ESSEX RESILIENCE FORUM

Preparing for Emergencies in Essex

ESSEX LRF
INFLUENZA PANDEMIC CONTINGENCY PLAN

VERSION 5A

March 2009

To Be Reviewed in December 2009

This plan has been agreed and was signed off by the Essex Resilience Forum Management Group on 10th December 2008

This plan is the overarching Essex Pandemic Flu Plan and details the overall Essex response to pandemic flu. It is supported by the plans from the following organisations that will contain a more detailed response in certain areas:

PCTs
Acute Trusts
Mental Health Trusts
County Council
Local Authorities
Unitary Authorities
Essex Police
Essex Fire
East of England Ambulance Service

Should you require access to the publicly available versions of these plans please contact the relevant agency/organisation directly.

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1. INTRODUCTION/ACKNOWLEDGMENTS

This plan sets out the arrangements for the Essex response to influenza pandemic. **It does not replace existing organisational major incident plans.** Rather, it is a supplement to these, providing additional information and guidance specific to an influenza pandemic. It should be read in conjunction with related national planning guidance, in particular:

(i) Pandemic Influenza - a national framework for responding to influenza pandemic and associated supplementary guidance including:

- Guidance on preparing acute hospitals in England (issued 2007)
- Guidance for ambulance services and their staff in England (issued 2007)
- Guidance for primary care trusts and primary care professionals on the provision of healthcare in a community setting in England (issued 2007)
- Planning for pandemic influenza in adult social care (issued 2007)
- The ethical framework for policy and planning (issued 2007)
- Guidance on the management of death certification and cremation certification (draft 2007)
- Human Resources guidance for the NHS (draft 2007)
- Guidance on preparing mental health services in England (draft 2007)
- Possible amendments to medicines and associated legislation during an influenza pandemic (draft 2007)
- Surge capacity and prioritisation in health services (draft 2007)

Link to National framework:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080734

This plan is the overarching plan for Essex and the plans from all other agencies sit underneath it, these agencies include: PCTs, Acute Trusts, Mental Health Trusts, Essex County Council, Essex Local Authorities (inc Unitary Authorities), Police, Fire Service, Ambulance Service)

Within the broader context of Essex Resilience arrangements, the plan identifies additionally matters of multi-agency co-ordination and action.

A huge debt is owed to the following whose work on Pandemic Flu planning has played a key part in the development of this plan:

Essex Resilience Forum Health Working Group
Essex Resilience Forum Pandemic Flu Working Group
Essex Resilience Forum Body Management Group
Essex Resilience Forum Warn and Inform Group
David Freeman – Assistant Director of Communications and Public Involvement, Mid Essex PCT
Jane Bazzali – Infection Control Nurse, North East Essex PCT
Julia Sheilds – Infection Control Nurse, Mid Essex PCT
Essex County Council
Essex County Council Social Care
Essex Police
Department of Health
East of England Strategic Health Authority
Cambridgeshire & Peterborough Resilience Forum
GO East
Essex HPU

2. AIMS

The aims of the plan are to:

- Reduce the impact of a flu pandemic on the population of Essex; and
- Maintain all essential services in Essex as far as is reasonable practicable and possible
- Detail command and control procedures

3. OBJECTIVES

The objectives of this plan are to:

- Protect citizens and visitors against the adverse health consequences as far as possible
- Prepare proportionately in relation to the risk
- Support international efforts to prevent and detect its emergence and prevent, slow or limit its spread
- Minimise the potential health, social and economic impact
- Organise and adapt the health and social care systems to provide treatment and support for the large numbers likely to suffer from influenza or its complications whilst maintaining other essential care
- Cope with the possibility of significant numbers of additional deaths
- Support the continuity of essential services and protect critical national infrastructure as far as possible
- Support the continuation of everyday activities as far as practicable
- Uphold the rule of law and the democratic process
- Instill and maintain trust and confidence by ensuring that the public and the media are engaged and well informed in advance of and throughout the pandemic period
- Promote a return to normality and the restoration of disrupted services at the earliest opportunity.

4 PLANNING ASSUMPTIONS

National planning assumptions have been issued by the Department of Health detailing a range of parameters:

- Up to a 50% Clinical Attack Rate
- 0.4 to 2.5% dead (of those affected)
- 22% of cases peak week (of those affected)
- 28.5% requiring GP or healthcare treatment (of those affected)
- 4% requiring Hospital admission (of those affected)
- 25% admitted to hospital requiring critical care (of those admitted to hospital)

See chart on page 6 for estimated figures in Essex over a range of attack rates

It is expected that the pandemic will come in waves, with each wave lasting between 12 – 15 weeks, with the peak of activity being between weeks 6 and 8.

A future influenza pandemic could occur at any time. Plans therefore need to be in place that reflect the current level of national preparedness and guidance. These plans need to be flexible in order to incorporate future developments as more information becomes available.

Modeling suggests that from the time a pandemic begins in the country of origin it may take as little as two to four weeks to increase from just a few cases to around 1,000 cases and the pandemic could reach the UK within another two to four weeks. This will allow some time to compare planning assumptions against emerging data as the pandemic develops.

From the arrival of the pandemic in the UK, it will probably be a further one to two weeks until sporadic cases and small clusters that will act as initiators of local epidemics are occurring across the whole country. i.e. once in the UK, it is likely to spread to all major population centres within one to two weeks. It is possible that the peak will be only 50 days after initial entry into the UK.

An influenza pandemic can occur either in one wave, or in a series of waves, weeks or months apart. To inform preparedness planning, a temporal profile based on the three pandemics that occurred in the last century and current models of disease transmission has been constructed (see Figure 1).

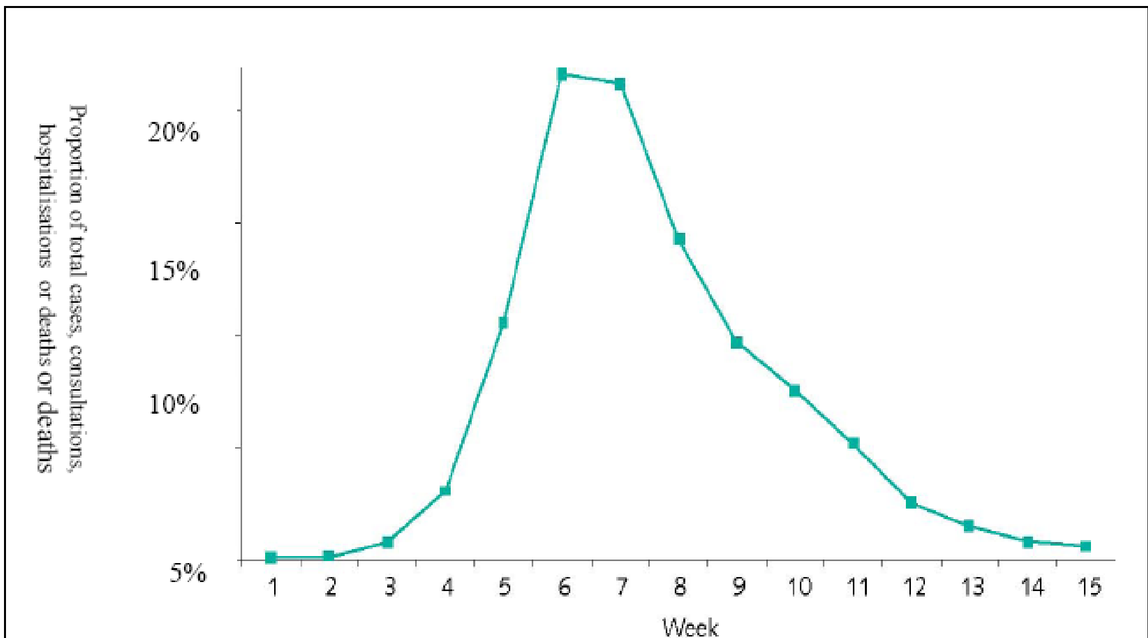

Figure 1: Single wave national profile showing proportion of new clinical cases by week. Note – more than one wave may be expected.

The planning profile reflects what we might expect to happen nationally; of particular importance is the rapid increase in the number of cases within the first few weeks of the pandemic. This planning profile is not a forecast of what will happen in every region or locality.

Local epidemics may be over faster and be more highly peaked than the national average. Local epidemics may only last for 6-8 weeks, or they may last longer. Experience from the 1918 pandemic shows a wide variation in the length of local epidemics, the clinical attack rates and the peak attack rates in areas similar to the size of modern Primary Care Trusts.

People are highly infectious for four to five days from the onset of symptoms (longer in children and those who are immunocompromised) and may be absent from work for up to ten days.

Local planners need to plan to the peak of the national profile assuming a 50% clinical attack rate. The 50% recommendation takes account of the possibility that local peaks may be higher. Local planners should expect between 10% and 12% of the local population to become ill each week during the peak of the local epidemic. It is not possible to make detailed forecast of when this might be.

Figure 2 shows the distribution of pandemic lengths for UK regions in the 1918 pandemic measured over the period of more than 1.2 deaths per 100,000. Using this threshold the planning profile would give an epidemic length of 12 weeks. As it is not possible to predict the length of the pandemic for each region, planners should assume a length of up to 12-15 weeks.

It is not possible to predict what proportion of the local population will become ill, need to go to hospital or die on a week to week basis during a pandemic. Therefore, planners should assume peak figures based on a 50% clinical attack rate sustained over a period of 2-3 weeks.

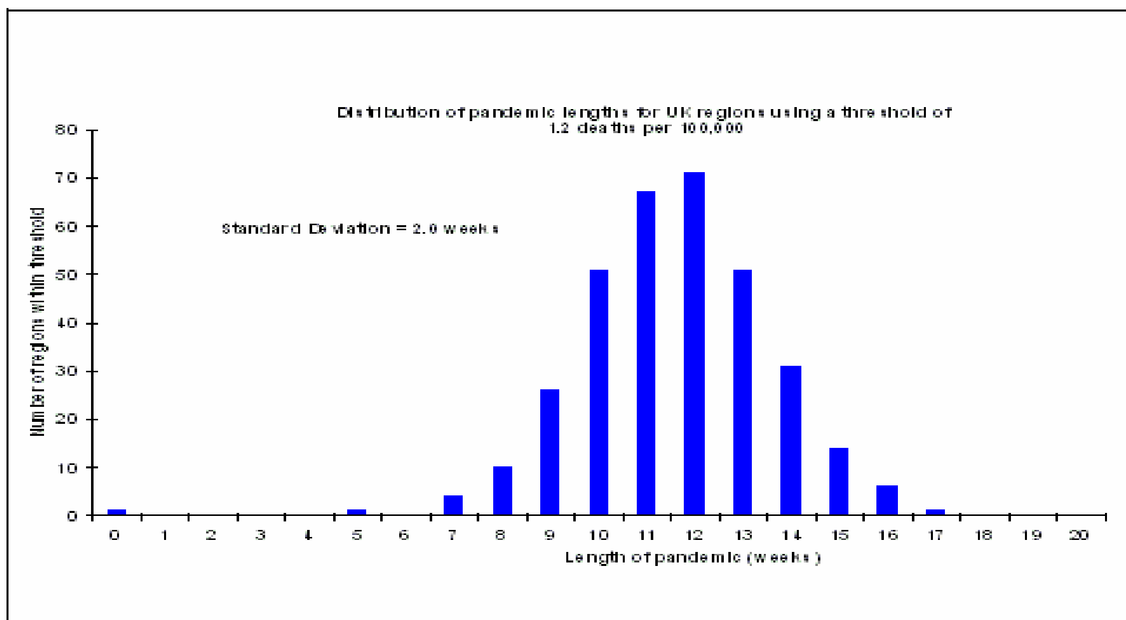

Figure 2: the distribution of pandemic lengths for UK regions in 1918 measured over the period of more than 1.2 deaths per 100,000.

Attack and Death rate

Depending upon the virulence of the influenza virus, the susceptibility of the population and the effectiveness of countermeasures, up to half the population could have developed illness and between 50,000 and 750,000 additional deaths (that is deaths that would not have happened over the same period of time had a pandemic not taken place) could have occurred by the end of a pandemic in the UK.

Until the characteristics of the pandemic are known, relevant planning should be carried out against the reasonable worst case set out below:

- Cumulative clinical attack rates of up to 50% of the population in total spread over one or more waves each of around 12-15 weeks, each some weeks or months apart. If they occur, a second or subsequent wave could possibly be more severe than the first. Response plans should recognise the possibility of a clinical attack rate of up to 50% in a single-wave pandemic.
- Up to 4% of those who are symptomatic may require hospital admission.
- Up to 2.5% of those who are symptomatic may die.

To inform planning, the following table shows the potential impacts in Essex of a 25%, 35% and 50% clinical attack rate and overall case fatality rates of between 0.4% and 2.5%

Population		50% attack rate	Dead				Peak Week	GP or Healthcare Treatment	Hospital Admission	Critical Care
W Essex	280000	140000	between	560	and	3500	30800	39900	5600	1400
Mid Essex	360000	180000	between	720	and	4500	39600	51300	7200	1800
NE Essex	318000	159000	between	636	and	3975	34980	45315	6360	1590
SW Essex	410000	205000	between	820	and	5125	45100	58425	8200	2050
SE Essex	325000	162500	between	650	and	4063	35750	46313	6500	1625
Total	**1693000**	**846500**	**between**	**3386**	**and**	**21163**	**186230**	**241253**	**33860**	**8465**

Population		35% attack rate	Dead				Peak Week	GP or Healthcare Treatment	Hospital Admission	Critical Care
W Essex	280000	98000	between	392	and	2450	21560	27930	3920	980
Mid Essex	360000	126000	between	504	and	3150	27720	35910	5040	1260
NE Essex	318000	111300	between	445	and	2783	24486	31721	4452	1113
SW Essex	410000	143500	between	574	and	3588	31570	40898	5740	1435
SE Essex	325000	113750	between	455	and	2844	25025	32419	4550	1138
Total	**1693000**	**592550**	**between**	**2370**	**and**	**14814**	**130361**	**168877**	**23702**	**5926**

Population		25% attack rate	Dead				Peak Week	GP or Healthcare Treatment	Hospital Admission	Critical Care
W Essex	280000	70000	between	280	and	1750	15400	19950	2800	700
Mid Essex	360000	90000	between	360	and	2250	19800	25650	3600	900
NE Essex	318000	79500	between	318	and	1988	17490	22658	3180	795
SW Essex	410000	102500	between	410	and	2563	22550	29213	4100	1025
SE Essex	325000	81250	between	325	and	2031	17875	23156	3250	813
Total	**1693000**	**423250**	**between**	**1693**	**and**	**10581**	**93115**	**120626**	**16930**	**4233**

Please note – The figures shown are for the entire 1st wave of the pandemic, with the exception of the peak week column, which shows numbers just for 1 week.

5. IMPACT OF INFLUENZA PANDEMIC

The impact of pandemic flu on all agencies is likely to be intense, sustained and nationwide and may be overwhelming, and the potential issues that agencies are required to respond to are:

Primary Care

- Illness and death at home
- Difficulties in arranging hospital admissions/increase in early discharges
- Staff sickness in all areas

Acute Care

- Higher A&E attendance
- Pressure on HDU/ITU beds
- Infection control processes
- Bed-blocking because of reduced community capacity

Intermediate Care

- Pressure on admissions
- Difficulty admitting patients to secondary care
- Higher transmission among residential institutions

Social Care

- Sickness in clients/carers
- High transmission in residential homes/daycare
- Children whose parents are too ill to care for them
- Difficulties in providing services which support vulnerable adults

Workforce

- Staff sickness or even death and workforce depletion
- Disruption to supplies and utilities
- Service users acquiring flu
- Business continuity
- Communications with staff, patients and clients
- Complexity of added infection control measures
- Managing demand for vaccine/antivirals
- Need to draft in 'volunteers' (indemnity/CRB checks etc)
- Domestic pressures on staff if schools close or members of the family are ill

Others

- Pressure on mortuary facilities
- Long-term effects on the national and world economies and societal structures
- Logistical problems due to interruption of supplies, utilities and transport
- All agencies/organisations will suffer a reduction in their workforce of, estimated 50% with absenteeism at peak week of the pandemic of up to 35%

6. DECLARATION OF INFLUENZA PANDEMIC

The World Health Organisation will announce the various phases in the progression of an influenza pandemic from the first emergence of a novel influenza viral strain to wider international spread as soon as each phase is confirmed.

World Health Organisation Pandemic Alert Phases are:

WHO international phases		UK impact
Inter-pandemic period		
1	No new influenza virus subtypes detected in humans	UK not affected unless infection starts in the UK or it has strong travel and trade connections with affected country
2	Animal influenza virus subtype poses substantial risk	
Pandemic alert period		
3	Human infection(s) with a new subtype, but no (or rare) person-to-person spread to a close contact	UK not affected unless it has strong travel and trade connections with affected country
4	Small cluster(s) with limited person-to-person transmission but spread is highly localised, suggesting that the virus is not well adapted to humans	
5	Large cluster(s) but person-to-person spread still localised, suggesting that the virus is becoming increasingly better adapted to humans	
Pandemic period		
6	Increased and sustained transmission in general population	UK Alert Levels (see below) **1** Virus/Cases only outside the UK **2** New virus isolated in the UK **3** Outbreak(s) in the UK **4** Widespread activity across the UK

On being informed by WHO of the isolation of a new influenza virus with pandemic potential (normally when person to person spread has been confirmed) the Secretary of State for Health, on the advice of the Chief Medical Officer, England, will convene the UK National Influenza Pandemic Committee (UKNIPC). The Department of Health will inform the Civil Contingencies Secretariat (CCS). The CCS will inform other Government Departments. The DH will advise the NHS and other relevant services and agencies. The Civil Contingencies Committee will be convened at this stage, if not already convened earlier.

For the United Kingdom influenza pandemic will be declared at the UK alert level 3.

UK Alert Levels

0 No cases anywhere in the world
1 Cases only outside the UK
2 New virus isolated in the UK
3 Outbreak(s) in the UK
4 Widespread activity across the UK

7. ALERT MECHANISMS

The communication cascade mechanism within Essex will be via the Regional SHA and Lead PCT initially. All local NHS organisations and partner Category 1 and 2 responder agencies will be notified of changes in alert levels. For PCTs and NHS Trusts the Influenza Pandemic Co-ordinator will be the initial point of contact or, in

his/her absence, the on-call Director. They in turn will cascade the alert to the rest of their organisations in line with internal major incident procedures.

8. KEY ACTIONS AT EACH ALERT LEVEL

Please refer to section 3 of the DH National Framework for details of action to be carried out at various alert levels of any pandemic

9. COMMAND AND CONTROL

Concept of Operations

The Command and Control structures described in this plan are based on the East of England Regional Concept of Operations (2008) relating to Pandemic Influenza. It is assumed that in the event of a Pandemic Influenza, the DH will provide the Lead Government Department and that locally, the multi-agency **Strategic Co-ordinating Group** (Gold Command) (SCG (Gold)) will be chaired by a senior Health Service representative.

Locally, Essex Resilience Forum organisations will interface with three Command and Control structures:

- The local SCG (Gold).
- The Regional Civil Contingencies Committee (RCCC).
- The NHS Strategic Command (Strategic Health Authority).

All trigger levels in this document correspond with those detailed in the WHO Global Influenza Preparedness Plan for International Alert Phases (2005) and the Department of Health National Framework for responding to an influenza pandemic (2007).

For planning purposes, all Regional activity will be triggered on the declaration of WHO Phase 5. This phase is defined in the above document as:

"WHO Phase 5: Large cluster(s) but person-to-person spread still localised, suggesting that the virus is becoming increasingly better adapted to humans'

It should be noted that if sufficient intelligence is available at **WHO Phase 4**, the Regional Director of Resilience, Government Office for the East of England (GO-East), in consultation with the Regional Director of Public Health (RDPH) and the Regional Director, Health Protection Agency (RDHPA), may decide to activate this Concept of Operations before WHO Phase 5.

Locally the Lead PCT will initially assume strategic control and take responsibility for implementing Command and Control structures and mechanisms.

The following diagram shows the central and local reporting structure that should be put into place during a pandemic:

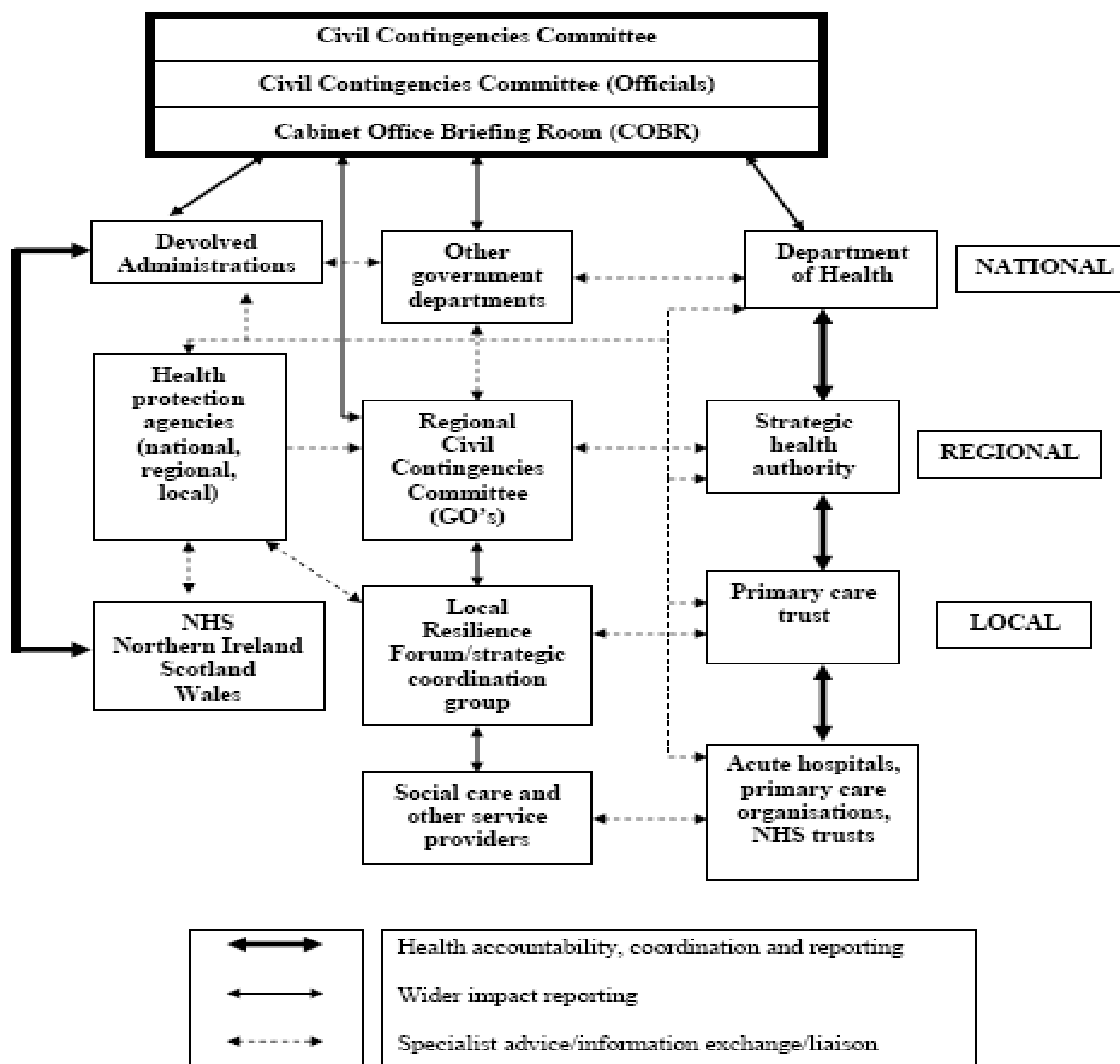

Figure 3: Central–local reporting and coordination arrangements

Essex Multi-Agency Strategic Co-ordinating Group

Please see appendix C for more details

In the first instance of the UK Alert Level being raised, the lead PCT CEO or On Call Director will convene and chair a meeting of the Strategic Coordinating Group (SCG) at Essex Police HQ Strategic Coordination Centre (SCC) Membership of the SCG will comprise of Essex Police, EoE Ambulance Trust, Essex County Fire and Rescue Service, Essex County Council (Emergency Planning and Social Care), Southend Borough Council, Thurrock Borough Council, Communications Lead (Health or Police), a Director of Public Health. It is likely that the military and also the Environment Agency will sit at regional RCCC (Regional Civil Contingency Committee)

Having regard to the scale and impact of unfolding events, a Strategic Co-ordination Centre (SCC) will be established at Essex Police Headquarters, with the Strategic Coordinating Group (SCG) under health leadership of the Lead PCT CEO or on call NHS CEO, to assure the effectiveness and resilience of overall strategic co-ordination and control. This chair of this SCG will be known as the Gold Commander. Please see Essex Police SCC plan for detailed instructions on the set up of and running of an SCC. Please see appendix C for details of Essex SCC

The key objectives of the SCG will be to:

i. To minimise the adverse impact on the health and safety of the people of Essex.
ii. To minimise the disruption to the community as a result of a major outbreak of infectious disease in the county.
iii. To promote recovery from Pandemic Flu outbreak and assist the rapid return to normality.
iv. Assure effective surveillance and information gathering;
v. Assess and respond to business continuity issues in key services and utilities including prioritisation and discontinuation of routine work as necessary;
vi. Monitor the implementation and impact of medical and social public health measures;
vii. Report up the line (SITREPS);
viii. Establish a multi agency communications team to manage communications;
ix. Inter-pandemic wave recovery and preparation for subsequent waves;
x. End of pandemic and restoration of services.

When possible a Director of Public Health and the Health Emergency Planning Adviser will support the Gold Commander at the SCC.

Strong communication links will be maintained with all agencies involved in or affected by the response. The Lead PCT will coordinate and communicate with the Health Trusts either directly or via the PCT Multi Agency Pandemic Response Teams. Essex County Council will coordinate and communicate with all local borough and district councils.

In line with national guidance, the function of the lead Public Health Director will be to:

- Co-ordinate the necessary health, public health, health protection and other scientific advice to input into the strategic management of the incident
- Agree via the Lead PCTs Communications officer clear public health messages via SCG to be given to the public and incident responders especially health care professionals
- Ensure effective two-way communications with the Regional or National Scientific and Technical Advice Cell (STAC).

The importance of providing clear and consistent public health and health protection messages and advice will be of paramount importance. For major incidents within Local Resilience Forum boundaries a Scientific and Technical Advice Cell will normally provide Public Health Advice. The resource and coordination implications for establishing six Scientific and Technical Advice Cells within the East of England would be counter-productive to the response effort. To ensure effective, consistent and accurate health advice, a Regional Scientific and Technical Advice Cell (Regional STAC) will be established. This cell will sit as part of the Regional Response and will normally be located at the Government Office for the East of England.

The Regional STAC will be chaired by the Health Protection Agency Regional Director or nominated deputy and will have representation as detailed in the East of England Regional Communicable Disease Management Plan (detailed under Regional Outbreak Control Team).

The Lead PCT will ensure a pool of suitable Directors of Public Health to act as Regional STAC representatives at the SCG. The DPHs will communicate the key messages from the Regional STAC into the local response. Regular briefings from the Regional STAC will ensure that all key messages are understood.

Please see the Essex STAC plan for more details about setting up and running a STAC.

Existing local resilience forum plans will come into effect should the scale of the pandemic warrant it. These cover, for example:

i) Maintenance of essential services such as emergency services, transport, food distribution, pharmaceutical supplies, utilities and communication

ii) Management of mass casualties

iii) Maintenance of public order

iv) The role of the Police and Armed Forces

v) Management of the dead/body storage

In these circumstances, a judgement will be made on the transfer of Gold leadership of the SCG from Health to the Police, and transfer from the Police to County Council (including Unitary Authorities) for the recovery phase.

The SCG needs to have in place some subgroups to look at specific issues around the pandemic. These groups are:

Vulnerable Persons Sub Group

This group will be chaired by Social Care, does not need to be at SCC, but the chair may need to attend SCG or at least provide a report to SCG. Its main function is to identify vulnerable people and groups and will need to have access to organisations that hold lists of vulnerable people/groups. There may be work passed to and information required from the subgroup directly to SCG. See section 12 and appendix G for more details about vulnerable people/groups

Excess Death Sub Group

This group will be chaired by Essex County Council, it does not need to be based at SCC, but the chair may need to attend SCG or at least provide a report to SCG. Its main function is monitor how the county is coping with the increase in dead bodies and the funeral process, and also to manage the Essex Excess Death Plan – see appendix E.

Lead PCT Coordination Cell

The co-ordination of information to support the SCG (Gold) decisions and activities, and the provision of upward reporting to the RCCC and national organisations, will require the establishment of a Lead PCT Coordination Cell.

CEO, Mid Essex PCT, is responsible for the establishment of a Lead PCT Coordination Cell that will, ideally, be co-located with the SCG, but could operate from Mid Essex PCT, or the Strategic Operations Room at EoE Ambulance Offices, Broomfield Essex.

The primary aims of Lead PCT Coordination Cell are to:

- Act as the focal point linking the ERF partners' individual agencies Command and Control arrangements with the SCG.
- Collate Pandemic Flu data from ERF partner organisations.
- Interpret Pandemic Flu data and provide analysis of the impact of the pandemic across Essex
- Provide accurate, timely and consistent pandemic information to the SCG (Gold) via regular Situation Reports (SITREP).

Regional Civil Contingencies Committee

Pandemic Influenza will be a nationally coordinated response effort. The Regional Civil Contingencies Committee will have a key role in coordinating activities over the Region and in reporting activity to Central Government.

The RCCC will fulfil a coordination function at levels 1 and 2. At RCCC level 3 this will change to an executive command function with the Lead Government Department nominating a Regional Nominated Coordinator. For Pandemic Influenza this is likely to be the Regional Director of Public Health. Annexes A to C detail a pictorial view of the RCCC levels.

The areas the RCCC should focus on include:

Ensuring the coordinated communication of Public Health Advise and actions across the health economy.

a. Assisting the 6 SCGs by marshalling central resources and helping to priorities use of scarce resources (Voluntary Sector and some Category 2 responders).
b. Acting as an information conduit between Central Government and SCGs.
c. Ensuring consistency of response throughout the Region.
d. Facilitate strategic consideration for the recovery and restoration of the Region following a pandemic.
e. Provide region wide Situation Reporting (SITREPS) to SCGs, Civil Contingencies Committee, Office of the Deputy Prime Minister, Lead Government Department etc.

The RCCC will include relevant representation from key organisations that normally attend the Regional Resilience Forum (RRF) and other organisations and agencies deemed to have a relevant input in the response to Pandemic Influenza.

Health Sector membership will be provided by the Regional Director of Public Health, Regional Director of the Health Protection Agency and a Chief Executive/Medical Director from a Strategic Health Authority (responsible for NHS Strategic Management throughout the Region).

SCG - Supporting Organisations

Silver/Tactical Groups

To support the SCG (Gold) and to manage their own organisations during a pandemic, each Category 1 and 2 Responder will establish their own response group at the declaration of WHO Phase 5/UK Alert 1. These groups will effectively be the Silver Command Groups. Details of the roles/responsibilities of these groups during the various phases of the pandemic are shown in Appendix A.

Silver groups will provide detailed information about organisation responsibilities, capabilities, concerns and future intentions/actions to the SCG (Gold), via regular SITREPs. SITREPs are to be compiled and sent to the SCG at a time and frequency determined by the SCG (Gold). Information required in the SITREPS is contained in Appendix C.

Other Roles and Responsibilities

At the local level, and in a context of close partnership working:

Primary Care Trusts

For details on the roles of PCTs (including Lead PCT) please refer to the following document:

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_080757

Acute Trusts and Foundation Hospital Trusts

For details on the roles of Acute and Foundation Hospital Trusts please refer to the following document:

Pandemic influenza: Guidance on preparing acute hospitals in England

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080754

Mental Health Trusts

For details on the roles of Mental Health Trusts please refer to the following draft document:

Pandemic influenza: guidance on preparing mental health services in England

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080743

NHS Direct

NHSD will be responsible for providing critical health advice and information to the public in the event of an influenza pandemic. They also have the responsibility of running the National Flu Helpline which will provide the point of entry to the NHS for people with flu during the pandemic.

Essex Police

Essex Police will:

Participate in planning for and responding to a pandemic influenza outbreak

Preserve the rule of law, and ensure public safety

Maintain essential services at near normal levels

Support the continuation of everyday activities as far as practicable

Support the wider response to a pandemic

Establish the Strategic Co-ordination Centre (SCC) at Police Headquarters

Promote a return to normality and the restoration of disrupted services at the earliest opportunity

Please also refer to the following document

Pandemic flu guidance for the Police Service

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082452

Essex County Fire and Rescue Service

Essex County Fire and Rescue Service will:

Participate in planning for and responding to a pandemic influenza outbreak

Maintain essential services at near normal levels

Support the continuation of everyday activities as far as practicable

Support the wider response to a pandemic

Send a representative to attend Strategic Co-ordination Centre (SCC) at Police Headquarters

Promote a return to normality and the restoration of disrupted services at the earliest opportunity

Please also refer to the following document:

Pandemic flu guidance for the Fire and Rescue Service

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082433

Essex County Council/Unitary Authorities/Local Authorities

Essex County Council will:

Participate in multi-agency planning for and responding to a pandemic influenza outbreak

Seek to continue to provide essential services to the public within Essex under pandemic conditions

Provide a continuation of service as far as possible

Support the wider response to a pandemic as far as practicable

Insure that the health, safety and welfare of staff is promoted before, during and after a pandemic

Promote a return to normality and the restoration of disrupted services at the earliest opportunity

Essex County Council Adult Social Care

For details on the roles of Adult Social Care please refer to the following document:

An operational and strategic framework: planning for pandemic influenza in adult social care

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080755

East of England Ambulance Trust (Essex Locality)

For details on the roles of the Ambulance Service please refer to the following document:

Pandemic influenza: Guidance for ambulance services and their staff in England

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080756

Outside Essex:

The Department of Health has overall responsibility for developing and maintaining the UK's contingency preparedness for the health response to an influenza pandemic and for providing the information and guidance other government departments and organisations need for their own plans and responses.

In the event of a pandemic, DH, in consultation with the Civil Contingencies Secretariat, will provide the central focal point for initiation and co-ordination of the health response. It will be responsible for procuring a suitable vaccine, securing and distributing supplies of other medical countermeasures, and providing specialist advice and information to central government. It will maintain international links through the WHO and other partners.

The Civil Contingencies Committee/Secretariat will provide a focal point for UK wider strategy and priority decisions, cross-government/multi-agency actions, inter-departmental co-operation, wider information gathering and key decisions on any non-health measures required.

Other Government Departments will be directly or indirectly involved in preparing for and responding to an influenza pandemic – particularly in supporting the health response, implementing restrictions, maintaining essential services or providing advice/information to their client groups.

The Regional Director of Public Health will ensure a 24-hour capability to support both DH and the SHAs in their area, co-ordinate public health resources where needed, maintain a regional overview of the pandemic's impact and provide the health link to the Regional Government Office and Regional Resilience mechanisms.

The Health Protection Agency has a key role in advising on and supporting the UK national response, particularly through international and national surveillance and intelligence gathering and informing public health policy development, planning and response at all levels. HPA, through its local and regional services, will also provide expertise and advice and support the co-ordination of the local public health response. HPA will provide reference virological and microbiological services, investigative support, and data for national decisions such as choice of vaccine or antiviral strategy across the UK and will coordinate and publish UK-wide influenza surveillance data.

10. COMMUNICATIONS STRATEGIES

The Communications Team at SCC will coordinate the communications and media handling aspects of influenza pandemic and lead on the provision of local public information using the attached strategy. Please see appendix B

11. CONTROL MEASURES

Antiviral Drugs

Antiviral Drugs (oseltamivir) have been stockpiled in the UK to treat the population during a pandemic. They will only be issued to those people displaying symptoms. They will not be issued as a preventative measure. The effect of the drugs will be unknown until the virus causing the pandemic has mutated, but they will not make people better, they will just stop people getting any worse, and hopefully reduce the duration of the illness by at most one day. It is not to be viewed as a wonder drug.

National guidance has placed responsibility on PCTs for the management and distribution of antiviral drugs to the public. PCTs have produced plans to achieve this. Please refer to individual PCT plans for details. The Lead PCT will monitor usage and availability of antivirals across Essex. The supplies of antivirals for pandemic will be made to PCTs, all other trusts/agencies/organisations requiring specific supplies of antiviral drugs will have to make detailed arrangements with their local PCT.

NHSD will run the national flu line, which the public will be instructed to call if they have pandemic flu symptoms. They will go through a series of questions with a call handler, who will decide if the caller needs antiviral drugs. If they do the patient will be issued with a unique reference number (UNR). The patient will have to get a 'flu friend' to go to their local antiviral collection centre (distribution centre) to collect the drugs on exchange of the UNR.

PCTs also need to plan for home deliver of antiviral drugs to people who have no flu friend to collect the drugs on their behalf.

Some patients will need to be referred by the flu line to see a GP; this will mainly be the people with existing medical conditions and children under a certain weight. They will have to make an appointment to see their normal GP (if available), where they will be assessed. Children will be offered an antiviral suspension fluid that will need to be made up and issued by a pharmacist.

Patients that cannot have the treatment for any reason will be given advice by the GP on what they should do next.

Running alongside the flu line will be a web based IT system for people to self assess themselves.

PCTs will have to re-order supplies of antivirals from the central store as required.

Full details of the flu line are not available at the moment as it is still being developed by NHSD.

Please refer to individual PCT plans for specific details about local antiviral distribution solutions.

Vaccine

The ideal solution will be to vaccinate the population to prevent infection, however a suitable vaccine will not be available at the start of a pandemic and development could take 4-6 months from the onset of a pandemic.

Pre Pandemic Vaccine

Pre-first wave immunisation with an influenza vaccine related but not specific to the pandemic strain might offer some limited, but nonetheless useful, protection. Currently, the UK has very limited stocks of an A/H5N1 vaccine purchased specifically for the protection of healthcare workers. Pre-pandemic vaccination would be initiated based on national and international expert advice and delivery would primarily be the responsibility of employers.

Given sufficient additional stocks, a suitable vaccine could be used to provide partial protection for other workers likely to be frequently exposed to symptomatic patients or key staff crucial to the maintenance of essential services. Pre-pandemic vaccination of those most likely to spread the disease or suffer complications could also help reduce hospitalisations and deaths in vulnerable groups. Decisions on use would need to follow assessments of the likely degree of cross-protection afforded (if any) and a balance of risks against benefits as the pandemic alert phases change.

More widespread immunisation with a pre-pandemic vaccine could have a substantial effect, but this would require large stocks of such a vaccine and is not currently part of the UK health departments'/directorate's plans. Anticipating a suitable vaccine strain also has the inherent risk of it being ineffective against the ultimate pandemic strain. The Department of Health will continue to monitor the evolution of viral strains and options for pre-pandemic vaccination and will inform planners of any policy changes. In the meantime, response plans should assume that arrangements for limited pre-pandemic vaccination of targeted groups might become necessary.

Pandemic Specific Vaccine

Assuming a vaccine is available for the second wave of a pandemic, supplies are likely to be limited initially and **priorities will have to be determined nationally**. The priority groups for immunisation will be based on a number of factors, including the need to maintain the elements of community infrastructure in order to carry out the pandemic plan; to limit mortality among high-risk groups; to minimise social disruption and economic losses; to reduce morbidity in the general population.

The priority groups will be subject to review, depending on the epidemiology and clinical features of the new pandemic virus and depending on availability of vaccine. It is likely that advice will be given by WHO about priority groups for immunisation, as soon as epidemiological data from the emerging pandemic is obtained.

Each PCT has written a mass vaccination plan, detailing the locations of and processes for running a mass vaccination centre(s). These locations have been identified in cooperation with local authority, which, in the main, own and run the buildings that have been identified. Please see individual PCT plans for locations of identified vaccination centres. Of course, depending on the quantity of vaccine available, it may not be beneficial to set up mass vaccination centres. If that is the case then local GPs would be instructed to administer the vaccine through their normal clinics/surgeries. The following table suggests priority groups for immunisation according to gradually increasing availability of vaccine.

Priority 1 group

Health and social care staff with patient contact (including ambulance staff), staff in residential care homes for the elderly, home carers and community support workers.

Advantage: Disruption of vital health and social care delivery is minimised.

Priority 2 group

Providers of essential services e.g. fire, police, security, communications, utilities, undertakers, armed forces.

Advantage: Vital community functions which would be affected by mass absenteeism would be minimised.

Priority 3 group

Those with high medical risk e.g. chronic respiratory or heart disease, renal failure, diabetes mellitus or immunosuppression due to disease or treatment, women in the last trimester of pregnancy.

Advantage: Consistent with normal influenza immunisation policy. Demand for health care will be minimised.

Priority 4 group

All over 65 years of age.

Advantage: Consistent with normal influenza immunisation policy. Demand for health care will be minimised.

Priority 5 group

Selected Industries

Advantage: Maintenance of essential supplies of e.g. pharmaceuticals. Minimise disruption to the economy.

Priority 6 group

Selected age groups, depending on advice from WHO eg children

Priority 7 group

Offer to all

Advantage: Prevent illness and minimise the impact of pandemic in the UK.

General Infection Control Measures

Please see appendix D for details of infection control measures.

Guidance is also available from the DH on infection control for a range of agencies:

Police

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082452

Hospitality Industry

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082434

Fire and Rescue Service

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082433

Pandemic flu guidance for cleaning staff and refuse collectors in non-health care settings

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082432

Funeral Directors

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082431

12. Vulnerable People

Until the pandemic is declared and we know who the virus is attacking we will not know who is going to be classed as vulnerable, but it will be important that all agencies share information about who at the time is considered to be vulnerable. Vulnerable people are defined as those 'that are less able to help themselves in the circumstances of an emergency'. In the event of a pandemic these may include: children (the situation may be exacerbated by school closures), older people, mobility impaired, mental/cognitive function impaired, sensory impaired, individuals supported by health, LAs or the independent sectors within the community, individuals cared for by relatives, homeless, pregnant women, minority language speakers, tourists, travelling community. Each agency is to maintain a list of vulnerable people data, and make this available to a vulnerable persons sub group. This will be the Humanitarian Assistance Working Group. The main aim during pandemic will be to maintain the level of support required by people who are vulnerable. This will be achieved by working with the vulnerable peoples lead agency, identifying the support mechanisms that are affected, and then diverting resources to ensure the required level of support. Please see appendix G for more details around the process of dealing with vulnerable people. SCG will have to set up a Vulnerable Persons Sub Group as mentioned in section 9 of this plan.

Please follow link to DH Guidance on Vulnerable Groups

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_086834

13. Port Health Screening

This is likely to be ineffective as returning travellers may be incubating the infection at the time of their arrival in the UK, and is more important during the period before pandemic is declared in the UK. Port Health does have procedures for people entering the UK who are unwell. It is important to remember that people my have the virus, and not displaying symptoms so screening may be difficult.

14. School Closures

The SCG will liaise with local authority school services with regard the impact on education establishments. Please see DfES (Department for Children, Schools and Families) document 'Planning for a human influenza pandemic: summary guidance for schools' Central Government will issue strong advice as to whether schools should close or remain open, but the final decision is to be made by the Local Resilience Forum.

http://publications.teachernet.gov.uk/default.aspx?PageFunction=productdetails&PageMode=publications&ProductId=STERL%2f0706%2fWEB&

15. Movement Restrictions

National/regional instructions will be issued to SCGs of any movement restrictions are implemented. SCG will liaise with all affected transport organisations (airports, seaports, railways road agencies)

16. Mass Fatalities

There will be a large number of excess deaths during a pandemic flu outbreak, see chart in section 4, and also refer to Appendix F for a more detailed breakdown of the effects on Essex.. Local Authorities, working in conjunction with Funeral Directors, Undertakers, Health, Police and the County Coroner will manage the issues around body storage, death certification, funerals, coroner's investigations. The Essex Temporary Mortuary will NOT be opened during a pandemic.

Please see guidance produced by the home office

Planning For a Possible Influenza Pandemic - A Framework for Planners Preparing To Manage Deaths

http://www.ukresilience.gov.uk/~/media/assets/www.ukresilience.info/flu_managing_deaths_framework%20pdf.ashx

Also please see appendix E for the Essex Pandemic Influenza Excess Death Plan.

17. Voluntary Sector/Agencies

There are many inter-dependencies between the services that the voluntary sector offers. However, the voluntary sector may themselves be affected by a lack of staff, at a time when other agencies require their support most.

Voluntary Agencies will endeavour to honour their existing contracts and statutory commitments where possible. This may mean reducing their other services and functions in order to carry out these duties, or other public services. For example, the Salvation Army would look to restrict their religious services, in order to divert resources to community help.

Other organisations such as the WRVS have specific operating units that deal with emergency response. Other resources will be diverted to ensure that this core function will be supported as a number one priority.

Any requests for using the Voluntary Sector by agencies will be directed through Essex County Council. If the East of England Ambulance Service NHS Trust requires ambulance support from British Red Cross Society and/or St John Ambulance Service they will contact them directly in accordance with existing arrangements.

18. Multi-Agency Coordination and Actions

The framework for multi-agency co-ordination and action throughout the distinct phases of the pandemic is set out in the appendix A.

19. Training

It is the responsibility of all individual agencies to train their own staff in order for them to be able to respond and carry out the responsibilities detailed in their respective plans. Some training may be arranged and provided on a county wide basis, i.e. Gold Command Training. This county wide training will be arranged by the Essex Resilience Forum.

20. Testing and Evaluating this Plan

The Lead PCT, on behalf of the ERF (Essex Resilience Forum) will coordinate arrangements for testing and evaluation of this Plan and the robustness of individual PCT, NHS Trust and Partner Agency contingency arrangements.