

# Cleveland Local Resilience Forum

## STRATEGIC PLAN FOR PANDEMIC INFLUENZA



March 2009



# CLEVELAND LRF – STRATEGIC PLAN FOR PANDEMIC FLU

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Any request made under the Freedom of Information Act 2000 should be referred to the Chief Emergency Planning Officer at the Cleveland Emergency Planning Unit on behalf of the Cleveland LRF.

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## INTRODUCTION

One of the most serious potential challenges in the UK at the moment is Pandemic Influenza. The possibility of a worldwide influenza pandemic presents a real and daunting challenge to the economic and social wellbeing of any country and a serious risk to the health of the population. Planning and preparation that is happening now will help lessen its impact when it does occur.

The national framework document '*Pandemic Influenza: A National framework for responding to An influenza Pandemic*' (Department Of Health, November 2007) provided a template for public and private organisations to develop, test and maintain their plans and it has been used to assist in the production of this Strategic Plan for the Cleveland Local Resilience Forum. Although the plan has been produced on behalf of the LRF by the Chief Emergency Planning Officer of the Cleveland Emergency Planning Unit, it has been completed in collaboration with multi agency partners to ensure our assumptions and planning arrangements are robust. Working together as part of the Local Resilience Forum, we are ensuring that a coordinated response is provided from all agencies involved. A major exercise of this plan was undertaken successfully in February 2009.

There are many uncertainties around Pandemic Influenza which makes developing, testing and maintaining plans challenging. A pandemic is likely to spread rapidly once cases are identified in the UK and it is expected to impact on the Cleveland LRF area 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.

Guidance produced to date has allowed organisations to further develop and improve their response and business continuity plans. Response arrangements need to be progressive and will be reviewed and updated as additional information becomes available. It is acknowledged that our response will be implemented with incomplete information and that the various assumptions, presumptions and responses will need to be reviewed as the pandemic develops.

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

Any enquiries about the contents of this plan should in the first instance be directed to the Chief Emergency Planning Officer who will either respond or forward the request to the LRF agency / organisation with responsibility or greater knowledge of the subject matter to which the enquiry relates.

Sean Price

Chief Constable  
Chair of the Cleveland Local Resilience Forum

## SECTION 1 OVERVIEW

- 1.1 This **Strategic Plan for Pandemic Influenza** has been prepared by the Cleveland Emergency Planning Unit on behalf of the Cleveland Local Resilience Forum. The Plan will formalise and clarify the procedures and structure for co-ordination of the response to pandemic influenza across the Cleveland area.
- 1.2 The **AIMS** of the plan are to:
- Increase the level of preparedness for a pandemic influenza event as it is essential that LRF members as Category 1 responders under the Civil Contingencies Act, and for many responders Community Leaders, have effective plans for continuing their business should a pandemic occur.
  - The plan should feature as an integral part of the business continuity plans prepared by each Category 1 responder agency/organisation.
  - To enable the response to pandemic influenza to be co-ordinated within the Cleveland LRF area and to be consistent with the North East Regional Concept of Operations.
  - To minimise the impact on health, social and economic and wellbeing of the local population.
  - Ensure the delivery of a robust multi-agency operational approach and response in a pandemic influenza event.
  - Ensure public confidence.
- 1.3 Guidance from the national framework has been used to determine planning assumptions which advises that all planners should assume that the pandemic influenza virus will have a 50% clinical attack rate and a 2.5% case fatality rate. This is the worst case scenario.
- 1.4 This plan supports and compliments a range of other plans, particularly the Cleveland Anti-Viral Distribution Plan, the Mass Vaccination Plan, Temporary Mortuary and Managing Excess Deaths Plan and the Major Incident Response Plans of the Emergency Services, Health ‘Community’ and Local Authorities. Whilst reference is made within this plan to them, those plans are not reproduced within this plan, being “stand alone” plans in their own right.
- 1.5 The Cleveland LRF Strategic Plan takes due cognizance of a number of regional plans, including the North East Regional Response Plan and the Regional Concept of Operations. This is described further in Section 6.
- 1.6 The continuing work-streams of several planning groups have contributed to the contents of this plan and continue to do so. They include:
- LRF Pandemic Flu Group
  - Tees Health Pandemic Flu Steering Group

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- Cleveland Social Care Group
- Excess Deaths Group
- Judicial Process Group

### 1.7 OBJECTIVES OF THE PLAN

- To share knowledge, information and advice on planning to reduce the impact of a pandemic influenza event.
- The promotion of consistency of approach across the Cleveland area and Category 1 responders
- To ensure that arrangements allow Category 1 responders to respond promptly to any changes in alert levels
- To ensure alerting, response and reporting structures are known and developed so that an effective multi-agency "strategic tier" can be established to co-ordinate activity across the LRF area and act as a link to any regional structure.
- To develop a structure that effectively dovetails with the overall "health response" across the NHS Trusts in the Cleveland LRF area.
- To ensure effective communications throughout the structure, including dissemination of information to the public.
- To ensure the resources of the voluntary sector are considered and can be used effectively and co-ordinated across the LRF area.
- To ensure social care needs are considered.
- To manage excess deaths expected during an influenza pandemic.
- To assess the need for and to co-ordinate mutual aid.
- To determine the interdependencies between the emergency services and partner agencies.
- To stress that as part of the business continuity management process within each LRF agency/organisation, a detailed analysis of critical services should be carried out. This process should assist to minimise disruption to essential services and reduce possible disruption to society should a pandemic influenza event occur.
- To identify that each LRF agency/organisation should appoint a Responsible Officer and establish an Incident Management Team (Tactical Group) with clear roles and responsibilities to act during a pandemic influenza event. (see Section 4 – Management and Control)

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- To be able to promote the earliest return to normality after a pandemic influenza outbreak.
- 1.8 The Cleveland Community Risk Register identifies Influenza Pandemic as a “Very High” risk.
  - 1.9 The Department of Health and the Health Protection Agency published their UK Influenza Pandemic Contingency Plan in October 2005 and have issued a number of guidance documents since that time. The Cabinet Office and Ministry of Justice have issued several pieces of guidance on Contingency Planning for a Possible Influenza Pandemic, which have been taken into consideration in the production of this plan. The final version of the UK's Pandemic Flu National Framework and supporting guidance was published in November 2007.
  - 1.10 In the event of pandemic influenza there will be severe constraints on the NHS, local authorities and emergency responders in terms of responding to the pandemic and dealing with the impact on their own services e.g. staff absenteeism. The co-ordination arrangements set out in the Regional Concept of Operations attempt to reduce the burden on the health community and all partner agencies as far as possible while ensuring that information flows effectively between the national, regional and local resilience tiers.
  - 1.11 Reference has been made to Business Continuity Management and Pandemic Influenza plans of individual Category 1 and 2 responder agencies / organisations which provide details of possible social measures that will anticipate operational or logistical assistance. For example, local arrangements are in place within the health and social care communities to support others wherever possible, whilst recognising that there is likely to be reduced availability of staff and resources amongst Category 1 and 2 agencies / organisations consequent to the pandemic influenza event.
  - 1.12 Persons identified as having specific roles and responsibilities within pandemic influenza plans have received training within their respective organisations/agencies and/or taken part in exercises, e.g. Exercise Atishue.
  - 1.13 The plan is a “living document”, but is subject to review at least annually and/or when new national guidance is issued, as this is still a developing scenario. Training is being given to relevant staff as appropriate and thereafter the plan will be tested. It was reviewed after the regional exercise held in February 2009 to take into account lessons learned. The next scheduled full review is October 2009.
  - 1.14 The LRF (Secretariat) should be the depository for the Pandemic Influenza plans of all LRF agencies / organisations.

## SECTION 2 WHAT IS PANDEMIC INFLUENZA?

2.1 Most significant signs and symptoms of pandemic influenza are the same as for ordinary flu but they will probably be more severe and cause more serious complications:

- Fever
- Cough or shortage of breath
- Sudden onset of illness

Other symptoms are:

- Headache
- Malaise
- Chills and aching muscles
- Sore throat, runny nose and sneezing
- Loss of appetite

2.2 The important features of a pandemic influenza outbreak are:-

- It is unpredictable
- It may occur at any time of the year
- It is most likely to start in Asia or at least outside the UK and gradually spread
- People of all ages may be at risk, not just the 'at risk' groups e.g. elderly people or young children
- Spread in the UK may be as quick as two to three weeks but could be longer.
- The incubation period (time from contact with virus to symptom onset) can range from one to seven days, although for most people it will be two to three days
- Infectious period (how long you are infectious to others) is from 12 hours before onset of symptoms until about five days after for adults and about seven days for children.
- Once established in the UK the disease is likely to spread rapidly reaching its peak after about 10 weeks and then gradually decline over the next 4-6 weeks. There may be subsequent waves of the virus
- It will cause illness in a high proportion of the population and the Department of Health estimates indicate that 25% of the workforce will take 5-8 working days off over the period of the pandemic. This will be exacerbated by employees needing to take time off to care for sick relatives and those possibly excluded from closed services such as schools and nurseries.
- It will spread widely because most people will have little or no immunity to the new virus and so will be susceptible to infection. Some 40% of the population or more may be affected.
- There is also likely to be a higher degree of hospitalisation than for seasonal flu, unusually this is likely to be particularly marked in those under 65 years including children and normally fit young adults.

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- There is likely to be a high death toll associated with the virus which will place additional strain on the health service, local authorities, emergency responders and the community at large.

2.3 Pandemic influenza is spread from person to person by close contact, including:

- Through large droplets when coughing, sneezing or even talking
- Shaking or holding hands with infected person, followed by touching of mouth, eyes or nose without first washing your hands with soap and water
- Through handling contaminated inanimate objects such as equipment, door handles and light switches, followed by touching of mouth, eyes or nose without first washing your hands with soap and water.
- Fine airborne droplets or dust particles can pass the virus but this is not a major route of transmission.

Therefore, the risk of catching or spreading influenza during a pandemic can be reduced by maintaining good basic personal hygiene:

- Wash hands frequently with soap and water
- Minimise contact between your hands and mouth / nose
- Cover your nose and mouth when coughing or sneezing
- Use a tissue when coughing or sneezing and dispose of dirty tissues promptly and carefully (bag and bin them)
- Avoid non-essential travel and over-crowding.

2.4 An important distinction to be made is that between pandemic influenza and avian flu, which are frequently classed as one, especially in the media, and this can cause confusion to both staff and the public.

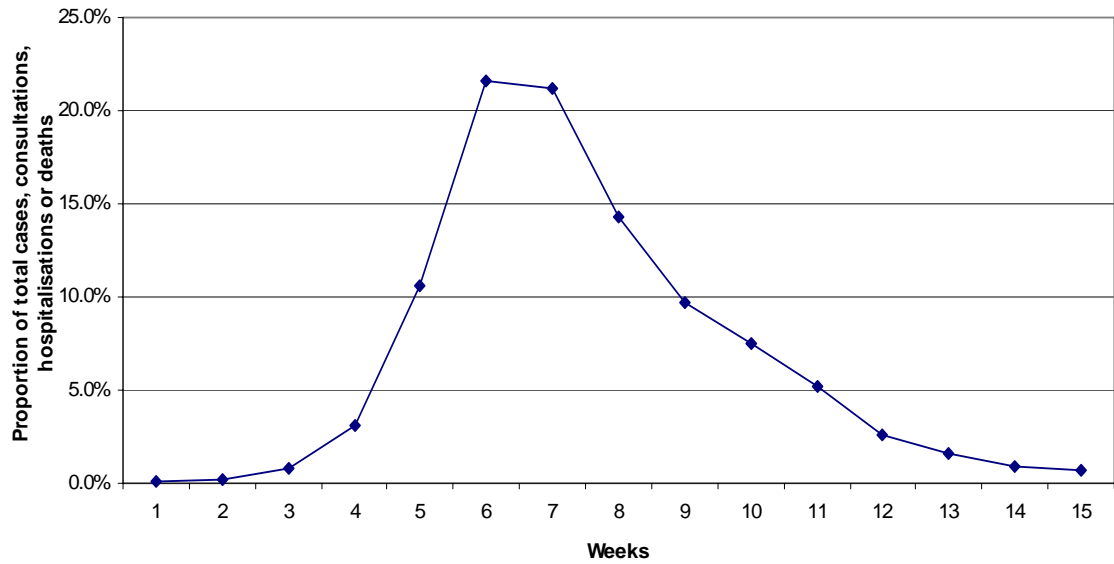
The distinction is:

- Bird flu (or avian influenza) is a type of flu that mainly affects wild or domestic birds
- It can spread rapidly between birds causing sickness and death, especially where birds are kept close together e.g. poultry farms
- A serious form of bird flu, caused by the H5N1 virus, has in the recent past affected chickens, ducks and wild birds in parts of Asia and Europe (Turkey). The H5N1 virus has spread to humans and caused serious illness and death in a small number of people who have had very close contact with infected birds. No human cases have occurred in the UK and the risk of catching bird flu is low.
- There is no confirmed evidence of the H5N1 virus spreading from one person to another. However if persons do travel to countries with reported outbreaks of H5N1 bird flu amongst poultry they are advised to observe precautionary measures

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### 2.5 Temporal Profile

The below profile has been modelled by the Health Protection Agency and gives the predicted profile of a pandemic influenza wave, with weeks 6 to 8 being the most predominant when it is predicted that staff absences will be at their highest. This however should only be used as a basic guide.



## SECTION 3 ALERT STAGES AND PROCEDURES

3.1 The tracking of any pandemic flu worldwide will be performed by the World Health Organisation (WHO) which has developed a six phase procedure.

Phase 1 No new influenza virus subtypes have been detected in humans

Phase 2 No new influenza virus subtypes have been detected in humans. However a circulating animal influenza virus subtype poses a substantial risk of human disease.

Phase 3 Human infection(s) with a new subtype, but no new human to human spread.

Phase 4 Small cluster(s) with limited human to human transmission but spread is highly localised.

Phase 5 Large cluster(s) but no human to human spread and still localised. May not yet be fully transmissible.

Phase 6 Pandemic phase – increased and sustained transmission in the general population of the country affected.

3.2 The WHO feeds information and advice into the Department of Health (DoH) in the United Kingdom, who are the co-ordinators of any UK response. The Department of Health has a five alert level process:

Level 0 - No cases anywhere in the world

Level 1 - Virus / cases only outside the UK

Level 2 - Virus isolated in the UK

Level 3 - Outbreaks in the UK

Level 4 - Widespread activity across the UK

3.3 The UK Alert Level 1 is likely only to be activated once WHO phase 6 has been reached, although the Department of Health (DoH) will be actively liaising with the WHO during other phases.

3.4 The DoH will, during WHO phases 2 to 5, issue advice and guidance on their website and through other health outlets if it is considered that there is a risk to UK travellers going to those countries affected.

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### ALERT STAGES WITHIN CLEVELAND

3.5 The Cleveland Local Resilience Forum have agreed that the following alert stages will apply for all Category 1 responder organisations and agencies in Cleveland. They link into the DoH alert stages and WHO phases as shown.

	<b>Cleveland</b>	<b>DoH Alert Levels</b>	<b>WHO Phases</b>
No evidence of Pandemic Influenza but information sharing and planning undertaken	<b>Green</b>	<b>0</b>	<b>1</b>
Confirmed cases of the commencement of a pandemic internationally. Could be isolated cases within UK but no domestic transmission.	<b>Amber</b>	<b>1 (maybe 2)</b>	<b>6</b>
Pandemic within the UK and beginning to have impact within Cleveland	<b>Red</b>	<b>3</b>	<b>6</b>
Pandemic impacting upon organisations and services within Cleveland	<b>Red / Red</b>	<b>4</b>	<b>6</b>
Evidence of the impact of the pandemic subsiding and position improving but still need for daily monitoring and action	<b>Red 2</b>	<b>4</b>	<b>6</b>
Direct impact of the Pandemic is vastly improved and services are getting back to normal	<b>Amber 2</b>	<b>3</b>	<b>6</b>
Post Incident phase – prepare for second wave	<b>Green 2</b>	<b>2 (or 1)</b>	<b>6</b>

3.6 A detailed explanation of the Alert Stages of the Cleveland plan is given in Section 4

## SECTION 4 MANAGEMENT AND CONTROL

- 4.1 It is essential that within each LRF agency/organisation there are specific structures in place, with responsibilities pre-identified to prepare for and respond to a pandemic influenza event. It is suggested that an Incident Management Team (IMT) should be established no later than the introduction of the “amber” phase.
- 4.2 The risk of an influenza pandemic should be shown within the corporate strategic risk register of each LRF agency/organisation. It is suggested that the Corporate Management Team in each agency/organisation allocates responsibility / “ownership” of this risk to a Senior Director or other Chief Officer, who is appointed as the “Responsible Officer” and who leads the Pandemic Influenza Incident Management Team, once established.
- 4.3 The “owner” of the risk should be responsible for developing the necessary control measures and therefore oversee the development of the appropriate business continuity plans relating to the risk of pandemic influenza as outline in this plan.
- 4.4 As agreed by the Cleveland Local Resilience Forum the following levels of alert and response will be used throughout the life cycle of a pandemic across the Category 1 responders in the Cleveland area:-

<b>Green</b>	There is no evidence of the flu pandemic – normal planning process and timescale continues with information sharing taking place.	↓	Pre-
<b>Amber</b>	Through national resilience networks there are confirmed reports of the commencement of a pandemic internationally and isolated cases within the United Kingdom but no reports of domestic transmission.		
<b>Red</b>	The pandemic is now established in the UK and there is evidence of it having an impact within the Cleveland area.	↑	During
<b>Red/Red</b>	The impact of the pandemic is extreme in the Cleveland area with daily discernable changes in impact.		
<b>Red2</b>	There is evidence of the impact of the pandemic subsiding and the position is now improving	↓	
<b>Amber2</b>	The direct impact of the pandemic is vastly improved and services are getting back to normal. However the post-incident phase is now underway and requires action over and above normal activities.		
<b>Green2</b>	The post incident phase can now be managed within normal service delivery.	↑	Post-

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- 4.5 It is suggested that membership of an Incident Management Team should include:
- The identified Responsible Officer (RO) (see 4.2 above) who will lead the team
  - Chief or Senior Officer who is the Business Continuity Champion for the respective LRF agency/organisation
  - Communications Manager (Media/Public Relations Officer)
  - Chief Officer or deputy from each departmental/service area
  - Senior Personnel Officer
  - Emergency Planning Officer
  - A nominated secretary to keep records.

It is recognised that on occasions nominated deputies may have to take any role within the IMT and other senior managers may be required to join the IMT.

- 4.6 The Chair of the IMT will report to the Head of their respective agency / organisation, e.g. Chief Constable, Chief Executive, Chief Fire Officer, etc and into their Corporate Management Teams (CMT). In the event of the alert state having risen from green to amber the RO will establish the IMT and call a meeting of the team to discuss the state of alert and future course of action.
- 4.7 During the pandemic it is suggested that the IMT within each LRF agency/organisation is responsible for gathering and considering information and making decisions in respect of the actions necessary to address the impact of the pandemic. The management of the pandemic will be undertaken as follows:-

<b>Green</b>	Continuing work on identifying service priorities and resources.
<b>Amber</b>	IMT established, meets weekly and agrees necessary actions.
<b>Red</b>	IMT meets twice weekly (Monday and Thursdays) as a minimum to review information and take necessary action
<b>Red/Red</b>	IMT Meets daily, receives details of absenteeism and agrees tactics
<b>Red2</b>	IMT meets twice weekly (Monday and Thursdays) as a minimum to review information and take necessary action
<b>Amber2</b>	IMT meets weekly to review plan and agree necessary actions. Also reviews plan in wake of lessons learned
<b>Green2</b>	Continues work on reviewing plan and prepares for possible further wave of pandemic influenza. It is considered that there could be two or three waves in total.

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- 4.8 The RO is responsible for IMT meetings and will chair them. Proper records to be kept of all meetings and decisions made.
- 4.9 A member of the IMT should attend meetings of the local Outbreak Control Committee which will be “Health” led and deal with the NHS community and primary care services and health issues within and to the community / general public.
- 4.10 Corporate Management Teams (CMT) of each Category 1 Responders
- Within each LRF agency/organisation, once their Incident Management Team is activated, CMT will receive regular briefings from the RO on actions being taken within the agency/organisation and during the red and red/red stages CMT should meet at least twice weekly and agree future strategy e.g. ceasing of certain activities/services, temporary transfer of staff to other service areas to assist in the delivery of critical services.
- 4.11 The Head of Category 1 responder agencies/organisations e.g. Chief Constable, Local Authority Chief Executive or nominated deputy will attend meetings of the Local Resilience Forum (LRF) / Strategic Co-ordinating Group (Multi-agency Gold).
- 4.12 The Chief Constable as Chair of the Cleveland LRF will also be requested to attend the Regional Civil Contingencies Committee (RCCC) established by the Regional Director, Government Office for the North East.

### Data Collection / Surveillance

- 4.13 It is recognised that the gathering of local information and data from relevant organisations in order to inform local and national response will be an important aspect of management, but it can be time consuming and overwhelming if not controlled. Therefore the Cleveland LRF has agreed that a Data Gathering Cell will be established during the ‘Amber’ phase and will continue in being until the ‘Amber 2’ phase.
- 4.14 Whilst the final composition of the Data Gathering Cell has yet to be completed, the following structure will apply:
- Established at Police Headquarters.
  - Consist of four staff, predominantly from the Primary Care Trusts and Local Authorities, but with assistance from Cleveland Police and Cleveland Fire Brigade.
  - Establish points of contact with each Category 1 responder.
  - Will capture and co-ordinate data from LRF partners.
  - Respond to requests from and report into Government Office for the North East (GONE).

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- Provide daily situation reports to the LRF Chair and Manager/Secretariat and to the Strategic Co-ordinating Group once established.
- 4.15 To ensure consistency of information requested and supplied across the North East, a regional template will be used for the supplying of information to GONE. (Awaiting production by GONE)

### Mutual Aid

- 4.16 There is the possibility that one Local Resilience Forum area may not be as severely affected as another and therefore may be able to offer / provide support to a neighbouring Local Resilience Forum area. Requests for assistance and the offer of assistance should be made through and co-ordinated by the Government Office for the North East.
- 4.17 When considering the need for mutual aid the Strategic Co-ordinating Group (SCG) would consider the following:
- How affected are the neighbouring LRF areas
  - The type and scale of mutual aid that could be requested
  - Which LRF areas may be able to provide the resources requested
  - Existing information sharing arrangements
  - Existing arrangements across the North East region.
  - Existing health mutual aid arrangements through the Strategic Health Authority
- 4.18 Link into existing social care arrangements / social services structures that are already in place between the 'Cleveland' local authorities and neighbouring authorities, for example, North Yorkshire County Council procuring care home beds within the Middlesbrough Council area.

## **SECTION 5      ROLE OF THE CLEVELAND LRF (STRATEGIC CO-ORDINATING GROUP)**

- 5.1 The Cleveland Local Resilience Forum is the multi-agency strategic group established under the remit of the Civil Contingencies Act that oversees and co-ordinates civil contingencies and emergency planning and response across the Cleveland area. It has responsibility for ensuring LRF member organisations and agencies have prepared to deal with a pandemic influenza event.
- 5.2 Following the declaration of the “amber” phase of Pandemic Influenza in Cleveland, the LRF will transform itself into the Strategic Co-ordinating Group, known as the SCG, and meet as the SCG throughout the pandemic influenza event, working in conjunction with the Tees Outbreak (Pandemic Flu) Control Committee and other ‘Health’ agencies.
- 5.3 Once the SCG is formed, the Primary Care Trust (PCT) will co-ordinate the wider health community response.
- 5.4 The Membership of the Strategic Co-ordinating Group (SCG) will be predominately the same as the LRF. Details of Membership are shown in the Cleveland LRF Handbook issued to all LRF members.
- 5.5 Acting upon advice from the DoH, Regional Director of Public Health and the Regional Director of the Government Office for the North East, the Chief Constable as Chair of the Cleveland Local Resilience Forum (LRF) will declare that the “amber” and “red” phases has been activated. This will be disseminated to all Category 1 and 2 responders by the LRF Secretariat (Chief Emergency Planning Officer). The Chief Constable will perform the role as chair of the SCG.
- 5.6 The chair of the SCG will arrange a “Gold” strategic meeting to discuss and agree a co-ordinated strategy across ‘Cleveland’. This first meeting should occur at the earliest opportunity but at least within 5 working days of the declaration of the “amber phase”. It is acknowledged that a pandemic influenza event will require multi-agency co-operation and decision making.
- 5.7 The SCG (LRF) would be Cleveland’s “Gold Command” during a pandemic with the primary remit to deliver the local multi-agency response to a pandemic through the network of Category 1 responders within the LRF.
- 5.8 Close liaison will need to be continued with the “Health” fora during the pandemic and a formal link established with the Tees Outbreak (Pandemic Flu) Control Committee to ensure that the health and social care organisations are adequately supported. Expert “health” advice will be given to the SCG (LRF) by the Regional Scientific and Technical Advice Cell (STAC).

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- 5.9 As it is likely that a pandemic influenza event will affect the whole of the North East region and not just the Cleveland area, only one STAC will be established for the region, possibly in Newcastle. However STAC Liaison Officers should be established in each LRF area.
- 5.10 During the “Amber” phase, a SCG meeting will be held fortnightly. Meetings are likely to be held at Police Headquarters, Middlesbrough.
- 5.11 During the “Red” and “Red/Red” phases, a SCG meeting will be held weekly, or twice weekly if the need is recognised.
- 5.12 The SCG (LRF) will need to appoint a Communications Team consisting of representatives from each of the LRF organisations to deliver the LRF Communications Strategy. It should provide a strong co-ordinated and active information campaign for the public to provide timely and accurate information using all available media. The Communications Team will work in conjunction with the Regional Communications Team and also have a representative on the Regional Communications Group.
- 5.13 During the amber and red alert phases, the SCG (LRF) meeting should consider:
- Impact that the ‘event’ is having on each Category 1 & 2 responder
  - Working with “Health”, the creation of a communications/media strategy, both for staff and the public
  - Advice and guidance from the DoH
  - Impact upon the utilities (water, gas, electricity)
  - Wider impact on the local business community
  - Mutual aid arrangements
  - In conjunction with the Tees Outbreak Control Committee, identify priority groups for anti-virals and vaccination (advice will be given by the Joint Committee on Vaccination and Immunisation (JCVI)).
  - Absentee rates
  - Advice from HM Government relating to social measures to reduce the spread of the infection, including the cancellation of events where there may be mass gatherings
  - Effects upon the transport system
  - Impact upon the judicial process structures.
- 5.14 During the response phases (red, red/red), as well as considering the issues identified above, the role of the SCG (LRF) will be to co-ordinate the local multi-agency response to:
- Provide an effective civil response to the pandemic
  - Support the local NHS response
  - Maintain essential services
  - Minimise social and economic disruption
  - Ensure the provision of timely and accurate information for professionals, public and the media

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- Co-ordinate the multi-agency planning and delivery of response for handling excess deaths as a result of the pandemic
  - Monitor support by the Voluntary Sector and ensure that it is co-ordinated and effective.
- 5.15 The Secretariat of the Cleveland SCG (LRF) will need to ensure that representatives from appropriate 'health' groups attend meetings, for example:
- PCT Directors of Public Health
  - North East Ambulance Service
  - Health Protection Agency Emergency Planning Advisors
  - Acute Hospital Trusts
  - Tees Outbreak Control Committee
  - Mental Health Foundation Trust
- 5.16 Potentially, one of the greatest demands upon the SCG (LRF) will be the need to provide regular situations reports (Sitreps) to the Regional Resilience Team to feed the central and regional demand for information and intelligence. Central demand will include COBRA and DoH Major Incident Control. The SCG (LRF) will allocate this task to the Data Gathering Cell – see sections 4.13 to 4.15.
- 5.17 The Chair of the SCG (LRF) should liaise closely with the Regional Civil Contingencies Committee (RCCC) and attend RCCC meetings as necessary.
- 5.18 The SCG, in conjunction with the HM Coroners', will consider the impact of additional deaths and activation of the Cleveland Temporary Mortuary Plan. Section 11 provides details of the 'Managing Excess Deaths' group.

## **SECTION 6 REGIONAL RESILIENCE FORUM, REGIONAL CONCEPT OF OPERATIONS & HEALTH**

6.1 The North East Regional Concept of Operations (CONOPS) describes how the local and regional resilience tiers will cooperate in the event of a flu pandemic to ensure that there is an efficient coordinated response.

### 6.2 Regional Tier

In the North East, a co-ordinated long term response in a pandemic influenza outbreak will be based at LRF level with the regional role being one primarily of overview, co-ordination and support.

In the event of a flu pandemic there will be, if required, a Regional Civil Contingencies Committee (RCCC) established to:

- Act as the communications route to and from central government.
- Minimise requests to the front line for information.
- Ensure coordinated communication of advice
- Advise on the prioritization of scarce resources
- Enable good practice to be shared

The role of the RCCC will not be to exert any executive command and control.

The Central Office of Information in Government Office for the North East can support the RCCC.

Technical advice will be available from a Scientific and Technical Advice Cell (STAC).

### 6.3 Local Tier

The sub-regional response will be through the three Strategic Co-ordinating Groups (SCG) at LRF level (Northumbria, Durham and Darlington and Cleveland), which in the North East are based on police force areas. These will be the mechanism to coordinate and deliver the local multi-agency response. It will also take a view across the agencies of the impact on business continuity. SCG structures will need to work from the start and continue through the whole pandemic period.

When an emergency arises the LRF will form the SCG (sometimes known as Gold Command) and link into the four key health functions:

- North East Ambulance Strategic Command
- NHS Strategic Management Command
- Public Health Advice:
- Health Communications drawn from either SHA or PCTs.

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### 6.4 Operating Principles of the Regional CONOPS

- Local planning and response is the key and should allow for flexibility at operational level and should be the mainstay during a pandemic influenza.
- The regional and sub-regional response roles must dovetail with the detailed Department of Health and Health Protection Agency contingency and operational plans, allowing flexibility while ensuring a consistent national approach.
- The regional and sub-regional response roles must fulfil the requirements of the Civil Contingencies Act 2004.
- There should be clarity and consistency of health advice at all levels and throughout all agencies involved.
- Communication within the health sector and across all other sectors must be effective and streamlined.
- Arrangements for regional co-ordination must be practical, appropriate and not interfere with operation of local response/co-ordination mechanisms.
- Mechanisms at regional and sub-regional level must be sustainable, possibly for up to six months, as after the first pandemic wave subsequent waves are likely to occur and may be as intense or more intense than the first.
- Communication with the public is vital to ensure that they are aware of the public health messages and know the effect on service provision from the local responders.

6.5 A Regional Resilience Team member or trained Government Office representative will attend each individual SCG as Government Liaison Officer for GONE.

### 6.6 **Regional Civil Contingencies Committee (RCCC)**

6.6.1 Pandemic influenza is likely to stretch the capabilities of local responders and have a widespread impact on the population so it is highly likely that there will be a need for a Regional Civil Contingencies Committee (RCCC) that will take a regional overview and coordinate a regional level response. It may be established in response to local requests, at the behest of the Department of Health as Lead Government Department or by RRF members.

6.6.2 The RCCC will act as the communications route to and from central government.

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- 6.6.3 The RCCC will consist of members of the Regional Resilience Forum and in particular the chairs of the Local Resilience Forums. It will be chaired by the Regional Director of the Government Office for the North East or in the first instance by the Regional Director of Public Health (RDPH). Meetings may take place on a weekly basis or as the situation demands.
- 6.6.4 Membership of the three SCGs and the RCCC needs to be flexible and responsive to the emerging issues during a pandemic e.g. as it changes and moves into recovery. There will be an obvious overlap between the SCGs and RCCC membership in that individual's cannot be in two places at the same time. Given that the SCGs will need to be meeting frequently in the initial phases of the pandemic, any RCCC meetings will have to accommodate these and perhaps be held less frequently and possibly via video-conferencing facilities.
- 6.6.5 The RCCC will focus on:
- Ensuring a co-ordinated communication of public health advice; advice and actions across health and other issues, e.g. public order, to the three LRF 'Gold' groups
  - Assisting the SCG 'Gold', NHS 'Gold' and the Local Outbreak Control Committees by marshalling central resources and helping to prioritise scarce resources
  - Protecting operational staff from unnecessary "bureaucracy" by co-ordinating and minimising requests to the 'front line' for information
  - Ensuring information about the impact of the event is shared between central government and local responders
  - Enabling good practice to be shared and ensuring consistency
  - Ensuring the strategic consideration of the recovery and long term restoration phase of the region following the pandemic
  - Ensuring the appropriate engagement of non Category 1 partners.
- 6.6.6 The Regional Directors of the HPA and Public Health and the SHA Chief Executive will represent the NHS at the RCCC.
- 6.6.7 The role of the RCCC will not be to exert any executive command and control, although it is recognised that within health the Regional SHA will lead the coordination and direction of the NHS resource within the North East, extending into command and control arrangements in exceptional circumstances.
- 6.6.8 The RCCC will be facilitated by the Regional Resilience Team (RRT).
- 6.6.9 The Regional Director for Public Health may act as the regional nominated coordinator in a situation where emergency powers are applied under Part 2 of the Civil Contingencies Act 2004.

### 6.7 The Science and Technical Advice Cell (STAC)

- 6.7.1 The importance of providing clear and consistent public health and health protection messages and advice is widely accepted. Scientific and health

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advice to the Regional Nominated Co-ordinator or Chair of the RCCC where one is called will be provided through a Science and Technical Advice Cell.

6.7.2 The STAC is likely to be set up at the request of the RDPH or HPA Regional Director and it will meet at regular intervals as required. Once established, a Regional STAC during pandemic influenza in the North East will:

- Coordinate public health advice in a flu pandemic that will be available mainly from national level
- Undertake the provision of public health advice to the RCCC [and SCG's through the RCCC]
- Interpret national guidance and advice
- Provide advice on public messages
- Provide expert public health advice to the RCCC, however the responsibility for implementation of that advice lies at local level.
- Provide expert advice to the Strategic Co-ordinating Groups (SCG)
- Co-ordination and logistics for the STAC will be via the HPA North East.
- The STAC representative at the RCCC is likely to be a senior HPA member of staff (Regional Director, HPU Director or CCDC)
- A nominated Director of Public Health will represent the PCT's and they will provide public health advice and chair the STAC
- The STAC will also require appropriate administrative support. All information coming into and leaving the STAC will be through a single route and auditable.

6.7.3 The STAC, chaired by the Regional Director of the Health Protection Agency, is likely to include the HPA Epidemiologist, PCT Director of Public Health representing the Local Outbreak Control Committee, Virologist, Clinicians from relevant specialist areas (Respiratory, A&E, Paediatrics), Pharmacist and Local Authority Social Services at Assistant Director level.

6.7.4 The Regional STAC will negate the need for individual STACs to support the SCG response and will maintain direct communication with DH and the HPA through the UK National Influenza Pandemic Committee. However it will link into the local Health Outbreak Committees.

## 6.8 Regional Health Sector Structures

### 6.8.1 Health Protection Agency (HPA)

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

- In WHO phases 3, 4 and 5, HPA NE staff will work with local and regional responders to ensure robust arrangements are in place;

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- In WHO phase 6, the initial focus on the health protection unit team will be in the HPA national response to the early identification and detailed epidemiological surveillance of the first cases of pandemic influenza in the UK (known as the “first few hundred (FF100) cases”). Once the pandemic reaches UK alert level 3 and above, the HPA response will be to support local and regional structures in the coordination of responses; providing expert advice on the surveillance of infections, description of the pattern of illness being seen in the community and characteristics of the virus to inform operational response arrangements.

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

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

### 6.8.2 Strategic Health Authority (SHA) Incident Team

This group will consist of the Chief Executive (who may be represented by the Director on call), senior executives, communications and support staff from the North East SHA.

The Incident Team will provide overall coordination and direction of the NHS resource within the region, extending into command and control arrangements in exceptional circumstances. It is responsible for the communication cascade mechanism to alert the rest of the NHS to activate plans.

It will also maintain an overview, co-ordinate NHS response and ensure deployment of NHS resources.

The team will link nationally to DH, and feed issues to the RCCC and SCGs.

### 6.8.3 Health Groups

The lead agency, particularly in the initial stages of the pandemic will be the Health Services, therefore, in addition to the multi-agency SCGs, health agencies will need to come together at a sub regional level to ensure that the whole Health Service is co-ordinated.

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This group across Cleveland will be the Tees Outbreak Control Committee and will be chaired by Executive Director of Public Health or a PCT Chief Executive (or deputy) and will include senior representatives from all the NHS trusts in that area plus local public health, local authority adult and children's services (social services) and communications representation. It will also include other health service personnel as appropriate.

(Full details of this Committee are shown in Section 7).

### 6.8.4 Healthcare/NHS Trust Operational Groups

These Emergency Operational Groups will be formed within individual healthcare/NHS trusts, including foundation trusts, to maintain essential services and business continuity and to enable operational management of strategic decisions to take place at the appropriate level within organisations. Membership will include operational managers.

### 6.9 Regional Health Communications during a Pandemic

6.9.1 At a regional level, it is expected that all media/public messages are signed off by the RCCC. When the RCCC is not sitting, nominated leads/agencies will be given responsibility for signing off messages related to their specialist field. It is expected that the RDPH (or deputy) will take responsibility for signing off public health messages when the RCCC is not sitting, linking to the SHA Incident Team.

6.9.2 As a part of its response, the SHA will have a Communications hub, consisting of SHA communications staff who will be responsible for the regional health communications function, including coordinating key regional public health messages for RCCC/RDPH sign off, DH and parliamentary briefings and other national liaison, feeding national/regional health messages to local NHS partners, managing regional media health enquiries, and supporting local NHS communications particularly those sat within the SCG Communications Groups.

6.9.3 In addition to the SHA Communications Group, each SCG will have its own multi-agency Communications Group with representatives from various responding agencies including the local NHS. It is envisioned that the SCG Communications Groups will be responsible for managing media enquiries and messages, cascading public information messages, and other communications functions at a sub regional level, incorporating national/regional messages fed through the RCCC and SHA Incident Teams. It is anticipated that the SCG Communications Groups will provide the bulk of the operational capability for managing communications locally.

**6.10 Other Plans and Issues**

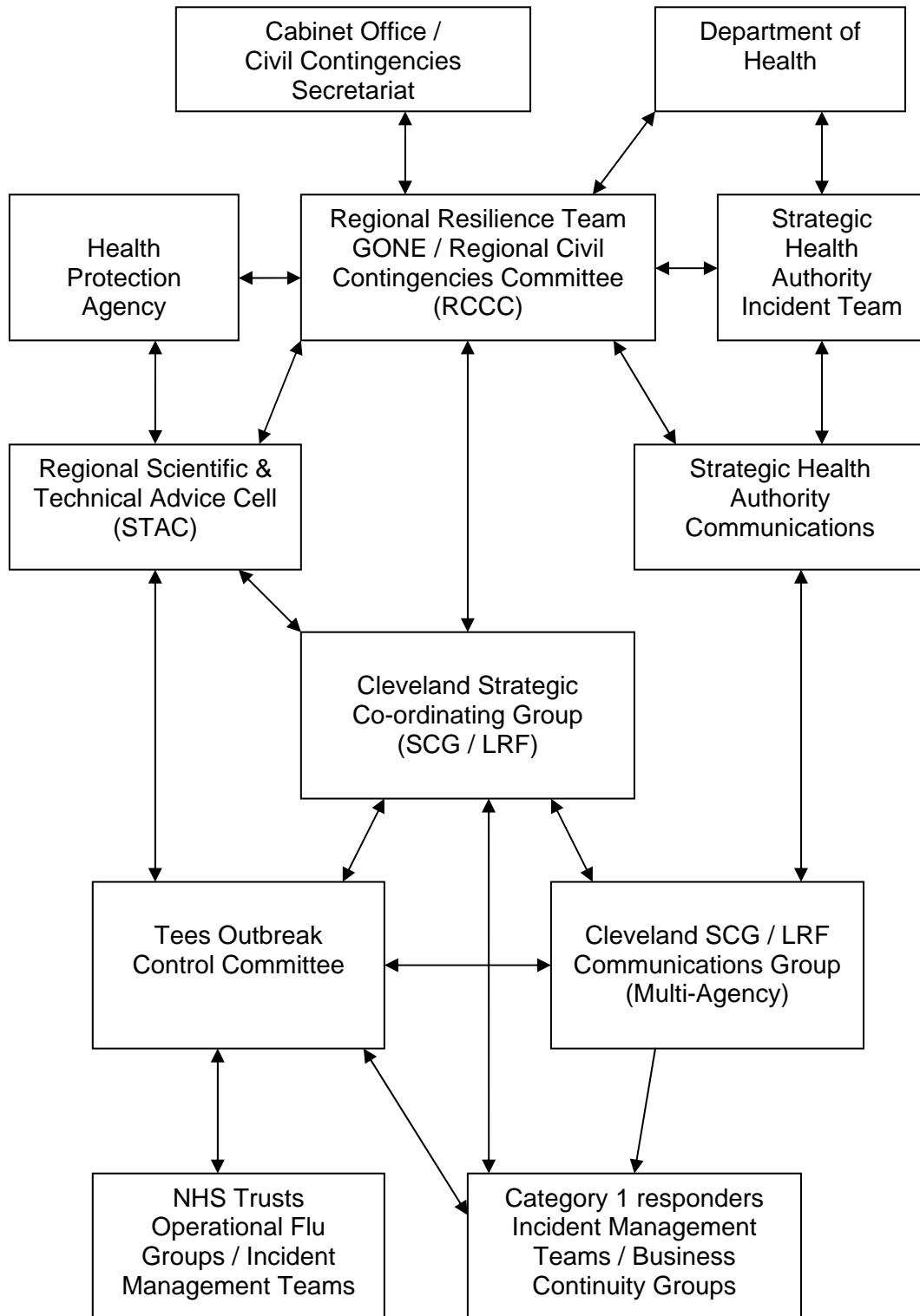
6.10.1 All organisations will need to develop internal contingency plans to maintain their own business continuity despite higher than normal levels of staff absence during a pandemic. This includes making arrangements to ensure that SCG and RCCC members are supported in their role to cover rest, sickness and other leave requirements.

6.10.2 All responders will need to consider the equality and diversity implications of their plans and actions in particular in may be necessary to translate messages into minority languages.

6.10.3 As well as the regional CONOPS and STAC plan mentioned above, planners and responders should take due cognizance of the following regional plans:

- North East Regional Response Plan
- Regional Mass Fatalities Plan
- Regional Multi-Agency Human Infectious Diseases Plan

6.11 Operational Diagram for Regional and Cleveland LRF Sub Regional Response Structured



## SECTION 7 HEALTH and MULTI-AGENCY RESPONSE

- 7.1 Operational Response Plans have been produced by sections of the 'Health Community', i.e. Primary Care Trusts, Hospital Acute Trusts, Mental Health Trusts, to support the health and welfare of the communities they serve.

These plans consider the needs of specific patient populations that may be affected during a pandemic influenza event, including the needs of the frail, elderly, young, patients with chronic diseases or pre-existing medical conditions, disabled persons and persons with learning difficulties. The list is not exhaustive and must remain flexible because until the particular strain of the influenza virus is known, it will not be known which sections of the community are most at risk.

### **Tees Outbreak (Pandemic Flu) Control Committee**

- 7.2 The "health" sector will have a key role to play during the pandemic and in order to manage the response across the Cleveland area, a Tees Outbreak (Pandemic Flu) Control Committee will be established. It will provide a source of information, advice and guidance to Category 1 responders.
- 7.3 One of the primary roles of this Committee will be to advise the Strategic Co-ordinating Group on the situation regarding the health and social care sectors' response to the pandemic. This would include detailing any response shortfalls and requests for resources and advice. The Chair of the Committee will also keep the Strategic Health Authority Incident Team informed. The Committee would meet regularly at a location designated at the time.
- 7.4 Core membership will be:
- Executive Director of Public Health (Chair)
  - Pharmacy Representatives from north & south of the Tees
  - PCT Human Resource Leads (to act for the 4 Tees PCTs)
  - PCT Communication Lead (to act for the 4 Tees PCTs)
  - Community Provider Arm Representatives (for north & south of Tees)
  - Senior Managers representing the Acute and Mental Health Trusts
  - Locality Director of Public Health (Middlesbrough)
  - Social Services (Adult & Children's Services) senior representative from each of the four local authorities.
  - Chief Emergency Planning Officer, Cleveland Emergency Planning Unit (link to Council Emergency Planning Officers / social care sub-group)
  - Clinical Director (Public Health)
  - Project Manager (Public Health)
  - PCTs Emergency Planning Manager
  - Local Medical Committee Representative
  - Health Protection Agency/Unit Leads

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- Primecare (out of hours services)

Other personnel may be co-opted onto the Committee as required and this could include:

- Environmental Health Officer(s) (EHO) from one or more of the local authorities
- Member of the Voluntary Groups (St John Ambulance, British Red Cross, WRVS)
- Liaison Officers from the Emergency Services (Cleveland Police Cleveland Fire Brigade and North East Ambulance Service)
- HM Prison emergency planning leads (Holme House and Kirkclevington)
- Port Health
- Government Office for the North East (Resilience Team)

NHS Direct would be approached for a representative to attend.

### 7.5 Specific roles of the Committee include:

- Provision of a co-ordinated and mutually supportive response by the health and social care sector across Cleveland,
- Control measures and case detection
- Provision of weekly (or less frequent) reports to the PCT's, NHS Trusts and SCG about current levels of the disease and actions being undertaken
- Give latest surveillance data, local, regional and national
- Interpreting national and regional guidance, particularly public health advice from the Regional Science and Technical Advice Cell (via the RCCC) and implement it at the local level
- Liaise with the Strategic Health Authority Incident Team
- Identify resourcing shortfalls where it may be practical for voluntary sector support to be utilise
- Ensure that transportation resources are co-ordinated in support of the Local Authority Health and Social Care Section
- Consider private sector issues, including communications, capacity and specific needs
- In conjunction with the SCG (LRF) identify priority groups for vaccination e.g. essential service workers, e.g. Social Workers and Care Workers
- Disseminate national and local advice on anti viral medication
- Anti viral and vaccination strategy
- Manage bed availability and seek from local authority and other providers details of the availability of beds in local authority accommodation
- Liaise with Acute Trusts, Local Authorities and HM Coroners' Officers over mortuary and body storage arrangements.

7.5 The Committee will provide information and direct requests for assistance to the PCT Chief Executive (or deputy) for representation at Strategic Co-ordinating Group.

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The Chair of the Tees Outbreak Control Committee will invariably attend “Gold Meetings” called by the Chair of the Strategic Co-ordinating Group.

### **Other “Health” providers**

7.7 Regional health groups are shown in section 6 and involve NHS Regional ‘Gold’, Strategic Health Authority and Health Protection Agency.

7.8 Primary Care Trust(s)

- Their role will be to support and sustain patients in the community, particularly where hospital services are reduced or compromised.
- To effectively utilise primary care resources
- To mobilise and direct healthcare resources to local hospitals at short notice

7.9 Acute Hospital Trust

Lead Contacts:

- North Tees & Hartlepool – Emergency Services Manager or Lead Nurse Infection Control
- James Cook University Hospital – Infection Control Consultant or Clinical Lead Infection Control

7.10 Private Sector

Private sector hospitals form an important health resource and would be expected to play a significant role in any response to a flu pandemic. They should be included in the County Health group and other local arrangements.

7.11 Further details of the roles and responsibilities of other “health” agencies, for example, the Regional Public Health, Health Protection Agency (HPA), Foundation Hospitals and other NHS Trusts can be found in the Regional Concept of Operations issued by the Regional Resilience Team. (Copy held within the Emergency Planning Unit)

7.12 **Other Responders**

Local Authorities

Local authorities play an important supporting role in planning for and responding to a pandemic influenza outbreak. They have responsibility for a wide range of functions including registration of deaths, 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 and suitable burial grounds.

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 of local planning. In addition, sustaining the provision or commissioning of a range of services on which many

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vulnerable people rely, including residential and nursing homes, is also important.

All the Borough Councils either operate a Warden type service or link in with one provided by Social Housing management companies, e.g. Erimus Housing, Tristar Homes, which looks after the elderly vulnerable within their own homes group dwellings and residential homes where the elderly live independently but with confidence that support is close at hand.

In addition local authorities will have Environmental Health Officers who have a wide public health remit and in whom statutory powers re Communicable diseases is invested.

7.13 A number of other key service providers will impact upon the activities of the LRF agencies/organisations during a influenza pandemic because of inter-dependencies between the services.

- Northumbrian Water
- Hartlepool Water
- Gas Operators (Transco National Grid)
- Electricity Distributors (United Utilities, CE Electric, NEDL, National Grid)
- Communications – landline and mobile (British Telecom, NTL, Vodafone, Virgin, Orange, etc)
- Major Local Authority contractors
- Major Food Retailers/Supermarkets (Tesco, Asda, Morrison's, Sainsbury's)
- Voluntary Sector (Red Cross, WRVS, RAYNET, St John's Ambulance)
- Royal Mail
- Road and Rail Operators (Highways Agency, Network Rail, EWS Railways)

7.14 Other activities and major industrial sites could easily impact on the activities of the LRF agencies/organisations due to the “knock on” effects of their business being affected. These include, but are not exclusive:

- Tees & Hartlepool Port Authority
- Industry, i.e. Corus, Cleveland Potash, Chemical Site Operators
- Hartlepool Power Station
- Bus and Coach Operators
- Major Road Haulage Companies
- Educational establishments

7.15 The LRF agencies/organisations will seek to share their plan with all key service providers during the green alert stage before the onset of a flu pandemic and if not already in place, establish formal contact arrangements with the service providers identified above.

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- 7.16 They will also seek to promote and support multi-agency plan sharing and briefings in advance of the onset of a pandemic.
- 7.17 Again, there are 3 levels of plan integration in respect of the flu pandemic:-
- Level 1 - Establish who the lead contact person is within each organisation.
  - Level 2 – Have received a copy of the organisation plan (or a detailed briefing on its contents)
  - Level 3 – Steps taken to integrate the key service plan with the LRF member's own organisations plan

### Anti Viral Distribution

- 7.18 The Primary Care Trusts, in liaison with the joint Cleveland Emergency Planning Unit have produced both an Anti-Viral Distribution Plan and a Mass Vaccination Plan that have been approved by the Cleveland Local Resilience Forum. Personnel that have specific roles and responsibilities within the plans have been identified. Whilst these plans sit alongside the LRF Strategic Plan for Pandemic Influenza, the Pandemic Flu Co-ordinator's Group of the County Durham, Darlington and Tees Primary Care Trusts (CDDTV) is responsible for co-ordinating all anti viral multi-agency planning, including the effective distribution of anti-viral medication to those who require treatment.
- 7.19 Through the multi-agency planning, the following premises have been identified and agreed with relevant "owners" for use as Anti-Viral Distribution Centres.
- 7.20
- |                    |   |
|--------------------|---|
| Hartlepool         | - Mill House Leisure Centre                             |
| North Tees         | - Norton Education Centre and Stockton Central Library  |
| Middlesbrough      | - Rainbow Leisure Centre and Town Hall Crypt            |
| Redcar & Cleveland | - Redcar Bowl and Middlesbrough Football Academy, Eston |
- 7.21 As part of the work of the Tees Health Steering Group and the Social Care Group, a list of health and social care entities e.g. hospitals, care and residential facilities, clinics and GPs, has been established. These lists are held by the lead Primary Care Trust and the Cleveland Emergency Planning Unit, to whom any communication about these lists should be addressed.
- 7.22 Business Continuity Plans of the Health Community and Local Authority Social Services, assisted by the ongoing work of the Pandemic Influenza Social Care Group, addresses issues relating to dealing with and supporting vulnerable people.

## SECTION 8 COMMUNICATIONS STRATEGY

- 8.1 In the event of an influenza pandemic there will be a need to have effective communications systems to ensure that both staff and the community are kept fully informed of changes to service provision, including school closures. Staff will also need to be given advice and guidance on the pandemic including public health messages about infection control measures and how they can minimise risk to themselves and others.
- 8.2 During the 'alert stages', the Cleveland Media Emergency Forum which is a sub group of the LRF, in conjunction with the Health Protection Unit of the Health Protection Agency, will have the responsibility to disseminate already prepared public health messages or prepare such messages.
- 8.3 During the "response stages", a SCG (LRF) Communications Group will be formed to provide multi-agency representation, input and advice to and from both the SCG and Tees Outbreak (Pandemic Flu) Control Committee. This Group should agree a consistent approach and communications / media strategy for all Category 1 responder organisations.
- 8.4 Representation on the Communications Group will consist of senior communications and public relations staff from all the Category 1 responders. The effective sharing of information between all these representatives is vital. The Cleveland Police Press and Media Officer will chair this group, although the group may agree that a Health Media / Communications Manager may be more appropriate in the circumstances. Agreement to change the 'chair' of the group will be sought from the SCG chair person.
- 8.5 All media contacts and statements should be through agreed routes. It is vital that there is consistency of information and advice from all "official" bodies and the Communications Group should act as the central source of "pandemic information".
- 8.6 It is important that any communications are consistent with health information being disseminated by the DoH, the Health Protection Agency and the Primary Care Trusts. Therefore the Chair of the Communications Group must liaise closely with these "health" agencies and co-ordinate communications activity between the Communications Group, Senior Co-ordinating Group and the regional Communication hub (Strategic Health Authority and Health Protection Agency). This should ensure that local arrangements support central Government advice and dissemination of information processes.
- 8.7 A number of messages for the public to assist them to be better prepared and provide self help advice have been identified within the 'health

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community' that would be disseminated through media channels. These messages are adaptable for the target audience.

8.8 The following methods will be considered in preparing the Pandemic Communications Strategy: -

- Press releases for newspapers, radio and TV
- Briefing the contact centres of the LRF agencies/organisations so that up to date information can be given to callers on request
- Developing a network of partner and community contacts
- The provision of a free phone recorded message with service information which will be updated daily if necessary
- The availability of 'teletext' pages as part of a regional or national programme
- Updating the web sites and intranet sites of the respective LRF agencies/organisations
- Utilising Police Community Support Officers and Council Community and/or Street Wardens to deliver written advice, particularly to vulnerable people who are known to the service deliverers within health or local authorities
- Websites of the Cleveland Local Resilience Forum and the Cleveland Emergency Planning Unit.
- Utilising the auspices of the Independent Advisory Groups in each of the four local authority areas, particularly to inform faith groups.
- Utilising the LRF Voluntary Agencies Sub Group to assist in informing vulnerable people.

8.9 Communication is also about giving advice and guidance to all staff within each LRF agencies/organisations and the Communications Group should consider:

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

8.10 A regular pattern of updating information at specific times will be established as part of the Communications Strategy.

8.11 A single authoritative voice / local spokesperson will be identified to 'front' the media and inform them of what is happening locally. It is suggested that during the 'Red' and 'Red-Red' phases that person will be a senior member of the 'health community', for example, the Executive Director of Public Health or nominated deputy.

8.12 The Communications priorities for the different phases of alert are as follows:-

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- Green – Community awareness and confidence building.
- Amber – Community awareness of risk and plan mobilisation. Pre-messages about communication methods in the event of an escalation
- Red – Regular updates about service provision levels. Public information about national/regional/local contingency measures that affect the area.
- Red/Red – as for red phase but with daily updates
- Red2 - Regular updates about service provision and public information about national and local contingency measures
- Amber2 – Updates about service provision and community awareness about how things will return to normality
- Green2 – Community awareness

- 8.13 Part of any communications strategy should be to inform Category 1 responder partners when the pandemic has reached the Cleveland area and also to remind businesses and voluntary bodies of the possibility that schools and childcare settings may close. Such closures may have an impact on the availability of staff and businesses will need to factor this into their business continuity plans.
- 8.14 Whilst key public health messages about infection control measures and what people can do to minimise risk will be provided regularly by regional and local Primary Care Trust or Health Protection Agency spokespersons, the Category 1 responder agencies / organisations should re-iterate these messages to their staff through their own intranet or other communications processes.
- 8.15 A specific requirement of any communications strategy will be how vulnerable persons are kept informed.
- 8.16 The important aspect of any communications strategy is to communicate decisions on school closures and openings and the Communications Group will need to link into the Children's Services Departments (Education) of each of the four 'Cleveland' local authorities to ensure a consistent list of school closures and openings are known. However, all schools already have existing processes in place to communicate decisions on school closures and openings to both school pupils and their families and the Education Authority and these will be used in the event of a pandemic influenza event. These procedures utilise a number of mediums, particularly local radio. These are presently normally used during periods of bad weather or when a school is closed unexpectedly due to being without a utility supply, i.e. gas, water or electricity, for whatever reason.

## SECTION 9 DEMOGRAPHIC PROFILE AND SUPPORTING EPIDEMIOLOGICAL DATA

### Demographic Data

#### 9.1 Resident Populations (2008 figures from the Tees Valley Joint Strategy Unit)

	H'Pool	M'Bro	R & C	Stockton
Total	92,200	135,100	139,000	191,400
Male	44,600	66,200	67,600	93,500
Female	47,600	68,900	72,000	97,900
Under 5	5,500	8,500	7,600	10,900
5 to 15	12,880	18,400	18,380	25,940
16 to 24	11,220	19,500	16,220	23,260
24 to retirement	46,600	64,400	66,900	56,500
Retirement & over	18,000	24,300	30,500	34,800
No of households	40,400	59,000	60,200	78,400
% households with pensioner living alone	15.3%	15%	15%	13.5%
% people with health problems	24.4%	22.3%	23.3%	19.9%
% single parent house with child(ren)	8.7%	9.9%	7.1%	7.6%
% pupils – free school meals	20%	29%	20%	16%

9.2 Work by the Cleveland Emergency Planning Unit into identifying persons who can be classed as 'vulnerable' has led to a "List of Lists" being established. This list provides details of agencies that retain a list of persons whom they have determined as vulnerable for the purposes of that particular agency. The list also contains details of the 'contact person', including telephone numbers, both within and out of hours. This list will be used to identify specific patient populations that may be disproportionately affected during a pandemic, for example, patients with chronic diseases, pre existing medical conditions, physically disabled persons or those with learning difficulties.

9.3 The following table provides estimated number of clinical cases and deaths based on three different clinical attack rates and two possible death rates. Guidance from the national framework has been used to determine planning assumptions which advises that all planners should assume that the pandemic influenza virus will have a 50% clinical attack rate and a 2.5% case fatality rate.

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The tables describe population estimates for the four unitary authorities and Cleveland (Teesside) as a whole. This data relates to “extra” deaths as a result of the pandemic event and does not take account of deaths that arise from other causes.

Population: Middlesbrough Borough Council 135,100 (2008 Mid-year estimate)																	
Estimated number of pandemic flu cases and deaths																	
No. of CLINICAL CASES assuming clinical attack rates of 50% (worst case), 25% (base scenario) & 10% (best case)																	
Week of Pandemic																	
Clinical Attack Rate	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total	
25%	34	68	270	1047	3580	7295	7160	4830	3276	2533	1756	878	540	304	236	33775	
35%	47	95	378	1466	5012	10214	10024	6762	4587	3546	2459	1229	757	426	331	47285	
50%	68	135	540	2094	7160	14591	14321	9660	6552	5066	3513	1756	1081	608	473	67550	
No. of DEATHS from pandemic flu assuming clinical case fatality rates of 0.37% (base scenario) & 2.5% (worst case)																	
Week of Pandemic																	
Clinical Attack Rate	Case Fatality Rate	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total
Most likely base scenario																	
35%	0.37%	0	0	1	5	19	38	37	25	17	13	9	5	3	2	1	175
Reasonable worst case scenario																	
50%	2.50%	2	3	14	52	179	365	358	241	164	127	88	44	27	15	12	1689

Population: Redcar & Cleveland Borough Council 139,600 (2008 Mid-year estimate)																	
Estimated number of pandemic flu cases and deaths																	
No. of CLINICAL CASES assuming clinical attack rates of 50% (worst case), 25% (base scenario) & 10% (best case)																	
Week of Pandemic																	
Clinical Attack Rate	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total	
25%	35	70	279	1082	3699	7538	7399	4991	3385	2618	1815	907	558	314	244	34900	
35%	49	98	391	1515	5179	10554	10358	6987	4739	3665	2541	1270	782	440	342	48860	
50%	70	140	558	2164	7399	15077	14798	9981	6771	5235	3630	1815	1117	628	489	69800	
No. of DEATHS from pandemic flu assuming clinical case fatality rates of 0.37% (base scenario) & 2.5% (worst case)																	
Week of Pandemic																	
Clinical Attack Rate	Case Fatality Rate	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total
Most likely base scenario																	
35%	0.37%	0	0	1	6	19	39	38	26	18	14	9	5	3	2	1	181
Reasonable worst case scenario																	
50%	2.50%	2	3	14	54	185	377	370	250	169	131	91	45	28	16	12	1745

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### Population: Stockton-on-Tees Borough Council 191,400 (2008 Mid-year estimate) Estimated number of pandemic flu cases and deaths

No. of CLINICAL CASES assuming clinical attack rates of 50% (worst case), 25% (base scenario) & 10% (best case)																
Week of Pandemic																
Clinical Attack Rate	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total
25%	48	96	383	1483	5072	10336	10144	6843	4641	3589	2488	1244	766	431	335	47850
35%	67	134	536	2077	7101	14470	14202	9580	6498	5024	3483	1742	1072	603	469	66990
50%	96	191	766	2967	10144	20671	20288	13685	9283	7178	4976	2488	1531	861	670	95700

No. of DEATHS from pandemic flu assuming clinical case fatality rates of 0.37% (base scenario) & 2.5% (worst case)																	
Week of Pandemic																	
Clinical Attack Rate	Case Fatality Rate	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total
Most likely base scenario																	
35%	0.37%	0	0	2	8	26	54	53	35	24	19	13	6	4	2	2	248
Reasonable worst case scenario																	
50%	2.50%	2	5	19	74	254	517	507	342	232	179	124	62	38	22	17	2393

### Population: Hartlepool Borough Council 92,200 (2008 Mid-year estimate) Estimated number of pandemic flu cases and deaths

No. of CLINICAL CASES assuming clinical attack rates of 50% (worst case), 25% (base scenario) & 10% (best case)																
Week of Pandemic																
Clinical Attack Rate	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total
25%	23	46	184	715	2443	4979	4887	3296	2236	1729	1199	599	369	207	161	23050
35%	32	65	258	1000	3421	6970	6841	4615	3130	2420	1678	839	516	290	226	32270
50%	46	92	369	1429	4887	9958	9773	6592	4472	3458	2397	1199	738	415	323	46100

No. of DEATHS from pandemic flu assuming clinical case fatality rates of 0.37% (base scenario) & 2.5% (worst case)																	
Week of Pandemic																	
Clinical Attack Rate	Case Fatality Rate	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total
Most likely base scenario																	
35%	0.37%	0	0	1	4	13	26	25	17	12	9	6	3	2	1	1	119
Reasonable worst case scenario																	
50%	2.50%	1	2	9	36	122	249	244	165	112	86	60	30	18	10	8	1153

### Population: Teesside 558,300 (2008 Mid-year estimate) Estimated number of pandemic flu cases and deaths

No. of CLINICAL CASES assuming clinical attack rates of 50% (worst case), 25% (base scenario) & 10% (best case)																
Week of Pandemic																
Clinical Attack Rate	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total
25%	140	279	1117	4327	14795	30148	29590	19959	13539	10468	7258	3629	2233	1256	977	139575
35%	195	391	1563	6058	20713	42207	41426	27943	18954	14655	10161	5081	3126	1759	1368	195405
50%	279	558	2233	8654	29590	60296	59180	39918	27078	20936	14516	7258	4466	2512	1954	279150

No. of DEATHS from pandemic flu assuming clinical case fatality rates of 0.37% (base scenario) & 2.5% (worst case)																	
Week of Pandemic																	
Clinical Attack Rate	Case Fatality Rate	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total
Most likely base scenario																	
35%	0.37%	1	1	6	22	77	156	153	103	70	54	38	19	12	7	5	723
Reasonable worst case scenario																	
50%	2.50%	7	14	56	216	740	1507	1479	998	677	523	363	181	112	63	49	6979

## SECTION 10                      SCHOOLS & 6<sup>TH</sup> FORM COLLEGES

- 10.1 This section is based on the summary guidance issued by the Department for Education and Skills (DfES) to Head Teachers and Governors and Childcare Providers. It is contained on the DfES website at [www.teachernet.gov.uk/humanflupandemic](http://www.teachernet.gov.uk/humanflupandemic) and includes infectious control guidance for childcare and schools.
- 10.2 The DfES are also developing a news section of the website which it will use for updates during the pandemic and also to give advice to teachers on the potential distance learning tool of the Teachers TV Channel available on digital, satellite and cable TV should schools close.
- 10.3 Schools have been advised to prepare plans for a flu pandemic as part of their general emergency and business continuity planning.
- 10.4 School managers (normally the Head Teacher if the governing body delegates this to the Head) will make the final decision on whether to close a school during a pandemic. Prior to any pandemic, the Head Teacher and school governors must make a decision as to whom will make the decision to school their school should a pandemic occur. School closures can have significant business continuity implications for organisations that have employees with young children and head teachers and governors should bear this in mind when making decisions about school closure.
- 10.5 The general advice from the Department is that they should seek to continue operating as normally as possible, but should plan for much higher than usual levels of staff absence and the consequences of this, together with possible disruption from the impact on other services e.g. school meals, cleaning
- 10.6 The Government will advise schools and childcare providers in affected areas whether to close to prevent the spread of the disease or stay open. They will act on scientific advice but that will not be available until the nature of a pandemic is known and children's vulnerability to it. Therefore, schools should plan both for remaining open during a pandemic and for possible closure.
- 10.7 Regardless of whether or not the Government advises schools to close, it is likely that some schools will close due to a shortage of staff or parents not being willing to send their children to school.
- 10.8 If schools do close to pupils, staff should come into school, unless ill, caring for dependants or authorised to work elsewhere. Staff could set and mark work for pupils able and willing to continue with their studies whilst the school is closed. There is a duty to provide education for children of compulsory school age who are out of school.

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- 10.9 Plans produced by the school for responding to a pandemic should show:
- Who will have the authority to close the school if necessary
  - How children who become ill whilst at school will, wherever possible, be kept separate from other pupils, until the school can get him or her home or collected by parents or relatives
  - Up to date home contact details for all staff
  - Contacts for parents which have been checked as being correct
  - Systems to minimise the spread of the infection e.g. hand-washing, disposal of tissues etc
  - Systems for the provision of information to the Local Education Authority (e.g. absence rates).
- 10.10 Schools should ensure basic good personal hygiene systems are in place, ensuring that hand washing facilities are adequate, accessible and in working order and that facilities for bagging and binning used tissues are provided. Other considerations include:
- Cessation of carpet work – instead children should sit on chairs
  - Discourage sharing between pupils of objects such as pencils
  - Avoid taking pupils on non-essential travel or bringing them together in large crowds or into enclosed spaces
  - Cessation of school events, (plays or concerts), visits and whole-school assemblies
  - Setting up of an isolation room where a child can wait to be collected if they show symptoms of influenza.
- 10.11 Central Government will advise the Local Authority, acting on scientific advice and local health information, whether schools should close and that will be relayed by the authority to school heads. However the decision on whether to close at that time remains with the school. The Local Authority will tell schools when advice will be reviewed.
- 10.12 The DfES does not recommend use of protective equipment or clothing for school staff.
- 10.13 6<sup>th</sup> Form Colleges
- They should plan to remain open as far as possible.
- Where secondary schools have a 6<sup>th</sup> form, even if the remainder of the school closes (classes up to year 11), the 6<sup>th</sup> form should remain open and lessons provided unless local issues make it impracticable to do so.
- 10.14 Schools across the four ‘Cleveland’ local authorities have existing processes in place to communicate decisions on school closures and openings to both school pupils and their families and the Education Authority and these will be used in the event of a pandemic influenza event. These procedures utilise a number of mediums, particularly local radio and are presently used during periods of bad weather or when a school is closed unexpectedly due to being without a utility supply, i.e. gas, water or electricity, for whatever reason.

## SECTION 11 DEALING WITH EXCESS DEATHS

11.1 Estimates of the impact of an influenza pandemic in today’s circumstances have been the subject of detailed scientific modelling and the following gives details of the range of possible outcomes in respect of excess deaths nationally from pandemic influenza which has one or more waves. (Cabinet Office paper February 2006)

Overall case fatality rate	Clinical attack rate		
	10%	25%	50%
0.37%	21,500	53,700	107,500
1.00%	56,700	141,800	283,700
1.5%	85,100	212,800	425,500
2.5%	141,800	354,600	709,300

11.2 For planning purposes, the DoH consider that planning should be performed for the base scenario of cumulative clinical attack rate of 25% over one or more waves, each of a duration of around 15 or 16 weeks or months apart, with a case fatality rate of 0.37% (analogous to the 1957 pandemic). The second wave may be more severe. This combination would give rise to an estimated 53,700 additional deaths nationally. This is compared to 12,000 deaths per year expected from seasonal flu.

11.3 However HM Government has requested that we plan for the reasonable worst case scenario which is for a cumulative clinical attack rate of 25% of the population with a worst case fatality rate of 2.5% (analogous to the 1918 pandemic). That combination would result nationally in an estimated 354,600 excess deaths. Of course, any pandemic could find a “half way house” between the worst and best case scenarios, due to the unpredictable nature of any pandemic.

11.4 The critical weeks will be weeks 6 to 10 when across ‘Cleveland’ there is the potential for an additional 100 deaths at 0.37 attack rate and between 800 and 1000 if the attack rate is 2.5%.

11.5 The average weekly death rate across Cleveland is:

- Stockton-on-Tees Borough Council area – 65
- Middlesbrough Borough Council area - 50
- Redcar & Cleveland Borough Council area - 25
- Hartlepool Borough Council area - 30

These numbers include persons whose normal residence is outside those council areas but are in hospitals or hospices within the area when they die.

11.6 To assist the planning for a pandemic influenza event, the Emergency Planning Unit in conjunction with the Regional Resilience Team has produced a Mass Fatalities Plan. Amongst other things this plan will deal with:

- Storage requirements for deceased persons, until burial or cremation can take place
- Pre-identification of sites for locating demountable structures that can be used for body storage and temporary mortuary facilities

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- Need for additional grave diggers and crematorium staff
  - Need for additional cremations
  - Consider the implications of the loss through illness (suffering from pandemic flu) of funeral service's/undertaking staff and/or religious clerics being absent due to suffering from pandemic flu
  - Additional workload on HM Coroners and their staff
- 11.7 During the pandemic there is the potential to have a high level of hospitalisation of patients, together with a high fatality rate amongst patients. However it is assumed by “Health” that NHS mortuary facilities will cope.
- 11.8 Deliberations on the operation of the Coroners’ system during a pandemic are ongoing following a Consultation Paper which closed in September 2008. At some stage in the near future, guidance will be issued to HM Coroners to assist them and local planners to prepare for and mitigate the effects of an influenza pandemic.
- 11.9 The guidance is likely to be in two parts. The first will set out the business continuity measures that should be introduced by the coroners and could include:
- Prioritising disposal certificates over inquests
  - Identifying and appointing additional Assistant Deputy Coroners
  - Redeploying staff from other local authority functions
  - Pooling of resources between different jurisdictions
  - Managing the number of coroner post mortems
- 11.10 The guidance will identify a range of measures that would require changes to current law and which would be introduced either under emergency powers during an pandemic influenza event or in changes to the law at an earlier date. Nevertheless, these measures will be reflected in local plans once the guidance is issued. These measures could include:
- Jury inquests to be held at the discretion of coroners in all cases
  - Simplifying arrangements for the appointment of Deputy and Assistant Deputy Coroners
  - Greater flexibility for Coroners to order post mortems to be held outside of their jurisdiction
  - Greater flexibility concerning where an inquest can be held and which coroner can hold an inquest
  - Relaxing requirements to investigate deaths abroad
  - Increasing a Coroner’s ability to hold inquests based on documentary evidence, rather than requiring attendance of witnesses.
- 11.11 The Cleveland LRF Managing Excess Deaths / Temporary Mortuary Sub Group provided a written response to the consultation paper on the proposed guidance on operation of the Coroner system and will continue working with the two Cleveland HM Coroners over future months to reflect future guidance in the Cleveland LRF Strategic Plan for Pandemic Influenza and the Managing Excess Deaths plan. The latter plan will sit alongside the current Temporary Mortuary Plan and the Regional Mass Fatalities Plan.
- 11.12 Upon the declaration of the “Amber Phase” within Cleveland, the Cleveland LRF Managing Excess Deaths / Temporary Mortuary Sub Group will convene to consider potential future implications and plan appropriately. This group will

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meet on a weekly or fortnightly basis, dependant upon the signs and information coming forth from either Government or health sources.

- 11.13 During the “Red” and “Red / Red” phases, members of the Cleveland LRF Managing Excess Deaths / Temporary Mortuary Sub Group will form a Pandemic Influenza Managing Excess Deaths Cell, linking into the Registrars of Deaths, the Burial and Cremation Managers from the Local Authorities and the Managers of the Pathology Units of the James Cook University Hospital in Middlesbrough and the Hartlepool and North Tees NHS Acute Trust. This Cell will, through the HM Coroners, oversee the managing of excess deaths that occur as a result of the pandemic influenza event.
- 11.14 Even with any changes to the Coroners system, it must be recognised that due to the effects on staff attendance, particularly amongst Coroners Officers who come under the auspices of Cleveland Police and local authority staff, there will still be “pinch points” in the burial/cremation process due to the potential lack of Registrars, mortuary space, undertakers, burial and cremation capacities.
- 11.15 Prisons (Holme House & Kirkleavington) – as the law stands at present, every death in prison has to be subject of a post mortem and an inquest with a jury. Pandemic influenza in “closed” communities such as prisons could therefore put a serious strain on the effective running of the local coroner’s service and the Managing Excess Deaths Cell will need to be especially mindful of this and ensure good liaison is effective between the Prison Governors and the Managing Excess Deaths Cell.
- 11.16 Issues relating to excess deaths, including current mortuary and cremation capacity and facilities, are primarily contained within the existing Cleveland Temporary Mortuary plan which will be invoked during a pandemic.
- 11.17 The plan contains details of the mortuary capacities at the three main hospitals of (a) University Hospital of Hartlepool, (b) James Cook University Hospital, Middlesbrough and (c) the University Hospital of North Tees, Stockton. The LRF Temporary Mortuary sub group continues to work with registrars, burial and cremation authorities as well as funeral directors to establish gaps and to meet possible demand, including potential additional burial sites and increasing the workload of the existing cremators. The existing plan identifies locations that could be used for mass body storage.

### **Crematoria and Cemeteries**

- 11.18 There are two crematoriums in Cleveland, one being at Acklam in Middlesbrough and the other in Hartlepool. The other nearest crematoria are at Darlington and Scarborough.

Teesside Crematorium,  
Acklam Road,  
Middlesbrough  
TS5 7HD

Straton Grange Crematorium  
Tanfield Road,  
Hartlepool  
TS25 5DD

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Darlington Crematorium.  
West Cemetery,  
Carmel Road North,  
Darlington,  
DL3 8RY

Scarborough Borough Council  
Woodlands Crematorium  
Woodlands Drive,  
Scarborough  
YO12 6QN

bereavement.services@scarborough.gov.uk.

### 11.19 Cremations

At the Teesside Crematorium in Middlesbrough, on a normal day, the bodies of up to 14 deceased persons can be cremated but during a pandemic influenza event this could be increased to 24 cremations per day. Four staff are presently deployed on cremation duties but two further staff would be required during a pandemic.

At the Hartlepool Crematorium, on average 4 cremations are performed each weekday but this could be increased to 18 cremations per day using extended working hours. Three staff are presently deployed on cremation duties but this number would need to be doubled during a pandemic influenza event.

Agreements exist between the two crematoria to assist each other with staff or facilities should there be any requirement.

### 11.20 Cemetery Capacity (figures as at December 2008)

#### **Middlesbrough**

- Acklam Cemetery, Acklam Road – approx 1 hectare – space for 2000 graves
- Linthorpe Cemetery, Burlam Road – minimal burial plots available
- Thorntree Cemetery, Cargo Fleet Lane – approx 1 hectare – space for 2000 graves
- Thorntree RC Cemetery, Cargo Fleet Lane – space for 500 graves
- North Ormesby Cemetery, Ormesby Road – minimal plots available
- St. Joseph's Cemetery, Ormesby Road – no plots available

#### **Hartlepool**

- Stranton Grange Cemetery, Tanfield Road – 13 acres are available for new graves - approx 1040 graves
- West View Cemetery, West View Road - 6 acres are available for new graves - approx 4800 graves

#### **Stockton**

- Durham Road Cemetery – space for 670 graves
- Billingham Cemetery – space for 422 graves. Additional section for 1300 graves can be made available.
- Egglecliffe Cemetery – space for 50 graves

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- Thornaby Cemetery – 1500 spaces available. 23 acres set aside for future use but needs development.
- Oxbridge Lane Cemetery – 182 spaces available

### **Redcar & Cleveland**

- Boosbeck Cemetery – space for 90 graves
- Brotton Cemetery – space for 10 graves
- Eston Cemetery – space for 1,100 graves
- Guisborough Cemetery – space for 1,000 graves
- Loftus Cemetery – space for 120 graves
- Redcar Cemetery – space for 1,000 graves
- Saltburn Cemetery – space for 850 graves
- Skelton Cemetery – space for 1,000 graves

### 11.21 Registration Services

Each of the four local authorities operates a Registrars Service:

Redcar & Cleveland  
88 Westgate  
Guisborough  
TS14 6AP  
Tel: 01287 632564

Nightingale House  
Balaclava St  
Stockton-On-Tees  
TS18 2AL  
Tel: 01642 527720

Register Office  
Corporation Rd  
Middlesbrough  
TS1 2RX  
Tel: 01642 729004

Register Office  
Raby Road  
Hartlepool  
TS24 8AF  
Tel: 01429 236369

### 11.22 Religions

The area of Cleveland has a wide range of communities, who practice a range of religions and beliefs. These differing religions and beliefs must be recognised when dealing with deaths that have occurred as a result of a pandemic influenza outbreak. The Cleveland Temporary Mortuary / Excess Deaths Plan contains details of procedures in relation to the predominant religions of the residents of Cleveland, together with contact details of religious leaders and funeral services.

## SECTION 12 JUDICIAL PROCESS MANAGEMENT

### 12.1 Introduction

Throughout an influenza pandemic, the main task of the Police will be to maintain public order. However, the Police and the Justice system play a key role in the maintenance of law and order and public confidence and a resulting pandemic flu outbreak will impact on all sections of it. Criminal justice system will be affected in two ways during a flu pandemic: -

- Staff absence – judiciary, witnesses, jurors, etc
- The management of the prison population re infection control

### 12.2 Actions

#### National

- In the early stages of a Pandemic it is expected the Criminal Justice System (CJS) Inter-agency Contingency Planning Group will convene
- CJS ministers will receive trilateral briefings from Home Office, Ministry of Justice and Crown Prosecution Service on developments and the need to enact emergency powers

#### Local

- Local individual agency plans should be implemented as agreed through consultation at Local Criminal Justice Board and LRF level
- A Cleveland Judicial sub-group should be formed to consider local issues

### 12.3 Key areas of the Justice system affected: -

- Arrest, charging, availability of legal advice
- Availability of parties for jury trials
- Availability of parties in urgent civil cases, including care proceedings and mental health reviews
- Managing prisons with reduced staff cover and the need to control infection
- Ability to deport individuals in failed asylum or immigration cases

### 12.4 Other areas to consider

- Judicial time-limited actions will be a potential risk
- Performance targets will suffer especially against less urgent work
- Prison infection rates could reach 90% above 50% national expected rate
- Reduced regimes for prisoners and visitors will be required
- Judicial arrangements already exist to deal with absenteeism and unavailability of parties and these practices will inform strategy for pandemic flu

### 12.5 Criminal Justice main elements

#### 12.5.1 Arrest and Charging

- CPS use of conditional cautioning for either-way offences – no court appearance
- Use of simple cautions

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- Police limited arrest

### 12.5.2 **Legal Advice**

- Extending out-of-hours CPS telephone service to police

### 12.5.3 **Courts and Hearings**

- Prioritise court cases
- Review / suspend jury trials
- Review custody time limits – i.e. the time a defendant remains in custody prior to court proceedings (Section 22(3) of the Prosecution of Offences Act 1985)

### 12.5.4 **Prisons**

- Prisons will operate a reduced regime i.e. confined to cells for longer periods, reduced visiting rights, video link technology use to reduce prisoner movement
- Consideration of human rights argument of placing prisoners in closed communities of greater risk to health
- Implement infection control management with PCT's
- Manage the remand prisoner increase

### 12.5.5 **Civil Justice & Tribunals**

- HM Courts Service to manage court business 'as usual' or prioritise business in order of importance
- Cases of loss of liberty or hardship to be prioritised
- Increased use of video links
- Tribunal time limits would result in prioritised cases around, loss of liberty, hardship and loss of benefits

### 12.5.6 **Cleveland Judicial sub-group**

- The group will be formed as a sub-group of the scg
- Membership will include all agencies involved in the judicial process
- The group should organise to manage reporting issues on: -
- Business impact
- Levels of employee absence
- Inter-agency difficulty
- The group to feed impact detail to the Local Criminal Justice Board, LRF / Strategic Co-ordination group as established
- The group to provide data to the 'Data recording sub-group' implemented to provide overall impact data to Government from the LRF
- The group to consider return to normal procedures

## **SECTION 13 DEALING WITH THE AFTERMATH & PLANNING FOR THE NEXT ‘ATTACK’ WAVE**

- 13.1 As the post amber and green phases are declared, it will be a main task of the Strategic Co-ordinating Group (LRF) together with the Cleveland Emergency Planning Unit to undertake a review of the response to the pandemic event, including the business continuity plans, staff welfare, staff absenteeism policies and procedures, together with this plan and to address issues of concern. Such a review could involve a number of meetings / workshops.
- 13.2 The health led multi-agency planning group that developed the Anti-Viral Distribution Plan will review the plan / procedures and rectify any deficiencies.
- 13.3 These reviews should be undertaken as soon as possible as it is considered that pandemic influenza will have more than one ‘wave’. However the second or third wave may quickly follow the initial wave (within 3 months) or be subject to a longer time span (more than a year).
- 13.4 It must be remembered that for those dealing with the pandemic influenza event, it is likely to have been a difficult experience for most people and maybe a traumatic one. Therefore, the principal requirement of these reviews is to be open about the response, learn lessons for the future and put practices and processes in place to take those lessons forward.
- 13.5 During the intervening period between the ‘waves’ it is believed that an appropriate vaccine will have been developed and therefore during this period a mass vaccination programme will occur. The Cleveland Anti-Viral Distribution Plan identifies the buildings and resources that could be required, although Health Centres and Surgeries could also be used.
- 13.6 Initially, the vaccine may be in short supply and therefore initial batches of the vaccine could be given to those identified by the SCG (LRF) and DoH as priority groups, including emergency services personnel, Social Workers and Care Workers. The relevant service area will need to make appropriate arrangements with their PCT for identified priority staff to receive the vaccinations.
- 13.7 HM Government through the Department of Health will replenish the stockpile of anti viral medication – ‘tamiflu’.
- 13.8 The continued provision of advice and information to staff is seen as a critical feature of preparing them for the potential consequences of further ‘waves’.
- 13.9 As the immediate impact of an influenza pandemic subsides, a number of associated issues will need to be addressed and which are likely to need follow up action. These are likely to place additional strain on Category 1 and 2 responder agencies / organisations as those service areas are attempting to return to ‘normality’.
- 13.10 Some of the likely issues that will have to be dealt with could include:
  - People who may be in financial difficulty, will need directing to advice services either within their own agency / organisation or externally.

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- Trauma in the community due to bereavement
- Trauma among individual staff members or teams due to bereavement, which will necessitate the provision of employee support
- Vulnerable people left without carers
- A higher number of vacancies to fill due to bereavement and/or suspension of recruitment during pandemic
- Difficulties experienced by staff in returning to their previous work following temporary cessation of that work during the pandemic and/or the transfer of those staff to other service areas
- Liaison with Audit Commission or other inspection/auditing regimes regarding changes to performance and changes to inspection programmes made necessary due to impact of pandemic

13.11 It is impossible to predict the actual level of post incident response which will be necessary but the Corporate Management Teams in each agency / organisation may require the IMT or identification of a senior manager to plan and co-ordinate the post incident response, including memorials and appeals.

13.12 The return to green alert will only be declared by the SCG once all of the post incident response is being addressed through normal levels and methods of service delivery.

### Memorial Services and Appeals

13.13 An influenza pandemic can have a significant and long-lasting physical, emotional and psychological impact on the welfare of individuals, families and friends and wider communities, especially if the death toll is high. Memorials and fund raising are recognised as two effective mechanisms of enabling the community itself to participate in the longer-term rehabilitation process and several of the Category 1 responders, particularly the Local Authorities are likely to have a significant role to play in this activity.

13.14 Memorial services need careful planning covering all aspects as to timing, invitations, representation and conduct. A Planning Group, either under the auspices of the Strategic Co-ordinating Group / LRF or the Local Authority, is likely to involve all relevant faith communities, representatives of the bereaved, advisors on media coverage and security and those who were involved in the response, e.g. Health Care Professionals. Timing is also likely to be dependant upon all funerals / cremations having taken place and/or whether a further “wave” of the pandemic is expected.

13.15 Whenever an emergency occurs, people often want to contribute in some way. Even before any official appeal is launched, unsolicited donations may be received by the Local Authority or other agencies. Establishing an appeal fund can be a complex and sensitive task and is time consuming. It is the responsibility of the Local Authorities to undertake this role and they should adhere to advice within their existing Major Incident Response Plans, although additional advice can be sought from the British Red Cross Disaster Appeal Scheme.

## ANNEX ‘A’

### Data on LRF Organisations / Agencies

Commitment to planning for Pandemic Influenza and information sharing across the agencies / organisations who are members of the Cleveland LRF is evidenced by data from the following:

1. Cleveland Fire Service	Yes
2. Cleveland Police	Yes
3. Environment Agency (North East)	No
4. Government Office for the North East	No
5. Hartlepool Borough Council	Yes
6. Health Protection Agency North East	Yes
7. Maritime and Coastguard Agency	Yes
8. Middlesbrough Borough Council	Yes
9. Military (15 Brigade)	No
10. North East Ambulance Service	Yes
11. North Tees & Hartlepool NHS Foundation Trust	Yes
12. North Tees & Hartlepool Foundation Trust (Clinical Directorate Community Services)	Yes
13. Redcar & Cleveland Borough Council	Yes
14. South Tees NHS Acute Trust	Yes
15. Stockton-on-Tees Borough Council	Yes
16. Tees & Hartlepool Port Health Authority	Yes
17. Tees, Esk & Wear Valleys Mental Health Services NHS Foundation Trust	Yes
18. Tees Primary Care Trusts (Hartlepool, North Tees, Middlesbrough & Redcar and Cleveland PCT's)	Yes

# CLEVELAND LRF – STRATEGIC PLAN FOR PANDEMIC INFLUENZA

## 1. Cleveland Fire Brigade

### Names and contact details of key personnel:

- Lead Officer – Director of Resilience
- Deputy Lead - Resilience Manager
- Plan Author - Head of ICT
- Communications Contact (day and out of hours) – Duty Principal Officer  
Contact via Fire Control

### Agencies/Organisations Information:

- Roles and Responsibilities of Agencies/Organisations
- Basic details of essential Services, that will need to be retained during a pandemic

### Interface with other Agencies/ Organisations

- Close links with the LRF Strategic Plan for Pandemic Influenza
- No mutual aid in respect of Pandemic Influenza

### Documentation

#### Business Continuity Plan

- Current version of plan compiled – March 2006
- Date when plan is due to be revised – Currently under redevelopment
- No exercises undertaken to date

#### Pandemic Influenza Plan

- Current version of plan compiled – November 2008
- Date when plan is due to be revised – November 2009
- No exercises undertaken to date

## 2. Cleveland Police

### Names and contact details of key personnel:

Lead: ACPO Officer  
Author of Plan: Inspector Emergency Planning  
Communications: Force Control Room / Media and Communications Co-ordinator  
(Key force contacts via Control Room - 326326)

### Agencies/Organisations Information:

The following Cleveland Police Operational Priorities have been identified:

- Public Reassurance
- Engaging Criminality
- Response Policing

To support the above the following Mission Critical Activities have similarly been identified:

- Command and Control Capability
- Emergency and Response Policing
- Custody Management
- Crime Investigation
- Staff Safety and Welfare
- Facilities and Equipment
- Preserve and Protect Public Safety

### Interface with other Agencies/ Organisations

- Police mutual aid is via national arrangements via the Police National Information and Co-ordination Centre (PNICC)

### Documentation

For each of the following: Pandemic Influenza Plan, Business Continuity Plan(s)

- Service Continuity Framework produced 21<sup>st</sup> October 2008 – Head of Corporate Governance
- Force Pandemic Flu Plan in draft October 2008 – Head of Emergency Planning

**5. Hartlepool Borough Council**

**Contacts**

<b>Responsible Officer:</b>	Director of Neighbourhood Services
<b>Deputies:</b>	Assistant Director, Environmental Services Assistant Director, Property Assets & Procurement
<b>Out of Hours:</b>	contact via Richard Court Centre
<b>Author of plan:</b>	Public Protection Manager

**Agencies / Organisations information**

The main roles and responsibilities of Hartlepool Borough Council in a flu pandemic are:

- Ensure essential services are maintained
- Ensure that where services are cut / reduced this is based on risk and all decisions fully documented
- Ensure that available resources are used to maintain services
- Effective planning to facilitate better decision making

Details of essential services are as detailed in the Council's Business Continuity Plan

**Interface with other agencies / organisations**

- HBC participates in the Cleveland Local Resilience Forum
- The Pandemic Flu Plan links into CLRF via the CLRF Pandemic Influenza Plan
- Media handling and the message to the public will be undertaken as outlined in the LRF and HBC Pandemic Flu Plan

**Documentation**

- The current plan was produced in 2005
- The plan is currently undergoing a major revision
- Exercise undertaken in October 2005

## 6. Health Protection Agency (North East)

### Names and contact details of key personnel:

- Pandemic Flu Lead and Deputy (equivalent to Responsible Officer in LRF Plan).

Contact Health Protection Unit (HPU) at any point in time for latest contact information.

### Roles and Responsibilities of Agencies/Organisations

Health Protection Agency North East (comprising the Health Protection Unit (Northumberland, Tyne & Wear and County Durham & Tees Valley teams), the Regional Epidemiology team, Regional Communications team and the Health Emergency Planning Advisor (HEPA) team) will support the regional response to an influenza pandemic as follows:

- In WHO phases 3, 4 and 5, HPA NE staff will work with local and regional responders to ensure robust arrangements are in place;
- In WHO phase 6, the initial focus on the health protection unit team will be in the HPA national response to the early identification and detailed epidemiological surveillance of the first cases of pandemic influenza in the UK (known as the “first few hundred (FF100) cases”).
- Once the pandemic reaches UK alert level 3 and above, the HPA response will be to support local and regional structures in the coordination of responses; providing expert advice on the surveillance of infections, description of the pattern of illness being seen in the community and characteristics of the virus to inform operational response arrangements.

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

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

### Interface with other Agencies/ Organisations

Work in collaboration with other HPUs in terms of resilience for protracted incidents. Work closely with Directors of Public Health.

### Documentation

The Business Continuity Plan was compiled in January 07 and is due to be revised in January 09.

The HPA National Pandemic flu plan was compiled in September 06.

## 7. Maritime and Coastguard Agency (MCA)

### Names and contact details of key personnel:

Lead: Coastal Safety Manager (CSM) Northeast Area. (A lead officer will be nominated by MCA HQ at Southampton to provide a national steer)

Author of Plan: RCC Manager Humber

Communications: MRCC Humber [humbercoastguard@mcga.gov.uk](mailto:humbercoastguard@mcga.gov.uk)

### Agencies/Organisations Information:

#### Role & Responsibility

- HM Coastguard is a section of the Maritime and Coastguard Agency responsible for the initiation and co-ordination of all civilian maritime Search and Rescue (SAR) within the UK Maritime Search and Rescue Region.
- This includes the mobilisation, organisation and tasking of adequate resources to respond to persons either in distress at sea, or to persons at risk of injury or death on the cliffs or shoreline of the UK.
- The Counter Pollution Branch is responsible for dealing with pollution at sea, and assists local authorities with shoreline clean-up.

The following services will be maintained during a pandemic incident:

- Command and Control Capability from Maritime Rescue Coordination Centres (MRCC)
- Coordination of maritime SAR incidents
- Emergency Response by Coastguard Rescue Teams
- Provide medical advice to vessels at sea via a connect call facility linked to specialist trained medical staff
- Provision of Maritime Safety Information to vessels at sea
- Vessel traffic management in designated areas.

### Interface with other Agencies/ Organisations

- No mutual aid agreements are in place with any external organisations.
- MRCC's have provision within BCP's to provide mutual support to other stations which may be more severely affected by the pandemic.

### Documentation

- Northeast Area BCP was compiled in 2003. Sections such as those dealing with a Pandemic incident were subsequently added.
- Northeast Area Business Continuity Plan was re-written in January 2008 and the last amendment was November 2008.
- An MCA national internal exercise "SEA FEVER" took place in June 2006 to raise awareness within the agency.

**8. Middlesbrough Borough Council**

**Names and contact details of Key Personnel**

Responsible Officer: Director of Environment

Author of the Plan – Corporate Performance Officer

Communications contact - Communications Manager

**Agencies and Organisations information**

Mutual aid – plan has a commitment toward this during an event.

**Interface with other agencies / organisations**

**Multi-agency response – plan outlines**

- Role of the health sector in a multi-agency response.
- Other key service providers and regional / sub-regional committees identified.
- Council will promote plan sharing by sharing its own plan with other key service providers.
- The Council will promote multi-agency plan sharing. There are 3 levels of plan sharing:
  - Level 1 – Lead contact
  - Level 2 - Plan knowledge
  - Level 3 - Plan integration

*The Council will co-operate with and lead, if necessary, mutual aid arrangements in the event of a flu pandemic.*

Middlesbrough Council undertook a business impact assessment exercise to establish its critical services. Details of these services are contained in both the BCM plans and the flu plan.

**Documentation**

Flu and Business Continuity Plans first agreed in March 2007, then tested in November 2007, Reviewed in September 2008 and tested again in November 2008.

November 2007 exercise

Desktop exercise with all Heads of Service run by CEPU

November 2008

Legal services test of plans in place to handle any incidents that might effect plans for the forthcoming European elections.

## 10. North East Ambulance Service (NEAS)

### Names and contact details of key personnel

- Pandemic Flu Lead – Director of Ambulance Operations
- Author of Flu Pandemic Plan – Emergency Planning & Resilience Manager
- Communications Contact – Head of Communications – 0191 4302000

### Agencies/Organisations Information

- Roles and Responsibilities of North East Ambulance Service (in brief)
  - Maintenance of A&E Services
  - Maintenance of support in transporting high dependency patients to hospital
  - Support the Acute Hospitals with surge capacity by transporting patients to alternative facilities or discharged to home
- Basic details of essential Services, that will need to be retained during a pandemic – Front line A&E service and high dependency non emergency patients

### Interface with other Agencies/ Organisations

- Summary of any mutual aid agreements – MOU with St John Ambulance Service and British Red Cross throughout the region. National mutual aid agreement with neighbouring ambulance services

### Documentation

For each of the following: Pandemic Influenza Plan, Business Continuity Plan(s)

- Date when plan was compiled
  1. Pandemic Influenza Plan – currently version 4.2 being completed
  2. Business Continuity Plans – all will be complete by December 08
- Date when plan is due to be revised
  1. Pandemic Influenza Plan – ongoing revision
  2. Business Continuity Plans – December 09

### Statement of Response Actions

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

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

Any member of staff who has any health condition that may fall under the 'at risk' category of patients i.e. heart conditions, diabetics, asthmatics, have been pre-identified to ensure that they are not put at any additional risk that may increase their vulnerability and subsequent reaction to the virus. These individuals will be considered for alternative roles that will reduce the potential for infection within the work environment. This list is held by the NEAS Occupational Health department

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

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

Chair - Director of Ambulance Operations

Emergency Planning & Resilience Manager and Pandemic Influenza Lead for the Trust

Occupational Health lead

1 x Operations Manager (A&E)

Control Manager

Operational Support Manager

I.T Manager

Clinical Development Manager

Finance Manager

Procurement and Contracts Manager

Communications Manager

Performance & Information Manager

Infection Control Manager

Human Resource Manager

Staff Development Manager

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

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

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

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

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personnel is covered within the respective Directorate's or Department's Business Continuity Plans.

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

- Education of all staff to be aware that annual leave may/will have to be cancelled to ensure maintenance of core function
  - There may be issues relating to prepaid holidays
  - There may be issues relating to Whitley Council v Trust conditions of service
- Call out of remaining available Voluntary Aid Society ambulances (British Red Cross and St John Ambulance Service) as part of the mutual aid response
- Consider the availability of neighbouring ambulance services who may be less affected by the pandemic
- Reduction of and leading to the cessation of non emergency work into hospitals, (excluding high dependency patients) to release Patient Transport Service personnel. This will allow them to work on A&E on a realigned 'Urgent Tier'
  - This will either be triggered by the NEAS due to staff shortages or by the Hospital Trusts due to staff shortages or limiting the need to have 'groups' of patients in close proximity
- Utilisation of non ambulance personnel from the Equipment Department and Ambulance Resource Assistants with additional driving duties.
- Identification of personnel with Control Room experience, that could return and support this key function
- Identification of personnel within Headquarters who can assist in any supporting function.
- Creation of 'Flu' vehicles – specific vehicles that will be resourced and deployed to patients with the greater likelihood of having pandemic flu. The personnel will have significant supplies of personal protective equipment (coveralls, FFP3 masks, goggles etc). Having dedicated vehicles will reduce the possibility of a transfer of the virus to a patient that does not have it yet.
- All front line vehicles will carry the appropriate level of PPE as described above.
- Ensure robust bereavement procedures are in place to support members of staff affected.

## 11. North Tees & Hartlepool NHS Foundation Trust

### Name and contact details of key personnel

These details are available from the Executive Lead at the NHS Foundation Trust

### Agencies/Organisations Information

- During initial phase of pandemic flu the Trust pandemic flu plan establishes an incident control team who decide key services second priorities for capacity.
- Elective throughput would only be continued for urgent or curative surgical interventions.
- Staffing availability would be reallocated on a day by day basis according to sickness and/or service demand.
- Essential services would be retained for acute surgical (medical/trauma emergencies – life threatening)
- Critical Care capacity, plus ability to increase capacity dependent on surge required.
- Paediatric capacity would be maintained for high risk paediatric and neonatology.
- Estates services such as catering, portering, and security would also be deemed essential.

### Mutual aid agreement with local hospice health care providers

- Links within plan to community services
- now integrated into acute trust
- Pandemic flu plan links with
  - trust Major Incident Response Plan
  - Capacity Management plan / Winter capacity plans
  - Sickness absence management policy

**Pandemic Flu Plan** - Compiled - December 2007  
- Review Due – January 2009

**Trust Business Continuity Plan** - Compiled - January 2008  
Review Due - May 2009

Directorate Specific BCPs tested widely / available on Trust Resilience website.  
Desktop 'Atishue' exercise planned for February 2009

12. **North Tees and Hartlepool Foundation Trust**

**Clinical Directorate Community Services**

**Contacts**

<b>Pandemic Flu Lead</b>	Assistant Director Business Support Mandale House Hartlepool TS24 OUX
<b>Deputy Flu Lead</b>	Acting Director of Clinical Services Mandale House Hartlepool
<b>Author of Flu Pandemic Plan</b>	Assistant Director Business Support
<b>Communications Contact</b>	Communications Manager North Tees and Hartlepool Foundation Trust

**Organisational Information**

During any Flu Pandemic there will be a number of services, which will be retained. These include Child Protection, Health Visiting - High Risk, Children in Need, Prison Healthcare. Other services will need to expand to respond to the increase in demand e.g. District Nursing. These changes will be managed in accordance to the Flu Pandemic Plan and Business Continuity Plan

**Interface with Other Agencies and Organisations**

The response of Community Services has been devised in partnership with Hartlepool Borough Council and Stockton Borough Council. This work continues to be strengthened through the development of Integrated Services with both councils.

**Documentation**

Business Continuity Plan (updated October 2008)  
Flu Pandemic Plan Version 3 (work in progress November 2008)

13. **Redcar & Cleveland Borough Council**

**Names and contact details of key personnel:**

Pandemic Flu Lead: Director of Adult and Children's Services

Communications Contact: Communications Manager

All the above can be contacted out of hours via the CEPU Duty Officer.

**Agencies/Organisations Information:**

The main roles and responsibilities of R&C Borough Council in a flu pandemic are:

- Effective planning to allow better decision making should a pandemic occur
- The sharing of knowledge, information and advice on planning to reduce the impact of a pandemic flu event via the LRF
- Promoting the information provided by expert sources to the community and employees
- Ensuring that essential services are maintained
- Ensuring that where services have to be cut the reasoning behind this is recorded and is based upon the most accurate information available
- Ensuring alert, response and reporting structures are known or developed

**Basic details of essential Services that will need to be retained during a pandemic**

Full details contained in plan and departmental BCM plans. In summary the local authority has identified the following critical services.

**Central Services/Pay/IT/HR/Corporate Services etc...**

Loans and Investment, Client Benefits, Switchboard and out of hours emergency line (contact centre), Finance (payroll), IT, HR service, Revenues & Benefits, Property and facilities management, Press Office etc...

**Regeneration**

Restoration of critical services.

**Area Management (Hard Services)**

Community Protection Service, Maintained Fleet, Waste Services, Property Services, Highways & Street lighting maintenance, Burials, Contact centre – Environmental services

**Adult & Children's Services (Soft Services)**

Supporting People, Assessment & Care Management, Estates Section Performance Planning Unit, Registrar, Domiciliary Care (commissioned) service)

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### **Interface with other Agencies/ Organisations**

- RCBC will partake fully in the Cleveland Local Resilience Forum
- The RCBC pandemic plan links directly into the CLRF via the CLRF Pandemic Influenza Plan and it will dovetail with other plans e.g. Communications Strategy, BCM Plan etc
- RCBC will work with its partners
- Whilst there is currently no formal mutual aid protocol in place consideration will be given to supporting neighbouring authorities/agencies on a reciprocal basis
- RCBC will aim to continue its support to Category 1 and 2 agencies in the event of an incident via the standard UK Response Framework
- In the event of an immediate threat to life exacerbated by a pandemic procedures including the R&C Major Incident Plan will be utilised
- Media handling and the message to the public will be undertaken as outlined in the LRF and RCBC Pandemic Flu Plan

### **Documentation**

#### **Redcar & Cleveland Borough Council Pandemic Influenza Plan**

- Date when plan was compiled - 2006
- Date when plan is due to be revised – November 2008
- Brief details of any exercises undertaken - Exercise planned for February 2009

#### **Redcar & Cleveland Borough Council Business Continuity Plan(s)**

- Date when plan was compiled 2006
- Date when plan is due to be revised 2007
- Brief details of any exercises undertaken - early 2008

**14. South Tees Hospital NHS Trust**

**Names and Contact Details**

Pandemic Flu Lead – Medical Director  
Deputy/Responsible Officer (as defined in LRF Plan) – Director of Operational Services

Author of Plan – Consultant in Infectious Diseases/Infection Control Doctor

Communications Contact - in hours, Communications Manager  
- out of hours Public Relations Officer on –call, contact switchboard

**Agencies / Organisations information**

Role and Responsibilities are those described within the LRF Plan Strategic Pandemic Flu Plan.

Locally essential services to be retained will be determined by using the stepwise implementation as detailed in the Trust Pandemic Flu Plan to ensure as far as possible that where services can be retained they will be.

Nationally and regionally essential services to be retained will be determined by the WHO alert stages and the DH five alert level process via the SHA and LRF command and control.

**Interface with other Agencies / Organisations**

The Trust has interfaces with the following agencies for Pandemic Flu planning:

- The LRF and LWG.
- The Health Sub Group which links into PCTs, Social Care and Voluntary Organisations.
- The SHA Pandemic Steering and Working Group.

**Documentation**

Pandemic Flu Plan (draft) – November 2007

General Policy for Emergency Preparedness (Emergency Planning, Business Continuity Management and Contingencies) – revised October 2008

Exercises: Major tabletop April 2006 (80+ participants) and several departmental tabletop exercises undertaken since major exercise.

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### 15. Stockton Borough Council

#### Contacts:

##### **Pandemic Flu Lead**

Head of Community Safety

##### **Deputy Flu Lead**

Head of Police, Health and Social Care

##### **Author of Flu Pandemic**

Senior Emergency Planning Officer

##### **Communications Contact**

Public Relations Officer

#### Agencies/Organisations Information:

- Residential Nursing Care
- Independent Sector
- SBC Managed
- Residential Care (Children)
- Child Protection
- Adult Protection
- Other support services for vulnerable people have also been identified though not usually part of CESC services plans are being developed.

#### Interface with other Agencies/ Organisations:

- In house interface with partners e.g. Xentrall
- With external agencies primarily through the Local Resilience Forum.
- Mutual Aid – dependant on circumstances requests via the LRF may be considered.

#### Documentation:

Flu Plan Draft 1 compiled December 2008, to be reviewed June 2009 incorporating information from exercise. No tests undertaken of the latest version of the plan. Next Exercise scheduled for 11<sup>th</sup> March 2009

BCM Plan ongoing process – continual reviews by departments. Exercise scheduled for February (Joint Emergency Planning/BCM)

**16. River Tees Port Health Authority**

**Contacts**

**Pandemic Flu Lead:** Chief Port Health Officer  
**Deputy:** Deputy Chief Port Health Officer

**Author of Pandemic Flu Plan:** Chief Port Health Officer

**Communications Contact:**

**Tel: 01642 243129** – normal office hours Monday-Friday

**Fax: 01642 252665**

**Role and Responsibility of the Authority for Pandemic Flu:**

Enforcement of the Public Health ( Ships ) Regulations, 1977 ( as amended ) at all terminals on the River Tees, includes responding to notifications of infectious diseases from ships. Both Avian and Pandemic Influenza meet the current legislative criteria for notification.

Formal appointment of Port Medical Officer vested in HPA – HPA Unit Consultant as lead. Actions following notification, other than preliminary risk assessment, require PMO lead.

The Infectious disease control function has been identified as a core function within the business continuity plan.

The only essential services requiring to be maintained are Communications and Transport.

**Interface with Other Agencies**

HPA provide Port Medical Officer function to the Authority.

There are no current mutual aid agreements.

**Documentation:**

River Tees PHA has a business continuity plan, detailing our core functions and response level to 'emergencies' (including Pandemic Influenza ), that was presented to the Joint Board in September 2008. The plan is to be seen as the first stage in identifying procedures to be followed prior to reducing service delivery to 'core function status'.

Plan due to be revised on a six monthly basis.

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### 17. Tees, Esk and Wear Valleys Mental Health Services Foundation Trust

#### Contacts:

The 2008 updated PI Plan was submitted to the North East SHA on December 31<sup>st</sup> 2008. The Command and Control team is led by:

1. Pandemic Flu Team Lead & Plan Author: Executive Director of Nursing, Psychology and AHPs
2. Deputy: Head of Nursing, IPC and Clinical Effectiveness
3. Communications Contact: DAY: (as 1 above). Out of hours – Director on call for TEWV

#### Roles and Responsibilities:

Tees, Esk and Wear Valleys Foundation Trust has integrated the PI planning into the Emergency and Business Continuity Planning structures and processes of which the Executive lead is taken by the Director of Estates and Facilities Management, Tees, Esk and Wear Valleys NHS Foundation Trust, Earls House Hospital, Lanchester Road, Durham DH1 5RD.

TEWV is a secondary care mental health and learning disability provider responsible for in-patient, community and outpatient MH/LD services across Durham, Darlington, Redcar and Cleveland, Middlesbrough, Stockton and Hartlepool, North East Yorkshire.

In the event of an influenza pandemic the core services to be retained are:

- Crisis Resolution and Access Services for Adult Mental Health
- Acute in-patient mental health assessment and treatment services for Young People, Adults and Older People including the psychiatric intensive care facilities.
- Assessment and treatment in-patient services for adults with learning disabilities
- Assessment and treatment in-patient and community services for those with forensic mental health and forensic learning disability needs.
- All home treatment community services for Young People, Adults and Older People but at reduced levels.
- Rehabilitation services where provision for challenging behaviour needs met
- Substance misuse services where provided by the Trust
- Pharmacy services
- Core facilities, maintenance and domestic
- IMT and telecoms
- Communication

Services which will be stepped down will be routine out-patients, psychological therapies, service and organisational development, audit and governance, certain elements of HR, new non urgent referrals and follow ups. All other services may be reduced but not stepped down.

### **Interface with other Agencies/ Organisations:**

- TEWV will be reliant on acute and primary care organisations for provision of critical and hospital care for its service user population and workforce.
- There are a significant number of 3<sup>rd</sup> sector providers working collaboratively with the Trust regarding individualised packages of care for Service users.
- Local authorities provide integrated services with the Trust and other stand alone services such as day care.
- Local authorities provide infrastructure for MH and Mental Capacity Act legislation, Safeguarding Adults and Children
- Local police forces work with the Trust regarding MH Act implementation and patient transport.
- Primary Care Trusts provide a wide range of service which facilitates the community care packages which prevent readmission of the service user group.
- These are beginning to be discussed now that the Trust has been invited to the wider forums developed by PCT clusters. No formal mutual aid agreements are in place.

### **Documentation:**

The original PI plan was developed 2006, has been reviewed and revised in light of DH Guidance for MH trusts. Business Continuity plans are currently being developed. Business Impact Analysis exercises have been undertaken to facilitate plan review and business continuity planning. Trust took part in the 2006 SHA exercises.

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### 18. Tees Primary Care Trusts

(Tees PCTs includes Hartlepool, Middlesbrough, Redcar & Cleveland and Stockton on Tees Teaching PCT)

#### **Key Contacts:**

(1) Pandemic Flu Lead:

Executive Director of Public Health, Tees PCTs  
Tower House, Thornaby Place, Stockton on Tees

(2) Deputy Pandemic Flu Lead:

Director of Public Health, Middlesbrough PCT  
Riverside House, 18 High Force rd., Riverside Park, Middlesbrough

(3) Communications Contact:

Communications Manager, Middlesbrough PCT

#### **Statement of Pandemic Influenza Contingencies**

The two main contingencies that would be implemented in the event of a pandemic would be the activation of GP cluster arrangements, and setting up of centres for anti-viral distribution. Within the organisation individual directorates would activate their business continuity plans within the framework of Teeswide HR policies.

#### **Interface with other Organisations/Agencies**

The PCTs would expect to cooperate and work with all agencies included in the Tees Outbreak Control Committee within the structure described in the LRF plan under the heading of “Operational Diagram for Regional and Cleveland LRF sub-regional response structure”.

#### **Documentation**

(1) Interim Tees Influenza Pandemic Influenza Plan – compiled January 2007, due for revision December 2008

(2) Teesside Primary Care Trusts Major Incident Plan - when published in March 2008, this plan included the 4 Tees PCTs and the Middlesbrough, Redcar & Cleveland Community Services Organisation. This plan is due for review in February 2009.

(3) Directorate Business Continuity Plans – currently being updated to reflect organisational changes

## ANNEX ‘B’

### SOURCES OF GUIDANCE & USEFUL WEBSITE ADDRESSES

A number of sources of guidance are available to assist the Incident Management Team and Communications Officer(s), with the main ones being:

- Department of Health Influenza Contingency Plan – available on website: [www.dh.gov.uk/pandemicflu](http://www.dh.gov.uk/pandemicflu)
- Cabinet Office briefing documents – [www.ukresilience.info](http://www.ukresilience.info)
- HSE guidance to employers – [www.hse.gov.uk/biosafety/diseases/influenza](http://www.hse.gov.uk/biosafety/diseases/influenza)
- DfES guidance to schools –  
[www.teachernet.gov.uk/wholeschool/healthandsafety/influenza](http://www.teachernet.gov.uk/wholeschool/healthandsafety/influenza)  
[www.teachernet.gov.uk/humanflupandemic](http://www.teachernet.gov.uk/humanflupandemic)
- Health Protection Agency contingency plans  
[www.hpa.org.uk/infections/topics](http://www.hpa.org.uk/infections/topics)
- Detailed information and advice on bird flu (H5N1) - [www.hpa.org.uk](http://www.hpa.org.uk)
- NHS Direct help line for advice if persons feel they have bird or pandemic flu symptoms is 0845 4647

These websites are also available to all staff and the general public.

The following list of guidance documents is far from exhaustive and does not contain specific sector guidance, for example guidance specifically for the Ambulance Service or Primary Care Trusts (PCT's). Those agencies should be fully aware of all guidance relating specifically to them. Nor does the list contain details of draft guidance.

Title	Date / Source of issue	Comment
Overarching Government strategy to respond to pandemic influenza – Analysis of the scientific evidence base *	November 2007 UK Resilience	
WHO global influenza preparedness plan *	2005 WHO	
Preparing for Pandemic Influenza: Guidance to local planners *	May 2007 Cabinet Office	
Preparing for Pandemic Influenza: Supplementary guidance for LRF planners *	May 2008 Cabinet Office	
National Planning Assessments Tool *	Undated Cabinet Office	
A national framework for responding to an influenza pandemic *	November 2007 DoH	
Guidance for pandemic influenza – Infection control in hospitals and primary care settings*	Nov 07 DoH	
Responding to pandemic influenza – the ethical framework for policy *	Nov 07 DoH	

## CLEVELAND LRF – STRATEGIC PLAN FOR PANDEMIC INFLUENZA

Title	Date / Source of issue	Comment
An operational and strategic framework: planning for pandemic influenza in adult social care	Nov 07 DoH	Specifically covers social care
Pandemic influenza: Guidance on preparing mental health services in England	Nov 07 DoH	Mental health sector specific
Infection control guidance for cleaning staff and refuse collectors in non-healthcare settings	Jan 08 DoH	DH issued but for <u>non</u> health settings.
Pandemic Influenza: Guidance on the management of death certification and cremation certification	August 2008 DoH	Specialised guidance related to death certification and cremation
Pandemic flu guidance for funeral directors	January 2008 DoH	Booklet form
Equality impact for guidance	August 2008 DoH	
HPA Pandemic Influenza Contingency Plan	September 2006 HPA	Last updated in July 2008
Schools: <ul style="list-style-type: none"> <li>• Planning for a human influenza pandemic: Guidance to schools and children's services</li> <li>• Summary guidance to schools</li> <li>• Information for Parents</li> <li>• Guidance for childcare and early years settings</li> <li>• Model flu pandemic plan for schools</li> <li>• Guidance to Higher Education Institutions</li> <li>• Guidance for FE colleges</li> <li>• Planning checklist for FE colleges</li> <li>•</li> </ul>	2006 Dept for Education and Skills	
Infection control – how to reduce the spread of pandemic influenza: <ul style="list-style-type: none"> <li>• Guidance for FEd Colleges and Higher Education Institutions</li> <li>• Guidance for child minders</li> <li>• Guidance in residential settings for children and vulnerable young people</li> </ul>	July 2007 Dept for Education and Skills	
Pandemic Flu – Workplace guidance *	April 2008 HSE	
Advice on working with influenza viruses	August 2005 HSE	
FCO: travel advice: factsheet for British nationals travelling and resident overseas*	2007 Foreign & Commonwealth Office	

This list is not intended to be comprehensive.

23rd November 2008

**ANNEX ‘C’ SCHEDULE OF AMENDMENTS**

<b>DATE ISSUED</b>	<b>SECTION(S) AMENDED</b>	<b>REVIEWED BY</b>
20 <sup>th</sup> March 2008	Plan written	CEPO
1 <sup>st</sup> May 2008 – V2	1.2, 1.3, 4.1, 4.2, 4.5, 4.6, 4.7, 4.10, 6.6, new 6.7, 7.13	CEPO
7 <sup>th</sup> November 2008 – V3	New para’s 1.3, 1.4, 1.5, 1.11, 4.13 – 4.15 (Data Collection), 7.1, 7.17-7.21(Anti Viral); 8.10, 9.1, 9.2, whole sections 10, 11, 12, annexes A, B, C, D. Amendments to 7.10, 8.6, 8.7,	CEPO
26 <sup>th</sup> Nov / 7 <sup>th</sup> Dec 08 V4	Sec 5 & 6 changed around. Additions & clarifications to Sections 1, 2, 5, 6, 8, appendices 1. Reduction of appendices 2. New Section 12 re judicial process. Updated figures – section 9.	CEPO
14 <sup>th</sup> / 17 <sup>th</sup> December 2008 Version 4	Final read through, spelling & grammatical issues amended, changes to sections 6 and 7.	CEPO
29 <sup>th</sup> December 2008 Version 5	Changes made to the membership of the Tees Outbreak Control Committee – section 7.4	CEPO
1 <sup>st</sup> March 2009 Version 6	Changes following lessons learned from the Exercise in February 2009 and to prepare plan for publication on websites	CEPO

**ANNEX 'D'                      CIRCULATION LIST**

1. Cleveland Emergency Planning Unit
2. Fire Service
3. Cleveland Police
4. Environment Agency (North East)
5. Government Office for the North East
6. Hartlepool Borough Council
7. Hartlepool Primary Care Trust
8. Health Protection Agency North East
9. Maritime and Coastguard Agency
10. Middlesbrough Council
11. Middlesbrough Primary Care Trust
12. Military (15 Brigade)
13. North East Ambulance Service
14. North Tees & Hartlepool NHS Foundation Hospitals Acute Trust
15. North Tees Primary Care Trust
16. Redcar & Cleveland Borough Council
17. Redcar and Cleveland Primary Care Trust
18. South Tees NHS Acute Trust
19. Stockton-on-Tees Borough Council
20. Tees & Hartlepool Port Authority
21. Tees, Esk & Wear Valleys Mental Health Services NHS Trust