



ATOC
Association of Train Operating Companies



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Guidance Note - Contingency Planning Arrangements for a Flu Pandemic

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Synopsis

This document provides guidance on the planning for and implementation of contingency arrangements in the event of a flu pandemic.

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Part A

Issue record

This Guidance Note will be updated when necessary by distribution of a complete replacement.

Issue	Date	Comments
One	March 2006	Original document
Two	February 2008	Updated to take into account latest DoH guidance (published Autumn 2007)
Three	October 2013	Updated to take account of new national strategy (published November 2011), and revised WHO guidance (published June 2013) and reviewed by Public Health England

Responsibilities

Copies of this Guidance Note should be distributed by ATOC members and Network Rail to relevant persons within their respective organisations.

Explanatory note

This Guidance Note is for the information of ATOC members and Network Rail.

ATOC members and Network Rail are recommended to evaluate the guidance against their own arrangements in a structured and systematic way. Some parts of the guidance may not be appropriate to their operations. It is recommended that this process of evaluation and any subsequent decision to adopt (or not to adopt) elements of the guidance should be documented.

Guidance Note status

This document is not intended to create legally binding obligations for Network Rail or between Railway Undertakings and should be binding in honour only.

Supply

Copies of this Guidance Note may be obtained from the Operational Resilience Manager, ATOC and the Head of Security & Emergency Planning, Network Rail.

Copies of this Guidance Note may also be obtained from the ATOC members' web site.

Part B

1. Purpose

The purpose of this document is to provide the necessary guidance to enable Network Rail and Railway Undertakings to understand, plan for and implement individual and joint business contingency arrangements in the event of a flu, or other similar pandemic.

It highlights in particular those areas where the need for consistency of approach or response across the industry has been recognised as essential to the continued safe operation of the network, ensuring confidence on the part of staff and the public at large and avoidance of potential industrial relations problems.

2. Scope

This Guidance Note applies to all ATOC Members and to Network Rail.

3. Background

3.1 World Health Organisation advice

During 2005, the World Health Organisation (WHO) and other international organisations warned that an influenza (flu) pandemic was both 'inevitable' and may be 'imminent' and this continues to be the view several years on. WHO issued revised interim guidance in June 2013.

3.2 Advance notice

Guidance issued by the Department of Health (DoH) also recognises that global tourism and air travel can accelerate international spread and the short incubation period of influenza means that within a relatively short period of time a significant number of cases will appear across the globe - thus there is likely to be very little warning of a pandemic of flu.

3.3 Trigger for the UK rail industry response

The trigger for the initiation of UK rail industry response measures as included within this guidance is either

- the National Pandemic Flu Service being activated, or about to be activated; OR
- advice from a Category 1 responder (or LRF secretariat); OR
- the WHO advising that the Pandemic phase has been reached¹.

¹ Current advice from Public Health England is that the UK *national* response will not be dependent on the WHO – the UK will make its own assessment and could well make a declaration earlier than this. This has, however, been retained in this document as a possible trigger for the initialisation of the rail industry response.

4. Definitions

Epidemic

An outbreak of a disease which, although serious in terms of the number of people affected, is usually limited geography and much less severe in scale than a pandemic.

Pandemic / flu pandemic

A world-wide spread of a disease occurring in many countries and in most regions of the world. Examples are Spanish Flu 1918/19, Asian Flu 1957/58, Hong Kong Flu 1968/69 and H1N1 ('Swine Flu') in 2009. Specific characteristics and implications of a pandemic and how these differ from other risks to business continuity are detailed in Section 8.

A flu pandemic would most likely result from a newly emerged strain of flu to which most people have little or no immunity, meaning that illness rates are likely to be higher than would be the case for an epidemic caused by a seasonal strain. It would not be subject to seasonal constraints and could occur at any time of the year. It could also occur as one or more waves.

5. Definitive sources of information and advice

The basis for this Guidance Note and its content is information provided by the DoH and the UK Government Cabinet Office in respect of the likely characteristics, effects and implications of a flu pandemic. The DoH leads with regard to the health and healthcare response (including prevention and clinical medical countermeasures) and the Cabinet Office with regard to the associated societal response. (Note that the Government department websites were amalgamated into one www.gov.uk portal from 1 April 2013 and previous documents may have been moved to the National Archive.)

It is the expectation that the rail industry will continue to look to these two Departments as the definitive sources of all such information and advice.

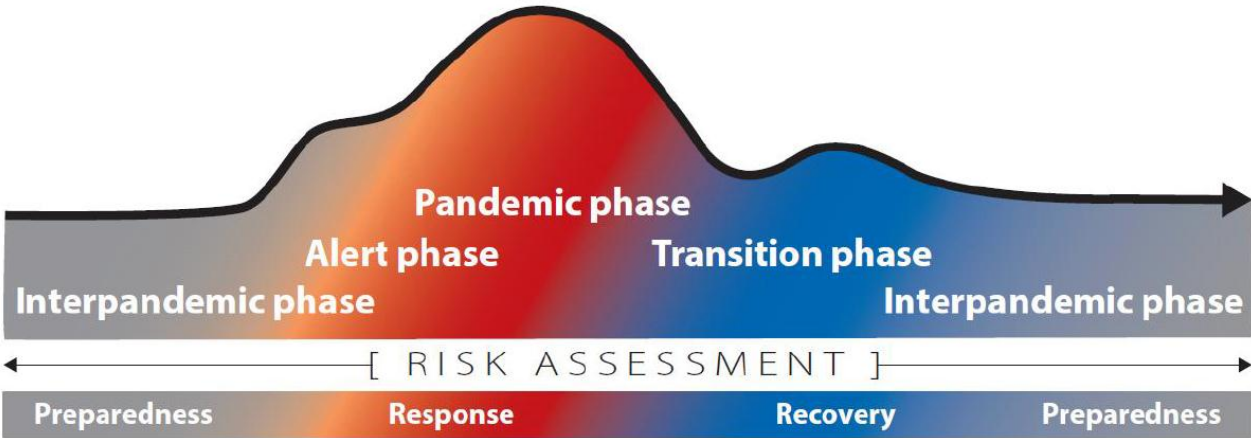
See also Section 19.

6. International and UK alert mechanisms

6.1 International - WHO phases

In respect of flu pandemics, the World Health Organisation (WHO) developed a global classification system of 'phases' based on the overall international situation. These have now been further refined to operate on a risk assessment basis, which considers where on the continuum of phases the international position is situated. These describe the progression of an influenza pandemic from the first emergence of a novel influenza virus through to wide international spread and are used internationally for planning purposes. They may be summarised as follows:

The continuum of pandemic phases



The continuum considers a global “average” of cases, over time, and is regularly reviewed. However, in the 2009 H1N1 pandemic, the UK, as one of the first affected countries, was well into its first wave of infection by the time the WHO declared the start of the pandemic (i.e. Alert phase). The use of WHO phases as a trigger for the different stages of local response as had previously been recommended in the UK, hence proved to be confusing and unhelpful. Therefore, following further review of the UK response, a more flexible approach has now been adopted.

6.2 UK specific alert mechanism

The UK Influenza Pandemic Preparedness Strategy was revised in 2011 following lessons learnt during the 2009 pandemic. In summary, there are 5 phases within 3 stages:-

Stage	Phase	UK National Trigger	UK National Action
Initial Response	Detection	<i>Either</i> declaration of WHO Alert phase <i>or</i> on the basis of reliable intelligence	<ul style="list-style-type: none"> • Intelligence gathering from affected countries. • Increased surveillance within UK. • Development of diagnostics specific to the new virus. • Information and communication to public and professionals.
	Assessment	Identification of the novel influenza virus in patients in the UK	<ul style="list-style-type: none"> • Collection and analysis of detailed clinical and epidemiological information on early cases, on which to base early estimates of impact and severity in the UK. • Reducing risk of transmission / infection by actively finding cases, self-isolation, treatment of cases / suspected cases and selective use of antiviral prophylaxis for close / vulnerable contacts.

Treatment - preparing to escalate	Treatment	Evidence of sustained community transmission of the virus, i.e. cases not linked to any known or previously identified cases.	<ul style="list-style-type: none"> • Treatment of individual cases and population treatment via the National Pandemic Flu Service (NPFS – an online and telephony self assessment service that would be activated). • Enhancement of the health response to deal with increasing numbers of cases. • Consider enhancing public health measures to disrupt local transmission of the virus, such as local school closures. • Depending upon the development of the pandemic, to prepare for targeted vaccinations as the vaccine becomes available. • Maintain detailed surveillance activity.
	Escalation	Demands for services start to exceed the available capacity	<ul style="list-style-type: none"> • Escalation of surge management arrangements in health and other sectors. • Prioritisation and triage of service delivery with aim to maintain essential services. • Resilience measures, encompassing robust contingency plans. • Consideration of de-escalation of response if the situation is judged to have improved sufficiently.
Restoration to “normality”	Recovery	Influenza activity is either significantly reduced compared to the peak or when the activity is considered to be within acceptable parameters.	<ul style="list-style-type: none"> • Normalisation of services, perhaps to a new definition of what constitutes ‘normal’. • Restoration of business as usual services (including an element of ‘catch-up’). • Post-incident review of response and sharing of lessons learnt. • Taking steps to address staff exhaustion. • Planning and preparation for a resurgence of influenza, including activities carried out in the Detection phase. • Continuing to consider targeted vaccination, when available. • Preparing for post-pandemic seasonal influenza.

Source: <https://www.gov.uk/government/publications/responding-to-a-uk-flu-pandemic>

The phases are not numbered as they are not linear, may not follow in strict order, and it is possible to move back and forth or jump phases. It should also be recognised that there may not be a clear delineation between phases, particularly when considering regional variation and comparisons.

The Detection and Assessment stages together form the initial response. This may be relatively short and the phases may be combined depending on the speed with which the virus spreads, or the severity with which individuals and communities are affected. It is recognised that it would not be possible to halt the spread of a new pandemic influenza virus and hence it would be a waste of public health resources and capacity to attempt to do so.

As soon as this initial response stage has been reached Network Rail and Railway Undertakings should be aware of the imminent possibility of a severe outbreak and be preparing to initiate their Pandemic Flu Plans – see Sections 12 and 13.2.

The Treatment and Escalation phases together form the Treatment phase of the pandemic. Whilst escalation measures may not be needed in mild pandemics, it is recognised that it would be prudent to prepare for the Escalation phase at an early stage of the Treatment phase, if not before.

As soon as this Treatment phase is reached – essentially preparation for the Escalation phase - Network Rail and Railway Undertakings should be aware of the imminent possibility of a severe impact, start to initiate their respective Pandemic Flu and Business Continuity Plans and prepare to proactively implement the appropriate activities contained within them - see Section 13 and onwards.

7. Government position

7.1 UK assessment of risk posed by pandemic flu

Pandemic influenza continues to be identified as the most significant civil emergency risk in the UK (National Risk Register of Civil Emergencies, 2012 edition).

7.2 Strategic objectives

In planning and preparing for an influenza pandemic, the Government has set out a number of strategic objectives. Those of particular relevance to the rail industry are:

- support the continuity of essential services and protect critical national infrastructure as far as possible;
- support the continuation of everyday activities – both social and economic – for as long and as far as practicable; and
- promote a return to normality and the restoration of disrupted services at the earliest opportunity.

7.3 UK response

The UK will therefore continue to adopt a ‘defence in depth’ strategy to minimise the spread and to treat individual clinical cases of pandemic influenza. This approach will protect the public by:

- detecting and assessing the impact of the virus and identifying (and quantifying) the groups most at risk of severe illness, hospitalisation, admission to Intensive Care Unit / Paediatric Intensive Care Unit, and death;
- reducing the risk of transmission and infection with the virus as far as possible, supported by good hygiene advice, appropriate behavioural interventions, and provision of personal protective equipment for front-line health and social care staff;

- minimising serious illness and deaths, supported by rapid access to antiviral medicines, antibiotics and healthcare;
- protecting the public through preventing the disease when possible and appropriate, through vaccination; and
- promoting work during the inter-pandemic period to develop the capacity and resilience of the UK.

During a pandemic, the Government will need to make final decisions and issue advice on the application of specific measures in the light of emerging scientific evidence and data. In doing so, the ethical framework and in particular the principles of precaution (which assist in ensuring that harm is minimised), proportionality and flexibility will apply throughout. No additional restrictions, such as constraints on public events, will be placed on the public unless it is absolutely necessary to protect public health in general and then only for so long as it is appropriate.

8. Characteristics and implications of a pandemic

8.1 Adequacy of business continuity plans

It is recognised that Network Rail and Railway Undertakings will already generally have Business Continuity Plans (BCPs) in place. However, with the exception of industrial disputes, risks considered historically are likely to be hardware / infrastructure related. A pandemic has unique characteristics when compared to these sorts of risk (as indicated in Sections 8.2 to 8.4), with the impact being primarily on staff availability. As well as addressing cover arrangements for absent staff, the response to pandemic flu also needs to consider what measures are needed to reduce the risk of infection and to limit its spread.

8.2 Scale of impact

The impact of a pandemic would be at a global level with most regions of the world likely to be affected and with the effects being quickly felt across the country. This means that not only would all areas of operations - both functionally and geographically - be affected but also that there may be little assistance available, whether from other areas within Network Rail, other Railway Undertakings or indeed from other agencies more generally (including subcontractors).

8.3 Nature of impact

For the most part, the sorts of risks historically considered in BCPs do not have an ability to spread their impact and hence do not need to be contained. An example would be loss of a single utility or facility rather than small or local failures at multiple points. Conversely, the response to pandemic flu needs to consider what measures are needed to reduce the risk of infection on the part of staff and to limit, as far as possible, the spread of its effects.

8.4 Duration

A pandemic will not be a single, short, sharp event leading immediately to commencement of a Recovery phase. Many BCPs assume that the events being responded to are short / sharp, local events and that recovery can start immediately. In addition, it needs to be recognised that a pandemic would escalate rapidly, may have two or more waves, each of which may last around 15 weeks, and the first of which may not necessarily be the most severe.

8.5 Vaccination and antivirals

While vaccination offers the best form of protection against flu, having a vaccine that could be used at the start of a pandemic is not currently possible. This is because the vaccine has to be specific to the strain of influenza for which protection is needed and there is no way of knowing or anticipating the strain that could cause the next pandemic. In the event that a pandemic occurs, it will be three to four months before vaccine becomes available and even then supplies will be limited.

Influenza antivirals (oseltamivir and zanamivir) currently offer the only treatment option for those who develop influenza during a pandemic. They are expected to reduce both the length of symptoms and their severity. However, they need to be taken within two days of the onset of symptoms to be most effective. The UK currently maintains a stockpile of antivirals sufficient to treat 50% of the population. The antivirals are not intended as a preventative measure, as protection only lasts while the antiviral continues to be taken. They have a shelf life of up to 7 years if stored properly.

8.6 Unpredictability

It should be remembered that it is impossible to predict the effects of a pandemic (as far as the severity and extent of human infection is concerned) in other than broad terms until such time as the virus concerned has mutated into a stabilised state. As such, response plans should be designed to be flexible so as to be able to be easily amended to reflect additional information as this becomes available.

9. 2009 H1N1 pandemic – lessons for future planning

The emergence of the H1N1 strain and associated pandemic in 2009 demonstrated the unpredictability of such events. Most of those affected experienced relatively mild illness. The recorded level of illness from influenza in the community in 2009 was below that experienced in the 1999/2000 influenza season – the most recent severe influenza season - and day-to-day life for most people continued largely unaffected.

Nonetheless, some younger adults and children, particularly those with underlying health conditions, and some women who were pregnant, experienced severe or even fatal illness and NHS primary and critical care services came under pressure.

Furthermore, the virus re-emerged in the 2010/11 winter season again causing widespread illness.

There are no grounds for complacency and any presumption that the relatively mild 2009 H1N1 influenza pandemic is representative of future pandemics is dangerous.

Importantly, the 2009 H1N1 pandemic does not change the risk of another – and potentially far more serious - pandemic emerging (such as H5N1 or H7N9 avian flu).

Nonetheless, this pandemic provided an important test of pandemic preparedness plans and important lessons have been identified:

- **Uncertainty:** there will be little or no information at the outset of a new pandemic about the severity of the illness, requiring accurate and detailed surveillance data, including numbers affected, hospital and critical care admissions, to be gathered as an early priority.
- **Speed:** in local areas, the number of cases and demand for services can be expected to develop with great pace, requiring an agile yet co-ordinated response.
- **Local hotspots:** the demands of the pandemic are unlikely to be uniform, but different areas will be under pressure at different times (and some not at all), requiring flexibility of approach, as well as planning for easy access to antiviral medicines.
- **Profile:** the media and public and professional appetite for information is likely to be intense at times, requiring frequent, consistent and co-ordinated communications.
- **Duration:** a pandemic wave can be expected to continue for many weeks, requiring robust arrangements to support individuals involved in the response. In time, further waves may also occur.
- **Cross-sector:** whilst the health sector will be under particular pressure, the response will span different sectors and organisations, requiring close working and mutual support.
- **Wider applicability:** the response to the H1N1 (2009) influenza pandemic built on, and enhanced, the response to more routine pressures such as those arising from severe weather.

10. Communication and co-ordination

10.1 Communication of changes to WHO phases and UK response

The UK will decide, based on epidemiological intelligence and information from WHO, when to declare that a pandemic has started or is considered imminent.

The DoH will in turn 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. Public Health England publishes weekly National Influenza Reports via its website (http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1287147913271) and this will be used to update figures and information on the progress of a pandemic.

The DoH will also notify responders of the relevant UK status, informed by surveillance information from Public Health England. It is likely that local resilience forums will communicate preparedness to Category 2 responders, which include Network Rail and Railway Undertakings, in advance of the UK “Treatment” phase being reached.

10.2 Rail industry preparation and planning period, i.e. WHO Alert phase or UK Assessment phase, or information received through LRFs

ATOC and Network Rail will be responsible for facilitating national rail co-ordination of arrangements that will include:

- high level communication with governmental departments responsible for health protection / national flu pandemic planning;
- joint consultation with key interfacing transport providers (such as London Underground); and
- dissemination of key information.

10.3 Rail industry response stage, i.e. WHO Pandemic phase reached OR the National Pandemic Flu Service has been activated, or is about to be activated, OR following advice from Category 1 emergency response contacts

In addition to maintaining the measures detailed in Section 10.2, Network Rail will organise and lead regular cross rail industry telephone conferences to monitor the national position, discuss and determine joint requirements.

10.4 Nominated point of contact

Network Rail and each Railway Undertaking should appoint a nominated lead contact for all issues relating to pandemic flu (along with appropriate back up arrangements). The nominated contact will be responsible for:

- ensuring appropriate participation in relevant meetings, conference calls, etc.;
- receiving communication from ATOC and Network Rail in relation to flu pandemic issues; and
- co-ordination of flu pandemic contingency planning and associated arrangements within their organisation.

11. Preparedness

This section provides guidance and advice on what measure should be considered by Network Rail and Railway Undertakings as part of the advanced planning for a possible flu pandemic.

11.1 Employer responsibilities under COSHH

Employers have clear health and safety responsibilities under COSHH (Control of Substances Hazardous to Health) to protect workers who come into contact with infectious micro-organisms as a direct consequence of their work. COSHH does not however apply where employees are exposed to a disease which is in general circulation and which may happen to be present in the workplace as well.

It is therefore recommended that risk analysis be undertaken to identify in advance any groups of staff who may reasonably be considered to be at greater risk of contracting pandemic influenza as a result of their duties than is the case for the population at large. In such cases, employers have a legal duty to put in place preventative measures and / or controls to protect such workers.

It should also be noted that other legislative requirements will continue to apply, such as ensuring staff are competent to cover duties, compliance with the working time directive and requirements for lone working, and these must be taken into account if redeploying staff to cover absenteeism.

11.2 Pre-emptive measures

Specific control / response measures identified in Section 12 of this Guidance will require planning well in advance of a flu pandemic. These include in particular:

- The ordering and stockpiling of additional supplies necessary to maintain personal hygiene at work, such as soap, towels, face / hand wipes, disinfectant and other approved chemicals to ensure the cleanliness of washing and toilet facilities. It should be noted that once a UK pandemic is viewed as probable by the population at large, such materials are likely to be in short supply as a result of panic buying on the part of the public.
- Ensuring that wherever possible items can be sourced from more than a single supplier.
- The ordering of other additional supplies and components critical to business and operational continuity whose provision may be affected by the effects of a flu pandemic on the approved supply chain, noting that this will have implications for capital expenditure and cash flow.
- Advance preparation and / or provision of hygiene and health information and advice to employees, including liaison with Health & Safety / Trade Union representatives on control measures and response arrangements.

- Arrangements for cleaning / disinfecting of shared items such as phones, computer terminals and desks.
- Identifying key roles and defining processes and procedures to be applied in the event of a pandemic. Appendix A provides guidance in respect of specific HR related considerations.

11.3 Consultation and consistency of approach

It is essential that the national rail industry consults and reaches agreement on a standard approach for identifying the risks arising from a flu pandemic and applying consistent control measures in order to maintain pre-determined levels of continuity.

12. Assessing the risk

12.1 Identifying risk to business operations

During the rail industry preparation and planning period, i.e. the UK Assessment phase has been activated, Network Rail and each Railway Undertaking should assess the risk from the effects of a flu pandemic to their business operations and identify appropriate control measures by applying the guidance shown in Section 13.

Risk assessments should be reviewed periodically, particularly in the light of any new or revised advice concerning the likelihood and nature of any potential pandemic issued by the Department of Health.

To the extent possible, risk assessments should be reviewed on a dynamic basis during the course of any actual pandemic.

12.2 Staff absenteeism

Network Rail and each Railway Undertaking should specifically assess the impact of high absenteeism amongst employees undertaking core activities, which should include the following:

- safety critical work (such as train driving, train working, rolling stock maintenance, train dispatch, shunting, signalling, control room operation and track maintenance);
- essential business or administrative tasks (such as financial, information technology and payroll activities); and
- work activities that may have a significant impact on safety and / or operational performance (such as other Control, train planning and rostering).

12.3 Suggested absenteeism levels to be considered

It is recommended that assessments of risk and the determination of subsequent control measures should consider the following levels of total absenteeism:

- 20% both overall, and in core specific areas / locations
- 35% both overall, and in core specific areas / locations

This document assumes that absenteeism levels below 20% will not significantly affect business operations and normal working will continue (albeit with minor day to day alterations). However, it is recognised that there may be exceptions to this and Network Rail and Railway Undertakings should hence consider whether additional triggers, at lower absenteeism levels, are needed in respect of some or all of their own business activities.

The following should be noted:

- Absenteeism levels will reflect not only those directly infected but also those caring for sick relatives or dependants or who are obliged to take time off to look after children in the event of school closures². The strain placed on the health services by a flu pandemic would clearly severely compromise its ability to respond to other illnesses and injuries, hence non flu-related sickness levels may also increase or be extended. There may also be those who are unwilling / unable to attend work.
- Absenteeism levels may not be consistent across the company:
 - flu itself may be more prevalent in certain age groups (with experience from previous flu pandemics indicating that it will not necessarily be the youngest and / or oldest who are most affected);
 - certain grades of staff may include a higher percentage of employees with children of school age;
 - previous experience suggests that infection rates may be high in certain circumstances, e.g. within an individual office; and
 - there may be a geographical element and waves of infection will peak at different times in different locations.

12.4 Identifying third party risk

Network Rail and each Railway Undertaking should also consider the effect of a flu pandemic on the capability of approved suppliers to ensure continuity of critical goods and services, and the risk associated with shortages.

This will include services provided by the infrastructure controller, which will be addressed by joint consultation and co-ordination as prescribed in Section 10.

² Current Government advice to schools is for them to plan for both continuing to operate and for closure, with the final decision being taken by Government on the basis of an assessment of the emerging characteristics and impact as the pandemic develops. Advised closures would most likely be for an initial period of 2 -3 weeks after which the position would be reviewed. Irrespective of whether Government advice to close is issued, it is inevitable that some school closures would take place as a response to staff shortages or other local factors. A simulation exercise in the UK indicated 16% absentee rate should be expected as a result of school closures.

12.5 Financial impact

Though outside the ability of the rail industry to influence, a flu pandemic is likely to have a major impact on the level of travel as a whole, and use of public transport in particular. A significant fall off in passenger numbers would hence be inevitable, irrespective of whether or not specific Government advice against travel is issued³. This will clearly have a major impact on Railway Undertaking revenue and should be highlighted as such to senior Railway Undertaking and Owing Group management. It should be noted that the effect on revenue is likely to persist considerably longer than the pandemic itself, starting with people choosing to avoid non-essential journeys when the public perception is that a pandemic in the UK is likely and continuing until the crisis is deemed to have fully passed.

13. Preventative control measures

13.1 Communication

The Department of Health will be responsible for communicating the Flu Pandemic Alert Level and providing expert information and advice on minimising the potential for infection. Such information will be disseminated throughout the national rail industry by ATOC / Network Rail in accordance with the consultation and co-ordination arrangements prescribed in Section 10.3.

DoH advice is likely to include the promotion of specific personal hygiene measures such as regular and thorough washing of hands and advice to stay at home if someone is ill or thinks they may be ill.

13.2 Prevention

Influenza is primarily transmitted from person to person through close contact (i.e. within one metre). Network Rail and Railway Undertakings should accordingly consider what measures can be taken to reduce the amount of close personal contact.

These might include:

- suspension of non critical business activities;
- permitting / instructing staff to work from at home;
- cancellation of non essential meetings;
- increased use of telephone conference facility;
- suspension of recruitment and training activities; and
- suspension of specific non-essential and / or non-time sensitive business activities.

³ The Government has indicated that any restrictions are likely to be advisory only, with the message that non-essential travel should be minimised as a personal precautionary measure but that public transport should continue to be used for essential journeys, with the adoption of good personal hygiene measures and staggering of journeys where possible.

It should be noted that medical advice (at the date of publication of this Guidance Note) is that the widespread wearing of face masks or respirators by the general public during a pandemic is unlikely to be effective in preventing people from becoming infected with the virus. Use of masks by those who are at a specific occupational risk from close or frequent contact with symptomatic patients does offer protection and should therefore be considered as a possible control measure for any groups of staff identified as being in this category (see Section 11.1).

It should also be noted that air conditioning systems may assist in preventing infection as long as such systems are maintained in good working order.

13.3 Staff exhibiting symptoms prior to reporting for duty

Staff should be made fully aware of the symptoms associated with pandemic flu and particular how these may be differentiated from those associated with a common cold. Staff showing symptoms associated with flu should be instructed not to report for work.

13.4 Staff exhibiting symptoms whilst at work

As flu typically has an incubation period of one to three days, it is inevitable that some staff will start to exhibit flu symptoms when at work. Symptoms associated with pandemic flu are identical to those typical of non-pandemic varieties. In cases where a person feels ill, or if someone observes that another person is exhibiting symptoms of influenza at work, the person concerned should be told to go home and follow DoH advice.

14. Mitigating control measures

Possible mitigation measures will typically comprise a combination of staged train service contingency plans, redeployment of staff to key activities and locations and derogations from certain requirements (particularly those based on a periodicity).

It should be remembered that neither antivirals nor vaccination should be regarded as effective control measures (see Section 8.5).

14.1 Monitoring the effects of a flu pandemic

In order that mitigation measures can be employed effectively, Network Rail and each Railway Undertaking should have a process in place to monitor the numbers of staff affected by the flu pandemic on a day-to-day basis in order to identify the trigger levels for contingency plans.

This information should also be shared on a national basis during the joint telephone conference arrangements documented in Section 10.3.

14.2 Contingency train service plans

Network Rail and each Railway Undertaking should identify the level of train service they are able to deliver in relation to the level of absenteeism documented in Section 12.3.

It should also be recognised that a flu pandemic is likely to have a significant impact on the number of passengers travelling, which may also influence the level of train service to be provided.

It must be remembered that consultation should be undertaken with interfacing Railway Undertakings and with Network Rail to ensure that reduced levels of train service are properly co-ordinated.

Where appropriate, consideration should also be given to utilising staff from other grades with the appropriate competencies to supplement traincrew and associated resources (such as shunting) where a specific need has been identified (though see Section 12.1).

14.3 Station management

Network Rail and each Railway Undertaking should consider the following contingency arrangements to ensure continued staffing of key stations, taking into account the special requirements for subsurface stations. There should be a specific focus on those stations which have been identified as mandatory train dispatch locations:

- operation of stations which are normally staffed as unstaffed stations;
- prioritising of stations that require staff presence and at which times; and
- utilising available staff from other grades with the appropriate competencies to provide a staff presence at key stations to undertake core activities (including train dispatch and shunting) during peak times (though see Section 12.1).

14.4 Rolling stock maintenance and fleet management

Each Railway Undertaking should consider the following contingency arrangements in respect of rolling stock maintenance activities:

- modification of fleet maintenance / servicing schedules;
- operating train services “short formed” to minimise accumulated miles and also release stock for day time maintenance;
- derogation / extension in duration between time based examinations being agreed in principle between Railway Undertakings and ROSCOs;
- availability and authority of professionally competent persons to make risk assessed decisions on the above;
- mutual support between depots that have available staff in relation to train maintenance;
- ordering and stockpiling of key components the supply of which might be compromised (especially brake pads and blocks);

- management of diesel fuel stocks; and
- coverage of train operating activities at depots (e.g. shunters).

14.5 Signalling and electric traction control

Network Rail should assess the impact of high absenteeism amongst signallers and electrical control room operators. Mitigation measures could include prioritisation of resources to key routes and restricted hours of operation. Such measures should be co-ordinated with relevant Railway Undertakings.

14.6 Safety critical work competency assessments / medicals

Network Rail and each Railway Undertaking should determine the implication on competency management systems, including medical requirements, and consider the following:

- any necessary derogation / extension being agreed in principle with the ORR;
- reduced competence assessment being undertaken, again agreed in principle as above;
- identification of all competence assessors and the groups of staff that they could be used to assess;
- derogation to utilise non-certificated staff to conduct competence assessment; and
- deferment of periodic medical assessments.

14.7 Business administration

Network Rail and each Railway Undertaking should also consider contingency arrangements to ensure the continuity of essential business or administrative activities, which may include the following:

- maintenance of paybill / salaries;
- sickness / absence management processes where workload will be increased or where attendance management procedures may require to be suspended;
- staff requiring to take time off to care for dependants;
- increased demands upon staff who are at work during a pandemic;
- increased demands upon the Care and Support System; and
- critical IT support.

15. HR policy

The nature and extent of pandemic flu is likely to render many of the usual HR arrangements, particularly those pertaining to absence, either impractical or inappropriate. Appendix A provides specific guidance relating to HR policy considerations.

16. Regulatory issues

It is recognised that the effects of a flu pandemic may compromise compliance with regulatory requirements such as:

- franchise commitments;
- performance regimes;
- Safety Certificates / Authorisations;
- Railway Group Standards; and
- security checks required by DfT Land Transport Security Division.

The assessment of risk and subsequent contingency arrangements must take into account the mandatory requirements of the above, with appropriate representation made to the regulatory body concerned where specific derogation or relaxation may be required on a temporary basis.

17. Recovery

17.1 Speed of recovery

Given the wide ranging impact any pandemic would have on the UK as a whole and the resultant ongoing demands, backlogs, staff and organisational fatigue and likely continuing supply difficulties, a gradual return to normality should be anticipated. Recovery plans should recognise the potential need to prioritise the restoration of normal services and to phase the return to normality in a managed and sustainable way.

It should be noted that health and social services in particular are likely to experience persistent secondary effects for some time. The net effect of this, together with the increased pressure under which staff have been working during the pandemic, is that absenteeism levels due to non-pandemic sickness and length of sickness related absenteeism are both likely to be higher than pre-pandemic levels for some considerable time.

17.2 Second and subsequent waves

Historical evidence suggests that pandemic flu may take the form of two or more successive waves which may occur weeks or months after the first and that the initial wave is not necessarily the most severe. In recovering from an individual wave – and in particular from an initial wave – the planning assumption must therefore be that a further wave is possible. An assessment of the impact of the first wave should therefore be undertaken as a priority so that plans can be updated and adjusted so as to be better prepared for any subsequent waves.

17.3 Acquired Immunity

In planning for second or subsequent waves, it may reasonably be assumed that any members of staff who contracted flu during the first wave and subsequently recovered will be immune to attack during any in subsequent waves of the same strain. However, it will be impossible to definitively identify such individuals unless they have been tested and shown to have been infected by the strain responsible for the pandemic.

18. Process for review

This document will be reviewed on an as required basis and specifically in the light of significant revised or new information issued by the Department of Health and / or Cabinet Office.

19. Further guidance and useful links

Given the large number and frequent updating of sources of information and guidance documents relating to pandemic flu, no attempt is made here to list these individually.

Instead, attention is drawn to <https://www.gov.uk/pandemic-flu>. This provides a very useful overview together with up to date links to a wide range of other relevant material, including international, national, regional and local planning assumptions and business and workplace specific guidance.

WHO published new, interim guidance in June 2013 which may be downloaded from:
http://www.who.int/influenza/preparedness/pandemic/GIP_PandemicInfluenzaRiskManagementInterimGuidance_Jun2013.pdf

APPENDIX

PLANNING FOR A PANDEMIC – HR ISSUES

A. Introduction

This Appendix focuses on the major HR issues that will be raised when a pandemic arrives.

As noted in Section 12.3, a pandemic is not only likely to significantly reduce the available workforce through illness, it is likely to have a major impact through external events such as school closures and through people's fear of becoming infected by others. This may require employers to vary their policies in the short term. This Appendix suggests some principles on which those variations can be based. Network Rail and Railway Undertakings are encouraged to adopt a generally common approach given that many of the problems to be faced will be similar.

B. Overview

A pandemic is likely to significantly reduce the workforce available to Network Rail and Railway Undertakings such that maintaining the full timetable is unlikely to be possible. On the other hand, the extent of infection allied with people's fear of becoming infected, the impact of e.g. school closures and the probable advice from Government on reducing non-essential travel is likely to significantly reduce the demand for travel.

Amongst the challenges that employers will face are:-

- staff shortages creating the need to maximise productivity of those available;
- financial pressure – the need to balance reasonable behaviour with minimising sick pay costs; and
- employee expectations of support, sympathy and a consistent approach.

Bearing these challenges in mind, it is suggested that the following two key principles should be applied:-

1. Government advice and guidance will be followed wherever that is available.
2. The trust and confidence of employees should be maintained by:-
 - providing reasons for actions and changes to policies;
 - providing leadership; and
 - providing regular communication updates.

C. Responsibilities

Both the company and the employee have responsibilities in coping with a pandemic. The company's responsibilities focus on safety and support:-

- Safety
 - Providing a safe workplace with (some new) rules re:-
 - health reporting;
 - office and personal hygiene;
 - use of protective equipment;
 - working hours; and
 - person to person contact.
- Support
 - time off for domestic emergencies;
 - dealing with flexible working requests;
 - support for staff experiencing high stress levels; and
 - compassionate leave.

The employee's responsibilities are:-

1. to observe their normal contractual terms and conditions of employment whenever possible if and when unusual or difficult circumstances arise; and
2. to respect themselves and their colleagues by following the government guidance on personal hygiene.

D. Absence, payment and travel to work

This is the area where a pandemic will have the most impact on HR policies. Any fear, stress and social upheaval resulting from a pandemic will need to be handled sensitively while, at the same time, business continuity and cost control is maintained. It is suggested that, as far as possible, the normal policies are applied such that, in principle:-

- enforced absence – including the impact of school closures and a genuine inability to get to work – is treated under the normal rules for sick leave or compassionate leave; and
- absence based on personal choice is treated, in principle, as absence without leave, but with a flexible approach to the use of leave entitlements.

However, given the very unusual circumstances of a pandemic, it is suggested that:-

- a more relaxed approach is taken to the possibilities of flexible working (see Section I below);
- a special approach is applied to working from home arrangements (see Section J below); and

- there is a case for not using normal disciplinary rules for absence problems unless the behaviour is clearly unreasonable or unrelated to the pandemic.

Any new or amended policies should only be activated once the UK rail industry response has been triggered as described in Section 3.3 and should cease after the end of each wave has been declared.

The volume of sickness combined with the impact of that on managers' and HR functions' ability to deal with absence issues means that many normal processes may not be applied. The best means of reporting absence, to avoid infection of others, will be via telephone and / or e-mail and employees should be required to do that and within normal timescales for notifying absence. Managers and any OH service providers should also be asked to communicate by telephone and / or e-mail (there may be merit in updating staff home telephone and e-mail contact details).

It is recommended that Network Rail and Railway Undertakings consider setting up a special back-up reporting system to ensure that contact is not lost when managers themselves are absent. This could comprise a central, permanently staffed telephone number and e-mail address that is widely advertised as the mandatory means of contact when other attempts fail.

In many circumstances it appears to be unlikely that a visit to or by a GP will take place. No reliance can therefore be placed on the presence or absence of a GP certificate. Current NHS plans are to establish a telephone assessment service which will conduct an initial telephone sift of callers, record details and arrange, where appropriate, for anti-viral drug provision. Self-certification will continue but it will normally be after a return to work. Therefore, when an employee reports sick by telephone or email it is recommended that they be asked if the NHS service has been contacted and with what result. If the NHS has not been contacted ask that it should be as this is likely to be the only way to get help through anti-viral drugs.

It is possible that ordinary, i.e. non-pandemic flu will also be around and, in theory, it should be treated as normal. However, the symptoms of pandemic flu are expected to be the same, albeit more severe, and it is likely to be extremely difficult to distinguish between the types without a medical opinion. It is suggested that no attempt be made to do so.

Following a report of sickness, it is suggested that a follow up contact is made one week later (the UK plan assumes that up to 50% of the UK workforce will take up to 10 consecutive days to recover) to get an estimated return to work date.

E. Protective equipment

The current advice from the DoH indicates that general face masks are of no use for the general public. Respirators with a high filtering capacity can be useful in circumstances of close contact with an infected person. However, training is required on how these respirators are to be used and removed correctly to eliminate contamination, they are uncomfortable to wear and tolerate and so are only used for short periods of time and need special disposal arrangements. As such, they should not be regarded as viable for rail industry staff.

The most effective protection is to ensure adherence to the DoH guidance on personal hygiene standards and it very important that this message is emphasised and regularly repeated in employee communications.

F. Personal hygiene

Government advice is:-

“The virus is spread through the air when people cough or sneeze. There are some basic measures that you can take to reduce the risk of infection. Face masks will have little place in preventing the spread of the virus but you can:

- *cover your mouth and nose when coughing or sneezing, using a tissue whenever possible;*
- *dispose of dirty tissues promptly and carefully – bag and bin them;*
- *avoid non-essential travel and large crowds of people whenever possible;*
- *maintain good basic hygiene, for example washing your hands frequently with soap and water to reduce the spread of the virus from your hands to your face, or to other people; and*
- *clean hard surfaces (e.g. kitchen worktops, door handles) frequently, using a normal cleaning product.”*

In order that good personal hygiene can be maintained, Network Rail and Railway Undertakings need to:-

- provide sufficient and accessible means for reducing spread of infection (e.g. provision of hand washing facilities or hand-hygiene products);
- consider additional measures to reduce the risk of infection, such as more frequent cleaning of premises, and ensure that resources to achieve these will be available;
- consider whether enhanced communications and information technology infrastructures are needed to support employees working from home, teleconferencing instead of face to face meetings and remote customer access; and
- consider policy on access to medical treatment for UK staff working overseas, and whether any specific arrangements need to be put in place, and more generally develop policies, based on duty of care, on managing overseas staff taking into account possible reduced access to consular services.

Although the official advice above on disposal of dirty tissues is to “bag and bin” them, this is likely to be difficult in a non healthcare environment (provision of bags, how they are handled etc). It is suggested, as a more pragmatic alternative, that the provision of pedal bins is considered.

G. Vulnerable groups

Employees will have a natural fear of infection. That fear, and the risk of a more serious reaction to infection, may be heightened for some groups of people. Employers have a duty of care to their employees and must seek to minimise risks, especially to the more vulnerable groups.

There are three types of potentially more vulnerable groups:-

1. those with pre-existing medical conditions which could increase the severity of pandemic flu;
2. people in high risk roles; and
3. groups identified nationally during the pandemic as being more at risk.

Group 1 employees will include those who are pregnant or those with pre-existing medical conditions which medical advice suggests would make the impact of pandemic flu on them more severe.

Group 2 will include those who, whilst not especially susceptible to a severe reaction because of a health condition, are required to do work involving significant contact with others. Such contact, for example with the travelling public, will potentially be in an uncontrolled environment where it is difficult to manage the behaviour of those contacts and where the risk of infection will be increased as a result.

Group 3 cannot, by definition be identified in advance and there is currently no indication that certain age groups will be at any greater risk of infection.

Network Rail and Railway Undertakings should seek to identify those employees who are likely to be in Groups 1 or 2. For Group 1, the guidance of health professionals should be sought in determining which medical conditions are relevant. Consideration should be given, as part of an early communications plan, to circulating a list of these conditions together with an invitation to employees to notify their employer if they suffer from any of them. Clearly, any special support that can be provided can only be targeted for those whose condition is known.

Policies regarding personal hygiene should be applied for customer facing employees, as for other staff. Customers will also be keen to reduce their risk of infection and will be aware of Government advice regarding their own personal hygiene. The potential risk of infection for these employees should be assessed and, where contact cannot be reduced by remote customer access, steps taken to enhance cleaning and hand washing facilities.

The potential health risk to these groups of employees should be assessed in discussion with them. The consistent application of appropriate sympathetic support and action should follow, which may include changes to the nature of work carried out, the pattern of that work or the environment in which it is done. The guidance on Absence in this section should be followed.

It is important that no pressure be put on vulnerable people to attend work.

H. Reducing person to person contact

In a pandemic, the biggest contributory factor to the spread of infection is close contact between people. It follows that close contact should be eliminated whenever possible or at least minimised.

Segregation and isolation

Employees who become ill or display the symptoms of flu whilst at work should be sent home; those who report feeling unwell should be told not to attend work. With small or isolated work teams, monitoring and self-management should be encouraged to ensure this happens.

The provision and promotion of remote customer access to services – telephone, internet and ticket issuing machines for sales and enhanced visible passenger information – should be considered, together with the preparedness for more customers to use such facilities.

The segregation of work teams will reduce person-to-person contact. Encouraging employees to work from home where practical and effective, variation of shift patterns and extended or flexible hours will all help to reduce the number of employees at work and in contact together.

Apart from the personal hygiene regimes mentioned, it may be possible to create physical separation between employees at work to reduce contamination. Guidance suggests that infection spread by aerosol droplet spray is only likely when the gap between people is less than one metre. Where space permits therefore, a distance of at least one metre between people should be aimed for to reduce this risk. For certain customer facing employees, on-train staff for instance, this separation might not be possible and the job role would need to be reviewed in an attempt to reduce the risk.

Those employees who become infected and who recover will have gained immunity but only testing will determine whether their illness was caused by the strain responsible for the pandemic. It may be possible to gain the prior agreement of these employees and their representatives to work to varying patterns at short notice to allow for segregation and isolation of other employees. Consideration for the well being of this group of employees, post infection when they will be in great demand, should not be overlooked.

Alternatives to meetings

The gathering together of a number of people, often in a compact environment, for the purpose of a meeting should be avoided so alternative no contact formats for sharing information should be considered. Where the attendees at a proposed meeting are internal to the business there will be greater scope for control. For any essential meetings with parties external to the business, telephone or e-mail discussions should take place prior to the event to agree mechanisms for the conduct of the meeting which minimise the risk of infection.

Communications technology, such as the internet, intranet, Blackberry and iPhone functionality, video and teleconferencing are all effective tools that remove the need for travel and allow meetings with customers and clients to continue with minimum disruption. Technology more commonly associated with leisure activity, such as web cams and real time e-mail conversations, could be effective in maintaining business continuity.

Where face-to-face meetings cannot be avoided, such as in a disciplinary interview, then there should be an agreed protocol for the conducting of the meeting. Hygiene rules, personal space to avoid the one metre “rule”, duration and physical contact should all be considered.

I. Flexible working

The unpredictable nature of a ‘flu pandemic requires planning for a flexible response in order to maintain whatever level of business performance is appropriate in the circumstances.

Issues and Considerations

Network Rail and Railway Undertakings should assess the impact of a high level of absenteeism of employees in core activities. Part of that assessment should include the identification of key activities and various options for how these might be carried out. Flexible working is a mechanism by which business continuity can be maintained and also a mechanism which employees who are affected, directly or indirectly, by the pandemic may continue to work in changed circumstances.

Having identified these key tasks, Network Rail and Railway Undertakings should ensure that sufficient information and skills exist within the workforce to enable continued delivery in the absence of the current knowledge holders.

Network Rail and Railway Undertakings should:

- review employment contracts and policies to ensure that they provide sufficient flexibility so that, with the appropriate training, suitable employees can be moved to key tasks;
- identify and train deputies in key roles; and
- regularly review these plans to take account of changes to personnel, working or regulatory practices.

In addition to those who have symptoms of the illness, there will be other employees who will not be attending work for a variety of reasons, as noted elsewhere in this section.

Employees who are unable to attend for work during their normal hours because they have carer responsibilities may be able to share those responsibilities with other family members, friends or neighbours etc thus making them available for work at alternative hours. Sensible discussions leading to practical options could enable short-term solutions both for the employer and the employee. Failure to do so could mean that the work is not covered or that the employee takes leave that may be unpaid.

Consideration should also be given to:

- hours of work;
- work locations;
- the nature of the work to be done;
- working for a different manager;
- the use of enhanced information systems; and
- home working – see the separate note in this section.

Controls

Existing legislation and company policies provide certain employee rights to apply for flexible working. The circumstances pertaining in a pandemic logically require special arrangements which themselves are flexible to enable both business and employment to continue. Whilst such arrangements need to be clear in terms of application and duration, the timescales applied in the “legal” process of managing applications for flexible working, and the permanent changes to contracts arising, would be inappropriate.

Attendance at work will need to be monitored for a number of reasons; government agencies will require data, authority to pay salaries will require evidence. Controls will therefore need to be in place to monitor the effectiveness of what might be regarded as less formal flexible working agreements.

Controls should also provide transparency around the reasons for agreement of a particular flexible working arrangement for an individual. The “opportunity” afforded to one individual by way of flexible working may not be available for another. The justification and difference should be clear.

J. Working from home

Network Rail and Railway Undertakings may well already have policies in place in relation to employees working from home. However, given the likely nature and impact of a pandemic, it is suggested that a special policy will be needed which enables people who do not necessarily meet the standard criteria but who may not be able to or willing to attend their workplace to still make a contribution. A system which allows the employee to carry out all or a proportion of his / her duties from home rather than on company premises may assist the organisation in continuing to function effectively.

Given the transient nature of a pandemic a special policy will focus on dealing with the needs of short term period(s) of working from home – e.g. to coincide with a domestic requirement (e.g. caring for others). It will not normally be appropriate for someone contracting the illness since he / she is likely to be fully incapacitated by it (and should be expected to return following recovery as they will have developed immunity and can populate the office safely).

Who can work from home?

In conjunction with a flexible working policy, Network Rail and Railway Undertakings will need to identify employees who are able to carry out their job requirements and / or key tasks from home. In reality, this policy will only apply to non-operational staff (although operational staff who can undertake support roles should be considered).

Key Issues

Measurement of outputs

Working from home can only be agreed if the results of work done can be reasonably measured. It also requires a higher degree of trust being placed in the employee as direct supervision of his / her activities will no longer be possible.

Suitability of home premises

The special circumstances of a pandemic are unlikely to allow the full application of normal processes. The onus must therefore be on the employee to assess the suitability of his / her home, especially from a health and safety perspective. This should be based on a standard questionnaire which can be prepared in advance.

IT needs

In many cases, the availability of additional equipment will be very limited and the assessment of suitability will depend heavily on existing home equipment. A computer with telephone or broadband access to the internet is likely to be the minimum and the impact of a potentially significant increase in remote access to company servers needs to be considered along with the extra demand on a helpline for people unused to remote working. Where more specialised equipment is needed, availability will determine whether home working is possible.

Contact with home workers

Home workers, particularly those unused to it, can quickly feel remote and out of touch with the workplace. Focused effort, therefore, needs to be put into regular communication – both by managers and through company updates. Managers need to ensure that the suitability and acceptability of a home working arrangement is regularly reviewed. Outside working or defined hours, contact with the employee should be restricted to e-mail so that work does not overspill into the employee's leisure time.

Other issues

Other issues which will need to be considered, some of which can be included in pre-planning, include:-

- insurance – by the company of its property and by the employee of adequate home cover (as this will contribute to willingness to work from home);
- security – access to internal IT facilities and documentation;
- legislation including Working Time Regulations 1998, Health and Safety at Work Act 1974, Management of Health and Safety at Work Regulations 1999 and Health and Safety (Display Screen Equipment) Regulations 1992; and
- the extent to which guidance and instructions can / should be prepared in advance.

K. Travel

Travel to work should be handled as suggested in Section D above.

For business travel, the clear principle is that it should be avoided unless it is absolutely necessary. Alternatives such as telephone, videophone, teleconferencing etc should always be considered. If it is considered that travel is essential, the means of travel should be discussed with the employee and every effort made to meet their wishes. A refusal to travel in the circumstances of a pandemic should be viewed sympathetically if the only modes of travel are such that there is a higher risk of infection than would be experienced in the normal work of the individual concerned. If it can be shown that the risks are no greater than normal, then normal company rules should apply.

L. Communications

Unusual or emergency situations can only be managed effectively if there is an efficient and robust communications process. This will be absolutely vital in the circumstances of a pandemic when so many employees are likely to be absent from their workplace and fear of infection for all will be widespread and real.

Existing communications plans should be updated or new ones put in place to identify key contacts - with alternatives in case they are absent - and set up chains of communication so that information can be disseminated quickly to everyone.

Communication mechanisms need to be reviewed / considered such as the internet / intranet, mobile phones, video and telephone conferencing which are all effective tools. Use of these can not only keep employees informed of how the company is doing and what its plans are, they can also help overcome the need for business travel and allow meetings with customers and clients to continue with minimum disruption.

In addition to a structured communications plan, there also needs to be a clear programme for issuing information both in advance of and during a pandemic. The contents of that will in large measure be driven by government announcements and media speculation. The former will need dissemination and the latter will need to be placed in a pragmatic context. Occupational Health providers should be involved in the preparation of all such communications.

It is suggested that there should be a specific guidance note issued to employees when the UK Assessment phase has been initiated. This could include emphasising the importance of strict adherence to the DoH personal hygiene rules, establishing people in vulnerable groups (see Section G), identifying those able and willing to work from home (see Section J) and confirming personal contact details. Thereafter, regular communication bulletins would be needed to keep employees advised as to how the company is dealing with the impact of the pandemic and to re-emphasise key messages on hygiene, travel and return to work.