assessment (EIA)

8.1 As a public body, HEE will give due regard to the need to avoid discrimination and promote equality of opportunity for all protected groups when making policy decisions.

9. Monitoring Compliance and Effectiveness

9.1 This policy/procedure will be monitored regularly in-line with ongoing developments relating to any pandemic or infectious disease outbreak and will be updated following any updated guidance from the Department of Health is issued. Associated Documentation
Other related HEE procedural documents should be identified here.

10. References

- HEE Business Continuity Policy – November 2018

Appendix A

Redeployment of Junior Doctors in Training in the event of a Major Incident

It is the professional duty of all doctors to help patients in need and therefore we would expect trainees to assist appropriately when a Trust is in exceptional circumstances. However, it is important that these circumstances are exceptional and that diversion of trainees from their training/ normal professional responsibilities does not become normalised.

In some HEE training locations, Defence Medical Services' trainees are hosted. At a time of a major incident or National Crisis (e.g. Flu pandemic) it is possible Government departments or civil authorities may request military assistance from all military personnel. There is a small possibility that military medical resources (military trainees) will be required to work away from their usual place of work to support the national emergency.

When a Local Education Provider believes their circumstances to be exceptional and that trainees need to be reassigned this must have the prior agreement of the Postgraduate Dean or assigned deputy, who should be contacted by the Director of Medical Education or Medical Director of the Trust. The circumstances should be documented, and appropriate plans made to mitigate this need and ensure that it is temporary if appropriate, the Winter Pressure Policy for redeployment of trainees may be useful in this respect.

This level of exceptionality would be the equivalent to a Major Incident.

Such diversion should be for as short a time as possible and not for more than 72 hours without further daily agreement.

It should be noted that that any diversion of more than 2-weeks duration is likely to adversely affect trainee progress and may lead to extensions to training and reduce future recruitment.

Diverted trainees must at all times be fully supervised and must only be asked to work within their competence.

The Trust will need to ensure mitigating action after the period of diversion to ensure fulfilment of the required curriculum.

Local and regional teaching events will need to be considered on an individual basis following the same principles.

Glossary:

Annual Review of Competency Progression – process by which doctors in training are reviewed each year to ensure that they are offering safe, quality patient care and to assess their progression against standards in their curriculum for their training programme.

Business Continuity – identifying parts of an organisation that could not be lost in the event of loss of premises, staff or systems due to facilities failure: fire, flood, denial of access, utility outage, skills shortage: pandemic, strike, natural disaster, weather or information loss: IT failure, cyber-attack which penetrates our systems, critical documents and information systems or any other emergency that may impact upon the daily operations of an organisation.

Business Continuity Policy - describes the policy for implementing and maintaining a suitable business continuity process within an organisation, including the roles and responsibilities of the officers with the responsibility for implementing it.

Business Continuity Plan - is a specific document prepared to help ensure that business processes can continue during a time of emergency or disaster, it includes details of Incident Response Teams and provides links to all Incident Response Plans for functions taking place in a particular location.

Business Impact Analysis - is a systematic process to determine and evaluate the potential effects of an interruption to critical business operations because of a disaster, accident or emergency.

Health Protection Unit - responsible for key aspects of communicable disease and infection control, emergency planning, waterborne incidents, chemical and microbiological incidents and environmental health work.

Incident Response Team - to undertake an assessment of the level of incident which has taken place, decide if the business continuity plan should be activated, establish methods of communication, identify resource allocation to manage the incident undertake escalation where required.

Local Education Providers - environments and locations that trainees are trained in.

Major Incident - any emergency that requires the implementation of special arrangements by one or more of the Emergency Services, the NHS or local Authority.

Pandemic - prevalent throughout an entire country, continent, or the whole world; epidemic over a large area.

Self-Isolate - the act of isolating or separating oneself or itself from others.

World Health Organisation - to direct international **health** within the United Nations' system and to lead partners in global **health** responses.