

DUNDEE CITY COUNCIL

REPORT TO: SOCIAL WORK AND HEALTH COMMITTEE - 1ST JULY 2009

REPORT ON: SOCIAL WORK DEPARTMENT PANDEMIC INFLUENZA CONTINGENCY PLANNING

REPORT BY: DIRECTOR OF SOCIAL WORK

REPORT NO: 341-2009

1.0 PURPOSE OF REPORT

This report informs the Committee of the contents of the Social Work Pandemic Influenza Contingency Plan and the work ongoing in relation to this.

2.0 RECOMMENDATIONS

2.1 It is recommended that the Committee:

- Approves the contents of the Flu Pandemic plan
- Asks the Director of Social Work to:
 - ensure that the plan is fully implemented if a pandemic is declared; and
 - take steps to continually review and update flu pandemic planning in line with national guidance

3.0 FINANCIAL IMPLICATIONS

3.1 There has been no specific expenditure incurred to date in the development of the plan.

3.2 Should the plan require to be fully implemented, the Social Work Department will record any additional expenditure in line with corporate requirements.

4.0 MAIN TEXT

4.1 Background

4.1.1 Pandemics - global epidemics – occur when a new strain of flu emerges that is markedly different to previously circulating viruses. This means that few – if any – people have immunity, allowing the virus to spread rapidly, potentially affecting hundreds of thousands of people across countries and regions.

4.1.2 Flu pandemics are not new and have occurred at irregular intervals throughout history. There were three during the last century: in 1918 ('Spanish flu'), 1957 ('Asian' flu) and 1968 ('Hong Kong' flu). Each of these events was associated with illness, deaths and general societal disruption far in excess of that experienced in a 'normal' winter.

4.1.3 The World Health Organisation and other international experts have warned that another flu pandemic is both 'inevitable' and 'imminent', although they cannot predict exactly when it will occur. The 'swine flu' which is currently causing concern in some areas of the world has taken the World Health Organisation (WHO) level of preparedness to Level 5. However in its current form, in Britain, this virus appears to be producing mild flu symptoms and few fatalities.

4.2 Current Preparedness

- 4.2.1 For some time Council departments have been working on general contingency plans for emergency situations. However, over three years ago the Social Work Department made the decision to work on the development of its own Pandemic Flu contingency plan, and to use this as the basis for other contingency planning. The Social Work Department was the first department in the Council to have such a plan, and it has more recently been used as the template for flu contingency planning in the Council. The main aim of the departmental plan is to ensure that the department can continue to deliver essential services to vulnerable service users during a flu pandemic. It outlines the specific procedures and organisational structures required to achieve this, taking into account possible high levels of employee absences.
- 4.2.2 Many of the issues which require to be considered in terms of a pandemic are national and are being worked on by the Scottish Government. The Social Work Department contributes to the planning undertaken by the Civil Contingencies Working Group chaired by the Council's Emergency Planning Officer and participates in the Outbreak Management Group and various task groups established and chaired by NHS Tayside. Responsibility for managing the situation within Social Work is remitted to an Emergency Response Team comprising of members of the Social Work Directorate or their nominated deputies. Any necessary work on the agreed action plan is being overseen by a recently established Pandemic Flu Task Group made up of staff from the Integrated Emergency Management and Health and Safety Steering Groups.
- 4.2.3 Within its Pandemic Flu Contingency Plan the Social Work Department has identified its critical functions, including child protection, residential services and home care. These are services which will require to continue throughout any pandemic emergency. The plan identifies tasks to be done before a Pandemic, when a pandemic is imminent, and after a pandemic has been declared. .
- 4.2.4 The Manager of the Strategy, Performance and Support Services in the department chairs the Task Group and they are currently working through a Social Care Pandemic Preparedness Self Assessment Tool. This will enable the department to identify what has already been covered in terms of the Flu Pandemic Plan, and what work is still to be done under the headings of: the arrangements for response management and coordination, factors relating to resilience, business continuity and interdependency and recovery.

5.0 POLICY IMPLICATIONS

- 5.1 This Report has been screened for any policy implications in respect of Sustainability, Strategic Environmental Assessment, Anti-Poverty, Equality Impact Assessment and Risk Management.
- 5.2 There are no major issues.

6.0 CONSULTATIONS

- 6.1 The Chief Executive, Depute Chief Executive (Support Services), Depute Chief Executive (Finance) and Head of Finance.
- 6.2 Social Work staff were consulted during the drafting of the plan.
- 6.3 The local trade unions have been involved in initial discussions relating to pandemic flu planning.

7.0 BACKGROUND PAPERS

None.

Alan G Baird
Director of Social Work

DATE: 4 June 2009

APPENDIX 1

DUNDEE CITY COUNCIL

SOCIAL WORK DEPARTMENT

PANDEMIC INFLUENZA CONTINGENCY PLAN

May 2009

**Next Review
August 09**

BACKGROUND

Flu pandemics are not new and have occurred at irregular intervals throughout history. There were three during the last century: in 1918 ('Spanish flu'), 1957 ('Asian' flu) and 1968 ('Hong Kong' flu). Each of these events was associated with illness, deaths and general societal disruption far in excess of that experienced in a 'normal' winter. The 1918/19 pandemic, for instance, is estimated to have caused over 20 million deaths worldwide with 200,000 deaths in the UK.

Pandemics - global epidemics – occur when a new strain of flu emerges that is markedly different to previously circulating viruses. This means that few – if any – people have immunity, allowing the virus to spread rapidly, affecting hundreds of thousands of people across countries and regions.

Planning is based on a cumulative total of 25% - 50% of workers taking some time off – possibly 5-8 working days – over a period of three months. This first wave is likely to be followed by a second wave of similar duration. The interval between each wave could be several weeks or months. Absenteeism may be more than this either due to a higher rate of illness, the need to care for sick family members or fear of exposure to infection. The absentee rate is expected to peak for 1-2 weeks at the height of the outbreak (around weeks 8 to 9).

THE WORLD HEALTH ORGANISATION – PANDEMIC DEVELOPMENT

The World Health Organisation and other international experts have warned that another flu pandemic is both 'inevitable' and 'imminent', although they cannot predict exactly when it will occur. This framework is based on the 6 influenza pandemic phases released by the World Health Organisation (WHO) in April 2005 (see Appendix 1). It is impossible to predict the length of each phase. The transfer from one phase to another may take place rapidly or it might take years.

For UK purposes, should the UK have cases during the pre-pandemic period, the international phases apply. Once a pandemic has been declared (Phase 6), a four point UK-specific alert mechanism has been developed, consistent with the alert levels used in other UK infectious disease response plans

The Scottish Executive National framework states 'For planning purposes, the presumption should be that a vaccination campaign with a specific pandemic vaccine before or during the first pandemic wave is unlikely, but may contribute to reducing the impact of subsequent waves if they occur'.

The WHO has indicated that at the moment we are at phase 5 (30th April 2009)

PANDEMIC ALERT PERIOD

Phase 5

Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).

PURPOSE OF THE PLAN

Many of the issues relevant to contingency planning for an influenza pandemic are common to other emergencies and have been addressed as part of normal contingency planning. This plan should be considered as an addition to the Council's generic emergency plan and arrangements that are contained within the Major Emergency Management Procedures.

The main purpose of the plan is to ensure that the Social Work Department can continue to deliver essential services to vulnerable service users during a pandemic and to outline the specific procedures and organisational structures required to achieve this, taking into account possible high levels of employees absence.

This plan will be subject to annual review or may be altered as a result of revised risk assessments.

This plan does not duplicate the considerable information available on this subject, but has signposted to the various reports and information which have informed this plan within Appendix 5.

REVIEW OF PLAN

Under normal circumstances the plan will be reviewed twice annually (just before Winter and at the end of Spring) by the Flu Pandemic Task Group, reporting to the Directorate. It will be reviewed immediately should a Flu Pandemic alert be announced by the World Health Organisation (WHO).

ACTIVATION OF THE PLAN

International Declaration of Pandemic

The World Health Organisation (WHO) will announce the various phases as soon as they are confirmed, indicating the level of preparedness expected of the World Health Organisation and its individual member states. The UK government is expected to be prepared to activate the national contingency plans following announcement of Phase 5.

Phase 5

Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).

Scottish Activation of Plans

The Scottish Minister for Health and Community Care will convene the Scottish Pandemic Influenza Co-ordinating Group to provide strategic advice on implementation issues in Scotland. The Scottish Executive Health Department will inform the NHS and the Civil Contingencies Division of the Scottish Executive Justice Department and the Civil Contingencies Division will inform other Scottish Executive Departments and may convene the Ministerial Group on Civil Contingencies; the Scottish Emergencies Co-ordinating Committee. The Scottish Executive's Emergency Room (SEER) may also be activated at this stage

The immediate response to an influenza pandemic would be controlled and coordinated by the NHS Tayside with the support of Civil Contingency Act responders, in particular Dundee City

Council and Tayside Police. When the emergency escalates into a civil emergency, the responsibility for managing the response will be led by the police, who would manage the response to reduce societal disruption during the pandemic. At the national level the Scottish Emergencies Co-ordinating Committee (SECC) will co-ordinate the emergency response.

DUNDEE CITY COUNCIL

Responsibility for the preparation of the Council's internal response to a flu pandemic has been remitted to the Council's Business Continuity Planning Group. This group will address staff shortage issues within the generic framework of Business Continuity Management (BCM). BCM is an ongoing process that helps organisations anticipate, plan for, respond to, cope with and recover from disruptions, whatever their source and whatever aspect of the business they affect. Loss of staff is at the top of the business continuity risks and a pandemic flu outbreak is used as an example of loss of personnel in the planning process. The Council's external response will be in accordance with the Council's Generic Emergency Plan.

If and when the national threat level increases the Chief Executive will meet with the Tayside Strategic Co-ordinating Group and his Emergency Co-ordination Team to monitor, assess and respond to the situation as it develops. Frequency of meetings will be determined by circumstances. The Council Emergency Co-ordination Team membership is not static and will change as the situation develops. It is anticipated that Social Work will be included throughout.

There is a UK Government Communication and Public Engagement Strategy, details of which can be found within the Scottish Executive report 'A Scottish Framework For Responding to an Influenza Pandemic' (Section 11). This includes:

- open access to various direct sources of accurate and current information such as telephone helplines and websites (p97)
- NHS24 will continue to play an important role in providing health advice and information through their telephone helpline and website (p 82)
http://www.nhs24.com/content/default.asp?page=s3_12

Social Work staff members have been advised that key public health messages and other relevant information will be available on the Intranet, but the Council may also use the local radio and press, especially in terms of local information about and advice on service provision and any school closures.

Workforce arrangements and personnel policies

A strategy is being developed centrally by a Scottish Executive Workforce group and a full report will be available from that group in due course. The work undertaken centrally will aim to ensure that local policies can be fully and legally implemented and that any national legislative and policy barriers to local actions have been removed.

The Scottish Framework for responding to an influenza pandemic (October 2007) states:

National action will encompass the following:

- Relevant legislative and contractual barriers to redeployment and the use of students and retired staff;
- Professional constraints;
- Working hours and pay and rewards;
- Updating staff absence policies;
- Altering arrangements for certification of sick leave (at UK level);
- Disclosure requirements; and
- Training for redeployment.

This will facilitate local strategies which should focus on the following:

- Redeployment of staff and making use of skills in a flexible way to cover for absences;
- Redeployment of staff from areas where work has been cancelled to priority areas;
- Management of the flow of staff between the NHS and community care settings;
- Considering the use locally of medical students and available retired staff and retaining and regularly updating registers of those available;
- Considering the use of allied professions and non medical staff to perform medical duties;
- Removing local contractual barriers;
- Communicating the messages to staff in advance about redeployment; and
- Provision of local training

Further guidance will be published in due course, after which this plan will be updated.

First and second 'waves'

A 'single wave' pandemic profile with a sharp peak provides the most prudent basis for planning as that would put a greater strain on services than a lower level but more sustained wave or the 'first wave' of a multi-wave pandemic. However, second or subsequent waves have occurred in previous pandemics, weeks or months after the first. While the first priority at the end of the first wave will be to develop recovery plans and gradually restore supplies, services and activities depleted or curtailed during the pandemic, plans must assume that some regrouping may be necessary in anticipation of a future wave.

Recovery Phase

Although the objective is to return to pre-pandemic levels of functioning as soon as possible, the pace of recovery will depend on the residual impact of the pandemic, on going demands, backlogs, staff and organisational fatigue and continuing supply difficulties in most organisations. Therefore, a gradual return to normality should be anticipated and expectations shaped accordingly. Plans at all levels should recognise the potential need to prioritise the restoration of services and to phase the return to normal in a managed and sustainable way.

Taken from the SE Framework October 2007 (pp52/53)

SOCIAL WORK DEPARTMENT

Responsibility for managing the situation within Social Work is remitted to an Emergency Response Team of nominated managers, one from each part of the service: Children's Services, Community Care, Criminal Justice, Support Services and Strategy and Performance. Should the nominated manager fall ill, another manager will be identified to fulfil this vital role. Administrative support will be available for the group.

The Emergency Response Team will communicate daily. This will usually be by telephone conference call, not necessarily face-to-face meetings.

Their priorities are:

- to maintain essential lifeline services and critical infrastructure;
- to monitor and respond to pressures on services, maximising the effective use of the capacity available;
- to identify unexpected impacts or problems; and
- to develop recovery plans post pandemic.

The Emergency Response Team will decide when they require to receive the information on absence rates daily (see Appendix 3) to assist them in making decisions about how to cover the identified critical functions.

It is recognised that during situations such as a Pandemic Flu outbreak that it may be necessary to redeploy employees from non-critical areas within Social Work to cover critical areas.

Under current plans redeployment to other posts would be on a voluntary basis and this information, along with other relevant information including transferable skills will be gathered from each service area when decided by the Emergency Response Team. (Appendix 2)

(For more detail regarding redeployment see Appendix 3)

IMMEDIATE CRITICAL FUNCTIONS have been identified as:

Community Care:

Crisis Response Services
Mental Health Officer Services
Residential Care Homes

Assessment and Care Management

Home Care Services (where there is no other carer or family)
Day Care (where there is no other carer or family)
Aids and Adaptations (where there is no other carer or family)
Community Alarm (where there is no other carer or family)
Meals services (where there is no other carer or family)

Children's Services:

Secure Accommodation

Residential Services
Out of Hours Service/Access (especially Child Protection)
Fostering (if foster carers become unwell)
Family Support Centres (especially Child Protection work)
Care and Assessment Teams (especially Access and Child Protection work)

Criminal Justice:

Residential Services
Potentially Dangerous Offenders/VISOR

Strategy, Performance and Support Service

Emergency planning and business continuity
Public Relations Liaison role
Children's Rights Officer
ICT Services
Community Alarm
K2
Metaframe
Event recording
Email
Internet
Telephone services

Financial Services:

Issuing cash advances

Others:

Tayside Contracts Meals production unit at Mary Slessor Court.

CRITICAL BUILDINGS

COMMUNITY CARE:

Home Care Offices:- Turriff, Douglas and Balmerino Road;
Learning disability residential units: - Elmgrove House, Rankines Street house as part of the Community Living houses and The Whitetop Centre.

Community Care Residential Units:

Mackinnon Centre (respite centre but not skills centre)

Janet Brougham House

Craigie House

Turriff House

Menziesshill House

} All of these provide 24 hour care 365 days per. year.

If there is a commitment to maintaining the day care facilities, balancing any decision on the basis of medical/public health advice issued at the time, the Mackinnon, Whitetop and Oakland Centres would need to be given priority.

CRIMINAL JUSTICE:

Eastport House and Friarfield House.

CHILDREN'S SERVICES

All residential units,
Two Family Support Centres (to be decided),
The Child Protection Team and Access Teams
Choice
Linlathan Resource Centre,

SOCIAL WORK SERVICES

Generally, wherever possible, Social Work services should continue to function normally during a flu pandemic.

However, where this is not possible then the Emergency Response Team will make decisions, based on the already agreed critical functions, which services will continue and which will reduce or temporarily cease.

Managers will continue to complete risk assessments for services which will include the need for protective equipment. This risk assessment will be identical to that undertaken in terms of HIV/AIDS, tuberculosis or any other infectious disease.

RESIDENTIAL CARE

Residential care has been identified as a critical function as this service will usually be the only residence for those who depend on their services. The risk of infection spreading in small residential settings, such as children's units, will not be much greater than in a large family, and is outweighed by the disruption of a transfer to other accommodation for children and young people who will often already have experienced much disruption in their lives.

In most cases, well residents will need to stay in homes with sick residents. In such circumstances staff members, with necessary support from primary care services, will need to take action, wherever possible, to isolate the person who is ill and prevent the spread of infection. All residential care managers should ensure their unit is well equipped with cleaning materials needed to implement infection control measures. The maintenance of health, safety and hygiene arrangements to a high standard is a top priority for all staff, including ensuring the cleaning of toilets and prompt disposal of waste takes place.

Continuity of meals for those who live alone will be needed.

Where it is necessary to introduce redeployed or temporary staff at short notice to cover for exceptional levels of staff absence, managers/supervisors are responsible for providing them with sufficient guidance and supervision to be effective in their role.

Managers responsible for Children's Homes will ensure that any temporary staff have appropriate Criminal Records Bureau checks, and that unsuitable adults do not have access to children in any circumstances.

EMPLOYEE ISSUES

Public Information

In the early stages (UK alert Level 1 - no cases in the UK) public information messages will acknowledge concerns whilst preparing the public for the imminent arrival of the pandemic, provide advice on the response measures and encourage those who are well to adopt sensible precautions but continue to attend for work and undertake other essential activities.

The Government expected to establish a national influenza phone-line service at WHO international phase 5 however this is not yet available (1st May 2009). However health information can be sought from NHS Direct who will provide initial patient assessment.

Key Public Health Message

The Government's overall aim is to encourage people to carry on as normal, as far as possible, if they are well, while taking additional precautions to protect themselves from infection and to lessen the risk of spread to others. Staff members who are ill, or think they are ill, should be positively encouraged NOT to come into work.

The key public health messages of which staff have been made aware are:

- staying at home when ill;
- covering the nose and mouth with a tissue when coughing or sneezing;
- disposing of dirty tissues promptly and carefully – bagging and binning them;
- washing hands frequently with soap and warm water to reduce the spread of the virus from the hands to the face (nose, mouth and eyes), or to other people, particularly after blowing the nose or disposing of tissues;
- making sure that children follow this advice;
- cleaning frequently touched hard surfaces (e.g. kitchen worktops, door handles) regularly using normal cleaning products;
- avoiding crowded gatherings where possible, especially in enclosed spaces and;
- if suffering from influenza symptoms, wearing a disposable face mask to protect others should it become absolutely essential to go out.

If staff members do catch flu managers/supervisors will advise:

- Stay at home and rest ;
- Take medicines such as aspirin, ibuprofen or paracetamol to relieve the symptoms (following the instructions with the medicines). Children under 16 must not be given aspirin or ready made flu remedies containing aspirin; and
- Drink plenty of fluids.

Special Leave Policies:

The current policies relating to applying for a leave of absence (medical, special, bereavement, carer) will continue to be followed.

Home Working:

The managers/supervisors of any Social Work staff members who work from home on an occasional basis have reviewed this agreement and added to the written agreement that Home Working (on an occasional basis) could be increased or withdrawn for the period of the pandemic, where necessary. Some staff members may be encouraged to work from home to reduce the spread of infection, however, where they are required to ensure the continuation of critical services, home working may be temporarily suspended.

Staff Recruitment:

Arrangements have been put in place for the recruitment of temporary staff to cover for unusually high levels of staff absence and/or access to the staff members who are on the 'sessional list'.

Disclosure Scotland information is pending from the Scottish Government.

Managers are aware of the need for additional risk assessments where staff are brought in or transferred to unfamiliar tasks and will arrange for the provision of any necessary additional support and supervision, either through the current supervision and support system, or, where this is not possible, through a 'buddy' system with experienced staff. Aide memoirs have been drafted to cover core actions required in each section.

ACTION TO BE TAKEN**Before a pandemic****HEALTH AND SAFETY**

Pandemic Flu: A Scottish framework for responding to an influenza pandemic states 'Although the perception that wearing a facemask in public places may be beneficial is widely held, there is little actual evidence of proportionate benefit from widespread use. The Government will not therefore be stockpiling face masks for general use' (October 2007, p59)

Judgments on respiratory protection in specific occupational or other settings will need to be based on joint risk assessments.

Guidance to employers is available via the Health and Safety Executive website at www.hse.gov.uk/biosafety/diseases/influenza.htm

Individuals are at risk from pandemic influenza if they are in close contact with someone who has the disease, or with objects that have been contaminated by infectious material (e.g. droplets from coughs and sneezes, used tissues/clothing). This means that there may be other workers such as cleaners and home helps to whom COSHH applies. Where such direct contact is foreseeable, the Social Work Department will carry out a risk assessment and put preventative measures and/or controls in place as appropriate.

Viruses can live on hard surfaces for 24 to 48 hours, and on non-porous surfaces such as cloth, paper and tissue from 8 to 12 hours. Once on the hand, the virus can survive for about 5 minutes.

Making temporary changes to working practices, e.g. to reduce close face-to-face contact, providing physical barriers to transmission, enhancing cleaning regimes, ensuring that the

necessary protective equipment is available, having hand washing, waste disposal and other hygiene facilities in place and actively promoting these and other similar measures, can help encourage and maintain attendance at work during the response phase.

The top priority for managers is to ensure that infection control is practiced consistently and rigorously within their service.

Particular issues for managers of employees who have occupational exposures to pandemic influenza and others who may be provided with personal protective equipment (PPE) include:

- Monitoring employees for illness and adverse reactions to antiviral medications
- Implementing a fixed rota where appropriate to limit mixing of employees on different shifts
- Advanced purchase of appropriate PPE
- Preparatory training in effective use of PPE
- Aide Memoirs for staff in the use of PPE.

During the period prior to the pandemic managers will:

- Inform staff members of the plans and keep them informed throughout the pandemic period.
- Complete the register of all staff in their service when requested to do so by the Social Work Emergency Support Team (Appendix 2). This will be held by the individual services (criminal justice, community care, children's services, strategy and support services).
- Involve staff members in a review of infection control measures
- Identify critical staff who may require anti-viral drugs and advise staff members of immunisation priorities.
- Ensure staff members are advised on home and family preparedness
- Ensure that all contracts or Service Level Agreements with providers contain requirements for business continuity planning, including planning for a pandemic flu outbreak.
- Familiarise themselves with the Generic Council Emergency Plan which includes Annex C 'Stress Management during Emergencies'.

Training in effective use and disposal of PPE is being provided on a rolling programme basis for all relevant staff (including cleaners re. the disposal of waste)

Basic hygiene training will also be continued.

Arrangements are in place for when, and how, a sick resident might be isolated and cared for.

When a pandemic is imminent

The identified members of the Emergency Response Team will review this plan. The administrative support for this group will be arranged.

The Emergency Response Team will request the register of staff information be updated across each service (Appendix 2). This information will be used to ensure that critical services are prioritised and covered throughout the pandemic period.

Managers will review the 'aide memoirs' covering their service.

All staff members will be familiarised with the procedures to be followed if a resident dies. Managers are aware of the need for extra support at this time, and also where a resident or member of staff is bereaved

Staff members will read any available NHS information and such information will be available on the Intranet and put out to all teams for distribution.

Managers will review their services personal protective equipment (PPE), confirm their plans for infection control, and managing staff, including the staff absence procedure (Appendix 4).

During a pandemic

As far as possible workers will try to maintain normal routines for the service users in their care. The manager's top priority is to ensure that infection control is practiced consistently and rigorously within all the residential units.

Staff who are ill will be positively encouraged not to come to work. Managers will, as far as possible, provide support to staff who are sick or bereaved, and deal sympathetically with requests for leave to care for sick dependants; and also provide support for service users who are bereaved.

The government will activate and publicise a national 'influenza hotline' number and this is the number that staff and service users should be advised to contact for advice (unless they are presenting particularly severe symptoms or developing complications).

Procedure for enhanced notification of absence

The enhanced notification of absence procedure will be implemented as part of the plan activation and will ensure that accurate recording and notification of employees absence is maintained, whilst also assisting with ensuring that critical services are covered.

An enhanced notification form has been developed (Appendix 4) and the Emergency Response Team will advise Service Managers when this has begin to be completed for their Service **on a daily basis**.

The completed forms will be emailed or faxed to the Administrative worker identified to support the Emergency Response Team by 9.30am each day. This will enable the Emergency Response Team to discuss and take decisions on the identified staffing needs, co-ordinate responses and re-deployment of employees if required.

Staff who have been off work with influenza, and return when fit, will be immune to further infection and can be assigned to work with service users who are ill or have influenza-like symptoms.

Staff Support Service

The Social Work Department accepts a duty of care to the staff members as well as to the service users.

Employees may experience bereavement during the Pandemic, within their families, or within the work setting. In addition it is likely that the pace of events and work could place employees under significant stress. The Social Work Department has a Counselling Service which will undertake direct support where possible, and co-ordinate alternative support if required. Employees can contact their manager to arrange a referral or self refer if preferred.

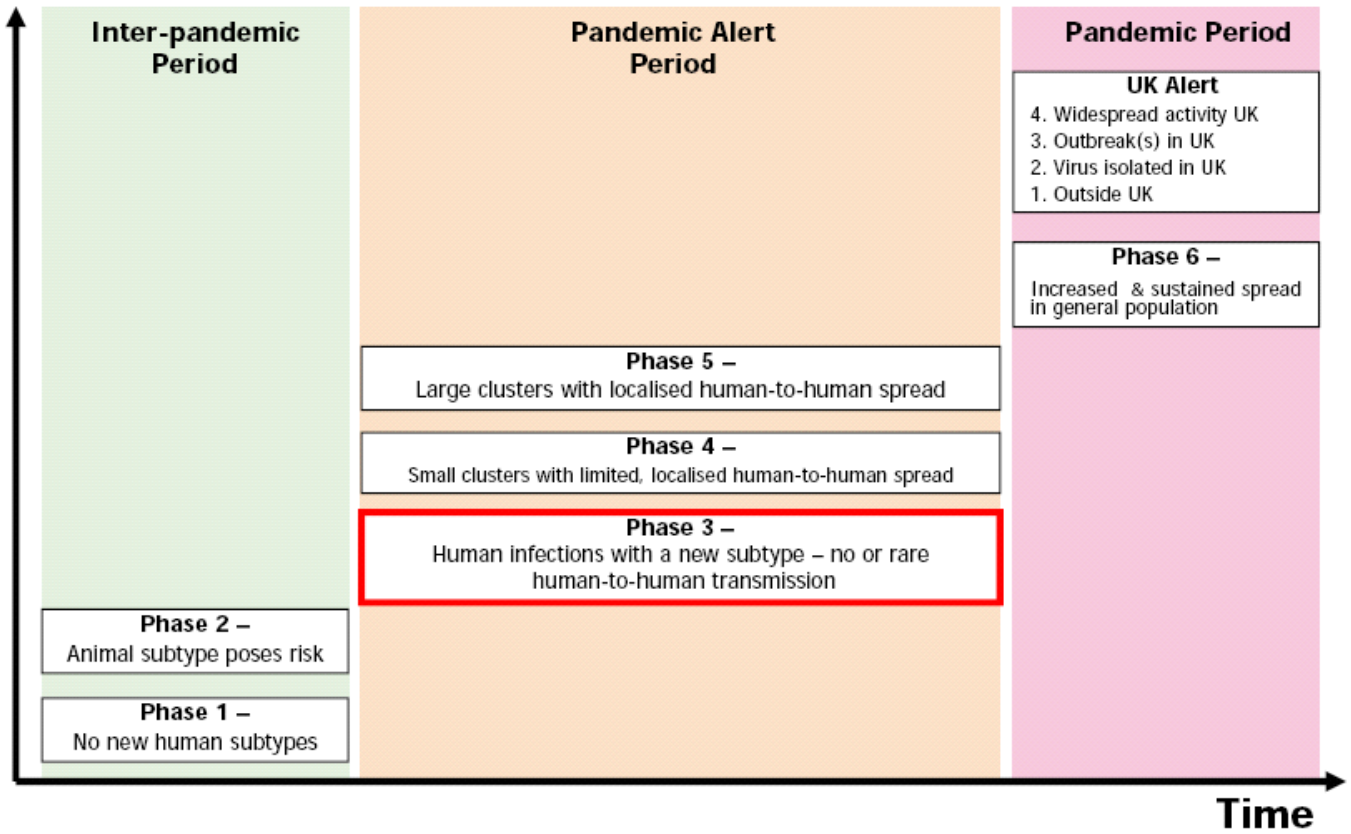
Other support measures could include:

- the important role of religious and community leaders;
- self help material;
- the role of specialist support services (e.g. for mental health); and
- the role of voluntary organisations

Aide memoirs on Stress and Staff Welfare are available in the Emergency Support Centres Plan.

Accommodation for employees may be required between shifts, if transport home is disrupted or not advised.

Escalation



Flu Pandemic - Staff Continuity Planning

APPENDIX 2

Unit:

| Critical Post | Name | Designation | Disclosure checked? | Specialist skills? | Driving License? | Lives alone? | Carer responsibilities? | Certificated respiratory ailment? | Pregnant? | Internet access at home? | Home telephone number |
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Redeployment of Social Work Employees During a Pandemic Flu Outbreak

It is recognised that during situations such as a Pandemic Flu outbreak that it may be necessary to redeploy employees to both critical and non-critical areas within the Council.

A register has been developed of staff members across the department. This register contains information on each staff member's willingness to be redeployed and available transferable skills.

Redeployment

Redeployment to other posts would normally be on a voluntary basis. However, there may be occasions where it is necessary to make directive requests to redeploy employees into broadly similar posts and this would be permissible under Employment Legislation. Broadly similar posts would be defined as where working environment, skills sets and focus of post were deemed to be similar, (e.g. clerical work).

Where an employee is expected to work at a lower level grade there would be no detriment to salary/hourly rate. Where an employee was requested to work at a higher grade an immediate acting up allowance would be awarded and authorised in line with the Scheme of Delegation.

Statutory/ Employment Checks

It will also be necessary to check that qualifications are relevant and up to date before authorising redeployment. In addition, there are a number of posts within the Council that are subject to various statutory and employment checks, (e.g. Disclosure, registration with SSSC). Advice has been sought from these bodies as to any planned relaxation of the regulations during a Pandemic Flu outbreak. They have all indicated that the Scottish Executive will issue guidance on contingency planning for such an eventuality and that these are currently being considered

Training/Risk Assessments

Certain posts require extensive training and/or risk assessments to ensure employees are equipped to undertake the post. Under emergency situations such as a Pandemic Flu outbreak a pragmatic approach is required to be taken. Training could be carried out 'on the job' in certain situations and risk assessments could be dealt with on a case-by-case basis.

Procedures

In preparation for any necessary redeployment of employees, Services should ensure that procedure manuals/details are updated or created where none currently exist, as this will aid the transfer of knowledge at this critical time.

APPENDIX 4

SICKNESS /ABSENCE MONITORING FORM

| NAME | JOB TITLE | LOCATION | CRITICAL FUNCTION Y/N | EMPLOYEE NUMBER | COVER REQUIRED Y/N | COVER ARRANGED Y/N |
|------|-----------|----------|---------------------------------|-----------------|------------------------------|------------------------------|
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Pandemic Flu: Guidance for Infection Control in residential settings for children and vulnerable young people.

This guidance was released in February 2008 - published by The Scottish Government and Health Protection Scotland.

<http://www.scotland.gov.uk/Topics/Health/health/AvianInfluenza/PandemicFlu/planning/ic-children>

Pandemic Flu: A Scottish framework for responding to an influenza pandemic (October 2007)

<http://www.scotland.gov.uk/Publications/2007/11/21141855/0>

A draft version of this framework was issued for comment in March 2007.

This is the key pandemic flu document for use by Scottish planners in the NHS and other organisations.

It reflects updated statistics and knowledge gathered from scientific advice, advances in national and local planning and experience gained from pandemic simulation exercises. The strategic aims, scientific advice and key planning assumptions are the same as those in the UK plan, but focused specifically towards Scottish circumstances and reflecting planning activities which have taken place in Scotland.

For guidance on dealing with a large number of deaths and the death certification process see Section 10.4 (pp87-90)

The Ethical Framework for the Response to Pandemic Influenza

The Committee on Ethical Aspects of Pandemic Influenza (CEAPI) has been set up to advise on the ethical issues in health and social care and in public health arising from an influenza pandemic. The UK Committee includes members from Scotland and is chaired by the Very Reverend Graham Forbes, Provost of St Mary's Cathedral, Edinburgh. Representatives from the Scotland Executive also participate as observers.

On 16 March 2007, CEAPI published The Ethical Framework for the Response to Pandemic Influenza. This document is designed to assist clinicians (who will also be guided by their own professional codes of ethics) and others in thinking about the ethical dimensions of their work in relation to a pandemic, and members of the public who want to think about the ethical implications of their own behaviour during a pandemic.

<http://www.scotland.gov.uk/Topics/Health/health/AvianInfluenza/PandemicFlu/planning/frameworks/ethicalframework>

After consultation this document was updated to Responding to an pandemic influenza - The ethical framework for policy and planning in November 2007.

<http://www.scotland.gov.uk/Resource/Doc/924/0054555.pdf>

Planning for Pandemic Influenza in Community Care - An Operational and Strategic Framework

This document was published in October 07. It aims to encourage and support local authorities and others who provide community care services in planning for a human influenza pandemic. The framework provides background information on pandemic influenza and the impact and potential implications an outbreak will have on community care services. The document sets out key planning considerations, and organisational and individual roles.

<http://www.scotland.gov.uk/Publications/2007/10/23104313/0>

Planning for Pandemic Influenza in Community Care - Guidelines for Community Care Staff

This document was also published in October 07. The guidelines are supplementary to the Framework and is intended as a leaflet that can be issued to staff and volunteers in the event of an influenza pandemic. It explains how community care staff and volunteers can protect themselves, their families and people they work with.

<http://www.scotland.gov.uk/Publications/2007/10/23095221/0>

Latest health advice to travellers

http://www.direct.gov.uk/en/Swineflu/DG_177831?CID=SFlu&TYPE=sponsoredsearch&CRE=2

Guidance to employers is available via the HSE website:

www.hse.gov.uk/biosafety/diseases/pandemic.htm

Further guidance for employers is available on the HSE website

www.hse.gov.uk/biosafety/diseases/influenza.htm

Learning Points from the UK exercise (30/08/07)

The Winter Willow Report examines the UK exercise undertaken to test and strengthen resilience to an influenza pandemic and highlights a number of learning points which will be taken on board in ongoing planning.

<http://www.scotland.gov.uk/Publications/2007/08/winter-willow>