

# Pandemic Planning Guide



# INTRODUCTION

Welcome to the National Association of Funeral Director's guide to Pandemic Planning Guide, your essential guide and reference tool to support your role in the funeral profession and to help you and your business achieve organisational readiness through self-assessment. Within this publication you will find the information you need to self-assess your business, its capacity and its resilience, when faced with a pandemic.

Many NAFD members will have already responded and supported their own communities in a variety of incidents and some already take part in local resilience forums where they work closely with other services such as the NHS, police, fire and rescue and local government authorities.

However, we know that for some of our membership there is a "gap" in the shared knowledge of these services. The role of the funeral profession is sometimes only noted in planning for events such as pandemics or mass fatalities as part of the end of the planning process, i.e. at the point at which the funerals are about to take place.

The NAFD believe that our members play a key role in their communities and therefore should also have a key role in planning for any such events. We would like to see more integration into such plans, where our members and all those working in our profession can work collaboratively with others. It is understood that the funeral profession is not a "first responder" but serves to act as support and assistance for "local command and control" and that this includes working under the statutory authority of the Police, Coroner or any other authorised agency (Public Health, Government etc).

This document will help members understand the overall pandemic response structure and where/how they would/could fit into that structure. It will help you accurately document your facilities and resources and give you an insight into some of the challenges you could encounter. We recommend that all self-assessment documents of this nature are classed as "living documents" – i.e. documents that are reviewed regularly (ideally annually) or at any time that the circumstances of the business change. By having your procedures and processes clearly documented, you will be better placed to engage proactively with not only your local NAFD association but with your local resilience forums too.

As an NAFD member, you have agreed to abide by the NAFD's Code of Practice and in doing so, you clearly demonstrate your commitment to caring for bereaved people and those who have died, to the very best of your ability and to high standards. The NAFD's role is to support you in your work and this publication reflects the very latest information and best practice available, I do hope that it proves to be beneficial to you.



**Alison Crake MBA FCMI**  
Chair, NAFD Board of Education  
and NAFD Past President



# PANDEMIC

## PANDEMICS

Pandemic Influenza is currently the highest risk on the UK's National Risk Register of Civil Emergencies.

A pandemic is an epidemic occurring on a scale which crosses international boundaries, usually affecting a large number of people. Pandemics are invariably caused by the influenza virus; and have the potential to cause a civil emergency due to the number of people that the virus might affect in a short space of time.

A disease or condition is not a pandemic merely because it is widespread or kills many people; it must also be infectious. For example, cancer is responsible for many deaths but is not considered a pandemic because the disease is not infectious or contagious.

Pandemics should not be confused with Seasonal Flu, which is typically seen during the winter months, when many funeral directors would expect to see a higher number of deaths in their community. Seasonal Flu and Pandemic Flu have differing characteristics (and different impacts) as the graphic below shows:

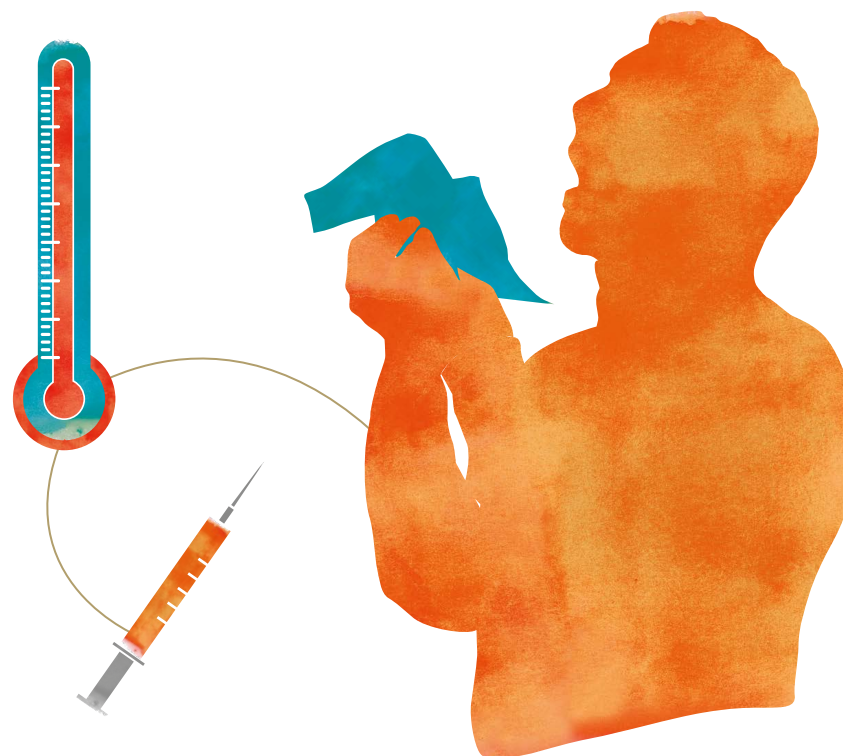
Seasonal vs Pandemic Influenza	
Seasonal	Pandemic
Occurs every year	3 times per 100 years
Follows seasonal patterns	Can occur <b>any time of year</b> across the globe
Affects mostly vulnerable people	Can make healthy adults seriously ill
Immunity from previous flue seasons	<b>Little or no</b> population immunity
Seasonal vaccine available	No vaccine (delay of 4-6 months)
Adequate supplies of anti-viral medicine	Effective antiviral medicine in <b>short supply</b>
Modest impact on society	Potential for <b>major impact</b> to society
Health system can cope	<b>Health, social and economic system overwhelmed</b>

Source: Public Health England

There are three types of influenza virus – A, B and C.

Influenza A viruses cause most winter epidemics (or seasonal flu) and can affect a wide range of animals as well as humans. During any year, a small proportion of slightly altered viruses will emerge from the larger population of influenza viruses. Our immune system can effectively protect us against previously seen influenza viral strains, however, should we encounter an altered virus then any pre-existing immunity may be only partial – or even non-existent.

Pandemics are unpredictable, they do not always occur in winter which is the time when funeral directors would expect to see the impact of seasonal flu. Pandemics bring with them variations in mortality and severity as they may affect a variety of age groups and otherwise healthy adults whereas seasonal flu tends to be more impactful on those with existing or underlying health conditions.



## INFLUENZA PANDEMICS OF THE LAST 100 YEARS

There have been 4 influenza pandemics during the last 100 years, the most significant of these being the Spanish Flu of 1918/19, with an estimated 20-50 million deaths. The other two declared pandemics, the Asian Flu of 1957/58 and the Hong Kong Flu of 1968/69 caused fewer deaths but significant illness in the working population.

The graphic below shows the impact of these pandemics and whilst you will note that the Asian Flu pandemic of 1957-58 affected mostly children, we need to bear in mind that this will have had an impact on the working population too as there would have been the likelihood that one or both parents will have taken leave from work to care for their child.

Factors such as this can seriously affect the UK's capacity to care for those who were ill whilst maintaining essential services, with the true extent of disruption still a topic of discussion. When assessing the impact of pandemics, we must be mindful of the impact not only of excess deaths but the impact of illness and the resulting absenteeism in the workplace.

Pandemic	Area of emergence	Estimated case fatality ratio	Estimated attributable excess mortality worldwide	Age groups most affected (simulated attack rates)	Number of confirmed UK deaths
1918 - 1919 "Spanish Flu"	Unclear	2 - 3%	20 - 50 million	Young adults	250,000
1957 - 1958 "Asian Flu"	Southern China	0.1 - 0.2%	1 - 4 million	Children	33,000
1968 - 1969 "Hong Kong Flu"	Southern China	0.2 - 0.4%	1 - 4 million	All age groups	30,000
2009 - 2010 "Swine Flu"	Mexico	0.025%	203,000	Children (5 - 14) young adults and pregnant women	214

[https://webarchive.nationalarchives.gov.uk/20130104165117/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_130903](https://webarchive.nationalarchives.gov.uk/20130104165117/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_130903)

Information relating to 1918, 1957 and 1968 provided by WHO.  
Information relating to 2009 provided by livescience.com  
Number of UK deaths as noted by Public Health England.

A severe pandemic can result in millions of deaths globally, with widespread social and economic effects.

Recent estimates place the economic burden (economic losses and valuation of lives lost) of a moderately severe to severe pandemic at about US\$500 billion, or 0.6% of global income.

World Health Organisation  
Global Influenza Strategy  
2019-2030



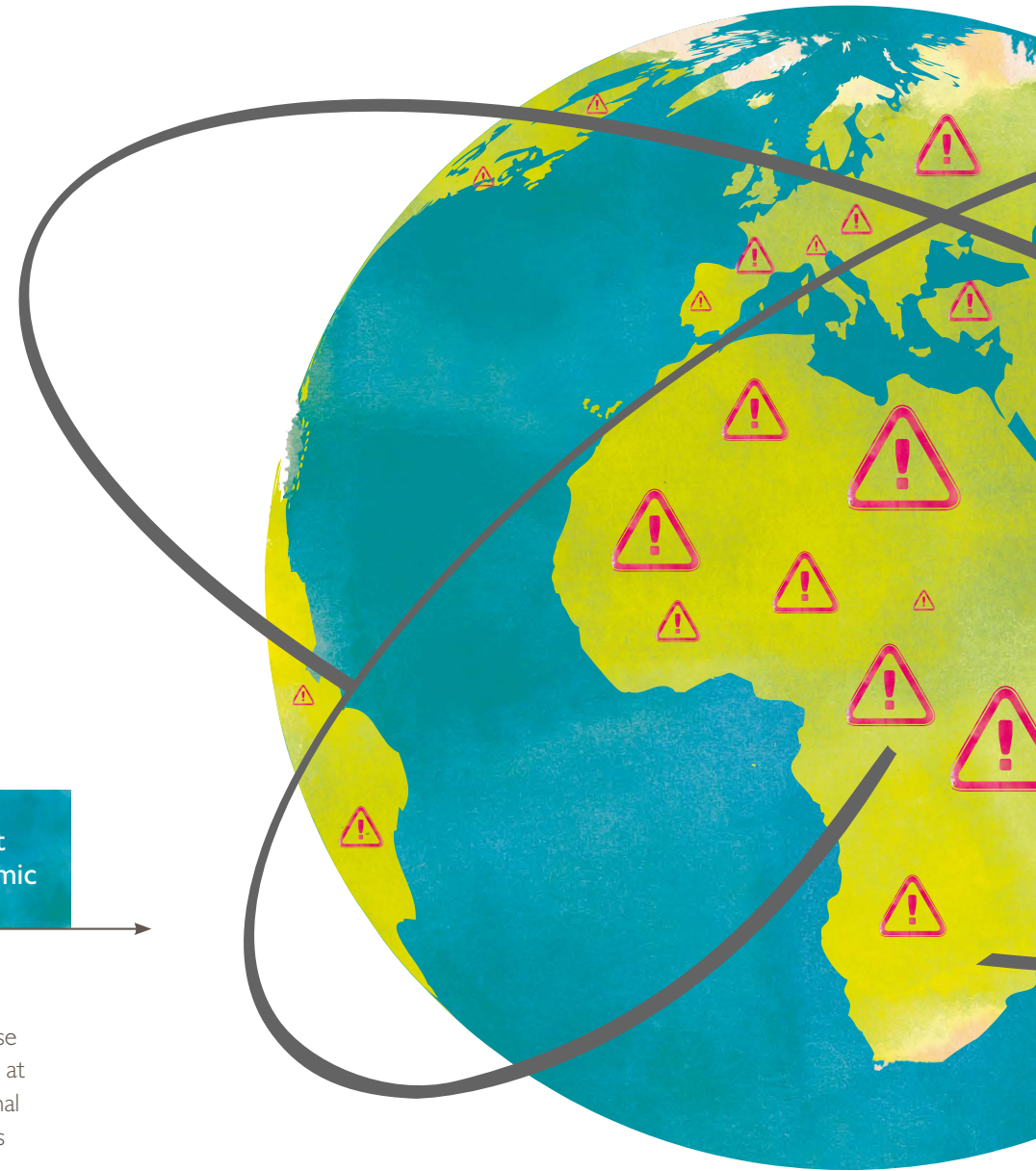
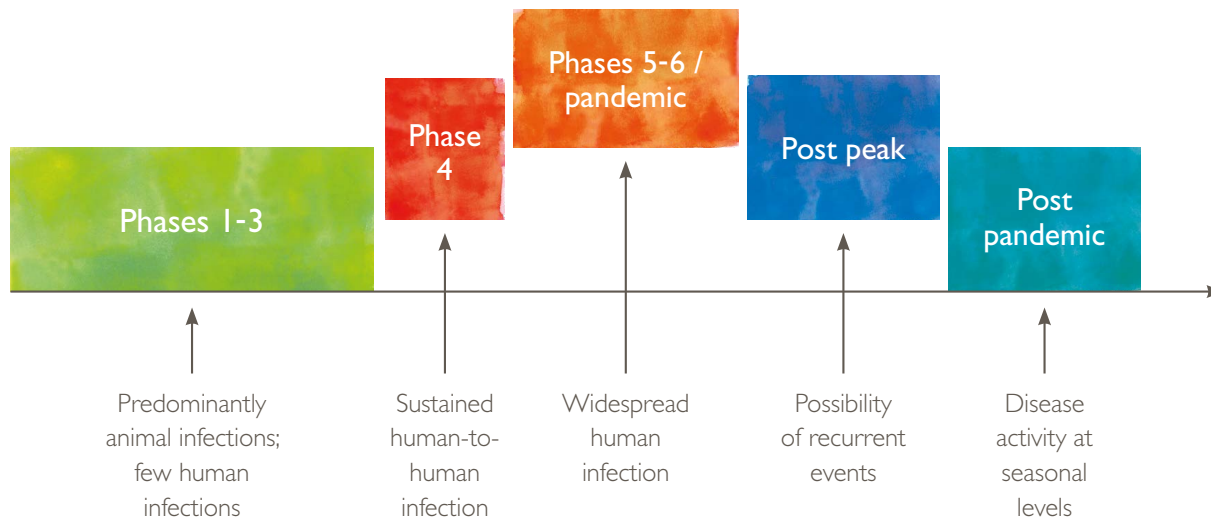
## WHEN DOES AN ILLNESS BECOME A PANDEMIC?

The WHO (World Health Organisation) Global influenza Surveillance Network, comprising of 105 countries, acts as a global alert mechanism by monitoring circulating influenza viruses in order to identify those which have the potential to become a pandemic. Its work enables WHO to recommend the viral subtypes included in each year's seasonal flu vaccine.

WHO has a six-stage classification that describes the process by which a novel influenza virus moves from the first few infections in humans through to a pandemic. This starts with the virus mostly infecting animals, with a few cases where animals infect people, then moves through the stage where the virus begins to spread directly between people; and ends with a pandemic when infections from the new virus have spread worldwide.



**World Health  
Organization**



## UNPREDICTABILITY, SPEED AND IMPACT

Until the virus emerges and has affected a number of people, it is very difficult to assess severity or impact. Modern, global travel affords the opportunity for the virus to spread quickly across the world, sometimes even before it has been fully identified.

Influenza typically has a short incubation period, meaning that within a relatively short period of time a significant number of cases will appear. Any vaccine will usually take 4-6 months to develop, meaning that it will not usually be possible to contain or eradicate a new virus in its country of origin or on arrival in the UK.

The potential impact will usually be determined by three interdependent factors:

- Disease characteristics
- Service capacity
- Behavioural response

These factors can then collectively (or individually) contribute to a potential economic impact. Any potential economic impact would affect all of us in some way or another; a high percentage of absenteeism in the UK employed population affects all aspects of daily life. It can be particularly negative on smaller businesses, where losses through absence can have a sudden and severe impact. This loss can be mitigated to a certain extent by effective business continuity planning.



Disease characteristics	Service capacity	Behavioural response
<ul style="list-style-type: none"> <li>• Number of cases and deaths</li> <li>• Proportion of severe illness in the population</li> <li>• Clinical groups most affected</li> <li>• Rate of onward transmission</li> </ul> <p><b>This can only be assessed once sufficient data is available</b></p>	<ul style="list-style-type: none"> <li>• Number of patients at primary care services</li> <li>• Number of patients admitted to hospital and intensive care</li> <li>• Capacity of those public services</li> <li>• Capacities to cope with increased demands on those services</li> <li>• Capacity to cope with staff absence</li> </ul> <p><b>This can only be assessed once the level of specialist treatment is determined</b></p>	<ul style="list-style-type: none"> <li>• Level of concern experienced by the population</li> <li>• Positive reactions to good respiratory and hand hygiene campaigns</li> <li>• Likely uptake of antiviral medicines</li> <li>• Likely uptake of vaccination</li> <li>• Access to health services</li> </ul> <p><b>This would need to be monitored through a robust media campaign</b></p>
<p><b>Comment:</b> A highly transmissible virus producing relatively mild symptoms may still cause significant disruption to businesses and individuals as well as to health and social care service, due to the high incidence of sickness and staff absence over an extended period</p>	<p><b>Comment:</b> A concentrated wave of infection, where large numbers of people are infected over a short period with a more severe illness, is likely to have a greater impact on society and service capacity than the same number of cases over a longer period</p>	<p><b>Comment:</b> Uncertainty about the severity of a new pandemic, and any alarmist reporting in the media, may drive large numbers of people to seek reassurance from health providers placing strain upon primary and secondary care services</p>
<p>Potential economic impact of a Pandemic</p> <p>Assessments of impact on the UK economy are necessarily simplistic and can only be illustrative</p> <p><b>Assuming illness related absence of just 25% of UK employees over the course of the pandemic, with an average absence of 1.5 weeks, this would mean a loss of circa £14billion (based on HM Treasury's figures for UK GDP as of 2012)</b></p>		

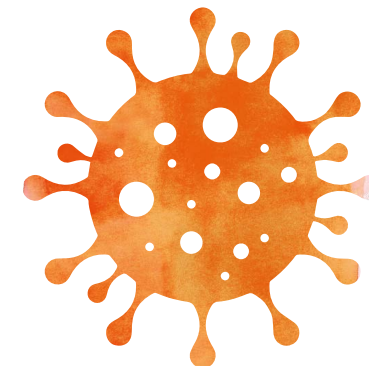


## NOVEL CORONAVIRUS (COVID-19)

Immediately prior to this document's publication, the world is facing the effects of the 2019 novel coronavirus (COVID-19).

In December 2019, a pneumonia outbreak was reported in Wuhan, China with the outbreak being traced to a novel strain of coronavirus. Originally known as 2019-nCoV, this has now been given the name of COVID-19 by the World Health Organisation. CO stands for corona, VI for virus, D for disease, and 19 for 2019, the year the first cases were seen, WHO Director-General Tedros Adhanom Ghebreyesus said at a news conference in Geneva on 11th February.

Naming a new virus is not straightforward as WHO ensures that care is taken not to stigmatise by referring to a geographical location, an animal, or an individual or group of people. WHO has an international set of rules which scientists must follow when proposing new names for a virus. They must not contain references to certain places in the world, communities, human names or animals because they may cause a backlash. Once names are established in common usage, especially through the internet and social media, they are difficult to change, WHO officials state. For example, the "swine flu" and "Middle East Respiratory Syndrome" had unintended negative impacts by stigmatising certain communities or economic sectors.



COVID-19 is a contagious virus that causes acute respiratory disease and respiratory infection. In January 2020, multiple organisations and institutions worldwide began work on developing vaccines based on the published genome. At the time of compiling this document, the Imperial College Faculty of Medicine in London is at the stage of testing a vaccine on animals.

**WHO publishes regular updates on its website. As of 26 February 2020, there have been 2718 confirmed deaths and 81,109 globally confirmed cases in this outbreak (78,191 of those cases are in China).**

The Wuhan strain has been identified as a new strain of Betacoronavirus and was initially suspected to have originated in snakes. Many leading researchers disagreed with this initial conclusion; the virus has a 96% similarity to a bat coronavirus, so an origin in bats is widely suspected, although an intermediate host, such as a pangolin cannot be ruled out (source: Wikipedia).

## CORONAVIRUS DISEASE 2019 (COVID-19)

### Situation Report - 24

Date as reported by 26 February

#### Situation in numbers

Total and new cases  
in last 24 hours

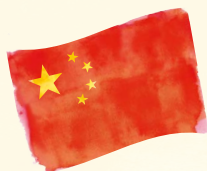
#### Globally

81,109 confirmed  
(871 new)



#### China

78,191 confirmed (412 new)  
2718 deaths (52 new)<sup>†</sup>



#### Outside of China

2918 confirmed (459 new)  
37 countries (4 new)  
44 deaths (10 new)



#### WHO RISK ASSESSMENT

China – Very High  
Regional – Level High  
Global – Level High

**“The World  
Health  
Organisation  
publishes  
regular  
updates on  
its website”**

## HOW A VIRUS IS SPREAD

For the purpose of this publication, we are using the coronavirus as an example as this is an ongoing situation and we can clearly see the response and actions taken as they happen.

It should be stressed that at the time of publication COVID-19 is classed as an epidemic (confined to one country or region) rather than a pandemic (something which affects the global population). At the time of publication the UK Chief Medical Officers have raised the risk to the public from low to moderate, although the risk to individuals remains low.

Much of the information will be the same for any epidemic or virus that spreads quickly and affects a great number of people. It is important that we all take responsibility for practicing good hygiene habits in order to minimise the transmission of the virus.

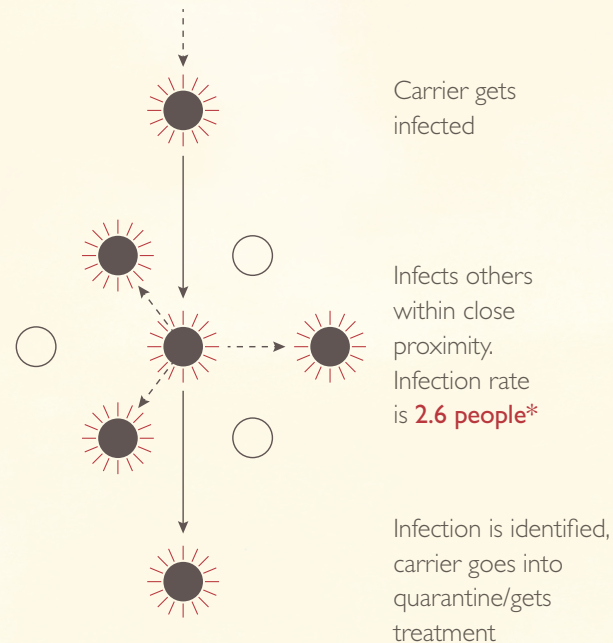
Some media reports differentiate between “spreaders” and “super spreaders” although Dr Sylvie Briand, director of pandemic and epidemic diseases at the World Health Organisation, said she was concerned that individuals labelled as super spreaders could be stigmatised.

**Dr Briand says that the focus should be on super spreading events, not people, adding that “It is the circumstances and the situation that makes transmission exist, not the person itself,” she said.**

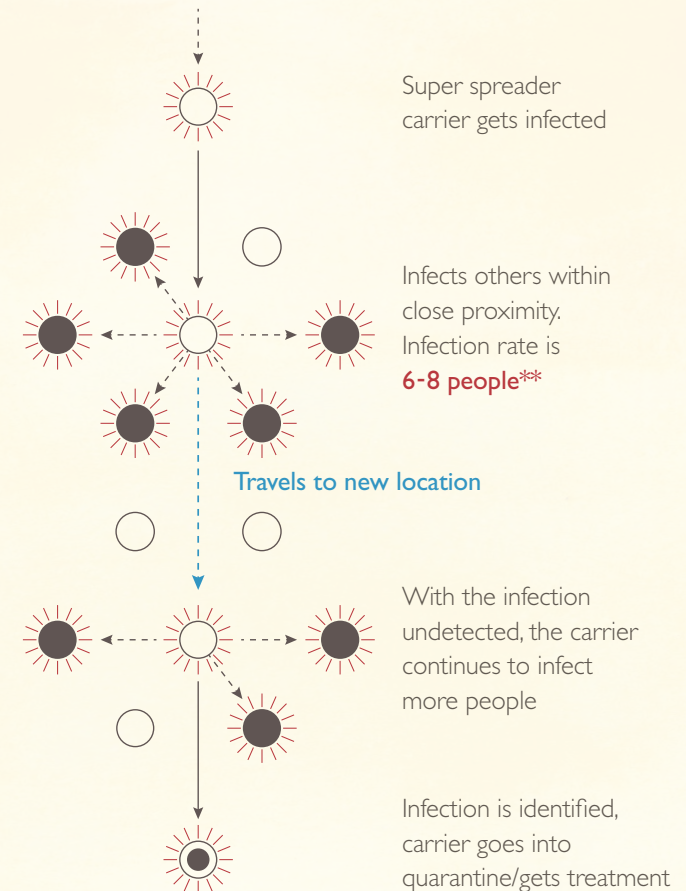
### Infection status:



### Regular carrier of infection



### Super spreader of infection



\* Based on figures provided by Imperial College London (up to 18th January 2020)

\*\*‘Super spreader’ classification has varied in the past; 6 for MERS, 8 for SARS

Source: [www.telegraph.co.uk/health-fitness/body/could-coronavirus-super-spreader/](http://www.telegraph.co.uk/health-fitness/body/could-coronavirus-super-spreader/)



## WHAT THIS MEANS FOR THOSE WORKING IN THE FUNERAL PROFESSION

For those who are working in the funeral profession pandemics (or even seasonal flu) have a significant impact, as they are likely to lead to excess deaths in the community.

As funeral service professionals we must all be aware of the implications, taking appropriate measures whilst caring for those who have died and their families, whilst not losing sight of the care and precautions that we need to take to reduce the possibility of transmission to our colleagues and our families and friends.

It should be stressed that the reduction in the level of transmission will always start with good hygiene and following some basic, simple procedures to reduce the chance of passing the virus on to others (should you be infected). COVID-19 has caused much concern as the incubation period (time between contact with the virus and the onset of symptoms) has been reported as 1-4 days. For most influenza viruses the predicted incubation period is 1-4 days (although for most people it will be 2-3 days). People are most infectious soon after they develop symptoms but become less infectious as their symptoms subside.

Most viruses (such as influenza) are transmitted through cough droplets, therefore covering our mouth and nose with a tissue when sneezing or coughing, ensuring that you dispose of used tissues straight away, should be standard practice (at any time of the year, not just in response to pandemics or any high rates of illness).



## PROTECTING YOURSELF AND PROTECTING OTHERS

In any pandemic or high rates of illness it is important to keep up to date with guidelines and advice as provided by WHO, the NHS website, or gov.uk – all of these organisations will be communicating regularly through the usual media outlets.

As part of the support offered to you through your NAFD membership – the NAFD media team will be ensuring that updates are communicated regularly through emails to the membership and updates on the NAFD website.

WHO also publishes posters for downloading showing simple but effective ways to protect yourself and others from spreading virus and infection.

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>

Examples of the guidance for COVID-19 are shown below, each of which are relevant for any situation.



## DEVELOPING YOUR PANDEMIC POLICY

Developing your own Pandemic Policy will help you to be able to respond quickly and assuredly to any pandemic.

Some of the measures should already be standard practice in your organisation (such as good hygiene) but there is value in having a clearly documented process for dealing with excess deaths, and having an understanding of the impact on those working in the business.

To get you started, here is an example of a step by step process you could adopt to help you develop your Plan:



### Pandemic planning - Step by step guide



#### Getting Started

- Agree the scope of your plan
- Confirm Project Leader
- Agree timeline and schedule

Think about the scope of your plan. To cover one business or multiple branches? Who will be Project Leader? Someone should have overall ownership of the plan, but do you wish to designate additional responsibilities to individual branch managers for example? Agree the timeframe for completion.



#### Analysis

- Prepare business impact analysis
- Document your business risk
- Identify opportunities for mitigation

Document your business risk and business impact. Think carefully about your ability to preserve continuity - for e.g. continuing to stay operational with multiple staff absences. Identify opportunities for mitigation - such as the cross training of staff on priority functions and drawing up a skills register.



#### Strategy

- Develop internal operational strategy
- Develop external operational strategy
- Develop your business pandemic policy

Think about your internal strategy. How will you support your team and deal with their concerns? Your external strategy should seek to reassure your clients that you are operating to a high standard and with all necessary precautions taken. Draft both elements into your business pandemic policy.



#### Development

- Establish pandemic alert procedures
- Prepare your written response plan
- Integrate into business continuity plan

Decide at which stage you implement your policy and how you communicate this. Remember that poorly communicated policies tend to cause confusion. Who will have ownership of the monitoring procedures? Who is the decision maker? Integrate this into your existing business continuity plan.



#### Implementation

- Plan publication
- Staff training and awareness
- Resources and monitoring measures

Publish your plan and ensure that it forms part of staff training and awareness. Your team should be aware of why the policy is in place and who their main point of contact is. Support your team by ensuring that your resources (such as PPE) are up to date and that your monitoring measures operate effectively.



## GETTING STARTED

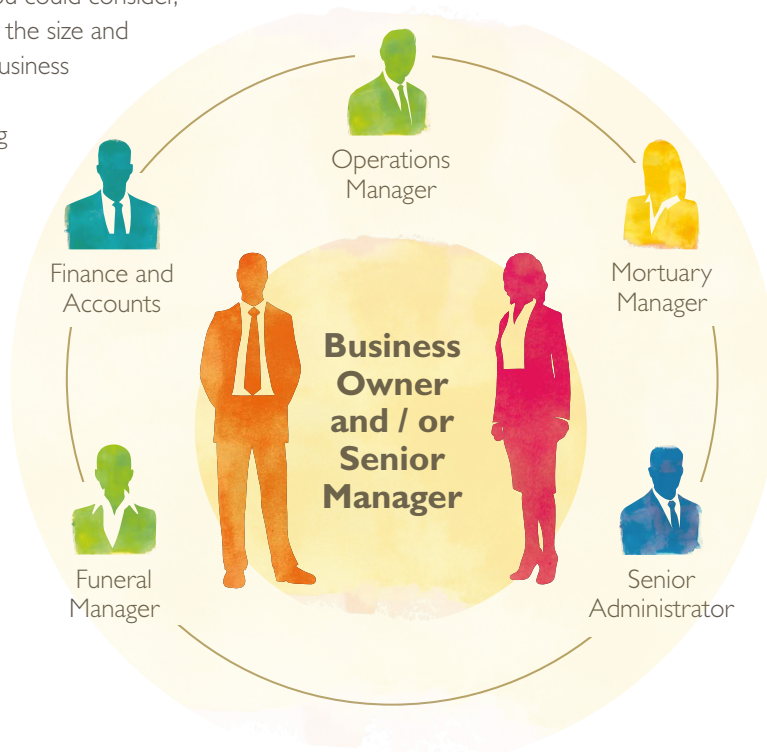
When you are thinking about the scope of your plan, it is important to think about who will have ultimate ownership of the plan and whether you wish to designate responsibilities to others, for example branch managers (if you operate from more than one site).

For any plan to be implemented successfully, it needs to be communicated well. It is of little use to spend hours formulating a response strategy if those working in the business have no idea where the plan is kept or who is responsible for implementing it.

First of all, you need to develop and document your plan. To do this, you should ideally consult with key figures in the business as they will be able to give valuable input into the implications for your business (this is particularly important when developing a skills register – more of which later).

A simple approach is to make the Project Leader (for the development of the plan) either the senior business manager or owner, with data gathering (to inform the plan) being provided by key managers or heads of department.

We have noted below an example of the key contributors you could consider; this will depend on the size and structure of your business of course but it is worthwhile thinking about the impact a pandemic would have on your business and which key functions would be affected.

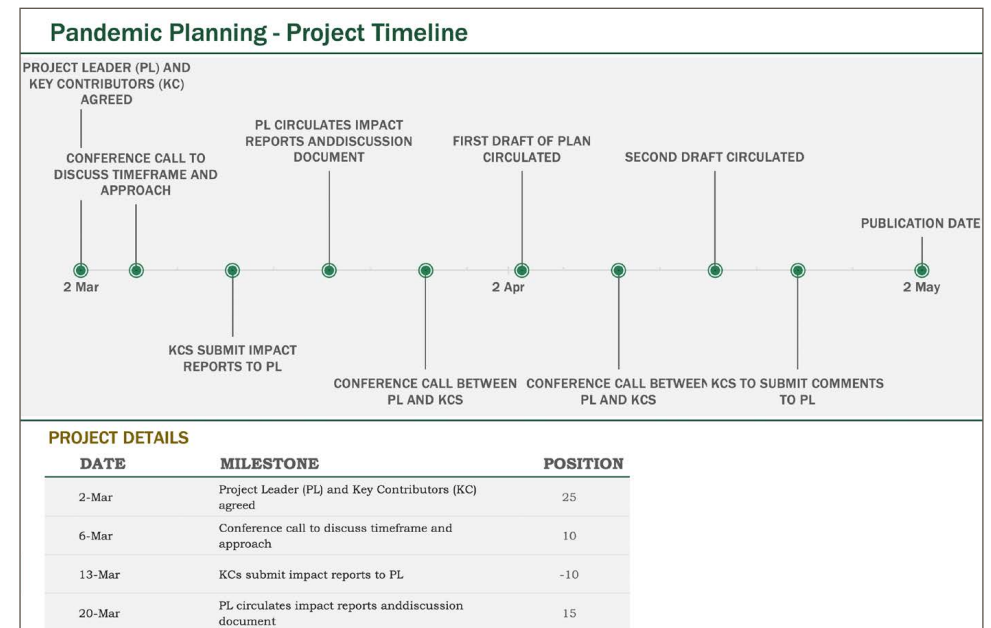


## AGREEING THE TIMELINE

It is inevitable that the key contributors to your plan are likely to have busy working lives and limited availability to contribute to the plan development.

It can be useful to set up an initial meeting (via conference call if appropriate) to discuss and agree your timeline for completion. In busy times, it is easy to “shelve” non-essential planning whilst the business deals with its day to day activities. However, the COVID-19 virus has shown how a virus impacts on day to day life (and at the time of writing this document, COVID-19 has not been declared a pandemic) – so it is worth setting aside time to think about what your approach would be.

To assist with your planning, we have designed a simple Excel Project Timeline document which can be downloaded from the [NAFD website](#) and can be easily adapted to suit your needs. Circulating a document such as this can be a great help in your planning process, it helps all those involved in the development by showing key dates. By having a start point (and most importantly an end point and proposed publication date), you will be able to keep on track as your plan develops.



## ANALYSIS

Once you have collected your data, you should be able to evaluate your business risk and business impact. For example, when asking your key contributors to submit their impact reports, you could ask them to comment on the impact if their departmental staff levels dropped.

Cabinet office guidelines state that absence could run at 15-20% in the peak fortnight of a pandemic with a suggestion that SMEs and small, specialised teams should plan for a 30% staff absence.

Nature of disruption	National impact of “reasonable worst case scenario”	Secondary impacts	Potential causes
Staff Absence	<p><b>Extreme: 15-20% absence rates</b> in the peak fortnight of a pandemic.</p> <p>SME's and small specialised teams should plan for <b>30% staff absence</b>.</p> <p>Staff with <b>caring responsibilities</b> may need to take time off work even while well.</p>	<p>UK borders will not close in response to a flu pandemic, but other countries' may - this could impact international <b>supply chains</b>. <b>Service provision from suppliers</b> is likely to be impacted by their own staff shortages.</p> <p>Possible wide ranging of <b>social impacts</b> such as school closures, access to health care and transport.</p>	<p>A serious <b>flu pandemic</b> is the most likely and most severe risk driving this planning assumption.</p> <p>Other risks that could cause staff absences include:</p> <ul style="list-style-type: none"> <li>• <b>Other illness</b> e.g. winter vomiting.</li> <li>• <b>Severe weather</b> that causes transport disruption.</li> <li>• <b>Industrial action</b> in yours or another organisation.</li> </ul>

Below is an example of a simple Risk Register – you can access and download a copy of this Risk Register template from the NAFD website – <https://nafd.org.uk/pandemic-planning/>. This can be easily adapted to your individual business needs.

Your company name here		Risk Register		YOUR LOGO HERE						
Document compiled by: Business Owner		Version 3		Last updated 20 February 2020						
ID	Date raised	Risk description	Likelihood of the risk occurring	Impact if the risk occurs	Severity Rating based on Impact & Likelihood	Owner Person who will manage the risk.	Mitigating action Actions to mitigate the risk e.g. reduce the likelihood.	Contingent action Action to be taken if the risk happens.	Progress on actions	Financial impact
1	20/02/2020	Staff absence due to coronavirus	Medium	High	High	Business Owner	Develop a pandemic planning document and circulate throughout the business	Refer to the Employee Skills Matrix and deploy staff who are cross-trained on priority functions where necessary	Pandemic Planning Document written. Employee Skills Matrix under review - anticipated completion date 01/03/20	See Business Continuity Plan
2	20/02/2020	Acts of God for example, extreme weather, leads to loss of resources, materials, premises etc.	Low	High	High	Business Support Manager	Ensure insurance in place. Familiarise team with emergency procedures. Where cost effective put back up systems in place e.g. external server backup.	Notify appropriate authorities. Follow health and safety procedures. Notify Partners and Senior Management	Public Liability Insurance, Employer Liability Insurance confirmed along with additional Business Interruption Insurance	See Business Continuity Plan
5	20/02/2020	Unplanned work that must be accommodated during site refurbishment	Low	High	Medium	Business Support Manager	Check previous projects, for actual work and costs. Document all assumptions made in planning and communicate to the Senior Partner before project start date.	Escalate to the Senior Manager with plan of action, including impact on time, cost and quality.	Department managers attending scheduling meetings	Add document links here
6	20/02/2020	Consultant or contractor delays	Medium	Medium	High	Project Manager	Include late penalties in contracts. Build in and protect lead time in the schedule. Communicate schedule early. Check in with suppliers regularly. Query '90% done'.	Escalate to Project Sponsor and Contracts Manager. Implement late clauses.	Lead time from each contractor built into the project schedule. Late penalties agreed to and contracts signed.	Add document links here

You will note that in the example above we have started with “staff absence due to coronavirus” and referred to an Employee Competency Skills Matrix. An ECSM is helpful when producing planning documents for any eventuality that could result in high levels of absenteeism, i.e. not just the effects of a pandemic, but any illness (such as seasonal flu).

You can access and download the Employee Competency Skills Matrix template from the [NAFD website](#).

A snapshot of the template is shown overleaf:



Cabinet Office

When thinking about the impact for your business, it is important to take into consideration that there will be an impact on your suppliers to, as the above graphic shows. You will probably have some considerations noted within your business risk register or as part of your business continuity plan,

Employee Competency Skills Matrix											
Employee and Department	Telephone calls, dealing with queries	Meeting with families and visitations	Preparation of Estimates and general admin	Pre-payment queries and quotations	Removal of deceased from any location	Preparation of coffins	Palisearer and driving funeral vehicles	Participation in on-call rota	Embalming	Washing and dressing deceased	Removal of deceased from hospital
<b>FRONT OF HOUSE</b>											
A Smith	1	1	1	1							
B Jones	2	2	2	2							
C Harrison	2	2	2	2							
D Brown	3	3	3	3							
<b>FUNERAL OPERATIVE</b>											
E Hardy	0	1	0	0	2	2	2	2			
F Williams	0	1	0	0	2	2	2	2			
G Stevens	0	1	0	0	2	2	2	2			
H Morrison	2	2	2	2	2	2	2	2			
<b>MORTUARY</b>											
P Jefferson	0	0	0	0	2	2	2	2	3	3	
W Williams	0	0	0	0	1	0	0	0	1	1	
S Stonehouse	0	0	0	0	1	1	1	1	2	2	
<b>FUNERAL DIRECTOR</b>											

In the example we have provided, we have noted the employee and their department, together with 4 key functions that are assigned to their respective roles. You may wish to add more, as of course each role will likely have more complexity and depth than we have shown here, however it is worth noting the essential functions that you need in order to be able to carry out your day-to-day activities, and perhaps prioritise them accordingly.

Some key functions will be easier from a cross training point of view. For example, it may be easier to cross train staff on “telephone calls, dealing with queries” than it will for things such as preparation of estimates (if the preparation of the estimate requires knowledge of in-house software). There will also be specific skills (such as embalming) where you are not able to cross-train, in which case you may wish to consider external resources (such as trade embalmers).

The use of external resources can be helpful; but consideration should be given for the impact of a high level of absenteeism on your suppliers and you may not wish to rely on this as an opportunity for mitigation when developing your own pandemic planning.

## USING THE EMPLOYEE COMPETENCY SKILLS MATRIX

In our matrix, we have used the following to identify employee skills:

Identifier		For Example
0	No capability	Has not worked in department before
1	Basic knowledge	Basic but limited knowledge (e.g. new to role)
2	Intermediate capability	Good working knowledge - works without supervision
3	Advanced - can train others	Advanced knowledge - trains/manages others

Looking at the graphic on the left you will see that H. Morrison (who appears as a Funeral Operative) has been assessed with level 2 (intermediate) capability for the Front of House functions, with some of the other Funeral Operatives showing a basic knowledge of meeting with families and visitations.

By identifying and assessing H. Morrison's skill set (perhaps through their HR records or career history with the company), it is easier to identify Morrison as an employee who could cover a Front of House role if necessary.

It is worth updating the ECSM regularly, perhaps to tie in with employee annual appraisals. Many businesses have an “all hands on deck” approach to cover a colleague's absence and where there is a high level of absenteeism, people invariably pull together to ensure that the families they are caring for receive the high standard of service they (quite rightly) expect.

However, you may wish to take advice from your HR provider with regards to your employee terms of reference and the implications for any role change, even if that role change is to cover another colleague's absence.





# INTERNAL OPERATIONAL STRATEGY

As you develop your plan, you will need to think about your internal operational strategy. How will you support your team and deal with their concerns?

One of the key functions of your internal operational strategy should be to put the safety of your team as a priority, whilst acknowledging the vital role that they play in your business.

This means ensuring that your team have the equipment (PPE) they need to carry out their role and the information they need to reduce the risk of transmission whilst they do so.

As funeral service professionals we will need to manage the risks posed by the removal of a person who has died as a result of the virus (in our example we will use the coronavirus).

To minimise risk, we should all adopt the guidelines set down by gov.uk, the NHS and WHO and incorporate them into our processes and procedures.

To assist with your planning, we have developed some resources that can be downloaded from the NAFD website at: <https://nafd.org.uk/pandemic-planning/>



This includes documents outlining how to put on PPE, what items you should wear and the order in which you should put them on. It is also important to observe best practice when removing PPE, you should be mindful of the fact that although PPE will have offered you protection, the PPE could be contaminated. Care should be taken at all times to minimise the risk of transmission.

NHS Guidelines should also be adopted when carrying out the removal of a person who has died (irrespective of the location). We have produced a document which contains the current guidance and some points for you to consider: Where possible you should continue to give consideration to the rituals of those you care for. For some, the washing and dressing of the person who has died forms a ritual part of their beliefs and every effort should be made to ensure that belief, customs and ritual are acknowledged. NHS Guidelines (as of February 2020) indicate that washing and/or preparing the body is acceptable if those carrying out the task are wearing PPE (as per the guidelines we have outlined) and providing they have been made aware of the risk. You will note that embalming is not recommended.

Remember to observe best practice for the cleaning of equipment and areas as noted.

### PERSONAL PROTECTION EQUIPMENT Guidance for the safe wearing of PPE

Workplace Procedure	Hazard Category	Date
Putting on PPE	Infection Control	February 2020
Department	Risk Type	Written by
Mortuary and FSO	Moderate	Branch Manager

**REASON FOR ISSUE** GOV.UK - COVID-19: guidance for health professionals

**NOTES** This PPE ensemble is more enhanced than pandemic flu requirements due to COVID-2019 being a novel coronavirus and the evidence base for transmission limited. Therefore, this is based on expert opinion to date and may be revised as the situation evolves.

**Use safe work practices to protect yourself and limit the spread of infection**

Putting on PPE	Step by Step
<b>Before you start</b>	<ul style="list-style-type: none"> <li>Ensure you are hydrated</li> <li>Remove jewellery and tie hair back</li> <li>Check you have all the PPE you need, in the correct size</li> </ul>
<b>Hand hygiene</b>	<ul style="list-style-type: none"> <li>Follow NHS Guidelines when washing hands</li> <li>Apply enough soap to cover all hand surfaces</li> <li>Rub hands palm to palm with interlaced fingers</li> <li>It should take at least 15 seconds</li> </ul>
<b>Gown</b>	<ul style="list-style-type: none"> <li>Put on a long-sleeved fluid repellent disposable gown</li> <li>Fasten neckties and waist ties</li> </ul>
<b>Respirator (FFP3)</b>	<ul style="list-style-type: none"> <li>Ensure that you are familiar with the FFP3 respirator conforming to EN149</li> <li>Ensure that fit testing has been undertaken before using this equipment</li> </ul>
<b>Eye wear (preferably a full-face visor)</b>	<ul style="list-style-type: none"> <li>Eye protection, such as single use goggles or full-face visors, must be worn</li> <li><b>NOTE: Prescription glasses are not adequate protection</b></li> </ul>
<b>Gloves</b>	<ul style="list-style-type: none"> <li>Double gloves can be used</li> <li>Change gloves when moving from a dirty to a clean task</li> <li>Remove glove (see removal instructions)</li> <li>Decontaminate hands with alcohol hand-rub</li> <li>Put on pair of clean gloves, ensuring that the cuffs of the gloves cover the cuffs of the gown.</li> </ul>

Source: <https://www.gov.uk/government/publications/coronavirus-covid-19-infection-prevention-and-control-guidance/infection-prevention-and-control-guidance/PPE>

### PERSONAL PROTECTION EQUIPMENT Guidance for the safe removal of PPE

Workplace Procedure	Hazard Category	Date
Removal of PPE	Infection Control	February 2020
Department	Risk Type	Written by
Mortuary and FSO	Moderate	Branch Manager

**REASON FOR ISSUE** GOV.UK - COVID-19: guidance for health professionals

**NOTES** This PPE ensemble is more enhanced than pandemic flu requirements due to COVID-2019 being a novel coronavirus and the evidence base for transmission being limited. Therefore, this is based on expert opinion to date and may be revised as the situation evolves.

**Use safe work practices to protect yourself and limit the spread of infection**

Removing PPE	Step by Step
<b>Before you start: read the adjacent notes</b>	PPE should be removed in an order that minimises the potential for cross contamination. This should be done within the mortuary area and in a systematic way. All PPE should be disposed of as clinical waste.
<b>Gloves: the outsides of the gloves are contaminated</b>	<ul style="list-style-type: none"> <li>grasp the outside of the glove with the opposite gloved hand; peel off</li> <li>hold the removed glove in gloved hand</li> <li>slide the fingers of the un-gloved hand under the remaining glove at the wrist</li> <li>peel the remaining glove off over the first glove and discard</li> <li>clean hands with alcohol hand rub</li> </ul>
<b>Gown: the front of the gown and sleeves will be contaminated</b>	<ul style="list-style-type: none"> <li>unfasten neck then waist ties</li> <li>pull gown away from the neck and shoulders, touching the inside of the gown only using a peeling motion as the outside of the gown will be contaminated</li> <li>turn the gown inside out, fold or roll into a bundle and discard into a lined waste bin</li> </ul>
<b>Eye protection (preferably a full-face visor): the outside will be contaminated</b>	<ul style="list-style-type: none"> <li>to remove, use both hands to handle the restraining straps by pulling away from behind and discard</li> <li>clean hands with alcohol hand rub</li> </ul>
<b>Respirator (FFP3): remove FFP3 respirators in a safe area (adjacent to the mortuary or preparation room)</b>	<ul style="list-style-type: none"> <li>do not touch the front of the respirator as it will be contaminated</li> <li>lean forward slightly</li> <li>reach to the back of the head with both hands to find the bottom retaining strap and bring it up to the top strap</li> <li>lift straps over the top of the head</li> <li>let the respirator fall away from your face and place in bin</li> <li>wash hands with soap and water</li> </ul>

**Dispose of PPE as clinical waste and always wash your hands after removing your PPE**

Source: <https://www.gov.uk/government/publications/coronavirus-covid-19-infection-prevention-and-control-guidance/infection-prevention-and-control-guidance/PPE>

### PERSONAL PROTECTION EQUIPMENT PROCEDURE ANALYSIS – TASK SPECIFIC

Workplace Procedure	Hazard Category	Date
Removal of a person who has died	Infection Control	February 2020
Department	Risk Type	Written by
Mortuary and FSO	High	Branch Manager

**REASON FOR ISSUE** GOV.UK - COVID-19: guidance for health professionals

Sequence of Procedure	PPE Required	Hazard/Risk/Notes
Removal of a person who has recently died	Perform hand hygiene before putting on PPE. Full PPE as noted in the company PPE document – please note the correct order - gown, respirator, eye protection and gloves.	The act of moving a recently deceased person onto a mortuary trolley might be sufficient to expel small amounts of air from the lungs and thereby present a minor risk
Placing the person who has died into body bag	Full PPE	A body bag should be used for transferring the body and those handling the body at this point should use full PPE
Placing the person who has died into the refrigeration unit or coffin	Full PPE	The outer surface of the body bag should be decontaminated (see below) before placing in mortuary refrigeration area or coffin. This may require at least 2 individuals wearing such protective clothing, in order to manage this process
Cleaning of the removal trolley	Full PPE	The trolley that carried the body must be disinfected prior to it leaving the mortuary or preparation area
Washing and preparing the person who has died – where this is to be carried out by family (in line with their wishes and/or cultural beliefs) please note and advise family of the government guidance (i.e. the wearing of PPE)	Full PPE	Washing or preparing the body is acceptable if those carrying out the task wear PPE. Mortuary staff, FSOs and funeral directors must be advised of the biohazard risk. Embalming is not recommended.
Body bags	Handle with caution	After use, empty body bags should be disposed of as category B waste

**Cleaning Guidelines:**

There is evidence for other coronaviruses of the potential for widespread contamination of environments (such as mortuary or preparation room), so effective cleaning and decontamination is vital. Cleaning and decontamination should only be performed by staff trained in the use of PPE. After cleaning with neutral detergent, a chlorine-based disinfectant should be used, in the form of a solution at a minimum strength of 1,000ppm available chlorine. If an alternative disinfectant is used within the organisation, you MUST ensure that this is effective against enveloped viruses.

The mortuary/preparation room should be cleaned at least once a day, and following aerosol generating procedures or other potential contamination. There should be more frequent cleaning of commonly used hand-touch surfaces and of anteroom or lobby areas within the funeral home (at least twice per day).

To ensure appropriate use of PPE and that an adequate level of cleaning is undertaken which is consistent with the recommendations in this document, it is strongly recommended that cleaning of the mortuary/preparation area is undertaken separately to the cleaning of other clinical areas.

Dedicated or disposable equipment (such as mop heads, cloths) must be used for environmental decontamination. Reusable equipment (such as mop handles, buckets) must be decontaminated after use with a chlorine-based disinfectant as described above. Communal cleaning trolleys should not enter the mortuary/preparation room.

Source: <https://www.gov.uk/government/publications/coronavirus-covid-19-infection-prevention-and-control-guidance/infection-prevention-and-control-guidance/PPE>



All information is in line with current NHS guidelines

February 2020

## KEEPING AN INVENTORY

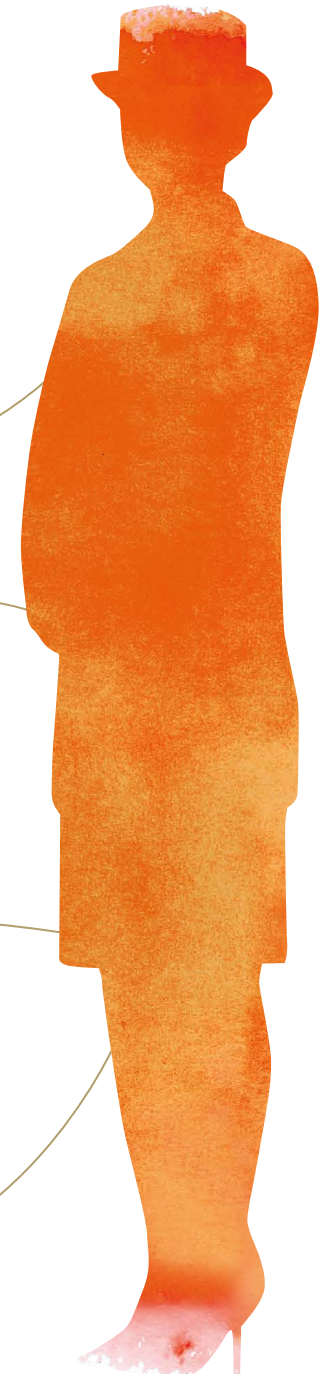
It is useful to keep an up to date inventory of all your PPE equipment. During pandemics, or any times where you may experience an excess number of deaths, then this is paramount.

As information regarding a pandemic comes into the public domain, you should make it a priority to ensure that your stock is adequate for your needs. Remember that your suppliers will be experiencing a higher demand for their products during such periods, as well as possibly experiencing staff absenteeism, which could have an impact on their ability to deliver products to you quickly. Regular monitoring of the situation, through the media and government websites such as NHS and gov.uk will ensure that you are in a position to prepare.

You can download a copy of our simple PPE Inventory document from the NAFD website at: <https://nafd.org.uk/pandemic-planning/>.

This has been designed to allow you to note the stock at each of your branches (if appropriate). You are then able to filter and search according to your branch.

STOCK LIST							Please indicate if reorder required
Purchase Reference	Item description	Order Ref. No.	Location	Supplier	No. in stock	Authority to reorder	DATE CHECKED
123	FFP3 Face Masks	FM123	Main branch	Smith & Son	10	Amy Brown	
456	Latex gloves	LG456	Anytown branch	Jones Inc	10 boxes of 100	Carl Dawson	
789	Oversleeves	OS789	Main branch	Harrisons	3 boxes of 50	Amy Brown	
1011	Overshoes	OVS101	Anytown branch	Smith & Son	3 boxes of 50	Carl Dawson	
1112	HazMat suits	HMS112	Main branch	Smith & Son	20	Amy Brown	



## CAPACITY AND RESILIENCE

As part of your existing business plan, you will no doubt have documented your capacity and your resilience. You will most likely already have a note of your capacity at your funeral home (the number of people you can care for at any one time) and some indication of when an increased capacity will flag up the need to put alternative measures in place.

For some funeral homes this can mean looking at additional areas where the deceased can be cared for (for example, additional mortuary space that can be implemented at short notice).

When liaising with Local Resilience Forums, capacity and resilience is something that frequently dominates the conversation. Many hospital mortuaries will experience capacity issues during times of winter pressures. We have seen over the past years that other factors often impact on mortuary capacity too. There could also be delays between the date of death and the date of the funeral, delays in the family making funeral arrangements and delays in the availability of appointments at the registrars. There are multiple contributory factors to take into consideration, however for the purpose of this document we shall look at how we can help you record and monitor your own funeral home's capacity and resilience.

You can access and download a copy of **Capacity Planning – Management Planning Document from the NAFD website**. This is a very simple, easy to use document which will allow you to do the following:

- Note individual branches within your business
- Note the number of people currently in your care
- Set the capacity level which you want to be highlighted when exceeded (for example in our document we have set this at 60%)
- Add any comments prior to sharing the document with your managers/team

Capacity Planning Management Planning Document							
Date: 20th February 2020		Highlight warning flag at this % Capacity			60%		
		Highlight where capacity is exceeded?			Yes		
Flag	Branch Name	Max. Capacity	Currently 'In care'	Current Availability (Capacity - In Care)	Based on current availability we are currently running at Capacity Level %	Capacity Indicator Flag (When 'In Care' exceeds this number you are have reached capacity warning level)	COMMENTS
🚩	Head Office	50	45	5	90%	30	Conference call with Operations Manager today 1100hrs
🚩	City Road	40	25	15	63%	24	
	Main Street	30	10	20	33%	18	
	High Street	15	5	10	33%	9	
🚩	North Road	25	15	10	60%	15	
	Branch 6	25	0	25	0%	15	
	Branch 7	25	0	25	0%	15	

You will see from the graphic above that we have set the capacity level for this company at 60%. This means that once the data is entered showing the number of people currently in care at a particular branch, should that number match or exceed 60% of the total capacity, then that branch is highlighted and a flag appears at the right hand side of the column.

You will note on the first line that "Head Office" has a capacity of 50 but has 45 people currently in their care. This takes their "in care" figure to 90% of capacity, which could be viewed as critical. In the "comments" section we have noted that a conference call with the Operations Manager is to take place (and we have highlighted this).

Monitoring your capacity over a length of time can help with your business continuity planning. Most funeral directors will state that there are times of the year when they are busier than others and most will have experienced "winter pressures" or the impact of Seasonal Flu. By documenting and monitoring these events, you will be better placed to plan how you will respond at busier times of the year and what resources you will need to ensure that you continue to provide a high level of service.

Proactive engagement and monitoring can also offer reassurance to your team and their colleagues as they will clearly see that you have contingency plans in place should their workload increase.

## EXTERNAL STRATEGY

**Your external strategy, i.e. how you communicate with the families you care for, will be part of your daily life. For those working in the funeral profession, effective communication is paramount if we are to provide the high level of service expected of us.**

When preparing your Pandemic Planning document, you may wish to think about how you will communicate with your clients/customers/families, if a situation escalates to a high number of excess deaths in the community.

There will naturally be concerns expressed by families, this could be in relation to visitation, length of time before the funeral can take place (due to excess demand on crematoria and cemetery facilities) and perhaps even questions about what you are doing to minimise the transmission of the virus.

You should be able to address this through evidencing the best practice you have adopted, the use of PPE, effective staff training, robust cleaning procedures etc. You could also think about having a "prepared response" to any questions about the approach that you are taking. For example – if you were approached by the media and asked how you were coping with the excess demands for your services – what would your answer be? How would you show that you are caring for those who have died, whilst also caring for your team and colleagues?



## CARING FOR YOUR TEAM






Effective communication is key when caring for your team, as noted earlier. Your team will need to know that you have effective, documented procedures in place that allow them to perform their role with the correct protection (PPE) and the support that they need, for example additional help and resources should there be and increased workload and high levels of absenteeism.

It is only natural that in times of a pandemic (or even with seasonal flu or winter pressures) that the families of those who work for you and with you, will be concerned for their family member. Children can also become anxious, particularly if there is a lot of media speculation around a virus and how it spreads.

The World Health Organisation (WHO) has produced an information leaflet entitled “Helping children cope with stress during the 2019-nCoV outbreak”. You can download a copy of the leaflet from the NAFD website.

You could circulate this leaflet amongst your team and colleagues, as this can offer reassurance. Your colleagues should be able to stress to their children and family that you are taking all appropriate measures to ensure their ongoing health and well-being. Although this leaflet has been adapted specifically in relation to COVID -19, its message is valid for any part of your pandemic planning policy.

**World Health Organization** Helping children cope with stress during the 2019-nCoV outbreak

-  Children may respond to stress in different ways such as being more clingy, anxious, withdrawing, angry or agitated, bedwetting etc.  
Respond to your child's reactions in a supportive way, listen to their concerns and give them extra love and attention.
-  Children need adults' love and attention during difficult times. Give them extra time and attention.  
Remember to listen to your children, speak kindly and reassure them.  
If possible, make opportunities for the child to play and relax.
-  Try and keep children close to their parents and family and avoid separating children and their caregivers to the extent possible. If separation occurs (e.g. hospitalization) ensure regular contact (e.g. via phone) and re-assurance.
-  Keep to regular routines and schedules as much as possible, or help create new ones in a new environment, including school/learning as well as time for safely playing and relaxing.
-  Provide facts about what has happened, explain what is going on now and give them clear information about how to reduce their risk of being infected by the disease in words that they can understand depending on their age.  
This also includes providing information about what could happen in a re-assuring way (e.g. a family member and/or the child may start not feeling well and may have to go to the hospital for some time so doctors can help them feel better).

## IMPLEMENTATION

Once you have collated and agreed all the information that you wish to include in your pandemic planning document, you can start to think about implementation.

Implementing your Plan means effective communication with all your employees and colleagues. Poorly communicated plans cause uncertainty and confusion and your employees need to know that you have structured your plan with them in mind, as their welfare is essential to the effective running of your business.

The circulation of the plan, followed by face-to-face discussions are preferable, as this allows for feedback and gives your employees the opportunity to raise any questions.

And finally, as with all planning of this nature, your Pandemic Planning document should be considered a “living document” and reviewed regularly (ideally annually) by monitoring any changes as they happen.

This together with the support that the NAFD gives you by communicating any media updates from gov.uk, WHO or the NHS as they happen, should ensure that you are best placed to meet any challenges head on.

**Alison Crake MBA FCI**  
Chair, NAFD Board of Education  
and NAFD Past President



## Contact us

**Telephone** 0121 711 1343

**Email** [info@nafd.org.uk](mailto:info@nafd.org.uk)

**Visit** [www.nafd.org.uk](http://www.nafd.org.uk)



Strength by  
Association