

HUMAN INFLUENZA PANDEMIC PLAN

Version 10.0 (Sept 2025)

CONFIDENTIAL

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

- **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.

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. Reference to the following incident response plans should also be considered due to commonalities in the potential types of risks and impacts:

- Industrial action response group plan
- Severe weather University contingency plan
- No deal Brexit University contingency plan
- Covid-19 outbreak management plan

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.

Sources of further information include:

- <u>HSE</u> website
- GOV.UK website:
 - National guidance for the management of <u>communicable disease</u> outbreaks
 - o Information about the <u>UK's pandemic preparedness</u>
- The British Standards Institute BS ISO 4005:2023 Occupational health and safety management — Guidelines for organizations on preventing, controlling and managing infectious diseases.

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 <u>Appendix B</u> 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 <u>Appendix B</u>), 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 <u>Appendix H</u>.

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)			
Leadership, organisation and coordination						
3.1.1	Raise awareness of the need to plan for a flu pandemic with the University Lead for Public Health.	•	Business Continuity Adviser			
3.1.2	Raise any issues which require strategic decisions / action with the Compliance Committee	•	University Lead for Public Health (Assistant Director UCS, Compliance and Risk)			
3.1.3	Ensure appropriate employment policies are in place.	•	Executive Divisional Director of HR			
	Communication	S				
3.1.4	Ensure procedures are in place to facilitate communications with stakeholders, and to coordinate messages with: • national public information campaigns • regional and local Public Health Teams • key campus partners	•	Head of Stakeholder and Internal Communications			
Surv	eillance, information gathering, situation	re	porting and risk assessment			
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.	•	Principal Medical Officer (Student Health Centre) University Lead for Public Health (Assistant Director UCS, Compliance and Risk)			
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.	•	Business Continuity Adviser			
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).	•	Business Continuity Adviser			
3.1.8	Ensure that the potential risk of an influenza pandemic is appropriately accounted for in the University's risk assessment process.	•	University Lead for Public Health (Assistant Director UCS, Compliance and Risk) Risk owners			

Task ID	Action	Status (Assigned to, time)					
	Containment: health, safety and welfare issues						
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.	 University Lead for Public Health (Assistant Director UCS, Compliance and Risk) Principal Medical Officer (Student Health Centre) Occupational Health Manager 					
	Business continui	ty					
3.1.10	Identify essential services, key questions and risk areas that should be addressed in the University's business continuity plans including: • Maintenance of safety and welfare systems • Maintaining legal and regulatory compliance • Maintenance of essential services • Supply chain disruption • High rates of staff absence • Single points of failure / success • Homeworking contingencies • Face to face study contingencies • Death protocols (potential for multiple fatalities) • Requests from key partners for assistance, eg potential for the NHS to call on the Faculty of Health and Life Sciences – see Appendix E • Protecting reputation	Incident response and business continuity plan owners					
3.1.11	Share University incident response and business continuity information with key campus partners as appropriate.	 Business Continuity Adviser Business continuity plan owners 					

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 deescalation 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)
	Leadership, organisation and coor	dination
3.2.1	See Appendix A for members of the Flu Pandemic Working Party (FPWP). Chair to: (a) convene the FPWP when the WHO confirms human to human transmission, and large localised clusters of infection (b) inform the Gold IRT Chair that the FPWP has formed (c) provide updates to the Gold IRT Chair, raising any issues which require strategic decisions / action (d) nominate at least two deputies 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. 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: • a confirmed case within the University community	University Lead for Public Health - Assistant Director UCS, Compliance and Risk (FPWP Chair)
3.2.2	clusters of confirmed cases within the locality The Flu Pandemic Working Party to:	• FPWP
5.2.2	(a) develop an up-to-date risk assessment of potential impacts on University activities (b) develop a Pandemic Mitigation Plan – this may include indicative costs (c) seek endorsement of the plan from the Gold IRT Chair.	- 11 ***1
3.2.3	Arrange workshops / desktop-planning exercises as necessary to ensure the University is prepared for a potential influenza pandemic.	 Assistant Director, Compliance and Risk Business Continuity Adviser
3.2.4	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.	Assistant Director, Compliance and Risk

Task ID	Action	Status		
		(Assigned to, time)		
3.2.5	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.	Assistant Director, Compliance and Risk		
	Communications			
3.2.6	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. Ensure consistency with public health communication campaigns and coordinate with key campus partners to create a unified source of truth.	Head of Stakeholder and Internal Communications with assistance from: Principal Medical Officer (Student Health Centre) Head of Health and Safety Occupational Health Manager		
3.2.7	Develop and issue guidance for managers, eg: Working from home Cancelling leave Infection prevention and control Student mitigation Reassigning staff to cover absences Counselling/wellbeing services	FPWP May need direction / decision from Gold		
3.2.8	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.	Head of Stakeholder and Internal Communications		
3.2.9	Monitor travel advisory websites and include any relevant travel advice in web-based questions and answers.	Assistant Director, Compliance and Risk		
3.2.10	Consider the need for targeted communications to international students and prospective international students, particularly if cases are still solely outside the UK.	 Director of Faculty Operations Head of Stakeholder and Internal Communications Assistant Director of Student Access, Recruitment and Admissions 		
3.2.11	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 certain long term medical conditions, pregnant women, over 65s and carers.	Head of Stakeholder and Internal Communications		
3.2.12	Monitor the number of enquiries received, eg through the Student Information Desk (SID).	• FPWP		
Surve	eillance, information gathering, situation repo	rting and risk assessment		
3.2.13	Consider whether a UoE Academic Advisory Group should be formed to provide expert opinion.	Assistant Director, Compliance and Risk		
3.2.14	Agree a reporting mechanism with the Registrar to provide timely information about any changes in the situation.	Assistant Director, Compliance and Risk		

Task ID	Action	Status		
		(Assigned to, time)		
3.2.15	Maintain close contact with the CCDC / local Public Health Teams, to ensure early warning of any potential health risks.	 Principal Medical Officer (Student Health Centre) University Lead for Public Health (Assistant Director UCS, Compliance and Risk) 		
3.2.16	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: • symptoms • reproduction and growth rates of the virus • variants of concern • geographical spread • whether any groups of people are at heightened risk • hospitalisation and death rates • whether treatments are available • testing programmes 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).	Business Continuity Adviser		
	As the pandemic progresses, the FPWP will require a daily SitRep.			
3.2.17	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: • A self-reporting form should be available for use by staff and students to report that they have symptoms or a confirmed diagnosis	Senior HR PS Partner Head of Education Support		
	A separate sickness category should be added to the Trent sickness absence reporting tool.			
3.2.18	Seek assurance from global, institutional and campus partners that they have plans in place for responding to pandemic flu.	• FPWP		
3.2.19	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.	 Assistant Director, Compliance and Risk Business Continuity Adviser 		
3.2.20	Issue the Faculty / Service Impact Analysis Assessment Tool (Appendix D) to Faculties and Services for completion. Tasks 3.2.21 to 3.2.27 highlight key areas to address.	• FPWP		
3.2.21	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.	Assistant Director, Compliance and Risk		

Task ID	Action	Status
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3.2.22	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: overseas incidents incidents affecting inbound study abroad students Oversee mitigation measures.	FPWP via Faculty / Service reports received
3.2.23	Consider whether any students or staff have heightened vulnerability, eg those with Individual Learning Plans / disabilities / health problems / protected characteristics. Seek advice from an Equality, Diversity, and Inclusion Manager, and the Head of Wellbeing and Welfare. Take action as necessary.	 Director of Faculty Operations Head of Education Support Senior HR PS Partner
3.2.24	Consider whether additional hardship funds may be needed, eg if students are unable to work or incur additional international travel costs. Make a recommendation to the Gold Chair.	• FPWP
3.2.25	Consider the potential impact on Home Office Licence compliance (including animal welfare), lab and workshop safety. Take action as necessary.	Director of Technical Strategy and Operations
3.2.26	Identify modules where the effect of missed teaching / placements might be magnified, eg:	 Director of Faculty Operations Head of Education Support Technical Services Partner Assistant Director, Research Environment and Doctoral College
3.2.27	Consider potential impacts on research, eg:	 Assistant Director, Research Environment and Doctoral College Director of Faculty Operations

Task ID	Action	Status		
		(Assigned to, time)		
3.2.28	Consider potential impacts on priority activities undertaken by Professional Services Divisions, eg: safety welfare security essential / emergency maintenance out of hours call out IT support including AV Library Services Laboratories and research facilities SID and Hubs exams and assessments student recruitment and admissions processing / reporting financial transactions, including payroll Residential Services catering cleaning, facilities, mailroom and transport reception desks timetabling conferences and events	• FPWP		
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.	• FPWP		
	Containment: health, safety and wel	fare issues		
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.	 Principal Medical Officer (Student Health Centre) University Lead for Public Health (Assistant Director UCS, Compliance and Risk) 		
3.2.31	Seek advice from the University's Occupational Health Physician, where appropriate.	Occupational Health Manager		
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.	University Lead for Public Health (Assistant Director UCS, Compliance and Risk)		
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.	Head of Health and Safety Insurance, Audit and Risk Manager (chair of UoE international travel incident response team) Head of Global Opportunities Director of Global Engagement		

Task ID	Action	Status		
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.	(Assigned to, time) Deputy Director Commercial, Residential and Campus Services		
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.	Head of Health and Safety		
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 Appendix H.	• FPWP		
3.2.37	Develop an Outbreak Management Plan in collaboration with the local Health Protection Team.	 University Lead for Public Health (Assistant Director UCS, Compliance and Risk) Business Continuity Adviser 		
3.2.38	See Appendix H for prompts about measures that may be needed and awareness of documents developed for the Covid-19 pandemic.	• FPWP		
	Business continuity			
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.	Business Continuity Adviser		
3.2.40	Prompt a review of potential continuity arrangements for Student Access, Recruitment and Admissions activities.	Assistant Director of Student Access, Recruitment and Admissions		
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.	Assistant Director, Compliance and Risk		
3.2.42	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> .	FPWP members for their area of responsibility		
	Consider whether there is scope to extend key dates / deadlines. Seek advice from the General Counsel and Director			
	of Legal and Student Cases.			
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?	Assistant Director UCS, Compliance and Risk		

Task ID	Action	Status		
		(Assigned to, time)		
3.2.44	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.	 Director of Faculty Operations Head of Education Support Education Business Partner 		
	Escalate to Gold IRT Chair if policy changes are needed.	Assistant Director, Compliance and Risk		
3.2.45	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.	• FPWP		
	Ovid-19 examples: Here to Help team of staff and students, to encourage adherence to infection, prevention and control measures			
	Rapid Response Hub to collate information on symptomatic / positive cases / close contacts in self-isolation and offer support to individuals			
3.2.46	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.	IT Business Partner		
	 Check VPN capacity Consider issuing dongles if colleagues do not have suitable internet connections Consider whether additional emphasis is needed to promote cyber-security advice Consider homeworking equipment and collection of equipment from campus 			
3.2.47	Review HR policies, eg for sickness and special leave. Escalate to Assistant Director (Policy and Reward) if	Senior HR PS Partner		
	necessary.			
3.2.48	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.	Assistant Director of Financial Operations		
	Request that business continuity plan owners review and adjust stock levels as necessary.	Business Continuity Adviser		

Task ID	Action	Status (Assigned to, time)
3.2.49	Remind Faculties and Services to consider the issue of post-pandemic recovery, eg management of backlogs. Identify any services or activities that might be	• FPWP
	irrecoverable following a pandemic and consider any remedial action to be taken.	
3.2.50	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.	• FPWP
3.2.51	Ensure plans are in place to care for sick students living in University accommodation. Liaise with Purpose Built Student Accommodation providers about their arrangements.	 Residences Manager Deputy Director, Commercial, Residential and Campus Services
3.2.52	Request that the University's plans for managing deaths are reviewed in light of the pandemic and any local / national arrangements.	Assistant Director, Compliance and Risk

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)
	Leadership, organisation and coord	
3.3.1	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.	The Chair (FPWP) Assistant Director, Compliance and Risk
	 If the Gold IRT has been invoked: the Principal Medical Officer should be invited to move from the FPWP to join the Gold IRT provide regular (likely to be daily) updates to the Gold IRT continue to liaise with the Gold Chair about strategic decisions lead the FPWP in the translation of strategy into sets of managing actions that will be delivered at operational level. 	
	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.	
3.3.2	Collate and monitor situation reports from Faculties and Divisions. Update the Pandemic Mitigation Plan as appropriate.	• FPWP
	Gold may decide to stand down the Flu Pandemic Working Party and reorganise the response structure, eg: during Covid-19: • Silver Policy Group	
	 Silver Tolicy Group Silver Operations Group supported by Bronze sub-groups Testing, Tracing and Vaccination Safe and Healthy 	
	 Commercial, Residences and Campus Operations 	
	 Buildings and Infrastructure 	
	 Study and Learning Spaces 	
	Digital and IT	
	o Research Restart (including Doctoral College)	
	Outbreak Management Team	
	During a long-running pandemic, the response structure is likely to undergo periodic review and adjustment.	

Task ID	Action		Status
			(Assigned to, time)
3.3.3	Give clear and regular guidance to support good coordination and leadership within Faculties and Divisions.	•	FPWP
3.3.4	Update the Pandemic Mitigation Plan in response to changing circumstances.	•	FPWP
	Communications		
3.3.5	Continue implementation of the Communications Plan; ensure stakeholders receive updates on the latest situation at appropriate intervals. Consider displaying public information posters, eg as made available by UKHSA.		Head of Stakeholder and Internal Communications
	Communications must be aligned to any strategic approach determined by the Gold IRT.		
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 <u>Appendix H</u>).	•	Head of Stakeholder and Internal Communications Head of Education Support Senior HR PS Partner
Surve	illance, information gathering, situation repor	ting	and risk assessment
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.	• !	Principal Medical Officer (Student Health Centre) University Lead for Public Health (Assistant Director UCS, Compliance and Risk)
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 SitRep.		Business Continuity Adviser
3.3.9	Review absence data and monitor the impact on critical activities. Adjust the risk assessment accordingly.	•	FPWP
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.	•	Assistant Director, Compliance and Risk Business Continuity Adviser
3.3.11	Monitor and look ahead at arrangements for staff and students living / working in affected areas. Reassess the integrity of escalation routes for: overseas incidents incidents affecting inbound study abroad students		FPWP via Faculty / Service reports received
3.3.12	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. Seek advice from an Equality, Diversity, and Inclusion Manager, and the Head of Wellbeing and Welfare.	•	Director of Faculty Operations Head of Education Support Senior HR PS Partner

Action	Status
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.	(Assigned to, time) • FPWP
Monitor and look ahead at the impact on Home Office Licence compliance, lab and workshop safety. Take action as necessary.	 Director of Technical Strategy and Operations
Monitor and look ahead at the impact on modules where the effect of missed teaching might be magnified. Liaise with external bodies as appropriate.	 Director of Faculty Operations General Counsel and Director of Legal and Student Cases Head of Education Support Technical Services Partner Assistant Director, Research Environment and Doctoral College
Monitor and look ahead at the impacts on research and consider how these can be mitigated.	 Assistant Director, Research Environment and Doctoral College Director of Faculty Operations
Monitor and look ahead at the impacts on priority activities undertaken by Professional Services Divisions and consider how these can be mitigated.	• FPWP
Containment: health, safety and welf	are issues
Ensure compliance with pandemic requirements and guidance issued by the NHS, UKHSA and UK Government, including the DfE. Take advice from the CCDC / local Public Health	 Principal Medical Officer (Student Health Centre) University Lead for Public Health (Assistant Director UCS, Compliance and Risk)
should be taken within the University to control the spread of infection. Develop and implement hygiene measures, eg "hands,	 FPWP members (eg Deputy Director, Commercial, Residential and Campus Services)
distancing). Prompts are available in Appendix H.	
Seek advice from the University's Occupational Health Physician, where appropriate.	Occupational Health Manager
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. Take action as necessary on the meeting outputs.	 University Lead for Public Health (Assistant Director UCS, Compliance and Risk)
	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. Monitor and look ahead at the impact on Home Office Licence compliance, lab and workshop safety. Take action as necessary. Monitor and look ahead at the impact on modules where the effect of missed teaching might be magnified. Liaise with external bodies as appropriate. Monitor and look ahead at the impacts on research and consider how these can be mitigated. Monitor and look ahead at the impacts on priority activities undertaken by Professional Services Divisions and consider how these can be mitigated. Containment: health, safety and welf Ensure compliance with pandemic requirements and guidance issued by the NHS, UKHSA and UK Government, including the DfE. 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. Develop and implement hygiene measures, eg "hands, face, space" (hand hygiene, face coverings, social distancing). Prompts are available in Appendix H. Seek advice from the University's Occupational Health Physician, where appropriate. 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.

Task ID	Action	Status
		(Assigned to, time)
3.3.21	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.	University Lead for Public Health (Assistant Director UCS, Compliance and Risk) insurance, Audit and Risk Manager
	The UK Government may impose local / regional / national travel restrictions.	
	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.	
3.3.22	Review and maintain the Outbreak Management Plan.	 Business Continuity Adviser University Lead for Public Health (Assistant Director UCS, Compliance and Risk)
	Business continuity	
3.3.23	Monitor and look ahead at the impact on critical services and key individuals. Reassign resources if required to support continuity of priority activities.	• FPWP
	Escalate to Gold IRT Chair if minimum acceptable levels of service are threatened / additional resources are required.	Assistant Director UCS, Compliance and Risk
3.3.24	Record and monitor approved expenditure using the appropriate pandemic cost codes.	• FPWP
	Forecast future budget requirements – this is likely to be an iterative process.	
	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).	
	Is the budget set by Gold adequate to meet current and future needs? If not, submit option and proposal papers to Gold.	
3.3.25	Consider whether additional temporary space is required to enable social distancing, eg marquees to provide extra dining or study space.	• FPWP
3.3.26	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.	Assistant Director of Financial Operations
3.3.27	Consider the impact that disruption to local services might have, eg emergency services, public transport and fuel supplies. Put mitigation in place.	• FPWP

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 reemergence.
- 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)				
	Leadership, organisation and coordination					
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.	 Assistant Director, Compliance and Risk DFO 				
3.4.2	Update the Pandemic Mitigation Plan	• FPWP				
	Communications					
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.	Head of Internal and Stakeholder Communications				
3.4.4	Provide return to campus guidance eg:	• FPWP				
	Enhanced hygiene measures may still be in place					
	Some individuals may still be considered vulnerable					
	Any pandemic specific processes and facilities that will be scaled down or discontinued					
Surv	eillance, information gathering, situation repo	orting and risk assessment				
3.4.5	Maintain close contact with the CCDC, to ensure early warning of any potential re-emergence.	 Principal Medical Officer (Student Health Centre) University Lead for Public Health (Assistant Director UCS, Compliance and Risk) 				
3.4.6	Ensure regular monitoring of DHSC, UKHSA and WHO and GOV.UK websites to stay informed of the latest developments.	Business Continuity Adviser				
3.4.7	Collate data on staff and student absence patterns for review; continue to monitor absence levels.	• FPWP				

Task ID	Action	Status (Assigned to, time)
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.	 Assistant Director, Compliance and Risk Business Continuity Adviser
3.4.9	Undertake a Community Impact Assessment and develop an action plan, ensuring vulnerable people, wellbeing and work / life balance are included.	• FPWP
3.4.10	Assess ongoing operational and financial impacts, eg:	• FPWP
	Containment: health, safety and we	elfare issues
3.4.11	Seek advice from the University's Occupational Health Physician, where appropriate.	Occupational Health Manager
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.	University Lead for Public Health (Assistant Director UCS, Compliance and Risk)
3.4.13	Consider when any special measures can be revoked, eg changes to the travel policy.	 Assistant Director, Compliance and Risk Head of Health and Safety Insurance, Audit and Risk Manager Head of Global Opportunities Director of Global Engagement
	Business continuity	
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.	Assistant Director, Compliance and Risk

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

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(e)	progress with	n actions	arising fr	om the	Community	/ Impact	Assessment
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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/	Release	Originator	Reason(s) for Change
Revision	Date		
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
V8.0	May 2023	Sue Dummett	silver (tactical) response level. 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: Appendix F - Agenda: addition of the Covid-19 Pandemic Working Party standing agenda Addition of Appendix H - Resources from the Covid-19 pandemic
V9.0	June 2024	Sue Dummett	Minor updates, eg job titles and references.
V10	Sept 2025	Angela Lingham	Light touch, contact details

Plan Owner	Kate Lindsell – Assistant Director UCS,	Next Review	Sept 2026
	Compliance and Risk	Date	

DISTRIBUTION LIST

Recipient	Format
Flu Pandemic Working Party members where named 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
<u>Members</u>	
Chair - Assistant Director, Compliance and Risk	Kate Lindsell (Chair)
Team Secretary, appointed by the Chair	
Director of Faculty Operations	Dr Tom Begbie, orCathy Durston, orJames Hutchinson
Assistant Director of Cornwall Ops	Catriona Taylor
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	Angela Lingham
Director of Technical Strategy and Operations	Charlotte Murphy
Assistant Director, Research Environment and Doctoral College	Fiona Pac-Soo
Senior Education Partner	

ROLE & NAME	NAME
Assistant Director of Student Access, Recruitment and Admissions	Katherine Lloyd-Clark
Director of Global Engagement	Peter Clack
Head of Global Opportunities	Anna Moscrop
Student Guild representative	
SU representative	
Advisers	
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	Tracey Allen
Gold Incident Response Team Chair	
Senior Vice-President and Registrar & Secretary	Mike Shore-Nye

OTHER KEY CONTACTS/WEBSITES			
ORGANISATION	WEBSITE/EMAILADDRESS	TEL	NAME/ROLE
FX Plus	simon.grant@fxplus.ac.uk	01326 255 240	Simon Grant, Head of Health and Safety
FX Plus	kerry.ray@fxplus.ac.uk	01326 370 483	Kerry Ray, Head of Strategic Planning, Governance & Business Transformation
INTO	M.McGregor@exeter.ac.uk		Michael McGregor, Facilities Manager
UPP	James.burrows@upp-ltd.com	07740 576954	James Burrows, General Manager

World Health Organisation (WHO)	http://www.who.int/en/	n/a	n/a
UK Department of Health and Social Care (DHSC)	Department of Health and Social Care	n/a	n/a
South West Health Protection Team	https://www.gov.uk/guidance/contacts-phe-health-protection-teams#south-west-hpt UK Health Security Agency 2 Rivergate Temple Quay Bristol BS1 6EH Follaton House Plymouth Road Totnes Devon TQ9 5NE Email swhpt@ukhsa.gov.uk Email for personal identifiable information (PII) phe.swhpt@nhs.net	0300 303 8162 (option 1, then option 1) Out of hours advice for health professionals requesting urgent advice 0300 303 8162 (option 1)	
UK Foreign and Commonwealth and Development Office (FCDO)	https://www.gov.uk/government/organisations/foreigcommonwealth-development-officehttps://www.gov.uk/foreign-travel-advice	n/a	n/a
DHSC Guidance Pandemic flu	https://www.gov.uk/guidance/pandemic-flu	n/a	n/a
UoE occupational health guidance and advice	http://www.exeter.ac.uk/staff/wellbeing/oh/guidanceandadvice/	n/a	n/a

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.

The UK Government's National Risk Register 2023 sets out a reasonable worst-case pandemic scenario, based on an influenza-like illness:

The reasonable worst-case scenario is based on an unmitigated respiratory pandemic with an unassumed transmission route and a high attack rate, with 4% of symptomatic infections requiring hospital care and a case fatality ratio of 2.5%. From start to finish the emergency stage of the pandemic in the UK will last at least 9 months and potentially significantly longer. Response mechanisms are likely to be required beyond 9 months to manage the chronic stage of the risk and longer-term recovery. The pandemic may come in single or multiple waves. The wave number depends on the characteristics of the disease, public behaviour, and government intervention. The pandemic may lead to behaviour changes in the population depending on the nature of the disease and the government's response. The scenario assumes 50% of the UK's population fall ill during the whole course of the pandemic, with about 1.34 million people estimated to require hospital treatment, possibly resulting in up to 840,000 deaths.

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 there will be high rates of staff and student absence during the pandemic period. 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):

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 '<u>UK Influenza Preparedness Strategy 2011</u>', published by the Department of Health, are summarised below:

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

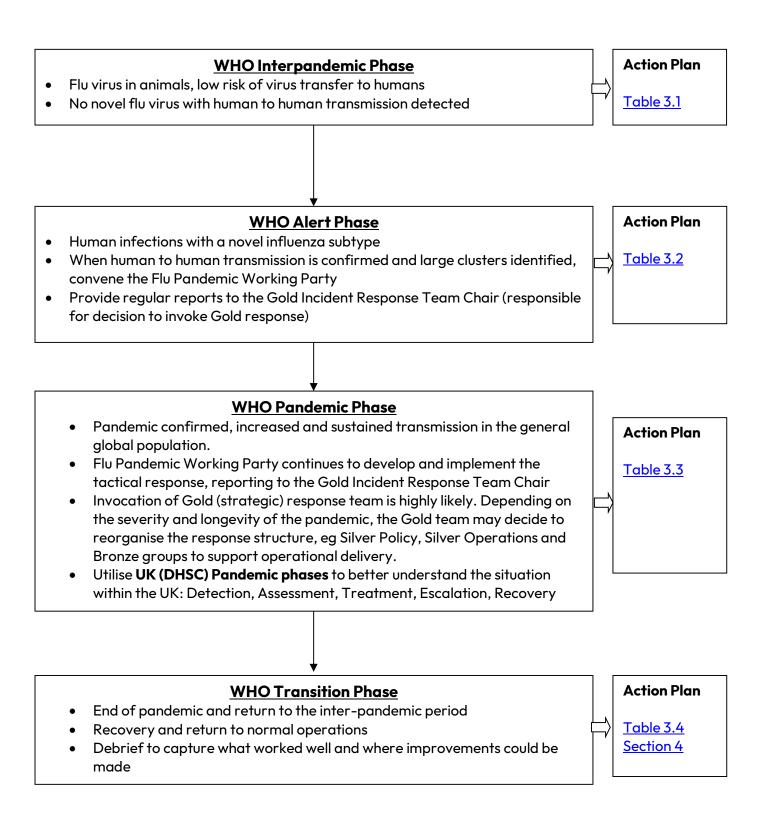
Assessment – Analysis of data to produce early estimates of impact on the UK; measures to reduce spread of the virus within local communities.

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

REASON FOR IMPACT AND MITIGATION ASSESSMENT: 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 institutional level.

F	ACULTY/SERVICE:						
Authorised by:		enter name of authoriser here					
Ref	Priority activity	What is the impact of non- completion?	Continuity strategy	Dependencies	Confidenc e level high / medium / low	Request for additional resource	Any other comments for consideration
	As defined within BCP, then review BIA for other activities you wish to flag		What measures are proposed to mitigate / limit impact	Eg do you depend on another area, or is another area dependent on you for completion of this activity?	that an acceptable	Only where additional resources are required to sustain minimum acceptable service levels - this will be reviewed by the FPWP and cannot be guaranteed	
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:

- 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 meting

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.	Apologies	(Names have been removed)
2.	Situation report	
	UKHSA specified locations (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)	
	FCDO alert situation	
	 isolations and cases (UK.GOV webpage: Covid-19 information for the public) 	
3.	Actions from last meeting	
PRIO	RITY UPDATES	
4.	Accommodation and Events	
	 Student contact form alerting of isolation – process Isolation room availability and support Events Accommodation partners (3rd party/nominated) Catering Commercial 	
5.	Travel	
	 Global travellers Pending travel to Cat 2 locations / FCDO amber Study Abroad Inbound/Outbound 	
6.	Lockdown	
	Government measures - consideration of essential services	
<u>UPD</u>	TES WHERE RELEVANT FROM THE FOLLOWING:	
7.	Directors of College Operations update (now Directors of Faculty Operations)	
	College of Medicine and Health Silver (now Faculty of Health and Life Sciences)	
	Directors of College Operations queriesCollege related actions and liaisons	
8.	Fieldwork, placements	
	Risk assessments	
9.	Admissions	
	 International education closures/delays with potential impact 	
	Country specific travel restrictions with potential impact	

	Offer holder visit days	
	International recruitment updates	
10.	IT	
	 Infrastructure capabilities and support for homeworking, 	
	remote teaching and alternative delivery methods for	
	teaching & exams	
	Infection control of IT equipment	
11.	Infection Prevention	
	Infection prevenition and control arrangements	
	• SOP	
	Cleaning arrangements	
	Consumables	
12.	Global	
	Impact on Global Partnerships	
13.	Communications	
15.	Commonications	
	FAQ requirements – content owned by relevant area	
	Webpages	
1/	Coronavirus mailbox Education (7)	
14.	Education (1)	
	Education issues	
	Development of alternative delivery methods for teaching	
	and exams	
15.	Education (2)	
	• SID, HUBs	
	 Emergency phone line feedback on FAQ 	
	 Mitigation and examination arrangements 	
16.	HR	
	Staff absence tracking	
	Staffing queries requiring HR advice	
	Parents and carers absence	
	Homeworking	
	Staff wellbeing	
17.	Research	
	Update and action	
18.	Equality and Diversity	
	, , , , , , , , , , , , , , , , , , , ,	
	EDI considerations against decisions taken	
19.	Finance and Procurement	
'/'	- manac and i rocor emem	
20	Tankulani Camiraa	
20.	Technical Services	

21.	Estates	
22.	Partnerships	
	FXPlus/Cornwall	
	Northcott Theatre	
	• INTO	
	Guild/SU	
23.	Flu Plan Update	
	Are we on track with the University flu plan?	

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					

Appendix H – Resources from the Covid-19 Pandemic

H1 Covid-19 measures taken by UoE

Examples of measures taken by the University during the Covid-19 pandemic are shown below:

Non-pharmaceutical interventions

- Reduced occupancy in all rooms to achieve 2m social distancing
 - Drawings for new furniture layouts
 - o Removal of furniture to storage facilities
 - o Signs outside each room stating maximum occupancy
 - o All facing the front where possible
 - o Fill from the back
 - o 2m protected teaching zone
- Online / hybrid study
- Online exams
- Building risk assessments
- Safe working arrangements in laboratories and other specialist facilities
- Safe lone working arrangements SafeZone check-ins
- Homeworking
- Click and collect system for collection of office equipment
- Where colleagues need to work together to deliver services, assigning colleagues to small groups
- Staff absence policies for those required to self-isolate
- Workload / performance appraisal adjustments for those unable to work as normal, eg due to caring responsibilities
- Marquees to provide additional space
- Ventilation assessment and room capacity calculations
- Increased mechanical ventilation
- Keep windows open signs where there is no mechanical ventilation
- Additional picnic benches
- Social distancing and directional signage on floors, doors, pavements, etc
- Perspex screens for front facing services
- In room digital screen instructions
- "do not sit here" pop ups / signage
- Face coverings issued free of charge via face covering stations
- Disinfectant wipes in every room
- Hand gel stations
- Fogging lecture theatres once per week
- Increased cleaning of touch points and communal areas x 4 per day
- Communications plan including large outdoor screens, Weekly Bulletin, all staff and student emails, promotional videos / webinars by UoE academic experts / colleagues / students
- Staggered arrivals and departures in halls of residence
- Early accommodation for international arrivals who need to quarantine
- Additional services for students who remain on campus during vacation periods (eg due to international travel restrictions)
- Here to Help team to encourage adherence to the requirements
- Booking system for study desks
- Queuing systems, eg in the Forum
- Student charter

Supporting students in self-isolation

• Information about the self-isolation requirements

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- Cleaning pack delivered to Halls (included cleaning equipment and face coverings)
- Rapid Response Hub as a point of contact by phone and email
- Wellbeing / welfare check ins
- Digital hampers vouchers for online entertainment
- Meal deliveries, isolation and quarantine packs for students in University accommodation
- Online orders and delivery from the Market Place
- Arrangements with Exeter City Council for laundry, prescription collection, etc.
- Booking system for use of catered halls dining rooms

Clinically vulnerable people and Equality, Diversity and Inclusion

- Covid-19 self-assessment vulnerability tool
- EDI assessment
- Guidance for students and staff
- Campus workspace provision for colleagues who cannot / are reluctant to work from home (loneliness, lack of suitable space, domestic abuse, etc)

Contact tracing

- QR codes for each room
- QR codes for each desk
- Rapid Response Hub telephone calls to positive cases and record keeping system
- Guidance for managers on close contacts in the workplace
- Weekly report to Environmental Health Officer on locations

Testing

- Third party testing provision
- Free self-testing kits
- On campus testing facilities and booking system
- Information about government testing facilities
- Data recording and analysis
- Pop-up testing in hot spots

Vaccinations

- Information about the Government's vaccination programme
- On campus vaccination clinics

Travel

- Repatriation of overseas travellers
- Temporary domestic and international travel policies and procedures
- Enhanced risk assessments
- Field trips alternative provision

Further information

Further information is saved in a secure location – contact Kate Lindsell

H2 Covid-19 document repository

The following Covid-19 pandemic documents have been retained by the Business Continuity Team for ease of reference.

Document title	Description
UK Covid-19 timeline lockdowns Mar 2020_Mar 2022	Timeline of UK coronavirus lockdowns, March 2020 to March 2021.
Self isolation PHE Guidance	Extract from government guidance issued at the start of the Covid-19 pandemic.
UK Gov HEI guidance	UK Government instructions and guidance to HEIs issued during the Covid-19 pandemic.
DCC LOMP V2 310720	DCC & Public Health Devon Local Outbreak Management Plan.
Cornwall and IoS-local-outbreak-plan- 30June20_5-002	Cornwall and Isles of Scilly Local Outbreak Management Plan.
UoE Covid-19 OMP v 1.2x	UoE Covid-19 outbreak management plan.
Risk profile draft 1 and roadmap	UoE draft risk profile and scenarios, UK Government's Covid-19 roadmap steps, potential impacts on education and research.
Research restart roadmap	Resumption of research activities aligned to the UK Government's Covid-19 roadmap steps.
Sustain structure	UoE Gold, Silver, Bronze structure for the ongoing Covid-19 response.
2021 04 01 Covid-19 SitRep	Example of the daily Covid-19 SitRep provided for Gold and Silver teams – international and national picture.
Isolation Plan V2290120	Isolation plan – students in university accommodation – Novel Coronavirus. Guidance aimed at the residence management team who look after students living in University owned residences and 3 rd party providers on how to manage students in isolation.
Overnight arrangements redacted (telephone numbers removed)	Out of hours procedures for responding to a notification that a student requires a test.
	This procedure was put in place before public test centres and home test kits became available.

Document title	Description
RAG rooms	Spreadsheet listing UoE halls of residence rooms, rated Red, Amber or Green according to suitability for self-isolation.
Checklist to assess suitability of accommodation for isolation	Extract from government guidance issued at the start of the Covid-19 pandemic.
Arrangements in the event of a student or colleague death during Covid19 outbreak V2	Enhanced protocol for staff or student death during Covid-19.
Guidance for managers of essential staff	Core principles for managing essential staff who are required to work on the University's campuses during periods of national restriction.
Getting buildings ready guidance V6_0 050620	Measures for getting UoE buildings ready for use when lockdown measures are lifted, but with social distancing and other infection prevention and control requirements still in place.
Getting workplaces ready V3_0 050620	Guidance outlining the University's procedures in relation to employees and other persons returning to campus. Considerations for managers when assessing the Covid-19 risks and any controls needed to safely operate within buildings ready for work to restart.
Returning_to_campus_Guide_COVID_V8	Guidance on the measures being put in place to give colleagues an in insight into how the campuses have been prepared for on-campus working.
Staff and student COVID information card v1	Sets out Covid-19 general campus rules, campus wide safety commitments, symptoms, self-isolation and testing to check if you have coronavirus
Coronavirus Travel Risk Assessment v1	Coronavirus - Enhanced Travel Considerations

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