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## **SERVICE CONTINUITY PLANNING FOR PANDEMIC FLU: A Checklist for Reviewing Hospital Pharmacy Plans**

### **England Working Document (v.5)**

The UK is well prepared for a possible influenza pandemic, with overarching plans in place at national level in all four Home Countries. As an integral part of patient care, hospital pharmacy should be represented in the service continuity plans of NHS trusts to enable medicines management to operate to best effect during a pandemic.

As the exact nature of a pandemic is highly uncertain, it is impossible to predict how serious it will be and who will be affected. When reviewing plans, it is important to ensure that a range of circumstances is envisaged. A pandemic will not be a short, sharp, localised disruption, like most disasters. It will be widespread and may last for several months. Current predictions suggest that at the higher clinical attack rate of 50%, between 15 and 20 per cent of the workforce might be unavailable at the peak of the pandemic, and there might be a second or third wave of absenteeism as more people become ill. For smaller organisations with 5-15 members of staff, 30-35 per cent of the workforce may be affected.

### **EVALUATING THE PHARMACY ELEMENTS OF A SERVICE CONTINUITY PLAN**

A service continuity plan should describe how the pharmacy intends to maintain its critical operations, stores and equipment to minimise the impact of a pandemic. It should specify necessary resources, key contact lists and clear procedures that need to be followed by any member of staff during the crisis. One of the most important aspects of a service continuity plan is delegation of roles and responsibilities and this requires training needs to be anticipated and met in advance.

For hospital pharmacy, it is important that pharmacy planning links coherently with the service continuity plan of the trust as a whole.

#### **1. Assess the likely impact of a pandemic on your service**

Consider what is likely to happen if increasing numbers of people start falling ill with flu and the Government declares a pandemic situation in the UK. What will this mean for your pharmacy service?

- Key personnel may be unavailable for lengthy periods. Apart from those falling ill with flu, schools and nurseries may close so lack of childcare could lead to absenteeism. Staff may need time off to care for ill relatives, to deal with bereavement etc.
- At a 50% clinical attack rate, absentee rates of between 15 and 20% are likely during the 2-3 week peak period (greater for smaller organisations – see above). At this attack rate, up to 50% of the workforce potentially will require time off at some stage over the entire period of the pandemic, with individuals absent for an average of 7 to 10 days. Consider at what threshold you might decide to consolidate to a supply-only service.
- Transport systems may be disrupted (fuel shortages, reductions in public transport etc).

- Patients may not be able to access their GP so those who are discharged will need to be given adequate supplies of medicines by hospital pharmacies during the pandemic period. Therapeutic substitution may be necessary for products in short supply.
- Utilities may be affected (water, electricity, gas etc), as may waste services
- There may be widespread panic. Law and order may suffer.
- It will be essential to work collaboratively with other healthcare professionals and other pharmacy colleagues to maintain continuity of care and medicines supply to patients and consistency of message to the public. How will this work in your locality? Will departments work collaboratively to provide aseptic and technical services?
- Pharmacists and their staff may have to take on additional or different clinical roles in a pandemic.

	Due to review	In Progress	Complete
Have you assessed whether the trust's service continuity plan adequately reflects pharmacy and medicines management issues in a pandemic situation?			
Has the plan been tested within the last 12 months?			
Have you identified the critical resources needed to run your service (stock, personnel, equipment, utilities etc)?			
Have you assessed the impact on your service of losing any of these key resources?			
Have you considered how long the service could continue to operate without these resources or with reduced amounts?			
Does the plan take account of national guidance and anticipate legislative changes that will enable more flexible approaches to the prescribing and supply of medicines?			

## 2. Reviewing a trust's service continuity plan

Service continuity planning is another strand of risk management – reducing the likelihood of an interruption occurring and reducing its impact if and when it does occur. The pharmacy elements will need to be seen in the context of interdependencies with other services as well as the trust's overall capability. This may mean an extension of medicines management services to ensure continuity of acute care, to reduce routine demands on medical and nursing colleagues and potentially to support specific patient groups in the community who would normally be treated in hospital. However, if pharmacy staffing itself is severely depleted, the focus may need to be on short-term priorities, such as determining and managing the supply of essential medicines or priority medicines. This may include transcribing, prescribing or therapeutic substitution to ensure the safe and effective supply of medicines to patients. When reviewing the trust's preparedness plan, the following checklist may be helpful.

	Due to review	In Progress	Complete
<b>General</b>			
Make sure all staff are aware of the pandemic service continuity plan.			
Identify methods of gathering reliable information on current pandemic status (for example, Health Protection Agency, World Health Organisation and DH websites).			
Make sure the plan states clearly the triggers for activation and cessation and that all staff are aware of when it will start and when normal service will resume.			
Make sure the plan is easily accessible.			
Ensure the plan is regularly reviewed and updated in the light of changing information and that key personnel are informed when changes to the plan occur.			

	Due to review	In Progress	Complete
It is likely that once a pandemic has been declared, legislative changes will be made to allow more flexible arrangements for the prescribing and supply of medicines. Make sure you know how to find out what will be allowed under emergency powers and when this information is likely to be available.			
<b>Activities</b>			
Identify critical activities that need to continue during a pandemic and rank in order of importance.			
Agree with the trust those services that need to continue and those that can stop.			
Ensure the trust's plan takes account of services provided to other settings by SLA or to patients' homes via homecare			
Ensure you know what pandemic-specific roles and tasks the trust expects pharmacy to undertake and include these in the plan.			
Go through your SOPs in detail and decide what may need to change during a pandemic (for example, how might the supply of medicines at discharge be affected?)			
Plan to restrict the number of non-essential face-to-face meetings with others, for example, training courses, meetings etc.			
Identify methods of infection control in the pharmacy (for example, extra workplace cleaning, implementation of cough etiquette, asking those with symptoms of flu to stay at home etc). Pharmacists and their staff may also play a vital role in providing messages of cough etiquette and hand washing to the public.			
Display prominent notices in toilets and staff rooms reminding staff to wash hands <a href="http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_063674">http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_063674</a>			
Prepare to stock up newly opened wards at short notice.			
<b>Staff</b>			
Identify minimum staffing levels needed to continue safe operation (including staff security).			
Consider keeping details of staff who may be able to help out in an emergency (eg former employees, recently retired staff, those on family leave etc). What training might they need?			
Ensure staff contact list is up to date and includes details of next-of-kin and out-of-hours or emergency numbers. Mobile numbers are useful as SMS messages can be sent quickly in a block.			
Do you know where staff members live, how they travel and what their family or other commitments may be?			
Ensure induction plans and information for temporary staff is up-to-date in case you need to use staff that are not familiar with your service.			
Identify staffing thresholds and action to be taken as staffing levels fall.			
Identify key roles and tasks and allocate staff to these.			
Train staff in advance so that functions and tasks can be delegated appropriately. Avoid situations where only one person is trained to carry out an activity; in particular, are there sufficient other staff with knowledge on all aspects of provision of medical gases. Have staff members maintained their capabilities in dispensing?			
Consider flexible working and possible shift arrangements.			
Are there arrangements for accessing keys and security codes if usual staff members are all absent? Do these cover out-of-hours/on-call periods?			

	Due to review	In Progress	Complete
Ensure staff members are aware of the trust's pandemic-specific human resource policies. Make sure staff stay away from work if displaying symptoms of flu and are aware when they are no longer infectious.			
<b>Suppliers</b>			
Review your medicines supply chain arrangements.			
Identify critical supply lines for the service (e.g. clean room clothing) and consider keeping extra supplies in stock.			
Keep supplier contact details accessible and ensure that supplier changes are documented.			
Identify mechanisms of preventing or dealing with stock shortages (for example, therapeutic substitution).			
Ascertain whether wholesalers and suppliers have robust business continuity plans in place to maintain the supply chain.			
Contact companies with which you have maintenance agreements to check they have business continuity plans in place.			
Liaise with QA services to assess risks from interruption of PPM for laminar flow cabinets or air filters.			
Ensure the trust's plan avoids the build up of unacceptable levels of pharmaceutical waste.			
<b>Communications</b>			
Ensure there is a clear communication of what activity needs to be continued, including that provided under on SLA or via homecare.			
Communicate clearly any changes in service configuration within the organisation.			
Develop a procedure for disseminating information about the pandemic to staff during different phases of the pandemic.			
Ensure the procedure specifies methods of contacting staff who are off work through illness, bereavement, family obligations etc.			
Anticipate dealing with an increased number of enquiries to medicines information services and to the pharmacy more generally.			
Consider using technology such as SMS messaging or websites to communicate with staff.			
<b>Security</b>			
Ensure the plan contains details on assurance of safety and security of staff, particularly where the service makes use of different sites/satellite facilities.			
Consider if your trust has particular requirements for the storage and transport of antiviral medicines.			

## RESOURCES

### Department of Health

Pandemic flu: A national framework for responding to an influenza pandemic

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

Pandemic influenza: Guidance on preparing acute hospitals in England

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_080754](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080754)

Pandemic influenza: Guidance for primary care trusts and primary care professionals on the provision of healthcare in a community setting in England

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_091993](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_091993)

Responding to pandemic influenza: The ethical framework for policy and planning

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_080751](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080751)

Pandemic influenza: guidance on preparing mental health services in England

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_085925](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085925)

Pandemic influenza: guidance for infection control in hospitals and primary care settings

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_080771](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080771)

### Royal Pharmaceutical Society of Great Britain

General information on business continuity plans for pharmacists

[www.rpsgb.org/pdfs/servcontplanguid.pdf](http://www.rpsgb.org/pdfs/servcontplanguid.pdf) and [www.rpsgb.org/pdfs/servcontplantemplate.doc](http://www.rpsgb.org/pdfs/servcontplantemplate.doc)

### Health Protection Agency

The HPA website has a wide range of information and guidance on pandemic influenza, including surveillance, emergency planning, exercises and training, as well as contact details for local health protection units and regional and national centres.

[www.hpa.org.uk](http://www.hpa.org.uk)

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