

# Flu Pandemic Plan

## Approved by PRC 15.3.06

PRC delegated authority to the Deputy Vice Chancellor to continue to evolve the Plan, only returning to the Committee for revised approval when significant changes are made.

## Introduction

This Plan is restricted to high level strategic issues which can be expanded upon as and when the risk of a pandemic increases. It allows for different responses for Alert Level 2 (new virus isolated in the UK), Alert Level 3 (outbreaks in the UK) and Alert Level 4 (widespread activity across the UK).

## Objectives

1. To reduce the impact of pandemic influenza on the health of students and staff and protect their lives and well-being.
2. To maintain the University's services.

## What is Pandemic Influenza (flu)?

Influenza, also known as seasonal flu is a viral condition that spreads quickly through human and some animal populations. It usually occurs in cycles, with epidemics in the UK every 3-4 years. Pandemics occur when a new more virulent strain of flu virus emerges and can be expected to occur 3-4 times each century. The World Health Organisation (WHO) and the UK Government believe that a pandemic is now imminent, a matter of when, not if.

Pandemics spread rapidly across continents affecting millions of people. The pandemic in 1918-19 had a devastating impact on the post war population, resulting in 20 million or more deaths and major disruption to post war communities. Later pandemics occurred in 1957 (Asian flu) and 1968 (Hong Kong flu) but were less devastating. Nonetheless they caused considerable mortality and morbidity among the more susceptible.

## What are the signs and symptoms of flu?

| Most significant  | Other   |
|---|---|
| <ul style="list-style-type: none"><li>• Fever</li><li>• Cough and/or shortness of breath</li><li>• Sudden onset of symptoms</li></ul> | <ul style="list-style-type: none"><li>• Aching muscles</li><li>• Sore throat</li><li>• Runny nose, sneezing</li><li>• Loss of appetite</li><li>• Headache</li><li>• Malaise (lethargy, listlessness)</li><li>• Chills</li></ul> |

### Treatment of flu

People who contract flu should generally be managed with supportive measures, such as bed rest, plenty of oral fluids and analgesics such as Paracetamol and Ibuprofen. Antiviral therapy can be used early during the disease but usually the illness becomes apparent too late for them to benefit. Pandemic flu can be managed more proactively and a larger proportion of cases would be treated with antivirals early in the outbreak, possibly also reducing the severity of illness for those who catch it. This may depend upon the virulence of the pandemic strain of influenza.

### The likely nature of a new flu pandemic

The level of risk associated with a pandemic arising from avian flu in the Far East remains very small because of the lack of any transmission, to date at least from human to human. When a pandemic does occur somewhere in the world, we can expect 3-4 months warning before it is likely to occur in the UK. The pandemic could last anywhere between 4/5 weeks and 4/5 months. The peak period of illness and mortality occurs on week 6-7 of a pandemic but there could be a significant degree of variation. Some experts predict a series of waves of infection over several months, so the plan needs to be applied with considerable flexibility.

The flu virus spreads from person to person by droplet, can be air-borne and is also transmitted on objects contaminated with secretions from the mouth and nose. A sneeze from an infected person will produce millions of virus particles. The incubation period is one to four days. The viral infection causes an initial febrile illness characterised by chills, upper respiratory tract symptoms and muscle pains. This can be debilitating leaving the patient feeling weak and tired for days or even weeks afterwards.

Flu pandemics can affect anyone, but there are some groups of individuals who will be more susceptible than others. These include those over 65 years, the very young, people with chronic respiratory and heart conditions and those with diabetes, liver and kidney disease.

Adults catching flu will remain infectious for around four days following onset of symptoms, and children for about seven days. It can take 2-3 weeks to recover fully. Some may develop bacterial infections after the viral illness which can cause a relapse, pneumonia, and sometimes death in the most severely affected. Antibiotics are required to manage such secondary bacterial infection. The more seriously affected may require hospitalisation for pneumonia.

NHS advice is that the pandemic “might consist of more than one wave, perhaps several weeks or months apart, the first lasting up to 17 weeks. The cumulative attack rate is likely to be 25% of the population affected over the entire pandemic period”. Others advise that a pandemic could result in 50% of the population catching the virus. It is possible that universities could be disproportionately affected, especially given the possibility of students or staff having come from affected areas and who may therefore have been exposed to different strains of the disease; and large numbers of students working and living together in close proximity.

The number of students incapacitated by flu at any one time over the period of a pandemic lasting a few months would probably be in the region of 10-20%. The number of staff affected at any one time would be increased by those who do not catch flu but who have to take time off work to care for those who do. Perhaps we could expect up to some 25% of staff being not available for work at any one time.

Currently, the UK has very limited stocks of an A/H5N1 vaccine purchased specifically for the protection of healthcare workers. Given sufficient additional stocks, a suitable vaccine could be used to provide partial protection for other workers likely to be frequently exposed to symptomatic patients or key staff crucial to the maintenance of essential services. More widespread immunisation with a pre-pandemic vaccine could have a substantial effect, but this would require large stocks of such a vaccine and is not currently part of the UK health departments’/directorates’ plans. Anticipating a suitable vaccine strain also has the inherent risk of it being ineffective against the ultimate pandemic strain. **The Department of Health will continue to monitor the evolution of viral strains and options for pre-pandemic vaccination and will inform planners of any policy changes. In the meantime, response plans should assume that arrangements for limited pre-pandemic vaccination of targeted groups might become necessary.**

Although the targeted and effective use of antiviral medicines or other definitive pharmaceutical interventions is an important countermeasure, they may be in limited supply. When used to treat seasonal influenza, antiviral medicines reduce the length of symptoms

(by around a day) and usually their severity, as long as they start to be taken within two days of the onset of symptoms. Whilst it is impossible to predict whether antiviral medicines will be equally effective against a new or modified pandemic virus, it is reasonable to anticipate a similar effect and associated substantial reductions in severe morbidity.

The UK has established national stockpiles of oseltamivir (Tamiflu) – a neuraminidase inhibitor that works by preventing the influenza virus from reproducing and leaving the host cell. The existing stockpiles allow for the treatment of all symptomatic patients at clinical attack rates of up to 25% and arrangements to make it rapidly available are a critical part of the health response.

**Although a number of alternative strategies are also being evaluated, scientific advice confirms that prompt treatment of all symptomatic patients is currently the most effective use of the antiviral stocks available. Higher clinical attack rates would require prioritisation of use, but operational plans should initially aim to make antiviral medicines available to all patients who have been symptomatic for less than 48 hours, preferably within 12 and no more than 24 hours from reporting symptoms indicative of influenza.**

Apart from attempts to contain initial spread, general prophylaxis is not currently regarded as an effective or practical response strategy. An alternative may be ‘household prophylaxis’, which provides post-exposure prophylaxis to immediate contacts at the same time as treating a symptomatic patient on the grounds that some of the contacts may already be incubating the infection. This could mitigate and delay the progress of a pandemic, particularly when combined with measures such as school closures.

The disruption to communities will be considerable as infection spreads causing large numbers to become ill over a period of a few weeks. There will be disruption to University supplies and a challenge to preserving business continuity. We should assume that parts and perhaps all of the University would have to be closed down for a period of time, due more to a lack of staff than a lack of students. If, say, 15% of students were away at one time then it might be better to make arrangements for these 15% to catch up or take examinations later rather than to cancel provision for all students. However, absences of 25% of the staff, concentrated in a few areas or spread across the University, might seriously inhibit or make impossible the operation of the University for a period of time.

## **Planning**

WHO has defined phases in the evolution of a pandemic which allow for a step-wise escalation in planning and response that is proportionate to the risk from first emergence of a novel influenza virus. WHO will inform its member states of any change in the alert phase, and this classification is used internationally. If a pandemic were declared, action would

depend on whether cases had been identified in the UK and the extent of spread. For UK purposes, four additional alert levels have therefore been included within WHO Phase 6; these are consistent with those used for other communicable disease emergencies.

### WHO international phases and UK alert levels

| Phase                        | WHO international phases   | Overarching public health goals   |
|------------------------------|--|---|
| <b>Inter-pandemic period</b> |  |   |
| 1                            | No new influenza virus subtypes detected in humans.  | Strengthen influenza pandemic preparedness at global, regional, national and sub-national levels.<br><br>Minimise the risk of transmission to humans; detect and report such transmission rapidly if it occurs.   |
| 2                            | Animal influenza virus subtype poses substantial risk.   |   |
| <b>Pandemic alert period</b> |  |   |
| 3                            | Human infection(s) with a new subtype, but no (or rare) person-to-person spread to a close contact .   | Ensure rapid characterisation of the new virus subtype and early detection, notification and response to additional cases. Contain new virus or delay its spread transmission to gain time to implement preparedness measures, including vaccine development Maximise efforts to contain or delay spread, to possibly avert a pandemic and to gain time to implement response measures. |
| 4                            | Small cluster(s) with limited person-to-person transmission but spread is highly localised, suggesting that the virus is not well adapted to humans.   |   |
| 5                            | Large cluster(s) but person-to-person spread still localised, suggesting that the virus is becoming increasingly better adapted to humans.   |   |
| <b>Pandemic period</b>       |  |   |
| 6                            | Increased and sustained transmission in general population<br><b>UK alert levels</b><br>1 Virus/cases only outside the UK<br>2 Virus isolated in the UK<br>3 Outbreak(s) in the UK<br>4 Widespread activity across the UK. | Minimise the impact of the pandemic.  |

## **Declaring a pandemic**

The World Health Organization (WHO) will inform the Department of Health of any change in alert levels, usually after international consultation. The Department of Health will communicate this information, together with an assessment of risk to the UK, to the devolved administrations, other government departments, the NHS, healthcare professionals, the public and relevant organisations. The Department of Health will also notify responders of the relevant UK alert level, informed by surveillance information from the Health Protection Agency (HPA). See Appendix

## **Functional areas**

The attached plans cover the following areas:

- Isolation, voluntary quarantine and social distancing.
- Healthcare for students who catch flu.
- Communications, publicity and information.
- Business Continuity (general).
- Academic provision (including recruitment, enrolment and academic administration).
- Staffing - (covers teaching, research, learning, library and it, examinations and other assessment, placements).
- Key Service provision.
- Advance planning.
- Financial issues.
- Emergency control and management systems.
- Student residences.

A summary of the main issues are provided for each area below and plans for addressing them are attached as appendices for each level of alert.

## **Isolation, voluntary quarantine and social distancing**

Whilst it might be possible to isolate initial cases and quarantine their immediate contacts, such an approach will become unsustainable after the first few hundred or so cases. Geographic quarantine measures ('cordons sanitaires') have been used in an attempt to isolate affected communities in the past, but are unlikely to be effective against pandemic

influenza in the UK as infection is expected to affect all major population centres within one to two weeks of initial cases being identified.

Whilst those without symptoms will be encouraged to carry on as normal, symptomatic patients will be asked to stay at home or in their place of residence (voluntary home isolation and quarantine) whilst ill. If, in exceptional situations, staying at home becomes impossible, for example because of the need to be transferred to hospital, symptomatic patients should wear a disposable face mask to reduce transmission of infection.

Influenza is likely to spread rapidly in closed establishments such as prisons, residential homes and boarding schools where people are in close contact and where they may also be in higher-risk groups. Such establishments may also be more vulnerable to higher levels of staff absence, supply disruption or transport difficulties. As opportunities for closure, quarantine, isolation or social distancing may be limited, it is vital that resilient arrangements are developed in advance of an outbreak.

### **Healthcare for students who catch flu**

Should Winchester be designated a 'hot spot' for pandemic flu, any decision to close any large institution, for example the Prison, schools and the University will be taken by the Department of Health. In such circumstances, sick students might be encouraged to be picked up and taken to their family home to recover (travelling on public transport will be discouraged). Alternatively, the University may be requested to keep students in situ rather than sending them to a part of the country where the pandemic flu has not reached. In this scenario, resident students will be nursed in the Halls, non-resident students in their houses. Large numbers of cases occur in pandemics, so isolation of individual cases is usually of little value.

There will be a core of International and EU students (aprox. 200 in number) who will not be able to return home. Most of these will be in University residences.

Efforts will be made to secure bank nursing staff to cater for infected students in the residences.

As well as bringing in a team of bank nursing staff, communication between the Wardens, Site Stewards and Senior Students will be vital. Where possible, advice should be provided by telephone so as to avoid contact between infected and healthy individuals. NHS Direct and the University Nurse are the two main sources of such advice.

Anti-virals are the only other medical counter-measure available, and may be used in the absence of, or alongside vaccination. Anti-virals work by preventing the flu virus from reproducing. For treatment, they must be taken within 48 hours of the onset of symptoms in

order to be effective. Treatment at this stage can shorten illness by around 24 hours and reduce hospitalisation by an estimated 50%.

Anti-virals have been stock-piled but they do have limitations – their effectiveness will not be known until the virus is circulation. It is possible that the pandemic flu virus may develop resistance to the antiviral drugs over time.

The UK plan has identified strategies and prioritised groups for receipt of anti-virals, but this is not yet finalised. These groups are likely to include healthcare workers, essential services staff, people who are not immunised in high-risk groups and then individuals in enclosed communities.

Although plans are not finalised it is hoped that should anti-virals be needed, the University Nurse will make the decision that anti-virals are appropriate using the Patient Group Directives (PGD). She will then fax the prescription through to the pharmaceutical point.

### **Communications, publicity and information**

An initial communication campaign was launched by Student Services in advance of this Plan. This comprised 'Frequently Asked Questions' using information publicly available but customised for the University student and staff populations. The FAQs, which were circulated only electronically, include links to more information for those who want it.

All aspects of communications within the institution will be under the purview of the Corporate Communications Manager. Other aspects of communication, with the primary Healthcare Trust and other agents of Government will be handled through Student Services.

### **Business continuity - general**

Pandemic flu will impact all services including police, fire, the military, fuel supply, food production, distribution and transport, prisons, education and businesses.

Consideration will be given to whether special arrangements need to be put in place with suppliers. However, in a pandemic, priorities will be set by Government and it is not expected that universities will be high up on that list.

Stockpiling is another issue that needs careful consideration. While that won't be so strictly regulated for the time being, some consideration should be given to whether we should be restricting supply to other more important organisations.

The issue of supply difficulties for individual services is included under each heading below.

## **Academic Provision**

The time of year that a flu pandemic occurs will determine what aspects of academic provisions are affected and the severity of the impact. August through to October, for example could have a very significant impact on recruitment, admissions and enrolment because of staff absence, with knock on effects into the academic year. The impact of pandemic affecting 6th form providers might also affect recruitment. A pandemic in May to July will affect the assessment cycle badly and have a knock on effect for progression into the next academic year. Conversely, a pandemic from late December to February would have relatively little effect.

The Academic Regulations allow amendment, through Academic Standards Committee, by authority of Senate. The Director of Registry will seek approval, at the appropriate time, for amendments to the Regulations in the face of a pandemic.

## **Staffing**

Much of the staffing implications are inherent in the functional sections above and below. The Plan requires a range of actions from each Faculty and Professional Service to specify minimum levels of service that could be provided with various levels of staff absence and the skill sets required. Arrangements will also need to be made at the different alert stages for bringing in contract labour and working from home to avoid infection.

## **Key service provision**

Strategies and plans need to be put in place to try and ensure the continuity of key services:

- Catering
- Security
- Conferences
- Reception
- Heating and lighting
- Essential and breakdown maintenance
- Payroll
- Basingstoke campus
- Student Services support

## **Advance Planning**

All advance planning measures are listed under each of the functional areas at each Alert Level.

## **Financial Issues**

The biggest financial risk to the University is under recruitment if the flu pandemic happens at a time of year that directly affects the annual cycle. Minimising this risk is addressed by Alert Level below.

Students might well need emergency financial support, for example if student loans do not come through because of staff absence in the local authorities or Student Loans Company.

## **Emergency control and management systems**

The University's arrangements for planning for a pandemic and controlling and managing the situation when it arises needs to fit with the arrangements made in the local areas and region by the NHS. The Primary Care Trust has drawn up a Pandemic Emergency Planning Team (PEP Team) and a local emergency control room is located in the PCT HQ at Tidbury Farm, near Andover. The Hants Director of Public Health is the designated influenza co-ordinator, and a member of the emergency planning public health rota for Hampshire and the Isle of Wight.

## **The University of Winchester -Flu Pandemic Emergency Group:**

Responsibility for dealing with the onset of a flu pandemic will be vested in a Flu Pandemic Emergency Group reporting as necessary to University and Board of Governors committees. The FPEG will comprise:

Deputy Vice Chancellor – Chair

Director of Registry

An Associate Dean from each Faculty

Corporate Communications Manager

University Security and Safety Officer

Director of Student Services

University Nurse

Director of CCS

Director of Human Resources

President of the Student Union or nominee

A representative from the St Paul's Medical Practice.

## **Student Residences**

When addressing the student population, different arrangements will have to be made for the different components:-

- Students living in halls of residence.
- Students who live at home.
- Students who live in the private rented sector (including University managed accommodation).
- Non UK students.
- Students whose only home is the University of Winchester.

# Flu Pandemic Plan

## Alert Level 0

No cases involving a new strain of virus anywhere in the world.

| <b>CONTROL AND MANAGEMENT SYSTEMS</b>           |     |
|---|-----|
| The University will develop a Flu Pandemic Plan | DVC |

### Key to abbreviations

DVC: Deputy Vice Chancellor

DoSS: Director of Student Services

DoSRM: Director of Student Recruitment and Marketing

DoHR: Director of Human Resources

USSO: University Security and Safety Officer

DoCCS: Director of Campus and Conference Services

CCM: Corporate and Communications Manager

DoR: Director of Registry

DoIT: Director of IT and Communications

UN: University Nurse

HoMA: Head of Management Accounting

CFoHM: Conference and Front of House Manager

SHSM: Student Housing Services Manager

HMR: Housing manager (Residences)

RKT: Research Knowledge Transfer

Lib: Librarian

DoE: Director of Estates

MoCH: Manager of Chute House

HSM: Housing Services manager (Private Sector/University managed)

HMPU: Housing Manager (Private/University Managed)

DoPs: Directors of Professional Services

CM: Catering Manager

HoW: Head of Welfare

DoF: Director of Finance and Strategy

# Flu Pandemic Plan

## Alert Level 1

Cases involving a new strain of virus only outside the UK.

| <b>CONTROL AND MANAGEMENT SYSTEMS</b>  |              |
|--|--------------|
| University reviews Flu Pandemic Plan.  | DVC          |
| For legal reasons, all cases of flu will need to be monitored, and care of an individual tracked. A 'user-friendly' template needs to be developed with ITCS (not dissimilar to ACT) whereby this information can be accessed at any time by the University Nurse and her team. Info required includes basic personal details, onset of illness, when and where visits to Halls made, details of medication, whether anti-virals given together with batch numbers.    | DoSS         |
| Determine the functions and resource of a Pandemic Information and Control Room to be located in the Careers Centre in St James' Hall as a single point of contact for telephone, web and email help lines.  | DVC          |
| <b>ISOLATION, VOLUNTARY QUARANTINE AND SOCIAL DISTANCING</b>   |              |
|  | UN<br>DVC    |
| International students returning to the UK from infected areas will be advised to stay in their home country. However, should they return to University residences they will be kept in quarantine for the standard five days.   |              |
| Anyone else returning to the UK from these areas will be advised to stay at home. If they are returning to University residences they should be kept in quarantine for five days.  | DVC<br>UN    |
| Assess whether and, if so, when staff international travel should be limited, for example to parts of the world suffering an epidemic, and student travel discouraged.   | DVC/<br>DoHR |
| Assess whether vaccinations should be sought for key staff.  | UN           |
| Alcohol hand rub, yellow clinical waste bags, medication, surface cleaning fluids will be purchased. Hand hygiene is the single most important practice to reduce the transmission of infectious agents. Strict adherence to hand hygiene recommendations must be enforced. Posters and notices to this effect will be circulated to all Halls. Yellow clinical waste bags, surface cleaner and alcohol hand rub to be distributed throughout all Halls and Faculties. |              |
| Following discussion with the PCT it is hoped that the University Nurse will be able to prescribe anti-virals using the Patient Group Directives (PGDs).   | UN           |

|  |           |
|--|-----------|
| Have in place procedures for students and staff coming from, visiting or working in countries where there are flu outbreaks but unable to go home. This would only be effective in the early stages of a pandemic when one would wish to protect them for 48 hours after their arrival in the UK, in case they are infected but not showing any of the symptoms. Draw up plans for establishing quarantine accommodation. Students in off- campus accommodation and staff who contract the virus will be required to remain at home. There is little evidence that the provision of protective masks, clothing and equipment is effective in general settings, including within the University context. It is not recommended that the University this Personal Protective Equipment (PPE). No PPE is required for cleaning staff, other than that normally worn for cleaning. | DoCCS     |
| <b>HEALTHCARE FOR STUDENTS WHO CATCH FLU</b>   |           |
| There may well be a need to provide extra nursing staff, depending on the number of sick students. The University shall register with a nursing agency, such as the British Nursing Association (BNA).   | UN        |
| Draw up a register of high-risk students e.g. those with asthma and other chronic respiratory diseases, diabetes etc. This list will be necessary to identify those students who would be eligible for anti-virals.  | UN        |
| Consider practical support, e.g. 'buddy' schemes, particularly for those students living on their own off-campus, to ensure that somebody is around to buy food, drinks, over the counter medicines and to collect anti-virals if they become ill.   |           |
| <b>COMMUNICATIONS, PUBLICITY AND INFORMATION</b>   |           |
| Maintain awareness of local, regional, national and global developments to ensure that planning and preparedness activities are appropriate and timely. Monitor news coverage of the affected areas.   | CCM<br>UN |
| Form a communications link with the HPA's Regional Communications manager for the South East and Hampshire PCT.  | UN        |
| Agree ways of informing staff and students of an evolving pandemic situation to enable them to respond appropriately and to provide reassurance. The institution will ensure that staff and students are aware of the symptoms and that procedures are in place to come into effect in a pandemic so that all students and staff know what to do if they or their colleagues fall ill. Students should be advised to leave lectures, return home if they are displaying symptoms and stay away until they are completely recovered.  | CCM       |
| Agree a plan for communications with staff, students (and where appropriate) with parents for when a pandemic starts using a range of communication channels for any messages that will be urgent and important. Pre-pandemic communication meetings – hold open meetings for staff and students where plans, issues, views and concerns can be discussed and taken into account. Prepare to set up a helpline and dedicated section of the portal. Set up means of using the Homepage for key messages. Prepare distribution lists for emailing all staff and students.   | CCM<br>UN |
| Establish an official communication channel within and to and from the University.   | CCM       |
| Agree principles of external communications including the media strategy. All key messages to students staff and externally will be made through SRM.  | CCM       |
| If appropriate, begin internal communications of any preparatory messages for staff and students such as information about not travelling to and from affected areas.  | CCM       |
| Advise staff that they should seek advice from their own GPs.  | CCM       |

| <b>STAFFING</b>  |                       |
|--|-----------------------|
| Consider our policies for staff absences, e.g. staff taking time off short-term to care for a sick member of their family, and how these policies might operate within the exceptional circumstances of a pandemic.                              | DoHR                  |
| Consider the differential impact of absence of different staff groups, identify mission critical areas and develop proposals for covering absences in them.  | DoHR<br>Deans<br>DoPs |
| Consider pressure on health and social services due to flu and depletion of the workforce and other disruptions causing delays in dealing with other non-medical conditions. (Consider buying in non-urgent medical supplies not linked to flu). | UN<br>DoHR            |
| <b>ACADEMIC PROVISION</b>  |                       |
| (teaching, research, learning, library and IT, examinations and other assessment, placements)  |                       |
| Consider whether arrangements for <i>non contact</i> forms of teaching and learning should be pursued.   | DVC                   |
| Programme Leaders ensure direct electronic student contact e.g. Learning Network; University email/mobile phones.  | DVC                   |
| Consider possible ways of conducting non-contact forms of assessment (including alternatives to 'formal' examinations).  | DVC<br>DoR            |
| Consider issues relating to student progress and awards following interrupted assessment.  | DVC<br>DoR            |
| Consider feasibility of delayed start to either semesters.   | DVC<br>DoR            |
| Preparation for adjustments to Open Days.  | DoSRM                 |
| Develop procedures for covering absence of teaching staff.   | DVC<br>Deans          |
| Consideration of 'reading' that is not dependent upon library attendance.  | Lib<br>Deans          |
| Consider use of electronic submission of assignments and to whom.  | Deans                 |
| Consider possible ways for non-contact enrolment/re-enrolment/induction.   | DoR<br>DVC<br>HoMA    |
| Consider ways of supporting research students at a distance, including research training.  | RKT                   |
| Consider possibility of cancellation of placements, particularly those in schools.   | Deans                 |
| Consider the differential impact on individuals or groups in planning and responding (those on short academic programmes may suffer greater disadvantage by reduction in services).  | Deans                 |

| <b>KEY SERVICE PROVISION</b>   |              |
|--|--------------|
| <b>General</b><br>Ensure a range of plans are in place to enable the University to deliver core central services in support of the health and well-being of staff and student and ensure business continuity.  | DVC          |
| <b>Catering</b><br>Consider security of catering supplies and consider alternative arrangements.   | CM           |
| Ensure hygiene standards are in excess of statutory requirements to prevent spread of virus.   | CM           |
| <b>Security</b><br>Prepare staff absence contingency plan.   | USSO         |
| Arrange for contract night time security cover in the event of staff absence   | USSO         |
| Consider arrangements for utilising Site Stewards, Wardens and Senior Students as early warning mechanism for outbreaks with the University  | USSO         |
| <b>Conferences</b><br>Maintain awareness of areas of infection globally; contact organisers of conferences arriving within 100 days from infected areas. Take action to cancel or postpone impending conference(s) in accordance with University policy of movement of people on to campus and advice from the Government. | CFoHM        |
| <b>Reception</b><br>Make staffing arrangements to cover Reception staff who may go sick.   | DoCCS        |
| <b>Heating and lighting</b><br>Ensure oil tanks full. A full tank lasts 4 weeks in the winter season.  | DoE          |
| <b>Essential and breakdown maintenance</b><br>Make staffing arrangements to ensure cover.  | DoE          |
| <b>Payroll</b><br>Make arrangements for Trent to have dial-in access via existing web-ex programme to run a 'standard' payroll in case of both payroll staff being absent.   | DoHR         |
| <b>Basingstoke</b><br>Make staffing arrangements to cover staff who may go sick.   | MoCH         |
| <b>Student Services support</b><br>Establish mechanisms for financial support for students needed for urgent and unplanned journeys home and other unforeseen expenses.  | HoW          |
| Policy decision to be taken on closure of front-line (non-health care) student support services to personal callers.   | DoSS<br>DoHR |
| Explore possibilities for provision of electronic support e.g. chat rooms, email counselling, mentoring, welfare and study skills support.   | DoSS<br>DoIT |
| <b>Financial Issues</b><br>No action at this time  |              |
| <b>Student Residences</b><br>No action at this time  |              |

# FLU PANDEMIC PLAN

## ALERT LEVEL 2

New virus isolated in the UK

| <b>CONTROL AND MANAGEMENT SYSTEMS</b>   |               |
|---|---------------|
| Review Flu Pandemic Plan.   | DVC           |
| Plan setting up of flu Pandemic Information and Control Room in the Careers Centre in St James' Hall.   | DoCCS<br>USSO |
| <b>ISOLATION, VOLUNTARY QUARANTINE AND SOCIAL DISTANCING</b>  |               |
| The flu virus is easily passed from person to person through coughing and sneezing. It is transmitted through breathing in droplets containing the virus, produced when an infected person talks, coughs or sneezes. The virus can also be transmitted by touching an infected person or surface contaminated with the virus and then touching your own or someone else's face. Information to this effect will be circulated to each student and member of staff via the NHS <i>Pandemic Flu-Important information for you and your family</i> leaflet. This information will also be made available on the University portal.   | UN            |
| Where possible, contact between infected and healthy individuals should be avoided.   |               |
| The Department of Health leads the development, purchase, supply and distribution of a vaccine for the UK. It will take at least 4-6 months for the vaccine to be developed once the strain of the flu virus is identified. The public health response will depend on whether: <ul style="list-style-type: none"> <li>vaccine is available but in limited supply.</li> <li>vaccine is widely available.</li> </ul> A tiered approach to immunisation is planned, immunising branches of the population in stages according to the availability of the vaccine. The prioritisation is not fixed - it will be determined by the Joint Committee of Vaccination (JCV). Mass vaccination clinics will be organised at the University, with support from St Paul's and bank nursing staff. | UN            |
| A daily check will be made on the Foreign & Commonwealth Office website <a href="http://www.fco.gov.uk">www.fco.gov.uk</a> for travel restrictions.   | UN            |
| Staff will be restricted from travelling on business to and from infected areas at home and abroad. Staff and students will be advised not to travel to these areas for any reason.   | DoHR          |
| International students returning to the UK from infected areas will be advised to stay in their home country. However, should they return to University residences they will be kept in quarantine for the standard five days.  | CCM           |
| Anyone else returning to the UK from these areas will be advised to stay at home. If they are returning to University residences they should be kept in quarantine for five days.   | CCM           |
| If students return to University residences from infected areas, they will be kept in quarantine for five days.   | DoCCS<br>UN   |

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| Students with recent contact in infected areas will be mapped and the Hall Manager, security and Hall Wardens notified. Quarantine may be implemented.   | DoCCS<br>UN |
| Decide whether to stop all or some 'mass gatherings of students and staff' e.g. lectures; meetings.  | DVC         |
| Provide cleaning staff with stocks of alcohol hand wash, latex gloves and plastic aprons.  | USSO        |
| Face masks have little place in preventing the spread of the virus. A surgical mask should be worn by healthcare workers for close patient contact e.g. within 3 feet.   | UN          |
| There are some basic measures that can be taken to reduce the risk of infection which need to be communicated to staff and students. these include: <ul style="list-style-type: none"> <li>• 'Cough etiquette' (cover mouth and nose when coughing) using a tissue whenever possible.</li> <li>• Dirty tissues to be promptly and carefully disposed; bag and bin them in yellow clinical waste bags.</li> <li>• Avoid non-essential travel and large crowds of people whenever possible.</li> <li>• Maintain good hygiene- washing hands frequently in hot water and soap. This protects against picking the virus up from surfaces and passing it on.</li> </ul> | UN<br>CCM   |
| Measures to reduce contact between large numbers of susceptible individuals, such as university communities will be considered if thought effective in preventing further individual cases and slowing the evolution of the pandemic. Any decision regarding the closure of such communities will be as a direct edict from the Department of Health   |             |
| University Nurse to train people qualified in first-aid on signs and symptoms of flu and complications. She will also give advise on self-medication.  | UN          |
| Review plans for establishing quarantine accommodation in WDC House 100 accommodation. This will be used only for students returning from infected areas who can't go home. Students living in off-campus accommodation and staff who contract the virus will be required to remain at home. Identify a washroom/locker area for staff entering the quarantine area to change into work clothes and PPE as appropriate. All used PPE must be placed in yellow bags and staff shower before they leave.   | DoCCS       |
| <b>HEALTHCARE FOR STUDENTS WHO CATCH FLU</b>   |             |
| Review arrangements for accessing more nursing staff from the nursing agency, BNA.   | UN          |
| Continue to assess those at high risk from complications of flu – e.g. those with respiratory problems and how they need support – e.g. they should avoid public gatherings so need food brought in, etc.  | UN          |
| The UK has established a stockpile if anti-virals (Tamiflu) which will allow for the treatment of all symptomatic patients at a clinical attack rates of up to 25% and arrangements to make it rapidly available are a critical part of the health response. The Hampshire PCT will be responsible will be responsible for ordering and distribution of anti-virals across Hampshire. Until stock levels are fully established, it may be necessary to determine clinical priorities based upon national guidelines. The University Nurse will liaise closely with St Paul's with regard for plans for the distribution and administration of anti-virals.         | UN          |

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| Notify all students in Halls of the action to be taken in the event of a pandemic developing. Advertise the 24/7 telephone-based access via the national Flu Line services for the majority of those students who believe they are symptomatic, with an appropriate and timely response across the PCT area.   | UN<br>CCM     |
| <b>COMMUNICATIONS, PUBLICITY AND INFORMATION</b>   |               |
| Maintain awareness of local, regional, national and global developments to ensure that planning and preparedness activities are appropriate and timely. Monitor news coverage of the affected areas.   | CCM<br>UN     |
| Review and confirm communications link with the Primary Care Trust and Health Protection Agency's PR functions.  | UN            |
| Review and confirm ways of informing staff and students of an evolving pandemic situation to enable them to respond appropriately and to provide reassurance.  | CCM           |
| Go live on a helpline and dedicated section of the portal. Set up means of using the Homepage for key messages. Prepare distribution lists for emailing all staff and students.  | CCM<br>DoIT   |
| Review and confirm an official communication channel within and to and from the University, including parents of students.   | CCM<br>DoSS   |
| Review and confirm principles of external communications including the media strategy. All key messages to students, staff members and externally will be made through SRM.  | CCM           |
| Finalise and begin to issue regular information to staff and students.   | CCM           |
| Advise staff that they should seek advice from their own GPs.  | CCM           |
| Notices on good hygiene practice installed.  | USSO          |
| <b>STAFFING</b>  |               |
| Each Faculty/Professional Service to identify the minimum level of service provision that could be provided with, say, 25% of their staff absent at any one time. This might entail senior staff covering for more junior staff or drafting staff in from other parts of the University less affected by the outbreak. The key thing is to identify the minimum service, and from that identify the skill set and how this can be met. | Deans<br>DoPs |
| Prepare contingency plans for absence of cleaning staff.   | DoCCS<br>DoHR |
| Negotiate contingency arrangement with contract cleaning company for use if staff absences reach critical levels.  | DoCCS<br>DoHR |
| Each Faculty/Professional Service to prepare staffing plans for covering key service provision, including concise written outlines of key processes and appropriate basic training.  | Deans<br>DoPs |
| Identify 'key workers' in each team and list them in this plan. Make provision for these staff to be able to work from home if they (or their dependants) are quarantined or to avoid infection. Ensure they have relevant support e.g. broadband.   | Deans<br>DoPs |
| Each Faculty and Professional Service to identify who may be key workers in terms of data input to keep core databases up to date.   | Deans<br>DoPs |

| <b>ACADEMIC PROVISION</b>  |                        |
|--|------------------------|
| (covers teaching, research, learning, library and IT, examinations and other assessment, placements)   |                        |
| Review and finalise arrangements for <i>non contact</i> forms of teaching and learning.  | Deans<br>DoIT<br>Lib   |
| Review and finalise procedures for covering absence of teaching staff.   | Deans                  |
| Programme Leaders ensure direct electronic student contact e.g. VLE; University email/mobile phones.   | Deans                  |
| Review and finalise proposals for 'reading' that is not dependent upon library attendance.   | Deans/<br>Lib          |
| Review and finalise procedures for non-contact forms of assessment (including alternatives to 'formal examinations').  | DVC<br>Deans           |
| Develop a system for the electronic submission of assignments and feedback thereon.  | FMs<br>Prog<br>Leaders |
| Develop temporary arrangements for student progress and awards following interrupted assessment.   | DVC<br>DoR             |
| Depending on time of year, revise arrangements for admissions including staff absences, processing of applications, interviews, policies for acceptance of students who may not have been able to sit formal exams   | DoSRM<br>DoR           |
| Review timing of Open days and make alternatives arrangements if necessary   | DoSRM                  |
| Continue development of procedures for non-contact enrolment/re-enrolment/induction.   | DoR<br>DoSRM           |
| Consider arrangements for delaying the start of the academic year and/or second semester.  | DVC                    |
| Ensure direct electronic student contact with research students.   | RKT<br>Supervis<br>ors |
| Consider use of electronic means of delivery of research training.   | RKT                    |
| Monitor status of establishments used for placements.  | FMs                    |
| Consider alternatives to placement learning. (ITT courses have mandatory lengths of placements).   | Deans                  |
| <b>SERVICE PROVISION</b>   |                        |
| <b>General</b>   |                        |
| Where an external, third party supplier is likely to be required to provide part of the service (egg SITS, Trent etc), ensure dial-in facility is effective and require third party supplier to provide details of its emergency back up and cover.  | DoR<br>DoHR            |
| Consider what systems could be made accessible for remote access for key workers: egg QLX, SITS, Trent etc.  | DoIT                   |
| Consider the introduction of video conference and VOiP (Voice over Internet Protocol) to allow communication between key staff who are quarantined or otherwise home based. VOiP phones can be bought, distributed and accounts set up with Skype, the internet operator which allows users to communicate free. | DoIT                   |

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|---|----------------------|
| <b>Cleaning</b><br>Buy in additional cleaning materials in case of supply disruption.   | DoCCS                |
| <b>Catering</b><br>Consider security of catering supplies and consider alternative arrangements.  | CM                   |
| Ensure hygiene standards are in excess of statutory requirements to prevent spread of virus.  | CM                   |
| <b>Security</b><br>Utilise PPE to prevent infection.  | USSO                 |
| Prepare staff absence contingency plan.   | USSO                 |
| Arrange for contract night time security cover in the event of staff absence  | USSO                 |
| <b>Conferences</b><br>Maintain awareness of areas of infection globally and spread of infection within the UK. Contact the organisers of all conferences arriving within 100 days; notify them of University policy on movement of people on to campus in the event that infection spreads within the UK.                           | CFoHM                |
| <b>Reception</b><br>Make staffing arrangements to cover Reception staff who may go sick.  | DoCCS                |
| <b>Heating and lighting</b><br>Ensure oil tanks full. A full tank lasts 4 weeks in the winter season. Move to weekly deliveries if possible rather than the normal twice monthly deliveries.  | DoE                  |
| <b>Essential and breakdown maintenance</b><br>Make staffing arrangements to ensure cover.   | DoE                  |
| <b>Payroll</b><br>Review and confirm arrangements for Trent to have dial-in access via existing web-ex programme to run a 'standard' payroll in case of both payroll staff being absent. Monthly adjustments, casuals and overtime etc may have to wait until following month.  | DoHR                 |
| <b>Basingstoke</b><br>Make staffing arrangements to cover staff who may go sick.  | HoCH                 |
| <b>Student Services support</b><br>Review and finalise mechanisms for financial support for students needed for students urgent and unplanned journeys home and other unforeseen expenses.<br>Review and finalise provision for electronic support e.g. chat rooms, email counselling, mentoring, welfare and study skills support. | HoMA<br>DoSS<br>DoIT |
| <b>Financial Issues</b><br>Consider how to cover for key sales and purchase ledger functions in the event of staff illness.   | DoF                  |
| <b>Student Residences</b><br>Ensure all housing staff especially wardens are monitoring any cases of Flu in University operated housing.  | DoCCS                |
| Arrange staff cover for wardens and senior students.  | DoCCS                |

## FLU PANDEMIC PLAN

### ALERT LEVEL 3

Outbreak(s) in the UK

| <b>CONTROL AND MANAGEMENT SYSTEMS</b>   |             |
|---|-------------|
| Review Flu Pandemic Plan.   | DVC         |
| At Alert level 3 and 4 we act upon instructions from the Hampshire Primary Care Trust.  |             |
| Appoint a deputy for each member of the Flu Pandemic Emergency Group.   | DVC         |
| Check for suitability the Pandemic Information and Control Room in the Careers Centre in St James' Hall.  |             |
| <b>ISOLATION, VOLUNTARY QUARANTINE AND SOCIAL DISTANCING</b>  |             |
| The flu virus is easily passed from person to person through coughing and sneezing. It is transmitted through breathing in droplets containing the virus, produced when an infected person talks, coughs or sneezes. The virus can also be transmitted by touching an infected person or surface contaminated with the virus and then touching your own or someone else's face. Information to this effect, as contained in the NHS leaflet <i>Pandemic Flu-Important information for you and your family</i> leaflet will be re-posted on the University portal. | UN          |
| Where possible, contact between infected and healthy individuals should be avoided.   |             |
| Subject to availability of the vaccine, mass vaccination clinics will be organised at the University, with support from St Paul's and bank nursing staff.   | UN          |
| A daily check will be made on the Foreign & Commonwealth Office and WHO websites for travel restrictions and current status.<br><a href="http://www.fco.gov.uk">www.fco.gov.uk</a> and <a href="http://www.who.int/en/">www.who.int/en/</a>   | UN          |
| Staff will continue to be restricted from travelling to and from these areas on business. Staff and students will continue to be advised not to travel to these areas for any reason.   | DoHR        |
| Students from these areas will continue to be contacted individually and advised not to return if away.   | CCM         |
| Anyone else returning to the UK from these areas will continue to be advised to stay at home.   | CCM         |
| If students return to University residences from infected areas, they will be kept in quarantine for five days.   | DoCCS<br>UN |
| Students with recent contact in infected areas will continue to be mapped and the Hall Manager, Security and Hall Wardens notified. Quarantine may be implemented.  | DoCCS<br>UN |
| Track student and staff absenteeism, infection rates, admission to hospital.  | UN          |
| Self care leaflets will be produced and given to each student and member of staff and also be made available on the portal. Information will include registering flu with the University Nurse, symptoms of flu, self-medication, how to care for themselves, as well as numbers to call if concerned.  | UN<br>CCM   |

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| Taking advice from the PCT, decide on whether to require students and staff with flu to stay at home for at least 5 days after onset.  | UN          |
| Review Alert Level 2 decision on whether to stop all or some ‘mass gatherings of students and staff’ e.g. lectures; meetings.  | DVC         |
| Review provision of cleaning staff with stocks of alcohol hand wash, latex gloves and plastic aprons.  | USSO        |
| Continue to promote campaign to staff for utilisation of PPE, where appropriate in preventing spread of virus.   | USSO<br>CCM |
| Continue to communicate to staff and students the basic hygiene measures that can be taken to reduce the risk of infection: <ul style="list-style-type: none"> <li>• ‘Cough etiquette’ (cover mouth and nose when coughing) using a tissue whenever possible.</li> <li>• Dirty tissues to be promptly and carefully disposed; bag and bin them in yellow clinical waste bags.</li> <li>• Avoid non-essential travel and large crowds of people whenever possible.</li> <li>• Maintain good hygiene- washing hands frequently in hot water and soap. This protects against picking the virus up from surfaces and passing it on.</li> </ul> | UN          |
| Measures to reduce contact between large numbers of susceptible individuals, such as university communities will be considered if thought effective in preventing further individual cases and slowing the evolution of the pandemic. Any decision regarding the closure of such communities will be as a direct edict from the Department of Health   |             |
| Continuous dissemination of educational messages, promoting hygiene and infection control guidance is crucial.   | UN<br>CCM   |
| Review and finalise plans for establishing quarantine accommodation in WDC Hse100 accommodation. This will be used only for students returning from infected areas who can not go home. Students in off campus accommodation and staff who contract the virus will be required to remain at home. Identify a washroom/locker area for staff entering the quarantine area to change into work clothes and PPE as appropriate. All used PPE must be placed in yellow bags and staff must shower before they leave.   | DoCCS       |
| <b>HEALTHCARE FOR STUDENTS WHO CATCH FLU</b>   |             |
| Review and finalise arrangements for accessing more nursing staff from the nursing agency, BNA.  | UN          |
| Continue to assess those at high risk from complications of flu – e.g. those with respiratory problems and how they need support – ensure they have a buddy who can go shopping and bring food in.   |             |

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| The UK will have established a stockpile of anti-virals (Tamiflu) which will allow for the treatment of all symptomatic patients at a clinical attack rates of up to 25% and arrangements to make it rapidly available are a critical part of the health response. The Hampshire PCT will be responsible for ordering and distribution of anti-virals across Hampshire. Until stock levels are fully established, it may be necessary to determine clinical priorities based upon national guidelines. The University Nurse will liaise closely with St Paul's with regard for plans for the distribution and administration of anti-virals. Plans will have been set in place to allow the University Nurse to prescribe anti-virals. The scripts will either be faxes or emailed through to the designated point of distribution. These will then be collected and distributed. | UN                            |
| Notify all students in residence of action to take in the event of pandemic. Advertise the 24/7 telephone-based access via the national Flu Line services for the majority of those students who believe they are symptomatic, with an appropriate and timely response across the PCT area.   | UN<br>CCM                     |
| <b>COMMUNICATIONS, PUBLICITY AND INFORMATION</b>  |                               |
| Maintain awareness of local, regional, national and global developments to ensure that planning and preparedness activities are appropriate and timely. Monitor news coverage of the affected areas.  | CCM<br>UN                     |
| Keep regular contact with the Primary Care Trust and Health Protection Agency's PR functions.   | UN                            |
| Keep staff and students informed of an evolving pandemic situation to enable them to respond appropriately and to provide reassurance.  | CCM                           |
| Review helpline and dedicated section of the portal and Homepage for key messages.  | CCM<br>DoIT                   |
| Implement and heavily publicise official communication channel within, and to and from the University, including parents of students.   | CCM<br>DoSS                   |
| Finalise external communications arrangements including the media strategy. All key messages to students, staff members and externally will be made through SRM.  | CCM                           |
| Issue regular information to staff and students, preparing them for a pandemic situation. Info will be given as to whom they should contact if they are ill, how to self medicate. All administrators to keep University Nurse informed of who has phoned in ill so all information can be collated.  | CCM<br>UN<br>Faculty<br>admin |
| Advise staff that they should seek advice from their own GPs.   | CCM                           |
| Notices on good hygiene practice installed.   | USSO                          |
| <b>STAFFING</b>   |                               |
| Each Faculty/Professional Service to confirm the minimum level of service provision that could be provided with, say, 25% of their staff absent at any one time. This might entail senior staff covering for more junior staff or drafting staff in from other parts of the University less affected by the outbreak. The key thing is to identify the minimum service, and from that identify the skill set and how this can be met.   | Deans/<br>DoPs                |
| Review and confirm contingency plans for absence of cleaning staff.   | DoCCS<br>DoHR                 |

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| Review and confirm contingency arrangement with contract cleaning company for use if staff absences reach critical levels.  | DoCCS<br>DoHR                |
| Check sufficient additional cleaning materials have been brought in case of supply disruption.  | DoCCS                        |
| Each Faculty/Professional Service to review and confirm staffing plans for covering key service provision, including concise written outlines of key processes and appropriate basic training.  | Deans<br>DoPs                |
| Review and confirm identify of 'key workers' in each team and their listing in this plan. Review and confirm provision for these staff to be able to work from home if they (or their dependants) are quarantined or to avoid infection. Ensure they have relevant support e.g. broadband. Consider relocating their normal place of work to home if practicable. | Deans<br>DoPs                |
| Each Faculty and Professional Service to review and confirm who are their key workers in terms of data input to keep core databases up to date.   | Deans<br>DoPs                |
| <b>ACADEMIC PROVISION</b><br>(covers teaching, research, learning, library and IT, examinations and other assessment, placements)   |                              |
| Seek approval, through Academic Standards Committee, for amendments to the Academic Regulations.  | DoR                          |
| Continue teaching, assessment, marking, progression and award as normal, as far as possible.  | Deans<br>DoR                 |
| Check arrangements for <i>non contact</i> forms of teaching and learning and alert students to the possibility of new procedures.   | Deans<br>DoIT<br>Lib<br>DoHR |
| Check procedures for covering absence of teaching staff.  | Deans                        |
| Check Programme Leaders have direct electronic student contact e.g. VLE; email/mobile phones.   | Deans                        |
| Check arrangements in place for 'reading' that is not dependent upon library attendance.  | Deans<br>Lib                 |
| Check procedures in place, and seek approval, for non-contact forms of assessment (including alternatives to 'formal examinations').  | DVC<br>Deans<br>DoR          |
| Check system for the electronic submission of assignments and feedback thereon.   | FMs<br>Prog<br>Leaders       |
| Review and confirm temporary arrangements for student progress and awards following interrupted assessment.   | DVC<br>DoR                   |
| Depending on time of year, review and check arrangements in place for admissions including staff absences, processing of applications, interviews, policies for acceptance of students who may not have been able to sit formal exams.  | DoSRM<br>DoF                 |
| Review and confirm timing of Open days and any alternatives arrangements deemed necessary.  | DoSRM<br>DoF                 |

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|---|-----------------|
| If necessary, review and confirm procedures for non-contact enrolment/re-enrolment/induction.   | DoR<br>DoF      |
| If necessary, review and confirm arrangements for delaying the start of the academic year and/or second semester.   | DVC             |
| Check direct electronic student contact with research students in place.  | RKY/Supervisors |
| Review and if agreed, put in place electronic means of delivery of research training.   | RKT             |
| Review flu pandemic status of establishments used for placements and consider options for alternatives as necessary.  | FMs             |
| Review alternatives to placement learning. (ITT courses have mandatory lengths of placements) and implement as required.  | Deans           |
| Seek direction from the TDA on how lack of school placements should be handled.   | AW              |
| Finalise procedures relating to student progress and awards following interrupted assessment, if applicable.  | DoR             |
| Ensure that students and staff understand methods of communication on academic issues.  | FMs<br>CCM      |
| <b>SERVICE PROVISION</b>  |                 |
| <b>General</b><br>Where an external, third party supplier is likely to be required to provide part of the service (eg SITS, Trent etc), check arrangements for ensuring dial-in facility is effective and third party suppliers are able to provide details of its emergency back up and cover.                               | DoR<br>DoHR     |
| Check arrangements for making core IT systems accessible for remote access for key workers e.g. QLX, SITS, Trent etc.   | DoIT            |
| If decided to use, check arrangements for video conference and VOiP (Voice over Internet Protocol) to allow communication between key staff who are quarantined or otherwise home based. VOiP phones can be bought, distributed and accounts set up with Skype, the internet operator which allows users to communicate free. | DoIT            |
| <b>Cleaning</b><br>Review stock of cleaning materials in case of supply disruption.   | DoCCS           |
| <b>Catering</b><br>Check security of catering supplies and any alternative arrangements put in place.   | CM              |
| Ensure hygiene standards are in excess of statutory requirements to prevent spread of virus.  | CM              |
| <b>Security</b><br>Check arrangements for PPE to prevent infection.   | USSO            |
| Review and confirm staff absence contingency plan.  | USSO            |
| Check arrangements put in place for contract night time security cover in the event of staff absence.   | USSO            |

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| <b>Conferences</b>   |              |
| Maintain awareness of areas of infection globally and within the UK. Notify all organisers of conferences arriving within 100 days if the University intends to postpone or cancel the event in response to University policy and or government advice.          | CFoHM        |
| <b>Reception</b>   |              |
| Check staffing arrangements in place to cover Reception staff who may go sick.   | DoCCS        |
| <b>Heating and lighting</b>  |              |
| Check oil tanks full. A full tank lasts 4 weeks in the winter season. Move to weekly deliveries if possible rather than the normal twice monthly deliveries.   | DoE          |
| <b>Essential and breakdown maintenance</b>   |              |
| Check staffing arrangements in place to ensure cover.  | DoE          |
| <b>Payroll</b>   |              |
| Check arrangements for Trent to have dial-in access via existing web-ex programme to run a 'standard' payroll in case of both payroll staff being absent. Advise staff monthly adjustments, casuals and overtime etc may have to wait until following month.     | DoHR         |
| <b>Basingstoke</b>   |              |
| Check arrangements to cover staff who may go sick.   | MoCH         |
| <b>Student Services support</b>  |              |
| Check the mechanism for ensuring financial support for students needed for students urgent and unplanned journeys home and other unforeseen expenses.  | HoMA<br>HoW  |
| Check arrangements for the provision of electronic support e.g. chat rooms, email counselling, mentoring, welfare and study skills support.  | DoSS<br>DoIT |
| <b>FINANCIAL ISSUES</b>  |              |
| Review how to cover for key sales and purchase ledger functions in the event of staff illness.   | HoMA         |
| <b>STUDENT RESIDENCES</b>  |              |
| <b>University Halls of Residence - General procedures:</b>   |              |
| Ensure all housing staff, and any members of University likely to come into contact with student population are provided with the relevant PPE to prevent infection and spread of virus.   | USSO         |
| Ensure all senior students, wardens and site stewards are alert to symptoms of flu within the resident population.   | USSO         |
| Provide alcohol hand wash in the entrances to all student accommodation.   | USSO         |
| Ensure site staff utilise hand wash and wear suitable PPE when entering accommodation. Ensure that PPE is disposed of before leaving one area of residence and that new PPE equipment is utilised when entering another area to prevent spread of contamination. | USSO         |
| Tell students to take over responsibility for all cleaning in the residences to cover for sick cleaning staff and release healthy ones for other duties.   | HMR          |

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| <b>Managed Houses/ private housing:</b>  |             |
| Notify all of the students in managed houses by e-mail, at start of pandemic, that they must contact the Housing department if they become ill from flu during the pandemic period.  | SHSM<br>CCM |
| Utilise portal to highlight to students in the private sector the importance of maintaining contact with the University in the event of a flu outbreak.  | SHSM<br>CCM |
| <b>Special conditions:</b>   |             |
| The general guidelines above assume that the University will continue to operate in the outcome of a flu pandemic. A serious outbreak may result in the following conditions:-   |             |
| The University is closed for teaching due to concern over infection arising from lectures (mass gatherings). In this event the following may apply:  |             |
| a) Students will leave University accommodation and return to their home address. This will result in reduced numbers of students remaining on-site and in rented Winchester accommodation. These students are categorised as International Students, students who have Winchester as permanent address, students who are too ill to travel, and those who cannot return home due to a travel ban in their home area or otherwise.   |             |
| b) Hampshire is classed as a highly infected area and residents are prevented from travelling to other areas of lesser infection.  |             |
| <i>Notes</i><br><br>In (a) above the situation will be more manageable from a care point of view. However, the remaining students are likely to be few in number and will therefore feel more isolated. In (b) the strain on support services is going to be significantly higher due to number of students remaining on site. However, it is assumed that only 10% of the population is likely to be ill at any one time - this will leave a maximum of 90 infected students to look after at any one time. Staff shortages may increase the difficulties of managing services. However, it is envisaged that key services such as cleaning and night time security will be supplemented by agency staff. |             |

## FLU PANDEMIC PLAN

### ALERT LEVEL 4

Widespread activity across the UK and outbreaks in the University

| <b>CONTROL AND MANAGEMENT SYSTEMS</b>   |             |
|---|-------------|
| At Alert level 3 and 4 we act upon instructions from the Hampshire PCT.   |             |
| Convene Flu Pandemic Emergency Group (FPEG) operating out of the Pandemic Information and Control Room in the Careers Centre in St James' Hall.   | DVC         |
| FPEG reviews Flu Pandemic Plan and checks all actions implemented.  | DVC         |
| <b>ISOLATION, VOLUNTARY QUARANTINE AND SOCIAL DISTANCING</b>  |             |
| Advise students and staff that Alert Level 4 has been reached. Advise them that where possible, contact between infected and healthy individuals should be avoided.   | DVC         |
| Re-post NHS leaflet <i>Pandemic Flu-Important information for you and your family</i> on the University portal.   | UN          |
| Check quarantine facilities in WDC House 100 accommodation set up. Ensure thorough cleaning of rooms after use. This will be used only for students returning from infected areas who can not go home. Students in off campus accommodation and staff who contract the virus will be required to remain at home. Identify a washroom/locker area for staff entering the quarantine area to change into work clothes and PPE as appropriate. All used PPE must be placed in yellow bags and staff must shower before they leave. | DoCCS       |
| A vaccine can only be developed 4 – 6 months after the new virus strain has been identified. Subject to the availability of this vaccine, mass vaccinations will be arranged with the support of St Paul's surgery and the bank of nurses. Where these will be held will be subject to discussion at the time.  | UN          |
| Check travel restrictions. Staff will continue to be restricted from travelling to and from these areas on business. Staff and students will continue to be advised not to travel to these areas for any reason. Note that staff and students might have their home in the infected areas, normally commuting to the University daily. They might have to stay away from the University.  | CCM<br>DoHR |
| Students from infected areas to be contacted individually and advised not to return if away.  | DoHR        |
| Anyone returning to the UK from these areas to be advised to stay at home.  | DoHR        |
| Put students returning to University residences from infected areas into quarantine for five days.  | DoCCS<br>UN |
| Students with recent contact in infected areas will continue to be mapped and the Hall Manager, Security and Hall Wardens notified.   | DoCCS<br>UN |
| Students with recent contact in infected areas will continue to be monitored by the Wardens, Senior Students and Security.  |             |
| Review Alert Level 3 decision on whether to stop all or some 'mass gatherings of students and staff' e.g. lectures; meetings.   | DVC         |

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| Check cleaning staff provided with stocks of alcohol hand wash, latex gloves and plastic aprons.   | USSO        |
| Continue to promote campaign to staff for utilisation of PPE in preventing spread of virus   | USSO<br>CCM |
| Face masks have little place in preventing the spread of the virus. Ensure surgical masks worn by healthcare workers for close patient contact e.g.: within 3 feet.  | UN          |
| Continue to communicate to staff and students the basic hygiene measures that can be taken to reduce the risk of infection: <ul style="list-style-type: none"> <li>• ‘Cough etiquette’ (cover mouth and nose when coughing) using a tissue whenever possible.</li> <li>• Dirty tissues to be promptly and carefully disposed; bag and bin them in yellow clinical waste bags.</li> <li>• Avoid non-essential travel and large crowds of people whenever possible.</li> <li>• Maintain good hygiene- washing hands frequently in hot water and soap. This protects against picking the virus up from surfaces and passing it on.</li> </ul> | UN<br>CCM   |
| Address possibility of direct edict from the Department of Health to close the University down.  | DVC         |
| Continuous dissemination of educational messages, promoting hygiene and infection control guidance is crucial.   | UN<br>CCM   |
| <b>HEALTHCARE FOR STUDENTS WHO CATCH FLU</b>   |             |
| Ensure additional nursing staff engaged from the nursing agency, BNA.  | DoSS        |
| Closely monitor those at high risk from complications of flu – e.g. those with respiratory problems and how they need support – e.g. they will need to avoid public gatherings so need food brought in, masks etc.,  | UN          |
| Check with St Paul’s on the distribution and administration of anti-virals.  | UN          |
| Notify all students in residence of action to take in the event of becoming infected. Advertise the 24/7 telephone-based access via the national Flu Line services for the majority of those students who believe they are symptomatic, with an appropriate and timely response across the PCT area.   | UN<br>CCM   |
| Activate people trained in first aid and staff with nursing/medical experience to support Student Services staff.  | HoW<br>UN   |
| Advise students to phone health staff if they need nursing support so they can be visited in their rooms.  | UN          |
| Mobilise staff in Student Services to support contact tracing – “Flutrack” system.   |             |
| Student Services to draft in all possible support from associate counsellors, Student Service mentors <b>and</b> other hourly paid staff.  | DoSS        |
| Sick bay may be set up to care for the very seriously ill if hospitals can’t cope.   | UN          |
| <b>COMMUNICATIONS, PUBLICITY AND INFORMATION</b>   |             |
| Maintain awareness of local, regional, national and global developments to ensure that actions are appropriate and timely. Monitor news coverage of the affected areas.  | CCM<br>UN   |

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| Keep regular contact with the Primary Care Trust and Health Protection Agency's PR functions.  | UN            |
| Keep staff and students informed of the evolving pandemic situation to enable them to respond appropriately and to provide reassurance.  | CCM           |
| Utilise helpline and dedicated section of the portal and Homepage for key messages.  | CCM<br>DoIT   |
| Check official communication channels within and to and from the University, including parents of students, are working effectively.   | CCM<br>DoSS   |
| Review external communications arrangements including the media strategy are fit for purpose. If more than a few cases are found it will become necessary for SRM to cover media communications on full 24 hour basis. If cases dramatically multiply on campus and/or the University is the first/or one of the first to be hit/experience fatalities – expect national and international news coverage. All key messages to students, staff and externally to be made through SRM. | CCM           |
| Issue regular information to staff and students, preparing them for a pandemic situation and what to do if you feel unwell.  | CCM<br>UN     |
| Advise staff that they should seek advice from their own GPs.  | CCM           |
| Notices on good hygiene practice installed.  | USSO          |
| <b>STAFFING</b>  |               |
| Each Faculty/Professional Service to review the minimum level of service provision that could be provided with whatever % of their staff is now expected to be absent at any one time. This might entail senior staff covering for more junior staff or drafting staff in from other parts of the University less affected by the outbreak. The key thing is to identify the minimum service, and from that identify the skill set and how this can be met.                          | Deans<br>DoPs |
| Implement contingency plans for absence of cleaning staff.   | DoCCS<br>DoHR |
| Implement contingency arrangement with contract cleaning company for use if staff absences reach critical levels.  | DoCCS<br>DoHR |
| Each Faculty/Professional Service to implement staffing plans for covering key service provision, including use of concise written outlines of key processes.  | Deans<br>DoPs |
| Check that the previously identified 'key workers' in each team are listed in this plan. Check provision for these staff to enable them to work from home if they (or their dependants) are quarantined or to avoid infection. Ensure they have relevant support e.g. broadband. Consider relocating their normal place of work to home if practicable.  | Deans<br>DoPs |
| Check that all faculties and professional service are able to maintain data input to keep core databases up to date.   | Deans<br>DoPs |
| Monitor staff absence levels arising from pandemic.  | DoHR          |
| Mobilise staff to ensure front line services are running as effectively as possible, including possible re-allocation of staff outside of their normal faculty/professional service/unit.  | DVC<br>DoHR   |

| <b>ACADEMIC PROVISION</b>   |                             |
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| (covers teaching, research, learning, library and IT, examinations and other assessment, placements)  |                             |
| Seek approval, if necessary, through Academic Standards Committee, for further amendments to the Academic Regulations.  | DoR                         |
| Cancel contact teaching and implement non contact activities. Advise students and staff on the new procedures.  | Deans<br>DoIT<br>Lib<br>DoR |
| Monitor absence of teaching staff and implement cover arrangements.   | Deans                       |
| Implement Programme Leaders direct electronic student contact systems e.g. VLE; University email/mobile phones.   | Deans                       |
| Implement and monitor arrangements for 'reading' that is not dependent upon library attendance.   | Deans<br>Lib                |
| If appropriate, cancel examinations and implement non-contact forms of assessment.  | PCV<br>Deans<br>DoR         |
| Implement and monitor arrangements for the electronic submission of assignments and feedback thereon.   | FMs<br>Prog<br>Leaders      |
| If appropriate, implement temporary arrangements for student progress and awards following interrupted assessment.  | DVC<br>DoR                  |
| Depending on time of year, implement arrangements for admissions, processing of applications, interviews and accepting students who may not have been able to sit formal exams.   | DoSRM<br>DoR                |
| Review and confirm timing of Open days and any alternatives arrangements deemed necessary.  | DoSRM                       |
| If necessary, implement procedures for non-contact enrolment/re-enrolment/induction.  | DoR<br>DoSRM                |
| If necessary, review and confirm arrangements for delaying the start of the academic year and/or second semester and implement.   | DVC<br>DoR                  |
| Check direct electronic student contact with research students in place and implement and monitor electronic means of delivery of research training.  | RKT<br>Supervisors          |
| Review flu pandemic status of establishments used for placements and implement options for alternatives as necessary.   | FMs                         |
| Review alternatives to placement learning. (ITT courses have mandatory lengths of placements), implement as required and monitor.   | Deans                       |
| Check with TDA that out handling of school placements is appropriate.   |                             |
| <b>SERVICE PROVISION</b>  |                             |
| <b>General</b><br>Where an external, third party supplier is required to provide part of the service (e.g. SITS, Trent etc), implement arrangements for ensuring dial-in facility is working and that they are delivering emergency back up and cover and check they are working. | DoR<br>HoMA<br>DoHR         |

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| Implement arrangements for making core IT systems accessible for remote access for key workers e.g. QLX, SITS, and Trent etc. and check they are working.   | DoIT        |
| If decided to use, implement arrangements for video conference and VOiP (Voice over Internet Protocol) to allow communication between key staff who are quarantined or otherwise home based. Distribute VOiP phones and implement via Skype. Check the systems are working.   | DoIT        |
| <b>Cleaning</b><br>Check have sufficient cleaning materials in case of supply disruption  | DoCCS       |
| <b>Catering</b><br>Check security of catering supplies, including any alternative arrangements put in place.  | CM          |
| Ensure hygiene standards are in excess of statutory requirements to prevent spread of virus.  | CM          |
| <b>Security</b><br>Check arrangements for PPE to prevent infection are working.   | USSO        |
| Check staff absence contingency plan is working.  | USSO        |
| Implement arrangements for contract night time security to release site stewards to enhance pastoral care during the day.   | USSO        |
| <b>Conferences</b><br>Cancel/postpone all conferences attending the University within 100 days in response to government advice. Continue to monitor the situation locally keeping clients apprised of the local situation until the end of the pandemic period.  | CFoHM       |
| <b>Reception</b><br>Check staffing arrangements to cover Reception when their staff are off sick.   | DoCCS       |
| <b>Heating and lighting</b><br>Ensure oil tanks will be kept supplied as necessary for the expected duration of the pandemic.   | DoE         |
| <b>Essential and breakdown maintenance</b><br>Check staffing arrangements to ensure cover are working.  | DoE         |
| <b>Payroll</b><br>Check Trent dial-in access via existing web-ex programme is able to run a 'standard' payroll in case of both payroll staff being absent. Update staff on possibility of monthly adjustments, casuals and overtime etc having to wait until following month.   | DoHR        |
| <b>Basingstoke</b><br>Check staff absence and ensure cover arrangements are working.  | MoCH        |
| <b>Student Services support</b>   |             |
| Implement the mechanism for providing financial support for students needed for students urgent and unplanned journeys home and other unforeseen expenses and check it is working.<br><br>Implement arrangements for the provision of electronic support e.g. chat rooms, email counselling, mentoring, welfare and study skills support and check they | HoMA<br>HoW |

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| are working.  |                   |
| If so decided, close front-line (non-health care) student support services to personal callers.   | DoSS              |
| <b>FINANCIAL ISSUES</b>   |                   |
| Ensure cover in place for key sales and purchase ledger functions in the event of staff illness.  | HoMA              |
| <b>STUDENT RESIDENCES</b>   |                   |
| <b>University Halls of Residence - General procedures:</b>  |                   |
| Check all housing staff, and any members of University likely to come into contact with student population are provided with the relevant PPE to prevent infection and spread of virus.   | USSO              |
| Check that all senior students, wardens and site stewards are looking out for symptoms of flu within the resident population.   | USSO              |
| Check alcohol hand wash in the entrances to all student accommodation are in place and being used.  | USSO              |
| Check that staffs are wearing suitable PPE when entering accommodation. Ensure that PPE is disposed of before leaving one area of residence and that new PPE equipment is utilised when entering another area to prevent spread of contamination.           | USSO              |
| Keep an accurate record of all infected students, their locations and date when symptoms first manifested.  | SHSM<br>HMR<br>UN |
| Update student services daily on record of student infections.  | SHSM              |
| Provide welfare visits to all ill students to ensure that they have sufficient supplies of food and water and medicine.   | SHSM<br>HMR       |
| Purchase basic supplies for students too ill to be able shop for themselves and without access to support from friends. May need to purchase these items for students unable to access bank accounts; items purchased to be charged to the student account. | SHSM<br>HMR       |
| <b>Managed Houses/ private housing:</b>   |                   |
| Notify all of the students in managed houses by e-mail, at start of pandemic, that they must contact the Housing department if they become ill from flu during the pandemic period.   | HSM               |
| Utilise portal to highlight to students in the private sector the importance of maintaining contact with the University in the event of a flu outbreak.   |                   |
| Keep accurate records of all infected students their locations and date when symptoms first manifested.   | SHSM              |
| Update student services daily on record of student infections.  | HSM               |
| Provide welfare visits to all ill students to ensure that they have sufficient supplies of food water and medicine.   | HSM               |
| Purchase basic supplies for students too ill to be able shop for themselves; may need to purchase these items for students unable to access bank accounts; items purchased to be charged to the student account   | HSM               |

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| <b>Special conditions:</b>  |  |
| The general guidelines above assume that the University will continue to operate in the outcome of a flu pandemic. A serious outbreak may result in the following conditions:-  |  |
| The University is closed for teaching due to concern over infection arising from lectures (mass gatherings). In this event the following may apply:   |  |
| a) Students will leave University accommodation and return to their home address. This will result in reduced numbers of students remaining on-site and in rented Winchester accommodation. These students are categorised as International Students, Students who have Winchester as permanent address, Students who are too ill to travel, and those who cannot return home due to a travel ban in their home area.   |  |
| b) Hampshire is classed as a highly infected area and resident students are prevented from travelling to other areas of lesser infection. This will result in large numbers of students remaining in Winchester accommodation.  |  |
| <p><i>Notes</i></p> <p>In (a) above the situation will be more manageable from a care point of view. However, the remaining students are likely to be few in number and will therefore feel more isolated. In (b) the strain on support services is going to be significantly higher due to number of students remaining on site. However, it is assumed that only 10% of the population is likely to be ill at any one time - this will leave a maximum of 90 infected students to look after at any one time. Staff shortages may increase the difficulties of managing services. However, it is envisaged that key services such as cleaning and night time security will be supplemented by agency staff.</p> |  |

## APPENDIX

Hampshire and Isle of Wight Health Protection Unit

Fusion 2

Parkway

Solent Business Park

Whiteley

PO15 7AB

Tel: 0845 055 2022

Fax: 01489 611722

Email: [hiowhpu@hpa.org.uk](mailto:hiowhpu@hpa.org.uk)

To contact a public health doctor in an emergency out of hours, in the evenings or during Bank Holidays, please call: 02380 777222

### **Planning for a human influenza pandemic –Guidance to HE Institutions**

[www.teachernet.gov.uk/humanflupandemic](http://www.teachernet.gov.uk/humanflupandemic)

**Infection control guidance for contractors or managers of cleaning and catering staff, good practice recommended by HSE: [www.hse.gov.uk/biosafety/pandemic.htm](http://www.hse.gov.uk/biosafety/pandemic.htm)**

### **World Health Organisation**

[http://www.who.int/topics/avian\\_influenza/en/](http://www.who.int/topics/avian_influenza/en/)

### **Department for Education and Skills**

<http://www.dfes.gov.uk/furthereducation/uploads/documents/PandemicGuidanceforFEcolleges.pdf>