

QPHL COVID-19 Escalation Plan

Background

COVID-19 continues to spread both globally and within the United Kingdom. We cannot predict the extent to which our community will be affected but nevertheless we need to ensure we have appropriate measures in place as the risk level increases.

The following is a direct copy from government guidance to businesses (<https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19/guidance-for-employers-and-businesses-on-covid-19>)

“From what we know about other coronaviruses, spread of COVID-19 is most likely to happen when there is close contact (within 2 metres or less) with an infected person. It is likely that the risk increases the longer someone has close contact with an infected person.

Respiratory secretions produced when an infected person coughs or sneezes containing the virus are most likely to be the main means of transmission.

There are 2 main routes by which people can spread COVID-19:

- *infection can be spread to people who are nearby (within 2 metres) or possibly could be inhaled into the lungs.*
- *it is also possible that someone may become infected by touching a surface, object or the hand of an infected person that has been contaminated with respiratory secretions and then touching their own mouth, nose, or eyes (such as touching door knob or shaking hands then touching own face)*

There is currently little evidence that people who are without symptoms are infectious to others.”

The single most effective thing our staff can do is to wash their hands well.

Purpose of plan

The purpose of this plan is ultimately to minimise disruption to the operations of the QPHL group from COVID-19, which means measures must be proportionate to the risk. Acting too soon (and therefore needing to sustain measures for a longer time) could make our response unsustainable and unnecessarily disruptive; acting too slowly could lead to a greater spread of infection within our community which would also be disruptive.

When measures are required, it is important that we act decisively and quickly to implement those measures and ensure staff are well informed. Good communication with staff is important at every readiness level and has not been specifically set out unless it is required to communicate something in a higher readiness level (e.g. part time staff must be communicated within level 3 even though they won't be required until level 5).

We must ensure we do not inadvertently contribute to the growing sense of panic surrounding coronavirus. It should be remembered that most people with 'symptoms' of COVID-19 turn out not to have the infection and we should limit our response to confirmed cases rather than gossip or hype.

Readiness levels

From 1 (normal – as we were before any of us had heard of COVID-19) to 5 (infection spreading within QPHL)

All measures are cumulative unless contradicted i.e. if hand sanitisation is mandatory in level 2, it will continue to be mandatory in levels 3, 4 & 5.

Decision Making

It is the responsibility of the Executive Team members to decide what the company is currently at. Some actions or controls may be put in place earlier than the associated level.

Readiness level	Threshold	Measures
1 - Normal	Always in force	<ul style="list-style-type: none"> • Normal practice which includes good hygiene!
2 - Evidence of infection spreading in the UK Government – Contain or Delay phase	Sustained UK community transmission from untraceable sources (multiple examples, local more important than non local)	<ul style="list-style-type: none"> • Hand sanitisers placed inside building entrances with clear labelling and signs mandating use • Cleaning team to increase cleaning of high touch areas • Regular communications to staff reminding them of the importance of good hand hygiene • Managers/supervisors of external-facing departments e.g. warehouse should consider what behaviours should be adopted to minimise risk where possible, i.e. gloves when accepting deliveries • Staff hosting visitors to ensure their visitors are well and are aware of the requirement to sanitise hands. Hosts have a responsibility to check the current welfare of expected guests and should consider converting the meeting to a virtual meeting wherever possible. No visitors allowed into controlled area, they are allowed into office and meeting rooms only • Consider moving maintenance that requires external contractors forward

		<ul style="list-style-type: none"> • Begin training staff “upwards” where possible to prepare if the infection spreads and we see an increase in staff sickness • Those staff making external visits consider the risks and benefits associated with the visit and think about alternative approaches. • Communicate with all part time/previous staff that we may need their help in case of a staff shortage • Prepare extra working from home equipment such as laptops/ipads/VPN equipment to prepare customer/patient facing teams in case they need to work from home
<p>3 - Evidence of infection spreading locally</p> <p>Government – Delay phase</p>	<p>Sustained regional community transmission from untraceable sources</p> <p>multiple examples in Wiltshire Swindon BathNES Bristol S.Glos Somerset (East Somerset) Consider neighbouring counties</p> <p>HERE NOW</p>	<ul style="list-style-type: none"> • Signs <u>outside</u> building reminding everyone arriving that if they are displaying any symptoms or have been in contact with anyone who has been to a high risk area or tested positive for COVID 19 they should NOT enter the premises, they should go home and complete the NHS 111 assessment • Cancel or convert all non-essential inbound¹ visitors making use of calls/video conferencing where practical • Convert all non-essential external² visits to a call/video conference • Enact measures to limit internal contact. Consider necessity of movements between buildings (i.e. not just because coffee is better), use of VC for internal meets, Rotate key staff, etc. N.B. Operational activities not restricted. • Staff who are able to work fully from home to do so if they have not been earmarked to be redeployed • No limit on annual leave allowance that can be carried over into next year, and staff who were planning to take annual leave are encouraged to cancel it • No further annual leave bookings will be approved within a 2-month rolling window
<p>4 - Evidence of infection in QPHL</p>	<p>QPHL employee who has attended work in the last fortnight <u>tests</u> positive or</p>	<ul style="list-style-type: none"> • Employees who came into sustained contact with someone tested positive (as defined by gov guidance) to self-isolate even if they cannot work from home • Consider directing staff to work from home where they are not required in an onsite operational role.

Government – Delay phase	Visitor who attended QPHL in the last fortnight tests positive and sustained contact with QPHL staff	<ul style="list-style-type: none"> Ensure locations within the facilities where individual has been should be deep cleaned following Public Health England guidance (NOT cleanroom deep clean) https://www.gov.uk/government/publications/wn-cov-guidance-for-primary-care/wn-cov-interim-guidance-for-primary-care Instigate restriction in passage between company buildings for all but essential movement. This should include the introduction of “external zoned” areas for the movement of manufactured products between Bath ASU and Pharmaxo Consider cancelling all currently booked annual leave
5 - Evidence of infection spreading within QPHL Government – Delay or Mitigate phase	Sustained and untraceable community transmission within QPHL	<ul style="list-style-type: none"> Direct staff to work from home where they are not required in an onsite operational role. Excludes any staff that have been reassigned. Employees who came into close contact with confirmed cases (as defined by gov guidance) to self-isolate even if they cannot work from home

¹An essential inbound visitor would be someone who is required access in order to allow QPHL to carry out its function. For example, a contractor visiting to fix a system that needs to be fixed to allow Pharmaxo to continue dispensing would be deemed essential and therefore allowed. A contractor visiting to discuss plans for Bath ASU Unit D would not be. More guidance on this may be necessary.

²An essential external visit would be someone who is required to make an external visit in order to allow QPHL to carry out its core function. For example, a nurse delivering homecare would be essential and therefore allowed. An account manager visiting a customer would not be. More guidance on this may be necessary.

³For example this threshold would not be triggered if a Microgenetics and Pharmaxo employee both test positive but they had no interaction with each other