

## **Guidance Note - Contingency Planning Arrangements for a Flu Pandemic**

### **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.

It will be issued in electronic format to nominated contact points and on reasonable request to other persons/organisations.

Amendments made since the previously published version will be highlighted.

<b>Issue</b>	<b>Date</b>	<b>Comments</b>
One	March 2006	Original document
Two	February 2008	Updated to take into account latest DoH guidance (published Autumn 2007)

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### Responsibilities

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

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### Explanatory Note

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

Whilst it is intended to reflect best practice, receiving organisations should evaluate it against their own operational requirements in a structured and systematic way. Some parts of it may not be appropriate.

It is recommended that the evaluation and decision to adopt (or not to adopt) this Guidance Note should be documented.

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### Guidance Note Status

This document is not intended to create legally binding obligations for Network Rail or train operating companies and should be binding in honour only.

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### Supply

Electronic copies of this Guidance Note may be obtained from the Operations Support Manager, ATOC and the Head of Security & Emergency Planning, Network Rail.

## **Part B**

### **1. Purpose**

The purpose of this document is to provide the necessary guidance to enable Network Rail and Train Operators to plan for and implement business contingency arrangements in the event of a flu 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 ensuring confidence on the part of staff and the public at large, avoidance of potential industrial relations problems and continued safe operation of the network.

### **2. Scope**

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

### **3. Definitive Sources of Information and Advice**

The basis for this Guidance Note and its content is information provided by the UK Government Department of Health (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 medical response (including prevention and medical intervention) and the Cabinet Office with regard to the associated non-medical response.

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.

### **4. Definitions**

#### **Epidemic**

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

#### **Pandemic/Flu Pandemic**

A world-wide spread of a disease, outbreaks or epidemics occurring in many countries and in most regions of the world. Examples are Spanish Flu 1918/19, Asian Flu 1957/58 and Hong Kong Flu 1968/69. Specific characteristics and implications of a pandemic and how these differ from other risks to business continuity are detailed in Section 6.

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 infection rates are likely to be higher than would be the case for an epidemic of an existing strain. It would not be subject to seasonal constraints and could occur at any time of the year

**UK Specific Alert Mechanism**

The advanced warning system provided by the Department of Health identifying specific levels of pandemic flu alert *once Phase 6, as defined by the WHO, has been reached (i.e. a flu pandemic has been declared)* - see below. The logic for this is that If a pandemic were declared, action would depend on whether cases had been identified in the UK and the extent of spread. Thus, for UK purposes, four additional alert levels have been defined which are consistent with those used for other communicable disease emergencies. UK Alert Levels are defined thus:

<b>Alert Level</b>	<b>Indicator</b>
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 activity across the UK

**WHO Periods and Phases**

In respect of flu pandemics, the World Health Organisation (WHO) has developed a global classification system of 'periods' and 'phases' based on the overall international situation. These describe the progression of an influenza pandemic from the first emergence of a novel influenza virus, to wide international spread and are now used internationally for planning purposes. They may be summarised thus:

<b>Phase</b>	<b>Period</b>	<b>Indicator</b>
Phase 1	Inter-pandemic	No new influenza virus subtypes have been detected in humans and risk of human infection or disease is considered low.
Phase 2	Inter-pandemic	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.
Phase 3	Pandemic Alert Period	Human infection(s) with a new subtype, but no new human-to-human spread, or at most rare instances of spread to a close contact.
Phase 4	Pandemic Alert Period	Small cluster(s) with limited human-to-human transmission but spread is highly localised, suggesting that the virus is not well adapted to humans.
Phase 5	Pandemic Alert Period	Large cluster(s) but human-to-human spread still localised, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).
Phase 6	Pandemic Period	Increased and sustained transmission in the general population. Past experience suggests that a second, and possibly further, waves of illness caused by the new virus are likely 3-9 months after the first wave has subsided. The second wave may be as, or more, intense than the first.

It should be recognised that transition between Phases may be rapid, particularly for Phases 4 to 6, and the distinction between them blurred.

At the date of publication of this Guidance Note, Pandemic Alert Period Phase 3 applies.

## 5. Government Position

### 5.1 UK Assessment of Risk Posed by Pandemic Flu

The Government judges the possible emergence of an influenza epidemic to be one of the highest current non-malicious risks to the UK.

### 5.2 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
- promote a return to normality and the restoration of disrupted services at the earliest opportunity

## 6. Characteristics and Implications of a Pandemic

### 6.1 Adequacy of Existing Business Continuity Plans

It is recognised that Network Rail and most Train Operators will already have Business Continuity Plans (BCPs) in place. However, with the exception of industrial disputes, risks considered are likely to be hardware/infrastructure related. A pandemic has unique characteristics when compared to these sorts of risk (as indicated in Sections 6.2 to 6.4), with the impact being primarily be 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.

### 6.2 Scale of Impact

The impact of a pandemic would likely be at a global level rather than be limited to a single area, 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 TOCs or indeed from other agencies more generally (including subcontractors).

It may, however, be the case that anyone having been infected and subsequently recovering from a particular strain of pandemic flu will be immune from repeat infection until such time as the virus has had a chance to undergo further significant mutation (which is likely to take two years or more).

### **6.3 Nature of Impact**

For the most part, the sorts of risks considered in existing 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, its spread.

### **6.4 Duration**

A pandemic would 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 and that recovery can start immediately. In addition, it needs to be recognised that a pandemic would start slowly and then escalate (possibly very rapidly) and also that it may come in a series of separate waves, each of which may last around 15 weeks, and that the first of these will not necessarily be the most severe.

### **6.5 Vaccination and Antivirals**

While the UK holds some stocks of vaccine these have been purchased specifically for the protection of key health workers. There is currently no intention on the part of the Government to acquire large-scale stocks of vaccine to provide for widespread immunisation. In addition, the ability of flu to rapidly mutate into new strains makes it impossible to predict how effective pre-pandemic vaccination would be and development of a specifically targeted vaccine can only begin once the characteristics of any pandemic have become apparent.

While the same considerations apply to antivirals in terms of specific targeting of the particular strain of the pandemic, experience suggests that it is reasonable to assume that antivirals would offer at least some benefits. Their likely effects would be to reduce both the length of symptoms and their severity. However, they have to be taken within two days of the onset of symptoms. The current UK stockpiles of antivirals (Tamiflu) are intended to allow for the treatment of all symptomatic patients up to a clinical attack rate of 25%. They are not intended as a preventative measure, not least as protection is only provided while the antiviral continues to be taken, thus leaving recipients susceptible to infection subsequently.

## 6.6 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.

## 7. Background

### 7.1 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.

### 7.2 Advance Notice

Guidance issued by the DoH also recognises global tourism and air travel can accelerate international spread and that therefore there is likely to be 'very little warning of a pandemic of flu', the suggestion being that this may take as little as 2-3 weeks from the virus first entering the UK to its being widespread.

### 7.3 Trigger for UK Rail Industry Response

The assumption within the UK rail industry is that once the WHO advises that Phase 5 has been reached, there will be an inevitable and probably rapid escalation Phase 6 and on to UK Alert Levels 3-4. Declaration of Phase 5 by the WHO will therefore be taken as the trigger for the initiation of UK rail industry response measures as included within this guidance.

## 8. Communication and Co-ordination

### 8.1 Communication of Changes WHO Phase and UK Alert Levels to Rail Industry

The WHO will inform its member states – in the UK's case the Department of Health of any change in the alert phase, usually after international consultation.

The Department of Health 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.

The Department of Health will also notify responders of the relevant UK alert level, informed by surveillance information from the Health Protection Agency (HPA).



## 8.2 Rail Industry Preparation and Planning Period, i.e. WHO Phases 3 and 4

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.

## 8.3 Rail Industry Response Period, i.e. WHO Phases 5 and 6

In addition to maintaining the measures detailed in Section 8.1, Network Rail will organise and lead regular cross rail industry telephone conferences to monitor the national position, discuss and determine joint requirements.

## 8.4 Nominated Point of Contact

Network Rail and each TOC 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 relevant 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.

## 9. Preparedness

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

### 9.1 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 more general COSHH requirements will continue to apply, such as compliance with the working time directive and requirements for lone working, and need to be taken into account if redeploying staff to cover absenteeism.

## 9.2 Pre-emptive Measures

Specific control/response measures identified in Section 11 of this Guidance will require planning well in advance of an escalating flu pandemic alert, i.e. during WHO Phases 3 to 4. 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 subject to 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 as phones, computer terminals and desks; and
- 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.

## 9.3 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.

## 10. Assessing the Risk

### 10.1 Identifying Risk to Business Operations

During the rail industry preparation and planning period, i.e. WHO Phases 3 and 4, Network Rail and each TOC 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 11.

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.

## 10.2 Staff Absenteeism

Network Rail and each TOC 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, Electrical 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 Controllers, Train Planners, Rosters).

## 10.3 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%
- 35%

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 TOCs 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 closures<sup>1</sup>. 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.

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<sup>1</sup> Advising all schools in an affected area to close is seen as potentially the most practical option for reducing influenza transmission rates and the overall attack rate. 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.

- 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 reach very high levels in certain circumstances, e.g. within an individual offices
  - there may be a geographical element and waves of infection will peak at different times in different locations.

#### **10.4 Identifying Third Party Risk**

Network Rail and each TOC 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 8.

#### **10.5 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 issued<sup>2</sup>. This will clearly have a major impact on TOC revenue and should be highlighted as such to senior TOC and Owning 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.

### **11. Preventative Control Measures**

#### **11.1 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 8.

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.

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<sup>2</sup> 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.

## 11.2 Prevention

Influenza is primarily transmitted from person to person through close contact (i.e. within one metre). Network Rail and TOCs 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.

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

## 11.3 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.

## 11.4 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.

## 12. 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 6.5).

## 12.1 Monitoring the Effects of a Flu Pandemic

In order that mitigation measures can be employed effectively, Network Rail and each TOC 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 7.

## 12.2 Contingency Train Service Plans

Network Rail and each TOC should identify the level of train service they are able to deliver in relation to the level of absenteeism documented in Section 9.3.

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 Train Operators 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 9.1).

## 12.3 Station Management

Network Rail and each TOC 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 9.1).

## 12.4 Rolling Stock Maintenance and Fleet Management

Each TOC should consider the following contingency arrangements to ensure rolling stock maintenance activities:

- The implications for 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 TOCs 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).

## 12.5 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 service on to key routes and restricted hours of operation. Such measures should be co-ordinated with relevant TOCs.

## 12.6 Safety Critical Work Competency Assessments/Medicals

Network Rail and each TOC 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 HMR1;
- 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.

## 12.7 Business Administration

Network Rail and each TOC 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.

## 13. 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.

## **14. Regulatory Issues**

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

- Franchise commitments;
- Performance regimes such as the Passenger's Charter;
- Railway Group Standards;
- Railway Safety Cases (RSC)/Safety Certificates; and
- TRANSEC security checks.

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

## **15. Recovery**

### **15.1 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

### **15.2 Second and Subsequent Waves**

Historical evidence is that pandemic flu is likely to 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 likely. An assessment of the impact of the first wave should therefore be undertaken as a priority so as to be able to update and adjust plans so as to better prepare for any subsequent waves.

### **15.3 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 in subsequent waves of the same strain.



## 16. 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.

## 17. Useful Links

Further information can be found by means of the following:

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationPolicyAndGuidance/DH\\_080734](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationPolicyAndGuidance/DH_080734)

*Cabinet Office/DoH document 'Pandemic Flu – A national framework for responding to an influenza pandemic' (published November 2007 – 141 pages)*

[http://www.ukresilience.info/upload/assets/www.ukresilience.info/flu\\_lrf\\_guidance1.pdf](http://www.ukresilience.info/upload/assets/www.ukresilience.info/flu_lrf_guidance1.pdf)

*Cabinet Office Civil Contingencies Secretariat document 'Preparing for Pandemic Influenza – Guidance to Local Planners' (published December 2007 - 27 pages)*

<http://www.who.int/csr/disease/influenza/en/>

*World Health Organisation (WHO) influenza related information, including latest news and current position*

<http://www.hse.gov.uk/biosafety/diseases/pandemic.pdf>

*HSE document 'Pandemic Flu – Workplace Guidance' (published December 2007 – 6 pages) providing guidance to both employers and employees and clarifying employer responsibilities under COSHH.*

## **APPENDIX A**

### **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 10.3, 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 peoples fear of becoming infected by others. This will require employers to introduce some new, short term policies. This Appendix suggests some principles on which those policies can be based. Network Rail and Train Operators are encouraged to adopt a generally common approach given that many of the problems to be faced will be the same.

#### **B. Overview**

A pandemic is likely to significantly reduce the workforce available to Network Rail and Train Operators 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 expectation 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:-
  - behaving reasonably;
  - providing leadership; and
  - providing good, regular communication.

## 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
    - Person to person contact
- Support
  - Time off for domestic emergencies
  - Dealing with flexible working requests
  - Understanding and support for high levels of stress
  - Bereavement leave

The employee's responsibilities are:-

1. to meet the terms of their contract as normal whenever possible;
2. to act reasonably and co-operatively if and when unusual or difficult circumstances arise; and
3. 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. The unusual circumstances of fear, stress and social upheaval will need to be handled sensitively while, at the same time, ensuring business continuity and keeping costs under control. It is suggested that, as far as possible, the normal rules 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 good case for not applying disciplinary rules unless the behaviour is clearly unreasonable or unrelated to the pandemic.

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Any new policies should only be applied once the Government has announced Alert Level 2 (World Health Organisation Phase 6) of the pandemic warning levels and should cease after the end of each wave has been declared.

The volume of sickness combined with the impact of that on the managers and HR functions able to deal with absence issues means that many normal processes will not be able to be applied. The best means of reporting absence, to avoid infection of others, will be the telephone and/or e-mail and employees should be required to do that and reminded that they must continue to adhere to normal timescales for notifying their absence. Managers and any OHS service should also be asked to communicate by telephone and/or e-mail (there may be merit in updating home telephone and e-mail contact details for people).

It is recommended that Network Rail and Train Operators 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 widely advertised as the mandatory means of contact where 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 doctors certificates. 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 1 week later (the UK plan assumes that up to 50% of the UK workforce will take up to 10 days off work as a result over a three month period) to get an estimated return to work date.

## **E. Protective Equipment**

The current advice from the Department of Health indicates that face masks are of no use for the general public. They can only be of help in circumstances of close contact with an infected person where aerosol spread is possible and Pandemic Flu is, in any case, usually transmitted by large droplets rather than aerosol spread. Also, face masks require training on how to be used and removed correctly to eliminate contamination, last only for short periods of time and need special disposal arrangements.

The most effective protection is to ensure adherence to the Department of Health guidance on personal hygiene and it very important that this 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, the company needs 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 on premises, and ensure the resources to achieve these will be available;
- consider whether enhanced communications and information technology infrastructures are needed to support employees working from home, tele-conferencing instead of face to face meetings and remote customer access;
- 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 your 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 for their employees and must seek to minimise risks, especially to these more vulnerable people.

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 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 will be difficult to manage the behaviour of those contacts and where the risk of infection will be increased.

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.

The company 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. Companies might consider, as part of an early communications plan, circulating a list of these conditions together with an invitation to employees to notify their employer if they suffer from such conditions. 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 work that is done, 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 and that disabled people are treated in the same way as others.

## **H. Reducing Person to Person Contact**

In a pandemic, the biggest risk to the spread of infection is close contact between people. It follows that close contact should be eliminated whenever possible or, where that is not possible, it should be minimised.

### *Segregation and isolation*

Employees who feel unwell should be told not to attend work. Those who become ill or display the symptoms of 'flu whilst at work should be sent home. In 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, where practical and desirable, employees to work from home or the creation of varied shift patterns, extended or flexible hours will all help to reduce the numbers of employees at work 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 remove or reduce the risk.

Those employees who become infected and who recover will have gained immunity and will be a valuable resource. 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 and 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 – team meetings/briefings etc - should be avoided. Alternatives which do not require the gathering together of potential sources of infection 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 risks of infection.

Communications technology, such as the internet, intranet, Blackberries, 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 the case of a disciplinary interview, then there should be an agreed protocol for the conduct 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*

Companies should assess the impact of a high level of absenteeism of employees in core activities. Part of that assessment should include the identification of and planning for key activities to be carried out in a variety of ways. Flexible working is a mechanism by which business continuity can be maintained and also a mechanism by which employees who are affected, directly or indirectly, by the pandemic may continue to work in changed circumstances.

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

Companies should:

- review employment contracts and policies to ensure that they provide sufficient flexibility so that, with 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.

### *Possible Actions*

Companies should consider, in the particular circumstances, whether employees who are not themselves unwell could still work, albeit in a more flexible way. Either the employee or the employer may initiate such options and the aim should be to maintain business continuity, at whatever organisational level, in a way that seeks to meet both parties' needs.



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 themselves 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 be given to:

- hours of work
- locations at which employees work
- the nature of the work to be done
- working for a different manager
- the use of enhanced information systems
- 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 contract arising, would be inappropriate.

Attendance at work will require to be monitored for a number of reasons; government agencies will require data, authority to pay salaries will require evidence. There will therefore be controls in existence which will enable a grasp of the effectiveness of what might be regarded as less formal flexible working agreements.

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

## **J. Working From Home**

Companies may well already have policies on 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 will not be able/willing to attend their workplace to make a contribution. A system which enables the employee to carry out all or a proportion of his/her duties from home rather than on the company’s 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) 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 afterwards as they will have developed an immunity and can populate the office safely).

#### *Who can work from home?*

In conjunction with a flexible working policy, Network Rail and Train Operators 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 sensibly 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 application of normal processes. The onus must therefore be on the employee to assess suitability of his/her home. 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 defined hours, contact with the employee should be restricted to e-mail so that work time does not, unreasonably, 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 (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
- 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 the company considers 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 their normal work. If it can be shown that the risks are no greater than normal, then normal company rules should apply.

## **L. Communications**

Unusual or emergency situation can only be managed effectively if there is an efficient and robust communications process. That 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 reviewed or new ones put in place which 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, Blackberries, 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.

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In addition to the mechanistic 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 UK Alert Level 1 has been announced (this follows WHO alert Phase 6 and means that a pandemic has started but is currently only outside the UK). This could include emphasising the importance of strict adherence to the DoH personal hygiene rules, establishing people in vulnerable groups (see separate section), identifying those able and willing to work from home (see separate section) 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.