



# HUMAN INFLUENZA PANDEMIC PLAN

Version V8.0x (May 2023)

**CONFIDENTIAL**

## Guidance for Members of the Silver level Flu Pandemic Working Party (FPWP)

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- **Plan Objective:** To coordinate the Silver level response to a (potential) Human Influenza Pandemic, thereby minimising the impact on people, the environment, and the University's activities.
  - **Plan Scope:** Human Influenza Pandemics with the potential to affect staff, students and the University's activities.
  - **Role:** Identifies key personnel, tasks, roles and responsibilities for responding, controlling and managing the recovery to a (potential) Human Influenza Pandemic.
  - **To be used by:** Members of the Silver level Flu Pandemic Working Party.
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**Please note: Although this plan is labelled as a Human Influenza Pandemic Plan it can be adapted for use for other (potential) communicable disease pandemics.**

**Contents are listed at the rear of this document**

# 1. Introduction – University response to the pandemic

This Action Plan describes the University response and actions to ensure that a human influenza pandemic is effectively managed within our University community. The overarching aim is to help keep the University community safe and well informed whilst sustaining acceptable levels of operations, teaching and research. In turn, this approach will help to protect the University's reputation.

This action plan forms a sub-section of the University's incident response and business continuity plans. Should a pandemic occur, it may also be necessary to invoke the University's Gold Incident Response Team (IRT), to provide strategic leadership. This will depend on the nature and impact of the pandemic. The University's core business continuity planning is designed to support the maintenance of essential services during periods of disruption. <<Removed from this version>>

Examples of influenza (flu) viruses that can give rise to human pandemics are those which can infect birds (avian flu) and pigs (swine flu). Avian flu is a highly contagious animal disease caused by viruses that normally only infect birds. In birds and pigs, the flu viruses can present a range of symptoms from mild illness and low mortality to a highly contagious disease with a near 100% fatality rate.

Avian flu and Swine flu viruses are normally highly species-specific, but have, on rare occasions, crossed the species barrier to infect humans. The highest risk of a pandemic occurs when the nature of the virus transforms (a novel virus) to give rise to human to human transmission which is sustainable.

We are used to epidemics of 'ordinary' flu, which occur seasonally, every year, around the world. An epidemic is a widespread outbreak of disease occurring in a single community, population or region. A pandemic, on the other hand, occurs on a much greater scale, spreading around the world and affecting many hundreds of thousands of people across many countries. A flu pandemic can occur at any time of the year.

People are rarely infected with avian or swine flu viruses. Those who have become infected have usually had close, direct contact with live infected animals or surfaces and objects contaminated by their faeces. The symptoms are similar to ordinary human flu, but may have sudden onset and be more severe. Further information can be found on the [HSE](#) website.

The GOV.UK website includes:

- National guidance for the [management of communicable disease outbreaks](#)
- Information about the [UK's pandemic preparedness](#)

Other viruses can also cause pandemics, eg coronaviruses. The Covid-19 pandemic started in China in 2019 and rapidly spread around the world, resulting in millions of deaths as well as severe social and economic impacts.

## 2. Structure of the Action Plan

This contingency action plan is structured according to the World Health Organisation phases described in [Appendix B](#) and indicates the areas where the University may need to react, and the potential actions to be taken. The World Health Organisation (WHO) has emphasised that the phases are based on the global picture, so it is important that nations and organisations undertake dynamic risk assessments to inform actions at a local level. For this reason, the University should also monitor the Department of Health and Social Care's (DHSC) response levels (also included in [Appendix B](#)), as these will provide insight into the spread of the pandemic within the UK. Many of the preparatory arrangements for a potential pandemic take place during the WHO interpandemic and alert phases. The implementation of these arrangements, as required, then takes place during the WHO pandemic phase.

Within each WHO phase, the University's proposed response will be structured into five strands:-

- **Leadership, organisation and coordination**
- **Communications**
- **Surveillance, information gathering, situation reporting and risk assessment**
- **Containment: health, safety and welfare issues**
- **Business continuity**

Each action within these strands is assigned a lead responsibility; if the person listed is not available, a nominated deputy (or deputies) would be expected to assume this responsibility.

Examples of measures taken by the University during the Covid-19 pandemic are shown in [Appendix H](#).

## 3. The Action Plan: Phase-by-Phase Actions

### 3.1 WHO Interpandemic Phase

This is the period between flu pandemics. The DHSC supported by the UKHSA is ready to initiate the 'Detect' phase, ie gathering intelligence and developing diagnostics.

#### Priorities for this phase:-

- Improving preparedness and awareness across the University
- Monitoring and risk assessment
- Ensuring the University is ready to respond in a precautionary, proportionate and flexible manner

Task ID	Action	Status (Assigned to, time)
<b>Leadership, organisation and coordination</b>		
3.1.1	Raise awareness of the need to plan for a flu pandemic with the University Lead for Public Health.	<ul style="list-style-type: none"> <li>• Business Continuity Adviser</li> </ul>
3.1.2	Raise any issues which require strategic decisions / action with the Compliance Committee	<ul style="list-style-type: none"> <li>• University Lead for Public Health (Assistant Director UCS, Compliance and Risk)</li> </ul>
3.1.3	Ensure appropriate employment policies are in place.	<ul style="list-style-type: none"> <li>• Executive Divisional Director of HR</li> </ul>
<b>Communications</b>		
3.1.4	Ensure procedures are in place to facilitate communications with stakeholders, and to coordinate messages with: <ul style="list-style-type: none"> <li>• national public information campaigns</li> <li>• regional and local Public Health Teams</li> <li>• key campus partners</li> </ul>	<ul style="list-style-type: none"> <li>• Head of Stakeholder and Internal Communications</li> </ul>
<b>Surveillance, information gathering, situation reporting and risk assessment</b>		
3.1.5	Maintain communication channel with the Devon Consultant in Communicable Disease Control (CCDC) / local Public Health Teams to ensure early warning of any potential health risks.	<ul style="list-style-type: none"> <li>• Principal Medical Officer (Student Health Centre)</li> <li>• University Lead for Public Health (Assistant Director UCS, Compliance and Risk)</li> </ul>
3.1.6	Ensure regular monitoring of World Health Organisation (WHO), UK Health Security Agency (UKHSA) and DHSC websites to stay informed of the latest developments.	<ul style="list-style-type: none"> <li>• Business Continuity Adviser</li> </ul>
3.1.7	Maintain an awareness of civil contingency plans for pandemic flu, including those of the Devon, Cornwall and Isles of Scilly Local Resilience Forum (LRF).	<ul style="list-style-type: none"> <li>• Business Continuity Adviser</li> </ul>
3.1.8	Ensure that the potential risk of an influenza pandemic is appropriately accounted for in the University's risk assessment process.	<ul style="list-style-type: none"> <li>• University Lead for Public Health (Assistant Director UCS, Compliance and Risk)</li> <li>• Risk owners</li> </ul>
<b>Containment: health, safety and welfare issues</b>		
3.1.9	Take advice from the Consultant for Communicable Disease Control (CCDC) on any health, safety and welfare issues that might affect staff or students, and take action as necessary.	<ul style="list-style-type: none"> <li>• University Lead for Public Health (Assistant Director UCS, Compliance and Risk)</li> <li>• Principal Medical Officer (Student Health Centre)</li> <li>• Occupational Health Manager</li> </ul>

Task ID	Action	Status (Assigned to, time)
<b>Business continuity</b>		
3.1.10	Identify essential services, key questions and risk areas that should be addressed in the University's business continuity plans including: <ul style="list-style-type: none"> <li>• Maintenance of safety and welfare systems</li> <li>• Maintaining legal and regulatory compliance</li> <li>• Maintenance of essential services</li> <li>• Supply chain disruption</li> <li>• High rates of staff absence</li> <li>• Single points of failure / success</li> <li>• Homeworking contingencies</li> <li>• Face to face study contingencies</li> <li>• Death protocols (potential for multiple fatalities)</li> <li>• Requests from key partners for assistance, eg potential for the NHS to call on the Faculty of Health and Life Sciences – see <a href="#">Appendix E</a></li> <li>• Protecting reputation</li> </ul>	<ul style="list-style-type: none"> <li>• Incident response and business continuity plan owners</li> </ul>
3.1.11	Share University incident response and business continuity information with key campus partners as appropriate.	<ul style="list-style-type: none"> <li>• Business Continuity Adviser</li> <li>• Business continuity plan owners</li> </ul>

## 3.2 WHO Alert Phase

Human infections with a new subtype. National and international monitoring and risk assessment to determine whether the virus is developing into a pandemic strain. There may be a de-escalation of activities and return to the interpandemic phase, if the risks are low.

The DHSC is likely to be at the 'Detect' phase, ie gathering intelligence and developing diagnostics. It could also enter the 'Assessment' phase, ie analysing data to produce early estimates of impacts on the UK and determining measures to reduce spread of the virus within local communities.

### Planning assumptions:

- If human cases are still outside the UK, the most significant risks relate to areas such as staff and student travel, international student placements and international recruitment, in addition to increased risk of disease outbreaks in birds (avian flu).
- If human cases are occurring within the UK, actions listed in section [3.3 Pandemic Phase](#) may need to be implemented at this stage.

### Priorities for this phase:

- Maintaining close liaison with the local CCDC / local Public Health Teams and with local animal health contacts.
- Developing an Outbreak Management Plan.
- Close monitoring of the developing situation within the UK and overseas.
- Re-assessing pandemic preparedness and identifying actions needed to fill the gaps, supplementing existing policies and procedures as required.
- Preparing to respond at short notice to UK Government instructions to wear face coverings, implement social distancing, improve ventilation and cleaning regimes, 'stay at home / lock down', etc.
- Preparing to receive health care workers on campus if symptomatic individuals need to be tested in situ.
- Preparing to transport suspected cases to and from medical facilities for tests / treatment.
- Preparing to support students if they are required to self-isolate.
- Ensuring regular and effective communication with staff, students, prospective students and key partners.
- Ensuring data gathering and management procedures are in place to support the response, including for staff and students who are overseas / planning international trips.
- Ensuring the safety and welfare of staff and students in the UK and overseas.
- Ensuring compliance with legal and statutory duties.
- Creating a Pandemic Mitigation Plan to mitigate the risks and impacts.
- Ensuring that organisational arrangements are in place to respond to a pandemic in a precautionary, proportionate and flexible manner.
- Providing regular updates to the Gold IRT Chair so that they can consider invoking the Gold response team.

Task ID	Action	Status (Assigned to, time)
<b>Leadership, organisation and coordination</b>		
3.2.1	<p>See <a href="#">Appendix A</a> for members of the Flu Pandemic Working Party (FPWP).</p> <p>Chair to:</p> <ul style="list-style-type: none"> <li>(a) convene the FPWP when the WHO confirms human to human transmission, and large localised clusters of infection</li> <li>(b) inform the Gold IRT Chair that the FPWP has formed</li> <li>(c) provide updates to the Gold IRT Chair, raising any issues which require strategic decisions / action</li> <li>(d) nominate at least two deputies</li> </ul> <p>The role of the Gold IRT is to provide strategic leadership within which the FPWP develops sets of managing actions. It is important that the Gold Chair receives timely updates, so that invocation of the Gold team can be considered.</p> <p>During the early stages of a flu pandemic, there is likely to be uncertainty as to the infection and mortality rates, and whether specific groups (eg young adults / those with certain medical conditions / ethnic groups) have heightened vulnerability. The Gold IRT will need to take these and other factors into account when deciding whether to invoke the Gold team. It is reasonable to assume that the following events are likely to result in invocation:</p> <ul style="list-style-type: none"> <li>• a confirmed case within the University community</li> <li>• clusters of confirmed cases within the locality</li> </ul>	<ul style="list-style-type: none"> <li>• University Lead for Public Health - Assistant Director UCS, Compliance and Risk (FPWP Chair)</li> </ul>
3.2.2	<p>The Flu Pandemic Working Party to:</p> <ul style="list-style-type: none"> <li>(a) develop an up-to-date risk assessment of potential impacts on University activities</li> <li>(b) develop a Pandemic Mitigation Plan – this may include indicative costs</li> <li>(c) seek endorsement of the plan from the Gold IRT Chair.</li> </ul>	<ul style="list-style-type: none"> <li>• FPWP</li> </ul>
3.2.3	<p>Arrange workshops / desktop-planning exercises as necessary to ensure the University is prepared for a potential influenza pandemic.</p>	<ul style="list-style-type: none"> <li>• Assistant Director, Compliance and Risk</li> <li>• Business Continuity Adviser</li> </ul>
3.2.4	<p>Request that the Secretariat ensures that the University's top-level command structure is clearly delineated, with multiple deputies identified in case of mass absence.</p>	<ul style="list-style-type: none"> <li>• Assistant Director, Compliance and Risk</li> </ul>
3.2.5	<p>Request that the key contacts in each University Faculty / Service are clearly identified, to facilitate communications in the event of a pandemic. This should normally include the Director of Service or Faculty Pro-Vice-Chancellor and Executive Dean and three designated deputies for each.</p>	<ul style="list-style-type: none"> <li>• Assistant Director, Compliance and Risk</li> </ul>

<b>Task ID</b>	<b>Action</b>	<b>Status (Assigned to, time)</b>
<b>Communications</b>		
3.2.6	<p>Develop the Communications Plan and begin implementation; issue / update a list of frequently asked questions (FAQs) on the University website to reflect the latest situation.</p> <p>Ensure consistency with public health communication campaigns and coordinate with key campus partners to create a unified source of truth.</p>	<ul style="list-style-type: none"> <li>• Head of Stakeholder and Internal Communications with assistance from: <ul style="list-style-type: none"> <li>○ Principal Medical Officer (Student Health Centre)</li> <li>○ Head of Health and Safety</li> <li>○ Occupational Health Manager</li> </ul> </li> </ul>
3.2.7	<p>Develop and issue guidance for managers, eg:</p> <ul style="list-style-type: none"> <li>• Working from home</li> <li>• Cancelling leave</li> <li>• Infection prevention and control</li> <li>• Student mitigation</li> <li>• Reassigning staff to cover absences</li> <li>• Counselling/wellbeing services</li> </ul>	<ul style="list-style-type: none"> <li>• FPWP</li> <li>• May need direction / decision from Gold</li> </ul>
3.2.8	<p>Review the University's mass communication systems (eg email, website, social media, text alerts); ensure preparedness to respond taking into account the potential for high rates of sickness absence.</p>	<ul style="list-style-type: none"> <li>• Head of Stakeholder and Internal Communications</li> </ul>
3.2.9	<p>Monitor travel advisory websites and include any relevant travel advice in web-based questions and answers.</p>	<ul style="list-style-type: none"> <li>• Assistant Director, Compliance and Risk</li> </ul>
3.2.10	<p>Consider the need for targeted communications to international students and prospective international students, particularly if cases are still solely outside the UK.</p>	<ul style="list-style-type: none"> <li>• Director of Faculty Operations</li> <li>• Head of Stakeholder and Internal Communications</li> <li>• Assistant Director of Student Access, Recruitment and Admissions</li> </ul>
3.2.11	<p>Encourage students and staff to receive flu vaccinations (protection against seasonal flu), to help them stay as well as possible. The NHS offers free vaccinations for at risk groups including those with long term medical conditions, pregnant women, over 50s and carers.</p>	<ul style="list-style-type: none"> <li>• Head of Stakeholder and Internal Communications</li> </ul>
3.2.12	<p>Monitor the number of enquiries received, eg through the Student Information Desk (SID).</p>	<ul style="list-style-type: none"> <li>• FPWP</li> </ul>
<b>Surveillance, information gathering, situation reporting and risk assessment</b>		
3.2.13	<p>Consider whether a UoE Academic Advisory Group should be formed to provide expert opinion.</p>	<ul style="list-style-type: none"> <li>• Assistant Director, Compliance and Risk</li> </ul>
3.2.14	<p>Agree a reporting mechanism with the Registrar to provide timely information about any changes in the situation.</p>	<ul style="list-style-type: none"> <li>• Assistant Director, Compliance and Risk</li> </ul>
3.2.15	<p>Maintain close contact with the CCDC / local Public Health Teams, to ensure early warning of any potential health risks.</p>	<ul style="list-style-type: none"> <li>• Principal Medical Officer (Student Health Centre)</li> <li>• University Lead for Public Health (Assistant Director UCS, Compliance and Risk)</li> </ul>



Task ID	Action	Status (Assigned to, time)
3.2.16	<p>Set up a GOV.UK email subscription for the pandemic topic and continue monitoring DHSC, UKHSA and WHO websites to stay informed of the latest developments, eg:</p> <ul style="list-style-type: none"> <li>• symptoms</li> <li>• reproduction and growth rates of the virus</li> <li>• variants of concern</li> <li>• geographical spread</li> <li>• whether any groups of people are at heightened risk</li> <li>• hospitalisation and death rates</li> <li>• whether treatments are available</li> <li>• testing programmes</li> </ul> <p>During the very early stages of the pandemic, provide a summary SitRep for the FPWP at least once a week with any significant changes notified daily to the University Lead for Public Health (Chair).</p> <p><b>As the pandemic progresses, the FPWP will require a daily SitRep.</b></p>	<ul style="list-style-type: none"> <li>• Business Continuity Adviser</li> </ul>
3.2.17	<p>Ensure sufficient systems are in place to collect data on staff and student absences in the event of a flu pandemic. For example, in addition to normal sickness reporting procedures, consider whether:</p> <ul style="list-style-type: none"> <li>• A self-reporting form should be available for use by staff and students to report that they have symptoms or a confirmed diagnosis</li> <li>• A separate sickness category should be added to the Trent sickness absence reporting tool.</li> </ul>	<ul style="list-style-type: none"> <li>• Senior HR PS Partner</li> <li>• Head of Education Support</li> </ul>
3.2.18	<p>Seek assurance from global, institutional and campus partners that they have plans in place for responding to pandemic flu.</p>	<ul style="list-style-type: none"> <li>• FPWP</li> </ul>
3.2.19	<p>Maintain contact with Exeter City Council (eg the Emergency Planning Officer), the LRF, FX Plus, INTO, UPP and other universities within the region. Liaise to share best practice and ensure a coordinated approach to planning.</p>	<ul style="list-style-type: none"> <li>• Assistant Director, Compliance and Risk</li> <li>• Business Continuity Adviser</li> </ul>
3.2.20	<p>Issue the Faculty / Service Impact Analysis Assessment Tool (<a href="#">Appendix D</a>) to Faculties and Services for completion. Tasks 3.2.21 to 3.2.27 highlight key areas to address.</p>	<ul style="list-style-type: none"> <li>• FPWP</li> </ul>
3.2.21	<p>Request that Faculties and Professional Service Divisions ensure up-to-date information is available on the locations of staff and students living / working overseas or working offsite.</p>	<ul style="list-style-type: none"> <li>• Assistant Director, Compliance and Risk</li> </ul>
3.2.22	<p>Gather and monitor data about the welfare of staff and students living / working in affected areas. Assess how absences might compromise the integrity of escalation routes for:</p> <ul style="list-style-type: none"> <li>• overseas incidents</li> <li>• incidents affecting inbound study abroad students</li> </ul> <p>Oversee mitigation measures.</p>	<ul style="list-style-type: none"> <li>• FPWP via Faculty / Service reports received</li> </ul>

<b>Task ID</b>	<b>Action</b>	<b>Status (Assigned to, time)</b>
3.2.23	<p>Consider whether any students or staff have heightened vulnerability, eg those with Individual Learning Plans / disabilities / health problems / protected characteristics.</p> <p>Seek advice from an Equality, Diversity, and Inclusion Manager, and the Head of Wellbeing and Welfare.</p> <p>Take action as necessary.</p>	<ul style="list-style-type: none"> <li>• Director of Faculty Operations</li> <li>• Head of Education Support</li> <li>• Senior HR PS Partner</li> </ul>
3.2.24	<p>Consider whether additional hardship funds may be needed, eg if students are unable to work or incur additional international travel costs.</p> <p>Make a recommendation to the Gold Chair.</p>	<ul style="list-style-type: none"> <li>• FPWP</li> </ul>
3.2.25	<p>Consider the potential impact on Home Office Licence compliance (including animal welfare), lab and workshop safety. Take action as necessary.</p>	<ul style="list-style-type: none"> <li>• Director of Technical Strategy and Services</li> </ul>
3.2.26	<p>Identify modules where the effect of missed teaching / placements might be magnified, eg:</p> <ul style="list-style-type: none"> <li>• languages</li> <li>• laboratory work</li> <li>• professional / vocational qualifications</li> </ul>	<ul style="list-style-type: none"> <li>• Director of Faculty Operations</li> <li>• Head of Education Support</li> <li>• Technical Services Partner</li> <li>• Assistant Director, Research Environment and Doctoral College</li> </ul>
3.2.27	<p>Consider potential impacts on research, eg:</p> <ul style="list-style-type: none"> <li>• funding bids</li> <li>• research in progress</li> <li>• research reporting</li> </ul>	<ul style="list-style-type: none"> <li>• Assistant Director, Research Environment and Doctoral College</li> <li>• Director of Faculty Operations</li> </ul>
3.2.28	<p>Consider potential impacts on priority activities undertaken by Professional Services Divisions, eg:</p> <ul style="list-style-type: none"> <li>• safety</li> <li>• welfare</li> <li>• security</li> <li>• essential / emergency maintenance</li> <li>• out of hours call out</li> <li>• IT support including AV</li> <li>• Library Services</li> <li>• Laboratories and research facilities</li> <li>• SID and Hubs</li> <li>• exams and assessments</li> <li>• student recruitment and admissions</li> <li>• processing / reporting financial transactions, including payroll</li> <li>• Residential Services</li> <li>• catering</li> <li>• cleaning, facilities, mailroom and transport</li> <li>• reception desks</li> <li>• timetabling</li> <li>• conferences and events</li> </ul>	<ul style="list-style-type: none"> <li>• FPWP</li> </ul>

Task ID	Action	Status (Assigned to, time)
3.2.29	Look ahead to identify future risks, eg dates when students return from leave / new cohorts arrive.  Consider the business cycles of key campus partners.	<ul style="list-style-type: none"> <li>FPWP</li> </ul>
<b>Containment: health, safety and welfare issues</b>		
3.2.30	Ensure regular liaison with the CCDC / local Public Health Teams to consider any health, safety and welfare issues that might affect staff, students and visitors. Take action as necessary.	<ul style="list-style-type: none"> <li>Principal Medical Officer (Student Health Centre)</li> <li>University Lead for Public Health (Assistant Director UCS, Compliance and Risk)</li> <li></li> </ul>
3.2.31	Seek advice from the University's Occupational Health Physician, where appropriate.	<ul style="list-style-type: none"> <li>Occupational Health Manager</li> </ul>
3.2.32	Request that the Deputy Registrar sets up a specific meeting to liaise with Trade Unions / Student unions to consider any health, safety and welfare issues that might affect staff, students or visitors.  Take action as necessary on the meeting outputs.	<ul style="list-style-type: none"> <li>University Lead for Public Health (Assistant Director UCS, Compliance and Risk)</li> </ul>
3.2.33	Consider whether a travel management policy is required to govern visits by students and staff to / from affected areas; take advice from the CCDC / local Public Health Teams.  Should any staff or students who are overseas be repatriated?  Make a recommendation to the Silver Chair.	<ul style="list-style-type: none"> <li>Head of Health and Safety</li> <li>Insurance, Audit and Risk Manager (chair of UoE travel team)</li> <li>Head of Global Opportunities</li> <li>Director of Global Engagement</li> </ul>
3.2.34	Put a process in place for receiving health care workers who arrive at halls of residence to visit suspected cases – ie where the health care worker needs to don and doff protective clothing / the route taken needs to be cleaned afterwards.	<ul style="list-style-type: none"> <li>Deputy Director Commercial, Residential and Campus Services</li> </ul>
3.2.35	Put a process in place for transporting suspected cases to and from medical facilities for testing / treatment considering the infection prevention and control arrangements needed during and after transportation.	<ul style="list-style-type: none"> <li>Head of Health and Safety</li> </ul>
3.2.36	Consider how sick students can be supported, eg encourage 'flu buddies', consider 'digital hampers' (digital entertainment subscription vouchers for students who are self-isolating). See <a href="#">Appendix H</a> .	<ul style="list-style-type: none"> <li>FPWP</li> </ul>
3.2.37	Develop an Outbreak Management Plan in collaboration with the local Health Protection Team.	<ul style="list-style-type: none"> <li>University Lead for Public Health (Assistant Director UCS, Compliance and Risk)</li> <li>Business Continuity Adviser</li> </ul>
3.2.38	See <a href="#">Appendix H</a> for prompts about measures that may be needed and awareness of documents developed for the Covid-19 pandemic.	<ul style="list-style-type: none"> <li>FPWP</li> </ul>

Task ID	Action	Status (Assigned to, time)
<b>Business continuity</b>		
3.2.39	Prompt business continuity plan owners to review contingency plans for degree congregations, Open Days and other high profile gatherings, in the event of staff or student absence, and / or restrictions on large gatherings.	<ul style="list-style-type: none"> <li>• Business Continuity Adviser</li> </ul>
3.2.40	Prompt a review of potential continuity arrangements for Student Access, Recruitment and Admissions activities.	<ul style="list-style-type: none"> <li>• Assistant Director of Student Access, Recruitment and Admissions</li> </ul>
3.2.41	Escalate to the Gold Chair if the FPWP considers that it may be necessary to review the University's admissions policy and procedures to allow for exceptional circumstances, eg for recruiting a student cohort in the event of delayed or cancelled A-level exams.	<ul style="list-style-type: none"> <li>• Assistant Director, Compliance and Risk</li> </ul>
3.2.42	<p>Review contractual liabilities (regarding accommodation, research, course delivery, conferencing, etc.) to ascertain the potential consequences of an influenza pandemic, and the potential for application of <i>force majeure</i>.</p> <p>Consider whether there is scope to extend key dates / deadlines.</p> <p>Seek advice from the General Counsel and Director of Legal and Student Cases.</p>	<ul style="list-style-type: none"> <li>• FPWP members for their area of responsibility</li> </ul>
3.2.43	Seek advice from the Insurance, Audit and Risk Manager – does the University's insurance cover encompass the effects of an influenza pandemic?	<ul style="list-style-type: none"> <li>• Assistant Director UCS, Compliance and Risk</li> </ul>
3.2.44	<p>Review continuity arrangements for teaching and assessment activities in the event of a pandemic – eg alternative assessment methods, opportunities for online / distance learning, deferral of modules / courses, etc.</p> <p>Escalate to Gold IRT Chair if policy changes are needed.</p>	<ul style="list-style-type: none"> <li>• Director of Faculty Operations</li> <li>• Head of Education Support</li> <li>• Education Business Partner</li> <li>• Assistant Director, Compliance and Risk</li> </ul>
3.2.45	<p>Consider whether to develop a volunteer / skills database for use in the event of a pandemic (including current staff and students, retired staff, Students' Guild officers, Council members etc.), noting any particular skills or aptitudes.</p> <p>Covid-19 examples:</p> <ul style="list-style-type: none"> <li>• Here to Help team of staff and students, to encourage adherence to infection, prevention and control measures</li> <li>• Rapid Response Hub to collate information on symptomatic / positive cases / close contacts in self-isolation and offer support to individuals</li> </ul>	<ul style="list-style-type: none"> <li>• FPWP</li> </ul>

Task ID	Action	Status (Assigned to, time)
3.2.46	<p>Ensure necessary facilities / services (including IT support) are in place to support homeworking, if required as a continuity measure. Escalate to the Divisional Director of Information Technology, if necessary.</p> <ul style="list-style-type: none"> <li>• Check VPN capacity</li> <li>• Consider issuing dongles if colleagues do not have suitable internet connections</li> <li>• Consider whether additional emphasis is needed to promote cyber-security advice</li> <li>• Consider homeworking equipment and collection of equipment from campus</li> </ul>	<ul style="list-style-type: none"> <li>• IT Business Partner</li> </ul>
3.2.47	<p>Review HR policies, eg for sickness and special leave.</p> <p>Escalate to Assistant Director (Policy and Reward) if necessary.</p>	<ul style="list-style-type: none"> <li>• Senior HR PS Partner</li> </ul>
3.2.48	<p>Review supply chains and identify critical external suppliers; ensure that they have appropriate contingency arrangements in place. Seek alternative suppliers if critical supplies are threatened.</p> <p>Request that business continuity plan owners review and adjust stock levels as necessary.</p>	<ul style="list-style-type: none"> <li>• Assistant Director of Financial Operations</li> <li>• Business Continuity Adviser</li> </ul>
3.2.49	<p>Remind Faculties and Services to consider the issue of post-pandemic recovery, eg management of backlogs.</p> <p>Identify any services or activities that might be irrecoverable following a pandemic and consider any remedial action to be taken.</p>	<ul style="list-style-type: none"> <li>• FPWP</li> </ul>
3.2.50	<p>Consider whether any services are likely to experience peaks in demand, eg Communications, Estates, Facilities Management, Wellbeing and Occupational Health. Put contingency arrangements in place.</p>	<ul style="list-style-type: none"> <li>• FPWP</li> </ul>
3.2.51	<p>Ensure plans are in place to care for sick students living in University accommodation.</p> <p>Liaise with Purpose Built Student Accommodation providers about their arrangements.</p>	<ul style="list-style-type: none"> <li>• Residences Manager</li> <li>• Deputy Director, Commercial, Residential and Campus Services</li> </ul>
3.2.52	<p>Request that the University's plans for managing deaths are reviewed in light of the pandemic and any local / national arrangements.</p>	<ul style="list-style-type: none"> <li>• Assistant Director, Compliance and Risk</li> </ul>

### 3.3 WHO Pandemic Phase

Global spread of human influenza caused by a new subtype.

The DHSC will enter the 'Treat' phase when people in the UK become infected. Local health protection measures may be enhanced to prevent spread. As infection rates increase, the 'Escalate' phase will be triggered to invoke surge management procedures within the health service and other sectors.

#### **Planning assumptions:**

- The University's Gold Incident Response Team will be invoked.
- It may take 2-4 weeks for the virus to become established in the UK and 7-9 weeks for activity to reach a peak.
- Once the UK Treatment Phase begins, the NHS moves to full response mode. Intense pressure on all services may last for many months.
- A pandemic flu vaccine is unlikely to be available for at least the first wave.
- University contingency plans, including those for critical services and hygiene measures, have been reviewed and refined.

#### **Priorities for this phase:**

- Compliance with pandemic requirements and guidance issued by the NHS, UKHSA and UK Government, including the Department for Education (DfE)
- Liaison with local Public Health Teams
- Reduce the impact of a pandemic on the University's staff, students and services
- Surveillance and monitoring of staff and student absence levels
- Assuring the welfare of staff and students
- Monitoring and looking ahead at the impact of the developing situation on critical activities and services, and taking remedial action as required
- Supporting the local and national response, eg by donating resources, sharing expertise, hosting test and vaccination facilities, etc

Task ID	Action	Status (Assigned to, time)
<b>Leadership, organisation and coordination</b>		
3.3.1	<p>If the Gold IRT has not been invoked, ensure the Gold Chair receives regular updates at appropriate intervals so that invocation of the Gold team can be considered.</p> <p>If the Gold IRT has been invoked:</p> <ul style="list-style-type: none"> <li>• the Principal Medical Officer should be invited to move from the FPWP to join the Gold IRT</li> <li>• provide regular (likely to be daily) updates to the Gold IRT</li> <li>• continue to liaise with the Gold Chair about strategic decisions</li> <li>• lead the FPWP in the translation of strategy into sets of managing actions that will be delivered at operational level.</li> </ul> <p>The Gold IRT is responsible for strategic decisions such as the overarching communication strategy, policy changes, additional budget and cost codes, campus 'closure', switching to on-line learning, temporary restrictions on research activities, and the cancellation of high profile events. It is recognised that the University provides accommodation and essential services that must be maintained during a closure period.</p>	The Chair (FPWP) Assistant Director, Compliance and Risk
3.3.2	<p>Collate and monitor situation reports from Faculties and Divisions. Update the Pandemic Mitigation Plan as appropriate.</p> <p>Gold may decide to stand down the Flu Pandemic Working Party and reorganise the response structure, eg: during Covid-19:</p> <ul style="list-style-type: none"> <li>• Silver Policy Group</li> <li>• Silver Operations Group supported by Bronze sub-groups <ul style="list-style-type: none"> <li>○ Testing, Tracing and Vaccination</li> <li>○ Safe and Healthy</li> <li>○ Commercial, Residences and Campus Operations</li> <li>○ Buildings and Infrastructure</li> <li>○ Study and Learning Spaces</li> <li>○ Digital and IT</li> <li>○ Research Restart (including Doctoral College)</li> <li>○ Outbreak Management Team</li> </ul> </li> </ul> <p>During a long-running pandemic, the response structure is likely to undergo periodic review and adjustment.</p>	<ul style="list-style-type: none"> <li>• FPWP</li> </ul>
3.3.3	Give clear and regular guidance to support good coordination and leadership within Faculties and Divisions.	<ul style="list-style-type: none"> <li>• FPWP</li> </ul>

Task ID	Action	Status (Assigned to, time)
3.3.4	Update the Pandemic Mitigation Plan in response to changing circumstances.	<ul style="list-style-type: none"> <li>FPWP</li> </ul>
<b>Communications</b>		
3.3.5	<p>Continue implementation of the Communications Plan; ensure stakeholders receive updates on the latest situation at appropriate intervals.</p> <p>Consider displaying public information posters, eg as made available by UKHSA.</p> <p>Communications must be aligned to any strategic approach determined by the Gold IRT.</p>	<ul style="list-style-type: none"> <li>Head of Stakeholder and Internal Communications</li> </ul>
3.3.6	If necessary, establish a generic pandemic flu mailbox and telephone enquiry line to address staff, student and other stakeholder concerns – this may take the form of a Rapid Response Hub (see <a href="#">Appendix H</a> ).	<ul style="list-style-type: none"> <li>Head of Stakeholder and Internal Communications</li> <li>Head of Education Support</li> <li>Senior HR PS Partner</li> </ul>
<b>Surveillance, information gathering, situation reporting and risk assessment</b>		
3.3.7	Maintain close contact with the CCDC / local Public Health Teams, to ensure early warning of any potential health risks and changes to public policy.	<ul style="list-style-type: none"> <li>Principal Medical Officer (Student Health Centre)</li> <li>University Lead for Public Health (Assistant Director UCS, Compliance and Risk)</li> </ul>
3.3.8	Continue monitoring GOV.UK, DHSC, UKHSA and WHO websites to stay informed of the latest developments. Escalate findings to University Lead for Public Health in a sit-rep.	<ul style="list-style-type: none"> <li>Business Continuity Adviser</li> </ul>
3.3.9	Review absence data and monitor the impact on critical activities. Adjust the risk assessment accordingly.	<ul style="list-style-type: none"> <li>FPWP</li> </ul>
3.3.10	Continue to maintain close contact with Exeter City Council, the LRF, FX Plus, INTO, UPP and other universities within the region, to share best practice and ensure a coordinated approach to planning.	<ul style="list-style-type: none"> <li>Assistant Director, Compliance and Risk</li> <li>Business Continuity Adviser</li> </ul>
3.3.11	<p>Monitor and look ahead at arrangements for staff and students living / working in affected areas.</p> <p>Reassess the integrity of escalation routes for:</p> <ul style="list-style-type: none"> <li>overseas incidents</li> <li>incidents affecting inbound study abroad students</li> </ul>	<ul style="list-style-type: none"> <li>FPWP via Faculty / Service reports received</li> </ul>
3.3.12	<p>Monitor and look ahead at arrangements for students and staff who have been identified as clinically vulnerable and those for whom there are equality, diversity and inclusion considerations. Assess whether further risk mitigation / support is required.</p> <p>Seek advice from an Equality, Diversity, and Inclusion Manager, and the Head of Wellbeing and Welfare.</p>	<ul style="list-style-type: none"> <li>Director of Faculty Operations</li> <li>Head of Education Support</li> <li>Senior HR PS Partner</li> </ul>
3.3.13	It is possible that some students will choose to return home and / or that the Government will introduce travel restrictions that affect the ability of students to travel home or to their term-time address. Consider whether support arrangements for students need to be adjusted.	<ul style="list-style-type: none"> <li>FPWP</li> </ul>
3.3.14	Monitor and look ahead at the impact on Home Office Licence compliance, lab and workshop safety. Take action as necessary.	<ul style="list-style-type: none"> <li>Director of Technical Strategy and Services</li> </ul>



Task ID	Action	Status (Assigned to, time)
3.3.15	Monitor and look ahead at the impact on modules where the effect of missed teaching might be magnified. Liaise with external bodies as appropriate.	<ul style="list-style-type: none"> <li>• Director of Faculty Operations</li> <li>• General Counsel and Director of Legal and Student Cases</li> <li>• Head of Education Support</li> <li>• Technical Services Partner</li> <li>• Assistant Director, Research Environment and Doctoral College</li> </ul>
3.3.16	Monitor and look ahead at the impacts on research and consider how these can be mitigated.	<ul style="list-style-type: none"> <li>• Assistant Director, Research Environment and Doctoral College</li> <li>• Director of Faculty Operations</li> </ul>
3.3.17	Monitor and look ahead at the impacts on priority activities undertaken by Professional Services Divisions and consider how these can be mitigated.	<ul style="list-style-type: none"> <li>• FPWP</li> </ul>
<b>Containment: health, safety and welfare issues</b>		
3.3.18	<p>Ensure compliance with pandemic requirements and guidance issued by the NHS, UKHSA and UK Government, including the DfE.</p> <p>Take advice from the CCDC / local Public Health Teams on any additional hygiene measures that should be taken within the University to control the spread of infection.</p> <p>Develop and implement hygiene measures, eg “hands, face, space” (hand hygiene, face coverings, social distancing). Prompts are available in <a href="#">Appendix H</a>.</p>	<ul style="list-style-type: none"> <li>• Principal Medical Officer (Student Health Centre)</li> <li>• University Lead for Public Health (Assistant Director UCS, Compliance and Risk)</li> <li>• FPWP members (eg Deputy Director, Commercial, Residential and Campus Services)</li> </ul>
3.3.19	Seek advice from the University’s Occupational Health Physician, where appropriate.	<ul style="list-style-type: none"> <li>• Occupational Health Manager</li> </ul>
3.3.20	<p>Request that the Deputy Registrar continues to arrange regular meetings to liaise with Trade Unions / Student Unions to consider any health, safety and welfare issues that might affect staff, students or visitors.</p> <p>Take action as necessary on the meeting outputs.</p>	<ul style="list-style-type: none"> <li>• University Lead for Public Health (Assistant Director UCS, Compliance and Risk)</li> </ul>
3.3.21	<p>Take advice from the CCDC / local Public Health Teams on whether any additional travel management policies are required to govern staff and student travel to / from affected areas.</p> <p>The UK Government may impose local / regional / national travel restrictions.</p> <p>The UK and other governments may impose travel restrictions at short notice, including pre-departure and post-arrival tests, quarantine on arrival or border closure.</p>	<p>University Lead for Public Health (Assistant Director UCS, Compliance and Risk)</p> <p>insurance, Audit and Risk Manager</p>
3.3.22	Review and maintain the Outbreak Management Plan.	<ul style="list-style-type: none"> <li>• Business Continuity Adviser</li> <li>• University Lead for Public Health (Assistant Director UCS, Compliance and Risk)</li> </ul>

Task ID	Action	Status (Assigned to, time)
<b>Business continuity</b>		
3.3.23	<p>Monitor and look ahead at the impact on critical services and key individuals. Reassign resources if required to support continuity of priority activities.</p> <p>Escalate to Gold IRT Chair if minimum acceptable levels of service are threatened / additional resources are required.</p>	<ul style="list-style-type: none"> <li>• FPWP</li> <li>• Assistant Director UCS, Compliance and Risk</li> </ul>
3.3.24	<p>Record and monitor approved expenditure using the appropriate pandemic cost codes.</p> <p>Forecast future budget requirements – this is likely to be an iterative process.</p> <p>The pandemic situation may change rapidly, eg social distancing / stay at home / enhanced hygiene measures may be introduced by the Government at less than 24 hours' notice. Contingency measures may be expensive (eg see 3.3.25 below).</p> <p>Is the budget set by Gold adequate to meet current and future needs? If not, submit option and proposal papers to Gold.</p>	<ul style="list-style-type: none"> <li>• FPWP</li> </ul>
3.3.25	<p>Consider whether additional temporary space is required to enable social distancing, eg marquees to provide extra dining or study space.</p>	<ul style="list-style-type: none"> <li>• FPWP</li> </ul>
3.3.26	<p>Monitor and look ahead at the impact on key external suppliers. Take remedial action if critical supplies / services are threatened, eg seek alternative suppliers and inform service managers.</p>	<ul style="list-style-type: none"> <li>• Assistant Director of Financial Operations</li> </ul>
3.3.27	<p>Consider the impact that disruption to local services might have, eg emergency services, public transport and fuel supplies. Put mitigation in place.</p>	<ul style="list-style-type: none"> <li>• FPWP</li> </ul>

### 3.4 WHO Transition Phase

The assessed global risk reduces.

#### Planning assumptions:

- The pandemic virus may still be circulating internationally but, for the moment, the University can now switch to ‘recovery mode’, whilst still being on alert for potential pandemic re-emergence.
- Recovery plans for key services are already in place (developed / refined during the previous phases)
- The UK Government may introduce a phased return to normal, eg a “Roadmap”
- The DHSC moves towards the Recovery Phase, returning to normal and preparing for resurgence.

#### Priorities for this period:

- Returning education, research, systems and services to ‘normality’
- Continued surveillance
- Preparation for next wave(s)

Task ID	Action	Status (Assigned to, time)
<b>Leadership, organisation and coordination</b>		
3.4.1	Ensure continued monitoring of any areas / activities still affected and / or in recovery mode, eg where there are significant backlogs or lost teaching.	<ul style="list-style-type: none"> <li>• Assistant Director, Compliance and Risk</li> <li>• DFO</li> </ul>
3.4.2	Update the Pandemic Mitigation Plan	<ul style="list-style-type: none"> <li>• FPWP</li> </ul>
<b>Communications</b>		
3.4.3	Implement the post-pandemic element of the Communications Plan; inform the University community that the pandemic wave is now reducing or considered to be ‘over’, but activity may be ongoing in some countries.	<ul style="list-style-type: none"> <li>• Head of Internal and Stakeholder Communications</li> </ul>
3.4.4	Provide return to work guidance eg: <ul style="list-style-type: none"> <li>• Enhanced hygiene measures may still be in place</li> <li>• Some individuals may still be considered vulnerable</li> <li>• Any pandemic specific processes and facilities that will be scaled down or discontinued</li> </ul>	<ul style="list-style-type: none"> <li>• FPWP</li> </ul>
<b>Surveillance, information gathering, situation reporting and risk assessment</b>		
3.4.5	Maintain close contact with the CCDC, to ensure early warning of any potential re-emergence.	<ul style="list-style-type: none"> <li>• Principal Medical Officer (Student Health Centre)</li> <li>• University Lead for Public Health (Assistant Director UCS, Compliance and Risk)</li> </ul>
3.4.6	Ensure regular monitoring of DHSC, UKHSA and GOV.UK websites to stay informed of the latest developments.	<ul style="list-style-type: none"> <li>• Business Continuity Adviser</li> </ul>
3.4.7	Collate data on staff and student absence patterns for review; continue to monitor absence levels.	<ul style="list-style-type: none"> <li>• FPWP</li> </ul>
3.4.8	Continue to maintain close contact with Exeter City Council, the LRF, FX Plus, INTO, UPP and other universities within the region, to share best practice and ensure a coordinated approach to planning.	<ul style="list-style-type: none"> <li>• Assistant Director, Compliance and Risk</li> <li>• Business Continuity Adviser</li> </ul>

<b>Task ID</b>	<b>Action</b>	<b>Status (Assigned to, time)</b>
3.4.9	Undertake a Community Impact Assessment and develop an action plan, ensuring vulnerable people, wellbeing and work / life balance are included.	<ul style="list-style-type: none"> <li>• FPWP</li> </ul>
3.4.10	Assess ongoing operational and financial impacts, eg: <ul style="list-style-type: none"> <li>• complaints</li> <li>• delays to planned activities</li> <li>• refunds / compensation / students withdrawing</li> <li>• travel restrictions</li> <li>• hardship support</li> </ul>	<ul style="list-style-type: none"> <li>• FPWP</li> </ul>
<b>Containment: health, safety and welfare issues</b>		
3.4.11	Seek advice from the University's Occupational Health Physician, where appropriate.	<ul style="list-style-type: none"> <li>• Occupational Health Manager</li> </ul>
3.4.12	Report to the Safety Committee regarding the University's response to the pandemic wave, and highlight any ongoing issues that might affect staff and students.	<ul style="list-style-type: none"> <li>• University Lead for Public Health (Assistant Director UCS, Compliance and Risk)</li> </ul>
3.4.13	Consider when any special measures can be revoked, eg changes to the travel policy.	<ul style="list-style-type: none"> <li>• Assistant Director, Compliance and Risk</li> <li>• Head of Health and Safety</li> <li>• Insurance, Audit and Risk Manager</li> <li>• Head of Global Opportunities</li> <li>• Director of Global Engagement</li> </ul>
<b>Business continuity</b>		
3.4.14	Oversee recovery plans for key services and encourage Faculties and Professional Services to return to 'business as usual'. Consider any additional resource requirements needed to facilitate recovery. Escalate to Gold IRT Chair where appropriate.	<ul style="list-style-type: none"> <li>• Assistant Director, Compliance and Risk</li> </ul>

## 4. Return to Interpandemic Phase

Pandemic measures are withdrawn. The Gold Incident Response Team and the Flu Pandemic Working Party to stand down.

The Gold IRT (if invoked) and the Flu Pandemic Working Party to undertake a review of:

- (a) actions taken during the University's response
- (b) lessons for the future
- (c) the following plans:
  - Human Influenza Pandemic Plan
  - Pandemic Mitigation Plan developed by the Flu Pandemic Working Party
  - Incident Response Team and Business Continuity Plan (Gold)
  - Faculty / Service Business Continuity Plans
- (d) changes to relevant University policies
- (e) progress with actions arising from the Community Impact Assessment

### End of Action Plan

## 5. Plan Administration

### DATA and INTELLECTUAL PROPERTY STATEMENT

The information and data provided herein shall not be duplicated, disclosed or disseminated by the recipient in whole or in part for any purpose whatsoever without the prior written permission from the University of Exeter where applicable to the University's purpose. The framework and methodology is provided by Easy Continuity Ltd for the use of the University of Exeter internally and may not be sold, shared, or used in any way without the express permission of Easy Continuity Ltd.

### CHANGE MANAGEMENT

Version/ Revision	Release Date	Originator	Reason(s) for Change
V1.0	April 2009	Paul Adams	First Publication
V1.1	August 2013	Sue Dummett	Draft version, amended to incorporate current WHO and HPA guidance.
V2.0	August 2014	Anne-Marie Hobley	Reviewed and amended to bring the formatting in line with the other scenario plans. The Plan owner has also been changed from the Assistant Director of HR (Safety, Health, Wellbeing and Learning and Development), Kate Lindsell, to the Insurance and Business Continuity Manager, Paul Hirst.
V3.0	August 2015	Anne-Marie Hobley	Annual review. Minor amendments to contact details, job titles and sections 2, 3 and 4.
V4.0	August 2016	Anne-Marie Hobley	Annual review. Minor amendments to contact details and job titles.
V5.0	October 2017	Sue Dummett	Annual review. Minor amendments to contact details and job titles
V6.0	September 2018	Patricia Molino	Annual review. Minor amendments to contact details, job titles and section 3
V7.0	September 2019	Sue Dummett and Patricia Molino	Consolidation of Sections 3.1, 3.2 and 3.3 into a single Section 3 (Pandemic Phase).  Additional detail regarding risks and impacts.  Revised membership of the Flu Pandemic Working Party to better reflect the University's silver (tactical) response level.
V8.0	May 2023	Sue Dummett	Updates to reflect changes in the University's structure.  Addition of Appendix E – Considerations for the Faculty of Health and Life Sciences.  Updates from the Covid-19 pandemic response: <ul style="list-style-type: none"> <li>Appendix F – Agenda: addition of the Covid-19 Pandemic Working Party standing agenda</li> <li>Addition of Appendix H – Resources from the Covid-19 pandemic</li> </ul>

Plan Owner	Kate Lindsell – Assistant Director UCS, Compliance and Risk	Next Review Date	May 2024
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## DISTRIBUTION LIST

Recipient	Format
Flu Pandemic Working Party <b>members</b> where <b>named</b> in Appendix A.	Electronic copy by email
Insurance Audit and Risk Team	Electronic and paper copy

## Appendix A – Human Influenza Response Contact Details

Note: Estate Patrol hold out of hours call out contact details for key University staff.

The proposed Flu Pandemic Working Party membership shown below is not exhaustive and should be altered at the Chair's discretion to suit the circumstances pertaining at the time. Members can be stood up / stood down by the Chair as the situation evolves, and additional members can be added to the Working Party.

ROLE & NAME	NAME
<b><u>Members</u></b>	
Chair - Assistant Director, Compliance and Risk	Kate Lindsell (Chair)
Team Secretary, appointed by the Chair	
Director of Faculty Operations	<ul style="list-style-type: none"> <li>• Dr Tom Begbie, or</li> <li>• Rachel Burn, or</li> <li>• Clare Wydell</li> </ul>
Director of Cornwall Operations	Amie Fulton
Head of Education Support	Elaine Cordy
Head of Stakeholder and Internal Communications	Lindsay Aitken
Assistant Director of Financial Operations	Sarah Ascott
Senior HR PS Partner	
IT Partner	
Head of Health and Safety	Mike Wetherell
Occupational Health Manager	Karen Markes
Deputy Director Commercial, Residential and Campus Services (responsibility for Residential Services and Facilities Management)	Sarah Snow
Head of Commercial Operations	Simon Law
Business Continuity Adviser	Sue Dummett
Director of Technical Strategy and Services	Charlotte Murphy
Assistant Director, Research Environment and Doctoral College	Fiona Pac-Soo
Senior Education Partner	
Assistant Director of Student Access, Recruitment and Admissions	Katherine Lloyd-Clark
Director of Global Engagement	Peter Clack

ROLE & NAME	NAME
Head of Global Opportunities	Anna Moscrop
Student Guild representative	
SU representative	
<b><u>Advisers</u></b>	
Principal Medical Officer	Dr Jo Neumegen
General Counsel and Director of Legal and Student Cases	Chrysten Cole
Equality, Diversity and Inclusion Manager	
Head of Wellbeing and Welfare Services	Mark Sawyer
Insurance, Audit & Risk Manager	Ben Lawlor
<b><u>Gold Incident Response Team Chair</u></b>	
Registrar and Secretary	Mike Shore-Nye

OTHER KEY CONTACTS/WEBSITES			
ORGANISATION	WEBSITE/EMAILADDRESS	TEL	NAME/ROLE
FX Plus	<<Removed>>		
FX Plus			
INTO			
UPP			
World Health Organisation (WHO)	<a href="http://www.who.int/en/">http://www.who.int/en/</a>	n/a	n/a
UK Department of Health and Social Care (DHSC)	<a href="#">Department of Health and Social Care</a>	n/a	n/a



<p>South West Health Protection Team</p>	<p><a href="https://www.gov.uk/guidance/contacts-phe-health-protection-teams#south-west-hpt">https://www.gov.uk/guidance/contacts-phe-health-protection-teams#south-west-hpt</a></p> <p>UK Health Security Agency 2 Rivergate Temple Quay Bristol BS1 6EH</p> <p>Follaton House Plymouth Road Totnes Devon TQ9 5NE</p> <p>Email <a href="mailto:swhpt@ukhsa.gov.uk">swhpt@ukhsa.gov.uk</a></p> <p>Email for personal identifiable information (PII) <a href="mailto:phe.swhpt@nhs.net">phe.swhpt@nhs.net</a> (see webpage shown above for instructions on sending PII and sensitive information)</p>	<p>0300 303 8162 (option 1, then option 1)</p> <p>Out of hours advice 0300 303 8162 (option 1)</p>	
<p>UK Foreign and Commonwealth Office (FCO)</p>	<p><a href="https://www.gov.uk/government/organisations/foreign-commonwealth-office">https://www.gov.uk/government/organisations/foreign-commonwealth-office</a></p> <p><a href="https://www.gov.uk/foreign-travel-advice">https://www.gov.uk/foreign-travel-advice</a></p>	<p>n/a</p>	<p>n/a</p>
<p>DHSC Guidance Pandemic flu</p>	<p><a href="https://www.gov.uk/guidance/pandemic-flu">https://www.gov.uk/guidance/pandemic-flu</a></p>	<p>n/a</p>	<p>n/a</p>
<p>UoE occupational health guidance and advice</p>	<p><a href="http://www.exeter.ac.uk/staff/wellbeing/oh/guidanceandadvice/">http://www.exeter.ac.uk/staff/wellbeing/oh/guidanceandadvice/</a></p>	<p>n/a</p>	<p>n/a</p>

# Appendix B - Nature of a Human Influenza Pandemic

## B1 Onset and Likely Outcome

The World Health Organisation (WHO) and other bodies such as the UK Department of Health and Social Care (DHSC), and UK Health Security Agency (UKHSA), advise that there is a significant risk of a human influenza pandemic occurring at some point, whether in the short-term or further into the future. Such a pandemic could have major health, social and economic impacts, including on the University community.

Whilst recognising that flu pandemics vary, the DHSC advises that up to half the UK population could become ill, resulting in large numbers of staff being absent from work. UK planning assumptions base a reasonable worst case scenario on a 50% clinical attack rate, and a 2.5% overall case fatality rate, resulting in up to 750,000 additional deaths in the UK<sup>1</sup>. The DHSC estimates, however, that with the medical treatment available in the UK, planners should aim to cope with an additional 210,000 to 315,000 additional deaths<sup>2</sup>.

During a flu pandemic, staff and students may be absent from the University for health and other reasons, such as needing time off to care for relatives. Combined with normal sickness and leave absence rates, the likelihood is that around 50% of the University population may be absent from work or study over the pandemic period, for 5 days or more at a time. Given the likelihood and potential impact of an influenza pandemic, it is essential that the University has a contingency action plan in place to cover such an eventuality.

Furthermore, there is a significant short-term risk that the University will be affected by an outbreak of flu amongst the University's bird population, which would pose some human health concerns.

## B2 Evolution of the pandemic: WHO Phases and DHSC UK Alert Levels

To assist with contingency planning the WHO has introduced the concept of four global phases leading from an interpandemic phase to a fully developed pandemic, and transitioning back to an interpandemic phase. The DHSC have introduced five UK phases to describe the response to a pandemic within the UK; these are not linear because infection rates might increase or decrease, and it is possible that a phase may be jumped, or that phases may run concurrently.

### The WHO Phase Definitions

The four WHO influenza pandemic phases are shown in full below (Source: '[Pandemic Influenza Risk Management](#)', WHO guidance', published May 2017):

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<sup>1</sup> [Planning for a possible influenza pandemic - A framework for planners preparing to manage deaths, V1.1](#), published by the Home Office, May 2008

<sup>2</sup> '[UK Influenza Preparedness Strategy 2011](#)', published by the Department of Health

**Interpandemic phase:** This is the period between influenza pandemics.

**Alert phase:** This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national and global levels, are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur.

**Pandemic phase:** This is the period of global spread of human influenza caused by a new subtype based on global surveillance. Movement between the interpandemic, alert and pandemic phases may occur quickly or gradually as indicated by the global risk assessment, principally based on virological, epidemiological and clinical data.

**Transition phase:** As the assessed global risk reduces, de-escalation of global actions may occur, and reduction in response activities or movement towards recovery actions by countries may be appropriate, according to their own risk assessments.

### **The DHSC UK Influenza Pandemic Phases**

The five phases described in the [‘UK Influenza Preparedness Strategy 2011’](#), published by the Department of Health, are summarised below:

**Detection** – Intelligence gathering and development of diagnostics specific to the new virus.

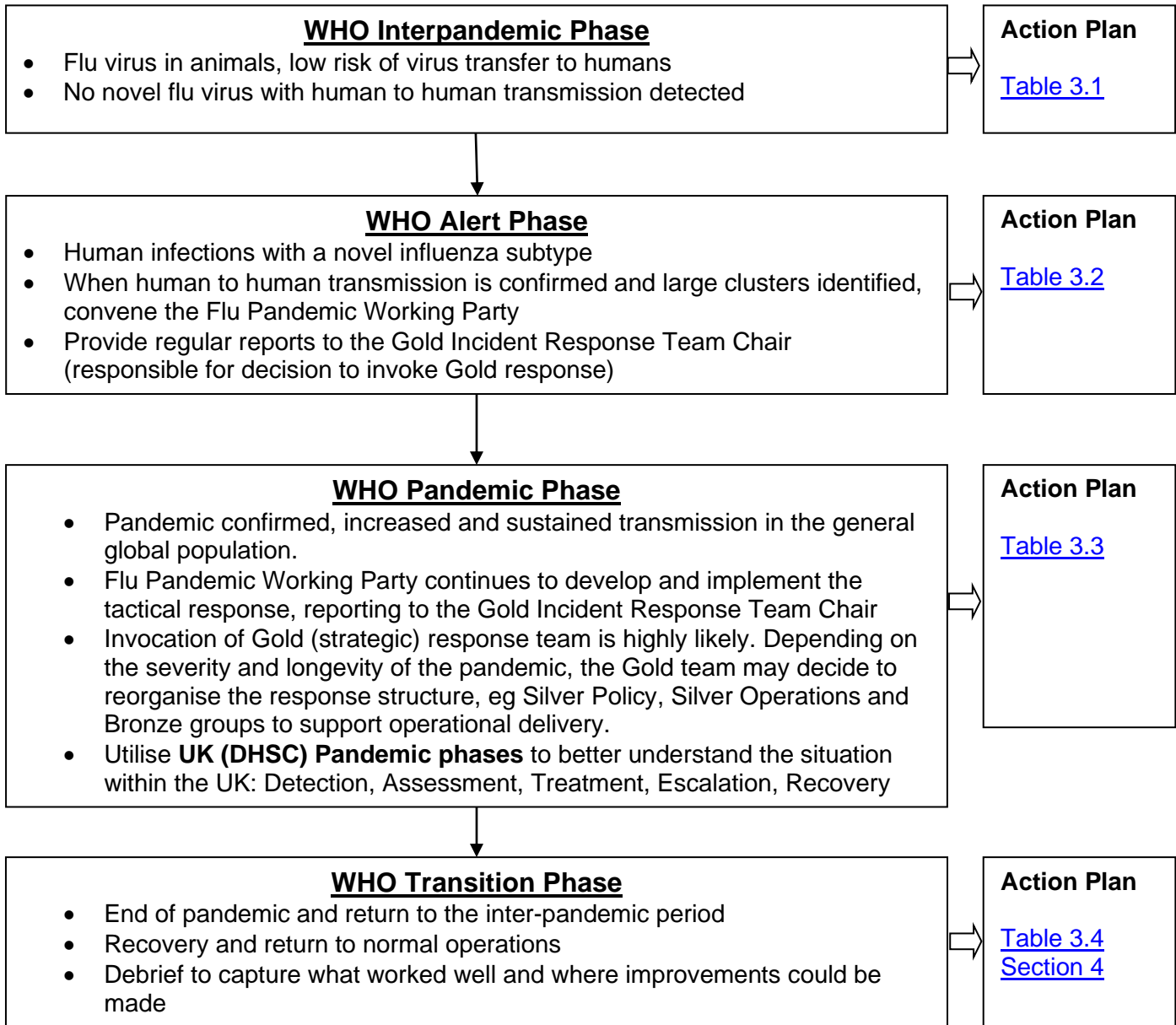
**Assessment** – Analysis of data to produce early estimates of impact on the UK; measures to reduce spread of the virus within local communities.

**Treatment** – Treatment of infected people and enhancement of local health measures to prevent spread.

**Escalation** – Escalation of surge management procedures within the health service and other sectors; resiliency measures.

**Recovery** – Return to normal; evaluate; prepare for resurgence.

# Appendix C - Influenza Pandemic Action Plan - Summary Flow Chart



## Appendix D – Faculty/Service Impact Analysis Assessment Tool

This document is available as a spreadsheet

### BUSINESS CONTINUITY PLANNING – IMPACT AND MITIGATION ASSESSMENT

<b>REASON FOR IMPACT AND MITIGATION ASSESSMENT:</b>		Flu pandemic					
Please review all the time critical priority activities which your Faculty/Service undertakes which could be impacted and identify your proposed mitigation. Your business continuity documents will assist you with this. The details should then be forwarded to xxxxxxxx who will collate the information for review by the Flu Pandemic Working Party so that there is visibility at a corporate level.							
<b>FACULTY/SERVICE:</b>							
<b>Authorised by:</b>		<i>enter name of authoriser here</i>					
Ref	Priority activity	What is the impact of non-completion?	Continuity strategy	Dependencies	Confidence level high / medium / low	Request for additional resource	Any other comments for consideration
	<i>As defined within BCP, then review BIA for other activities you wish to flag</i>		<i>What measures are proposed to mitigate / limit impact</i>	<i>Eg do you depend on another area, or is another area dependent on you for completion of this activity?</i>	<i>Confidence that an acceptable minimum level of service level can be sustained</i>	<i>Only where additional resources are required to sustain minimum acceptable service levels - this will be reviewed by the FPWP and cannot be guaranteed</i>	
1							

## Appendix E - Considerations for the Faculty of Health and Life Sciences

The Faculty of Health and Life Sciences (HLS) generates three core outputs:

- undergraduate taught programmes;
- postgraduate taught and postgraduate research degree programmes; and
- research.

All three outputs would be significantly impaired by the outbreak of a human influenza pandemic.

In particular, given the nature of education programmes delivered by HLS which require clinical placements, HLS will be affected by the NHS response to any pandemic if the NHS are dealing both with their own staff sickness and an increased patient workload. This may affect HLS students in several ways:

1. students may not be able to attend clinical placements / assessments even if they are well themselves, as their NHS supervisors / assessors may either be off work or redeployed elsewhere;
2. students may be asked not to attend clinical placements in order to avoid spreading viruses;
3. students may be asked by the NHS to work in some sort of auxiliary capacity to cover NHS staff shortages; and
4. clinical staff may be asked by their Trusts to prioritise NHS work above teaching or research.

These factors may impact on students' clinical practice experience and assessments, and could therefore impact their progression or graduation.

Research (by staff or postgraduate students) may also be affected: for example, even if staff or students are well themselves, they may not be able to undertake research involving public or patient participation, if their participants are unwell or if there are face-to-face restrictions in place.

It is noted that similar risks and impacts may be experienced by other Faculties, eg PGCE school-based work placements, research activities involving members of the public or international travel, etc.

## Appendix F - Agenda for the Flu Pandemic Working Party

First meeting:

- 1) Attendance and apologies for absence
- 2) International, national and local picture
- 3) Updates, including commentary on risks and any actions taken to date:
  - i) Faculties
  - ii) Professional Services Divisions
  - iii) Students' Guild and SU
  - iv) Key partners
- 4) Safety and wellbeing including students and staff who are overseas
- 5) Horizon scan for emerging issues and key University / partner events
- 6) Summary of potential / actual impacts and mitigation
- 7) Actions / decisions agreed by this Group
- 8) Actions / decisions to refer to Gold IRT Chair
- 9) Information for communication
  - (a) Central communications
  - (b) Local communications
- 10) Date of next meeting

This agenda is not exclusive. It may be altered at the Chair's discretion.

See overleaf for standing agenda used by the Covid-19 PWP in the early stages of the Covid-19 pandemic.

## Covid-19 Pandemic Working Party standing agenda

1.	<b>Apologies</b>	(Names have been removed)
2.	<b>Situation report</b> <ul style="list-style-type: none"> <li>• PHE specified locations (<i>UK.GOV webpage: COVID-19: specified countries and areas with implications for returning travellers or visitors arriving in the UK in the last 14 days</i>)</li> <li>• FCO alert situation</li> <li>• isolations and cases (<i>UK.GOV webpage: Covid-19 information for the public</i>)</li> </ul>	
3.	<b>Actions from last meeting</b>	
<b>PRIORITY UPDATES</b>		
4.	<b>Accommodation and Events</b> <ul style="list-style-type: none"> <li>• Student contact form alerting of isolation – process</li> <li>• Isolation room availability and support</li> <li>• Events</li> <li>• Accommodation partners (3<sup>rd</sup> party/nominated)</li> <li>• Catering</li> <li>• Commercial</li> </ul>	
5.	<b>Travel</b> <ul style="list-style-type: none"> <li>• Global travellers</li> <li>• Pending travel to Cat 2 locations / FCO amber</li> <li>• Study Abroad Inbound/Outbound</li> </ul>	
6.	<b>Lockdown</b> <ul style="list-style-type: none"> <li>• Government measures - consideration of essential services</li> </ul>	
<b>UPDATES WHERE RELEVANT FROM THE FOLLOWING:</b>		
7.	<b>Directors of College Operations update</b> ( <i>now Directors of Faculty Operations</i> ) <ul style="list-style-type: none"> <li>• College of Medicine and Health Silver (<i>now Faculty of Health and Life Sciences</i>)</li> <li>• Directors of College Operations queries</li> <li>• College related actions and liaisons</li> </ul>	
8.	<b>Fieldwork, placements</b> <ul style="list-style-type: none"> <li>• Risk assessments</li> </ul>	
9.	<b>Admissions</b> <ul style="list-style-type: none"> <li>• International education closures/delays with potential impact</li> <li>• Country specific travel restrictions with potential impact</li> <li>• Offer holder visit days</li> <li>• International recruitment updates</li> </ul>	
10.	<b>IT</b>	



	<ul style="list-style-type: none"> <li>Infrastructure capabilities and support for homeworking, remote teaching and alternative delivery methods for teaching &amp; exams</li> <li>Infection control of IT equipment</li> </ul>	
11.	<b>Infection Prevention</b> <ul style="list-style-type: none"> <li>Infection prevention and control arrangements</li> <li>SOP</li> <li>Cleaning arrangements</li> <li>Consumables</li> </ul>	
12.	<b>Global</b> <ul style="list-style-type: none"> <li>Impact on Global Partnerships</li> </ul>	
13.	<b>Communications</b> <ul style="list-style-type: none"> <li>FAQ requirements – content owned by relevant area</li> <li>Planned comms to staff and students</li> <li>Webpages</li> <li>Coronavirus mailbox</li> </ul>	
14.	<b>Education (1)</b> <ul style="list-style-type: none"> <li>Education issues</li> <li>Development of alternative delivery methods for teaching and exams</li> </ul>	
15.	<b>Education (2)</b> <ul style="list-style-type: none"> <li>SID, HUBs</li> <li>Emergency phone line feedback on FAQ</li> <li>Mitigation and examination arrangements</li> </ul>	
16.	<b>HR</b> <ul style="list-style-type: none"> <li>Staff absence tracking</li> <li>Staffing queries requiring HR advice</li> <li>Parents and carers absence</li> <li>Homeworking</li> <li>Staff wellbeing</li> </ul>	
17.	<b>Research</b> <ul style="list-style-type: none"> <li>Update and action</li> </ul>	
18.	<b>Equality and Diversity</b> <ul style="list-style-type: none"> <li>EDI considerations against decisions taken</li> </ul>	
19.	<b>Finance and Procurement</b>	
20.	<b>Technical Services</b>	
21.	<b>Estates</b>	
22.	<b>Partnerships</b> <ul style="list-style-type: none"> <li>FXPlus/Cornwall</li> <li>Northcott Theatre</li> <li>INTO</li> </ul>	

	<ul style="list-style-type: none"><li>• Guild/SU</li></ul>	
23.	<b>Flu Plan Update</b> <ul style="list-style-type: none"><li>• Are we on track with the University flu plan?</li></ul>	

## Appendix G - Action log

The FPWP may use the table below to record and monitor the progress of agreed actions.

Ref.	Meeting Date	Action	Person responsible	Target date	Comment (in progress / completed, etc)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					

## **Appendix H – Resources from the Covid-19 Pandemic**

### **H1 Covid-19 measures taken by UoE**

<<Removed from version 8.0x>>

### **H2 Covid-19 document repository**

<<Removed from version 8.0x>>

## Contents

1.	Introduction – University response to the pandemic.....	2
2.	Structure of the Action Plan .....	3
3.	The Action Plan: Phase-by-Phase Actions.....	4
3.1	WHO Interpandemic Phase.....	4
3.2	WHO Alert Phase .....	6
3.3	WHO Pandemic Phase.....	14
3.4	WHO Transition Phase.....	19
4.	Return to Interpandemic Phase.....	20
5.	Plan Administration .....	21
	Appendix A – Human Influenza Response Contact Details .....	23
	Appendix B - Nature of a Human Influenza Pandemic.....	26
B1	Onset and Likely Outcome.....	26
B2	Evolution of the pandemic: WHO Phases and DHSC UK Alert Levels .....	26
	Appendix C - Influenza Pandemic Action Plan - Summary Flow Chart.....	28
	Appendix D – Faculty/Service Impact Analysis Assessment Tool.....	29
	Appendix E - Considerations for the Faculty of Health and Life Sciences .....	30
	Appendix F - Agenda for the Flu Pandemic Working Party.....	31
	Appendix G - Action log .....	35
	Appendix H – Resources from the Covid-19 Pandemic.....	36
H1	Covid-19 measures taken by UoE .....	36
H2	Covid-19 document repository .....	36