Objectives

- The department will aim to continue to provide a diagnostic service for Salisbury NHS Foundation Trust, Clinicians and General Practitioners
- The Mortuary will continue to provide a body storage service for the Trust and H M Coroner during a flu pandemic

Introductory Points

- The Department of Cellular Pathology consists of the Histopathology Department, the Cytology Department and the Mortuary.
- There may be limited warning of a pandemic thereby reducing planning time
- Absenteeism may be extensive making it difficult to maintain staffing levels within the department
- An influenza pandemic may have several waves; therefore departmental planning must recognise both short term and long term strategies

PANDEMIC ALERT PERIOD

- The UK specific pandemic alert mechanism recognises 5 levels of alert:
  - Level 0 – No cases anywhere in the world
  - Level 1 – Cases only outside the UK
  - Level 2 – New virus isolated in the UK
  - Level 3 – Outbreak(s) in the UK
  - Level 4 – Widespread activities across the UK
- At confirmation of UK alert level 2, Lead Clinician will review departmental flu plan
- At confirmation of UK alert level 3, SFT will convene the Trust Flu Co-ordination team
- At UK alert level 3, Lead Clinician will ensure senior staff members (consultants, laboratory manager, mortuary manager and senior BMS) are familiar with Trust and departmental flu plans
- At UK alert level 3, Laboratory and Mortuary managers to ensure that some histopathology staff are trained in releasing bodies to Funeral Directors so that cover possible in event of mortuary staff absence
- Cascade of information to remainder of staff on declaration of UK alert level 4
COMMUNICATION
Communication will be managed via the following methods.

Internal to the service - communication to departmental staff
- Staff meetings
- Cascade brief
- Broadcasts
- Trust e-mail (use of tracking or voting settings to confirm receipt as required)
- Communications to staff members by Head of Service and the Laboratory Manager (Departmental management team)
- Written memo format

Internal within the Trust but external to the department
- Personal communication between directorate management team members
- Bleeps/pagers
- Trust e-mail (use of tracking or voting settings to confirm receipt as required)
- Cascade brief
- Agenda item at key meetings e.g. OWG, OMB, JBD, CMB
- Telephone / voicemail

External with key stakeholders (e.g. suppliers, PCT, other Trusts, etc)
- Via telephone, e-mail or on site meetings

Resource directory
- Current and accurate contact information for all staff members to be kept in the department
- Update intranet directory
- Update electronic telephone directory
- Current services database to be kept up to date with supplier
- All staff directories to be reviewed and updated every six months (dated and signed by Laboratory Manager as reviewed and updated)
- All contact directories to be kept in department shared drives

EQUIPMENT AND SUPPLIES
- At UK alert level 3 the Laboratory Manager will contact suppliers to request their contingency plans and to ensure continued supplies and services to SFT during a pandemic.
- Stock levels will be established and monitored on a weekly basis by the team manager of each section
- Orders will be placed as soon as possible by the Laboratory Manager
- All products will be stored on site in the appropriate store (departmental store, flammable store, non flammable store - acid store)
- The Mortuary Manager will contact suppliers of temporary mortuary facilities (Nutwell Logistics) to ensure delivery of temporary storage facilities can be achieved at short notice
- Mortuary Manager to ensure initial supply of FFP3 masks available for use within mortuary
INFECTION PREVENTION AND CONTROL

- At UK alert level 3, laboratory manager will ensure all staff members are familiar with the Infection Control Policies and Procedures on the Trust intranet
- Staff will be updated on any changes via the internal communication methods listed earlier
- All staff must follow the Infection Control Policies and Procedures

PANDEMIC PERIOD

During the pandemic period it is expected that the Department of Health will direct information. The SFT Flu co-ordination team will also provide information.

COMMUNICATION

Internal within the Trust
- See Trust communication plan

Communication to department staff
- See Pandemic Alert period section

External to the Trust
- See Trust communication plan

Maintenance of equipment and suppliers of consumables will be contacted using the following methods
- Email
- Fax
- Telephone

Resource Directory
See Pandemic Alert Period Section

FLU SURVEILLANCE

- All staff MUST self-screen before coming to work
- The onset of influenza is very sudden with fever (usually very high and lasting 3-4 days) and cough along with one or more of the following symptoms:
  - Headache (often severe)
  - Aches and pains (often severe)
  - Fatigue and weakness (often lasting 2-3 weeks)
  - Extreme weakness (at the start of the illness)
  - Stuffy nose, sneezing, sore throat
  - Nausea, vomiting and diarrhoea

- NB: other illnesses, including the common cold, can have similar symptoms to influenza
• All staff that develop flu like illness to remain home and contact their delegated departmental contact who is Christine White (Laboratory Manager) on ext 2251 and also contact Occupational Health (OH) on extension 2235 and follow the menu directions via the flu hot-line
• Staff members who become ill with flu like illness while at work are to contact OH on extension 2235 and follow the menu directions prior to leaving work

STAFF ABSENCE
• It is estimated that 25% of the workforce will be absent from work during a pandemic due to personal illness, illness of family members, breakdown of care for dependents, disruption of public transport services or bereavements, with an estimated duration of 5-8 working days
• SFT human resources department will provide guidance on management of staff who are unable to work due to breakdown of care for dependents, disruption of public transport, or for those who are unwilling to work due to fear of infection in the workplace

INFECTION PREVENTION AND CONTROL
• The DoH may well disseminate new Infection control prevention and control guidance. These will be disseminated via Infection Control Broadcast and the Trust communication plan

The Cellular Pathology Department will ensure that staff:
• Maintain infection control practices already in place for the Alert Period
• Information on new guidance and procedures are circulated to staff via methods outlined in the communication section

BUSINESS CONTINUITY
Prioritisation of Services - Essential / Non Essential
• **Essential** - The department will endeavour to provide a diagnostic service for all cancer related specimens and other specimens where there is urgent clinical need to enable management decisions to be made
• **Non essential** - Non cancer related specimens will be given secondary priority for reporting

• It is expected that there may be a reduction in elective/planned surgery leading to reduction in workload and income
• Lead Clinician to liaise with HM Coroner to ensure only necessary post mortems performed during a pandemic in view of infection risk

Human Resources
• During the Pandemic Period, HR will work jointly with the Pandemic Flu Coordination team (Command & Control) to mobilise redeployment plans
• The Laboratory Manager will be responsible for notifying the redeployment team of staffing needs
• The Redeployment centre will attempt to deploy additional staff with appropriate skills to cover gaps in order to maintain essential services
• It is possible that the histopathology department may need additional secretarial cover to ensure timely reporting of specimens
• It is possible that histopathology staff may need to cover the mortuary to ensure timely release of bodies from the mortuary to funeral directors to maintain body storage space
• In event of staff sickness, Lead Clinician to contact HM Coroner to arrange for post mortem cases to be sent to other trusts

EQUIPMENT AND SUPPLIES
• During the pandemic period, the Laboratory Manager will continue to closely monitor stock levels on a weekly basis with assistance from the team manager of each section
• Orders will be placed as soon as possible by the Laboratory Manager
• The Mortuary Manager will contact suppliers of temporary mortuary facilities (Nutwell Logistics) for delivery of temporary storage facilities if necessary
• Mortuary Manager or Lead Clinician to liaise with Trust Flu co-ordinating team to ensure continued supply of FFP3 masks available for use within mortuary
• Lead Clinician and Mortuary Manager to liaise with local Funeral Directors to ensure timely removal of bodies from SFT
• In event of very large number of deaths, Lead Clinician to liaise with PCT regarding emergency plan

END OF FIRST WAVE

REVIEW
A review must be made of all problems, gaps and issues experienced within each component of the plan during the Pandemic period.
• Based on the review and evaluation, changes to the plan must occur immediately to ensure they are not repeated in the second wave
• Issues requiring immediate attention must be documented in the Issue log format and brought to the attention of the Pandemic Flu Co-ordination team (Command and Control)

IC (20.5.09)