

# Northumbria Local Resilience Forum

## Multi Agency Pandemic Influenza Plan

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# Multi Agency Pandemic Influenza Plan

## Contents

	<b>Page</b>
<b>Foreword</b>	6
<b>Section 1: Introduction</b>	7
Purpose of the Plan	7
Scope of the Plan	7
Aim	7
Objectives	7
Training / Exercising	8
<b>Section 2: Pandemic Influenza</b>	9
Definition	9
Features of Influenza	9
Risk of a Pandemic	10
<b>Section 3: Pandemic Influenza Planning</b>	11
Pandemic Influenza Working Group (PIWG)	11
Strategic Priorities	11
Planning Assumptions	12
Impact	14
Absence from Work	14
Business Continuity	15

<b>Section 4: Activation</b>	17
Alerting System	17
Notification	18
<b>Section 5: Command and Control</b>	19
Northumbria Local Resilience Forum (LRF)	19
Strategic Co-ordination Group (SCG)	19
Regional Response	20
Science and Technical Advice Cell (STAC)	20
<b>Section 6: Data Collection and Reporting</b>	22
<b>Section 7: Public Information / Media</b>	23
Principles of Communications	24
Mutual Aid Arrangements	26
<b>Section 8: Support to the Health Sector</b>	27
Antiviral Medication	27
National Flu Line	27
Self Help / Infection Control Measures	29
Use of Face Masks	30
Pre Pandemic Vaccination	30
Pandemic Specific Vaccination	30

<b>Section 9: Vulnerable Groups</b>	32
Demographic Profile of Northumbria	32
Voluntary Agencies	33
<b>Section 10: Pandemic Influenza Deaths</b>	34
<b>Section 11: Social Measures</b>	35
Public Order	35
Public Gatherings and Events	35
Restriction of Travel	36
Port Health Arrangements	36
School Closures	37
<b>Section 12: Recovery</b>	38

## Appendices

<b>A</b>	<b>Pandemic Influenza Working Group (PIWG) Membership</b>	<b>40</b>
<b>B</b>	<b>PIWG Terms of Reference</b>	<b>42</b>
<b>C1</b>	<b>Key Responsibilities and Actions of all Category 1 and 2 responders, WHO Phases 1-5 (pandemic alert phase)</b>	<b>44</b>
<b>C2</b>	<b>Key Responsibilities and Actions of individual Category 1 and 2 responders, WHO Phase 6, UK Alert Level 1 and above (pandemic period)</b>	<b>54</b>
<b>D</b>	<b>LRF / SCG Activation Protocol</b>	<b>64</b>
<b>E</b>	<b>Situation Report Template</b>	<b>77</b>

## Foreword

An influenza pandemic will present unique international, national and local challenges. These challenges may be most severe for health and social care services but all service providers will be faced with maintaining essential services at a time when up to a third of their workforce may be absent; suffering from influenza or caring for children and / or someone suffering from influenza.

A pandemic is likely to spread rapidly once cases are identified in the UK and it is expected to impact on Northumbria within weeks. It will affect every aspect of the local community for several months, in particular health and social care services, and some of these effects will have long term consequences.

Uncertainty about the nature and impact of the pandemic virus means that planning across all sectors needs to be sufficiently flexible to cope with a range of possible impacts, including those arising from clinical attack and case fatality rates in the upper ranges of the planning assumptions as detailed within: 'Pandemic Influenza: A National Framework for Responding to an Influenza Pandemic' (*Department of Health, November 2007*).

This document outlines the multi-agency response plan for pandemic influenza in Northumbria and provides detail on the response, management and roles and responsibilities of individual agencies.

It was prepared by the Pandemic Influenza Working Group (PIWG) of the Northumbria Local Resilience Forum (LRF), which is responsible for considering all aspects of pandemic influenza planning, and will be formally reviewed by the group every year or as required.

The term 'Northumbria' refers to the area covered by Northumberland and Tyne and Wear.

# Introduction

## Purpose of the Plan

- 1.1 This purpose of this multi agency plan is to provide a context for influenza pandemic preparedness and response in order to enable co-ordinated planning to take place.

## Scope of the Plan – Aim

- 1.2 This document outlines the overarching strategic arrangements of the Northumbria Local Resilience Forum (LRF) in response to an influenza pandemic. It **does not** replace existing individual organisation contingency plans, but is a strategic level supplement to the pandemic influenza and business continuity plans of each individual agency involved.
- 1.3 The arrangements described within this plan relate specifically to an influenza pandemic and do not cover planning for, or the response to, seasonal influenza outbreaks or any incidents involving avian or other animal influenza virus infection in humans, although it is recognised that any future pandemic may originate from such a virus.

## Objectives

- 1.4 The objectives of the plan are to:
  - Outline the responsibilities of multi agency partners to assist in providing an effective response in the event of a pandemic occurring

- Promote a flexible response to an influenza pandemic which maximises the response to varying rates of infectivity and mortality
- Ensure co-ordinated planning to reduce, so far as is possible, the impact of a influenza pandemic on the population of Northumbria

### **Training / Exercising**

- 1.5 In order to ensure relevancy and to avoid unnecessary expense in time and money, specific training for the activation of this plan will be carried out from transition to WHO Alert Phase 5, when it is clear that the training will be put into use. The Northumbria LRF Exercise and Training Group will then be responsible for devising and overseeing the implementation of the multi agency training programme in liaison with others as necessary.
- 1.6 This plan will be exercised and validated in line with National Guidance.

# Pandemic Influenza

## Definition

2.1 A pandemic is the worldwide spread of a disease, with outbreaks or epidemics occurring in many countries and in most regions of the world. An influenza pandemic is likely to occur when the influenza virus undergoes major change and a new influenza virus emerges, which is markedly different to recently circulating strains and to which people are not immune. A pandemic will occur if the new virus:

- infects people (rather than, or in addition to, animals or birds)
- spreads from person to person
- causes illness in a high proportion of the people infected
- spreads widely (most people will have little or no immunity to the new virus and will be susceptible to infection)

## Features of influenza

2.2 The main clinical features of influenza are:

- Fever, dry cough and abrupt onset
- Headache, sore throat, runny or stuffy nose, aching muscles and joints and extreme tiredness also possible
- Adults can be infectious from a day before symptoms begin through about 5 days after illness onset. Children can be infectious for about 7 days and infect others for several days before coming ill

2.3 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 e.g. nebulisers.

- 2.4 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 only 5 minutes on hands.

### **Risk of a Pandemic**

- 2.5 The risk of a new human influenza pandemic is considered by the World Health Organisation (WHO) to have increased over the last few years, based largely on the risk posed by the H5N1 avian influenza virus, currently circulating in poultry in South East Asia and elsewhere.
- 2.6 History shows that every influenza pandemic is different. We cannot confidently predict what the impact of the next pandemic will be. Much will depend on the characteristics of the virus, such as its clinical attack rate, the severity of the illness it causes and the resulting case fatality rate. These parameters will not be known until the pandemic virus emerges.
- 2.7 The risk of a pandemic influenza outbreak in Northumbria is identified as one of the highest risks within the Northumbria Community Risk Register.

# Pandemic Influenza Planning

## Pandemic Influenza Working Group (PIWG)

- 3.1 The Northumbria Local Resilience Forum (LRF) is responsible for taking overall responsibility for developing a multi agency plan for responding to an influenza pandemic and should encourage all Category 1 and 2 responders to have up to date business continuity plans in place, as per the requirements of the Civil Contingencies Act.
- 3.2 A multi agency Pandemic Influenza Working Group (PIWG) has been established in Northumbria, consisting of representatives from Category 1 and 2 responders plus other relevant agencies (e.g. universities etc). It meets on a quarterly basis and is responsible for considering all aspects of pandemic influenza planning and for recommending strategies which may assist in the management of such an outbreak. Details of the membership and terms of reference of the group are shown at Appendices A and B.
- 3.3 In addition, a representative of the group sits on the Northumbria Mass Fatalities Group, which is also attended by Coroners and representatives from Funeral Directors, to look at issues surrounding potential increased numbers of fatalities.

## Strategic Priorities

- 3.4 There is likely to be little warning of a pandemic, therefore advance planning and preparedness are both essential. The National Framework identifies the strategic objectives in planning for an influenza pandemic as follows:
- To reduce the spread of pandemic influenza
  - To limit illness and deaths from pandemic influenza

- To slow or limit the spread of infection by supporting self care in the home and by taking care to the patient wherever possible
- To ensure assessment of all symptomatic patients rapidly and give prompt treatment with antiviral and other medicines where appropriate
- To ensure the continued delivery of essential services for people with influenza and its complications and for non-influenza patients
- To provide vaccination if and when suitable vaccines become available
- To make targeted and effective use of potentially scarce healthcare skills, facilities and resources
- To apply transparent, consistent and equitable admission criteria that reserve available hospital capacity for the most seriously ill who are likely to benefit
- To monitor the local epidemiology of the pandemic and maintain surveillance to inform local and national control measures and response arrangements
- To provide accurate, timely and authoritative advice and information to professionals, the public and the media
- To reduce the impact on health and social services as far as possible

## **Planning Assumptions**

3.5 The use of common planning assumptions is important to avoid confusion and to facilitate an integrated approach to preparedness. However, as the nature and impact of the pandemic virus cannot be known until it emerges, it is important to recognise that any impact predictions are estimates based on the best information currently available and that the actual impact may be very different. Therefore, response arrangements must be flexible enough to deal with a range of possibilities and be capable of adjustment as they are implemented.

3.6 Planning for pandemic influenza should be based on the following planning assumptions, as set out in the National Framework produced by the Department of Health:

- A pandemic could occur at any time and could spread to the UK within 2 to 4 weeks. Once in the UK it is likely to spread to all major population centres within 2 weeks
- A pandemic may occur in one or more waves, weeks or months apart, each likely to last between 12 and 15 weeks, with subsequent waves possibly being more severe than the first
- People will be highly infectious for up to 5 days from the onset of symptoms (longer for children) and may be absent from work for up to 10 days
- Up to 50% of the population may become symptomatic over the course of the pandemic and up to 25% of these may develop complications which will require support from GPs
- Up to 22% of influenza cases can be expected during the peak week of the pandemic
- Up to 28.5% of symptomatic patients (including all children under 3 years) will require assessment and treatment by a GP or appropriate healthcare professional
- Up to 4% of those who are symptomatic may require hospital admission (subject to sufficient capacity being available), with 25% of these requiring critical care
- The average stay in hospital will be up to 6 days for most patients and up to 10 days for those requiring critical care
- Up to 2.5% of those who are symptomatic may die (case fatality rate)
- Most health and social care will need to be delivered in the community setting, with hospital capacity reserved for those most in need
- Most symptomatic patients will be treated at home with antiviral medicines accessed via the National Flu Line service

- Up to 50% of staff may be off work due to sickness over the entire course of the pandemic. It is expected that it will build to a peak lasting two to three weeks when between 15-20% of staff will be absent for a period of seven to ten working days.
- However, there are likely to be additional levels of absence due to the need to care for family members who are ill with flu or for children due to the closure of schools etc

3.7 In essence, planning should be sufficiently robust to respond to a pandemic with one or more waves, each of around 15 weeks duration, and should account for a 50% clinical attack rate and a 2.5% case fatality rate. This will result in there being substantial demand for health and social care services in hospitals, primary care and community settings.

### **Impact**

3.8 In order to assist planning, estimates of the impact of an influenza pandemic in today's circumstances have been developed drawing where appropriate on previous pandemics and by scientific modelling of a range of potential scenarios. The LRF PIWG Resource Booklet shows the potential impact of pandemic influenza per 100,000 population given a 25% clinical attack rate and 0.4% case fatality rate (best case scenario) and a 50% clinical attack rate and 2.5% case fatality rate (worst case scenario). The LRF PIWG Resource Booklet details the potential numbers of fatalities for both scenarios on a local authority area and LRF level.

### **Absence from work**

3.9 Cabinet Office guidance ('Contingency Planning for a Possible Influenza Pandemic' 2007) emphasises the need for business continuity plans to include the potential impact of staff absent from work at the peak of the pandemic wave. These plans should ensure resilience to allow for up to 50% of the workforce requiring time off at some stage over the entire period of the pandemic. It is expected that it will build to a peak lasting two to three weeks

when between 15-20% of staff will be absent for a period of seven to ten working days.

3.10 Organisations will need to carry out their own risk assessments and consider that staff may be absent from work if :

- They are ill with flu
- They need to care for children or other family members
- They have non-flu medical problems
- Employers have asked staff to work from home
- There are other reasons (e.g. difficulties in travelling to work, fear of becoming ill)

### **Business Continuity**

3.11 All organisations must have robust business continuity plans in order to sustain essential services during a pandemic. These plans should be premised on the need to maintain essential, pre-determined services during a pandemic.

3.12 In carrying out business continuity planning, organisations will wish to consider how best to support national efforts to reduce the impact of the pandemic by:

- Taking all reasonable steps to ensure that employees who are ill are positively encouraged not to go to work
- Ensuring that employers and employees are made aware of advice on how to reduce the risk of infection during a pandemic
- Putting in place measures to maintain core business activities for several weeks at high levels of staff absenteeism, including options for remote working and expanding self-service and on-line options for customers and business partners. This may place excessive demand on internet and telecommunication services and such IT demands must be considered when developing business as usual strategies for home

or remote working. Early engagement with telecommunications providers is essential.

- Identifying those essential functions, posts and individuals whose loss or absence would place service continuity at particular risk
- Identifying which services could be curtailed or closed down during all, or the most intense period, of the pandemic
- Identifying inter-dependencies between organisations and ensuring they are resilient – e.g. by ensuring that supplier organisations delivering services under contract have appropriate arrangements in place themselves to sustain their service provision
- Factoring into their planning the presumption that medical counter-measures will not solve business continuity requirements because antiviral drugs for treatment will only lessen the severity of the illness. They will neither cure it nor significantly reduce absenteeism.

# Activation

## Alerting System

- 4.1 The WHO monitors influenza across the world and has developed a system of phases to describe changes in the likelihood of a pandemic occurring. National governments are informed whenever there is movement in the international phase.
- 4.2 Details of the phases and of their significance for the UK are set out in the table below. details of the current phase can be found on the World Health Organisation (WHO) website:  
[www.who.int/csr/disease/avian\\_influenza/phase/en/](http://www.who.int/csr/disease/avian_influenza/phase/en/)

WHO Phases		UK Alert Levels	Definitions
Inter Pandemic Period	Phase 1	UK Alert Level 0	No new influenza virus subtypes have been detected in humans
	Phase 2	UK Alert Level 0	No new influenza virus subtypes have been detected in humans
Pandemic Alert Period	Phase 3	UK Alert Level 0	Human infection(s) with a new subtype but no human to human spread
	Phase 4	UK Alert Level 0	Small cluster(s) with limited human to human transmission but spread is highly localised
	Phase 5	UK Alert Level 0	Large cluster(s) but human to human spread is still localised
Pandemic Period	Phase 6	UK Alert Level 1	Cases only outside the UK
		UK Alert Level 2	New virus isolated in the UK
		UK Alert Level 3	Outbreak(s) in the UK
		UK Alert Level 4	Widespread activity across the UK
Post Pandemic Period		UK Alert Level 0	Return to inter pandemic period

## **Notification**

- 4.3 Any change in the WHO phase will be notified by the Chief Medical Officer (CMO) to all Strategic Health Authorities, Primary Care Trusts, Ambulance Trusts, Acute Hospitals, Foundation Trusts, Mental Health Trusts, Health Protection Units and NHS Direct.

Activation Flowchart to be added once SCG protocol agreed

## Command and Control

- 5.1 Understanding how agencies will respond to a pandemic, both as separate entities and as a multi agency effort, is essential to ensuring an effective and co-ordinated response.
- 5.2 A summary of the key responsibilities and actions of Category 1 and 2 Responders is given at Appendix C.
- 5.3 All organisations should ensure that they have appropriate occupational health arrangements for staff and infection control protocols available in the event of a pandemic occurring.

### Northumbria Local Resilience Forum (LRF)

- 5.4 At the declaration of **WHO Phase 4** the Chair of the Northumbria LRF will liaise with Category 1 responders to discuss the raised alert level and consider the need for the declaration of 'major incident standby' and the establishment of the Strategic Co-ordination Group (SCG). Initial actions at this stage will include the activation of relevant plans and additional training requirements.

### Strategic Co-ordination Group (SCG)

- 5.5 The local response to and recovery from a pandemic will be co-ordinated through the establishment of a multi agency Strategic Co-ordination Group (SCG) which will convene at Northumbria Police Headquarters, Ponteland.
- 5.6 The SCG will be activated at **WHO Phase 6, UK Alert Level 1** and consideration given to declaring a 'major incident'.
- 5.7 The SCG will initially be chaired by Northumbria Police. However, this will be reviewed during the response to ensure that the lead of the SCG continues to reflect the strategic situation in Northumbria.

- 5.8 All organisations will adopt the command and control structures as laid out in their individual pandemic influenza contingency plans. On movement to **WHO Phase 6, UK Alert Level 1** they should identify an appropriate representative to attend the SCG on behalf of their organisation as and when requested.
- 5.9 A draft LRF / SCG activation protocol is given at Appendix D.

### **Regional Response**

- 5.10 At a regional level, the priority will be to support the SCG by providing advice and assistance as required, in order to add value to the response by ensuring appropriate levels of reporting to central government departments. In the event of further escalation of the pandemic, and under ministerial direction, a Regional Civil Contingencies Committee (RCCC) may be established. Its primary role will be to co-ordinate activities across the north east and ensure direct, consistent levels of reporting to central government.
- 5.11 The RCCC will work very closely with the Strategic Health Authority (SHA), which will have responsibility for overseeing the NHS response to the pandemic.

### **Science and Technical Advice Cell (STAC)**

- 5.12 At the request of the SCG or RCCC the Health Protection Agency (HPA) will establish a single regional Science and Technical Advice Cell (STAC) to provide specialist advice and guidance. The STAC will include representation from the HPA, Public Health and other appropriate scientific / environmental organisations.
- 5.13 Key areas / topics that will be addressed by the STAC include:
- The epidemiology and surveillance of the pandemic – reporting on national and local picture / developments and advising on local / regional surveillance requirements. This work will be carried out in close liaison with the information management cell of the SCG(s) which will

be collecting non health information about the impact of the pandemic at local / regional level

- Prevention and control measures including advice to healthcare providers, wider non health organisations and the general public. Any advice to the public will be co-ordinated through the media / communications strategy group (i.e. will not come direct from the STAC)
- The public health and environmental impact of the pandemic and any measures required to mitigate these effects

## **Data Collection and Reporting**

- 6.1 It will be necessary for all agencies to provide regular situation reports in respect of how the pandemic is impacting on their organisation and service provision.
- 6.2 This will need to be a co-ordinated process to reduce repetition and ensure a common response.
- 6.3 A blank situation report template can be found at Appendix E.

## Public Information / Media

7.1 It is essential that effective multi agency communication arrangements are in place in the event of an influenza pandemic in Northumbria.

7.2 Good communication relies on understanding the following:

- the target audiences
- the specific information needs of the target audience (what information do they require)
- How the information will be provided
- Who will provide the information

7.3 To be effective it is essential that arrangements are developed and maintained over three phases which correspond to those of the World Health Organisation (WHO).

**Before** an influenza pandemic (WHO phase 3, 4 ,5)

**During** an influenza pandemic (WHO phase 6)

**After** an influenza pandemic (Recovery)

7.4 A draft National Pandemic Flu Communications Strategy is being developed by the Department of Health which is currently the subject of consultation within the Department of Health

7.5 A draft Regional Communications Strategy has been produced by the Strategic Health Authority , in conjunction with the communications leads for each of the NHS Trusts in the Region.

7.6 An LRF Generic Communications Strategy has been developed the principles of which will be adopted where appropriate before, during and after an influenza pandemic.

- 7.7 Each agency within the LRF is developing specific communications plans detailing how the agencies intend to communicate with each other, their employees, the public (including vulnerable people), businesses and the media before, during and after a pandemic influenza outbreak. These will be consistent with the National and Regional strategy.
- 7.8 These plans will be invoked at the various stages of an influenza pandemic in accordance with the phases identified by the World Health Organisation (WHO)
- 7.9 It is important that these plans are co-ordinated at each phase of the pandemic. In the pre pandemic phase the co-ordination will be undertaken by the Northumbria Local Resilience Forum via the 'Communicating with the Public Sub Group'. During an influenza pandemic these will be co-ordinated by a Communications Group operating alongside the Strategic Co-ordinating Group. After a pandemic influenza this will be coordinated by the Communications Recovery Group.

## **Principles of Communications**

### **Target Audiences**

- 7.10 At every phase of an influenza pandemic (before, during and after) effective communication needs to take place:
- Between Agencies
  - Internally within each Agency
  - With the Public, (including vulnerable people, faith groups, non English speakers, travellers etc )
  - Businesses
  - The Media

### **Specific Information Needs**

7.11 It is important that clear messages are developed, maintained and disseminated consistently at each stage of the influenza pandemic. These should be tailored to the specific needs of the target audience described above. This will:

- assist agencies to prepare business continuity plans
- avoid confusion and panic during an influenza pandemic
- reduce the spread of infection during an influenza pandemic
- limit illness and deaths during an influenza pandemic
- prepare individuals and their families
- ensure the health and safety of employees
- protect the economy of the area

### **How will the Information be Given ?**

7.12 It is essential that clear methods of communication are developed for each responding organisation to be executed at each stage of the influenza pandemic in relation to the target audience described above. The general methods of communication will include the following:

- through the Media
- dedicated Information Lines
- Web Sites
- Printed / Oral Information - in specific formats targeted at vulnerable people, faith communities, non English speaking people

7.13 The details of these methods of communication will be contained within the communications plans of each agency within the LRF.

### **Who will provide the Information?**

- 7.14 It is essential that each responding organisation is aware of their own and other agencies roles, responsibilities and specific actions in communicating with the target audiences at each stage of the influenza pandemic.
- 7.15 In general terms, the Department of Health will take the lead role in developing and disseminating messages relating to public health. These will be supported and reinforced by all agencies within the Northumbria LRF both internally within agencies and externally with the public, businesses and the media in accordance with their individual communications plans.
- 7.16 All agencies within the Northumbria LRF will ensure that messages are developed and disseminated in connection with their business continuity arrangements at each stage of the pandemic tailored to the specific needs of the target audience (including vulnerable people) in accordance with their individual communications plans.

### **Mutual Aid Arrangements**

- 7.17 In the event of an influenza pandemic, the resources of all agencies are likely will be stretched to capacity. Generic mutual aid arrangements for emergency response exist for Local Authorities across the Northumbria LRF and a Regional Media Emergency Forum (RMEF) Mutual Aid Protocol for communications is under development.

# Support to the Health Response

## Antiviral Medication

- 8.1 The Department of Health is in the process of establishing a stockpile of antiviral medicines to allow for the treatment of all symptomatic patients in line with planning assumptions that up to 50% of the population will become ill. Antivirals act independently of vaccination and provide additional barriers to the virus. Present guidance is that antivirals should only be used to treat acute cases and within 48 hours of onset of the illness, to shorten illness duration and reduce symptoms. This intervention is expected to reduce the numbers of hospitalisations needed and numbers of deaths.

## National Flu Line

- 8.2 At the height of the influenza pandemic up to 22,000 people per day (based on a 50% clinical attack rate) may be contracting influenza in Northumbria. Many of these will be seeking advice and treatment from the NHS. Current planning is that there will be a National Flu Helpline service, operated by NHS Direct, which will endeavour to manage new cases by maintaining self care. This National Flu Helpline anticipates that it could receive up to 1.5 million calls on some peak days.
- 8.3 Access to the National Flu Line service will be by personal triage, automated option, and electronic web submission. These are currently being developed, and it is anticipated that 30-40% of people will use the direct calling service, with the remainder accessing help via auto / web links. In terms of numbers of people accessing these services, up to 4 million 'contacts' could be made on some peak days.
- 8.4 Callers will be triaged into three groups:
- Those needing advice – callers will receive advice through NHS Direct
  - Those needing to attend an antiviral distribution centre to receive antiviral medication – callers will receive a unique reference number

which a 'flu friend' (non-symptomatic person) will attend and collect the medication for the affected patient.

- Those needing to see a primary health care professional – either by advising them to contact their GP or developing a route to transfer this information dynamically to the PCT / GP Practice

8.5 The Flu-line will be linked to antiviral collection points where interface will support patient verification and stock management. The service is expected to be ready by early 2009.

### **Self Help / Infection Control Measures**

8.6 The public health messages from the Department of Health will encourage self help measures to reduce the risk of individuals becoming infected, both through personal responsibility for self protection and social responsibility to lessen the spread and protect others. Some of the key messages will include:

- If you do catch flu – stay at home, take medicines such as aspirin, ibuprofen or paracetamol to relieve the symptoms and drink plenty of fluids
- Infected people should stay at home for the duration of their illness – minimising their contact with uninfected people in the house
- People developing symptoms whilst away from home should return home as quickly as possible

8.7 These will be backed up by a number of infection control messages including:

- People can reduce the risk of spreading flu in a pandemic by covering their mouth and nose with disposable tissues when coughing or sneezing to minimise the spread of droplets
- Dirty tissues should be disposed of promptly and carefully
- Good basic hygiene should be maintained by all and people who are caring for those who are ill should wash their hands regularly, preferably

using a liquid soap, for about 25 seconds after close contact with an infected person and particularly before touching food

- Hard surfaces in the home should be regularly cleaned with an appropriate household cleaner

### **Use of face masks**

- 8.8 There is no evidence to suggest that uninfected people will enhance their protection from the virus by using face masks, unless they are in close frequent contact with an infected relative at home.

### **Pre-pandemic vaccination**

- 8.9 Pre-first wave immunisation with an influenza vaccine related to the pandemic strain might offer some limited protection and, given sufficient stocks, could be used to provide partial protection for workers likely to be frequently exposed to symptomatic patients or key staff crucial to the maintenance of essential services. Pre-pandemic vaccination would be initiated based on national and international expert advice and delivery would primarily be the responsibility of employers.
- 8.10 Pre-pandemic vaccination of those most likely to spread the disease or suffer complications could also help reduce hospitalisations and deaths in vulnerable groups. Decisions on use would need to follow assessments of the likely degree of cross-protection afforded (if any) and a balance of risks against benefits as the pandemic alert phases change.
- 8.11 More widespread immunisation with a pre-pandemic vaccine could have a substantial effect, but this would require large stocks of such a vaccine and is not currently part of the Department of Health's plans. Anticipating a suitable vaccine strain also has the inherent risk of it being ineffective against the ultimate pandemic strain.

## **Pandemic Specific Vaccination**

- 8.12 The lead time before a pandemic specific vaccine is likely to be available is four to six months after a pandemic first strikes. Once available, the Department of Health intends to order sufficient vaccine for the whole population, however initially the vaccine may be in short supply and may have to be administered to pre-determined priority groups which will be identified nationally.
- 8.13 It is the responsibility of each Primary Care Organisation to estimate local vaccine needs and to ensure distribution and administration of the vaccine as it becomes available.

## Vulnerable Groups

- 9.1 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.
- 9.2 For certain risk groups in the population, prior immunisation with pneumococcal vaccine may reduce the risk of complications from influenza and therefore every effort should be made to optimise uptake of the seasonal influenza vaccine and of the pneumococcal vaccine during the inter pandemic phase.
- 9.3 If working age adults are predominantly affected this will have a more serious impact on service provision and business continuity, whereas illness in the young and the elderly may present a greater burden to health and social care services.

### Demographic Profile

- 9.4 The demographic profile of Northumbria is as follows:

Area	Population	Age range (%)		
		0-15 yrs	16-59/64	60/65+
Northumberland	310,000	17.7	63.7	18.6
Tyne and Wear	1,090,800	19.5	58.6	21.9

<b>Household and Family Types (%)</b>	<b>Northumberland</b>	<b>Tyne and Wear</b>
One person	28.93	32.6
All pensioners	25.65	25.1
Single pensioner household	15.51	16.3
Couple – no children	20.01	15.6
Lone parent and non-dependent children	2.87	3.7
Couple and non-dependent children	7.16	7.0
Lone parent and dependent children	5.66	7.7
Couple and dependent children	22.31	19.3

<b>Ethnic Group Population (%)</b>	<b>Northumberland</b>	<b>Tyne and Wear</b>
White	99.03	96.8
Mixed	0.29	0.6
Asian or Asian British	0.39	1.8
Black or Black British	0.06	0.2
Chinese or other	0.22	0.6

- 9.5 The newly established Northumbria Vulnerability Group is working to develop an LRF plan to manage the identification and coordination of support to vulnerable individuals and groups within a social care setting. .

### **Voluntary Agencies**

- 9.6 During the normal day-to-day course of their lives, many people are supported by agencies from within either the voluntary or private care sector. In order to ensure that this experience is used and reflected within the planning environment, the third sector will be represented on the LRF Vulnerability Group. Their role will be as equal partners in developing the work area and they will act alongside representatives from the statutory social care organisations to be the critical friends of the resilience planners on the group.

## **Pandemic Influenza Deaths**

- 10.1 The impact of any future pandemic is unpredictable and mortality rates are likely to vary between different age groups. During the 1918 pandemic the 15-44 and under 5 age groups suffered high mortality rates, in the 1957 pandemic the over 55 age group were worst affected and in 1968 working age adults bore the brunt of the pandemic. As the pandemic starts and progresses worldwide, surveillance by the WHO and the HPA will help to identify the pattern and inform local responses.
- 10.2 In Northumbria, there are about 15,000 deaths each year of which about 2,100 are from respiratory diseases including influenza. Pandemic influenza with a clinical attack rate of up to 50% is expected to increase the numbers of deaths by between 2,800 (0.4% of those affected) and 17,600 (2.5% of those affected) over the period of a pandemic, with between 600 to 3,800 deaths per week at the peak of the pandemic (based on a 15 week pandemic wave).
- 10.3 The newly established Northumbria Excess Deaths Group is working to develop an LRF plan to manage continuity issues. This work will further consolidate and build on existing business continuity plans.

## **Social Measures**

- 11.1 The demands and uncertainties associated with an influenza pandemic require flexible plans based on a combination of strategies in order to ensure an effective and sustainable multi agency response.
- 11.2 National guidance considers the need for possible measures such as the postponing of public gatherings and events, restriction of travel, port health measures and advice on possible closure of schools.
- 11.3 The Government will need to make final decisions about (and issue advice on) the application, escalation or scaling down of any social measures as the exact nature or impact of the emerging virus becomes evident.
- 11.4 However the implications of such measures could have serious consequences on the ability of many organisations to maintain critical services - e.g. public transport and the closure of schools could affect all services by carers staying at home.

### **Public Order**

- 11.5 In a pandemic it is possible that Northumbria Police will be subject to increased demands on their resources according to the circumstances of the pandemic on the population. The maintenance of public order is a force priority and will be considered in line with available resources and other demands placed on the force. Any alteration of priorities for response will be the decision of the Northumbria Police Chief Officer Team as a result of dynamic risk assessments and as such cannot be pre-empted.

### **Public Gatherings and Events**

- 11.6 Large public gatherings or crowded events where people may be in close proximity are an important indicator of 'normality' and can help maintain public morale during a pandemic. Whilst close contact with others (especially in a crowded confined space) accelerates the spread of an influenza virus,

there is little direct evidence of the benefits or effects of cancelling such gatherings or events. Individuals may benefit from reduced exposure by not attending such events, but there would be very little benefit to the overall community. Decisions about public gatherings will need to be taken by event organisers and / or appropriate governing bodies in conjunction with partner agencies in light of the information and circumstances at the time.

- 11.7 If international events are due to be held in the UK with participants from affected areas, the Government may recommend postponement of these.

### **Restriction of Travel**

- 11.8 The movement of people is a significant determinant of the speed of spread of infectious diseases and the UK, as a major destination and international travel hub, is particularly vulnerable. However, modelling and evidence from previous outbreaks of infectious diseases suggest that no practical level of travel restriction is likely to allow a country to avoid a pandemic altogether.
- 11.9 The possible health benefits that may accrue from international travel restrictions or border closures need to be considered in the context of the practicality, proportionality and potential effectiveness of imposing them, balanced against their wider social and economic consequences.

### **Port Health Arrangements**

- 11.10 The Health Protection Agency is working with the Department of Health and the cross governmental Flu Group to develop a framework for port health response to an influenza pandemic. Key elements will include:
- A layered approach consisting of actions pre-embarkation, en-route and upon arrival for each of the main modes of transport
  - Exit screening at international departure points once the pandemic virus is identified in the UK

- Arrangements for post exposure prophylaxis for those exposed to infected cases during travel and surveillance for those defined as 'exposed'
- Priority to be given for rapid investigation of any ill passengers during WHO Phase 6, UK Alert Level 1
- Arrangements for the referral of ill passengers into appropriate healthcare systems on arrival at the UK

11.11 Development of operational plans and guidance, clinical algorithms and patient information leaflets for the management of cases and contacts during the WHO phases / UK alert levels of pandemic are being developed.

### **School Closures**

11.12 Influenza transmits readily wherever people are in close contact and is likely to spread particularly rapidly in schools. As children will have no residual immunity, they could be amongst the groups worst affected – in the 1957 pandemic, up to 50% of schoolchildren developed influenza and in some residential schools attack rates reached up to 90%.

11.13 Advising all schools in an affected area to close may therefore offer the most practical option. Whilst this would disrupt education and have a significant negative effect on services and businesses, particularly those highly dependent on working parents, these disadvantages would be outweighed by the children's lives saved. The same would apply to group early years / childcare settings where groups of children and parents often mix.

11.14 The Government would take decisions on whether or not to advise closures on the basis of an assessment of the emerging characteristics and impact as the pandemic develops. The trigger for advice to close would be confirmation of initial cases in the area.

11.15 The decision on whether or not to close a school will normally remain for local determination having regard for the possibility that such establishments

may have insufficient staff and / or pupils / students to remain open and for the possible implications for increased work absence because of workers' child-care responsibilities.

- 11.16 Local authorities will use existing information cascade systems or protocols to notify schools of the current situation and provide any necessary advice regarding the closure of schools. These notification systems form part of emergency response arrangements with each local authority.

### **Higher / Further Education**

- 11.17 Within the north east region, Higher and Further Education institutions are major employers with large student populations and therefore pandemic influenza could have a disproportional affect on this diverse group.
- 11.18 Early consideration must be given to the fact that students and staff may have come from affected areas and may have been exposed to the virus, as well as the close proximity of students in halls of residence which may facilitate the spread of the virus. Furthermore, many students (especially foreign students) may be living away from their families, having little social support and may not be registered with local GP practices therefore limiting access to antiviral medications and vaccines.

# Recovery

- 12.1 The process of recovery should begin as early as possible. The SCG should undertake an ongoing assessment of the impact as the pandemic begins and as it progresses, taking account of the decisions made locally and nationally which have implemented changes, or impacted upon, local services in Northumbria. 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.
- 12.2 The SCG will need to consider a long term recovery process for all services to return to normal business and may need to carry out an analysis of gaps in services such as the resources across Category 1 and 2 Responders.
- 12.3 In order to address recovery issues with a range of responders, a Recovery Coordinating Group (RCG) will be established. The RCG brings together the key agencies involved and is led by a senior officer if the agency most appropriate to the task. The SCG would establish this group to act as a sub group. In many cases, the RCG will be led by the local authority, given its functions in relation to the remediation of the physical environment, co-ordination of welfare support and community leadership.
- 12.4 The RCG will seek to:
- ensure that longer-term recovery priorities are reflected in the planning and execution of the response;
  - ensure that relevant organisations in the public, private and voluntary sectors are engaged in the recovery effort from the earliest opportunity; and
  - ensure continuity of the management of the emergency once the response phase has been concluded.

## Pandemic Influenza Working Group (PIWG) Membership

### Category 1 Responders:

NHS North of Tyne (Newcastle and North Tyneside Primary Care Trusts and Northumberland Care Trust)	Northumbria Police
NHS South of Tyne and Wear (Gateshead, South Tyneside and Sunderland Primary Care Trusts)	British Transport Police
Northumbria Healthcare NHS Foundation Trust	Northumberland Fire and Rescue Service
Newcastle Hospitals NHS Foundation Trust	Tyne and Wear Fire and Rescue Service
Gateshead Health NHS Foundation Trust	Northumberland County Council
South Tyneside NHS Foundation Trust	North Tyneside Council
City Hospitals Sunderland NHS Foundation Trust	Newcastle City Council Gateshead Council
North East Ambulance Service NHS Trust	South Tyneside Council
Health Protection Agency	Sunderland City Council
River Blyth Port Health Authority	Maritime and Coastguard Agency
Tyne Port Health Authority	Environment Agency

### Category 2 Responders:

Strategic Health Authority	Newcastle International Airport
Northumbrian Water Ltd	Network Rail
CE Electric UK (NEDL)	Nexus / Metro
Northern Gas Networks	Train Operating Companies
National Grid Transco	Highways Agency
BT	Port of Blyth
Orange / Mobile Providers	Port of Tyne Port of Sunderland

**Other Organisations:**

Spire Washington Hospital

Nuffield Newcastle Hospital

St Oswald's Hospice

NHS Direct

Military

Prison Healthcare

Crown Prosecution Service

COI

Tyne and Wear EPU

Government Office North East

Newcastle upon Tyne University

Sunderland University

Voluntary Sector (via NVAG)

Business Sector (via BCMG)

Coroners / Funeral Directors (via NMFG)

HSE

## **Pandemic Influenza Working Group (PIWG)**

### **Terms of Reference**

#### **Aim:**

To consider all aspects of pandemic influenza planning and preparedness and recommend strategies which may assist in the management of such an outbreak, which is currently considered to be the primary risk on the Northumbria LRF Community Risk Register.

#### **Terms of Reference:**

1. To provide advice and guidance in respect of pandemic influenza planning and preparedness.
2. To promote a common approach to planning and ensure that, as far as possible, pandemic influenza plans and policies are integrated throughout the Northumbria LRF area and that the same planning assumptions are being worked to.
3. To produce a generic strategic framework to assist with a co-ordinated response across partner agencies.
4. To identify and resolve problems where possible, referring issues to the LRF or RRF where a strategic or regional response is required.
5. To liaise with other LRF groups as required (e.g. Business Continuity Group, Mass Fatalities Group).
6. To maintain an overview and understanding of current / new national guidance and provide advice on this where appropriate.
7. To assess appropriate training and exercising requirements and ensure these are notified to the Exercise and Training Group.

8. To share lessons learned and best practice identified pertinent to pandemic influenza planning and preparedness.
9. To identify the infrastructure and equipment required to respond to pandemic influenza and, where possible, where this can be obtained from.
10. To co-ordinate local planning with regional and national activity as appropriate.
11. To provide updates and reports to the General Working Group (GWG) and Local Resilience Forum (LRF) as required.

## Key Responsibilities and Actions of All Category 1 and 2 Responders WHO Phases 1-5 (Pandemic Alert Period)

All Category 1 and 2 Responders	Key Responsibilities and Actions
	<ul style="list-style-type: none"> <li>• Designate a pandemic influenza co-ordinator to lead on the development of effective organisational pandemic planning including the production of response and business continuity plans</li> <li>• Establish organisational pandemic influenza planning committees</li> <li>• Ensure all plans are regularly maintained, tested and reviewed in light of any new / amended information or guidance</li> <li>• Identify critical and essential services / roles and determine minimum levels of staff to maintain these</li> <li>• Identify and agree appropriate trigger levels and thresholds for activation of internal plans</li> <li>• Develop, maintain and communicate appropriate information, advice and guidance for staff, contractors, customers / service users and partner agencies</li> <li>• Ensure staff are provided with appropriate training in respect of pandemic influenza preparedness and response</li> <li>• Establish and maintain liaison with external agencies / organisations and participate in multi agency training and exercises as required</li> <li>• Agree internal and cross agency command, control and co-ordination arrangements</li> <li>• Participate in multi agency planning for pandemic influenza and provide an appropriate representative to sit on the Northumbria Pandemic Influenza Working Group (PIWG)</li> <li>• Attend extraordinary meetings of the Local Resilience Forum (LRF) as necessary</li> <li>• Advise staff, key stakeholders and partners of any change to phase or alert levels</li> </ul>

## Key Responsibilities and Actions of Individual Category 1 and 2 Responders WHO Phases 1-5 (Pandemic Alert Period)

Category 1 Responder	Key Responsibilities and Actions
<b>Primary Care Trusts</b>	<ul style="list-style-type: none"> <li>• 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</li> <li>• In conjunction with local partners, develop arrangements for providing an effective and sustainable community based response during a pandemic</li> <li>• Establish cross health planning for pandemic influenza</li> </ul>
<b>Hospital Trusts</b>	<ul style="list-style-type: none"> <li>• Develop contingency arrangement to create the significant additional capacity necessary to provide acute care</li> <li>• Make contingency arrangements for the expansion of specialist care</li> <li>• Support the PCT in co-ordinating and integrating organisational plans</li> </ul>
<b>North East Ambulance Service</b>	<ul style="list-style-type: none"> <li>• Develop appropriate service continuity plans for a potential increased demand on resources during a pandemic</li> <li>• Identify the chair and membership of the Pandemic Management Team (PMT)</li> </ul>

## Key Responsibilities and Actions of Individual Category 1 and 2 Responders WHO Phases 1-5 (Pandemic Alert Period)

Category 1 Responder	Key Responsibilities and Actions
<b>Northumberland / Tyne and Wear Fire and Rescue Services</b>	<ul style="list-style-type: none"> <li>• As per generic responsibilities and actions for all Category 1 and 2 responders</li> </ul>
<b>Northumbria Police</b>	<ul style="list-style-type: none"> <li>• Link at a sub-regional level to LRF's</li> <li>• Participate in planning groups to discuss, plan and share best practice where appropriate</li> </ul> <p>At phase 3 the response will be:</p> <ul style="list-style-type: none"> <li>• Initiate urgent review of business / service continuity arrangements</li> <li>• Monitor and review pandemic risk assessment</li> <li>• Initiate urgent review of emerging information and guidance</li> <li>• Ensure policy / preparedness issues are addressed both internally and multi agency</li> <li>• Consider adjustment of response strategies in respect of optimal practices</li> <li>• Accelerate, consolidate and test preparedness efforts</li> <li>• Review / test communication links and preparedness</li> <li>• Ensure co-ordination arrangements are agreed and in place</li> </ul> <p>At phase 4 the response will be:</p> <ul style="list-style-type: none"> <li>• Monitor and review pandemic risk assessment</li> <li>• Response plans ready for instant implementation</li> </ul>

	<ul style="list-style-type: none"> <li>• Attend meetings of LRF pan flu sub group as required</li> </ul> <p>At phase 5 the response will be:</p> <ul style="list-style-type: none"> <li>• Response plans ready for instant implementation</li> <li>• Monitor and review pandemic risk assessment</li> <li>• Consider activation of force business continuity plans, working with key stakeholders</li> <li>• Attend meetings of LRF pan flu sub group as required</li> </ul>
<p><b>British Transport Police</b></p>	<ul style="list-style-type: none"> <li>• <b>Awaiting further information from organisation</b></li> </ul>
<p><b>Local Authorities</b> (supported by Emergency Planning Unit/Department)</p>	<ul style="list-style-type: none"> <li>• Prepare plans to provide a reasonable level of education for all children in their area if pupils are unable to attend schools during a pandemic</li> <li>• Ensure up to date contact details are maintained for all schools and early years providers, so that they are able to receive and disseminate information, advice and guidance effectively</li> <li>• Provision of business continuity advice and assistance to businesses and voluntary organisations</li> <li>• In conjunction with other agencies lead the development of arrangements for managing the demands of the projected increase in deaths during a pandemic and ensure that these are shared with partner agencies</li> <li>• Agree with local voluntary agencies how they may support the local authority or be able to provide services</li> <li>• Work with PCTs and other social care partners to develop and maintain local plans</li> </ul>

## Key Responsibilities and Actions of Individual Category 1 and 2 Responders

### WHO Phases 1-5 (Pandemic Alert Period)

Category 1 Responder	Key Responsibilities and Actions
Health Protection Agency (HPA)	<ul style="list-style-type: none"> <li>• Support the Department of Health (DH) and NHS response to pandemic influenza, providing specialist advice, expertise and information</li> <li>• Support the development and testing of local health response and multi agency plans</li> <li>• Develop and maintain national, regional and local influenza surveillance and reporting systems</li> <li>• Provide guidance on arrangements for early detection, alert and management of suspected UK cases and contacts</li> </ul> <p><b>At WHO Phase 4:</b></p> <ul style="list-style-type: none"> <li>• Closely monitor the international situation and advise on the risk to UK public health</li> <li>• Liaise with the Department of Health regarding advice for travellers</li> <li>• Heighten surveillance for imported cases of infection, particularly in those communities which have close links with sites of confirmed infection clusters</li> <li>• Agree and disseminate arrangements for managing suspected or confirmed cases at points of entry to the UK (including ports and airports)</li> <li>• Support local NHS investigation and management of incidents or clusters</li> </ul> <p><b>At WHO Phase 5:</b></p> <ul style="list-style-type: none"> <li>• Assess epidemiology of the disease and efficiency of infection</li> <li>• Establish a routine for collecting, collating and analysing information and provide interpretation of surveillance data</li> </ul>

## Key Responsibilities and Actions of Individual Category 1 and 2 Responders WHO Phases 1-5 (Pandemic Alert Period)

Category 1 Responder	Key Responsibilities and Actions
<b>Port Health</b>	<ul style="list-style-type: none"> <li>• Awaiting further information from organisation</li> </ul>
<b>Maritime and Coastguard Agency (MCA)</b>	<ul style="list-style-type: none"> <li>• Awaiting further information from organisation</li> </ul>
<b>Environment Agency</b>	<ul style="list-style-type: none"> <li>• Maintain an effective response plan which sits alongside current business continuity plans</li> <li>• Make staff aware of the requirements of the plan</li> <li>• Share relevant aspects of the plan that could impact on LRF partners</li> <li>• Exercise and review the plan</li> </ul>

## Key Responsibilities and Actions of Individual Category 1 and 2 Responders

### WHO Phases 1-5 (Pandemic Alert Period)

Category 2 Responder	Key Responsibilities and Actions
<b>Strategic Health Authority</b>	<ul style="list-style-type: none"> <li>• Work closely with the HPA and PCTs to ensure local pandemic response plans are developed in line with national guidance, maintained and tested</li> <li>• Monitor the preparedness of NHS Trusts in the North East via regular assessment and testing of plans</li> <li>• Ensure command, control and co-ordination arrangements are agreed and tested</li> <li>• Develop and co-ordinate the regional communications and media strategy, ensuring that effective information and reporting channels are in place</li> <li>• Ensure arrangements are in place to identify, investigate, report and manage any suspected cases of infection within the North East</li> <li>• Establish and chair a regional Flu group for health partners</li> <li>• Provide NHS input into pandemic planning at a regional level in conjunction with the local health economy</li> <li>• Ensure appropriate regional response and continuity plans are developed, maintained and tested</li> <li>• Act as a conduit of information to and from Government Office North East (GO-NE) and the Department of Health</li> </ul> <p><b>At WHO Phase 4:</b></p> <ul style="list-style-type: none"> <li>• Consider initiating measures to enhance and preserve essential supplies and finalise plans for pre distribution of any stockpiled items</li> <li>• Activate local and regional co-ordination and communication arrangements</li> </ul>

## Key Responsibilities and Actions of Individual Category 1 and 2 Responders WHO Phases 1-5 (Pandemic Alert Period)

Category 2 Responder	Key Responsibilities and Actions
<b>Utilities</b>	<ul style="list-style-type: none"> <li>• Awaiting further information from organisation GO-NE to address</li> </ul>
<b>Telecommunication Companies</b>	<p><b>BT plc</b></p> <ul style="list-style-type: none"> <li>• Planning phase – provide a BT Local Liaison Manager to assist in planning telecommunications needs via the LRF Telecommunications Sub Group</li> <li>• Response phase – once BT are notified on the BT Emergency Linkline (0845 7555 999) the BT Local Liaison Manager will engage with the SCG</li> </ul> <p><b>Mobile Providers (Virgin Media / Telefonica O2 / Vodaphone / Orange / T-Mobile / 3)</b></p> <ul style="list-style-type: none"> <li>• Awaiting further information from organisation – to be addressed and developed via LRF Resilient Communications Sub Group</li> </ul> <p><b>Internet Service Providers</b></p> <ul style="list-style-type: none"> <li>• Awaiting further information from organisation - Development of these actions to be addressed by Hermione Mallett, Orange</li> </ul>
<b>Transport Operators</b>	<ul style="list-style-type: none"> <li>• Awaiting further information from organisation GO-NE to address</li> </ul>
<b>Ports</b>	<ul style="list-style-type: none"> <li>• Awaiting further information from organisation</li> </ul>

## Key Responsibilities and Actions of Other Organisations WHO Phases 1-5 (Pandemic Alert Period)

Other Organisations	Key Responsibilities and Actions
<b>Government Office North East (GO-NE)</b>	<ul style="list-style-type: none"><li>• Provide support in respect of pandemic planning for LRFs as necessary</li><li>• Link into national arrangements and provide a regional steer</li><li>• Liaise with the Strategic Health Authority (SHA) regarding co-ordination arrangements</li><li>• Participate in local and regional training events or exercises as required</li></ul>

**Key Responsibilities and Actions of All Category 1 and 2 Responders  
WHO Phase 6, UK Alert Level 1 and above (Pandemic Period)**

Category 1 Responder	Key Responsibilities and Actions
<b>All Category 1 and 2 Responders</b>	<ul style="list-style-type: none"> <li>• Notify appropriate personnel / partners of any changes to the alert levels</li> <li>• Implement relevant contingency plans / arrangements</li> <li>• Ensure critical and essential services are maintained</li> <li>• Assess any additional training needs and make necessary arrangements for provision of these</li> <li>• Provide appropriate representation at the Strategic Co-ordination Group (SCG) when convened</li> <li>• Monitor the impact of the pandemic on service provision and give regular situation reports to the SCG / RCCC (as appropriate) in accordance with the agreed battle rhythm</li> <li>• Remain informed of any SCG / RCCC decisions and develop appropriate strategies to implement them</li> <li>• Request / provide mutual aid as appropriate</li> <li>• As appropriate, review planning assumptions and response plans in light of emerging information and / or new guidance</li> <li>• Communicate any relevant service or policy changes to partners, especially where these may affect them</li> </ul>

## Key Responsibilities and Actions of Individual Category 1 and 2 Responders WHO Phase 6, UK Alert Level 1 and above (Pandemic Period)

Category 1 Responder	Key Responsibilities and Actions
<b>Primary Care Trusts</b>	<ul style="list-style-type: none"> <li>• Co-ordinate the health response within the PCO area, ensuring the most effective deployment of available resources</li> <li>• Convene and chair cross health pandemic influenza meetings to receive and assess information / guidance and provide direction for local operational management teams</li> <li>• In partnership with the local authority, make decisions relating to health, social care and community issues and advise the SHA accordingly</li> <li>• Maintain daily assessments of the spread of the pandemic and the impact on services</li> <li>• Advise the local population on self-care and when, where and how to seek medical assistance</li> <li>• Lead arrangements for supporting community assessment and self care</li> <li>• Mobilise the resources of general practice</li> <li>• Issue antiviral medicines through the agreed distribution mechanism</li> <li>• Ensure arrangements are in place to provide treatment and advice for relevant patients (including children under 7, at risk groups and those with complications of influenza)</li> <li>• Monitor and report local progress and development of the disease</li> <li>• Provide advice and co-ordination</li> <li>• Monitor and support public health and NHS response</li> <li>• Attend SCG meetings on behalf of all NHS services within the PCT area</li> </ul>

**Key Responsibilities and Actions of Individual Category 1 and 2 Responders  
WHO Phase 6, UK Alert Level 1 and above (Pandemic Period)**

Category 1 Responder	Key Responsibilities and Actions
<b>Hospital Trusts</b>	<ul style="list-style-type: none"> <li>• Implement agreed contingency arrangements to provide additional capacity</li> <li>• consider suspending non-emergency activity when required to free capacity and staff</li> <li>• Monitor staffing levels and redeploy to priority areas as necessary</li> <li>• Work across / outside organisational boundaries to support community and primary care</li> <li>• Provide patient transport, logistical and other support as necessary</li> <li>• Provide an appropriate representative to attend the cross health pandemic influenza meetings convened by the PCO</li> </ul>
<b>North East Ambulance Service</b>	<ul style="list-style-type: none"> <li>• Maintenance of core capability to respond to category A patients within 8 minutes</li> <li>• Timely recognition of symptomatic patients</li> <li>• The transportation of symptomatic patients requiring hospital treatment or admission</li> <li>• Local risk assessments to inform decisions on control and protective measures</li> <li>• Providing personal protective equipment (PPE) if occupational risk assessments have indicated that to be necessary and ensuring that staff are trained in its correct wear, limitations and use</li> </ul>

**Key Responsibilities and Actions of Individual Category 1 and 2 Responders  
WHO Phase 6, UK Alert Level 1 and above (Pandemic Period)**

Category 1 Responder	Key Responsibilities and Actions
<b>North East Ambulance Service (continued)</b>	<ul style="list-style-type: none"> <li>• The consistent application of basic hygiene and infection control measures. Reinforcing standard infection control protocols and procedures</li> <li>• Ensuring that staff are well informed about and adhere to procedures for the prevention of influenza transmission</li> <li>• Implementing enhanced cleaning routines to minimise the risk from contact with hard surfaces.</li> <li>• Vehicle cleaning will present a particular level of difficulty. Crews will need to be given sufficient time to clean and re-clean vehicles as required. It may be necessary to consider the introduction of specific vehicle cleaners.</li> </ul>
<b>Northumberland / Tyne and Wear Fire and Rescue Services</b>	<ul style="list-style-type: none"> <li>• Activate the Service Pandemic Influenza Business Continuity Plan</li> <li>• Senior Management Team (SMT) / Emergency Management Group (EMG) to convene and manage the FRS response in line with LRF arrangements</li> <li>• Issue guidance on health and hygiene to all staff</li> <li>• Cancel non emergency activities when necessary to ensure critical functions are maintained</li> <li>• Implement enhanced cleaning routines and ensure staff adhere to the procedures</li> </ul>

## Key Responsibilities and Actions of Individual Category 1 and 2 Responders WHO Phase 6, UK Alert Level 1 and above (Pandemic Period)

Category 1 Responder	Key Responsibilities and Actions
<b>Northumbria Police – confirm wording with Lucy Kerr</b>	<ul style="list-style-type: none"> <li>• Activate Force pandemic influenza and business continuity plans where directed by Chief Officer Team, based upon dynamic risk assessments of the circumstances.</li> <li>• Northumbria Police will endeavour to support the agencies with responsibility for the management of traffic, such as the Highways Agency and local authorities, in light of the expected impact of the pandemic on the Force and its resources.</li> <li>• Incidents of public disorder at vaccination or antiviral centres will receive a proportionate response by the police, taking into account the nature of the incident, demands on the Force and Force contingency plans.</li> <li>• Attend RCCC meetings</li> <li>• Co-ordinate and present regular situation reports on impact on policing services as required</li> <li>• Take part in LRF meetings as and when required.</li> <li>• Take part in SCG meetings as and when required – see SCG protocol for pan flu.</li> </ul>
<b>British Transport Police</b>	<ul style="list-style-type: none"> <li>• <b>Awaiting further information from organisation</b></li> </ul>
<b>Local Authorities</b> (supported by Emergency Planning Unit/Department)	<ul style="list-style-type: none"> <li>• Inform schools and childcare providers of any phase / alert changes</li> <li>• Provide advice / guidance as to action to take. However, schools and childcare providers are responsible for making final decision on whether to close</li> <li>• Provision of social care services</li> </ul>

## Key Responsibilities and Actions of Individual Category 1 and 2 Responders WHO Phase 6, UK Alert Level 1 and above (Pandemic Period)

Category 1 Responder	Key Responsibilities and Actions
<b>Health Protection Agency (HPA)</b>	<ul style="list-style-type: none"> <li>• Activate the agency's emergency arrangements for strengthening surveillance (especially in those groups like to be exposed to infection) and the provision of specialist advice and information</li> <li>• Establish liaison with the Department of Health Co-ordinating Centre, Regional Director of Public Health (RDPH) and the NHS at local level</li> <li>• Notify the Department of Health of any suspected or confirmed cases</li> <li>• Provide a central focal point for receipt, analysis and interpretation of data</li> <li>• Monitor laboratory services: co-ordinate / strengthen as required</li> <li>• Collect, analyse and publish data</li> <li>• Monitor and assess the progress of the pandemic</li> <li>• Provide advice / information to inform decisions on vaccination, anti-virals and public health measures</li> <li>• Maintain appropriate professional guidelines</li> <li>• Support the provision of public advice and information</li> <li>• If appropriate, support the NHS in implementing any vaccination programme and monitor the take up of vaccine</li> </ul>

## Key Responsibilities and Actions of Individual Category 1 and 2 Responders WHO Phase 6, UK Alert Level 1 and above (Pandemic Period)

Category 1 Responder	Key Responsibilities and Actions
<b>Port Health</b>	<ul style="list-style-type: none"> <li>• Awaiting further information from organisation</li> </ul>
<b>Maritime and Coastguard Agency (MCA)</b>	<ul style="list-style-type: none"> <li>• Awaiting further information from organisation</li> </ul>
<b>Environment Agency</b>	<ul style="list-style-type: none"> <li>• At UK Alert Level 1 prepare to activate business recovery plans</li> <li>• When the virus reaches the UK and the situation escalates to Alert Level 2, activate business recovery plans in affected regions</li> <li>• The Strategic Managers, taking into account the requirements of the 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</li> <li>• Provide resources to the multi agency response wherever possible and where this does not compromise regulatory responsibilities</li> <li>• Provide advice and guidance on waste management issues and protection of controlled waters</li> </ul>

## Key Responsibilities and Actions of Individual Category 1 and 2 Responders WHO Phase 6, UK Alert Level 1 and above (Pandemic Period)

Category 2 Responder	Key Responsibilities and Actions
<b>Strategic Health Authority</b>	<ul style="list-style-type: none"> <li>• Ensure that all local health agencies and their partners are notified of any changes in alert levels and that contingency arrangements have been implemented as necessary</li> <li>• Ensure arrangements are in place for the identification, investigation, management and reporting of any potential or actual pandemic influenza cases in the north east</li> <li>• Command and control to effectively co-ordinate the health response within the north east region, ensuring the most effective deployment of available resources</li> <li>• Provide strategic direction to all NHS resources in the north east</li> <li>• Provide a focal point for the local health response at regional and national level</li> <li>• Provide accurate, timely and authoritative advice / information to health professionals, partner organisations, the public and the media</li> <li>• Attend RCCC meetings on behalf of the NHS in the region to provide health advice and monitoring information</li> <li>• Maintain liaison with the Department of Health, Regional Director of Public Health, Health Protection Agency and other key partners</li> <li>• Monitor and provide regular situation reports in respect of the impact on health services</li> <li>• Support Primary Care Organisations and NHS organisations and co-ordinate their response</li> <li>• Lead on media handling and the provision of local public information</li> <li>• Initiate mutual aid arrangements where necessary</li> </ul>

## Key Responsibilities and Actions of Individual Category 1 and 2 Responders WHO Phase 6, UK Alert Level 1 and above (Pandemic Period)

Category 2 Responder	Key Responsibilities and Actions
<b>Utilities</b>	<ul style="list-style-type: none"> <li>• Awaiting further information from organisation GO-NE</li> </ul>
<b>Telecommunication Companies</b>	<ul style="list-style-type: none"> <li>• Awaiting further information from organisation Actions to be addressed by Orange and LRF Resilient Communications Group</li> </ul>
<b>Transport Operators</b>	<ul style="list-style-type: none"> <li>• Awaiting further information from organisation GO-NE</li> </ul>
<b>Ports</b>	<ul style="list-style-type: none"> <li>• Awaiting further information from organisation</li> </ul>

## Key Responsibilities and Actions of Other Organisations WHO Phase 6, UK Alert Level 1 and above (Pandemic Period)

Other Organisations	Key Responsibilities and Actions
<b>Regional Civil Contingencies Committee (RCCC)</b>	<ul style="list-style-type: none"> <li>• Initiate regional monitoring and reporting arrangements</li> <li>• Convene the RCCC to maintain an overview of the impact on services / critical infrastructure in the north east and advise on priorities</li> <li>• Monitor the activation of contingency plans across the region and identify any resource issues</li> <li>• Collate a regional picture of the evolving pandemic and report to Civil Contingencies Committee (CCC)</li> <li>• Provide an information conduit between the CCC and Strategic Co-ordinating Groups (SCG)</li> <li>• As appropriate, notify SCGs that advice has been given by central government to close schools and childcare facilities in areas affected by the pandemic and / or to place restrictions on social gatherings such as sporting events, concerts and conferences</li> <li>• Identify issues that cannot be resolved locally and facilitate mutual aid</li> <li>• Co-ordinate the wider response efforts in the region and ensure consistency</li> <li>• Post pandemic, facilitate strategic consideration for recovery and restoration</li> </ul>

## **Local Resilience Forum / Strategic Co-ordinating Group Pandemic Influenza Activation Protocol (draft)**

### **Introduction**

The response to and recovery from an emergency, depending on its nature and scale, may involve the activation of special arrangements within responding organisations at local, regional and national levels. This protocol outlines the strategic framework and structural arrangements that may require activation at the Northumbria Local Resilience Forum (LRF) level in the event of an influenza pandemic.

### **Pre Planning Phase**

This function is discharged through the ongoing processes managed by the Northumbria LRF as follows:

#### ***WHO Phases 1-3***

- Preparation and partnership building
- Dissemination of public information as appropriate
- Multi agency co-ordination
- Developing and validating a Multi Agency Pandemic Flu Plan

Northumbria LRF members will contribute to their own and multi agency business continuity planning alongside appropriate plan awareness, training and testing.

#### ***WHO Phases 4-5***

This phase is equivalent to Major Incident Standby as described within current Major Incident Plans. The work described above will continue and the following actions will begin:

1. At the declaration of WHO Phase 4 the current Northumbria LRF Chair will convene a Northumbria LRF meeting, either actual or virtual, to discuss the raised alert level and consider the need for activation of relevant plans, the

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declaration of a major incident standby and the establishment of the Strategic Co-ordinating Group (SCG).

2. All Category 1 agencies (and Category 2 agencies where appropriate) should be invited to attend. Where appropriate other responders should be invited (e.g. voluntary agencies) Nominations for joint representation (i.e. one representative to attend on behalf of several organisations for example Health Agencies) will be accepted.
3. The meeting will look to address emerging issues, but will ensure the following key messages are delivered to all member agencies:
  - Revisit organisational business continuity planning and training
  - Revisit intra / inter agency mutual aid arrangements
  - Identify a number of potential agency representatives at a strategic management level who could attend a Strategic Co-ordination Group (SCG)
  - Consistent public information messages

### ***WHO Phase 6 (UK Alert Level 1 and above)***

When movement from WHO Phase 5 to WHO Phase 6, UK Alert Level 1 is announced, the SCG will be convened via a meeting of the LRF, managed by the incumbent Chair with secretariat by the LRF Programme Manager

### **Strategic Co-ordinating Group (SCG)**

The Strategic Co-ordinating Group (SCG) brings together Strategic Managers from partner organisations to co-ordinate the multi agency response and recovery at a strategic level. Those invited to attend will be able to take policy and resource decisions on behalf of their organisation without reference to a more senior manager.

The SCG will take overall responsibility for the multi agency management of the emergency and establish the policies and strategic framework within which all agencies will operate. Although it has no statutory powers, decisions will be reached by a process of agency collaboration.

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The SCG will demonstrate sensitivity to the needs of the community where appropriate and reasonable and will incorporate these needs in its management of the situation and their strategic response.

As top-level managers the SCG will recognise the considerable demands on the resources of responding agencies and the significant challenges in terms of business continuity management.

The SCG will also look beyond the immediate demands of the response and look to address the longer term priorities of restoring essential services and helping to facilitate the recovery of the community. Recovery issues will be addressed within an established Recovery Coordinating Group.

Furthermore, the group will consider, analyse and plan for the long term implications for communities, economies and the environment.

## **Objectives**

The main objectives of the SCG are as follows:

- Saving and protecting life
- Relieving suffering
- Containing the emergency – limiting its escalation or spread
- Providing the public with warnings advice and information
- Protecting the health and safety of personnel (and health of the organisation)
- Safeguarding the environment
- Protecting property
- Maintaining or restoring critical services
- Maintaining normal services at an appropriate level
- Promoting and facilitating self help in the community
- Facilitating investigations and enquiries
- Facilitating the physical, social, economic and psychological recovery of the community
- Provide support to the NHS

- 
- Evaluating the response and recovery effort and identifying lessons learned

## **Membership**

Membership of the SCG will be drawn from all Category 1 responders, with Category 2 and other agencies being invited to attend meetings as and when appropriate. Core members will include the following, although invitations will be offered to all responders who can decide if they wish to send a representative.

- Northumbria Police
- NHS North of Tyne
- NHS South of Tyne
- North East Ambulance Service
- Northumberland Fire Rescue Service
- Tyne and Wear Fire Rescue Service
- Gateshead Council
- Newcastle City Council
- North Tyneside Council
- Northumberland County Council
- South Tyneside Council
- Sunderland City Council
- Health Protection Agency
- Regional Resilience Team (representative)
- Science and Technical Advice Cell (representative)
- Representative from the Recovery Coordinating Group
- Representatives from appropriate sub groups will be invited as necessary

This is not an exhaustive list and others may be invited to attend meetings as and when appropriate / necessary

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## **Strategic Co-ordinating Group**

### **Operational Issues**

#### **Chair**

The Chair will initially be assumed by a Northumbria Police officer of Association of Chief Police Officers (ACPO) rank. Ongoing Chair of the group will be discussed at subsequent meetings of the SCG.

#### **Secretariat**

This role will be held by the incumbent LRF Programme Manager, supported by staff from within Tyne and Wear Emergency Planning Unit and Northumberland Emergency Planning Department

#### **Terms of Reference**

Draft terms of reference for the SCG are as follows:

- Determine and agree a clear strategic aim and objectives and review them as the pandemic evolves
- Establish a policy framework for the overall management of the pandemic
- Identify and Prioritise the multi agency response requirements
- Ensure that pre-determined media-handling and public communication strategies are implemented and developed– determine who chairs the Communications Group.
- Direct planning and operations beyond the immediate response in order to facilitate the recovery process
- Co-ordinate the implementation of current mutual aid arrangements
- Identify and establish sub groups to deal with specific issues

These should be agreed and, if necessary, amended at the first meeting of the SCG.

#### **Location**

Unless otherwise advised the SCG will be hosted by Northumbria Police at their Headquarters site, Ponteland.

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## **Communications**

Should it be needed, the SCG can undertake business virtually via teleconferencing managed by Northumbria Police.

Meetings should be conducted at a strategic level, with appropriate representation. Meetings, whether virtual or physically attended, should be concise and follow a specific agenda. Records of these meetings must be maintained.

## **SCG Housekeeping**

The information management processes used within the SCG will be consistent with normal SCG operating procedures

## **Agenda**

A proposed draft agenda for SCG meetings is as follows – this should be used as a basis for all meetings and amended as required:

1. Apologies for Absence
2. A situation update from all member agencies
3. Issues for immediate decision
4. Formation (or review) of a clear strategic aim and objectives
5. Consider / implement response strategy and objectives and keep progress under review
6. Formation (or review) of a policy framework for overall management
7. Prioritise demands and allocate resources (long term issues)
8. Implement pre-agreed media-handling and public communication plans
9. Issues for Regional Civil Contingency Committee and / or Central Government
10. Consequence management and recovery issues
11. Issues arising that require specialist (e.g. legal or scientific) advice or the commissioning of specialist groups
12. Date and time of next meeting

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## Meeting Times

Government Office for the North East (GONE) will be providing a consolidated situation report for the North East region. These reports will be given daily to the Cabinet Office who facilitate meetings of the Civil Contingencies Committee (CCC). Meetings of the CCC will take place every morning.

In order to meet this deadline, GONE will be requesting a situation report from each LRF by 1800 daily. Therefore, the SCG will meet at 1700 daily to coincide with expected reporting arrangements. Member agencies will provide appropriate reporting information and single agency situation reports to the Secretariat before the meeting commences.

The reporting requirements are currently as follows:

- From DH and HPA by 07:00 summarising the most up to date UK situation (health effects)
- From Regional Resilience Directors (GOs) by 19:00 reporting the situation in their region as at 17:00.
- From other Departments, the Devolved Administrations and others by 07:00 reporting the situation (wider effects/national impacts) as at 17:00.

It should be noted that the data on cases and deaths will describe the situation as at 15:00 the previous day. The latest data on the impacts on the health service will be for 2 days previously covering 24 hours starting at 08:00 2 days before the CCS situation report. Where information is not provided on a daily basis (e.g., deaths), the latest figures will be used to describe the current situation.

## Reporting Structures

The following diagram describes the information and reporting structures that will be activated during a Pandemic Influenza outbreak

**Diagram to be added** – communications structures / flowchart (up / down / lateral)

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## SCG Sub Groups

**Section to be further developed to include more information about the role, specific responsibilities and membership for each group.**

The following provides a brief overview of some of the potential sub groups that will need to be established during a pandemic. The list is not exhaustive and should not be taken as such.

The terms of reference for each group will be established at the first meeting and will reflect the shift from planning to an operational focus.

### Communications Group

Where possible, initial chairs should be pre identified in line with current LRF sub groups (e.g. current chair of Public Communications Group etc). Responsibility for Chairing ongoing meetings of these groups will be determined / appointed by the SCG on establishment of the group.

The Secretariat for the group will be provided by **TO BE DECIDED**

The group will meet either physically or virtually in line with the agreed Meeting times

The main role of the group will be to take responsibility for coordinating the messages about pandemic influenza through public information and media handling.

Specific responsibilities may include:

- Implementation of pre-determined media and public information strategies
- Identification of local information needs
- Co-ordination of local media issues to ensure consistent messages are delivered
- Reporting to SCG as required

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## Information Management

Where possible, initial chairs should be pre identified in line with current LRF sub groups (e.g. current chair of Public Communications Group etc). Responsibility for Chairing ongoing meetings of these groups will be determined / appointed by the SCG on establishment of the group.

The Secretariat for the group will be provided by **TO BE DECIDED**

The group will meet either physically or virtually in line with the agreed Meeting times

The main role of the group will be to collate information from local sources and to act as a single reporting group by producing trend data for use by the SCG.

Specific responsibilities may include:

- Implementation of pre-determined strategy
- Provision of a single reporting point for both incoming and outgoing information
- Co-ordination of local information
- Reporting to SCG as required

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## Excess Deaths

Where possible, initial chairs should be pre identified in line with current LRF sub groups (e.g. current chair of Excess Deaths Group etc). Responsibility for Chairing ongoing meetings of these groups will be determined / appointed by the SCG on establishment of the group

The Secretariat for the group will be provided by **TO BE DECIDED**

The group will meet either physically or virtually in line with the agreed Meeting times

The main role of the group will be to coordinate all aspects of managing the deceased during a pandemic.

Specific responsibilities may include:

- Implementation of pre-determined strategy/plan
- Co-ordination of local information regarding the death management process
- Reporting to SCG as required

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## Vulnerability Management

Where possible, initial chairs should be pre identified in line with current LRF sub groups (e.g. current chair of Vulnerability Group etc). Responsibility for Chairing ongoing meetings of these groups will be determined / appointed by the SCG on establishment of the group

The Secretariat for the group will be provided by **TO BE DECIDED**

The group will meet either physically or virtually in line with the agreed Meeting times

The main role of the group will be to coordinate support to vulnerable people in a social care setting.

Specific responsibilities may include:

- Activation / management of agreed plan – need to reference how the pandemic could impact on these people once the surveillance data / epidemiology is know
- Implementation of pre-determined strategy/Vulnerability plan
- Co-ordination of local information
- Reporting to SCG as required
- Identify support to local care services
- Coordinate support to vulnerable people

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## **NHS Pandemic Influenza Incident Management Teams**

Where possible, initial chairs should be pre identified in line with current LRF sub groups (e.g. current chair of Public Communications Group etc). Responsibility for Chairing ongoing meetings of these groups will be determined / appointed by the SCG on establishment of the group.

The group will meet either physically or virtually in line with the agreed meeting times.

The main role of the group is to coordinate the health response to an influenza pandemic,

Specific responsibilities may include:

- Implementation of pre-determined strategy
- Co-ordination of local information
- Reporting to SCG as required

## **SCG Mutual Aid**

If requested the SCG will consider requests from other Local Resilience Areas

## **The Recovery Coordinating Group (RCG)**

Responsibility for Chairing meetings of these groups will be determined / appointed by the SCG on establishment of the group.

The group will meet either physically or virtually in line with the agreed Meeting times.

The main role of the RCG will be to coordinate the recovery in terms of social, economic, health and environmental impacts.

Specific responsibilities may include

- 
- ensure that longer-term recovery priorities are reflected in the planning and execution of the response;
  - ensure that relevant organisations in the public, private and voluntary sectors are engaged in the recovery effort from the earliest opportunity; and
  - ensure continuity of the management of the emergency once the response phase has been concluded.

### Glossary of terms to be added

|

SITREP Number:	<b>XX</b>		
	<b>DD-MM-YY</b>		<b>HH-MM</b>
Lead Official:			
Alternate Contact:			

This situation report provides key information and data on the present situation it has validated by the relevant department/ 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,

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

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## 2. Key Issues for CRIP (Common Recognised Information Picture)

### 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. Background/overview
12. Next SITREP
13. 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.

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

**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 services	Burials	Coroners	Registrars	Funeral 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
<b>Primary</b>						
<b>Secondary</b>						
<b>Academy</b>						
<b>Special</b>						
<b>Indep't</b>						

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 of settings still open	No of settings closed	No of settings re-opened

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

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

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## 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
  -

## 5. Manpower and staffing issues

Provided on an exception only reporting basis.

Organisation	RAG status	Issues/Impact in changes to priorities or other counter measures

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

A = pandemic influenza having impact but managing within current resources

G = very little impact

## 10. Other information not covered elsewhere

- Point # 1
- Point # 2

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## 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:

# LOCAL AUTHORITY DAILY REPORT - INFLUENZA PANDEMIC

To be completed by the local authority corporate influenza group to assess the daily preparedness of the local authority. This completed report should be provided to your Gold representative.

<b>Local Authority:</b>		<b>Date:</b>	
<b>Author:</b>		<b>Contact Details:</b>	
<b>Overall Status:</b> (delete as appropriate)	<b>Green</b>	<b>Amber</b>	<b>Red</b>
	Service operating at normal or near-normal capacity and can deliver its functions adequately	Service operating below advisable levels, is prioritising service delivery. Minimum standards are being met.	Service operating at greatly reduced level. Resources directed to maintaining critical services. Risk of minimum standards not being met.

**1. Critical service levels** - please estimate the % of council service availability:

<b>Operational:</b>		<b>Suspended:</b>	
<b>Comments:</b>			

**2. Non-critical service levels** - please estimate the % of council service availability:

<b>Operational:</b>		<b>Suspended:</b>	
<b>Comments:</b>			

**3. Key Supporting Partner Businesses & Voluntary Organisation involvement**

<b>Comments:</b>
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**4. Overall staffing levels** - please report the overall staffing levels within your authority below (provide number and %):

<b>Total no employees:</b>		<b>Available:</b>	
<b>At place of work</b>	<b>Alternative working site</b>	<b>Absent</b>	<b>Unaccounted</b>

**5. School closures** - use the space below to list information regarding schools which have closed:

Establishments	Number closed	Additional information
Nursery (0-4yrs)		
Primary (5-11yrs)		
Secondary (12-19yrs)		
<b>Comments:</b>		

**6. Social Care services** - use the space below to list information regarding social care services:

Service/facility	Status	Report
Closed communities	Green/Amber/Red	
Community care cases	Green/Amber/Red	
Orphans/temp orphans	Green/Amber/Red	
Residential care capacity	Green/Amber/Red	
Mental health care capacity	Green/Amber/Red	
Adult services care capacity	Green/Amber/Red	
Child protection/care		
Other care provision	Green/Amber/Red	
Other	Green/Amber/Red	

**7. Other operations status** - use the space below to list information regarding other services - to be defined between LAs as required:

Service/facility	Status	Report
EOC	Green/Amber/Red	
Highways	Green/Amber/Red	
Public transport	Green/Amber/Red	
Community Safety	Green/Amber/Red	
Legal	Green/Amber/Red	
Finance	Green/Amber/Red	
IT	Green/Amber/Red	
Other	Green/Amber/Red	

<b>8. Deaths, registrars</b> - use the space below to list provide information regarding these services:		
<b>Daily activity report</b>	<b>Number</b>	<b>Comment</b>
<b>Reported deaths</b>		
<b>Registration of death certificates issued</b>		
<b>Cremations completed</b>		
<b>Burials completed</b>		

<b>9. Capacity</b> - use the space below to list information regarding capacity at crematoriums and body holding areas:			
<b>Establishment</b>	<b>Total capacity</b>	<b>Capacity available</b>	<b>Comments</b>
<b>Crematorium</b>			
<b>Cemetery</b>			
<b>Body Holding area (s) - if established</b>			
<b>Registration Services</b>			

<b>10. Vaccination Centres:</b>			
<b>No. open</b>		<b>Daily visitor no.</b>	
<b>Details/comments:</b>			

<b>11. Social measures introduced:</b>	
<b>Details/comments:</b>	

<b>12. Supply chain report:</b>	
<b>Fuel</b>	
<b>Food</b>	
<b>PPE</b>	
<b>Vaccinations</b>	
<b>Other</b>	
<b>Details/comments:</b>	

<b>13. Media output</b> - append (if possible) and give summary of media contact and releases:
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**Report:**

**14. Final Summary/other comments:**

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## Associated Contingency Plans

### Health Sector

NHS North of Tyne Strategic Pandemic Influenza Plan  
NHS North of Tyne Strategic Major Incident Plan  
NHS South of Tyne and Wear Pandemic Influenza Plan  
NHS South of Tyne and Wear Major Incident Plan  
**Northumbria Healthcare NHS Foundation Trust**  
**Newcastle upon Tyne Hospitals NHS Foundation Trust**  
Gateshead Health Major Incident Plan  
Gateshead Health Pandemic Influenza Plan  
HPA Incident Emergency Response Plan

### Emergency Services

**North East Ambulance Service NHS Trust**  
Northumbria Police Pandemic Influenza Business Continuity Plan  
Northumbria Police Area Command and Department Business Continuity Plans  
Northumbria Police Major Incident Plan  
Northumbria Police Mass Fatalities Plan  
Northumbria Police Mobilisation Plan  
**Tyne and Wear Fire and Rescue Service Contingency Plan for Pandemic Influenza**  
**Tyne and Wear Fire and Rescue Service Department / Station Continuity Plans**  
**Northumberland Fire and Rescue Service** Pandemic Arrangements

### Local Authority

**Northumberland County Council**  
**North Tyneside Council** Emergency Response Plan  
North Tyneside Council Pandemic Influenza Plan  
Newcastle City Council Pandemic Influenza Plan  
Newcastle City Council Emergency Response Plan  
**Gateshead Council**  
South Tyneside Council Emergency Response Plan  
South Tyneside Council Pandemic Influenza Response Arrangements  
**Sunderland City Council** Emergency Response Plan  
Sunderland City Council Contingency Specific Plan – Pandemic Influenza

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## **Other Organisations**

Further information to be added once supplied by relevant organisations

Orange Pandemic Flu Planning Handbook

Regional plans

LRF plans / strategy