



Strategic Pandemic Business Continuity Plan

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Introduction

This Framework document will provide guidance and planning for UK Fire and Rescue Services in the event of a Pandemic. It will document how the NFCC will manage the governance of any future pandemic, based on learning and good practice from future events. It will explain the NFCC Strategy for dealing with a Pandemic or Endemic situation and will also provide tactical guidance for Fire and Rescue Services which will enable them to plan for, respond to and recover from future events.

In particular, it will:

- describe the roles, responsibilities and day to day working between the NFCC and UK Fire and Rescue Services

- describe how the NFCC will support UK Fire and Rescue Services during a pandemic
- describe how Fire and Rescue Services will fulfil their obligations under the Civil Contingencies Act 2004 and Fire and Rescue Services Act 2004
- set out how Fire and Rescue Services will deliver effective and efficient services

Reading this document

This document is designed in such a way that it provides an easy to understand framework which UK Fire and Rescue Services can follow in preparation for, response to and recovery from any future pandemic or endemic situation.

1. Purpose

1.1 The aim of this document and plan is to provide a planned response to an influenza type virus pandemic with clearly described roles, responsibilities and considerations to be taken, such that in the event of a serious pandemic outbreak, organisations can coordinate and manage a safe and effective response to the demands such an incident will have on the service delivery, the communities we serve and our staff.

1.2 At this time, the UK Government considers the emergence of pandemic influenza (flu) to be one of the highest risks to the country.

1.3 This plan outlines how the NFCC will assist and guide the UK Fire and Rescue Services prepare for, and respond for both Pandemic Influenza and Coronavirus outbreaks that have national implications.

2. Scope

2.1 The arrangements described within this plan are specific to infectious disease pandemic which includes new and existing strains of Influenza, Coronavirus which includes COVID 19, Severe Acute Respiratory Syndrome (SARS) and Middle Eastern Respiratory Syndrome (MERS) and other infectious diseases that may have a detrimental impact on Service.

2.2 This plan can be used in conjunction with internal Incident and Business Continuity Plans as well as Major Incident Plans.

2.3 This plan will also assist UK Fire and Rescue Service with planning for localised epidemics or wider scale pandemics of both Influenza, coronavirus and other infectious diseases.

3. Aim and objectives

3.1 As a Category 1 Responder under the Civil Contingencies Act 2004 (CCA), every UK Fire and Rescue Service has a duty to prepare for emergencies. It must maintain plans **3.2** for preventing emergencies, and for reducing or controlling the impacts of emergencies on normal service delivery. These must include specific plans for pandemic influenza and should also now take into consideration any other infectious disease that could have an adverse impact on services. Fire and Rescue Services also have a responsibility to cooperate with other responders to ensure an appropriate response.

3.3 The aim of this document is to assist the UK Fire and Rescue Service in preparing, responding and recovering from a pandemic outbreak in the UK.

3.4 Given the unpredictable nature and the potential severity of a pandemic it is important that any response is flexible and proportionate.

3.5 It is intended that this document will build upon UK Fire and Rescue's current Business Continuity arrangements, whilst addressing specific issues that emerge during a pandemic. This includes but is not limited to, legal and regulatory changes, training and Multi Agency Working (Tri-partite agreements).

3.6 The objectives of this plan are to:

- Prepare for a pandemic to minimise organisation risk
- Minimise the spread of any pandemic
- Identify critical operations and risks
- Provide a plan to maintain and deliver critical operations during a crisis
- To set clear Strategic actions to be performed by Fire and Rescue Services in the event of a pandemic
- To provide communication and timely information in line with Government
- Provide a guide to planning for recovery after the crisis

3.7 Relationships to other plans and documents

This plan should be read in conjunction with;

- Public Health England, Pandemic Influenza Response Plan 2014
- Guidance Pandemic Flu
- National Risk Register for Civil Emergencies 2017 Edition
- Governments guides on working safely
- Preparing for Pandemic Influenza a Guide for Local Planners 2013
- NFCC guidance documents
- COVID 19 Guidance for First Responders
- UK Governments COVID-19 Strategy
- Guidance and Support on Coronavirus
- Fire and Rescue Service Business Continuity Plans
- Major Incident Plans
- Local Resilience Forum Pandemic Plans

- Guidance on High Consequence Infectious Disease

A list of documents and web pages which may be referred to is attached at Appendix A.

3.8 Plan activation

Each UK Fire and Rescue Services should invoke their individual Business Continuity Plans in accordance with their internal procedures and governance arrangements.

Any activation of a Service's Pandemic Business Continuity Plan will be linked to the UK Government's Strategic Plans, which will vary dependent on the Pandemic threat.

3.9 Outbreak of influenza or other pandemic in the UK

Once a significant outbreak has been identified in the UK. The Department of Health will convene a national Influenza Advisory Committee (IAC) who will advise national strategy and communicate to other agencies. The UK will coordinate any response within the UK.

4. Role of the NFCC

4.1 The role of the NFCC during a pandemic is to act as a liaison with central government, Local Government Association (LGA) Public Health England (PHE) and representative bodies such as the Fire Brigades Union (FBU), Fire Officers Association (FOA), Fire & Rescue Services Association (FSRA), Unison, Unite and GMB etc.

4.2 On declaration of a pandemic the NFCC will establish a working committee to support UK Fire and Rescue Services.

4.3 The Chair of the working committee will ensure that any further sub-committees e.g. Data cell, Recovery Group, Scientific Cell etc. are set up and activated as appropriate to the circumstances of the pandemic.

4.4 The NFCC will provide advice and guidance for the sector in a timely and proportionate manner.

5. Planning Assumptions

5.1 In developing this plan for the use in responding to a new pandemic the following assumptions described with the UK Pandemic Flu strategy:

- The plan should be adaptable, to be used in outbreaks of other infectious diseases.
- Stopping the spread or introduction of the pandemic virus into the UK is unlikely to be a feasible option.
- Any pandemic activity in the UK may last for a significant period of time therefore a sustained response required.
- A novel virus may reach the UK very quickly.
- Once established in the UK, sporadic cases and clusters across the country in one to two weeks.

- About 50% of the population may be affected in some way or another.
- About 50% of staff may be affected over the period of the pandemic, either directly by or due to vulnerable persons or dependents requiring support.
- The severity of the virus is likely to be unknown and the groups of the population most affected will be unknown, as will the efficiency of antivirals.
- No vaccine will be available for four to six months and in some new to human infections much longer.
- This plan could be invoked whilst dealing with another incident concurrently and consideration should be made for the impacts of more than one Business Continuity incident running at once (e.g. severe weather, civil unrest).

5.2 It is important to note that there are differences between Coronavirus and the virus that causes influenza. As such, not all aspects of the UK’s plans for mitigating an influenza pandemic can be applied to respond to emerging Coronavirus outbreaks. Therefore, this plan outlines some of the ways in which the virus’ may differ.

6. Pandemic information

6.1 Pandemic Influenza

Pandemic Influenza is different from “ordinary” or seasonal flu, which for most people is an unpleasant illness but runs its natural course (sometimes referred to as self-limiting) and is not life-endangering. Pandemic flu can occur when a new influenza virus emerges which is markedly different from recently circulating strains and to which humans have little or no immunity. Because of the lack of immunity, the virus is able to:

- Infect more humans over a geographical area
- Spread rapidly and efficiently from person to person
- Cause clinical illness in a proportion of those infected

6.2 The influenza virus affects the respiratory system and is predominantly spread as an aerosol; however, it can be transmitted through direct contact with contaminated hands etc. The virus can survive outside the body for some time:

| | |
|---------------|-------------|
| Hard surfaces | 24-48 hours |
| Cloth | 8-12 hours |
| Hands | 5 minutes |

6.3 History has shown that Flu can affect any age, where as we traditionally think those most vulnerable to be the old and very young. The 1918 flu pandemic predominantly affected young adults. It is right to assume that the next may hit any age group. The influenza virus can generate a number of health complications.

| | |
|-------------|--|
| Respiratory | Bacterial pneumonia (common) Combined Viral/Bacterial pneumonia Pure Viral pneumonia |
| Cardiac | Atrial Fibrillation |

| | |
|-----------------|--|
| | Heart Failure Myocarditis Pericarditis |
| Musculoskeletal | Myositis Rhabdomyolysis |
| CNS | Encephalitis Transverse myelitis Guillain-Barre Syndrome |

6.4 The World Health Organisation (WHO) is responsible for identifying and declaring Influenza Pandemic. The UK approach uses a series of phases referred to as “DATER”: **The Detect Assess Treat Escalate Recover (DATER) Framework**

For more information, see appendix a.

6.5 The Spread of Pandemic Flu Strains

New Influenza viruses have previously emerged in the Far East, spread via Asia to Europe. Pandemic strains spread world-wide in about 6 months, although this may be shorter with the amount international travel seen today.

6.6 UK’s Pandemic Strategy

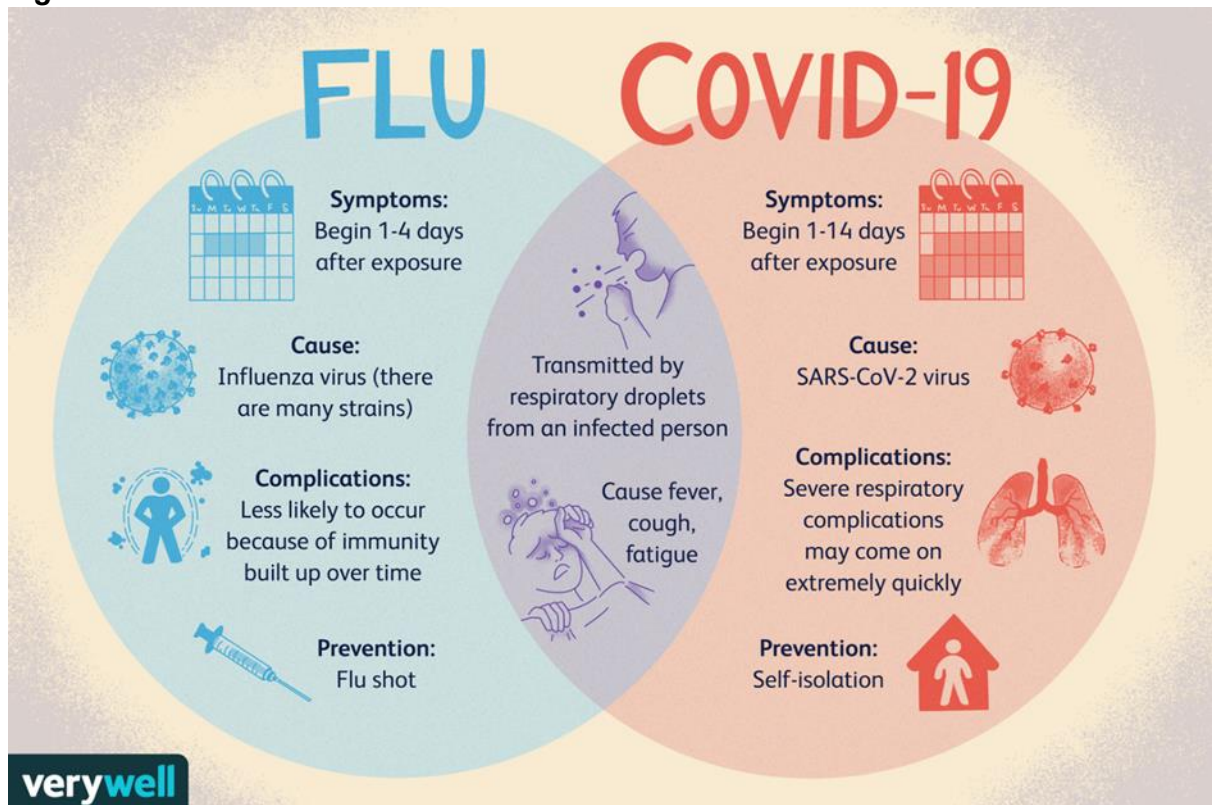
The [UK Influenza Preparedness Strategy 2011](#) provided a UK-wide strategic approach to planning for and responding to the demands of an influenza pandemic. The approach set out in this strategy is multi-faceted and evidence based. It is referred to as ‘defence in depth’ and includes:

- surveillance and modelling – to detect and assess the impact of any new influenza virus, identify and quantify the groups most at risk of severe illness, hospitalisation and death
- reducing the risk of transmission – through good infection prevention and control practices, for example hand and respiratory hygiene advice (for example ‘Catch it, bin it, kill it’) and provision of pre-identified personal protective equipment for front-line health and social care staff which are held in stockpiles
- minimising serious illness and deaths – by holding stockpiles of antivirals to treat influenza and antibiotics to treat complications such as pneumonia
- reducing pressure on primary care services and hospitals – by activating the National Pandemic Flu Service (NPFs), an automated system which enables antivirals to be rapidly authorised for patients without the need to see a doctor
- advanced purchase agreement (APA) – to guarantee access to pandemic specific vaccines for influenza, estimated to be available 4 to 6 months after the pandemic has started using current technologies
- vaccination – when possible and appropriate to protect the public, and
- surge plans – to deal with increased demand on health and care services in hospitals and community settings

6.7 Coronavirus

Coronaviruses are a family of viruses common across the world in animals and humans and can range from the common cold to Severe Acute Respiratory Syndrome (SARS) and Middle Eastern Respiratory Syndrome (MERS). The current (2019/2020) virus is named SARS-CoV-2 and is a new strain which has not previously been found in humans. Unlike seasonal flu there is no vaccine available. The main differences in the symptoms and treatments are set out below in **figure 1**.

Figure 1



6.8 Government plans and guidance for Coronavirus (COVID 19 specific)

At the time of a Coronavirus incident the Government will activate UK plans and agree on specific courses of action which are relevant to the situation in hand.

In response to the 2020 COVID 19 outbreak the government created a Three Phase Plan:

Phase one: Response which focused on the contain, delay, research and mitigate actions.

Phase two: **Smarter Controls**, gradual replace existing social restrictions in order to control the epidemic at the lowest health, economic and social costs to the Country. This

will be announced in periodic steps; however, these are dependent on strict conditions between the steps and ensuring that the “five tests” are being met.

Phase three: **Reliable Treatment**. Eradication is unlikely however by rolling out effective treatments and/or a vaccine it will allow the Government to a phase where the effect of the virus can be moved to a more manageable level.

The Government also introduced a Local Tier Alert System which defined what measures would be enforced based on numbers of positive infections per 100,000 population.

6.9 National Lockdown

During 2020 in response to the COVID 19 pandemic the Government imposed a National Lockdown. This was a temporary condition imposed by the government in which people were required to stay at home and refrain from or limit the activities outside their home, such as dining out or attending large gatherings.

In March 2020, Prime Minister Boris Johnson ordered the UK public to “stay at home” and only allowed people to leave for the following very limited purposes:

- Shopping for basic necessities, as infrequently as possible
- One form of exercise a day
- Any medical needs
- Travelling to and from essential work

By early April 2020, 3.9 billion people around the world were in some form of lockdown to break the chain of transmission. To enforce this, the government gave the police powers to issue fines to those who break the national restriction, for example social gatherings of more than six people are illegal and anyone who exceeds this limit were liable to a £200 on-the-spot fine, which will double on repeat offences up to £6,400.

6.10 Other Lockdowns UK

During any outbreak it is likely that the Government will introduce a variety of lockdown strategies.

During the COVID 19 outbreak in 2020 a three-tier system of lockdown measures for England, Ireland and Wales, was announced on the 12th October 2020 which broke down the UK into three categories- medium, high and very high. Each tier imposed different restrictions, with medium following national rules, high alert with restrictions on household meetings and very high under the toughest restrictions.

In December 2020 the Tier system was extended to 5 Tiers, with the addition of tier 4 'stay at home' and tier 5 'national lockdown'.

It is important to recognise the devolved administration of countries throughout the UK may place different restrictions and strategies upon their own countries. It is therefore

necessary that all FRSs in the UK take recognisance of the rules which apply within their own countries.

6.11 Devolved Administrations

Until devolution in 1999, civil servants in all parts of the UK reported to UK Government ministers. Today (2020), around one in ten civil servants is accountable to ministers in the three devolved administrations. Northern Ireland has the largest civil service, partly because it runs its own social security system. The Scottish and Welsh administrations expanded substantially after 1999, to meet the demands of the new era of devolution. But most civil servants employed in Scotland and Wales are still part of UK Government departments. Since 2010, all three administrations have faced budget pressures but Scotland now has a larger devolved workforce than at the start of austerity. Numbers are down slightly in Wales and substantially in Northern Ireland.

Devolved ministers in Scotland, Wales and Northern Ireland are supported by a civil service workforce of several thousand people in each nation. These workforces were inherited from the UK Government in 1999, but have since had to expand and evolve to serve the needs of ministers that have policy priorities that are different to those set in Westminster, and as further functions have been devolved.

The structure of the civil service is different in each nation. In Scotland and Wales, the devolved administrations operate as a single organisation, which is designed to encourage cross-government working, while Northern Ireland has a more rigid departmental structure similar to Whitehall. The Welsh Government has a smaller and more senior workforce than the Scottish Government and the Northern Ireland Executive – which has the largest and most junior workforce. This reflects differences in what is devolved in each nation, with Wales responsible for fewer large operational functions, which have a greater proportion of junior staff.

6.12 Scottish Tier System

In 2020, in response to the COVID 19 outbreak, Scotland introduced a five-tier system, which only applied to Scotland:

Level Zero: The “closest to normality without more successful treatment of a vaccine”, broadly comparable to the situation in August. Scots can meet indoors with a maximum of eight people from three households, most businesses stay open

Level One: Indoor household meetings reduce to six people from two households, but a reasonable degree of normality overall

Level Two: Limitations on hospitality and no gatherings in people’s homes

Level Three: Much of hospitality closed completely but some restaurants stay open, as in the central belt of Scotland over the past few weeks

Level Four: Not “unless absolutely necessary”, but reserved for if cases become “very high” and the NHS is at “risk of being overwhelmed”. This is “closer to a full lockdown”, with non-essential shops shut. But six people can meet outdoors, there is no limit on outdoor exercise and the Scottish Government would seek to keep manufacturing open.

7 Responsibilities

7.1 Decision making during a pandemic is made at Government level with various committees and advisory boards providing information to enable decision making. Those key organisations are below;

Key Organisations

The World Health Organisation (WHO) is responsible for identifying and declaring influenza pandemic based on the global situation. National, regional and local intelligence will inform the scale and flexibility of the local response.

The Home Office is the Lead Government Department for the Fire and Rescue Services in England, and the Chief Fire Officer (or Chief Executive) is responsible for managing their FRS and responding to risks. As such, the Home Office will work with the National Fire Chiefs Council, to obtain real-time data and maintain oversight of impacts and risks to Fire and Rescue Authorities for the purposes of informing ministers (and where activated COBR). This would include (but not necessarily limited to) impacts on workforce, supply chains, control rooms and continuity of National Resilience capabilities.”

The Department of Health (DoH) maintains the policy lead for pandemic influenza preparedness and is the lead government department for pandemic preparedness and response.

National Institute for Health Protection (NIHP) is a Category 1 Responder, and retains significant responsibilities for pandemic influenza preparedness and response. National Institute for Health Protection will provide leadership for managing pandemic with support from, and working alongside NHS England and national and local level and local authorities.

NIHP is responsible for (both pandemic flu and Coronavirus):

- Planning and implementation of the national approach
- Monitoring and reporting of key indicators, including virus activity, testing and vaccines
- Oversight of vaccine supply and the strategic reserve
- Advising NHS England on the commissioning of the flu vaccination programme
- Supporting Directors of Public Health (DsPH) and ensuring that they have all relevant expert input, surveillance and population data.
- Manage local outbreaks including contact tracing (Coronavirus)

- Gather epidemiological evidence.
- Arrange laboratory analysis and liaise with laboratories
- Provide advice and guidance to Local Authorities, the NHS and the local multi-agency response
- Support internal and external communication activities

Scientific Advisory Group for Emergencies (SAGE) provides timely and coordinated scientific and technical advice to support the government's decision makers during emergencies. They typically include leading experts in their specialist fields of both academia and industry and have previously been involved in the Ebola outbreak 2014 and the Swine Flu pandemic 2009.

The Local Resilience Forum (LRF) receives alerts relating to pandemic flu and other outbreaks, which are cascaded to all. Similar alerts will be received and distributed when suspected cases of pandemic flu are identified in neighbouring counties.

7.2 Local Government

For the most part, 'Local Government' means local councils – led by Councillors who are elected

by the public in local elections. Councillors work with local people and partners, such as local businesses and other organisations, to agree and deliver on local priorities. The decisions are implemented by permanent council staff (council officers) who deliver services on a daily basis.

There are different types of Local Government –

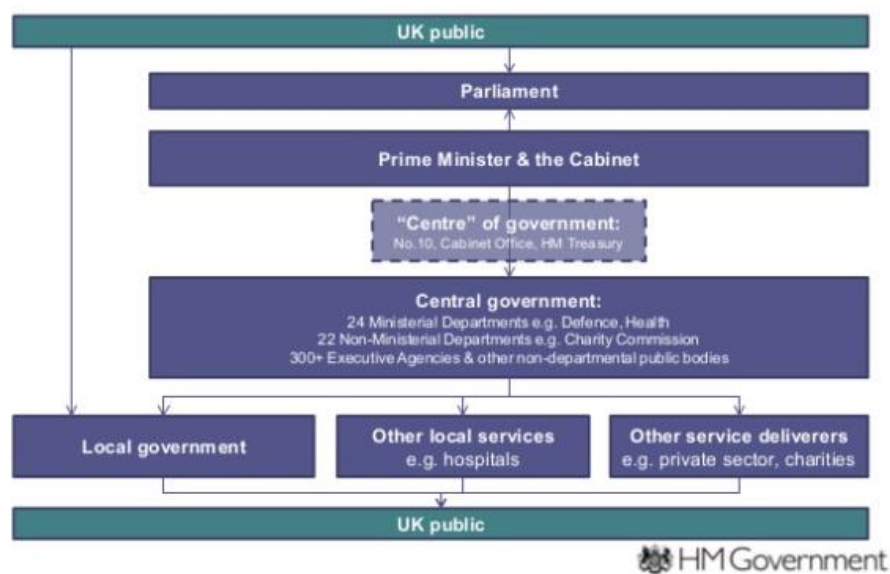
- a two-tiered system where responsibilities for local services are divided between the Upper Tier Local Authority, Districts and Boroughs which sit beneath it.
- a unitary Authority, which is responsible for delivering all local authority responsibilities within its boundaries.

All local authorities within England are answerable to their locally elected officials, but also to central Government as that's where most of their funding comes from. Local Authorities report up through the Ministry of Housing, Communities and Local Government (MHCLG) to the Secretary of State for Housing, Communities and Local Government – who, in turn, is a member of the Cabinet and reports to the Prime Minister.

There are some differences in the other countries of the UK, but the principles of hierarchy remain similar.

7.3 For a hierarchal view of decision making see **figure 2**

Figure 2



7.4 NFCC Pandemic committee

The Pandemic Committee should be established as soon as required and in accordance with Internal policy and procedure.

The Pandemic Committee should have senior representation from the following business areas;

- Principle Officers
- Service delivery
- Control
- HR
- Health and Safety
- IT
- Business Continuity and Risk
- Finance
- Union bodies

7.4 Internal roles and responsibilities

Each Service will have their own internal arrangements for responsibilities during an emergency.

Below is a guide of the responsibilities;

- **Principle Officers (CFO, DCFO etc.)** or their nominated officer will lead on pandemic activity and liaise with the NFCC, LRF's and other partners on appropriate actions to take during a pandemic. They may also Chair any internal Gold Strategic and Tactical meetings unless delegated.

- **Service Delivery Leads** will support the Principle Officer with actions that need to be taken during a pandemic and will ensure that there is a consistent approach across the Service. Representatives of key delivery areas such as Response and Prevent and Protect will attend the Gold tactical meeting.
- **Health and Safety** will liaise with the NFCC, Health and Safety Executive (HSE) and Public Health England to provide risk assessments and accurate Health and Safety Advice. Representatives will attend the Gold tactical meeting as required.
- **Human resources** will provide up to date HR information, including sickness levels to the organisation, welfare to staff affected by the pandemic and attend the Strategic Tactical meeting as required.
- **Finance** will provide regular updates to the Principle Management team on the costs of the pandemic. Where appropriate they will set up and manage specific budget codes for use during the event.
- **Business Continuity and Risk Management Managers** will attend Tactical Gold response and recovery meetings, engage with the NFCC BC Group to share best practice, record actions on current risks and identify emerging risks to the organisation.

8 Business Continuity during a pandemic

8.1 Business continuity impact

This plan focuses on pandemic related activities and provides a strategic overview. It should be used to assist Fire and Rescue Services to prioritise core services and alter working practises in the context of pandemic emergency. It is the responsibility of each UK Fire and Rescue Service to have robust plans in place to maintain their own business continuity.

FRSs should have Business Continuity Plans in place at all times as required by the Civil Contingencies Act 2004 and the Fire and Rescue Services Act 2004.

The Civil Contingencies Secretariat has produced Good Practice Guidance for LRFs which suggests the minimum standards for LRF partner agencies is alignment with ISO 22301 Business Continuity.

At the time of a pandemic It is vitally important that all service BC plans are kept up to date and reviewed regularly. The impact of the loss of a building or an IT failure simultaneously with a pandemic outbreak could lead to disastrous consequences if plans are not current and properly tested.

All services should engage fully with the NFCC Business Continuity Group to ensure that consistency of standards is maintained.

8.2 Human aspects and HR

Each UK Fire and Rescue Service should have robust Business Continuity arrangements in place which have the flexibility to oversee a large scale loss of people.

Service's should make efforts to reduce the impact of the pandemic by:

- Ensuring that adequate hygiene facilities are available (e.g. hand washing)
- Taking reasonable steps to ensure that staff, who are symptomatic of any infectious disease, during a pandemic are positively encouraged not to attend work until they are well enough to do so in line with NHS advice
- Communicating the latest government advice to staff on how to reduce the risk of transmission during a pandemic
- Considering the need for face coverings, IIR masks or other PPE to all staff that are at risk of contracting a pandemic virus due to close contact or frequent contact with others
- Understanding its workforce and identifying staff who are particularly vulnerable and ensuring that suitable measures are put in place to safe guard staff when required

Services should be prepared to assist other agencies and should prepare to be able to assist

8.3 Psychological Resilience

Public Health England conducted interviews between April and June 2020 which highlighted some very important issues. These are suggested in the below paragraphs.

It is important that managers listen to the needs of staff and actively try to communicate with them. They should demonstrate that they are aware of staff needs and that they are doing something about them.

Where practical changes are made, for instance decisions to increase the number of staff that can take leave at any one time, health-related etc. any decisions made which may affect staff health and well-being, managers should actively communicate with staff members about what actions are being taken.

A joined up-approach between management and union bodies is important and it is beneficial to consult representative bodies on decision-making around health-related guidance and messaging

A key strength of response is the way in which partners come together and respond to a pandemic event. Whilst joint agency working should not affect core business activity, it should be recognised that joint agency working can facilitate an effective response, through joint decision-making and joint problem solving.

Through the embedded Joint Emergency Services Interoperability Protocols (JESIP) services are very familiar with their partners within Local Resilience Forums and beyond. When there is a sudden requirement to assist other agencies there are likely to be occasions when staff who are unfamiliar with both LRF and JESIP may be placed into situations where they are required to work with partner agencies. Challenges can arise in response when partners are not familiar with the LRF, or are not aware that they could bring problems from their own organisation to the table for it to be resolved collectively.

8.4 Managing absence during a pandemic

Fire and rescue services should implement their own contingency plans to manage loss of staff during a pandemic with consideration to adopt the following protocols to assist staff who are not able to attend work due to sickness, caring for others or childcare issues.

- Flexible working policies
- Remote working capability
- Welfare arrangements

8.5 Risk management and mitigation

UK Fire and Rescue Services should have Pandemic highlighted as a Strategic Risk. Appropriate mitigation measures should be recorded and reviewed periodically using up to date intelligence and data by a recognised authority such as WHO or NHIP.

Alternate working arrangements can reduce the impact on critical activities during pandemic. Consideration should be given to critical activities and prepare to cease these undertakings where required.

9 Preparing for a pandemic

One of the main concerns in any pandemic is the ability of a new virus to spread quickly between humans. There is also the threat that the Pandemic will be something not previously known in and will cause widespread disruption until a vaccine has been manufactured and is readily available to the wider population.

As it is impossible to predict when or what the pandemic will be like until it starts circulating it is essential that all Fire and Rescue Services have robust plans in place for preventing, reducing, controlling or mitigating the effects of pandemic.

9.1 National modelling for Pandemic Influenza

National modelling suggests that with an attack rate of 50% (meaning half of staff are off sick):

- There could be 15%-20% staff absenteeism in the peak weeks of the pandemic assuming it affects local resilience forums in one wave over a period of 12-15 weeks
- There may be more than one wave, with staff absence spread across them, lead time between peaks can be from 1-3 months
- Absence for influenza is likely to be 7 working days for those without complications, and 10 working days for those with.
- The parameters may change for different types of pandemic and Fire and Rescue Services should be prepared to longer absences for example in COVID-19 outbreaks isolating periods have been as long as 14 days.

9.2 Reasonable Worst Case Scenario

During any pandemic outbreak it is likely that the Government will set out planning scenarios as agreed by SAGE (Scientific Advisory Group for Emergencies). They are likely to identify a reasonable worst case scenario (RWC) and an optimistic case, both for the whole of the UK. The difference in the scenarios lay in the assumptions made about public compliance with behavioural and social interventions. These are scenarios are not predications and are subject to significant uncertainty.

Government documents are likely to be made available to Fire and Rescue Services and may be used as a planning tool.

9.3 Horizon scanning

Horizon scanning is a technique used to predict future disturbances through a systematic examination of potential threats/opportunities and their severity/likelihood levels. This allows us as UK FRSs to be proactive in our efforts to combat pandemics rather than being reactive and ensures that our policies are resilient enough to minimise any disturbances. This programme is steered by the Cabinet's Secretary Advisory Group (CSAG) who focus on the potential implications for policy of future threats and scenarios

9.4 Critical supply chains

It is highly likely the effects of a pandemic will impact other organisations to a greater or lesser degree consequential implications to their respective customer base. Some of these organisations will be the provider of key services and supplies to one or more FRS's and in certain circumstances may be a national supplier of a specific service.

FRS's should prepare for potential disruption to their own services caused by the resilience of contract suppliers and other service providers and determine their continuity arrangements for pandemic. This should be renewed annually as good practise.

As part of all planning activity, FRS's should ensure that they have robust arrangements in place with suppliers of critical goods and services. Ideally, this should include the assessment of a supplier's business continuity arrangements to provide a level of assurance.

It would be good practise to pre-identify alternative providers of services and/or goods as a contingency to adverse disruption to a primary supplier.

9.5 Preparing the workforce for a pandemic

Communications

Regular, relevant communications should be prepared to send out to staff to update on any predicted pandemic activity. It is good practice to plan regular updates when information is changing quickly, for instance when government advice may be changing on a daily basis.

Communication should always be open and honest and needs to be current. This includes messages around Personal Protective Equipment (PPE), good hand and respiratory hygiene along with social distancing measures if applicable.

Vaccines

Staff should be encouraged to have appropriate vaccines when they become available. In the absence of a reliable vaccine staff should continue with good hygiene measures.

10 Responding to a pandemic

10.1 Prioritising Service Delivery

Organisations should have a detailed plan on what services can be suspended and what activities must be maintained in order to comply with statutory obligations under the CCA 2004 and the FRSA 2004.

10.2 Critical Supplies, Services and Horizon Scanning

In the previous section on Preparing for a Pandemic organisation should have an idea of stock levels and key supplier impact should there be a pandemic. Stock levels should be continued to be monitored and it is vital to communicate with critical suppliers to ensure continuity of delivery.

10.3 HR and Staff Welfare

Organisations will aim to ensure that all of its employees can safely operate in the workplace through a process of risk assessment centred on maintaining safe places of work.

A people impact assessment should be made at an early stage in the planning process.

All FRs should complete a people impact assessment at an early stage in any pandemic outbreak. This should focus on both physical and mental wellbeing.

The Health, safety, and wellbeing of people across all organisations is paramount and action should be being taken to ensure that risks have been assessed. It will also be important to put processes in place to ensure that any mitigation and recommendations which are put in place are being complied with.

Where necessary then representative bodies should be involved at an early stage to provide assurances that the safety and welfare of staff members is addressed as thoroughly as possible.

10.4 Rehabilitation Pathways

Any references to Covid-19 within this paragraph should be considered appropriate for the future should other types of pandemic occur, until such time as further medical evidence and guidance is published.

It is essential that service personnel with previous confirmed or presumed symptomatic COVID-19 infection are appropriately medically risk assessed prior to return to work or training.

The effects of COVID-19 infection will vary amongst service personnel. Many will have asymptomatic disease whilst the majority who are symptomatic will develop only mild symptoms and have no resultant clinical long term effects. However, some service personnel will be hospitalised and a proportion of those may receive critical or high-dependency care. Additionally, personnel may develop significant symptoms in the community but not attend hospital. The longer-term effects of COVID-19 infection are not fully understood, but are more likely to be significant in those with more severe, or sudden onset, presentations (hospitalised or not). Clinical and rehabilitation pathways must be in place for service personnel that have had COVID-19.

Evidence strongly supports early referral for those service personnel that remain symptomatic and are not clinically improving from the 4 week point after the onset of symptoms. That should not change, despite the National Institute for Health and Care Excellence (NICE) criteria for the definition of post COVID-19 Syndrome focusing on residual symptoms beyond 12 weeks following acute COVID-19 infection. Service personnel should be referred to service Occupational Health Units if still symptomatic at 4 weeks and should not wait until 12 weeks.

COVID-19 symptoms during the initial illness, and subsequently, should be managed in accordance with normal protocols for OH management.

11 NFCC Guidance

The NFCC will issue guidance, based on all current information, which relates to any specific pandemic outbreak.

11.1 Personal Protective Equipment (PPE)

Wherever possible, risks should be reduced to the lowest reasonably practicable level by taking preventative measures, in order of priority. Only after all measures have been tried and found ineffective in controlling risks to a reasonably practicable level, must personal protective equipment (PPE) be used where possible, all contact with members of the public should be carried out while maintaining social distancing measures – a distance of at least Two metres (Six feet). Where this is not possible, the principles for the Hierarchy of Risk should be applied, using measures such as physical barriers and alternative working practices etc. to mitigate the risk of transmission.

11.2 Risk Assessments

The NFCC may under certain circumstances undertake risk assessments on particular pandemic related activities incorporating any specific training, health and safety and PPE requirements.

11.3 Working safely during a pandemic

To keep the spread of the virus under control, it is important that people work safely. Where staff can work from home effectively, then they should. Managers should consult with their staff and identify the critical roles to determine specific requirements, including options for agile and flexible work arrangements as an alternative to working from the office. The following circumstances need to be taken into consideration:

- Persons Journey Time/ Distance
- Caring Responsibilities
- Protected Characteristics
- Individual Circumstances
- Those at Higher Risk
- Health and Wellbeing

The decision to return to the workplace must be made in consultation with staff and should be an open conversation about returning before any definitive decisions have been made. It is important that employers engage with workers to ensure that they feel safe returning to work and they should not try and persuade or force anyone into an unsafe workplace.

When staff are asked to work from home, organisations must ensure that appropriate risk assessments are in place and they have suitable equipment to do so.

11.4 Health and Safety

Health and Safety of staff is paramount during a pandemic. People are key to running the organisation. Consideration should be taken into the following;

- Review procedures in place and make amendments where necessary
- Assess new risks that emerge from changes to working practises and bring control measures into place
- Implement enhanced employee hygiene protocols
- Produce PPE guidance
- Increase cleaning routines both commercially and personally (i.e. staff cleaning desks down after use)
- Reduce, locate and redesign employees' role and locations where possible to manage the flow of people
- Consideration of lone working
- Create systems for home working which include DSE assessments

12 Reporting to the NFCC and other regulatory bodies during a pandemic

12.1 There is a statutory requirement to report during a pandemic to provide assurance. Consideration should be taken around systems and resources to enable this information to be shared.

13 Recovery

At the end of the Pandemic a full evaluation and review of services should be undertaken. This will enable organisations to establish recovery of key services. Lessons learned logs should be kept to provide audit trails and a basis for changes to service delivery.

14 Governance arrangements

14.1 Training and exercising

Pandemic plans should be reviewed and exercised annually or whenever there has been major change in data or intelligence.

15 Reviewing this document

Sustainability of the Document

Pandemics in their very nature may look and impact on society differently so what is right in one pandemic may not be for another. As a result, there are a number of considerations to ensure longevity of this document overtime.

This document will be managed by the NFCC Business Continuity Group. It will be reviewed at least annually and submitted to the NFCC via the Sector Resources and Improvement Group.

During any period of prolonged activation of the plan it will be reviewed more frequently to ensure it is appropriate to the ongoing pandemic outbreak. During this time, it will be presented to the appropriate NFCC working committee.

Appendix A – References and Hyperlinks

In preparation of this document information has been used from a variety of sources. Below are listed sources of information which have been accessed. Where possible these are generic links which should be available to use in the event of future incidents and should contain relevant information in a timely manner.

Government Advice

Seasonal influenza: guidance, data and analysis

<https://www.gov.uk/government/collections/seasonal-influenza-guidance-data-and-analysis>

[2018 Modelling for potential impacts of Pandemic Influenza](#)

<https://www.gov.uk/government/publications/spi-m-publish-updated-modelling-summary>

Government advice in relation to coronavirus

<https://www.gov.uk/coronavirus>

NFCC Information

NFCC information for Covid-19

<https://www.nationalfirechiefs.org.uk/COVID-19>

Public Health England Advice

Seasonal influenza: Advice and Campaigns

<https://campaignresources.phe.gov.uk/resources/search?utf8=✓&query=seasonal+flu>

PHE - information for Covid-19

<https://coronavirusresources.phe.gov.uk>

NHS UK

Seasonal influenza advice

<https://www.nhs.uk/conditions/flu/>

PHE - information for Covid-19

<https://www.nhs.uk/search/results?q=covid%2019>

Crisis Response Blogs and Reports

Covid-19: Recommendations to improve effective multi-agency response

[Report 1: https://www.crisis-response.com/comment/blogpost.php?post=570](https://www.crisis-response.com/comment/blogpost.php?post=570)

[Report 2: https://www.crisis-response.com/comment/blogpost.php?post=583](https://www.crisis-response.com/comment/blogpost.php?post=583)

[Report 3: https://www.crisis-response.com/comment/blogpost.php?post=590](https://www.crisis-response.com/comment/blogpost.php?post=590)

Appendix B – Data Stages

Detection and Assessment

| UK Phases | Scale | Impact on Service | Service Messages | Priorities | Suggested Actions |
|--------------------------|--|---|--|--|--|
| Detection and Assessment | <p>Sporadic cases of Flu may be reported by the community.</p> <p>Possibility limited local outbreaks.</p> <p>Possible increased proportion of critical care cases with Flu.</p> | <p>Possible concern arising from media reporting on cases of Flu at home or abroad.</p> <p>Possible disruption to international travel, which could affect suppliers.</p> <p>Possible closure of other public services such as schools. The LA may choose to close schools to disrupt the spread of a local disease outbreak based on a public health assessment.</p> <p>Health service will have additional high demand.</p> | <p>Advice on good respiratory and hand hygiene.</p> <p>Advice about how to obtain further information for example Government and NHS websites.</p> | <p>Create service wide awareness.</p> <p>Preparedness, ensuring that we have enough stock of essential PPE.</p> <p>Ensure that the Business Continuity Plans are up to date.</p> | <ul style="list-style-type: none"> • Send out awareness. • Check stock levels. • Check the validity of Business Continuity Plans. |

Treatment and Escalation (Low Impact)

| Phases | Scale | Impact on Service | Service Messages | Priorities | Suggested Actions |
|---------------------------------------|--|---|--|---|---|
| Treatment and Escalation (Low Impact) | <p>Similar number of cases to moderate or severe seasonal Flu outbreaks.</p> | <p>Increase in staff absence due to ill health or caring for someone else.</p> <p>No significant impact on staffing levels.</p> <p>Health service will see increased demand which may also affect the Fire Service i.e. gain entry etc.</p> | <p>Advice on good respiratory and hand hygiene.</p> <p>Advice about how to obtain further information for example Government and NHS websites.</p> <p>Activation of Business Continuity Arrangements i.e. Flexible working, working from home etc.</p> | <p>Issuing PPE.</p> <p>Planning for extended sickness levels of more than 25%</p> | <ul style="list-style-type: none"> • Attend TACTICAL PLANNING GROUP • Hold Tactical Planning and Logistics Cell. • Activate Pandemic Co-Ordination Group. • Checking PPE stock levels. • Checking sickness levels. |

Treatment and Escalation (Moderate Impact)

| Phases | Scale | Impact on Service | Service Messages | Priorities | Suggested Actions |
|--|--|---|---|--|--|
| Treatment and Escalation (moderate impact) | <p>Higher number of cases than a large seasonal epidemic.</p> <p>Young healthy people and at risk groups affected.</p> <p>More severe illness.</p> | <p>Increase in staff absence due to ill health or caring for someone else.</p> <p>Possible disruption to supplies as Business Continuity Plans will be implemented.</p> <p>School closures.</p> <p>Health service will see increased demand which may also affect the Fire Service i.e. gain entry etc.</p> | <p>Advice on good respiratory and hand hygiene.</p> <p>Advice about how to obtain further information for example Government and NHS websites.</p> <p>Roll out of Infection Control and advice given out by LOCAL RESILIENCE FORUM via Resilience Direct.</p> <p>Activation of Business Continuity Arrangements i.e. Flexible working, working from home etc.</p> | <p>Issuing PPE.</p> <p>Ensuring that the advice from the LOCAL RESILIENCE FORUM is cascaded out and that staff are following the guidance.</p> <p>Planning for extended sickness levels of more than 25%</p> | <ul style="list-style-type: none"> • Attend TACTICAL PLANNING GROUP • Hold Tactical Planning and Logistics Cell. • Pandemic Co-Ordination Group deliver key activities in regards to the incident. • Checking PPE stock levels. • Checking sickness levels. • Limit or cancel all community group access to stations. • Consider service delivery, changing the way that the some non-emergency core duties are delivered i.e. Safe and Well. • Consider cancelling all activities with external groups such as Safe and Sound Delivery. • Consider holding all meetings remotely. • Media information cascaded to the public about expected service levels. |

Treatment and Escalation (High Impact)

| Phases | Scale | Impact on Service | Service Messages | Priorities | Suggested Actions |
|--|---|--|---|---|---|
| Treatment and Escalation (High Impact) | <p>Widespread disease in the UK.</p> <p>Most age groups affected.</p> <p>Severe illness with complications.</p> | <p>Increase in staff absence due to ill health or caring for someone else.</p> <p>Possible disruption to supplies as Business Continuity Plans will be implemented.</p> <p>Disruption in Transport, schools, shops, suppliers.</p> <p>Depleted stock levels for essential items i.e. PPE</p> <p>National legislative change may be brought in to place to facilitate change of working practises i.e. working hours, sickness and self-certification.</p> <p>Health service will be working to capacity which also affect the Fire Service may i.e. gain entry etc.</p> <p>Financial overtime costs for operational staff.</p> | <p>Advice on good respiratory and hand hygiene.</p> <p>Advice about how to obtain further information for example Government and NHS websites.</p> <p>Roll out of Infection Control and advice given out by LOCAL RESILIENCE FORUM via Resilience Direct.</p> <p>Activation of Business Continuity Arrangements i.e. Flexible working, working from home etc.</p> | <p>Issuing PPE.</p> <p>Ensuring that the advice from the LOCAL RESILIENCE FORUM is cascaded out and that staff are following the guidance.</p> <p>Planning for extended sickness levels of more than 50%.</p> <p>Manage staff welfare and concerns.</p> | <ul style="list-style-type: none"> • Attend SCG. • Hold Tactical Planning and Logistics Cell. • Pandemic Co-Ordination Group continue to manage the incident. • Checking PPE stock levels. • Checking sickness levels. • Move to critical – Emergency Service only. • All Safe and Well delivery suspended. • Consider cancelling all non-essential leave. • Media communications. |

Recovery

| UK | Scale | Impact on Service | Service Messages | Priorities | Suggested Actions |
|-----------------------------------|--|--|--|---|--|
| Recovery (further waves possible) | Impact of pandemic reduces and gradual return to "business as usual" | <p>Staff numbers still reduced as Operational and Support staff taking holiday, rota days or rescheduled leave.</p> <p>Financial costs, possible overtime.</p> <p>Support staff increasing flexi hours considerably to catch up.</p> <p>Increased PFI costs from additional cleaning.</p> <p>Increased P & P work load in addition to day to day business.</p> | Messages about promoting vaccinations. | <p>Staff welfare and ongoing concerns.</p> <p>Resume to business and usual.</p> <p>Review plans for possible wave of reinfections.</p> <p>Capture lessons learnt.</p> | <ul style="list-style-type: none"> • Communication on lessons learnt. • Report on lessons learnt to the LRF. • Re-evaluate plans. • Resume all Service Activity's • Media communications to the public. • Debrief. • Stand down Pandemic Co-ordination Group. |

Appendix C

Action Cards

| | | | |
|---|--|--|---|
| Version 2 When should this guide be used: | | Last updated: 24/08/2020 Setting context: | |
| Phase | | Detection and Assessment | |
| This guide should be used when intelligence is received that there is increases in reports of any influenza type virus resulting in localised community outbreaks or sporadic cases located in settings such as workplaces or schools. | | | |
| National Impact | | Service Impacts | |
| <ul style="list-style-type: none"> Increased reports of localised influenza type virus outbreaks Increase in hospital admissions from complications of any influenza type virus Affecting older demographic and those classed in the art risk groups UK already managing increased demands of COVID 19 Possible disruption to supply chains and PPE shortages | | <ul style="list-style-type: none"> Possible increase in staff absence due to sickness and/or caring responsibilities No major impact on service delivery Staff concern from media reporting of increasing influenza type virus cases Possible disruption to supply chains and PPE shortages Disruption to non-emergency service and an increase on demand from partner agencies through the LRF | |
| Key messages for staff | | | |
| <ul style="list-style-type: none"> Communication to staff advising on good respiratory and hand hygiene Advice for staff on how to obtain further information on government and NHS sites Encouraging staff to have a flu vaccination if they have not already done so Ensuring there is a robust testing process set up for staff so that they can be tested for COVID 19 if symptomatic | | | |
| Access more information | | | |
| More information on seasonal influenza can be accessed here: https://www.gov.uk/guidance/pandemic-flu https://www.nhs.uk/conditions/flu/ | | | |
| Service actions | | | |
| <ul style="list-style-type: none"> Business as usual with focus on regional and national intelligence Follow the guidance issues by CCU through Resilience Direct. This advice will have been provided in consultation with National Institute for Health Protection. | | | |
| STOP/SUSPEND | START/RESUME | REVIEW | CONTINUE |
| <ul style="list-style-type: none"> Not applicable | <ul style="list-style-type: none"> Regular comms around seasonal flu Hand hygiene and good respiratory hygiene reminders Set up a Tac Cell to monitor the incident Preparing to move to Treatment and Escalation (Low Impact) Check stock levels and plan to stock pile essential PPE and hygiene products Prepare for increased demand from the LRF | <ul style="list-style-type: none"> Number of subsidised flu jabs taken Supply chain and key supply BCP's Departmental BCP's and other Corporate BCP'S Service Business Impact Assessments All absence policies Site risk assessments Review operational risk assessments | <ul style="list-style-type: none"> Monitoring critical PPE levels Monitoring sickness levels (as usual for this time of year) |

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| | <ul style="list-style-type: none"> Prepare for reporting to the LRF and NFCC | | |
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| Version 2 When should this guide be used: | | Last updated: 24/08/2020 Setting context: | |
| Phase | | Treatment and Escalation (low impact) | |
| This guide should be used when intelligence is received that there are similar number of cases to moderate or severe influenza type virus outbreaks nationally resulting in localised community outbreaks or sporadic cases located in settings such as workplaces or schools. | | | |
| National Impact | | Service Impacts | |
| <ul style="list-style-type: none"> Increased reports of localised influenza type virus outbreaks Increase in hospital admissions from complications of influenza type virus Affecting older demographic and those with certain underlying health conditions UK already managing increased demands of COVID 19 Possible disruption to supply chains and PPE shortages Disruption to non-emergency service and an increase on demand from partner agencies through the LRF | | <ul style="list-style-type: none"> Possible increase in staff absence due to sickness and/or caring responsibilities No major impact on service delivery Staff concern from media reporting of increasing influenza type virus cases Possible closure of some public services such as schools which could affect staffing levels Possible disruption to supply chains and PPE shortages Disruption to non-emergency service and an increase on demand from partner agencies through the LRF | |
| Key messages for staff | | | |
| <ul style="list-style-type: none"> Communication to staff advising on good respiratory and hand hygiene Advice for staff on how to obtain further information on government and NHS sites Encouraging staff to have a flu vaccination if they have not already done so Ensuring there is a robust testing process set up for staff so that they can be tested for COVID 19 if symptomatic | | | |
| Access more information | | | |
| More information on seasonal influenza can be accessed here: | | | |
| https://www.gov.uk/guidance/pandemic-flu https://www.nhs.uk/conditions/flu/ | | | |
| Service actions | | | |
| <ul style="list-style-type: none"> Service delivery may be affected in some areas of the organisation Follow the guidance issues by CCU through Resilience Direct. This advice will have been provided in consultation with National Institute for Health Protection. | | | |
| STOP/SUSPEND | START/RESUME | REVIEW | CONTINUE |
| <ul style="list-style-type: none"> Not applicable | <ul style="list-style-type: none"> Regular comms around seasonal flu Hand hygiene and good respiratory hygiene reminders Preparing to move to Treatment and Escalation (Moderate) Check stock levels and plan to stock pile | <ul style="list-style-type: none"> Degradation plan Crewing policy Non critical training On call drill nights Demand from LRF partners against own business performance to ensure that support can be maintained Non-essential meetings | <ul style="list-style-type: none"> Monitoring critical PPE levels Monitoring sickness levels (as usual for this time of year) Providing support to the LRF partners where possible Tac Cell meetings LRF and NFCC reporting |

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| | <ul style="list-style-type: none"> essential PPE and hygiene products • Planning for increased sickness levels and availability issues • Monitoring any attributed costs to incident • Monitoring staff welfare arrangements | <ul style="list-style-type: none"> • Community usage on stations • Review Trusted Partner Arrangements i.e. NHS clinics held on station • Frequency of Tac Cell meetings • COVID Response Plan | |
| Version 2 When should this guide be used: | | Last updated: 24/08/2020 Setting context: | |
| Phase | | Treatment and Escalation (moderate impact) | |
| This guide should be used when intelligence is received that there are higher number of cases than a large seasonal influenza type virus epidemic. Outbreaks widespread nationally and locally, illness is more severe and is affected young, healthy people and at risk groups. | | | |
| National Impact | | Service Impacts | |
| <ul style="list-style-type: none"> • School closures • Disruption to supply chains • Unable to obtain essential medicine and supplies • Increased demand for health care settings | | <ul style="list-style-type: none"> • Increase in staff absence due to sickness and/or caring responsibilities • Some disruption to service delivery • Staff concern from media reporting of increasing influenza type virus cases • Closure of some public services such as schools which could affect staffing levels • Disruption to supply chains and PPE shortages • Disruption to non-emergency service and an increase on demand from partner agencies through the LRF • Increased demand on services such as gaining entry etc. | |
| Key messages for staff | | | |
| <ul style="list-style-type: none"> • Communication to staff advising on good respiratory and hand hygiene • Advice for staff on how to obtain further information on government and NHS sites • Encouraging staff to have a flu vaccination if they have not already done so • Ensuring there is a robust testing process set up for staff so that they can be tested for COVID 19 if symptomatic • Weekly comms update for staff on current situation | | | |
| Access more information | | | |
| More information on seasonal influenza can be accessed here: https://www.gov.uk/guidance/pandemic-flu https://www.nhs.uk/conditions/flu/ | | | |
| Service actions | | | |
| <ul style="list-style-type: none"> • Service delivery may be affected in some or all areas of the organisation • Follow the guidance issues by CCU through Resilience Direct. This advice will have been provided in consultation with National Institute for Health Protection. | | | |
| STOP/SUSPEND | START/RESUME | REVIEW | CONTINUE |
| <ul style="list-style-type: none"> • None critical training | <ul style="list-style-type: none"> • Regular comms around seasonal flu | <ul style="list-style-type: none"> • Degradation plan • Crewing policy • Critical training | <ul style="list-style-type: none"> • Monitoring critical PPE levels |

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| <ul style="list-style-type: none"> • None essential face to face meetings • Community usage on station • Cancel activities with external groups such as Safe + Sound | <ul style="list-style-type: none"> • Hand hygiene and good respiratory hygiene reminders • Preparing to move to Treatment and Escalation (High) • Check stock levels and plan to stock pile essential PPE and hygiene products • Increasing the frequency of the Tac Cell • Holding meetings remotely | <ul style="list-style-type: none"> • On call drill nights • Demand from LRF partners against own business performance to ensure that support can be maintained • Non-essential meetings • Review Trusted Partner Arrangements i.e. NHS clinics held on station • Review all non-emergency Prevent and Protect Activity • External service delivery communications • All risk assessments • Flexible working arrangements for non-operational staff • Departments to review all non-critical work streams | <ul style="list-style-type: none"> • Monitoring sickness levels (as usual for this time of year) • Providing support to the LRF partners where possible • Tac Cell meetings • Planning for increased sickness levels and availability issues • Monitoring any attributed costs to incident • LRF and NFCC reporting • Monitoring staff welfare arrangements |
|---|--|---|--|

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| Version 2 When should this guide be used: | | Last updated: 24/08/2020 Setting context: | |
| Phase | | Treatment and Escalation (high impact) | |
| This guide should be used when intelligence is received that there is widespread disease in the UK. Most age groups affected with severe illness and complications. | | | |
| National Impact | | Service Impacts | |
| <ul style="list-style-type: none"> School closures Disruption to transport and shops Disruption to supply chains Unable to obtain essential medicine and supplies Increased demand for health care settings leading to a major incident declaration from the NHS | | <ul style="list-style-type: none"> Increase in staff absence due to sickness and/or caring responsibilities Disruption to emergency service or high risk delivery Unable to deliver non-emergency services Staff concern from media reporting of increasing influenza type virus cases Closure of some public services such as schools which could affect staffing levels Disruption to supply chains and depleted PPE reserves High demand from partner agencies through the LRF for assistance Increased demand on services such as gaining entry etc. | |
| Key messages for staff | | | |
| <ul style="list-style-type: none"> Communication to staff advising on good respiratory and hand hygiene Advice for staff on how to obtain further information on government and NHS sites Encouraging staff to have a flu vaccination if they have not already done so Ensuring there is a robust testing process set up for staff so that they can be tested for COVID 19 if symptomatic Daily comms update on the current situation | | | |
| Access more information | | | |
| More information on seasonal influenza can be accessed here: | | | |
| https://www.gov.uk/guidance/pandemic-flu https://www.nhs.uk/conditions/flu/ | | | |
| Service actions | | | |
| <ul style="list-style-type: none"> Service delivery will be affected in all areas of the organisation Follow the guidance issues by CCU through Resilience Direct. This advice will have been provided in consultation with National Institute for Health Protection. | | | |
| STOP/SUSPEND | START/RESUME | REVIEW | CONTINUE |
| <ul style="list-style-type: none"> None critical training None essential face to face meetings Community usage on station Cancel activities with external groups such as Safe + Sound On Call drill nights Trusted partner access to stations | <ul style="list-style-type: none"> Regular comms around seasonal flu Hand hygiene and good respiratory hygiene reminders Preparing for extended periods at this level and the impact this will have on the service Check stock levels and plan to stock pile essential PPE and hygiene products | <ul style="list-style-type: none"> Degradation plan Crewing policy Critical training Demand from LRF partners against own business performance to ensure that support can be maintained External service delivery communications All risk assessments | <ul style="list-style-type: none"> Monitoring critical PPE levels Monitoring sickness levels (as usual for this time of year) Providing support to the LRF partners where possible Tac Cell meetings Planning for increased sickness levels and availability issues |

| | | | |
|--|--|--|--|
| <ul style="list-style-type: none"> • Non-essential travel between sites • Suspend all non-emergency Prevent and Protect Activity | <ul style="list-style-type: none"> • Increasing the frequency of the Tac Cell • Holding meetings remotely • Flexible working arrangements | <ul style="list-style-type: none"> • Departments to review all non-critical work streams • Pay arrangements • COVID response plan | <ul style="list-style-type: none"> • Monitoring any attributed costs to incident • LRF and NFCC reporting • Monitoring staff welfare arrangements |
|--|--|--|--|

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|---|--|--|---|
| Version 2 | | Last updated: 24/08/2020 | |
| When should this guide be used: | | Setting context: | |
| Phase | | Recovery | |
| Impact on pandemic reduces and there is a gradual return to “business as usual” | | | |
| National Impact | | Service Impacts | |
| <ul style="list-style-type: none"> • Reopening of business, schools and public places • NHS recovering from demand and catching up with delayed/cancelled activities • Financial costs to the government both nationally and locally | | <ul style="list-style-type: none"> • Financial costs • Increase in workloads for departments that suspended activity such as L&D and Prevent and Protect | |
| Key messages for staff | | | |
| <ul style="list-style-type: none"> • Promote the importance of vaccinations • Regular reminders about general hygiene and respiratory illnesses | | | |
| Access more information | | | |
| More information on seasonal influenza can be accessed here: | | | |
| https://www.gov.uk/guidance/pandemic-flu https://www.nhs.uk/conditions/flu/ | | | |
| Service actions | | | |
| <ul style="list-style-type: none"> • Concentration of recovery to business as usual • Staff welfare | | | |
| STOP/SUSPEND | START/RESUME | REVIEW | CONTINUE |
| <ul style="list-style-type: none"> • Tac Cell meetings • Non incident related flexible working | <ul style="list-style-type: none"> • Stand up Recovery Cell • All training delivery • Lessons learnt • Debrief • Community rooms to reopen • Trusted partners can return to station • Preparing for next flu season | <ul style="list-style-type: none"> • Financial costs of the incident • Activities that involve outside groups • Risk assessments • Business Continuity Plans in line with the lessons learnt, action log and the debrief • Review Strategic BIA • Departmental plans for resumption of services • PPE stocks and reserve stocks | <ul style="list-style-type: none"> • Reporting to the LRF and NFCC as required • Communications around flu jabs and hygiene |