

The role of staff in planning for and responding to emergencies and major incidents

Document Details		
Title	The role of staff in planning for and responding to emergencies and major incidents	
Trust Ref No		
Local Ref (optional)		
Main points the document covers	The role of staff in planning for and responding to emergencies and major incidents	
Who is the document aimed at?	All staff	
Owner	Annex to Emergency Response Procedure: Pete Old	
Approval process		
Who has been consulted in the development of this policy ?	Operational Managers, HR, OD, OH, JNP	
Approved by (Committee/Director)	Quality and Safety Committee	
Approval Date	October 2018	
Initial Equality Impact Screening	Yes	
Full Equality Impact Assessment	No	
Lead Director	Director of Nursing and Operations	
Category	Emergency Response	
Sub Category	Human Resources	
Review date	October 2021	
Distribution		
Who the policy will be distributed to	All staff	
Method	Email, Datix system	
Keywords		
Document Links		
Required by CQC		
Other		
Amendments History		
No	Date	Amendment
1	2 October 2018	General update to wording and references to relevant policies. No fundamental changes to the policy intent.
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1.0 Overview

- 1.1 This is an annex to the Shropshire Community Health NHS Trust Emergency Response Procedures, outlining the role and responsibilities that staff have in planning for and responding to emergencies and major incidents.
- 1.2 The strategic aim of this appendix is to support Shropshire Community Trust's aim that in an emergency situation the Trust will maintain essential health care services and to clarify the arrangements in place that allow the Staff and managers of the trust deliver this aim
- 1.3 Shropshire Community Health Trust uses the following definition to trigger its response arrangements;

An event or situation, with a range of serious consequences, which requires special arrangements to be implemented by one or more emergency responder agencies.

OR

One or more of its critical services are unable to deliver a patient care function that places vulnerable patients at risk.

The trust may further define an incident by a specific type such as Critical Incident or Business Continuity Incident and well as Major Incident (full description of these terms can be found in the Emergency Response Arrangements). However the formal declaration of an incident can only be made by an Executive Director (or in special dynamic circumstances the Emergency Planning Officer) and the procedures contained in this annex only apply to a situation that has been formally declared by the trust.

The Trust acknowledges that these procedures would not be used to manage normal winter pressures and related surges in demand or bed capacity.

- 1.4 This appendix should be read in conjunction with the following documents:
 - NHS Employers, "Pandemic Flu, Human Resources Guidance for the NHS "
 - and Policy & Procedure for Managing Attendance at Work
 - and Policy & Procedure for Time Off Arrangements.
 - AND Special Leave Policy
- 1.5 If it becomes necessary to consider relaxation of any of the normal standards for employment eg. manual handling, to maintain essential services, managers must undertake an appropriate risk assessment and document this as they may later be called upon to justify any action that results in an increased risk to

workers, client groups or the general public . This will also need to be considered against any national guidance which may be issued at the time.

- 1.6 During a major incident, staff should be performing their normal duties. The management of an emergency will normally require an increase demand in these activities and duties and occasionally, will require service delivery outside of normal or usual hours or locations.
- 1.7 All staff with a designated role in the emergency plan will be adequately trained and if possible have nominated deputies to cover their roles in their absence.
- 1.8 This appendix will be in force at the onset of any declared emergency or major incident until the situation is declared over by the Incident Director who will ensure the suspension of arrangements illustrated in the annex are clearly communicated to staff.

SECTION A - GENERAL ARRANGEMENTS

2.0 Responsibilities

- 2.1 All staff employed by Shropshire Community Health NHS Trust will seek to maintain essential health care services at all times and specifically during a declared incident
- 2.2 Managers and team leaders to be able to identify vulnerable patients that are directly or may be affected by an incident (even if the cause of the incident doesn't directly affect the services of the trust)
- 2.3 Managers and team leaders will release staff as appropriate from their normal daily function (or call in staff) to resource the incident.
- 2.4 Managers and team leaders will ensure staff who are on an employment break, maternity leave, sick leave receive a copy of this appendix. Attention should be drawn in particular to the section on registering as a volunteer to undertake alternative duties or return to work in their substantive capacity if this is viable and they have the appropriate registration.
- 2.4 Managers and team leaders will consider future staff implications should the incident last beyond a few hours (such as rest periods and rotation of staff)
- 2.5 Managers and team leaders will consider and actively plan for recovery of the organisation, services and communities impacted on by the emergency
- 2.6 Real time sickness reporting will also be required on a daily basis and it is essential that managers input into ESR as soon as it is reported in.
- 2.7 **All staff are responsible for ensuring they read and understand the Trust's Emergency Response Procedures and within their own work environment and as teams take responsibility for ensuring the safety of patients especially in delivering and planning emergency response and business continuity arrangements. The emergency planning officer will support managers and staff in developing robust plans and offers training sessions scheduled throughout the year.**

3.0 Maintaining Essential Services

Redeployment

- 3.1 Managers will assess where shortfalls in staffing essential services may occur as a result of the incident. Consideration will have to be given to the viability of redeploying staff away from services deemed non-essential to critical areas of business.
- 3.2 Staff may be redeployed to comparable work but must not be transferred to dissimilar duties without their agreement. There must also be an appropriate skills match and no increase in health, safety or welfare risk to the staff member (for example, moving administrative staff to health care assistant duties would expose them to a risk of injury unless they were trained in people handling skills and/or personal hygiene) unless they can be appropriately trained and agree to do so.
- 3.3 Staff redeployed to work within a lower banded post will continue to be paid at their substantive band. Staff asked to take on the duties of a higher banded post (if they have the appropriate skills and knowledge) will be paid at the higher band for the time they undertake the work.
- 3.6 'Extra hours' payments will be given for work which is required over and above normal contracted hours in accordance with the national Agenda for Change Terms and Conditions.

Volunteering for Additional Paid Duties

- 3.7 In an emergency managers will consider the availability of staff who would be willing to take on additional duties, their general skills and who would be prepared to be deployed (subject to the necessary training/clearances etc). Locality Managers will be responsible for co-ordinating this information and passing this to the Incident Manager.
- 3.8 Staff who are not needed for front line duties, may wish to make themselves available for different duties, however this will be managed to meet the needs of the service, the skills of the individual and the duties that require covering.
- 3.9 Managers should look at skills matching amongst their teams to try to identify and address potential shortfalls in critical services.
- 3.10 Anyone already providing an essential service who volunteers to undertake an alternative role where their skills would alleviate particular shortfalls, should be considered if other volunteers are available to backfill the position (ie. double moves to make best use of all available skills).

Inter-organisation Transfer

- 3.11 Depending on the circumstances it may be possible to second staff in from or out to appropriate external/partner organisations, this is called mutual aid (and a formal responsibility placed on every NHS Provider organisation to offer support to each other in an emergency) this is requested and coordinated by Clinical Commissioning Groups in conjunction with NHS England.
- 3.12 If Shropshire Community Health Trust employees are transferred temporarily to outside/partner organisations, they will continue to work under their substantive terms and conditions of service.

4.0 Temporary Variations to Terms and Procedures

Suspending Working Time Policy (WTR)

- 4.1 This is possible under WTR using the unplanned emergency provision. Theoretically staff could work without rest breaks, rest days or reliance on the reference period in order to maintain or attempt to maintain essential services.
- 4.2 Even though this will allow managers to ask staff to work beyond their normal patterns, they must continue to plan regular rest breaks for staff who will be operating under exceptional circumstances. HR Advice should be sought when planning this.

Flexible Working Patterns

- 4.3 Contracted working patterns may also be suspended and staff may be asked to work outside their 'normal' start and finish times. All such changes must be agreed by managers before being worked. Time would accrue in the usual way but should not be taken until the emergency is declared over and in accordance with the exigencies of the service.

Suspension of Disciplinary and other Procedures

- 4.4 In a declared emergency that is likely to be protracted, the Incident Director could review the timescales and deadlines for disciplinary, grievance, harassment, performance management and sickness absence procedures. They could be suspended on declaration of an emergency. Suspension of these activities should be risk assessed in respect to the impact on the safety of patients and staff and only implemented when there is a clear benefit. However, any issues must be recorded and staff aware that these will be picked up once the emergency is over.
- 4.5 Where possible timelines will resume from the point at which they were suspended once the emergency is declared over.

Return to primary role

- 4.2 Staff who have changed any of their terms and conditions temporarily to respond to the emergency, will revert to their primary role as soon as possible.

5.0 Health & Safety at Work

- 5.1 Other than as may be varied by provisions of the Civil Contingencies Act the Trust has a duty to provide a safe place of work for their employees and is required to maintain safe working systems and to implement protective measures based on local risk assessments.
- 5.2 There is no way of knowing who might be most vulnerable to a new strain of the 'flu' virus. Managers should refer to the Department of Health, Health Protection Agency and Public Health, who will provide appropriate advice.
- 5.3 If staff are to be redeployed to unfamiliar work, the assessment should also consider whether there is an increased risk in other areas e.g. through an additional requirement for manual handling.

- 5.4 Normal health and safety procedures will apply unless the scale of the emergency becomes so large that Civil Contingencies Act schedules are applied suspending Health & Safety legislation.

In that event All Trust Managers will keep up to date with developments throughout and advise staff as appropriate through the Directorate contact points.

SECTION B PANDEMIC INFLUENZA SPECIFIC

6.0 Staff Absence

- 6.1 The level of staff absence from work is unpredictable and will depend significantly on the nature of the emergency.

- 6.2 During a pandemic, staff will be absent from work for reasons over and above normal sickness including:

- They have flu. Numbers in this category will depend on the clinical attack rate.
- They need to care for children or other dependents who are ill with flu or deal with consequences such as bereavement.
- They need to care for (well) children because schools and group childcare settings in an area may be instructed to close in order to reduce the spread of infection amongst children. The length of time is likely to be from first cases to the end of the outbreak.
- They have been advised to work from home and/or not to attend work.
- They decide to absent themselves for other reasons including a concern that they may be exposed to greater risk by attending work.

- 6.3 Please refer to the Managing Attendance at work Policy for the procedure to follow to report sickness absence during a flu pandemic.

Time off to Care for Close Dependents Suffering from 'Flu'

- 6.4 Where no other arrangements can be made staff should be allowed reasonable time off to care for children or other dependants suffering from 'flu' in accordance with the Special Leave policy. Where practicable, other types of leave including Time off in Lieu (TOIL) and annual leave should be joined with any period of special leave. Although managers should use their discretion in considering requests for paid time off beyond the 'normal' in exceptional circumstances, if ordinary and special leave cannot reasonably be used to cover extended periods of time off, it may granted as unpaid leave.

Time off Following Bereavement

- 6.5 Compassionate leave may apply; please refer to the Special Leave policy.

Time off to care for Dependants due to Closure of School or other Social Care Establishment

- 6.6 Where no alternative arrangements can be made staff should be allowed reasonable time off to care for dependants who are unable to attend school or other social care establishment due to closure as a result of a 'flu' pandemic. Please refer to the Special Leave policy. Time not covered by annual leave or TOIL will be unpaid.

Working at Home

- 6.7 Where it is feasible to do so, the ability to work at home will enable flexibility and facilitate the continuation of some services.
- 6.8 Staff working at home must be contactable during their normal hours, available to attend the workplace if required, and willing to undertake suitable (alternative) work when needed.

Staff Instructed to Leave Work with 'Flu' Symptoms

- 6.9 Staff who develop 'Flu' symptoms while at work, where necessary, will be instructed to go home. This will be treated as sickness absence rather than medical suspension.

Staff Instructed not to Attend for Work - no Alternative Work Available

- 6.10 'Non-essential' services should be maintained as long as staff are available, do not need to be redeployed to essential services, remain fit and there is no significant increase in risk either to the individual or of spreading infection.
- 6.11 Staff who are instructed not to attend work for reasons related to a pandemic and in the unlikely event that there is no alternative work, including homeworking, will continue to receive full pay. However, they must be contactable, available to attend the workplace during normal working hours and willing to undertake suitable (alternative) work when needed.

Unauthorised Absence

- 6.12 Requests for leave during the course of the pandemic should only be considered where it will not affect service delivery. Staff who absent themselves without proper authority, including those who refuse to come to work because they fear they may be exposed to the 'flu' virus, are not covered by special leave arrangements.
- 6.13 Depending on the circumstances, unauthorised absence may be treated as a disciplinary offence and will be considered under the Disciplinary Policy.

Suspended Staff

- 6.14 Where practicable any suspended staff should be reviewed and it should be considered whether temporary redeployment would be appropriate and if they could be deployed (e.g. volunteer for an alternative role in essential services). If such staff are employed other than in their substantive role consideration must be given to any implications for vulnerable service users.

Leave

6.15 New requests for Annual, TOIL and career break leave should not be authorised where it will diminish the ability to deliver essential services. Because there can be no reimbursement for holidays already booked it would be unreasonable to withdraw leave already authorised. However, people may choose not to travel (or travel may be curtailed) during the pandemic and wish to rearrange rather than lose holiday. Staff should also be asked voluntarily to change their holiday arrangements.

Recruitment

6.16 Recruitment activity will cease with the exception of essential need. Standards for recruitment (i.e. DBS and/or POVA/POCA checks) will need to be maintained.

6.17 Where recruitment is at an advanced stage advice should be sought from HR on the appropriate process.

6.18 Through ESR, HR will also hold a database of recently retired staff who may be called upon in the event of major disruption. They will be deployed into health care support worker roles or any administrative functions where help is needed.

6.19 If managers wish to deploy them back into clinical roles they will need to ensure their relevant core competencies are up to date through appropriate training where necessary and that they are registered appropriately to practice.

SECTION C - HUMAN RESOURCE POLICY ARRANGEMENT IN A DECLARED EMERGENCY

7.0 Financial

Starters and Leavers

7.1 Salary related inputs for starters and leavers must be given priority to avoid overpayments and ensure new employees are paid.

Unauthorised Absence

7.2 Staff who absent themselves without authority should be considered under the Disciplinary Policy and unauthorised time will be recovered.

Average Timesheet Payments

7.3 Where possible timesheet payments should continue to be processed although this may be difficult with reduced administrative staff. Arrangements will be out in place to make sure reasonable average payments are made for staff unable to have timesheets processed if they are actually working and entitled to payment under their contract. Regularisation of actual timesheets may need to be considered as part of the post emergency recovery actions.

Unsocial Hours Working and Overtime,

- 7.4 Staff required to work evenings, nights or week ends will receive a percentage enhancement for work during the standard 37.5 hours in accordance with the provisions in the national Terms and Conditions. Work undertaken above standard hours (37.5) will be treated as overtime and must be authorised by managers prior to being worked.
- 7.5 Staff working overtime in connection with any emergency should be paid in accordance with the overtime provisions in the national Terms and Conditions. Payments will be based on their normal hourly rate for their substantive role or the band of the post they are covering if it is higher. Overtime hours must be claimed for the actual hours authorised during the period of the emergency.

Travel and Incidental Costs

- 7.6 Normal rules will apply and where staff are redeployed they will still use their substantive base for the calculation.

8.0 Miscellaneous Provisions

Travel and Virtual Working

- 8.1 In a declared Pandemic all non-essential travel should cease during the course of the emergency. Where appropriate, managers may give consideration to such things as 'virtual' working, on-line and teleconferencing etc which may lessen the risk of spreading the virus by reducing the use of premises and level of personal contact.

Training & Development

- 8.2 All non-essential training & development activities should cease during the course of the pandemic. Only such training necessary to redeploy staff to unfamiliar work and/or maintain essential services should be undertaken. This decision will be taken by the Incident Director

Administrative Arrangements - Death in Service

- 8.3 Managers will need to report deaths in service to the pensions manager using ESR Termination form as soon as possible so that pensions arrangements can be processed.