



**County Durham and Darlington Local Resilience Forum**

# **Multi Agency Pandemic Influenza Plan**

**December 2008**

**INFORMATION READER BOX**

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<b>Cross Reference</b>	Please see Appendix
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<b>For Recipient's Use</b>	

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## **Foreword: County Durham & Darlington Local Resilience Forum - Multi-Agency Pandemic Influenza Plan**

One of the most serious potential challenges in the UK at the moment is Pandemic Influenza. The possibility of a worldwide influenza pandemic presents a real and daunting challenge to the economic and social wellbeing of any country and a serious risk to the health of the population. Planning and preparing now will help lessen its impact when it does occur. The recently produced national framework document provides a template for public and private organisations to develop, test and maintain their plans and has been used to produce a local plan for County Durham and Darlington. Although the plan has been produced by the Primary Care Trusts (PCTs), it has been completed in collaboration with multi agency partners to ensure our assumptions and planning arrangements are robust. Working together as part of the Local Resilience Forum, we are ensuring that a coordinated response is provided from all agencies involved.

There are many uncertainties around Pandemic Influenza which makes developing, testing and maintaining plans challenging. Guidance produced to date has allowed organisations to further develop and improve their response and business continuity plans. Response arrangements need to be progressive and will be reviewed and updated as additional information becomes available. It is acknowledged that our response will be implemented with incomplete information and that the various assumptions, presumptions and responses will need to be reviewed as the pandemic develops.

Despite the challenges and uncertainty that lies ahead, by working and planning together we can hopefully reduce the impact on the health, social and economic wellbeing of our population.



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# 1 Introduction

**Influenza pandemics** are rare but natural phenomena which have occurred three times in the last century (1918, 1957 and 1968). Their severity has ranged from something similar to seasonal influenza, to a major threat, with many millions of people worldwide becoming ill and a proportion of these dying. Influenza pandemics only occur when a radically new or changed strain of virus emerges for which the population has no immunity. They differ from **Seasonal Influenza** which occurs most winters and for which we immunise people in high-risk groups, such as the elderly and people with chronic disease.

No country can expect to escape the impact of a pandemic entirely, and when it arrives most people are likely to be exposed to an increased risk of catching the virus at some point. If a pandemic originates abroad, it will probably affect the UK within two to four weeks of becoming an epidemic in its country of origin. It could then take only one or two more weeks to spread to all major population centres in the United Kingdom. The main clinical features of influenza are:

- Abrupt onset of symptoms including fever, dry cough
- Headache, sore throat, runny or stuffy nose, aching muscles and joints and extreme tiredness are also possible
- Adults can be infectious from a day before symptoms begin until about 5 days after the illness onset. Children can be infectious for approximately 7 days and infect others for several days before becoming ill.

Influenza is generally spread through transmission of large droplets (from coughing and sneezing) or from direct or indirect contact with infected people. Airborne or fine droplet transmission may also occur, especially during medical procedures which generate aerosols droplets.

The influenza A viruses can persist outside the body for about 24 to 48 hours on hard surfaces; about 12 hours on soft porous items (clothes, tissues, magazines) and for only 5 minutes on hands.

Although it is impossible to predict when an influenza pandemic will occur, public health agencies are likely to receive some warning of a new pandemic strain in the UK (between 1-3 months). It is possible that there will be more than one pandemic wave.

County Durham and Darlington PCTs are working closely with partner agencies to ensure an integrated response to such an outbreak. The pandemic threat and the UK's level of preparedness are constantly evolving and this plan is a living document that will be reviewed and updated regularly. Readers of this plan should be cognisant that it is a dynamic document that will be continually updated in line with emerging national guidance and local agreements.

## **1.1 Scope of this Plan**

A comprehensive list of current literature can be found in [Appendix A](#). This current plan for the County Durham and Darlington, Local Resilience Forum (LRF) area has been developed following the publication of the 'Preparing for Pandemic Influenza, supplementary guidance for LRF Planners May 2008', issued by the Cabinet Office. It should be noted that the information available on pandemic influenza changes rapidly, and the guidance does not cover all areas of the planning process; further development and revision of the guidance will be continually required.

## **1.2 The Aim of this Plan**

The aim of this plan is to ensure the delivery of a robust multi agency operational response in a pandemic; so minimising the impact on the health, social and economic wellbeing of our local population.

### **1.3 Strategic Objectives**

In planning and preparing for an influenza pandemic, the Government's strategic objectives are to:

1. Protect citizens and visitors against the adverse health consequences as far as possible.
2. Prepare proportionately in relation to the risk.
3. Support international efforts to prevent and detect its emergence and prevent, slow or limit its spread.
4. Minimise the potential health, social and economic impact.
5. 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, at the same time, maintaining other essential care.
6. Cope with the possibility of significant numbers of additional deaths.
7. Support the continuity of essential services and protect critical national infrastructure as far as possible.
8. Support the continuation of everyday activities and, as far as practicable, uphold the rule of law and the democratic process.
9. Instil 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.
10. Promote a return to normality and the restoration of disrupted services at the earliest opportunity.

### **1.4 Local Objectives**

The objectives of the LRF response to influenza pandemic, as outlined in the National framework, are to:

1. Work in partnership with all organisations to facilitate a flexible, timely and operational response to the Pandemic.
2. Communicate with all partner agencies ensuring a consistent approach during the pandemic and throughout the recovery period.

3. Ensure transparency and sharing of information when working with partners.
4. Adopt a multi-agency approach and mobilise the available capacity and skills of all personnel (including recently retired staff) and volunteers
5. Make targeted and effective use of potentially scarce skills, facilities and resources.
6. Provide accurate, timely and authoritative advice and information (that complements wider national messages) to professionals, the public and the media.
7. Minimise social and economic disruption to the daily lives of the people and commercial organisations within County Durham and Darlington.

## **1.5 Linked Plans**

The County Durham and Darlington LRF Influenza Pandemic Plan is the overarching umbrella from which to facilitate a local response to an Influenza Pandemic. This plan will link into the following multi agency plans:

- North East Regional Response Plan (v1 March 06)
- Multi Agency Regional Infectious Diseases Management Plan (draft March 08) there
- STAC Plan
- CONOPS (v8 2006)
- The Regional Mass Fatalities Plan.
- The Regional Media Plan.
- The County Durham & Darlington LRF Major Incident Plan
- LRF Mass Fatalities, Crematoria and Burials plan.
- LRF Emergency plan for Media Arrangements.
- LRF members' own Pandemic Influenza plans and their Business Continuity plans.
- Health Pandemic Influenza Plan.
- Pandemic Plan for Tees, Esk, and Wear Valley Mental Health Foundations Trust.

## **1.6 Business Continuity**

Each respective LRF member is required to implement robust Business Continuity arrangements. As such, these plans detail individual Agency's essential services. This is good practice and is part of the requirements of the *Civil Contingencies Act 2004*. A key-component of these plans are crisis management arrangements, which identify how each organisation will operate in an emergency situation (potentially over an extended period) and maintain their essential services. All organisations are implementing strategies, designed to mitigate the effects of significant staff shortages during a pandemic.

The LRF actively encourages Business Continuity planning across all LRF members, specifically those responsible for vulnerable persons and the delivery of critical functions. This plan provides specific Multi-Agency-arrangements for dealing with a Pandemic Influenza situation. It is designed to dovetail with and build upon existing Business Continuity and Pandemic Influenza plans, rather than supersede any existing arrangements.

## **1.7 Training**

Organisations are responsible for ensuring staff are adequately trained to fulfill their role in an emergency. In a pandemic, organisations will need to identify staff with transferable skills to ensure that critical services are maintained this includes identifying deputies for key roles. They will also need to ensure that staff are adequately training to fulfill these roles. This may include joint working and training with partner organisations.

## **1.8 Mutual Aid Arrangements**

When an Influenza Pandemic occurs, it is recognised that local resources will be placed under significant pressure for an extended period. Therefore, it is important that the LRF have formalised mutual support arrangements in place with neighbouring LRF Fora. (A Memorandum of Understanding (MOU) is currently being produced). In County Durham and Darlington, this will include already established cross-border arrangements with our regional counterparts

in Cleveland and the Northumberland and Tyne & Wear LRF's. All neighbouring LRF's have Multi Agency Pandemic Influenza plans, which have been peer reviewed and as such there is a regional understanding of each LRF's capability. Copies of these plans will be available to the LRF's via the STAC mechanism. However, it is recognised that resources will be stretched across all organisations within all LRF's and, therefore, mutual aid from close neighbouring authorities may not be readily available.

## 2 Command and Control

### 2.1 World Health Organisation (WHO) phases

The WHO has divided the evolution of a pandemic into several phases. The assumption is that any pandemic would start outside the UK and we would have approximately two weeks notice before it arrives in the UK. **The WHO phases are trigger points for specific actions (see flowcharts overleaf) - We are currently in WHO phase 3.**

**Phases 1 and 2:** No new virus subtypes detected in humans.

**Phase 3:** Human infection with a new subtype, but no human-to-human spread, or at most rare cases of spread to a close contact.

**Phase 4:** Small cluster(s) with limited and localised human-to-human transmission.

**Phase 5:** Larger cluster(s) but human-to-human spread still localised, suggesting the virus is becoming better adapted to humans but may not yet be fully transmissible (substantial pandemic risk). *The media is likely to portray phase 5 as the start of the pandemic.*

**Phase 6 -** Pandemic influenza with increased and sustained transmission in general population.

At WHO phase 4, a series of **UK alert levels** (from 1 to 4) will be triggered. (See flowchart 3.3)

## 2.2 International Pandemic Activation – World Health Organisation (WHO) Flow Chart

WHO Levels of Phases for Pandemic Flu

**N.B. For SCG Actions see overleaf**

### WHO 1

No new flu virus subtypes have been detected in humans. If present in animals the risk of human infection is low

### WHO 2

No new flu virus subtypes have been detected in humans. However the virus in animals pose a substantial risk of human disease

### WHO 3

Human infections with new subtype but no new human to human spread or a rare case spread through close contact.

### WHO 4

Small clusters with limited human to human transmission but spread is highly localised suggesting not well adapted to humans

### WHO 5

Large Clusters of human to human spread. Substantial pandemic risk and may have infections in the UK.

### WHO 6

**Pandemic Phase**  
Depending upon the season. Second and third waves need to be expected 3-9 months after the first wave. **N.B.** note the second wave may be more intense than the first.

**UK Alert Level 0**

1. Designate an influenza pandemic co-ordinator to lead the development of effective local contingency planning.
2. Establish an influenza pandemic committee to support and co-ordinate local plans.
3. Agree TOR for SGC and sub groups.
4. Agree Membership of the Outbreak Control Committee.
5. Agree mechanisms for Data collection and reporting.
6. Ensure that all NHS organisations, their key partners and general medical practices, participate fully in local planning and that complementary plans are developed and integrated to provide an effective multi-

In additional, individual organisations have specific actions during WHO phase 1-5, see task matrix in appendix J for details

**UK Alert Level 1  
SCG is called one a week to consider:-**

1. Convening the Outbreak Control Committee.
2. Establishing a Communications Group.
3. Operational issues for mass vaccinations and anti viral.
4. Operational issues for mass fatalities.
5. Preparing to activate Business Continuity Plan.
6. Commencing specific training for staff required to undertake roles within the Pandemic Influenza plans
7. If UK has strong travel/ trade links with affected country?

**UK Alert Level 2  
SCG is called once a week to consider:-**

1. Activating Business Continuity Plans and Influenza Plans.
2. Convening the Outbreak Control Committee.
3. Establishing a Communications Group.
4. Operational issues for mass vaccinations and anti viral distribution to the centres
5. Preparing for Anti Viral deliveries.
6. Operational issues for mass fatalities.
7. Ensuring that all local health organisations and their partners implement contingency arrangements when notified.
8. Advising the local population on self-care and when/where/how to seek medical advice following DOH guidance.
9. Ensuring the resources of general practice and lead arrangements for supporting community

**UK Alert Level 3  
SCG is called twice a week to consider:-**

1. All organisations have activated Business Continuity Plans.
2. Receiving info from OCC to influence decision making
3. Advising the local population on self-care and when/where/how to seek medical advice.
4. Ensuring local communications are in place to advise the population of self care.
5. Producing SITREP reports
6. Ensuring the resources of general practice and lead arrangements for supporting community assessment and self care are in place.
7. Arranging for family support and reassurance in conjunction with social services.
8. Monitoring and report local progress and development of the Pandemic.
9. Responding, adapt and review as per national guidance and local requirements
10. Ensuring organisations have developed rotas for attendance.
11. The Impact on all LRF members

**UK Alert Level 4  
SCG is called once a day to consider:-**

1. Ensuring all local services are operating to safe and appropriate levels.
2. Completing SITREPS twice daily and send to SHA and GONE (10am & 4pm). Including informal requests for information.
3. Seeking mutual aid, if and when, necessary.
4. Advising the local population on self-care and when/where/how to seek medical advice.
5. Ensuring the resources of general practice and lead arrangements for supporting community assessment and self care are in place.
6. Arranging for family support and reassurance in conjunction with social services.
7. Monitoring and report local progress and development of the Pandemic.
8. Introducing 'Different Ways of Working'-

## 2.4 Declaration of an Influenza Pandemic

The World Health Organisation (WHO) runs a world-wide surveillance programme for Influenza. It will be the WHO combined with agencies such as the Department of Health (DoH) that will declare a pandemic. The Executive Director of Public Health (as the ***Pandemic Influenza Coordinator***) for the Primary Care Trust will initiate the plan on behalf of the LRF for County Durham and Darlington and will be supported by the PCT's 'Head of Emergency Planning'. See above for actions taken at each WHO and UK alert levels.

## 2.5 Strategic Coordination

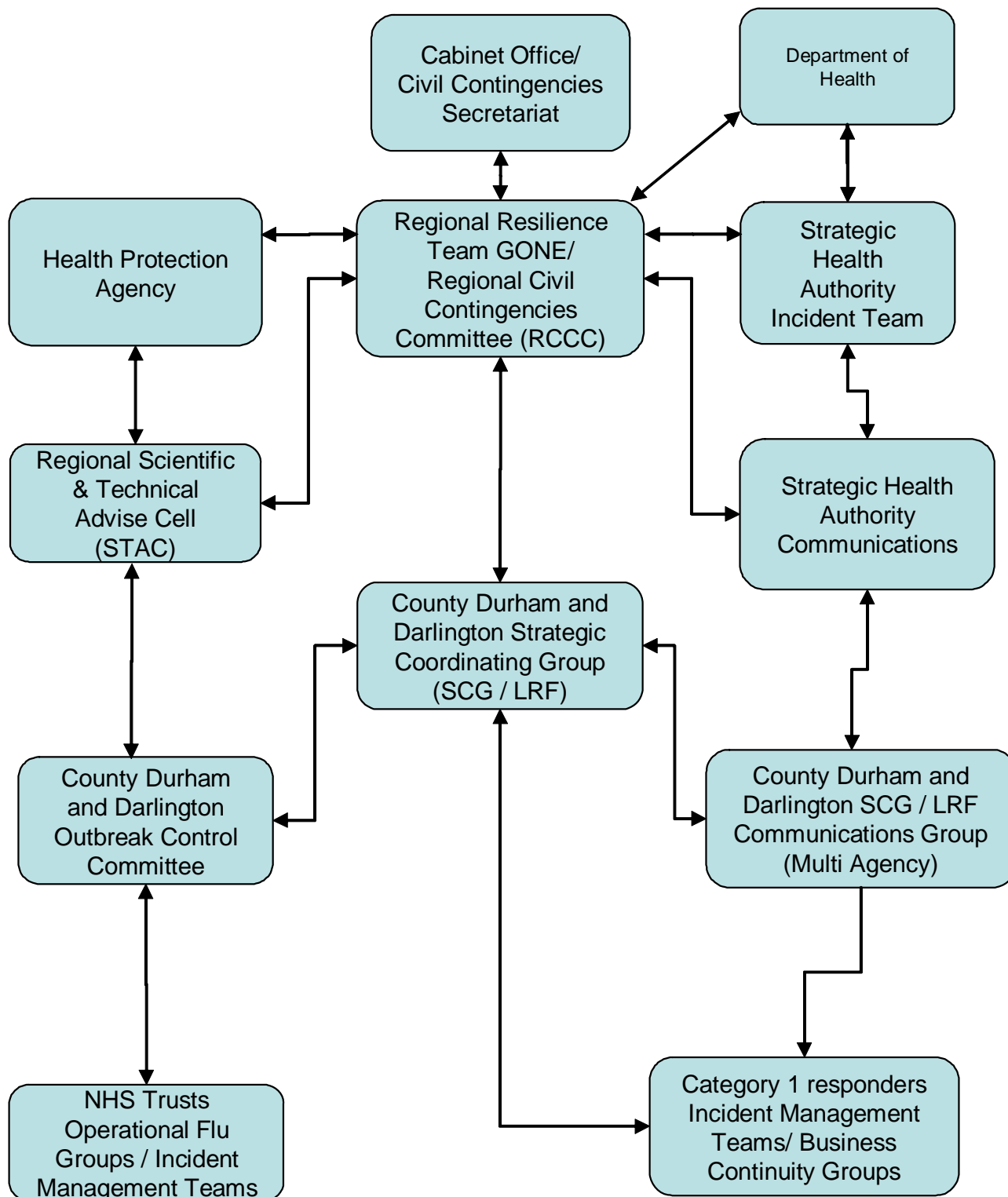
Once WHO phase 4 the Pandemic Influenza Coordinator will notify the Chair of the LRF, who will instigated the establishment of the Strategic Coordination Group (SCG). A list of contact details for the SCG members can be found in [Appendix C](#).

The SCG should initiate a process of rolling impact assessments as the pandemic begins to impact, and as it progresses, taking into account the decisions made locally and nationally, which have implemented changes, or impacted upon, local services in County Durham and Darlington. This should include all elements of the response such as surveillance procedures; information reporting; introduction of public health measures; maintenance of essential services; changes in staffing resources and, in particular, public expectations.

## 2.6 Recovery Process Coordination

It is essential that the process of Recovery begins at the earliest opportunity. Accordingly, the SCG is to convene a Recovery Working Group (RWG) as soon as it practicable, ideally within four hours of SGC formation as per National Recovery Guidance. This will make sure that appropriate long-term recovery strategies are developed and a swift return to a new-normality is ensured.

## 2.7 County Durham and Darlington LRF Command Structure for Pandemic Influenza



## 2.8 Actions and Considerations for the County Durham and Darlington LRF (SCG) ---

*The SCG Terms of Reference and membership can be found in the County Durham and Darlington LRF Major Incident Plan*

- Consider declaring a major incident at WHO level 5 or 6
- Liaise closely with the Durham and Darlington 'Outbreak Control Committee' to ensure the health and social care organisations are adequately supported.
- Liaise with the Outbreak Control Committee for the identification of priority groups to receive antivirals and vaccinations.
- Specific expert advice will be given to the SCG by the Regional Scientific and Technical Advisory Cell (STAC)
- The SCG will appoint a Communications Team consisting of representative of all the organisations to ensure there is a proactive and coordinated information campaign for the public which provides accurate and timely advice and information. (See Section 7)
- Produce a communication strategy
- During the Pandemic Phase WHO 6, the SCG should consider the impact on its Category 1 and 2 responders
- Consider the impact on the Utilities (water, gas, electricity) and take any necessary action.
- Review Absentee Rates and assess the effect it is having on organisations' essential services and take any necessary action.
- Assess the effects on the transport system and take any necessary action.
- Implement the Mass Fatalities Plan as required.
- Consider school closures and cancelling of any mass gatherings to prevent the spread of the infection (See [Section 4](#) )
- Minimise social and economic disruption
- Provide the daily situation report to GONE (see [Section 8](#))

## **2.9 Actions and Considerations for the Regional Civil Contingencies Committee (RCCC)**

*The RCCC will be chaired by the Regional Director of the Government Office for the North East. and consists of the chairs of the Local Resilience Fora, the Regional Directors of the Health Protection Agency (HPA). The Strategic Health Authority (SHA) Chief Executive will represent the NHS at the RCCC.*

- The RCCC will ensure a co-ordinated communication of public health advice and actions to the three LRF SCG's.
- Assist the LRF and the Outbreak Control Committee by marshalling central resources and helping to prioritise scarce resources
- Ensure information about the impact of the event is shared between central government and local responders
- Enable good practice to be shared and ensuring consistency
- Ensure the strategic consideration of the recovery and long term restoration phase of the region following the pandemic.

## **2.10 Actions and Considerations for the Regional STAC**

The HPA will establish a 'Science and Technical Advice Cell' (STAC), responsible for;

- Coordinating the investigation surveillance of the outbreak,
- Advise the NHS, and other agencies regarding ongoing risk reduction and containment strategies (especially investigation, treatment and prevention measures),
- Advise the public about the implications of the outbreak as it develops and any measures they can take to protect themselves.
- Consider the implications of the waste streams and capacity of clinical incinerators
- Work with partners to implement the Mass Fatalities Plan should local facility capacities be exceeded.

- Advise on the spread of Anti Viral by-products via sewer systems into the wider environment.

## **2.11 Actions and Considerations for the Outbreak Control Committee (OCC)**

- Provision of a co-ordinated situation report to the to the SCG, PCT, and NHS trusts.
- Interpretation of guidance from the Regional STAC to implement at the local level.
- Identification of health short falls that may require the activation of the voluntary organisations.
- In conjunction with the SCG, identify priority groups for antivirals and vaccination.
- Implement the anti viral and vaccination strategy for Durham and Darlington area (see [Section 4](#)).
- Liaise with SCG, Acute Trusts, Local Authority and HM Coroner over mortuary and body storage arrangement (see section).
- Liaise with the SHA Incident Team.
- Liaise with the SCG and the Communications Group to disseminate appropriate public information.
- Liaise with the Local Authorities, 'Health and Social Care' departments regarding transport .
- Manage bed availability and, if necessary, seek advice and support from the SCG if the NHS resources are likely to become overwhelmed.

### **3 Key strategies - Local Vaccination and Anti Viral Distribution Centres Procedures/Actions**

In order to limit the spread of infection and maximise individual health benefits, patients should take antiviral medication as soon as possible after the onset of symptoms; ideally within 12 hours, but, in any case, within 48 hours. Rapid antiviral provision is, therefore, essential and is highlighted in the National Framework document.

The National Pandemic Flu Line service will be expanded at the declaration of WHO Phase 6, (UK alert level 2) to provide rapid patient assessment and access to antiviral medicines from the home. NHS Direct will set up and manage this service.

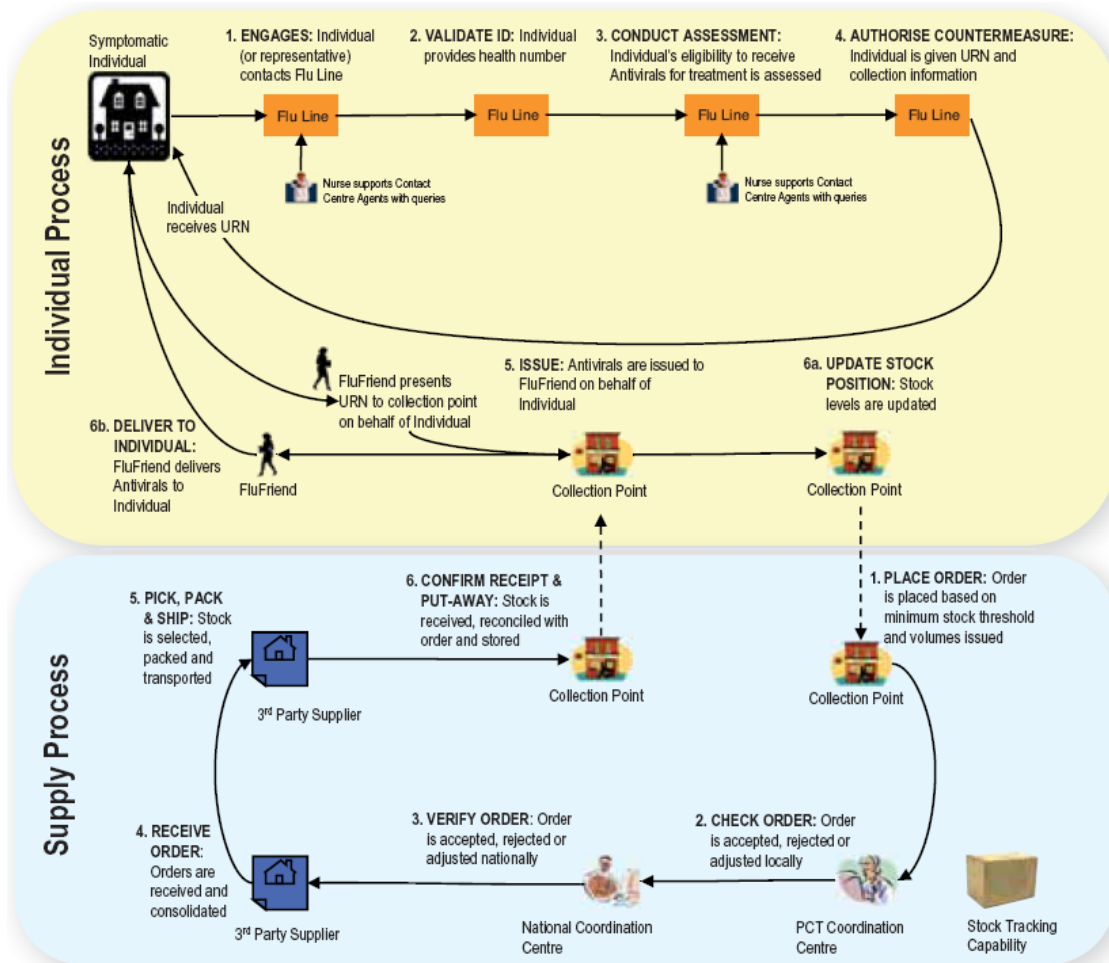
PCTs have a key role in coordinating and monitoring the distribution of antiviral medication within their locality, and have determined the locations from which these antivirals can be collected (Antiviral Collection Points).

Please note special medication arrangements for infants under one year old have been taken and will be initiated at WHO Phase 6. Further information is contained within the Health Pandemic Flu Plan.

It is proposed that once an Influenza Pandemic is declared by WHO amendments to medication and related legislation will be brought into force for the duration of the pandemic to enhance access to medication arrangements.

#### **3.1 High Level End-to-End Process**

This diagram overleaf gives an overview of the high level end-to-end standard process from patient contact to antiviral receipt. The detail around this process is included in the Health Pandemic Flu Plan.



### 3.1.1 The Anti-Viral Implementation Strategy:

is based on the following principles:

- Symptomatic patients in the UK should be eligible for treatment
- Capabilities will be both national and local as appropriate; local capabilities will be subject to national guidance for consistency
- Symptomatic patients will be directed to use a standard process for accessing treatment, in order to reduce societal disruption
- Alternatives to clinicians will be used where possible so that clinicians are available to manage flu complications and reduce deaths
- Symptomatic patients will be encouraged to stay at home and ask 'flu friends' to collect their antivirals so as to limit the spread of the virus.

- A Flu friend is a representative of a symptomatic patient who collects antivirals on their behalf. A flu friend may be a family member, a friend, a carer or a trusted individual allocated by a PCT
- Flu friends will be able to make contact with services on the patients' behalf, so that those who are too ill to make contact can still obtain antivirals.

### **3.1.2 Antiviral Medication**

Once alert level WHO 6 has been reached County Durham and Darlington will initially receive a proportion of the anti viral medication allocated to the area. This will be distributed to one of the pre-designated collection points. (See [Appendix E](#))

Within an estimated 48 hours of WHO 6 being declared, a delivery of antivirals will be made to the pre-identified collection points to prepare them for the pandemic demand. The initial supply of antiviral medication will be based upon resident population and a 50% clinical attack rate. After the initial supply of antivirals, further allocations of stock will be made on a dynamic basis, reflecting the actual clinical attack rate and environmental conditions. As such, supply may be adjusted via the National Stock Management System at both a Local and a National level.

Routine automatic regular monitoring of stock such as monitoring of stock levels at all the registered collection points will bring reassurance and predictability to the process, thus ensuring that these locations do not have to store their entire allocation at one point (a potential security risk), and further ensuring a higher degree of National and PCT control over stockpile allocation.

### 3.1.3 Primary Locations

In County Durham and Darlington, two key premises have been identified as Anti Viral Distribution Centres,(AVDC's)

These were designated as being central to both local areas and fitting a number of criteria's; primarily, as they are on key bus and road routes, with 24hr access, they are Disability Discrimination Act (DDA) compliant, with car parking and refreshment areas close by.

### 3.1.4 Secondary Locations

A number of secondary locations have been pre-designated in accordance with the County Durham Evacuee Reception Centre Management Plan and the Darlington Evacuee Reception Centre Management Plan. (For a list of these additional locations see [Appendix F](#)) A decision as to which premises; and the number of these that are opened will be on a 'as needs basis' dependant of the characteristics and the location of the outbreak and the demand for Anti Viral vaccinations.

### 3.1.5 Centre Management Staffing

It is understood that during a Pandemic all organisation will experience internal staffing issues, however a number of roles need to be undertaken as part of Anti Viral Distribution Centre work. As part of this pre-pandemic preparatory work, a number of roles have been designated; however, this may be subject to change during an outbreak. These are as follows:-

- **Health staff** will be responsible for the distribution of Tamiflu to the public at the AVDC's.
- **Local Authority staff** will assist where possible, with the registration, administration and general running of the AVDC's.
- **The Police** will not have the resources to provide security at the centres. However, the Police will respond to individual outbreaks of civil unrest at specific AVDC. As such, general AVDC security will be outsourced to a private company.

### 3.1.6 Signage & Public Instruction

All messages and information will follow National guidelines in-line with the National Media Strategy. Information will focus on what the public can do to keep themselves, family and friends safe and protected.

National communications will include informing people what to do if they or a family member gets flu, i.e. stay at home, self care, use the Flu Line and contact a Flu friend etc.

If the guidance is followed then no-one with flu should attend the Anti Viral Distribution Centres. However signs will be available in a resource box in case any member of the public becomes symptomatic whilst at the centre.

Pre-identified signage indicating the routes around the building, potential waiting times, AV procedures and other pertinent information will be clearly displayed in the centre upon opening to minimise stress and public disorder, in conjunction with the Security staff.

The resource box will include staff permits, documentation, action cards, and signs to direct the public. This will be collected or delivered to the centre by a member of staff opening the centre.

### **3.1.7 Additional information**

Further specific information regarding site specific layouts of the two primary designated sites and secondary sites will be incorporated into the Health Pandemic Influenza plan once National Guidance is received.

## 4 Key strategies - Airport, Harbour/Port, School (including Private Schools) & University Closures

### 4.1 - Decision Tree – Airport Closure & Re-opening Orders

**Central Government**  
(Issue HPA Closure /Re-Open Advice Notice)



**Regional Government Office**  
(Transmit Advice Notice)



**Strategic Coordinating Group**  
(Transmit Advice Notice)



**Durham Tees Valley Airport Duty Officer (24 Hours)**  
(Transmit Advice Notice)



#### **Durham Tees Valley Airport Ancillary Contacts (Office Hours)**

Director of Airport Operations:

Peel Group Airport Director:

Ramp Safety Manager:

### 4.2 Informing the Public of Airport Closures

Once the legal decision to close an Airport has been made Durham Tees Valley (DTVA) will post web-based closure and reopening notices at:

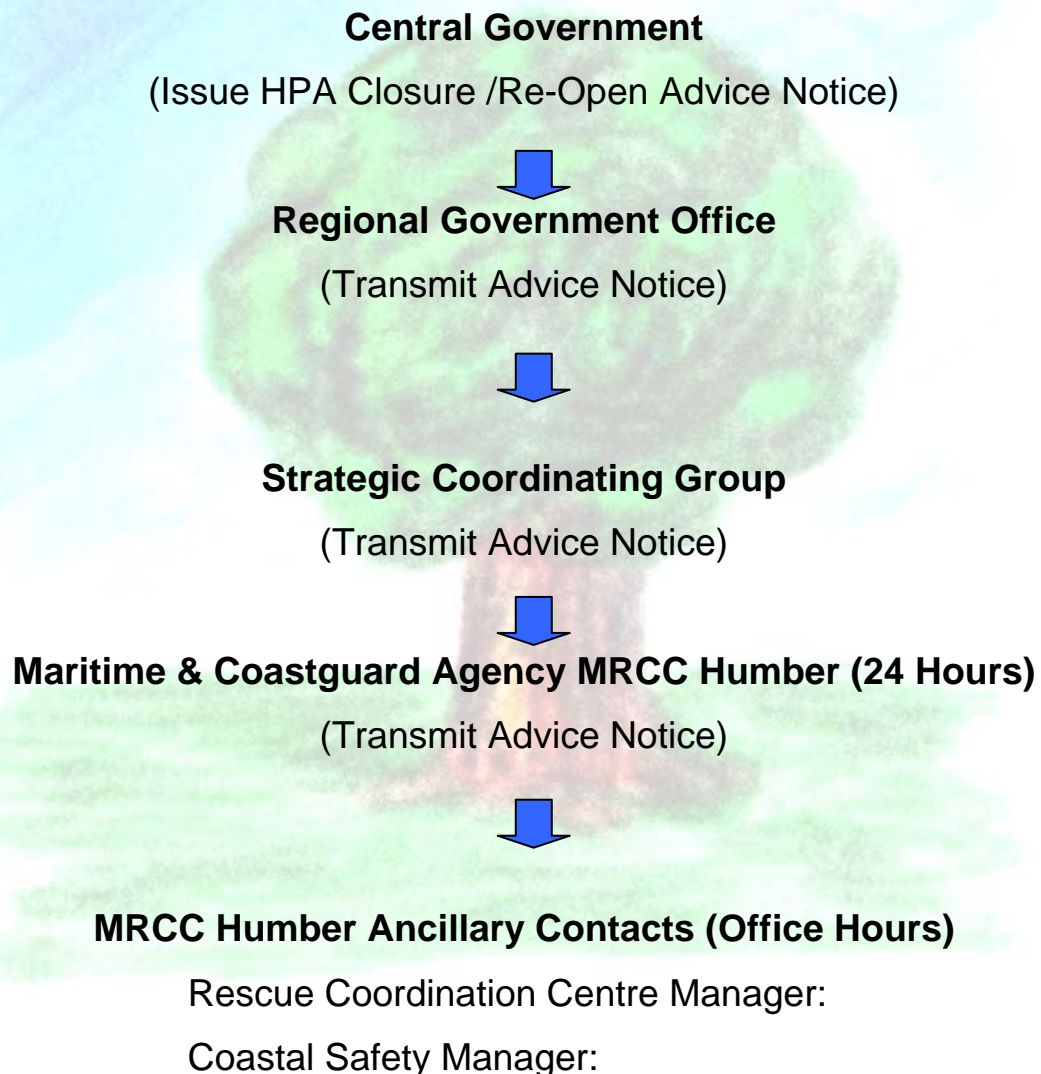
<http://www.durhamteesvalleyairport.com/airport-information.html>

### 4.3 Airport Duty Officer Actions Following Receipt of a HPA Closure/Re-Open Advice Notice



- **Action One:** Inform DTVA Director of Operations of the Advice Notice
- **Action Two:** Group e-mail all relevant Airport Managers to advise of Airport closure and re-opening orders.
- **Action Three:** Post Closure/Re-Open decision on the DVTA web-site at: <http://www.durhamteesvalleyairport.com/airport-information.html>
- **Action Four:** Direct all press enquiries to the DVTA Web-site at: <http://www.durhamteesvalleyairport.com/airport-information.html>
- **Action Five:** Monitor the situation on a daily basis until the Airport is reopened and amend the DTVA web-site as necessary

#### 4.4 - Decision Tree – Port & Harbour Closure & Re-opening Orders



#### 4.5 - Informing the Public of Port & Harbour Closures

Once the legal decision to close Ports & Harbours has been made Maritime & Coastguard Agency will post web-based closure and reopening notices at:

[www.mcga.gov.uk](http://www.mcga.gov.uk)

#### 4.6 MRCC Humber Actions Following Receipt of a HPA Closure/Re-Open Advice Notice



- **Action One:** Inform Rescue Coordination Centre Manager & Coastal Safety Manager of the Closure Notice
  
- **Action Two:** Group e-mail (or phone) all relevant Ports & Harbours to advise of closures and re-openings.
  
- **Action Three:** Post Closure/Re-Open decision on the MCA web-site via the Duty Press Officer
  
- **Action Four:** Direct all press enquiries to the Duty Press Officer
  
- **Action Five:** Monitor the situation on a daily basis until the Ports & Harbours are reopened and amend the MCA web-site as necessary via the Duty Press Officer



## - Informing the Public of School Closures

Once the legal decision to close a school has been made the Local Authority will post web-based school closure and reopening notices at:

<http://www.durham.gov.uk> or <http://www.darlington.gov.uk>



### 4.8 - LA Actions Following Receipt of a HPA Closure/Re-Open Advice Notice

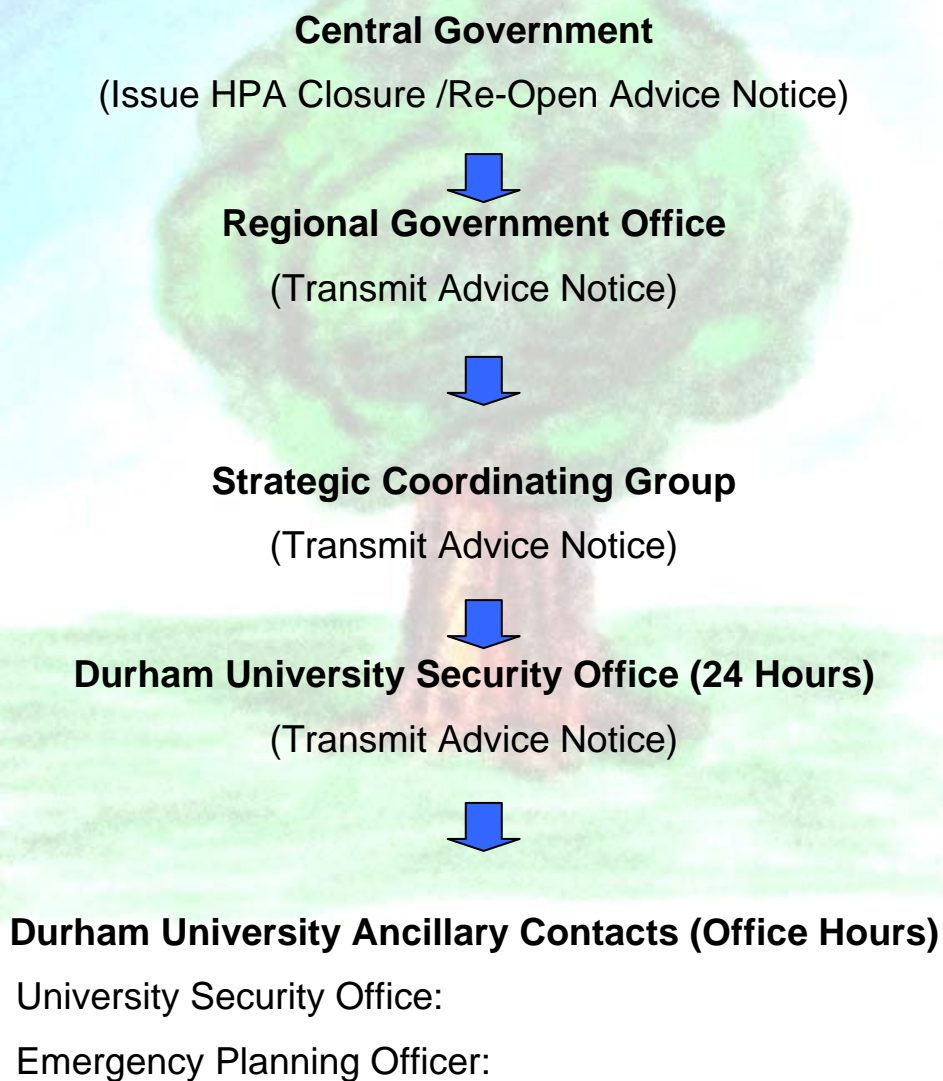
- **Action One:** Inform the relevant Head-Teacher(s) of the Advice Notice
- **Action Two:** Group e-mail all relevant departments to advise of school closures and re-openings.
- **Action Three:** Activate the Private Schools Notification procedure contained within the relevant Council's Service Flu Plan
- **Action Four:** After a reasonable amount of time check that the Closure/Re-Open decision has been posted online by the relevant school at: <http://www.durham.gov.uk/durhamcc/usp.nsf/?open> or [www.darlington.gov.uk](http://www.darlington.gov.uk)
- **Action Five:** Direct all press enquiries to the Council Web-site at: <http://www.durham.gov.uk> or <http://www.darlington.gov.uk>
- Action Six:** Monitor the situation on a daily basis until the school is reopened and amend the Local Authority web-site as necessary

## 4.9 - School Actions to take if a closure is initiated by a School

(i.e. due to severe staff shortages)

- **Action One:** Inform the relevant Local Authority of closure  
Durham County Council: 0191 3235566 or  
Darlington Borough Council on 01325 388099
- **Action Two:** Post Closure/Re-Open decision on the Council web-site  
at: <http://www.durham.gov.uk> or [www.darlington.gov.uk](http://www.darlington.gov.uk)
- **Action Three:** Group e-mail all relevant departments to advise of  
school closures and re-openings.
- **Action Four:** Direct all press enquiries to the relevant Council's Web-  
site at: <http://www.durham.gov.uk> or [www.darlington.gov.uk](http://www.darlington.gov.uk)
- **Action Five:** Invoke School Business Continuity and/or Pandemic Flu  
Arrangements
- **Action Six:** Monitor the situation on a daily basis until the School is re-  
opened and post a the Re-opening decision online at:  
<http://www.durham.gov.uk> or [www.darlington.gov.uk](http://www.darlington.gov.uk)

## 4.10 Decision Tree – Durham University Suspension of Teaching Actives





#### 4.11 University Security Office Actions Following Receipt of a HPA Closure/Re-Open Advice Notice

- **Action One:** Inform all University Senior Management of the Advice Notice
- **Action Two:** Ensure activation of the University's internal warning & informing system
- **Action Three:** Ensure that the Suspension of Teaching Activities decision is disseminated to all pertinent staff and stakeholders
- **Action Four:** Direct all press enquiries to the Durham University Media Relations Office on 0191 334 6075
- **Action Five:** Monitor the situation on a daily basis until the University is reopened and ensure the all pertinent staff and stakeholders

#### 4.12 Prisons and the judicial process

At present work is underway to develop prison service pandemic influenza plans at both National and Local levels. Currently there is a need to review the judicial processes at a National and Regional level to ensure the required level of resilience and preparedness. This plan will be reviewed and amended as guidance becomes available.

#### 4.13 Other Activity Restrictions i.e. Public Gatherings

The cessation of public social gatherings such as major sporting events, art exhibitions, music concerts and conferences etc will be initiated in accordance with National Government guidance and in line with possible legislative changes via the Part Two of the Civil Contingencies Act (2004) However, it is likely that in the early stages of a pandemic outbreak events will be run

'business as usual' for as long and as far as practicable. However, these events will be subjected to tightened hygiene and safety precautions. This will include robust advice requesting citizens to stay at home should that they be ill or have influenza like symptoms.

## **5 Key Strategies – Managing Excess Deaths**

During an Influenza Pandemic the LRF will activate the Local Mass Fatalities plan. It is envisaged that this will be up-scaled to dove-tail with the Regional Mass Fatalities arrangements should the operational environment necessitate such a response. Local Coroners, Funeral Directors, Registrars and Faith-Groups have been engaged as part of the multi-agency planning process.

### **5.1 Local Capability for Body Disposal**

Extensive research has been carried out to identify the current County Durham & Darlington body disposal capability. This includes both burials and cremations ([Appendix G](#)).

Work is ongoing through the LRF to explore additional storage capacity and body disposal, but is envisaged that National Guidance will be available to support this process.

### **5.2 Excess Body Disposal Considerations**

The Multi Agency Group is currently considering ways of dealing with increased number of deaths. If existing capacity is exceeded other measures may need to be considered, these could include:

- Temporary mass refrigeration
- Dual Cremations
- Temporary shallow graves
- Mass temporary graves
- Mass cremations

These decisions, however, would not be taken lightly and would be undertaken in conjunction with National and Regional Guidance.

## Excess Body Disposal Coordination

Please note that if the existing capability is overwhelmed, then the County Durham and Darlington SCG will seek guidance from GONE, before deciding on a course of action. In these extreme circumstances, a 'phased transition for working, including the possible invocation of Part Two of the CCA (2004) would be implemented from Central Government. This instruction would be cascaded via GONE to SCG. This transition to 'Different Ways of Working' includes three phases, as below:

Pre pandemic- normal business practices:

- **Phase 1** – planned by unilateral adoption of useful BCM to included areas
- **Phase 2** - activation of LRF agreed plan which stipulates multi lateral implementation of different ways of working
- **Phase 3 (Section 1)** - changes in law all section changes will be available for adoption
- **Phase 3 (Section 2)** - as above, but must be adopted by relative organisation when implemented

## 6 Key strategies - Social Care and Vulnerable Groups

Demographic Data for County Durham and Darlington can be found in Appendix G.

Any person can become vulnerable by virtue of any given situation: hence the issue of vulnerable persons is an extremely challenging one. It is envisaged that, during an Influenza Pandemic, those organisations dealing with vulnerable persons on a day-to-day basis (see [Appendix I](#)) will be requested to cascade pertinent information to their “vulnerable” clients. These include:

- Young families,
- Young Persons
- Existing medical service users
- Immuno-compromised persons
- Physically & mentally challenged persons
- Black & ethnic minorities
- Transient persons
- The frail & elderly
- Those in need of bereavement support
- Those persons with a decreased ability to assist themselves

The generic message will advise persons with specific additional needs to make themselves known to the relevant service or authority in order to source the required assistance. It is expected that all Agencies will, whenever feasibly, proactively assist their clients, particularly those with a reduced capacity to assist themselves, where ever possible and within the confines of the relevant data protection legalisation. This process will be closely linked with the national, regional and local media strategy and [pre-pandemic] Community Resilience initiatives, which will advocate self and local community help.

During a Pandemic outbreak, the SCG will instruct all partner agencies to make contact with vulnerable people via their usual lines of communication.

The issues and needs of vulnerable persons and communities will be continually monitored and assessed by the SCG on a daily basis throughout the duration of the pandemic.

## **6.1 Non English speakers**

Due to the multi-cultural nature of County Durham and Darlington, it will be necessary for information to be translated into a number of different languages. To facilitate this, Durham County Council and Darlington Borough Council will invoke their **interpretation and translation protocols via the CCU Duty Officer.**

These actions will augment the local, regional and national media plans, which contain provisions for interpretation and translation services. Also, the SCG will instruct all multi-agency partners to activate their respective translation and interpretation services in line with their respective Business Continuity arrangements.

## **6.2 Bereavement Support**

Local bereavement support arrangements will be coordinated via the SCG and will be lead predominately by the PCT and Acute Trusts. These organisations already have existing robust contractual bereavement arrangements as part of their respective Business Continuity plans. The emphasis will be on 'business as usual' for as long as is possible. Bereavement services will be accessed in the normal way, which for the majority of the public is through their GP practice. Some organisations also provide support for their staff. These services will be accessed via the existing internal processes. When these normal routes are unavailable, the PCT will coordinate access to services via their Co-ordination Centre.

Every provider is expected to have a Business Continuity plan in place. However, these services are often single-handed providers. Given the potential number of deaths envisaged it is likely that demand for these

services will be extremely high. Furthermore, the SCG will need to map the skills of both professionals and volunteers in order to support self care across the community as a constituent part of the Bereavement support process. Once alert level WHO 4 (UK Alert level 2) has been reached, the SGC will instruct ALL members to activate there internal arrangements and ensure that normal access routes i.e. G.P. buddy surgery arrangements (Practice' Influenza Plans), are maintained through the implementation of robust Business Continuity arrangements.

## 7 Key Strategies - Communications

### 7.1 National Communications

The main objectives of the Government's Communication strategy is to improve general awareness and understanding of influenza among the population; to promote general precautionary measures including self care; to prepare the country for the emergence of a new or re-emerging influenza virus and to communicate what is being done to detect any such virus and prevent its spread.

Preparing for, responding to and recovering from an influenza pandemic will depend significantly on cooperation between government, public authorities, business, the voluntary sector and individuals.

The DOH will be the primary source of health-related messages, but working closely with the Cabinet Office. Messages will be circulated via the Government News Coordination Centre (NCC)

### 7.2 Summary of communications activity in each WHO phase

<b>WHO Phase 3</b>	Building good respiratory and hand hygiene behaviours	Stakeholder and media engagement	Respiratory health and hand hygiene (RHH) advertising	Respiratory health and hand hygiene (RHH) PR	NHS number awareness and recruitment-pilot with PCT
<b>WHO Phase 4</b>	Making the link with pandemic flu		Door Drop 1	Automated information line (Flu Line) and website	NHS number awareness and recruitment – PCT rollout
<b>WHO Phase 5</b>	Getting the nation ready	Pandemic flu education, advise and measures	Door drop 2	Automated information line (Flu Line) and digital strategy	National broadcast paid and unpaid channels
<b>WHO</b>	Managing the	Advice			National and

<b>phase 6</b>	pandemic flu crisis	reminders and pandemic flu updates			local media briefings  Government News Coordination Centre
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### 7.3 Regional Communication Strategy

A regional communication strategy has also been devised which dovetails into both the National and local arrangements for communications.

### 7.4 Local Communication Strategy

A local communication strategy to support central government in communicating advice to the local population and public messages has been established for dealing with all major incidents (refer to the LRF Emergency plan for Media Arrangements) This Plan will be used to disseminate information to the public. During WHO phases 2 to 6 of a pandemic the Warning and Informing sub group will be responsible for disseminating the information to the public. Once SCG has been established, the SCG communications group will coordinate all media issues. The table below outlines how this will work during the different stages of the WHO phases.

	who	action
<b>WHO Phase 2-6</b>	Warning and Informing Working Group (LRF sub group)	Disseminate Business Continuity and public information to the community. (this will included reiterating already prepared public health messages)
<b>UK Level alert 1-4</b>	SCG (LRF) Communications Group	Provide multi-agency representation, input and advice, to and from, both the SCG and County Durham and Darlington Outbreak Control Committee. Disseminate public advice and information (as above)

## **7.5 Actions and Considerations for the LRF Communications Group**

- Agree a consistent approach and communications / media strategy for all responder organisations
- Identify a regular pattern of updating information at specific times
- To remind businesses and voluntary bodies of the possibility that schools and childcare settings may close. Such closures may have an impact on the availability of staff and businesses will need to factor this into their business continuity plans.
- To re-iterate key public health messages provided by regional and local PCT or HPA spokespersons, about infection control measures to Category 1 staff through their own intranet or other communications processes.
- Specifically to identify and relay messages to vulnerable persons.

## **7.6 Communications with Health and Social Care**

During a Pandemic outbreak, the SCG will advise all partner agencies to make contact with health and social care agencies (including hospitals, long term care and residential facilities and GP clinics) via their usual lines of communication to ensure information flows are timely and accurate. Individual organisations have contact details of provided and commissioned services.

## **7.7 Public Messages**

The following methods will be considered: -

- Press releases for newspapers, radio and TV
- Briefing the contact centres of the LRF agencies/organisations so that up to date information can be given to callers on request
- Developing a network of partner and community contacts

- The provision of a free phone recorded message with service information which will be updated daily if necessary
- The availability of Teletext/Ceefax pages as part of a regional or national programme
- Updating the web sites and intranet sites of the respective LRF agencies/organisations
- Utilising Police Community Support Officers and Council Community and/or Street Wardens to deliver written advice, particularly to vulnerable people who are known to the service deliverers within health or local authorities
- 

## **7.8 Internal Staff Briefings**

All LRF organisations should ensure that their staff are properly briefed, this could involve:-

- A daily message to all staff via the intranet
- A daily Email message sent to all staff
- An interactive page on the intranet where staff could post queries, seek advice or offer assistance
- Managers/Supervisors to be provided with briefing notes to enable them to communicate with staff who may not be on the organisation's email system
- A weekly newsletter circulated to all departments.

## **8 Key Strategies - Data Collection and Reporting**

### **Procedures**

The SCG will need to provide (GONE) with a minimum of one Situation Reports, thorough out the various phases of the Pandemic. The time for submissions of these SITREPS will be determined at the time. GONE are responsible for collating all relevant information from multiple sources across the North East Region. Once collated this information will be passed to Central Government and Cabinet Office Briefing Room (COBR) to assist the national decision making process. Health information will also need to be provided to the SHA within the agreed timescale.

[Appendix J](#) contains the SITREP template, which the SGC will complete. Please note that the SITREP template follows the National Templates Guidance.

### **8.1 Types of Information**

Due to the complex nature of a Pandemic Influenza outbreak a variety of information will be required. The flow chart below outlines the meetings schedules and timings, and the SITREP submission times

It is vital that organisations submit all relevant information in a timely manner via their respective Senior Management Teams to the SCG. This data will be assimilated to produce the daily SITREP and then forward to the GONE by 17:00hrs each day.

All relevant Agencies have been instructed to ensure that their organisations have the necessary mechanisms in place and that Officers are readily available to collate the appropriate information to enable the SITREP to be populated.

To ensure consistency of information requested and supplied across the North East, a regional template will be used for the supplying of information to

GONE. (Awaiting production by GONE). Collection of data pertaining to animal welfare issues, emergency services, essential services (utilities and food) and judicial processes will be collated via this regional approach. However, the data set is yet to be confirmed.

It is expected that the impact of local businesses will be severe. As such, the impact assessment data pertaining to local businesses will be collated via the respective City/town Centre Management teams and fed through the LA to SCG.

## **8.2 Data Sharing Protocol**

Under the Civil Contingencies Act, LRF members have a duty to share information with partner agencies. This is deemed as good practice and will be essential in a Pandemic. All LRF members have agreed to the Data Sharing Protocol and a copy is held by each organisation.

### **8.3 Flow Chart of Data from Local LRF to Central Government**

# APPENDICES

## A. Guidance Documents

- Pandemic Flu: A National Framework for Responding to an Influenza Pandemic  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_080734](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080734)
- Pandemic Influenza: Guidance 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](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080757)
- Home office guidance for planner preparing to manage excess deaths  
[http://www.ukresilience.gov.uk/~media/assets/www.ukresilience.info/flu\\_responses\\_consultation%20pdf.ashx](http://www.ukresilience.gov.uk/~media/assets/www.ukresilience.info/flu_responses_consultation%20pdf.ashx)
- Preparing for Pandemic Influenza- Guidance to Local Planners  
[http://www.ukresilience.gov.uk/~media/assets/www.ukresilience.info/flu\\_lrf\\_guidance1%20pdf.ashx](http://www.ukresilience.gov.uk/~media/assets/www.ukresilience.info/flu_lrf_guidance1%20pdf.ashx)
- Preparing for Pandemic Influenza: Supplementary guidance for Local Resilience Planners  
[http://www.ukresilience.gov.uk/pandemicflu/guidance/regional\\_local.aspx](http://www.ukresilience.gov.uk/pandemicflu/guidance/regional_local.aspx)
- National Recovery Guidance  
[http://www.ukresilience.gov.uk/response/recovery\\_guidance.aspx](http://www.ukresilience.gov.uk/response/recovery_guidance.aspx)
- Planning for a human influenza pandemic-Guidance to schools and children's services  
<http://www.teachernet.gov.uk/docbank/index.cfm?id=9942>

- The Cabinet Office Guidance: Contingency Planning for a Possible Influenza Pandemic

[http://www.ukresilience.gov.uk/media/ukresilience/assets/060710\\_revised\\_pandemic.pdf](http://www.ukresilience.gov.uk/media/ukresilience/assets/060710_revised_pandemic.pdf)

## **B. Task Matrix of Partner Organisations (Overleaf)**

Organisation & Phases	WHO 3 Human infection with a new subtype, but no new human to human spread, or at most rare instances of spread to a close contact.	WHO 4 Small clusters with limited human to human transmission suggesting that the virus is not well adapted to humans.	WHO 5 Large clusters but human to human spread still localised, but may not yet be fully transmissible (substantial pandemic risk)	WHO 6 Pandemic Period - Increased and sustained transmission in the general population. Possible second wave 3-9 months later	Alert 1 Virus/cases only outside the UK	Alert 2 Virus isolated in the UK	Alert 3 Outbreak in the UK	Alert 4 Widespread activity across the UK	Post Pandemic Period - Return to inter-pandemic arrangements
Locally	Multi-agency Planning	SMT normal meetings	SMT normal meetings		SMT Flu Planning Agenda weekly meeting.	SMT flu planning. Agenda weekly meeting.	SMT flu planning. Agenda twice weekly meeting.	SMT flu planning. Daily meeting.	SMT flu planning. Agenda twice weekly meeting.
PCT	Finalise CD&D PCT plan. Continue to develop detailed operational plans for primary and community services and AVD. Multiagency planning. Exercise plans. Establish escalation plans on how essential services will be maintained during a pandemic. Plan for recovery phase. Identify leads/priorities for	Finalise CD&D PCT plan. Continue to develop detailed operational plans for primary and community services and AVD. Multiagency planning. Exercise plans	Finalise all operational plans. Respond to AV central distribution as directed. Ensure all staff updated and aware of plans. Convene outbreak control committee.	Exercise/test readiness table top/SMT/individual teams.	Trigger all NHS plans. AV distribution on standby. Escalation plans on standby. OCC meets regularly. Attend LRF. Trigger local operational plans and review plans on how essential services will be maintained during a	All NHS plans followed. AV distribution on standby. Escalation plans on standby. OCC meets daily. Attend LRF. Activate operational plans. Implement a graded approach to stopping or scaling back services.	AV distribution initiated in response to local cases. Primary care switches to urgent home visit system once local cases. Reduction in chronic disease management. Urgent home care systems introduced. Respond/adapt and review	AV distribution. Urgent healthcare based on severity of clinical need. All chronic disease management and non urgent healthcare ceased at pandemic peak. Recovered staff now immune and leading clinical care of	Return to normal healthcare delivery. Identify personnel now immune. Identify those key personnel needing vaccination. Update plan and prepare for likelihood of second wave. Establish vaccination process as soon as vaccine available.

Organisation & Phases	<b>WHO 3 Human infection with a new subtype, but no new human to human spread, or at most rare instances of spread to a close contact.</b>	<b>WHO 4 Small clusters with limited human to human transmission suggesting that the virus is not well adapted to humans.</b>	<b>WHO 5 Large clusters but human to human spread still localised, but may not yet be fully transmissible (substantial pandemic risk)</b>	<b>WHO 6 Pandemic Period - Increased and sustained transmission in the general population. Possible second wave 3-9 months later</b>	<b>Alert 1 Virus/cases only outside the UK</b>	<b>Alert 2 Virus isolated in the UK</b>	<b>Alert 3 Oubreak in the UK</b>	<b>Alert 4 Widespread activity across the UK</b>	<b>Post Pandemic Period - Return to inter-pandemic arrangements</b>
	critical essential services. Develop response plan for dealing with staff shortages up to 20% and identify risks. Verify contact details of all staff. Support staff mapping and skills audit process. Training programmes developed. Exercise/test readiness. Table top/SMT/individual teams. Complete skills audit.				pandemic. Consider ceasing routine non urgent cases. Graded approach to stopping or scaling back services to be decided. Confirm leads/priorities for critical essential services. Review response plans. Identify staff with transferable skills who can be either redeployed or skilled up to perform high	Review and confirm leads/priorities for critical essential services. Cease routine non urgent cases. Update response plan as required. Staff with transferable skills have been identified/briefed/trained. Scale up staff training.	plans as per national guidance and local need. Redeploy staff as per local guidance and local need. All staff training completed.	complex flu cases. Urgent healthcare based on severity and clinical need. Respond/adapt and review plans as per national guidance and local need. Implement phased recovery planning ie when can normal services begin/resume. Redeploy staff as per local guidance and local need.	Staged return to normal service resumed. Begin to return staff to normal duties as able. Respond flexibly to local need. Implement phased recovery planning.

Organisation & Phases	<b>WHO 3 Human infection with a new subtype, but no new human to human spread, or at most rare instances of spread to a close contact.</b>	<b>WHO 4 Small clusters with limited human to human transmission suggesting that the virus is not well adapted to humans.</b>	<b>WHO 5 Large clusters but human to human spread still localised, but may not yet be fully transmissible (substantial pandemic risk)</b>	<b>WHO 6 Pandemic Period - Increased and sustained transmission in the general population. Possible second wave 3-9 months later</b>	<b>Alert 1 Virus/cases only outside the UK</b>	<b>Alert 2 Virus isolated in the UK</b>	<b>Alert 3 Oubreak in the UK</b>	<b>Alert 4 Widespread activity across the UK</b>	<b>Post Pandemic Period - Return to inter-pandemic arrangements</b>
					demand tasks. Staff training begins.				

Organisation & Phases	WHO 3 Human infection with a new subtype, but no new human to human spread, or at most rare instances of spread to a close contact.	WHO 4 Small clusters with limited human to human transmission suggesting that the virus is not well adapted to humans.	WHO 5 Large clusters but human to human spread still localised, but may not yet be fully transmissible (substantial pandemic risk)	WHO 6 Pandemic Period - Increased and sustained transmission in the general population. Possible second wave 3-9 months later	Alert 1 Virus/cases only outside the UK	Alert 2 Virus isolated in the UK	Alert 3 Outbreak in the UK	Alert 4 Widespread activity across the UK	Post Pandemic Period - Return to inter-pandemic arrangements
Hospital		Continued surveillance and monitoring. Multi-agency meeting & planning to discuss detail re:community provision, Out of hours care & community services	Review business continuity arrangements for all staff Vaccination of all essential staff. Verify contact details of staff. Check supplies and resources throughout organisation. Receive and store Anti virals. Review Staff Rota's. Contact staff on reserve lists. Send representative to Outbreak committee		Trigger Trust plans. Hospital Control team to meet on daily basis. AV distribution on standby. Escalation plans on standby. Outbreak Control Committee (OCC) meets regularly. Trust Representative to OCC. PCT representative to attend LRF	Hospital control team to meet on a daily basis to assess need. Continued surveillance and monitoring. Cancel all leave. Review staff roles. Restrict movement across sites. Exec meet with clinicians to review elective lists with a view to reducing pressure on Intensive care services. Review outpatients services and prepare to	Heightened surveillance and monitoring. Reporting to all appropriate contacts. Acute Trust Pandemic Flu Plan standby. Hospital Control Team to meet twice a day. Preparation of increased capacity options. Cancel all elective lists Restrict OPD activity to essential services only Prepare cohort wards Escalate	Hospital Control Teams to meet 4 times a day to feed information to the Exec Control Team. Assess staffing levels and ability to provide services. Monitor and record all activity. Maintain state of Lockdown. Consideration may be required to withdraw activity from clinical areas. Consideration for suspension	Assess the impact of the pandemic period on staffing resources and services. Identify staff for immunisation. Review and update plan as appropriate. Prepare for second wave Review waiting lists and identify priorities for treatment. May only be able to provide emergency surgical cover for some time. Re-establish OPD services as resources

Organisation & Phases	<b>WHO 3 Human infection with a new subtype, but no new human to human spread, or at most rare instances of spread to a close contact.</b>	<b>WHO 4 Small clusters with limited human to human transmission suggesting that the virus is not well adapted to humans.</b>	<b>WHO 5 Large clusters but human to human spread still localised, but may not yet be fully transmissible (substantial pandemic risk)</b>	<b>WHO 6 Pandemic Period - Increased and sustained transmission in the general population. Possible second wave 3-9 months later</b>	<b>Alert 1 Virus/cases only outside the UK</b>	<b>Alert 2 Virus isolated in the UK</b>	<b>Alert 3 Oubreak in the UK</b>	<b>Alert 4 Widespread activity across the UK</b>	<b>Post Pandemic Period - Return to inter-pandemic arrangements</b>
						suspend activity.	Lockdown Policy	of activity on some trust sites may be required.	become available. May need to consider alternative transport arrangements.

Organisation & Phases	WHO 3 Human infection with a new subtype, but no new human to human spread, or at most rare instances of spread to a close contact.	WHO 4 Small clusters with limited human to human transmission suggesting that the virus is not well adapted to humans.	WHO 5 Large clusters but human to human spread still localised, but may not yet be fully transmissible (substantial pandemic risk)	WHO 6 Pandemic Period - Increased and sustained transmission in the general population. Possible second wave 3-9 months later	Alert 1 Virus/cases only outside the UK	Alert 2 Virus isolated in the UK	Alert 3 Outbreak in the UK	Alert 4 Widespread activity across the UK	Post Pandemic Period - Return to inter-pandemic arrangements
HPA	Staff Awareness	Brief RDsPH and Regional Government Offices and activate regional communications plans. Review staff capacity within the region. Ensure antimicrobial susceptibility data on bacterial pneumonia pathogens is being transmitted via Cosurv via regions to Lab-Base. Support the management of cases and clusters or outbreaks of influenza-like illness. Health	Support RDs PH in the SHA and Government Office responses. Local HPUs to support local Influenza Pandemic Control Committees (or equivalent bodies). Support PCTs and NHS Trusts to contact all primary care physicians and emergency departments to ensure surveillance and management guidance is in place. Update all staff contact information to		Support local civil emergency response arrangements. Implement enhanced surveillance and case investigation procedures as per HPA guidance. Ensure case data are entered into the avian influenza database for as long as reasonably possible. Open HPA Regional Emergency Operation Centre.	Support NHS local and regional response arrangements. Provide specialist health protection advice to civil emergency responders at regional and local level through Regional Resilience Fora and Local Resilience For a. Support PCTs co-ordination of antiviral distribution as supplies are	Support aggregate reporting arrangements. Support investigation and response to outbreaks and assess the efficacy of control measures. Continue work through/with local Influenza Pandemic Control Committees/Regional Health Advisory Teams. Ensure continuity of data-flows on antimicrobial	As Alert 3	Carry out internal debrief to contribute to the overall HPA debrief report. Support PCTs in implementing DH vaccination policy. Review actions taken and adapt existing plans in the light of lessons learned. Evaluate the impact of the pandemic. Identify lessons learned and disseminate new scientific learning through appropriate channels.

Organisation & Phases	<b>WHO 3 Human infection with a new subtype, but no new human to human spread, or at most rare instances of spread to a close contact.</b>	<b>WHO 4 Small clusters with limited human to human transmission suggesting that the virus is not well adapted to humans.</b>	<b>WHO 5 Large clusters but human to human spread still localised, but may not yet be fully transmissible (substantial pandemic risk)</b>	<b>WHO 6 Pandemic Period - Increased and sustained transmission in the general population. Possible second wave 3-9 months later</b>	<b>Alert 1 Virus/cases only outside the UK</b>	<b>Alert 2 Virus isolated in the UK</b>	<b>Alert 3 Oubreak in the UK</b>	<b>Alert 4 Widespread activity across the UK</b>	<b>Post Pandemic Period - Return to inter-pandemic arrangements</b>
		Protection Units (HPUs) report possible clusters or outbreaks of influenza-like illness to Cfl, NHS and Resilience Fora. Communicate the national infection control guidelines and case management algorithms to local partners and support local training needs. Assist NHS colleagues in developing framework for delivery of mass vaccination to target groups. Support PCTs in	facilitate rapid Communication and deployment. Support PCTs in coordination of vaccination (if supplies are available). Ensure case data are entered into the avian influenza database. Implement enhanced surveillance and case investigation procedures as agreed with Cfl. Manage and notify all local pre-pandemic influenza incidents to Cfl			allocated by DH. Collate local reports of aggregate influenza activity. Ensure details of new cases are entered into avian influenza database.	susceptibility of bacterial pneumonia pathogens from diagnostic laboratories to Cfl via region. Collage local aggregate reports of influenza cases in primary care.		

Organisation & Phases	<b>WHO 3 Human infection with a new subtype, but no new human to human spread, or at most rare instances of spread to a close contact.</b>	<b>WHO 4 Small clusters with limited human to human transmission suggesting that the virus is not well adapted to humans.</b>	<b>WHO 5 Large clusters but human to human spread still localised, but may not yet be fully transmissible (substantial pandemic risk)</b>	<b>WHO 6 Pandemic Period - Increased and sustained transmission in the general population. Possible second wave 3-9 months later</b>	<b>Alert 1 Virus/cases only outside the UK</b>	<b>Alert 2 Virus isolated in the UK</b>	<b>Alert 3 Oubreak in the UK</b>	<b>Alert 4 Widespread activity across the UK</b>	<b>Post Pandemic Period - Return to inter-pandemic arrangements</b>
		<p>compiling registers of at-risk or high priority groups for vaccination. Support PCTs to develop aggregate reporting methods for primary care according to national template. Ensure case data are entered into the avian influenza database. Advise port health authorities based on port health algorithms. Ensure local HPU and regional HPA pandemic plans</p>	<p>as they occur.</p>						

Organisation & Phases	<b>WHO 3 Human infection with a new subtype, but no new human to human spread, or at most rare instances of spread to a close contact.</b>	<b>WHO 4 Small clusters with limited human to human transmission suggesting that the virus is not well adapted to humans.</b>	<b>WHO 5 Large clusters but human to human spread still localised, but may not yet be fully transmissible (substantial pandemic risk)</b>	<b>WHO 6 Pandemic Period - Increased and sustained transmission in the general population. Possible second wave 3-9 months later</b>	<b>Alert 1 Virus/cases only outside the UK</b>	<b>Alert 2 Virus isolated in the UK</b>	<b>Alert 3 Oubreak in the UK</b>	<b>Alert 4 Widespread activity across the UK</b>	<b>Post Pandemic Period - Return to inter-pandemic arrangements</b>
		are up-to-date in line with national HPA plan. Support Acute NHS Trusts and Community Trusts to ensure local preparedness.							

Organisation & Phases	WHO 3 Human infection with a new subtype, but no new human to human spread, or at most rare instances of spread to a close contact.	WHO 4 Small clusters with limited human to human transmission suggesting that the virus is not well adapted to humans.	WHO 5 Large clusters but human to human spread still localised, but may not yet be fully transmissible (substantial pandemic risk)	WHO 6 Pandemic Period - Increased and sustained transmission in the general population. Possible second wave 3-9 months later	Alert 1 Virus/cases only outside the UK	Alert 2 Virus isolated in the UK	Alert 3 Oubreak in the UK	Alert 4 Widespread activity across the UK	Post Pandemic Period - Return to inter-pandemic arrangements
<b>NEAS</b>	NEAS planning with stakeholders. Exercise plan when opportunity. Staff awareness	Review plan. Brief Executive Team & Senior Managers	Convene Pandemic Management Team (PMT). Review arrangements per Directorate	React to % of personnel affected and respond accordingly based on the plan. PMT meet on regular basis	React to % of personnel affected and respond accordingly based on the plan. PMT meet on regular basis	React to % of personnel affected and respond accordingly based on the plan. PMT meet daily	React to % of personnel affected and respond accordingly based on the plan. PMT meet daily	React to % of personnel affected and respond accordingly based on the plan. PMT meet daily	Assessment of impact. Identify personnel now immune. Identify those keys personnel needing vaccination. Reviews procedures. Fatalities amongst staff and families. Update plan and prepare for likelihood of second wave
<b>Police</b>	Attend multi agency meetings / seminars to heighten knowledge and awareness of	Continued emergency planning. LRF to id lead officer at Gold and appoint Silvers in	Review actions from earlier phases. BCPs into effect. Command implementation	Review all previous actions. Withdraw from non essential	Daily review of situation by executive in consultation with LRF.	Daily review of situation by executive in consultation with LRF.	Daily review of situation by executive in consultation with LRF.	Daily review of situation by executive in consultation with LRF.	Assessment of impact. Establish return to normality in order of priority. Watchful waiting-

Organisation & Phases	<b>WHO 3 Human infection with a new subtype, but no new human to human spread, or at most rare instances of spread to a close contact.</b>	<b>WHO 4 Small clusters with limited human to human transmission suggesting that the virus is not well adapted to humans.</b>	<b>WHO 5 Large clusters but human to human spread still localised, but may not yet be fully transmissible (substantial pandemic risk)</b>	<b>WHO 6 Pandemic Period - Increased and sustained transmission in the general population. Possible second wave 3-9 months later</b>	<b>Alert 1 Virus/cases only outside the UK</b>	<b>Alert 2 Virus isolated in the UK</b>	<b>Alert 3 Oubreak in the UK</b>	<b>Alert 4 Widespread activity across the UK</b>	<b>Post Pandemic Period - Return to inter-pandemic arrangements</b>
	<p>issues involved and the capabilities of other agencies. Continued contingency planning and preparation. Inclusion into force strategic register and development of BCPs. Consideration of exercising plans and scrutiny of key sites. Departmental heads to identify key staff. Develop policy around cancellation of rest days / annual leave. Consider resources to facilitate home working. Identify</p>	<p>advance. Monitor / review in force strategy risk register. Develop BCPs and establish force Gold group. Id non essential roles / tasks for redeployment of staff and resources when required. Liaison with health agencies. Media strategy established with regard to lead agency. Capacity for Business Critical Posts reviewed. Major Incident room established.</p>	<p>led by LRF. Maintenance of multi agency Gold group Meetings with other responders / daily review of situation by Command team. Consider mutual aid / military assistance. Cancellation of annual leave/ rest days and implement revised sickness policy. Revisit shift pattern and training requirements of re-deployed staff. Consider establishment of Casualty Bureau.</p>	<p>work and redeploy staff. Business Continuity Plans into effect. Daily review by executive / Command implementation led by LRF. Cancellation of all leave. Consider contracting staff from agencies/ retired officers/ special constables. Liaise with Health</p>					<p>review and revise procedures in light of emerging evidence. Advise staff accordingly.</p>

Organisation & Phases	<b>WHO 3 Human infection with a new subtype, but no new human to human spread, or at most rare instances of spread to a close contact.</b>	<b>WHO 4 Small clusters with limited human to human transmission suggesting that the virus is not well adapted to humans.</b>	<b>WHO 5 Large clusters but human to human spread still localised, but may not yet be fully transmissible (substantial pandemic risk)</b>	<b>WHO 6 Pandemic Period - Increased and sustained transmission in the general population. Possible second wave 3-9 months later</b>	<b>Alert 1 Virus/cases only outside the UK</b>	<b>Alert 2 Virus isolated in the UK</b>	<b>Alert 3 Oubreak in the UK</b>	<b>Alert 4 Widespread activity across the UK</b>	<b>Post Pandemic Period - Return to inter-pandemic arrangements</b>
	PPE and source suppliers.			regarding vaccinations/ anti-virals. Facilitate home working where possible.					

Organisation & Phases	<b>WHO 3 Human infection with a new subtype, but no new human to human spread, or at most rare instances of spread to a close contact.</b>	<b>WHO 4 Small clusters with limited human to human transmission suggesting that the virus is not well adapted to humans.</b>	<b>WHO 5 Large clusters but human to human spread still localised, but may not yet be fully transmissible (substantial pandemic risk)</b>	<b>WHO 6 Pandemic Period - Increased and sustained transmission in the general population. Possible second wave 3-9 months later</b>	<b>Alert 1 Virus/cases only outside the UK</b>	<b>Alert 2 Virus isolated in the UK</b>	<b>Alert 3 Oubreak in the UK</b>	<b>Alert 4 Widespread activity across the UK</b>	<b>Post Pandemic Period - Return to inter-pandemic arrangements</b>
<b>Fire Service</b>	Support section identify essential functions, posts and individuals - business continuity plan. Identify transferable skills, robust overtime and recall to duty procedures in place. Identify minimum number of staff required for op cover. Each section to provide aide-memoirs so that non-section staff can carry out critical functions. Each section to identify functions to curtail Assess fuel and all stock levels and re-order when minimum levels are	Minimum reserve levels of stores & fuel. Personnel Section to liaise with Occ Health. Invoke robust Communications Strategy to all staff. Personnel section to liaise with Occ health to provide antiOvirals and vaccines (when available)	Re-training of non-op personnel, possible cancellation of leave. All items in WHO 4. Stockpile equipment for prevention of infection e.g. disinfectant, masks.	PIMG to monitor absentee levels and provide info to staff. Temp return to Op duty of non-op staff. Decide when service will suspend all non-Op duties. Retained staff will be utilised to crew appliances where this can not be done by wholetime personnel. Consideratio	PIMG to review plan. CDDFRS have a step down approach for reduced cover. A number of appliances and Stations have been highlighted that can be strategically reduced should the situation arise. This has been calculated on a risk basis with 5 core stations to remain in the worst case scenario. This would require a minimum of 20 personnel to crew. Current staffing levels are at 57 wholetime	PIMG meet weekly (or as deemed by SPT) to review CDDFRS sickness levels and take action	PIMG meet daily to co-ordinate necessary actions	PIMG meet daily. Fully implement Pandemic Plan. Emergency only service	Assessment of overall impact and debrief i.e. good points, areas of development and improvement

Organisation & Phases	<b>WHO 3 Human infection with a new subtype, but no new human to human spread, or at most rare instances of spread to a close contact.</b>	<b>WHO 4 Small clusters with limited human to human transmission suggesting that the virus is not well adapted to humans.</b>	<b>WHO 5 Large clusters but human to human spread still localised, but may not yet be fully transmissible (substantial pandemic risk)</b>	<b>WHO 6 Pandemic Period - Increased and sustained transmission in the general population. Possible second wave 3-9 months later</b>	<b>Alert 1 Virus/cases only outside the UK</b>	<b>Alert 2 Virus isolated in the UK</b>	<b>Alert 3 Oubreak in the UK</b>	<b>Alert 4 Widespread activity across the UK</b>	<b>Post Pandemic Period - Return to inter-pandemic arrangements</b>
	reached. Identify minimum control staff levels. Identify minimum number and location of Stations to provide critical services. Keep staff informed and give flu advice as required. Personnel section to liaise with Occ health to provide anti0virals and vaccines (when available)			n will be given to an alternative shift system for operational personnel. Cancellation of Annual leave will be considered. PIMG will suspend all non-operational activities	riders per shift. If these can not be made up from shift based operational staff then all the procedures stated in the previous alert levels will be introduced. similar re-call to duty and leave cancellation procedures are also in place for Flexible duty officers and principal officers so that CDDFRS can fulfil its Incident Command Policy and work at Silver and Gold levels				

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LA's	Establish Flu Working Group, Write, maintain and test Pandemic Influenza Strategic and service level plans. Run internal training workshops across all services.	Review Plans	Convene Pandemic Flu CMT		Brief Pandemic Flu CMT	Address increased demand on Social Care services	monitor and enforce infection reduction measures	Possible cancellation of public events & gatherings	Assessment of overall impact of Flu
	Develop Policies & Procedures to deal with Pandemic Flu	Vaccination List	Determine School Closure policies & procedures		Coordinate with local partners	Review of Mass Fatalities arrangements	Reinforce personal hygiene measures & use of PPE	Closure of Schools - if directed	Identify lessons learnt
	Work with local partners to develop cohesive and joined up plans. Identify Local Authority premises for use as Antiviral Distribution Centres.	Internal Comms	Develop car pooling arrangements		Review absence monitoring & Surveillance strategy	Implement regular sickness monitoring & reporting.	Support home working arrangements	* Cessation of pre-determined non-critical services & activities	Update Pandemic Flu Plan
	Develop HR guidance to	Reinforce Personal Hygiene	Review & update Flu Plan		Review Comms Strategy with	Support to local businesses on	Introduce cohort working	Implement Pandemic	Complete review of all policies &

Organisation & Phases	<b>WHO 3 Human infection with a new subtype, but no new human to human spread, or at most rare instances of spread to a close contact.</b>	<b>WHO 4 Small clusters with limited human to human transmission suggesting that the virus is not well adapted to humans.</b>	<b>WHO 5 Large clusters but human to human spread still localised, but may not yet be fully transmissible (substantial pandemic risk)</b>	<b>WHO 6 Pandemic Period - Increased and sustained transmission in the general population. Possible second wave 3-9 months later</b>	<b>Alert 1 Virus/cases only outside the UK</b>	<b>Alert 2 Virus isolated in the UK</b>	<b>Alert 3 Oubreak in the UK</b>	<b>Alert 4 Widespread activity across the UK</b>	<b>Post Pandemic Period - Return to inter-pandemic arrangements</b>
	facilitate a flexible framework for remote working, absence (for caring duties) etc.	& Self Help Messages			local partners	infection surveillance & reporting		specific fatalities protocols	procedures

Organisation & Phases	<b>WHO 3 Human infection with a new subtype, but no new human to human spread, or at most rare instances of spread to a close contact.</b>	<b>WHO 4 Small clusters with limited human to human transmission suggesting that the virus is not well adapted to humans.</b>	<b>WHO 5 Large clusters but human to human spread still localised, but may not yet be fully transmissible (substantial pandemic risk)</b>	<b>WHO 6 Pandemic Period - Increased and sustained transmission in the general population. Possible second wave 3-9 months later</b>	<b>Alert 1 Virus/cases only outside the UK</b>	<b>Alert 2 Virus isolated in the UK</b>	<b>Alert 3 Oubreak in the UK</b>	<b>Alert 4 Widespread activity across the UK</b>	<b>Post Pandemic Period - Return to inter-pandemic arrangements</b>
	Build business resilience through identification and protection of Mission Critical Services. Initiate multi skilling and skill-mirroring wherever possible	Purchase and store stocks of cleaning materials and PPE (following DOH guidance)	Review & confirm Business Continuity arrangements		Briefings & advice/ guidance to staff and public	Continued Comms guided by Central Government advice	Increased emphasis on office cleaning routines	Implement body storage arrangements	Prepare & publish post pandemic report - internally and publically
	Raise awareness internally and within Social Care environment. Develop comprehensive communications strategy (separate plan)	Follow Communications Plan to disseminate updated information to general public and those in social care environment	Verify contact details for Staff			Minimise cross-infection through social distancing, conference calls, "clean" food, increased cleaning rotas, remote working, use of email, elimination of unnecessary office circulars etc.	Cancel face-to-face meetings where possible	Monitoring sickness & absence - to include return to work	
	Develop IT &							Phased &	

Organisation & Phases	<b>WHO 3 Human infection with a new subtype, but no new human to human spread, or at most rare instances of spread to a close contact.</b>	<b>WHO 4 Small clusters with limited human to human transmission suggesting that the virus is not well adapted to humans.</b>	<b>WHO 5 Large clusters but human to human spread still localised, but may not yet be fully transmissible (substantial pandemic risk)</b>	<b>WHO 6 Pandemic Period - Increased and sustained transmission in the general population. Possible second wave 3-9 months later</b>	<b>Alert 1 Virus/cases only outside the UK</b>	<b>Alert 2 Virus isolated in the UK</b>	<b>Alert 3 Oubreak in the UK</b>	<b>Alert 4 Widespread activity across the UK</b>	<b>Post Pandemic Period - Return to inter-pandemic arrangements</b>
	Comms infrastructure to facilitate flexible working arrangements							targeted return to work of recovered staff	
	Involve Unions in planning process.							Assist PCTs with mass vaccination after 1st wave	
	Development of management guidance to identify internal vulnerabilities (carers, transport arrangements etc.)								
	Development of information dissemination strategy (website pages, email, leaflets etc.)							Continue to inform & support staff	

## **C. STRATEGIC COORDINATING GROUP (SCG) MEMBER CONTACT INFORMATION**

N.B: Please note that this group will form the core of the Pandemic Influenza Strategic Coordinating Group (SCG). It is likely that other organisations will be required to attend the SCG: contact information for these Agencies can be sourced via the internal mechanism of those organisations listed above.

## D. CASE FATALITY PREDICTIONS FOR ALL LOCAL AUTHORITY AREAS

### Clinical Attack rate

The following planning assumptions outline the potential impact (severity and extent) of an influenza pandemic at a clinical attack rate of 50%.

- Up to 50% of the population may show clinical symptoms of influenza over the entire period of a pandemic, and up to 25% of these may develop complications.
- Up to 2.5% of those who become symptomatic may die.

The potential range of clinical attack and fatality across the UK is highlighted in Table 1.

**Table 1: Range of possible excess deaths from various permutations of case fatality and clinical attack rates, based on UK population**

Overall case fatality rate (%)	Range of possible excess deaths in the UK		
	25% clinical attack rate	35% clinical attack rate	50% clinical attack rate
0.4	55,500	77,700	111,000
1.0	150,000	210,000	300,000
1.5	225,000	315,000	450,000
2.5	375,000	525,000	750,000

This has also been modelled for County Durham and Darlington.

The demand for access to healthcare during the pandemic will also rise with increased pressure on both primary and secondary care.

### Population groups at risk

There will be population groups who are more at risk of influenza related respiratory complications e.g. those aged 65 or over, people with chronic respiratory, heart or renal disease or diabetes, people with impaired immunity due to disease or treatment,

and people in long stay residential care homes. Children and young adults may also be particularly affected. Further work on identifying 'vulnerable' people is needed and will be undertaken on a multi agency basis.

In order to assist planning, estimates of the impact of an influenza pandemic in today's circumstances can be developed drawing where appropriate on previous pandemics and by scientific modelling of a range of potential scenarios.

Other key factors include:

- Up to 22% of influenza cases can be expected during the 'peak week' of a pandemic wave.
- Up to 28.5% of symptomatic patients (which includes those with Complications and all children under 3 years) will require assessment and treatment by a GP or appropriate healthcare professional. This assumes that those patients who require treatment with antiviral medicines will gain access to these via the National Flu Line service which is currently under development.
- Up to 4% of those who are symptomatic may require hospital admission if sufficient capacity is available (with up to 25% of people admitted to hospital expected to require critical care).
- The average length of stay for those with complications may be up to six days (ten if in intensive care).

However, the epidemiology of an emergent influenza pandemic virus and its clinical behaviour cannot be predicted with certainty. Plans will have to be adjusted as new information becomes available.

The impact of an influenza pandemic will present extreme challenges for all essential services across County Durham and Darlington. It is likely to be intense and sustained. Health and social care will not have either the capacity or capability to deal with the number of cases in a traditional way and services will need to be prioritised. With a clinical attack rate of 35% or higher, services will be stretched beyond capacity. In addition the workforce may be depleted by as much as 50% at the peak of the first

wave. The demand for hospital admissions can be expected to increase to 440 new cases per 100,000 population per week at the peak, which is unlikely to be met from available acute hospital capacity.

**E. AVDC MAP - COUNTY DURHAM AND DARLINGTON**

## **F. ALTERNATIVE AVDC SITES**

## **G. CAPACITY OF CURRENT MORTUARY AND CREMATION**



## H. DEMOGRAPHIC DATA FOR COUNTY DURHAM AND DARLINGTON

Total	County Durham	Darlington
Male	159,438	99,400
Female	146,736	48,200
Under 5	27,380	5,800
5 to 15	58,259	13,060
16 to 24	68,607	10,640
24 to retirement	230,006	49,500
Retirement & over	115,253	20,400
No. of households	208,600	46,000
% households with Pensioner living alone	15.3	15.7
% people with health Problems	24.1	20.4
% single parent house With child(ren)	7.0	7.4
% pupils – free schoolmeals	16.6	16

## **I. ORGANISATIONS WITH LINKS TO VULNERABLE PERSONS\***

- Age Concern
- Airports
- British Telecom
- Carers Services
- CE/GE Electric
- Council of Faiths
- Cruse Bereavement Care
- Environment Agency
- Fire and Rescue Service
- George Hardwick Foundation
- Gypsy & Irish Travellers Association
- Highways Agency
- Hospital Trusts
- Humanitarian Assistance WG
- Darlington Borough Council
- Durham County Council
- Mind
- NA Care & Resettlement of Offenders
- National Autistic Society
- NE Council of Addictions
- NE Strategic Migration
- North East Ambulance Service
- Northern Gas Network
- Northumbria Water
- One North East
- Durham Constabulary
- Primary Care Trusts
- Regional Refugee Forum
- ReThink
- Royal National Institute for the Blind
- Royal National Institute for the Deaf
- Showman's Guild
- Sure Start
- Transport Operators
- Victim Support
- Voluntary Agencies Group
- YMCA National Council
- Young Carer's Groups

NB This is not an exhaustive list of those Organisations dealing with vulnerable persons: the list is merely a starting point and the SCG will encourage all organisations to be proactive in their approach to this issue

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## J. SITREP TEMPLATE

SITREP Number:	XX		
	DD-MMM-YY		HH.MM
Lead Official:			
Alternate Contact:			

This Situation Report provides key information and data on the present situation it has been validated by the relevant departmental / agency officials. The information contained herein can be disseminated to other agencies as necessary – where clarification is required the lead official should, in the first instance, be contacted.

*New information is highlighted using [insert appropriate method]*

<b>1. Department / Government Office Key Issues</b>

## 2. Key Issues for CRIP

### Contents

1. Departmental / Government Office Key Issues
2. Key Issues for CRIP
3. Current situation
4. Operational Response
5. Resources and Readiness
6. Forward look
7. Political/policy
8. Media/communicating
9. Manpower and staffing issues
10. Other information not covered elsewhere
11. Information requirements / request clarification
12. Background / overview
13. Next Sitrep
14. Contacts

### 3. Current situation

Specific data information is likely to be requested on the following:

#### Essential Services

In the table below, please use a 'traffic light' system to describe the local situation (the national picture will be provided by lead government departments):

R = pandemic influenza having significant impact on the ability to deliver priorities

A = pandemic influenza having impact but managing within current resources

G = very small impact

Please provide details to support the assessment where issues have been identified.

<b>Service</b>	<b>Local/Regional Impact [detail of local or regional shortages, outages, panic buying, business continuity issues and projections going forward.</b>
Fuel	
Oil	
Gas	
Electricity	
Telecommunication network	
Postal Services	
Food	
Water	
Broadcasting (inc. print media)	
Waste Management	

Cremation and burial services

In the table below, please use a 'traffic light' system: Green = no problem; Green/Amber = minor problems; Amber = significant problems, but coping; Amber/Red – major problems; Red = services at or near breakdown. Please provide details to support the assessment where issues have been identified.

LA name	Cremation	Funeral	Burials	Coroners	Registrars	Funeral
---------	-----------	---------	---------	----------	------------	---------

		services				arrangements
...						
<b>Regional Picture</b>						

In addition ad hoc information will be required on issues/ concerns in the following areas:

Transport - Regional rail disruptions. Providing details of any station closures, line closures, cancelled services etc. Road Issues Details of regional or local road disruptions

Tourism - Details of impact on local/regional tourism industry – hotel cancellation, impact on visitors attractions.

Animal Health - Details of impact on Animal health and welfare.

Judicial process - Details of impact on regional/local judicial processes.

Community cohesion - Details of community Safety/Community Cohesion Issues

Business Issues - Businesses affected

Social care/welfare Homecare, Vulnerable People/Groups

Mutual Aid / Military Support - aid requested and/or in place

#### 4. Operational Response

Including specific data on:

Education

	Still open	Closed	Re-opened

	Schools	Pupils	Schools	Pupils	Schools	Pupils
Primary						
Second'y						
Academy						
Special						
Indep't						

Notes:

- 1 Independent and non-maintained special schools should be recorded as 'special', not independent.
- 2 Middle schools deemed primary should be recorded as 'primary' and middle schools deemed secondary as 'secondary'.
- 3 PRUs should be recorded as 'secondary'.
- 4 Nursery schools should not be recorded in this table, but in that for early years and childcare settings below.
- 5 This will require input from each LA and collation by the GO

Early years and childcare settings

LA Name	No. settings still open	No. settings closed	No. settings re-opened

Plus information as deemed appropriate on any operational processes in place in the follow

- Transport
- Animal Health
- Judicial process
- Community cohesion
- Business Issues
- Social care/welfare Homecare, Vulnerable People/Groups

## 5. Resources and Readiness

## 6. Forward look

## 7. Political/policy

## 8. Media and Communications

- Media coverage
  -
- Media tone / Current themes
  -
- Key Lines to take / Public messages
  -
- Warning and Informing / Public Advice
  -
- Ministerial / VIP Visits
  -
- Good News
  -
- Forward Look
  -

- Other media issues
  -

## 9. Manpower and staffing issues

Provided on an exception only reporting basis.

Organisation	RAG status	Issues/Impact inc. changes to priorities or other countermeasures

R = pandemic influenza having significant impact on the ability to deliver priorities  
 A = pandemic influenza having impact but managing within current resources  
 G = very small impact

## 10. Other information not covered elsewhere

- Point #1
- Point #2

## 11. Information Requirements / Requested Clarification

- IR-01: Priority : xxx
- RC-01: Priority : xxx

- IR-02: Routine : xxx
- RC-02: Routine : xxx

## 12. Background / overview

## 13. The next Sitrep will be provided at

## 15. Contacts

### Departmental Operations Centre

Telephone:

Fax:

Email:

### Other Key Contacts

(a)

Telephone:

Fax:

Email:

(b)

Telephone:

Fax:

Email:

(c)

Telephone:

Fax:

Email:

## K. ROLES AND RESPONSIBILITIES OF PARTNER ORGANISATIONS

### The Health Protection Agency

Health Protection Agency North East (comprising the Health Protection Unit (NTW and CDTV teams), the Regional Epidemiology team, Regional Communications team and the Health Emergency Planning Advisor (HEPA) team) will support the regional response to an influenza pandemic as follows:

- In WHO phases 3,4 and 5, HPA NE staff will work with local and regional responders to ensure robust arrangements are in place;
- In WHO phase 6, the initial focus on the health protection unit team will be in the HPA national response to the early identification and detailed epidemiological surveillance of the first cases of pandemic influenza in the UK (known as the “first few hundred (FF100) cases”).

Once the pandemic reaches UK alert level 3 and above, the HPA response will be to support local and regional structures in the coordination of responses; providing expert advice on the surveillance of infections, description of the pattern of illness being seen in the community and characteristics of the virus to inform operational response arrangements.

The HPA NE will activate its own business continuity arrangements as part of this response, and it is unlikely that staff will be fielded to all meetings across the region; instead HPA NE will prioritise attendance at the following meetings:

- Regional Resilience Forum / Regional Civil Contingencies Committee
- Regional Science and Technical Advice Cell (STAC)
- Support to other regional and local meetings (LRF SCGs and “health” outbreak control teams) will be provided via an HPA NE Emergency Operations Centre (EOC) which will be staffed on a continuous basis (in accordance with the local / regional / national battle rhythm of response arrangements) to ensure that consistent advice is given across the region.

## **Strategic Health Authority**

Strategic health authorities in England are responsible for oversight and management of primary care trusts. During the pandemic,

- SHA's will be responsible for ensuring local contingency plans are in place. They will act as the link between the DH and NHS and manage local NHS services. DH will cascade information to Chief Executives.
- The SHA must ensure •messages are rapidly cascaded to health and social care services •
- Messages to service providers and professionals are clearly marked for intended recipients •
- Messages to the public, provides critical advice and information.
- Early sign-posting where additional information can be obtained can help to manage the predicted increased burden on services

## **County Durham and Darlington Primary Care Trusts**

- Designate an Influenza Pandemic Co-ordinator (IPC) to lead the development of effective local contingency planning.
- IPC to activate the Outbreak Control Team
- Establish an influenza pandemic committee to support and coordinate local plans.
- Ensure that all NHS organisations, their key partners and general medical practices participate fully in local planning, that complementary plans are developed and integrated to provide an effective multi agency response
- Plan operational arrangements for delivering mass vaccination and antivirals when available
- Lead and co-ordinate planning for general medical practice and primary care
- Ensure all local health organizations and their partners implement contingency arrangements when notified
- Advise the local population on self-care and when /when/how to seek medical assistance

- Mobilise the resources of general practice and lead arrangements for supporting community assessment
- Arrange for family support and reassurance in conjunction with social services.
- Monitor and report local progress and development of disease, provide advice and coordination through the local influenza
- Monitor and support public health and NHS response
- Ensure that mutual aid arrangements are effective and liaise with other agencies
- Engage with the Department of Health to provide the nurse resource to oversee the interactions of the call centre agents.
- Implement contingency arrangements, in the event that an influenza pandemic occurs before the National Pandemic Flu Line Service is established and to mitigate the effects of a system failure..
- Implement arrangements to bolster critical access points such as general practice and out-of-hours services.

### **County Durham & Darlington NHS Foundation Trust**

- Activation of trust pandemic influenza plan in accordance with directive from the Outbreak Control Group, who will co-ordinate the multi agency response
- To provide support and care to patients presenting with the symptoms and possible complications of influenza.
- To prevent inappropriate attendances to the acute trust
- To provide guidance and advice to patients, significant others and staff in relation to influenza
- To offer mutual aid and support to partner agencies if resources permit
- To provide essential information to the Strategic Health Authority or Government office
- To maintain where possible core elements of the service
- To plan and manage a service restoration and recovery programme following a pandemic outbreak

## **Independent Sector**

- Work with the NHS in planning for and responding to a pandemic.
- Offer mutual aid and support to partner agencies if resources permit.
- Work with PCT commissioners to provide additional capacity as/if appropriate.

## **Community Hospitals**

- Work with the health economy to ensure the most effective use of staffing and beds.
- Ensure staff have the appropriate levels of skills to potentially deal with influenza cases.
- Community hospitals will deliver a step up / step facility depending on requirements.

## **North East Ambulance Service**

The Pandemic Management Team (PMT) will form and is a pre-designated group of an executive team member and senior managers who are heads of their respective departments. If the UK is about to become involved in a Flu Pandemic, then the Chair will call the team together and brief them on the current status. The team will lead the NEAS through the situation. The PMT, Chief Executive and Executive Directors will be briefed as and when new information is identified from the Department of Health.

Each department will undertake the necessary actions as detailed in their respective action or business continuity plans. The PMT will regularly review the current status and ensure that there are no shortfalls in the overall capability to maintain core and essential non-core activities. The PMT chair will advise the Executive Team of any actions deemed appropriate.

Any member of staff who has any health condition that may fall under the 'at risk' category of patients i.e. heart conditions, diabetics, asthmatics, have been pre-identified to ensure that they are not put at any additional risk that may increase their

vulnerability and subsequent reaction to the virus. These individuals will be considered for alternative roles that will reduce the potential for infection within the work environment. This list is held by the NEAS Occupational Health department

Any member of staff who is believed to be symptomatic should not come into work and should advise the NEAS through the normal sickness procedure as to their inability to work.

It is envisaged that the group will take the following format but may not involve all of the managers, all of the time:

- Chair - Director of Ambulance Operations
  
- Emergency Planning & Resilience Manager and Pandemic Influenza Lead for the Trust
- Occupational Health lead
- 1 x Operations Manager (A&E)
- Control Manager
- Operational Support Manager
- I.T Manager
- Clinical Development Manager
- Finance Manager
- Procurement and Contracts Manager
- Communications Manager
- Performance & Information Manager
- Infection Control Manager
- Human Resource Manager
- Staff Development Manager

Administrative Support (loggist) – to undertake minutes of all meetings and record all decisions made

Each member of the group will have a named deputy who will step in if the need arises. If unable to attend a PMT meeting, the current department lead will provide an update of their department's sickness levels and any actions taken.

In the event of the start of a pandemic being identified, it is likely that there will be a period of time before it affects the UK and therefore will have some ability to bring together the PMT and prepare for the impact as previously identified.

As the pandemic flu increases and the percentage of staff likely to be affected is better known, there will be the ability to direct personnel to mission critical functions within departments during the peak periods.

Much of the management of the loss of personnel is covered within the respective Directorate's or Department's Business Continuity Plans.

The key area of demand will always be the maintenance of front line A&E services and for high dependency patients. To achieve this, a number of supporting actions have to happen.

- Education of all staff to be aware that annual leave may/will have to be cancelled to ensure maintenance of core function
  - There may be issues relating to prepaid holidays
  - There may be issues relating to Whitley Council v Trust conditions of service
- Call out of remaining available Voluntary Aid Society ambulances (British Red Cross and St John Ambulance Service) as part of the mutual aid response
- Consider the availability of neighbouring ambulance services who may be less affected by the pandemic
- Reduction of and leading to the cessation of non emergency work into hospitals, (excluding high dependency patients) to release Patient Transport Service personnel. This will allow them to work on A&E on a realigned 'Urgent Tier'

- This will either be triggered by the NEAS due to staff shortages or by the Hospital Trusts due to staff shortages or limiting the need to have 'groups' of patients in close proximity
- Utilisation of non ambulance personnel from the Equipment Department and Ambulance Resource Assistants with additional driving duties.
- Identification of personnel with Control Room experience, that could return and support this key function
- Identification of personnel within Headquarters who can assist in any supporting function.
- Creation of 'Flu' vehicles – specific vehicles that will be resourced and deployed to patients with the greater likelihood of having pandemic flu.  
The personnel will have significant supplies of personal protective equipment (coveralls, FFP3 masks, goggles etc). Having dedicated vehicles will reduce the possibility of a transfer of the virus to a patient that does not have it yet.
- All front line vehicles will carry the appropriate level of PPE as described above.
- Ensure robust bereavement procedures are in place to support members of staff affected.

## **NHS Direct**

NHS Direct and NHS Direct online, will provide key points to health related advice and will be one mechanism for providing feedback on public concerns · Sharing the advice of expert groups with the public:

- Having lay members, where possible, on expert advisory groups
- Briefing the specialist media on the preparations and plans
- Patient Fora and focus groups to help identify public concerns
- Regional Media Emergency Forums
- Working with the media to promulgate public health messages
- Training trusted spokespeople in advance
- The patient choice agenda.

- Establish the operational requirements of the National Pandemic Flu Line Service, including the contact centres, training of call centre agents, operational systems and processes
- Manage the development of the technology infrastructure that will underpin the service and oversee rigorous technology and user acceptance testing
- Manage the service during a pandemic

### **The County Durham & Darlington Civil Contingencies Unit (CCU)**

The primary role of the Unit is to provide support and information to the County, Borough and District local authorities in County Durham and Darlington to ensure effective response and management of a Pandemic Flu outbreak. This includes:

- Disseminating any WHO phase changes to all the Local Authorities within County Durham and Darlington (ensuring that **verbal** contact is made).
- Disseminating updated information and WHO phase info as available
- to all Local Authorities;
- Alerting the voluntary organisations and coordinating their activities;
- Activating the Temporary mortuary Plan for County Durham or Darlington upon notification from the Police that it is required;
- Providing advice, support and assistance to the Crisis Management Team and key staff of the County, Borough and District Local Authorities;
- Attending Multi Agency Strategic Coordinating Group if established (on request)
- Activating other specialist plans as appropriate.

### **County Durham Council & Darlington Borough Council**

- Assist with publication of information to the public (for example, via joint central/local government messages) such as hygiene precautions
- Provide support for NHS Trusts with resources, command and control etc
- Work with NHS Trusts on determining early discharges from hospitals
- Provide support for sick and vulnerable people (both adults and children) in the community with the aim of keeping them out of hospital so as to help to relieve pressure on the NHS's limited resources

- Provide advice to residential homes on service continuity and staffing
- Children's and Young People's Services/ Children's Services. Provide mutual aid for health services (such as facilitating the use of school kitchens to provide food for the increased numbers of patients, or providing assistance for health workers out in the community).
- Have identified designated 'Antiviral Distribution Centres/Vaccination Centres (usually local authority-owned premises). In the event that centres are set up, local authority staff will assist in managing the premises,
- Activating pandemic specific, service level continuity plans to ensure that local authorities can continue to exercise all their mission critical functions so far as is reasonably practicable.
- Putting in place measures to protect staff from exposure to the virus so far as is reasonably practicable; and
- Maintaining priority services such as those dealing with vulnerable people and bereavement services (coroner, registration, mortuary, cemeteries and crematoria).

## **Police Roles and Responsibilities**

Durham Constabulary will, subject to resource availability, seek to:-

- Maintain Law and Order
- Establish a Strategic Co-ordination Group (SCG) to co-ordinate the multi-agency response
- Support the role of H.M. Coroner in the execution of their duties
- Liaise with multi agency partners to provide timely and consistent media messages
- Support and co-operate with partner agencies where resources and priorities permit to pursue agreed strategies / objectives

## **Voluntary Organisations**

A Number of voluntary organisations can be called upon to assist in an emergency., this assistance can be obtained at any time via the **CCU Duty Officer on 0191**

**3843381.** The CCU hold quarterly VELG (voluntary Emergency Liaison Group) meeting, some of the organisations represented on the VELG group are:

- WRVS
- British Red Cross
- Raynet
- St Johns Ambulance
- Salvation Army

For details of their roles and responsibilities of any of the above organisations please refer to the LRF Major Incident Plan

### **Port Health Authority**

- Implement health measures and entry screening of passengers returning from countries first affected by the pandemic virus, as advised by the HPA (Refer to section 5.4). It is likely these measures would be discontinued once the virus had taken hold in this country.
- 

### **Government Office for the North East**

- • Primarily to coordinate planning and preparation across the region.
- • Facilitate communications between national and local levels,
- • Helping ensure that local, regional and national planning is effectively aligned.
- Responsible for Emergency Powers under Part II of the Civil Contingencies Act 2004

### **Fire Service**

- Maintain critical activities to provide a core business to the community. This is identified in the CDDFRS Business Continuity Plan for all stations and sections
- CDDFRS will maintain the following activities as detailed in the Fire Services Act 2004 and the Generic Major Incident Plan
- Rescue people trapped by fire, wreckage or debris
- Make provision for rescuing and protecting people from serious harm in the event of road traffic collisions in our area

- Preventing incidents from getting worse by controlling or extinguishing fires, or stabilising vehicles
- Manage hazardous materials safely and mitigate their effect on people and the environment
- Manage the health and safety of all persons operating within the Inner Cordon
- Organise mass decontamination of the public where many people have been exposed to chemical, biological, radioactive or nuclear substances
- Maintain emergency fire and rescue cover throughout the CDDFRS area and return to a state of normality at the earliest possible time
- Responsibility for Urban Search and Rescue
- Save and prevent further loss of life with the other emergency services and any other relevant organisation
- Through Warning and Informing processes and our internal District Management Team, provide Fire Safety messages to the public
- Seek to ensure the safety and welfare of CDDFRS personnel by the implementation of infection control process
- Work with other partners and agencies to minimise the impact on the whole community, working with all the relevant agencies to return to normality at the earliest opportunity

### **Environment Agency**

- Maintain an effective response plan which sits alongside current Business Continuity Plans
- Make staff aware of the requirements of the plan
- Share relevant aspects of the plan that could impact on LRF partners
- Exercise and review the plan
- At UK Alert Level 1 prepare to activate business continuity recovery plans
- When the virus reaches the UK and the situation escalates to UK Alert level 2 activate Business Recovery Plans in affected regions.
- The Strategic Managers, taking into account the requirements National Strategic Crisis Management Team, will decide for each business unit whether

or not their business continuity plan should be activated at UK Alert level 2 taking into account where the outbreaks are and what the impacts are.

## **L. AMENDMENT PROCEDURE**

It is essential that information contained within this plan is kept up to date.

It is the responsibility of all plan holders to inform the document controller immediately of any details which have changed that may impact upon this plan.

Detailed information about required change(s) to the plan should be recorded on the "ADVICE OF CHANGE" form (below) and forwarded to the PCT.

When amendments are issued by the document controller, each plan holder is responsible for ensuring their copy of the plan is up to date and a note of each amendment received should be made on the "RECORD OF AMENDMENTS" sheet.





## O. DISTRIBUTION LIST

### LRF Members

Plan number	Name	Organisation
1.		British Transport Police
2.		CE Electric
3.		COI- GNN
4.		County Durham & Darlington Civil Contingencies Unit
5.		County Durham & Darlington Fire & Rescue Service
6.		County Durham & Darlington PCT
7.		County Durham & Darlington PCT
8.		Darlington BC
9.		Darlington BC
10.		Durham County Council
11.		Durham County Council
12.		Durham Constabulary
13.		Environment Agency
14.		GONE
15.		HPA
16.		SHA
17.		MCA
18.		Met Office
19.		Military
20.		NEAS
21.		Northern Gas Networks
22.		Northumbrian Water

### Working Group Members (not included above)

23.		Tees Esk Wear Valley NHS Foundation Trust
24.		DurhamTees Valley Airport
25.		Durham University
26.		PCT (Associate Director of Prison Health)
27.		AcuteTrust
28.		County Durham & Darlington Fire & Rescue Service
29.		Durham County Council (Children & Young Peoples Service)
30.		Durham Constabulary
31.		HPA
32.		Coroners Office
33.		Durham County Council (Adult & Community Services)

## P. GLOSSARY OF ABBREVIATIONS

CCU	Civil Contingencies Unit
COBR	Cabinet Office Briefing Room
CCS	Civil Contingencies Secretariat
CCC(O)	Civil Contingencies Committee Officials
CCC	Civil Contingencies Committee
CRIP	Common Recognised Information Picture
DA	Devolved Administration
DH	Department of Health
DPH	Director of Public Health
DTVA	Durham Tees Valley Airport
GONE	Government Office North East
HPA	Health Protection Agency
LA	Local Authority
MRCC	Maritime Rescue Coordination Centre
NEAS	North East Ambulance Service
OCC	Outbreak Control Committee
PCT	Primary Care Trust
PI	Pandemic Influenza
RCCC	Regional Civil Contingencies Committee
SHA	Strategic Health Authority
STAC	Science Technical Advice Cell
UKNIPC	UK National Influenza Pandemic Committee
WHO	World Health Organization