

This document has been produced by:
Devon, Cornwall and Isles of Scilly Local Resilience Forum

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| Freedom of Information Act 2000 status: | Open |
| Security Classification: | Un-classified |
| Status | Final draft |
| Version: | 10 Dated 17 th DECEMBER 2008 |

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Glossary

The following table lists the acronyms and terms referred to within the document.

| Acronym | Term |
|---------|---|
| CCC | Civil Contingencies Committee |
| CCS | Civil Contingencies Secretariat |
| CLG | Department of Communities and Local Government |
| CO | Cabinet Office |
| COBR | Cabinet Office Briefing Room |
| CRIP | Common Recognised Information Picture |
| CRR | Community Risk Register |
| DA | Devolved Administration |
| D&C | Devon and Cornwall |
| DCSF | Department for Children, Schools and Families |
| DEFRA | Department for Environment, Food and Rural Affairs |
| DH | Department of Health |
| DPH | Director of Public Health |
| GO | Government Office |
| GOSW | Government Office for the South West |
| HMRC | HM Revenue & Customs |
| HPA | Health Protection Agency |
| NHS | National Health Service |
| IOS | Isle of Scilly |
| LA | Local Authority |
| LRAG | Local Risk Assessment Guidance |
| LRF | Local Resilience Forum |
| LRFIPCC | Local Resilience Forum Influenza Pandemic Control Committee |
| NCC | National Communications Centre |
| OGD | Other Government Department |
| PASA | NHS Purchasing and Supply Agency |
| PCT | Primary Care Trust |
| RCCC | Regional Civil Contingencies Committee |
| RRD | Regional Resilience Director |
| SCG | Strategic Coordinating Group |
| SHA | Strategic Health Authority |
| SITREP | Situation Report |
| STAC | Scientific & Technical Advice Cell |
| SWAST | South Western Ambulance Service NHS Trust |
| W&I | Warning and Informing |
| WHO | World Health Organisation |

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1. INTRODUCTION

TITLE & OWNERSHIP

This document is entitled the 'Devon, Cornwall and Isles of Scilly LRF Influenza Pandemic Plan'.

It has been produced by the Devon, Cornwall and Isles of Scilly Local Resilience Forum (LRF). The LRF has the rights of ownership of this document, with publication and distribution being agreed by the LRF members. No amendment of this plan is permitted without the express agreement of the LRF.

BACKGROUND

The National Risk Register requires all LRFs to plan for an Influenza Pandemic. The requirement is to have the capability to have a plan in place to deal with an out break of Influenza Pandemic across the LRF region.

Training and exercising is an essential requirement to ensure any activation of this plan is successful. Each agency is responsible for identifying key personnel who may be involved in the response to a Influenza Pandemic. Each agency must ensure suitable training is provided. Some aspects of training can be provided on a multi agency basis, and wherever possible, exercises will also be on a multi agency basis. Multi agency training and exercising will be administered by the Chair of the appropriate Sub Group of the LRF.

PURPOSE OF THE DOCUMENT

The purpose of the document is to act as the overarching plan by which all Influenza Pandemic Plans are managed within this LRF area and provides the underpinning principles for the development of all tactical plans in relation to dealing with Influenza Pandemic.

It is intended for use by all Category 1 and Category 2 responders, as defined in the Civil Contingencies Act 2004, when each respective organisation is invoking special procedures to deal with Influenza Pandemic.

The principles outlined in this document should act as guidance and therefore do not contain detailed instructions. They are intended to provide a basis of understanding upon which other multi-agency plans are developed. This is a STRATEGIC document, under which appropriate TACTICAL plans sit for each agency. These tactical plans contain the detailed information by which personnel deployed to deal with Influenza Pandemic will carry out their required functions.

The guidance emphasises the necessity to establish liaison between all the responders involved in the response from the onset of an outbreak and continually throughout at all levels of command. By its achievement each agency will be able

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to carry out their roles and responsibilities to maximum efficiency as part of a unified joint strategy.

LINKS WITH LOCAL AND REGIONAL PLANS

In the period leading up to the onset of a Pandemic the LRF will receive public announcements and restricted briefings from central government departments. The LRF will use this information to commence preparing our local response as part of the wider co-ordinated regional response. This will involve engagement with the regional tier as described in the following documents:

- The South West Regional Pandemic Influenza framework
- The South West Regional Generic Response Plan

This document has also been written to align itself to the various individual local agency plans in place, including:

- Devon & Somerset Fire & Rescue Service
- Devon & Cornwall Constabulary
- Devon County Council (Including District Councils)
- Devon PCT
- Health Protection Agency
- Plymouth City Council
- Plymouth PCT
- South Western Ambulance Service NHS Trust
- Cornwall County Council (Including District Councils)
- Cornwall Fire & Rescue Service
- Cornwall & Isles of Scilly PCT
- Council of the Isles of Scilly
- Torbay Council
- Torbay Care Trust
- Acute Trusts

It should be noted, that in-depth detail regarding the health service response including the liaison between Primary Care and Acute Trusts, General Practice, other Contractor Services and the Mental Health Partnership Trust, is included within the local health services' individual agency plans.

REVIEW & AMENDMENT

The Influenza Pandemic Plan is a 'living document' therefore it is subject to review by the LRF to ensure it is current, reflects best practice, and is fit for purpose.

The plan will be amended when required, and will be subject to annual review, guided by the date of the document and version number, or when significant new guidance is produced.

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The review will be undertaken by the Infectious Diseases (Human) sub group with final ratification being undertaken by the full Business Management Group.

PANDEMIC - OVERVIEW

A pandemic is the worldwide spread of a disease, with outbreaks or epidemics occurring in many countries and in most regions of the world.

A pandemic of influenza results when a new influenza virus emerges which is markedly different from recently circulating strains and is able to:

- infect people (rather than, or in addition to, other mammals or birds)
- spread readily from person to person
- cause illness in a high proportion of the people infected, and also
- spread widely, because most people will have little or no immunity to the new virus and will be susceptible to infection (because it is a new virus, they will have had no opportunity to develop immunity as a result of previous infection or vaccination with it or a similar virus).
- As this will be a new strain of virus it also means that it is unlikely that a vaccine will be available in the first wave of the pandemic

Although the intention will be to maintain normal services for as long and as far as possible, the unique nature of the challenges presented by a pandemic and their likely duration will inevitably require the curtailment of some services and activities to limit the spread of infection and allow the diversion of resources or protect those who may be particularly vulnerable.

The impact on the provision of healthcare in particular is likely to last well beyond the pandemic itself, and restrictions on elective and other activity will inevitably result in additional discomfort, pain and suffering for many people. Minimising the impact and securing the gradual resumption of services at the earliest possible opportunity are key planning aims.

Given the expected levels of additional demand, capacity limitations, staffing constraints and potential shortages of essential medical material, hard choices and compromises are likely to be particularly necessary in the fields of health and social care. People are more likely to accept the need for and the consequences of difficult decisions if these have been made in an open, transparent and inclusive way. Organisations individual plans will need to reflect this issue and take into account the nationally developed ethical framework.

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2. ACTIVATION

DEFINITION – INFLUENZA PANDEMIC

The World Health Organisation (WHO) defines Pandemic flu as flu that spreads rapidly causing widespread epidemics around the world. Pandemic flu occurs when a new, highly infectious and dangerous strain of the influenza virus appears.

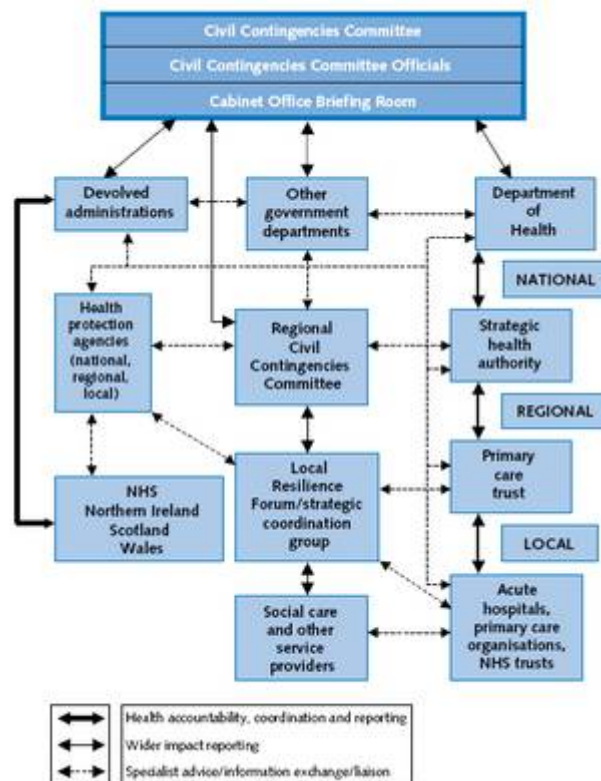
NOTIFICATION

The activation of this plan is linked to the World Health Organisation International phases for the development of the pandemic and the United Kingdom Alert Levels that apply when the pandemic is declared. The activation of the plan is a gradual process over time because of the time taken for the pandemic to reach the UK, unlike the clearer activation of other plans in response to immediate events.

The Department of Health will announce the various phases as soon as they are confirmed, indicating the level of activity expected.

REPORTING

Planning and response at regional and local government level will focus on wider aspects, including support of the health response, the maintenance of social care and other essential local services and managing potentially large numbers of deaths. Central–local reporting and coordination arrangements are outlined below.



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Morbidity data (incidence) will be collected from the following primary sources:

- National Flu Line statistics
- GP coding
- Hospital admissions for flu

Mortality data will be collected from local authority register offices and collated through the organisational situation reports.

Adverse impacts on service provision will need to be identified by individual organisations and reported to the LRF for collation (see Appendix D).

Due to the variation in demography and service provision for the four health community areas it will be necessary to collate and compile data separately.

The LRF Influenza Pandemic Control Committee will collate data from the following organisations, on declaration of WHO phase 4:

- Devon & Somerset Fire & Rescue Service
- Devon & Cornwall Constabulary
- Devon County Council (Including District Councils)
- Devon PCT
- Health Protection Agency
- Plymouth City Council
- Plymouth PCT
- South Western Ambulance Service NHS Trust
- HM Coroner
 - Exeter and greater Devon
 - Torbay, South Devon and Plymouth
 - Cornwall and the Isles of Scilly
- Cornwall County Council
- Cornwall Fire & Rescue Service
- Cornwall & Isles of Scilly PCT
- Council of the Isles of Scilly
- Torbay Council
- Torbay Care Trust
- Acute Trusts

Local authorities play an important supporting role in the planning for and responding to a pandemic influenza outbreak. They have responsibility for a wide range of functions including social care and children's services and crucially exercise a community leadership role. Additionally, in the event of an emergency that exceeds existing mortuary provision, the local authority will liaise with the coroner's office to provide emergency mortuary capacity.

As most influenza sufferers will need to be cared for in a community setting, developing integrated health and social care plans is a particularly important part

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of local planning. In addition, sustaining the provision or commissioning of a range of services on which many vulnerable people rely, including residential and nursing homes, and care in the community, is also important.

Non-Health Sector Responding organisations will be required to produce situation reports to feed into the local reporting mechanism.

A template for the organisational (both Health and Non Health) situation reports is provided at Appendix D.

Reporting mechanisms for the health sector are currently under development by the Department of Health in close partnership with the Cabinet Office. Once definitive guidance is published, a localised system will be detailed in this section of the plan.

Local situation reports will be generated based on the emerging situation and local developments. It is not expected that the information will need to be updated on a daily basis unless the situation has become or is becoming critical.

As such, the Information Cells will not directly poll organisations for information. It is expected that organisations will submit organisational situation reports as determined by the unfolding scenario or as directed by the Strategic Coordinating Group (SCG) or Government Office.

The LRF Influenza Pandemic Control Committee will manipulate the data from the organisational situation reports to generate the local situation reports and forward them to GOSW.

The Regional Resilience Team (RRT) at GOSW will collect and collate local situation reports to generate the regional situation report.

Government Offices represent central government in the English regions. Each has established a regional resilience team and formed a regional resilience forum, allowing key responders to plan together and improve the coordination and flow of information across and between regions and the centre. In response to wide-scale civil emergencies, in this case an influenza pandemic, Regional Civil Contingencies Committee (RCCC) is likely to be established.

The RCCCs would collate a Pandemic influenza: A national framework for responding to an influenza pandemic regional picture of the evolving situation, provide an information channel between central (CCC in Cabinet Office Briefing Room) and local tiers, identify issues that cannot be resolved locally, facilitate mutual aid, coordinate wider response efforts, advise on priorities, monitor progress and minimise disruption.

RCCC members are likely to be drawn from the regional resilience forums. Specific planning and response arrangements have been established for London and the devolved administrations.

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The regional situation report will be generated by GOSW from local data collected from across the region at 1700 daily, there may be a need for 'exception reporting' as required by Ministers as appropriate. A copy of the Regional Situation Report Template can be found in Appendix D.

Information from the regional situation reports will be used to populate a complete national situation report, also known as the Common Recognised Information Picture (CRIP). The CRIP will be used by the Civil Contingencies Committee (CCC) for decision making at the national level.

Each organisation will be required to establish its own internal arrangements to ensure it gathers accurate information in a timely manner and has time to analyse this data to present a report following the SCG's agreed reporting model/template.

| Required activity to meet battle rhythm | Deadline (each day) | Local/individual agency activity to inform LRF reporting requirements |
|--|----------------------------|--|
| SCG report as at 1700 submitted to GOSW | By 18:00 | Report back from SCG representative to agency to inform future activity |
| GOSW report to CCC situation as of 17:00 | By 19:00 | |

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3 - PLANNING ASSUMPTIONS

Impacts from an influenza pandemic are likely to be significant and widespread. Attributable increases in morbidity and mortality within the community will have a considerable impact on human health; however it is likely that the wider social and economic impacts will also be significant.

The following table shows the differentiated impact assessment taken from the Devon, Cornwall and Isles of Scilly Community Risk Register (CRR).

Table 1: Impact Assessment

| Impact | Level | Descriptor | Description of Probable Impact |
|-----------------|----------|--------------------|--|
| Health | 5 | Catastrophic | <ul style="list-style-type: none"> Very large numbers of people in affected area(s) impacted with significant numbers of fatalities, large number of people requiring hospitalisation with serious injuries and/or long term effects. |
| Social | 4 | Significant | <ul style="list-style-type: none"> Significant damage that requires support for local responders with external resources. Significant impact on and possible breakdown of delivery of some local community services. |
| Economic | 4 | Significant | <ul style="list-style-type: none"> Significant impact on local economy with medium term loss of production. Significant extra clean-up/recovery costs. |
| Environmental | 2 | Minor | <ul style="list-style-type: none"> Minor impact on the environment with no lasting effects. |
| Overall: | 4 | Significant | |

Tables detailing the estimated health impacts of an influenza pandemic on the Devon, Cornwall and Isles of Scilly can be found in Appendix C.

EXCESS DEATHS

The NHS is well accustomed to dealing with an increase in seasonal deaths. These are catered for under the 'Health' 'winter pressures' arrangements and are well practiced, with all organisational plans being reviewed annually before the seasonal increase in activity.

During an Influenza Pandemic the expected 'excess deaths' will be far greater and will be on top of any seasonal increase. Business Continuity plans are being reviewed to deal with immediate in house storage and mortuary expectations.

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Other pinch points and assistance with partnership working is covered within the LRF Influenza Pandemic 'Excess Death' plan which has been written specifically to deal with the expected numbers from an Influenza Pandemic and the subsequent impact on the Coroner, Registration and burial services.

BUSINESS CONTINUITY

Business Continuity arrangements for each of the partner LRF agencies are not covered within this document, LRF members will invoke their own Business Continuity Plans. Health and Social Care Services in particular will share a great burden as they endeavour to continue essential service delivery with reduced staff. Emergency Services and other Local Authorities essential service areas can also expect to be severely challenged.

Business Continuity themes for consideration are:

- Maintaining critical functions of the various services as far as possible throughout the pandemic. Contingency planning for this including maintenance of adequate staffing levels is essential within all organisations.
- Ensuring essential contracted out services are robust
- Redistribution of staff from support to critical roles. Utilising staff skills and delivery of training as required in advance of them being needed.
- To continue business as normal, in line with the Government's overall aim as far as reasonably possible. This may involve a change in normal working practices where applicable to ensure delivery of the most critical services.
- Cancellation of non essential activities and routine training.
- Ensure planning covers for loss of supplies through a supply chain failure
- Prepare for loss of essential services, particularly utilities, fuel or transportation failures.

Organisation's Business Continuity Plans should be compliant with BS25999-2:2007.

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4. PUBLIC IMPACT AND SOCIAL DISTANCING MEASURES

At a very early stage, a national hygiene campaign will be put in which will include advice and information such as hand washing, encouraging infected people to stay at home and reducing unnecessary travel, in an attempt to delay the spread of the infection.

Other control measures required, such as travel restrictions, will require an element of voluntary cooperation. Mandatory quarantine and curfews are generally not considered necessary or advised in national guidance.

IMPACT ON OTHER SERVICES

In the absence of early or effective interventions there will be a widespread effect on all other services through sickness, travel restrictions and knock-on effects from other businesses and failing services. Services such as death registration and funeral directors will have an increased workload. In addition to maintaining continuity of their work, businesses will need to consider extra measures such as security of premises and plant.

The ability of the transport system; road, rail, air and sea, to deliver food, water and other essential supplies such as medicines may be severely affected. Likewise, any impact that a pandemic might have on the capacity of the utilities; electric, gas, water (including sewage) and telecommunications to maintain service levels would have serious knock on effects for all concerned. National and regional work is ongoing in these areas to mitigate the effects of a pandemic on other services.

IMPACT ON TRAVEL AND FUEL ISSUES

Although explicit restrictions on travel are not expected, we can presume central guidance appropriate at the time will follow at the start of a pandemic and people are likely to be advised not to travel to affected areas or to attend international gatherings (such as large conferences or sports events).

We can presume local travel arrangements will be affected either through voluntary travel restrictions or furthermore, the non-availability through absence or shortage of fuel and transport workers will add to the problem.

Within the Devon, Cornwall and the Isle of Scilly there are commercial ports or airports, and close liaison between the SCG and military colleagues will be required when monitoring passengers returning to the UK, especially if arriving from a known infected areas or countries.

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PUBLIC EVENTS AND MASS GATHERINGS

Similar to travel and transport information is it anticipated that there will be some national guidance and messages appropriate at the time advising the public to avoid large public events and mass gatherings.

SPORT, CULTURE AND TOURISM

The SCG will monitor any local impact experienced due to the cancellation of major sporting event or the prolonged effects experience by a downturn in tourism within the counties. Measures to mitigate these effects will be considered as the effects of the Pandemic lessen and Devon, Cornwall and the Isles of Scilly move to a Recovery Phase.

MUTUAL AID

Although multi-agency working locally will be instrumental in maintaining critical service delivery it is not anticipated mutual aid from other areas will be available to support the Devon, Cornwall and the Isles of Scilly response.

The regional tier through GOSW and the SHA will be responsible for managing requests for mutual aid and providing regional assistance whenever practicable.

Mutual aid and deconfliction with neighbouring LRFs

It is in the nature of this emergency that it will cross borders, and so opportunity for mutual aid will be limited. All LRF Plans will be checked by GOSW with neighbouring LRFs to ensure that as far as possible they do not conflict with each other. This includes neighbouring regions and in our case the Welsh Assembly Government.

Although during a 'normal' major incident we would anticipate that mutual aid would be available. However, during a Pandemic Influenza because of its nature and widespread impact, it is not envisaged that mutual aid would be available from partner agencies.

VULNERABLE PEOPLE

It is recognised that Pandemic Flu will have a severe impact upon the NHS and other agencies and their ability to continue providing services to the public. At the onset of the pandemic, the NHS will begin to prioritise the services it provides in order to maintain its core services. Some prioritisation based upon clinical and social need is inevitable and some patients usually cared for in hospital will be cared for in the Community. Specific populations may be disproportionately affected or recognised as more vulnerable.

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Vulnerable people are defined as those 'that are less able to help themselves in the circumstances of an emergency'. In the event of a pandemic, these may include:

- Children
- Older People
- Mobility Impaired
- Mental/Cognitive Function Impaired
- Sensory Impaired
- Individuals support by Health, Local Authorities or the Independent Sectors within the Community.
- Individual cared for by relatives
- Homeless
- Pregnant women.
- Minority language speakers
- Tourists
- Travelling Community

Exact numbers of individual groups can be found in the annual reports and data sets issued by the local Directors of Public Health (DPH) for each area within the LRF.

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5 - ROLES AND RESPONSIBILITIES

Primary roles and responsibilities of key responders in respect of Influenza Pandemic outbreak can be summarised as follows:

POLICE

Devon & Cornwall Constabulary have the role to save life in conjunction with other agencies, to maintain public order, to prevent and investigate crime, and to arrest and process offenders against the law.

The Police are designated as the Lead Co-ordinating Agency when a flu pandemic (or other human disease) becomes an Emergency as defined by the Civil Contingencies Act, and affects the wider community of the LRF area. This is the normal role of the Police during a Major Incident, and the Force has Gold, Silver and Bronze Commanders and multi agency Control facilities designated across the LRF.

In addition, the Force has developed Business Continuity plans in place to collapse its normal functions by stages to focus on critical functions at times of crisis.

FIRE AND RESCUE SERVICE

The Fire and Rescues Services have a strategic overarching plan that is structured into sections identifying the corporate response to each phase of the Department of Health's alert status. It is supported by a series of detailed local plans mirroring this approach and allocated to a lead officer to develop as detailed below. The nature of this particular threat is such that a precise response, based on a sudden, but predicable impact, is not possible as the impact is likely to gradual, variable and random in its impact.

The plan has been developed against the phased escalation of a pandemic outbreak as determined by the Department of Health has set out a four phase alert definitions. These phases are used as trigger points to prepare for or mitigate the impact of the pandemic. In this way it is intended to provide sufficient preparation time for further action necessary for the next phase without incurring unnecessary work should the pandemic not materialise.

In the event of staff shortages priority will be given to the maintenance of services to the public, with emergency service delivery taking preference over non emergency services. Individual contingency plans must provide for those activities that directly support the emergency response as a priority. Suppliers and partner organisations will also be suffering staff absences, there is likely to be disruption to the availability of supplies and services during the pandemic, including uniforms, fuel, food and operational equipment.

An assessment for ceasing non essential activities (as determined during the monitoring / planning phase) will be implemented during Phase 3 – Prevention

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Phase (Outbreaks in the UK), in order to make resources available for vital services.

There is likely to be no additional assistance available from neighbouring Fire and Rescue Authorities as they will be suffering similar problems.

AMBULANCE TRUST

The South Western Ambulance Service NHS trust provides ambulance services across the LRF. They will maintain local planning and readiness for Influenza Pandemic based on a common response strategy, integrated with local health plans. This strategy will provide the framework for:

- Prioritising effort
- Ensuring resilience arrangements locally, regionally and nationally, including strategic command, control and coordination arrangements.

The demands likely to be placed on ambulance trusts will bring these organisations to such a critical level that normal and routine activity will not be able to continue in the same form. This will be from both a patient demand perspective and a business continuity angle, principally concerning the provision of resources.

ACUTE TRUSTS

The five acute hospitals in the LRF area that provide 24 hour Accident and Emergency services have responsibility for supporting a response to Influenza Pandemic outbreak.

Demand for services will exceed the capacity of the services these hospitals normally provide. Each hospital is responsible for developing arrangements to ensure:

- Command and control arrangements are in place
- Critical services providing essential patient care are maintained
- Areas are designated for the treatment and care of affected and non-affected patients
- Critical care and ward facilities are expanded in support of patient demand
- Care available to patients is prioritised. Those not admitted or treated during a pandemic response will be referred to an appropriate care setting or will have their treatment deferred
- Staff are redeployed in support of critical services – with appropriate training provided.
- Strict infection control arrangements are in place to minimise the spread and impact of the infection within hospitals
- Business continuity arrangements are in place in support of the operational response to a Influenza Pandemic outbreak.

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PRIMARY CARE TRUSTS

PCTs are responsible for assessing local risk and for commissioning, supporting and monitoring the development of integrated health response plans. PCTs are also responsible for developing specific arrangements to maintain and support patients in a community setting. This requires ensuring that all key partners and service providers are fully involved in preparing for a pandemic and that health plans take account of military and other similar establishments in their area – including private sector care or support service providers – are fully involved.

They should ensure local health plans and arrangements are in place in advance of a pandemic, and for managing the local health response during a pandemic.

Clear command and control arrangements will be critical in ensuring a robust response with coordination arrangements which will need to include the establishment of a PCT coordination centre to monitor and coordinate the overall health response.

In the event of a pandemic, PCTs will mobilise general practice and primary care resources, coordinate the local health response, provide advice and information, collate and report information to the SHA and make contingency arrangements for the distribution of antiviral medicines and vaccination if required.

In preparing for a pandemic, their key responsibilities are to:

- Assess local needs and risks, and define the health services that the local population (including visitors) will need during an influenza pandemic – this includes services provided by acute and community hospitals, mental health services, general practice, community pharmacy, and other primary care contractors and agencies (including subcontracted services)
- Identify, co-ordinate the distribution of anti-virals as laid down in local anti-viral distribution plans (these plans are restricted due to the sensitive nature of the information)
- Identify and take into account the needs of known vulnerable and seldom heard groups and those made vulnerable by the Pandemic
- Profile the staff and resources that can be made available to respond to a pandemic and how they will be utilised – this includes identifying constraints on the workforce such as caring responsibilities for children and older people
- Mobilise the resources within both secondary and primary care to ensure that essential services can be provided, and are as accessible as possible, in the context of locally available resources

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- Ensure that robust commissioning arrangements are in place to support the continued provision of key services
- Ensure that all local health and social care organisations, including the NHS, NHS Direct, primary care contractors, local authorities, the independent sector and the voluntary sector, work together from an early stage to develop an integrated response that uses their combined resources to best effect
- Engage with and support primary care contractors in developing robust and resilient response plans and arrangements including business continuity plans
- Work with local authorities, including social care service departments, to ensure that social support is available to maintain patients in their community setting make arrangements for the delivery of certain pandemic-specific services. This includes arrangements for the supply of antiviral medicines at local collection points, the coordination of clinical resources to support the operation of the National Flu Line, and planning for the delivery of the pre-pandemic and pandemic-specific vaccination programmes
- Develop a command and control structure that allows appropriate linkages to, membership of, and communication with local resilience arrangements, including strategic, tactical and operational commands. It should also identify clearly who has the authority and autonomy to make decisions
- Ensure any command and control structure links with regional resilience mechanisms through the strategic health authority (SHA). The SHAs will be responsible for interfacing with the DH centrally especially the major incident coordination centre.
- Ensure that there are clear protocols in place, with nominated post-holders identified to lead the coordination of the local health response
- Provide ongoing and up to date advice and information to members of the public to support them in preparing for a pandemic, and to increase confidence in the local healthcare response
- Ensure a robust process is in place for cascading routine and urgent information to local health professionals, including to GPs, practice nurses and community pharmacists
- Ensure that staff are appropriately trained and competent to plan for and respond to an influenza pandemic
- Maintain, test, review and update internal capacity and business continuity plans, and train and exercise in conjunction with primary care contractors and local partners.
- Ensure in conjunction with NHS Direct that the Flu line is maintained and the necessary data is available.

HEALTH PROTECTION AGENCY

The Health Protection Agency (HPA) is the lead agency responsible for advising and supporting the NHS response to PF. Response will be in

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accordance with a national HPA PF Plan supported through its component parts:

- a. The Centre for Infections at Colindale
- b. The Centre for Emergency Preparedness and Response
- c. Local and Regional Services, which comprise the Regional HPA at Stonehouse in Gloucestershire, Avon, Gloucestershire and Wiltshire HPU, Dorset and Somerset HPU and the South West Peninsula HPU (SWP HPU)

In the event of an influenza pandemic, the HPA will undertake to discharge the following responsibilities:

- Coordinate and advise on the investigation and management of early cases and contacts
- Provide expertise, advice and operational support to the NHS
- Maintain essential service provision

HEALTH PROTECTION AGENCY – THE SOUTH WEST PENINSULA HEALTH PROTECTION UNIT (SWP HPU)

Within the SWP HPU are the Devon Health Protection Team (HPT) and the Cornwall and Isles of Scilly HPT both lead by Consultants in Communicable Disease Control (CCDC), health protection nurses and administrative support. There are opportunities for Specialist Registrars and trainees in public health to be attached to the Unit. The team also has close links with local Infection Control Teams and Environmental Health Officers.

The CCDC will support the local NHS strategic response by initially responding with the PCT and later functioning at Gold Control. Response will be in accordance with the Regional HPA PF Plan.

The CCDC has direct access to information and guidance from the National HPA and will have a key role in supporting the local response and the warning and informing of the public.

LOCAL AUTHORITIES & ADULT SOCIAL CARE

Local authorities have a general responsibility for coordinating the provision of care and welfare support by both the statutory and voluntary sector during and after an emergency. With regard to flu pandemic, local authorities have specific responsibilities in the areas of:

- Adult and children's social care services
 - Contact and liaison with Schools, Parents and educational organisations
 - HM Coroners
- } As laid out in their respective Organisational plans
- } As laid out in the LRF Excess Deaths plan

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- Registration Services (for death registration)
- Cemeteries and crematoria
- Public Health (in liaison with the HPA and PCT Directors of Public Health as laid out in the 'Communicable Disease Control plan')

THE ENVIRONMENT AGENCY

The Environment Agency will put internal procedures in place to ensure continuation of critical business activities. This will include providing support to external partner organisations in respect of the pandemic.

The Environment Agency will provide advice on waste disposal options in the event that clinical waste incineration/disposal capacity is exceeded and alternative disposal methods need to be used;

The provision of guidance and advice to professional partners on the environmental impacts arising from burial or cremation of increased numbers of deceased during a pandemic;

As the regulatory body for waste they will continue to regulate waste facilities such as incinerators, waste management facilities and sewage treatment works and ensure that any temporary changes to the regulatory regime are appropriate and clearly communicated;

Assistance in identifying suitable sites for new cemeteries or mass burial sites, so that any risks to water quality are considered before decisions are taken.

MARITIME AND COASTGUARD AGENCY

The Maritime and Coastguard Agency (MCA) as a whole, the organisation is committed to preventing loss of life, continuously improving maritime safety and protecting the marine environment and the organisations business continuity plans provide for continuing this work.

H.M. COASTGUARD

In the event of a influenza pandemic HM Coastguard would primarily be involved in the coordination and maintenance of all civil maritime search and rescue within the UK Search and Rescue regions (including all the UK's coastline) to the mariner and UK public.

HARBOUR & PORT AUTHORITIES

The 2005 revision of the International Health Regulations (IHR)6, to which the UK is a signatory, is intended to strengthen the arrangements that each country should have in place to respond to threats posed by existing, new and re-emerging diseases and other emergencies caused by non-infectious agents. These regulations came into force on June 2007. In order to meet the

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requirements of the IHR, changes have been made to the current public health legislation and a review of the port health function was undertaken. The port medical officer role is primarily a public health role associated with risk assessment and liaison in relation to any environmental or communicable disease related issue associated with a port or airport. It is not a clinical role related to the diagnosis or treatment of individuals, this is the responsibility of the NHS.

The legal basis of the role is derived from the Public Health (Control of Diseases) Act 1984 and the Ships, Aircraft and International Trains Regulations (as appropriate). These two pieces of legislation also describes the obligation to ensure that each port and airport has a Port Medical Officer to discharge the legal powers and obligations contained within the legislation.

The Port Medical Officer is the primary point of contact for port health issues, including liaison with the agencies involved with providing health-related activities at the port or airport, contributing to health protection related planning, conducting the review of the Port Health Plans and producing any reports relating to the port or airport. It follows from this that arrangements need to be in place for a Port Medical Officer to be available within working hours and on-call, to discharge the specific obligations described in the legislation, specifically:

- to conduct a risk assessment for evidence of communicable disease in passengers and crew aboard ships or aircraft, when infectious disease is suspected onboard
- under the transport regulations, to visit aircraft/ships in certain circumstances, such as at the request of the commander/captain; where the aircraft/ship is detained pending medical inspection; or to remove any infected person from the aircraft/ship. These legal powers in the transport regulations are specific for the medical officer
- when requested by the port health officer, often an environmental health officer attached to the food and safety section of a local authority, to visit ships/aircraft where there is a death on board to assist them in identifying whether the death could have been due to infection or environmental causes

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MILITARY

Any request for military assistance in support of a Influenza Pandemic outbreak is to follow the current Military Aid to the Civil Authorities (MACA) procedures as set out in The MoD Joint Doctrine Publication 02. Advice on this should be obtained from the Joint Regional Liaison Officer (JRLO) for the South West Region as necessary.

VOLUNTARY ORGANISATIONS

British Red Cross (BRC) in general will have reduced capacity. The BRC have business continuity plans in place to maintain their essential and contracted services as far as possible. They are also able to provide staff for call centres, could also provide support at mass vaccination centres (admin/emotional support). They will, as per the MoU with SWAST provide, non emergency ambulance support where required.

British Red Cross will be working with the NHS in assisting where they are able with the delivery of antiviral medication to those that are too ill to collect it themselves and have no friend, neighbour or relative able to assist

Due to the potential increase in demand for care at home – there is the possibility that they would assist with low level, non personal care for vulnerable people in their own homes. Recognising that there may be a need to adapt their services and support to meet requirements at the time so understand the need for flexibility in response.

St John Ambulance will continue to provide as flexible response as possible. This will include assistance with inoculations, practical and emotional support; they have access to retired registered mental health nurses and also current mental health practitioners.

WRVS in addition to their usual support they would be able to assist at mass vaccination centres providing refreshments and practical support.

CATEGORY 2 RESPONDERS

The LRF recognises the differences in structure and scale of the CAT2s in this LRF area, means that no single arrangement can easily apply to all CAT2s. Some have a regional structure whilst others have more local capacity.

In a flu situation, where the assumption would be that this would be a region-wide (indeed national) emergency, with BCM issues predominating, it is anticipated that the CAT2s will form a cell within the Regional Scientific and Technical Advice Cell (RSTAC). This may be a virtual cell, though face to face meeting is always easier, however this cell will provide a communications route with resilient links to all utilities. Those organisations who also have a local capacity to service their local LRF directly would do so.

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Generic call-out arrangements that would enable this CAT2 Cell to be called are being developed by the CAT2 Forum, comprising a 24/7 contact for each CAT2 in the SW Region. The list will be maintained by GOSW for this purpose and shared with LRF Secretariats when required.

HIGHWAYS AGENCY

The Highways agency is responsible for:

- Operating, maintaining and improving the strategic road network (i.e. motorways and all purpose trunk roads) in England.
- The Traffic Officer Service on motorways to assist customers and incident management.
- Traffic management and implementing diversion routes on the strategic road network.
- Setting strategic and local Variable Message Signs and other signing to advise drivers of incidents, adverse weather, diversions etc.
- Providing travel information on HA Information Line (HAIL), HA Web Site Traffic England , radio and various other HA communication channels

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6 – THE COMBINED RESPONSE

COMMON OBJECTIVES

All agencies responding to a Influenza Pandemic outbreak will, as far as is practicable, work to these common objectives:-

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

COMMAND, CONTROL & CO-ORDINATION

The arrangements for the co-ordination of the multi agency response will commence at WHO phase 4.

Multi-Agency Strategic Co-ordination

Local Resilience Forum Strategic Co-ordinating Group (Gold)

- Chaired by the Police

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- Group may be required to meet in person or via audio or video conference – frequency and timings of meetings will be determined by the GOLD commander.
- Supported by a Devon and Cornwall Local Influenza Pandemic Control Committee
- Includes Strategic Co-ordination arrangements within each PCT Area, Chaired by each PCT Chief Executive.

Local Resilience Forum Influenza Pandemic Control Committee

- The STAC will perform the function of the LRFIPCC (As per the LRF STAC plan) and will be formed on request of the GOLD commander.
- Chaired by a Public Health Advisor (Director of Public Health from a Primary Care Trust or a Consultant in Communicable Disease Control from a Health Protection Unit)
- Provides strategic public health advice to the Strategic Co-ordinating Group
- Group may be required to meet in person and/or via audio-video conference

Multi-Agency Tactical/Operational Co-ordination

Pandemic Management Team or equivalent (Silver)

- Established for each PCT area.
- Chaired by the Director responsible for provider services
- Will include Directors of Adult Social Care or nominated deputy
- Reports to the Strategic Co-ordinating Group
- Determines Tactical/Operational decisions within the PCT catchment area
- Group may be required to meet in person or via audio conference

Pandemic Management Team (Bronze)

- Established in each organisation
- Reports to the Silver(tactical) group

Details of multi agency command, control and co-ordination is contained within the Devon, Cornwall and Isles of Scilly Combined Agency Emergency Response Protocols (CAERP) held by all Category 1 Responders.

Individual agencies will also be required to co-ordinate their own agency response at a Strategic, Tactical and Operational level (appendix B).

WARNING AND INFORMING (communicating with the public)

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The LRF recognises the importance to warning and informing our public, both in the lead up to an emergency, during Response phase and afterwards in the Recovery Phase. This is done in accordance with our generic Communications Plan which will be instigated at WHO phase 4. There will be a section in this plan dealing with the special circumstances of a Flu Pandemic. Broadly this is about the need to maintain a consistent and frequent flow of information with reduced staff available, and by minimising personal contact through briefing meetings.

The importance hygiene messages to the public and staff at an early stage and throughout the pandemic will be crucial. Information concerning access to antiviral medication, school closers, self help messages, etc, at a local level will be disseminated by all possible means, including media, websites, and posters.

The Plan identifies organisations that will provide spokes people, and the coordination of their messages through GOLD Command, to provide messages consistent with national guidance.

The LRF Communications plan includes sections on Targeting information to specific audiences including speakers of other languages. The LRF will publicise national messages and campaigns, but has prepared local messages about Hospitals, long-term care and residential facilities, clinics, GP Surgeries, and set up arrangements for a two way dialogue.

MASS VACCINATION PROCEDURES

The separate **LRF Mass Vaccination Plan** identifies specific organisations who will provide specific locations and facilities for use in any Mass vaccination program.

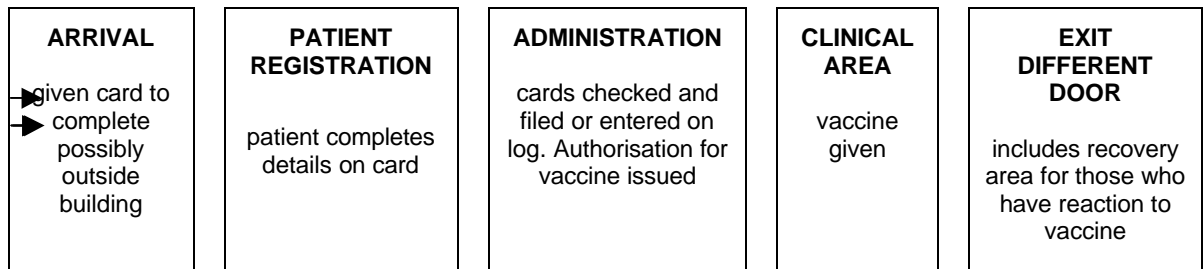
The PCTs will be responsible for planning and co-ordinating mass vaccination to the general public.

All people presenting at mass vaccination centres will need to be screened to determine their eligibility for the vaccine against the national priority groups.

People will be required to complete a card stating their name, address, date of birth, name of GP and their NHS number. This will be checked by an administrator and another card issued to the patient to entitle them to a first vaccine, which will be given immediately. There is likely to be a follow up dose in four weeks. Acceptance of the completed card could also serve as an implied consent.

The patient flow through a mass vaccination centre is set out below:

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It may be necessary to use separate teams for setting up and dismantling a vaccination centre.

Due to the resource intensive nature of a mass vaccination programme it is extremely likely that the local health services will require multi-agency support to deliver a mass vaccination programme to the population in Devon, Cornwall and the Isle of Scilly. Organisations such as the Local Authorities and the Police will provide advice and support in choosing suitable locations, arranging security and providing staff to assist with administration and recording duties to free up clinical staff to deliver the vaccine.

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7 - RESPONSE ACTIONS

Generic Response Actions for agencies involved in the response to an Influenza Pandemic outbreak are contained within their individual agency Influenza Pandemic and/or Business Continuity Plans.

| World Health Organisation Phases | | |
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| Inter-pandemic period | | |
| Level | Definition | Devon, Cornwall & IOS LRF Actions |
| 1&2 | No new influenza subtypes in humans, animal influenza virus poses substantial risk | <ul style="list-style-type: none"> • Monitor and respond to planning requirements of Department of Health |
| Pandemic Alert Period | | |
| 3 | Human infection with new subtype, but no (or rare) person to person spread | <ul style="list-style-type: none"> • Accelerate, consolidate and test preparedness in line with Department of Health guidance |
| 4 | Small clusters with limited person to person transmission, but spread highly localised | <ul style="list-style-type: none"> • All agencies to review business and service continuity arrangements • Consider measures to enhance and preserve essential supplies • Finalise plans for pre-distribution of stockpiled items • LRF Communications sub group to prepare and inform the public. • Setting up Flu Pandemic Teams and Influenza Pandemic Control Committee |
| 5 | Large clusters but spread still localised, suggesting virus better adapted to humans | <ul style="list-style-type: none"> • Pandemic Flu plans to be ready for instant implementation • Activate local co-ordination and communication arrangements. • Instigate LRF Communications plan |
| Pandemic Period | | |
| 6 | Increased and sustained transmission in general population | <ul style="list-style-type: none"> • Pandemic declared. UK Alert levels operative. • Implement response according to the relevant UK alert level notified by the Department of Health |
| Pandemic Period – UK Alert Levels (see appendix B) | | |
| UK1 | No cases in the UK | <ul style="list-style-type: none"> • Review and test response plans and operational arrangements, with focus on staffing, logistics and supply. • Prepare for demands caused by heightened public concern • Public information messages to prepare for imminent arrival of the pandemic |

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| UK2 | Virus isolated in the UK | <ul style="list-style-type: none"> • Implement plans to maintain core services, adjust activity levels to cope with demand • Increase vigilance and surveillance for potential local cases, investigate cases and contacts promptly to confirm or refute diagnosis • Provide appropriate care • Apply measures to control or slow the spread of infection • Advise those with flu like symptoms to stay at home, contact flu line and get flu friend to collect antivirals. |
| UK3 | Outbreak(s) in the UK | <ul style="list-style-type: none"> • Implement measures proportionately as the pandemic spreads • Ensure patients have access to appropriate assessment, treatments and care. • Adapt health and social care services to maximise surge capacity in anticipation of additional demand • Implement staffing contingency plans • Strengthen infection control measures in all health and social care settings. • Reinforce previous public messages and provide advice and general information. |
| UK4 | Widespread activity across the UK | <ul style="list-style-type: none"> • Monitor the impact on service against planned expectations and modify responses if necessary • Provide health and social care information • Monitor antiviral consumption against expected use • Monitor and respond to pressures on health and social care services |

8 – RECOVERY

Definition

The Department of Health will announce when the pandemic is over or subsided. In the UK the pandemic will be deemed to be over when the epidemiological indices have returned to background levels.

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The recovery phase from a Pandemic Flu is likely to be sustained and may take continue for many months and or potentially years before returning to a pre-pandemic state.

Planning assumptions

- This, or a similar virus is likely to remain in circulation
- It may take months, or even years for some services to recover

Key issues

- Assessment and evaluation
- Mitigation of impact

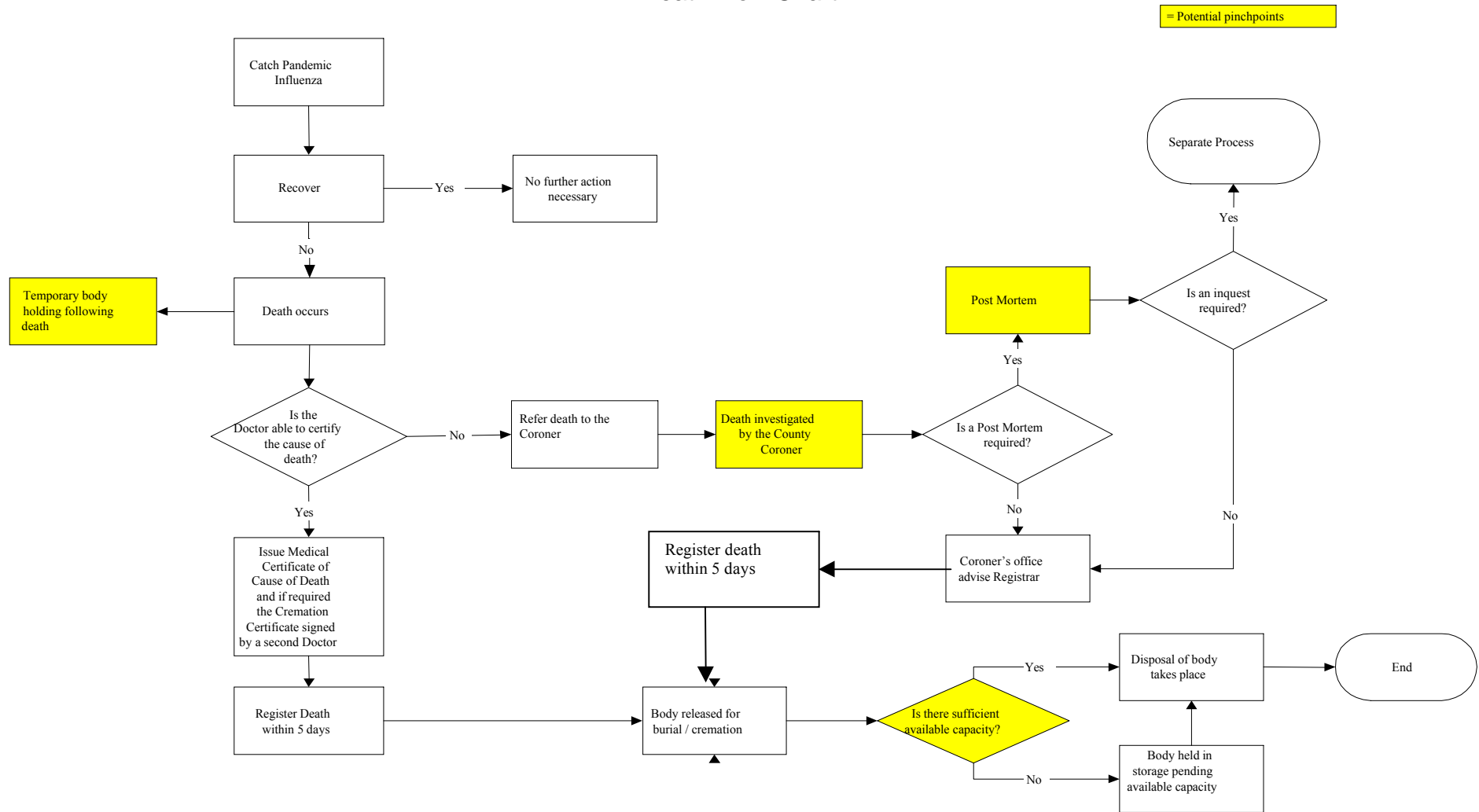
Local Response

- Evaluation of lessons learned
- Update Pandemic plan
- Contribute to report and legal process

The suspension of non-essential services during the pandemic period will cause back-logs for many statutory service providers. A gradual return to normality will be required based on prioritisation of services and the needs of the affected population. As such comprehensive impact assessments will be required to ensure effective management of resources and reconfiguration of services as required.

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Death Flow Chart



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A) Emergency Mortuary : body holding immediately following death

Hospitals are responsible for holding bodies where death occurs in a hospital.

Local Authorities have responsibility to hold bodies pending Coroner investigation or post-mortem. In normal circumstances, bodies are held in hospital mortuaries or at undertakers. With excess of deaths expected in a flu pandemic, there may be a requirement for temporary storage.

B) Reasons why a death may be referred to the Coroner

- The deceased was either not treated during the illness, or not seen within the last 14 days or viewed after death
- The cause of death is unknown
- It cannot be readily certified as due to natural causes
- There are suspicious circumstances or a history of violence
- The death may be linked to an accident
- There is a question of self-neglect or neglect by others
- Death occurred in prison or whilst in police custody
- The deceased was detained under the Mental Health Act
- Death is linked with an abortion
- Actions of the deceased may have been a contributory factor (drug abuse, self-injury or overdoes)
- Death occurred during an operation
- Death may be related to a medical procedure
- Death may be due to lack of medical care
- Death occurred after admission to hospital
- There is an allegation of medical mismanagement

C) Options for temporary storage of bodies

- Make use of surplus capacity at Undertakers
- Embalm
- Cold Storage
- Group burial

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| UK ALERT LEVEL 1 - CASES ONLY OUTSIDE THE UK |
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National Co-ordination

UK National Influenza Pandemic Committee (UKNIPC)

- Convene to advise UK Health Departments

**Lead Government Department: Department of Health
Level 1 Response**

- Review preparedness
- Respond to advice of UK National Influenza Pandemic Committee

Civil Contingencies Committee

- Review preparedness across all sectors and take appropriate strategic decisions
- Liaise with LRF Strategic Co-ordinating Groups (Gold)
- Liaise with national co-ordination groups – UKNIPC, DoH, CCC

Regional Co-ordination

Regional Civil Contingencies Committee

(Chair of the RCCC - Regional Director of Public Health):

Level 1 Response

- Evaluate local agency preparedness

Devon, Cornwall & Isles of Scilly Multi-Agency Strategic Co-ordination

Strategic Co-ordinating Group (Gold)

- Convene 'passive' LRF Strategic Co-ordinating Group – Agree frequency of audio-conferences
- Review preparedness across all sectors and take appropriate strategic decisions
- Liaise with Regional Civil Contingencies Committee
- Liaise with Local Influenza Pandemic Control Committee
- Pandemic Management Teams (Tactical Co-ordinating Groups)
- Devon and Cornwall Local Influenza Pandemic Control Committee
- Review membership, Terms of Reference, chairing and communications arrangements

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Pandemic Management Team (Silver)

- Acute and Primary Care Trusts convene shadow Pandemic Management Team
- Agree membership, Terms of Reference, chairing and communications arrangements
- Liaise with Strategic Co-ordinating Group
- Review preparedness arrangements
- Liaise with Strategic Co-ordinating Group
- Liaise with partner agencies

Pandemic Management Team (Bronze)

- Each organisation convenes its shadow Pandemic Management Team
- Agree membership, Terms of Reference, chairing and Communications arrangements
- Liaise with Silver tactical group
- Review and Test response plans and operational arrangements, with focus on essential services staffing, logistics and supply.
- Prepare for demands caused by heightened public concern
- Public information to help them prepare for the imminent arrival of the pandemic along with hygiene and self help messages.

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UK ALERT LEVEL 2 - NEW VIRUS ISOLATED IN THE UK

National Co-ordination

UK National Influenza Pandemic Committee (UKNIPC)

- Maintain advice to UK Health Departments

Lead Government Department: Department of Health

Level 2 Response

- Continue to review preparedness
- Respond to advice of UK National Influenza Pandemic Committee
- Prepare to activate Emergency Preparedness Division Co-ordination Centre

Civil Contingencies Committee

- Continue to review preparedness across all sectors and take appropriate strategic decisions

Regional Co-ordination

Regional Civil Contingencies Committee

(Chair of the RCCC - Regional Director of Public Health):

Level 2 Response

- Continue evaluation of local agency preparedness
- Continue liaison with LRF Strategic Co-ordinating Groups (Gold)
- Continue liaison with national co-ordination groups – UKNIPC, DoH, CCC

Devon, Cornwall & Isles of Scilly Multi-Agency Strategic Co-ordination

Strategic Co-ordinating Group (Gold)

- Maintain 'passive' LRF Strategic Co-ordinating Group
- Continue review of preparedness across all sectors and take appropriate strategic decisions
- Continue liaison with Regional Civil Contingencies Committee
- Continue liaison with Local Influenza Pandemic Control Committee
- Pandemic Management Teams (Tactical Co-ordinating Groups)

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Pandemic Management Team (Silver)

- Maintain shadow Pandemic Management Teams
- Continue liaison with Strategic Co-ordinating Group
- Continue to review preparedness arrangements
- Continue liaison with Strategic Co-ordinating Group
- Continue liaison with partner agencies

Pandemic Management Team (Bronze)

- Maintain shadow Pandemic Management Teams
- Continue liaison with Silver Pandemic Management Team
- Implement plans to maintain core services, adjust activity levels to cope with demand
- Increase vigilance and surveillance for potential local cases, investigate cases and contacts promptly to confirm or refute diagnosis
- Provide appropriate care
- Apply measures to control or slow the spread of infection
- Advise those with flu like symptoms to stay at home, contact flu line and get flu friend to collect antivirals.

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| UK ALERT LEVEL 3 – OUTBREAK(S) IN THE UK |
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National Co-ordination

UK National Influenza Pandemic Committee (UKNIPC)

- Maintain advice to UK Health Departments

Lead Government Department: Department of Health

Level 3 Response

- Continue to review preparedness
- Respond to advice of UK National Influenza Pandemic Committee
- Activate Emergency Preparedness Division Co-ordination Centre
- Response may be co-ordinated from the Cabinet Office Briefing Room (COBR)

Civil Contingencies Committee

- Continue to review preparedness across all sectors and take appropriate strategic decisions
- Prepare to escalate government response to Level 3

Regional Co-ordination

Regional Civil Contingencies Committee

(Chair of the RCCC - Regional Director of Public Health):

Level 3 Response

- Continue evaluation of local agency preparedness
- Work to co-ordinate government resources into the response
- Continue liaison with LRF Strategic Co-ordinating Groups (Gold)
- Continue liaison with national co-ordination groups – UKNIPC, DoH, CCC

Devon, Cornwall & Isles of Scilly Multi-Agency Strategic Co-ordination

Strategic Co-ordinating Group (Gold)

- Begin daily audio conferencing with:
 - LRF Strategic Co-ordinating Group
 - Regional Civil Contingencies Committee
 - Local Influenza Pandemic Control Committee

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- Pandemic Management Teams (Silver Co-ordinating Groups)
- Continue review of preparedness across all sectors and take appropriate strategic decisions

Pandemic Management Team (Silver)

- Begin daily audio conferencing with Strategic Co-ordinating Group
- Continue liaison with partner agencies

Pandemic Management Team (Bronze)

- Begin daily audio conferencing with Pandemic Management Team (Silver)
- Implement measures proportionately as the pandemic spreads
- Ensure staff/patients have access to appropriate assessment, treatments and care.
- Adapt health and social care services to maximise surge capacity in anticipation of additional demand
- Implement staffing contingency plans
- Strengthen infection control measures in all settings.
- Reinforce previous public/staff messages and provide advice and general information.

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ALERT LEVEL 4 – WIDESPREAD ACTIVITY ACROSS THE UK

National Co-ordination

UK National Influenza Pandemic Committee (UKNIPC)

- Maintain advice to UK Health Departments

Lead Government Department: Department of Health

Level 4 Response

- Response co-ordinated from Emergency Preparedness Division Co-ordination Centre or Cabinet Office Briefing Room by the Civil Contingencies Committee (CCC), chaired by the Prime Minister or a Secretary of State
- Respond to advice of UK National Influenza Pandemic Committee
- Government resources engaged in the response

Regional Co-ordination

Regional Civil Contingencies Committee

(Regional Nominated Co-ordinator - Regional Director of Public Health):

Level 4 Response

- Take a strategic and executive role in co-ordinating all resources at both local and regional level
- Continue liaison with LRF Strategic Co-ordinating Groups (Gold)
- Continue liaison with national co-ordination groups – UKNIPC, DoH, CCC

Devon, Cornwall & Isles of Scilly Multi-Agency Strategic Co-ordination

Strategic Co-ordinating Group (Gold)

- Maintain daily audio conferencing with:
 - LRF Strategic Co-ordinating Group
 - Regional Civil Contingencies Committee
 - Local Influenza Pandemic Control Committee
 - Pandemic Management Teams (Silver Co-ordinating Groups)
- Continue to take appropriate strategic decisions

Pandemic Management Team (Silver)

| | |
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- Maintain daily audio conferencing with Strategic Co-ordinating Group
- Maintain liaison with partner agencies

Pandemic Management Team (Bronze)

- Maintain daily audio conferencing with Pandemic Management team (Silver)
- Monitor the impact on service against planned expectations and modify responses if necessary
- Provide health and social care information
- Monitor antiviral consumption against expected use
- Monitor and respond to pressures on health and social care services

| | |
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PANDEMIC INFLUENZA IMPACT PLANNING TABLE
General impact based on population and virus attack rate, with effect on GP Practices

| | |
|--------------------|------------------|
| Population: | 1,667,000 |
|--------------------|------------------|

| | |
|----------------------|-----------|
| Attack Rate % | 50 |
|----------------------|-----------|

WEEKLY DISTRIBUTION

| | | Week 1 | Week 2 | Week 3 | Week 4 | Week 5 | PEAK Week 6 | Week 7 | Week 8 | Week 9 | Week 10 | Week 11 | Week 12 | Week 13 | Week 14 | Week 15 |
|--------------------------------------|---------|--------|--------|--------|--------|--------|-----------------------|---------|---------|--------|---------|---------|---------|---------|---------|---------|
| | | 0.10% | 0.20% | 0.80% | 3.10% | 10.60% | 21.60% | 21.20% | 14.30% | 9.70% | 7.50% | 5.20% | 2.60% | 1.60% | 0.90% | 0.70% |
| TOTALS | | | | | | | | | | | | | | | | |
| Clinical Cases | 833,500 | 834 | 1,667 | 6,668 | 25,839 | 88,351 | 180,036 | 176,702 | 119,191 | 80,850 | 62,513 | 43,342 | 21,671 | 13,336 | 7,502 | 5,835 |
| GP Consultations: | | | | | | | | | | | | | | | | |
| Complications | 208,375 | 208 | 417 | 1,667 | 6,460 | 22,088 | 45,009 | 44,176 | 29,798 | 20,212 | 15,628 | 10,836 | 5,418 | 3,334 | 1,875 | 1,459 |
| Children 1-2 years | 14,420 | 14 | 29 | 115 | 447 | 1,528 | 3,115 | 3,057 | 2,062 | 1,399 | 1,081 | 750 | 375 | 231 | 130 | 101 |
| Total Consultations | 222,795 | 223 | 446 | 1,782 | 6,907 | 23,616 | 48,124 | 47,232 | 31,860 | 21,611 | 16,710 | 11,585 | 5,793 | 3,565 | 2,005 | 1,560 |
| Hospital Admissions: | | | | | | | | | | | | | | | | |
| Critical Care Beds | 8,335 | 8 | 17 | 67 | 258 | 884 | 1,800 | 1,767 | 1,192 | 808 | 625 | 433 | 217 | 133 | 75 | 58 |
| Non-critical Care | 25,005 | 25 | 50 | 200 | 775 | 2,651 | 5,401 | 5,301 | 3,576 | 2,425 | 1,875 | 1,300 | 650 | 400 | 225 | 175 |
| Total admissions | 33,340 | 33 | 67 | 267 | 1,034 | 3,534 | 7,201 | 7,068 | 4,768 | 3,234 | 2,501 | 1,734 | 867 | 533 | 300 | 233 |
| Mortality: | | | | | | | | | | | | | | | | |
| Least case (0.37% of Clinical Cases) | 3,084 | 3 | 6 | 25 | 96 | 327 | 666 | 654 | 441 | 299 | 231 | 160 | 80 | 49 | 28 | 22 |
| Worst case (2.5% of Clinical Cases) | 20,838 | 21 | 42 | 167 | 646 | 2,209 | 4,501 | 4,418 | 2,980 | 2,021 | 1,563 | 1,084 | 542 | 333 | 188 | 146 |

| | |
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Data Reporting Templates
Organisational Situation Report (Health and non Health)

| | | | |
|-----------------|--|---------------|---|
| SITREP Number: | | ■ | ■ |
| Date:(DD-MM-YY) | | Time: (HH-MM) | |
| Completed by: | | | |
| Name: | | | |
| Tel: | | | |
| Organisation: | | | |

This situation report provides key information and data on the present situation. It has been validated by the relevant departmental / agency officials.

The information contained herein can be disseminated to other agencies as necessary – where clarification is required the lead official should, in the first instance be contacted.

In the tables below, please use a ‘traffic light’ system to describe the local situation

Red = Pandemic Influenza having significant impact on the ability to deliver priorities

Amber = Pandemic Influenza having impact but managing within current resources

Green = Very little impact

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

All enquiries and responses to this Data Reporting Template will be made through the organisational details shown on page 48 of this plan. These details should be consistent with those held by partner agencies and any changes should be highlighted.

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| |
|--|
| Contents: |
| 1. Department / Government Office Key Issues |
| 2. Key issues for CRIP |
| 3. Current situation |
| 4. Operational response |
| 5. Resources and Readiness |
| 6. Look forward |
| 7. Political / policy |
| 8. Media / Communications |
| 9. Manpower and staffing issues |
| 10. Other information not covered elsewhere |
| 11. Information requirements / request clarification |
| 12. Background / overview |
| 13. Next sitrep |
| 14. Contacts |

| | |
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| |
|---|
| 1. Department / Government Office Key Issues |
| |
| 2. Key issues for CRIP |
| |

| | |
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3. Current situation

Health ONLY summary Impact assessment

| Summary Impact Assessment | R A G Status | Comments |
|--|--------------|------------------------|
| Human resources / workforce | | |
| Overall capacity | | |
| Critical Care Service Provision | | |
| Anti-viral collection points | | |
| Interface with flu line | | |
| Infection control within the organisation | | |
| Command and control | | |
| Communications - Internal | | |
| Communications – External (Public Facing) | | |
| Communications – Systems and infrastructure | | |
| Performance standards | | |
| % workforce absent | | [Please input figures] |
| % of current service provision compared to normal levels [estimated] | | [Please input figures] |

| Bed Capacity | | |
|--------------------------|---------------------------|--------------|
| [insert normal capacity] | [insert current capacity] | R A G Status |
| | | |

| | |
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| | | |
|--|--|--|
| | | |
|--|--|--|

Multi agency summary Impact assessment

| Service | R A G Status | Comments |
|--|--------------|----------|
| Fuel | | |
| Oil | | |
| Gas | | |
| Electricity | | |
| Telecommunications Network | | |
| Postal, delivery & collection services | | |
| Food | | |
| Water | | |
| Broadcasting (inc Print media) | | |
| Waste Management | | |

Cremation and Burial Services

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

| Service | R A G Status | Comments |
|----------------------|--------------|----------|
| Cremation | | |
| Funeral Services | | |
| Burials | | |
| Coroners | | |
| Registrars | | |
| Funeral Arrangements | | |

| | |
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The following ad hoc information is required on issues / concerns in the following areas:

| Service | R A G Status | Comments |
|--|--------------|----------|
| Transport | | |
| Tourism | | |
| Animal Health | | |
| Judicial process | | |
| Community cohesion | | |
| Business issues | | |
| Social Care / Welfare Homecare, vulnerable people / groups | | |
| Mutual Aid / Military Support | | |

4. Operational Response

Education

| | Total | Still Open | Closed | Re-opened |
|-------------|-------|------------|--------|-----------|
| Primary | | | | |
| Secondary | | | | |
| Academy | | | | |
| Special | | | | |
| Independent | | | | |

Notes:

1. Non-maintained special schools should be recorded as 'special', not Independent.
2. Middle schools deemed Primary should be recorded as 'Primary' and Middle deemed as secondary as 'secondary'.
3. PRU'S should be recorded as 'secondary'.
4. Nursery schools should not be recorded in this table, but in that for early year and childcare settings below.

| | |
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5. This will require input from each LA and collation by the SCG.

Early years and childcare settings

| No. settings still open | No. settings closed | No. settings re-opened |
|-------------------------|---------------------|------------------------|
| | | |

| Comments on Education |
|-----------------------|
| |

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

| | |
|---|--|
| Transport | |
| Animal Health | |
| Judicial process | |
| Community cohesion | |
| Business issues | |
| Social Care / Welfare Home care, vulnerable people / groups | |

| 5. Resources and Readiness |
|----------------------------|
| |

| | |
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| |
|------------------------|
| 6. Look forward |
| |

| |
|-------------------------------------|
| 7. Political / Policy issues |
| |

| | |
|---|--|
| 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 | |
| Look Forward | |
| Other Media issues | |

| | |
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9. Manpower and staffing issues

Red = Pandemic Influenza having significant impact on Manpower and staffing

Amber = Pandemic Influenza having impact but managing within current resources

Green = Very little impact

| | R A G Status | Issues / Impact Inc. changes to priorities or other countermeasures |
|--|---------------------|---|
| % workforce absent | | |
| % of current service provision compared to normal levels (estimated) | | |

Comments on Manpower and staffing issues (include mutual aid)

10. Other information not covered elsewhere

| | |
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| |
|--|
| |
|--|

| 11. Information requirements / requested clarification |
|--|
| |

| 12. The next sitrep will be provided at | |
|---|-------|
| Date: | Time: |

| 13. Contacts | | | |
|---------------------------------------|--|------|--|
| Organisational Operations Centre | | | |
| Telephone: | | | |
| Fax: | | | |
| Email: | | | |
| Other Key Contacts (In contact order) | | | |
| Name: | | | |
| Position: | | | |
| Telephone: | | Fax: | |
| Email: | | | |
| Name: | | | |
| Position: | | | |
| Telephone: | | Fax: | |
| Email: | | | |

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BIBLIOGRAPHY

The following documents have been used in the preparation of this plan:-

Preparing for Pandemic Influenza – Supplementary guidance for local Resilience Forum planners – Civil Contingencies Secretariat, May 2008

Pandemic Flu – A national framework for responding to an influenza pandemic – Department of Health, Nov 2007

Pandemic Flu – Guidance for Funeral Directors - Department of Health, Jan 2008

Pandemic Flu – Guidance for cleanings staff and refuse collectors in a non-health care setting - Department of Health, Jan 2008

Pandemic Flu – Guidance for the Fire and Rescue Service - Department of Health, Jan 2008

Pandemic flu - Guidance for the hospitality industry - Department of Health, Jan 2008

Pandemic flu - Guidance for the Police Service – National Policing Improvement Agency, Jan 2008

Pandemic flu: A national framework for responding to an influenza pandemic– Department of Health, Nov 2007

Responding to pandemic influenza - The ethical framework for policy – Department of Health, Nov 2007

Pandemic influenza - Guidance on preparing acute hospitals in England – Department of Health, Nov 2007

Pandemic influenza - Guidance for ambulance services and their staff in England – Department of Health, Nov 2007

Pandemic influenza - Guidance for primary care trusts and primary care professionals on the provision of healthcare in a community setting in England – Department of Health, Nov 2007

An operational and strategic framework - Planning for pandemic influenza in adult social care – Department of Health, Nov 2007

The plans listed below support the LRF Pandemic Flu Plan

- 1. The South West Regional Pandemic Influenza framework**
- 2. The South West Regional Generic Response Plan**
- 3. Devon, Cornwall and Isle of Scilly Local Resilience Forum Communications Plan**
- 4. Devon, Cornwall and Isle of Scilly Local Resilience Forum Excess Death Plan**
- 5. Devon, Cornwall and Isle of Scilly Local Resilience Forum Mass Vaccination Plan**
- 6. Devon, Cornwall and Isle of Scilly Local Resilience Forum Scientific, Technical Advice Cell (STAC) Plan**
- 7. Antiviral Distribution and Issue in Devon, Cornwall and the Isles of Scilly LRF Area During an Influenza Pandemic**

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