



**Surrey's
Local Resilience
Forum**

**Surrey's LRF
Influenza Pandemic
Linking Document**

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This plan is a working document and as such is subject to revision. Plan holders should contact the Surrey Local Resilience Forum Business Support Group on the following contact details should there be any doubt regarding the currency of their version, or if there are any amendments required.

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Any old versions of this plan must be destroyed.

Continued Plan Development

Ref	Action Outstanding	Owner & Target date for completion
SLRF/IP 1	PCT Health Plan - HR Gaps Health Pan flu planning group to address HR gaps within the health plan.	PCT
SLRF/IP 2	PCT Health Plan – Anti-viral Collection Points Draft recommendations being produced by PCT lead for submission to DH	PCT Submission required by 10/12/08. Final confirmation not expected until late December. Target date for completion is 15 January 2009
SLRF/IP 3	Linking Plan - Voluntary Sector & Vulnerable Groups Further guidance is due to be issued by the Department of Health. Guidance will be passed to Surrey LRF Voluntary Sector working group for development into their plans. The Pan Flu Linking document to be reviewed in line with the DH guidance and Voluntary Sector working group advice	Dept of Health LRF Business Support Awaiting guidance – expected end 2008. Reviews to local plans to be complete within 1 month of receipt of guidance.
SLRF/IP 4	Remote Coordination of Schools/Education The current remote learning and data storage capability within Surrey is to be expanded to reach all school children by mid 2010. See also section * of this plan	SCC Mid 2010

CONTENTS

SECTION 1 – LRF RESPONSE FRAMEWORK.....6

1. INTRODUCTION6

2. AIM7

3. OBJECTIVES8

4. IMPACT ON HEALTH AND SOCIAL CARE8

5. COMMUNICATIONS (See also Appendix B).....11

6. DECLARATION.....12

7. TRIGGERS.....13

8. TIMELINE14

9. INTER-PANDEMIC PERIOD.....15

10. PHASE 215

11. STRATEGIC COORDINATING GROUP (GOLD).....15

12. SCIENTIFIC AND TECHNICAL ADVISORY CELL (STAC).....15

13. SURREY'S MAJOR INCIDENT PLAN16

14. TACTICAL COORDINATING GROUP (SILVER)16

15. SURREYALERT18

16. EXCESS DEATHS,18

17. BUSINESS CONTINUITY PLANS19

18. MAJOR INCIDENTS.....20

20. SURREY BUSINESSES.....20

21. COMMUNITY RESILIENCE20

21.1 Active Citizen Database21

22. SECTION 2 – ROLES & RESPONSIBILITIES.....22

22.1 SURREY AND SUSSEX HEALTH PROTECTION UNIT (HPU).....22

22.2 SOUTH EAST COAST STRATEGIC HEALTH AUTHORITY23

22.3 SURREY PRIMARY CARE TRUST (PCT))24

22.4 ACUTE HOSPITAL TRUSTS25

22.5 SURREY COUNTY COUNCIL25

22.6 DISTRICT/BOROUGH27

22.7 NHS DIRECT.....27

22.8 SOUTH EAST COAST AMBULANCE SERVICE (SECAmb)28

22.9 SURREY POLICE29

22.10 SURREY FIRE AND RESCUE.....29

22.11 ENVIRONMENT AGENCY.....30

23.0 Recovery31

SECTION 3 – REFERENCES & APPENDICES33

REFERENCES33

GLOSSARY35

NOT PROTECTIVELY MARKED

Appendix A - LRF Daily Reporting Form36
Appendix B – Communication Flow53
Appendix B - Media Plan54
Appendix C - Personal Protection Equipment Guidance70
Appendix D – Influenza Pandemic work streams.....74
Appendix E – LRF Excess Deaths Plan76
Appendix F - Suggested Agenda Items.....77

SECTION 1 – LRF RESPONSE FRAMEWORK

1. INTRODUCTION

This document provides a preparedness framework and response plan for Surrey Local Resilience Forum partners to deal with an influenza pandemic outbreak in Surrey. It does NOT replace existing Surrey emergency plans and must be considered a supplement to generic emergency plans, providing additional information and guidance. The following plans must be read in conjunction with this document.

- Surrey Primary Care Trust Pandemic Flu plan
- Surrey's LRF Pandemic Influenza: Managing Excess Deaths plan. (See Appendix E for information on how to access this plan)

Where applicable relevant elements of the following plans must also be considered.

- Surrey's LRF Major Incident Plan
- Surrey's Major Incident Communications plan
- Surrey's Gold Protocol (Incorporating the Surrey Scientific and Technical Advisory Cell plan – STAC Plan)
- Surrey County Council's Vulnerable People Plan
- Organisations Business Continuity plans.

1.1 Definitions

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

An influenza pandemic is likely to occur when the virus undergoes major change and a new virus emerges which is different to previously circulating strains and to which most people are not immune.

1.2 Planning and preparedness

A pandemic flu outbreak has the potential to spread rapidly and cause a marked increase in illness in a matter of weeks. It may impact on every aspect of health and social care for a considerable period of time. There is likely to be little warning, so advance planning and preparedness are essential.

All organisations are expected to have developed their own influenza pandemic response plans and business continuity arrangements. The plans must comply with national guidance and complement the arrangements contained within this linking document.

An Influenza Pandemic will result in significant disruption to normal business across the county and as a result significant pressures will be placed on responding agencies. Normal business may be impacted as a result of significant reductions in staff numbers, factors rising as a consequence of mitigating activities i.e. closure of schools, or from public reaction to control measures i.e. public disorder at anti-viral collections points.

The Civil Contingencies Act 2004 places a duty on responders to have in place adequate business continuity plans. Consequently business continuity control measures are not addressed in this plan. There is an expectation that all partner agencies will have properly considered possible threats arising to their normal business and will have effective mitigations/control measures in place for all anticipated threats.

1.3 Planning assumptions¹²

- The Department of Health planning assumptions indicate that the geographic spread of a pandemic virus from a source country to the U.K. is likely to take about a month.
- Once in the U.K. it is estimated that a further one to two weeks will pass until sporadic cases and small clusters occur across the country, leading to local epidemics.
- Influenza is spread through droplets of infected respiratory secretions which are produced when an infected person talks, coughs or sneezes. It may also be spread by hand to face contact after a person, or contaminated surface with infectious respiratory droplets, has been touched.
- To inform planning, response plans should consider the potential impact of a range of clinical attack rates from 25% to 50% and overall case fatality rates from 0.4% to 2.5% of those people with symptoms.
- For Surrey with a population of about 1.1m (SCC mye 2006), there could be from about 230,000 to 550,000 people affected by an influenza pandemic over the period of a single wave pandemic. These numbers of people affected could result in numbers of excess deaths from about 1000 to as many as about 13,300.
- The pandemic is expected to occur in one or more waves of around 15 weeks each. The successive waves may be some weeks or months apart.
- Each wave may last for a period of 3 months with the numbers of cases rising to a peak in month 2.
- Business continuity planning by organisations suggest that if you factor in staff caring commitments and dependants that the total staff absence figure may rise to up to 50%.

1.4 Risk Assessment

Surrey's LRF has produced a Community Risk Register as required by the Civil Contingencies Act 2004. It can be accessed at www.surreyalert.info

Pandemic flu has been identified as the greatest risk facing Surrey

Risk	Description	Likelihood	Impact	Rating
Public health PH01	Pandemic flu	Possible	Significant	VERY HIGH

2. AIM

The aim of this document is to:

¹ Dept Health 2007 A National Framework For Responding To A Influenza Pandemic. Section 3.1

² Surrey LRF Influenza Pandemic: Managing Excess deaths. Version 1.2

- Reduce and manage the impact of an influenza pandemic on the population of Surrey.

3. OBJECTIVES

The objectives of this document are to:

- Prioritise critical services in Surrey
- Outline the key responsibilities of the LRF responding agencies
- Co-ordinate the multi-agency response
- Provide additional capacity to treat and care for large numbers of people
- Make provision for large numbers of deaths within the community
- Keep the public informed about reduced service levels
- Keep the public and workers informed about the public health issues arising from a pandemic flu outbreak.

4. IMPACT ON HEALTH AND SOCIAL CARE

4.1 Absence from work

Many workers will take some time off during the pandemic period. They may need to care for family, sick relatives or dependents and suffer bereavement. Absenteeism may be higher because of difficulties (or fear of) travelling to work on public transport.

Health care workers are likely to have a higher sickness absence rate than other population groups because they have a higher risk of exposure.

4.2 Closed communities

An outbreak of an infectious disease may spread rapidly in closed communities like schools and colleges. In 1957 up to 50% of school children developed influenza, and in residential schools attack rates reached 90%, often affecting the whole school within two weeks. This will affect working parents, but closing schools also has a significant impact on business continuity and maintenance of essential services, as parent-workers stay at home for childcare.

Similar spread is likely in other closed communities such:-

- Prisons
- Military Barracks
- Care Homes
- Educational establishments:- Primary schools/Secondary schools/ Special Schools/ Pupil referral units/Private schools/Colleges/University.

4.3 Health & Social Care

The impact of an outbreak on health and social services may be intense, sustained, and the services may become overwhelmed with no mutual aid available from neighbouring organisations. The public and staff will contact the responding agencies for advice and guidance on how they should protect themselves and their families. Appendix C provides

Frequently Asked Questions and provides advice on personal protection measures and includes a list of web links that are able to provide further advice and guidance.

4.4 Antivirals

Antiviral medicines need to be made available to all patients who have been symptomatic for less than 48 hours, and preferably within 12 hours from reporting symptoms indicative of influenza. A National Flu Line service will be available at World Health Organisation Phase 6, UK alert level 2, to provide symptomatic members of the public with rapid access to assessment, advice, triage and if appropriate, authorisation of antiviral medicine treatment. NHS Direct will set up and manage this service.

A further supplementary help line will be established specifically to support the health care professionals attending patients at home.

Antiviral distribution within the county of Surrey will be in accordance with the Surrey PCT pandemic flu plan which is available to all organisations.

Antivirals will be distributed throughout the county by means of the following which will be strategically sited across the county of Surrey;

Collection Points

Collection Points are places identified for public collection of Antivirals. No members of the public will be able to obtain antivirals without the prior obtaining of a Unique Reference Number. All Identified Collection Point venues must be able to receive deliveries by lorries up to 17 tonnes in weight.

Currently government guidelines indicate the establishing of 1 Antiviral Collection Point per 10,000 head of population. The high population density of Surrey is likely to place unreasonable demands on the service providers and consequently the Primary Care Trust is negotiating these planning assumptions³.

³ Further DoH guidance to Primary Care Trusts was published in August 2008 consequently a separate Antiviral Plan will be issued by Surrey PCT in conjunction with its multi-agency partners

4.5 Likely issues

All Workforces

- Staff sickness or death, bereavement and workforce depletion
- Disruption to supplies and utilities
- Business continuity
- Communications with staff
- Domestic pressures on staff if schools close or children ill.

Health Services

- Existing patients affected
- Complexity of added infection control measures
- Managing demand for vaccine/antivirals
- Need to draft in 'volunteers' (indemnity/ CRB checks etc)
- Communications with staff, patients and clients.

Acute Hospitals

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

Intermediate care

- Pressure on admissions
- Difficulty admitting patients to secondary care
- Higher transmission among residential institutions
- Primary Care (GP's, District nurses)
- Illness and death(s) at home
- Difficulties in arranging hospital admissions/ increase in early discharges
- Staff sickness- especially in single handed practices.

Social care

- Sickness in clients /carers
- High transmission in residential homes/daycare
- Children whose parents are too ill to care for them.

Others

- Pressure on mortuary, crematoria and cemetery facilities
- Pressure on funeral directors and body transportation capacity
- Long term effects on the national and world economies and societal structures
- Logistical problems due to interruption of supplies, utilities and transport
- Contracted services.

5. COMMUNICATIONS (See also Appendix B)

Managing people's concerns and expectations will be a key part of the response. There will be high public and political concern and scrutiny at all stages of a pandemic. Media interest, a need for information and coverage will be intense.

- The Department of Health will issue a communications plan which will identify the messages to be conveyed to the Public at the different alert levels
- The Strategic Health Authority will provide a lead coordinating role for an influenza pandemic communications strategy for Kent, Surrey and Sussex.
- Surrey Primary Care Trust has developed a health communications plan that links with the Strategic Health Authority plan. The Strategic Health Authority, through the Primary Care Trust will provide the LRF with key media information and direction (See Appendix B for communications strategy)
- A Surrey LRF media response has been developed by the LRF Communications Group to clarify communications roles and responsibilities in the pre, during and post-phases of an influenza pandemic. This plan has been developed by all LRF partners to;
 - Support organisation-specific contingency planning for an influenza pandemic situation;
 - Support pre-pandemic organisation-specific communications programmes for staff, public and partner organisations;
 - Support organisation-specific communications programmes for staff, public and partner organisations during an influenza pandemic.
- It is not anticipated that communications will operate in a significantly different way from any other outbreak with well-established local networks and arrangements likely to be deployed
- Surrey Primary Care Trust will lead on communications for the Surrey LRF in this instance
- The Strategic Health Authority, Surrey Primary Care Trust and Surrey LRF communication plans are separate documents and are available from Surrey Alert extranet site or from the relevant organisation/ LRF Business Support Group.

6. DECLARATION

6.1 National or Regional Declaration

Any changes to the UK Alert Levels will be made at Government or Regional level.

6.2 In Surrey

When the first cases occur in Surrey, Surrey & Sussex Health Protection Unit will inform the Director of Public Health of the PCT.

6.3 The PCT will inform

- The South East Coast Strategic Health Authority
- Local District/Borough affected
- Local GPs
- Community Services
- Acute Trusts

6.4 The PCT will then inform

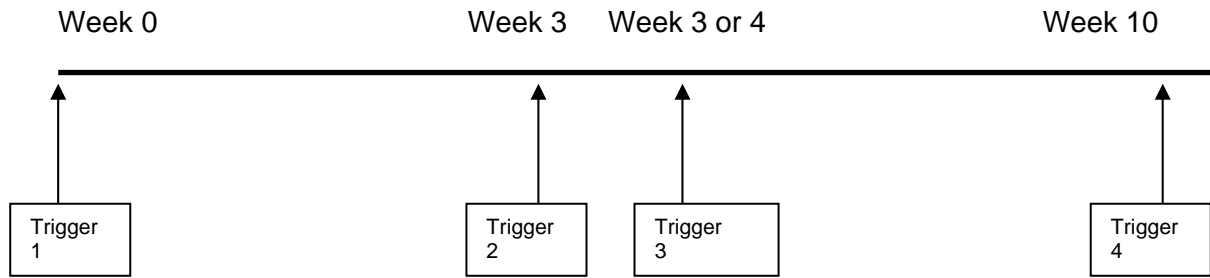
- South East Coast Ambulance Service
- Surrey Police
- Surrey Fire & Rescue
- Surrey County Council
- Surrey Districts and Boroughs

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7. TRIGGERS		UK Alert Level		National/International Actions
World Health Organisation Phases				
1	No new influenza virus subtypes detected in humans	N/A		Strengthen influenza pandemic preparedness
2	Animal influenza subtype poses significant risk	N/A		Minimise the risk of transmission to humans; detect and report such transmission rapidly if it occurs
3	Human infection(s) with a new subtype, but no new human to human spread to a close contact	N/A		Ensure rapid characterisation of the new virus subtype and early detection, notification and response to additional cases
4	Small cluster(s) with limited human to human transmission but spread is highly localised, suggesting that the virus is not well adapted to humans	N/A		Contain new virus or delay its spread transmission to gain time to implement preparedness measures, including vaccine development
5	Large cluster(s) but human to human spread still localised, suggesting that the virus is becoming increasingly better adapted to humans	N/A		<p align="center">LRF Preparatory Actions</p> Maximise efforts to contain or delay spread, to possibly avert a pandemic and to gain time to implement response measures. LRF Health Group meet to review current guidance and prepare advice for SCG Prepare Strategic Coordinating Centre for possible activation
6	Increased and sustained transmission in general population	1	Virus/cases only outside the UK	<p align="center">Surrey Local Resilience Forum Actions</p> <ul style="list-style-type: none"> • The Strategic Coordinating Group will be convened to confirm the strategy that Surrey will follow during the pandemic. • The STAC will be convened in an adapted form • National guidance on the influenza pandemic response will be given. • Meetings frequency will be determined by the SCG.
		2	Virus isolated in the UK	<ul style="list-style-type: none"> • SCG meets to finalise meeting arrangements and reporting mechanisms. • DH National Communications plan will have started. • Influenza Pandemic: Managing Excess Deaths plan activated and the Excess Deaths Policy Advisory Group (EDPAG) convened. The EDPAG will report its recommendations to the SCG.
		3	Outbreak(s) in the UK	<ul style="list-style-type: none"> • All Category 1 responders will provide daily up-date to the SCG to enable the impact of the outbreak to be assessed by the SCG. • Services will start to be reduced to meet demand.
		4	Widespread activity across the UK	<ul style="list-style-type: none"> • All NHS and Social Care services will be experiencing peak demand with reduced staffing resources. All Category 1 responders will experience a reduction in staffing levels and may be operating an emergency service only. • Business continuity plans implemented and only critical functions carried out.

8. TIMELINE

Fig. 1



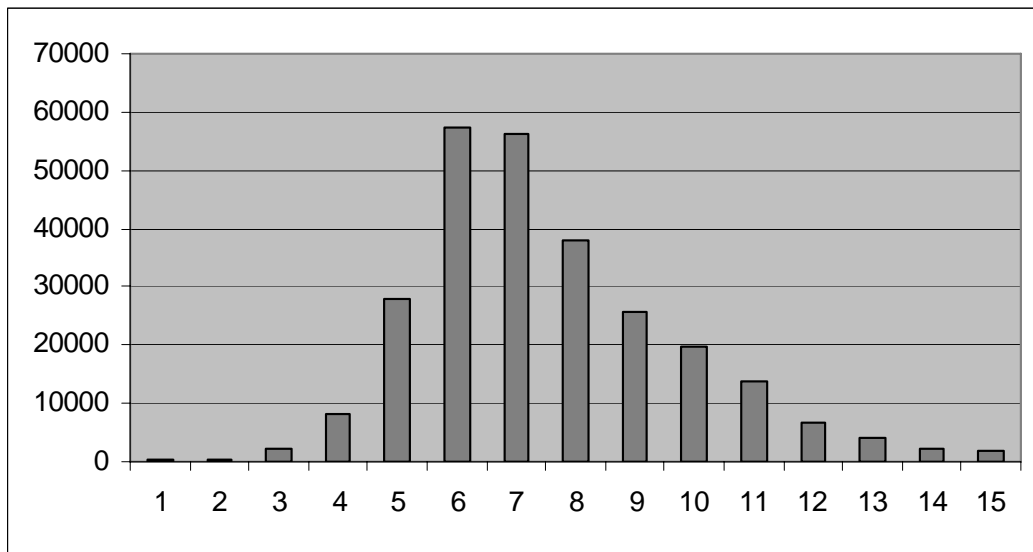
Triggers

It should be noted that Trigger 2 and 3 in Figure 1 above may be the same for Surrey. Given the proximity of two of the busiest international airports to the county, Surrey may have the first cases of an influenza pandemic in the UK.

The peak period in Figure 2 below could last a month and then start to improve with less cases being infected. There may be an interlude before a second wave starts.

Fig. 2

No of cases



No of Weeks

9. INTER-PANDEMIC PERIOD

Is a period to reflect on the response and improve procedures based on experience gained before the start of a probable second wave? The second wave may be worse than the first in terms of numbers of cases. Vaccination is likely to take place in the inter-pandemic phase.

10. PHASE 2

The second phase may be worse than the first. Studies of previous pandemics suggest two factors may help reduce the impact.

- There may be limited stocks of vaccine by this time
- Staff who have recovered from the flu in the first wave will have immunity and may be used to maintain frontline services.

11. STRATEGIC COORDINATING GROUP (GOLD)

An influenza pandemic outbreak will be treated as a major incident but with special considerations.

The Strategic Coordinating Group (SCG) will meet when confirmed human to human transmission has taken place any where in the world according to trigger 1 in section 7

In order to minimise infection as the pandemic spreads the SCG may need to meet virtually (Surrey LRF is currently developing a protocol that will facilitate this process).

A function of the Strategic Coordinating group will be to provide central government departments with situation reports within set timeframes. Appendix A provides a template report that has been prepared to meet these requirements. The strategic coordinating group will need to identify the agencies that will be expected to provide information for the report.

Appendix B provides the communication flow that will take place between the responding agencies, the strategic coordinating group, the Regional Civil Contingencies Committee (if applicable), the STAC and the government departments.

Appendix D provides a list of identified work streams that will be undertaken by the various responding agencies and may be used by the strategic coordinating group as a basis for meeting agendas.

12. SCIENTIFIC AND TECHNICAL ADVISORY CELL (STAC)

The STAC will be convened to advise the SCG on the public health implications of the pandemic.

The STAC may operate at a reduced level of personnel as advice will be coming from National experts and the National Pandemic Committee.

The STAC will have a minimum representation of;

- Director of Public Health
- Consultant in Communicable Disease Control
- Environmental Health Officer

- Clerical support.

Full details on the STAC and how it is activated are contained within the Surrey LRF Gold Protocol Document.

13. SURREY'S MAJOR INCIDENT PLAN⁴

The county has an agreed structure for dealing with Major Incidents as described in Surrey's Major Incident Plan.

In the event of an influenza pandemic outbreak:

- The alerting is likely come from Government via the Department of Health and the Health Protection Agency
- The event will be protracted and may last up to 18 months with varying degrees of intensity
- There may be two or more waves.

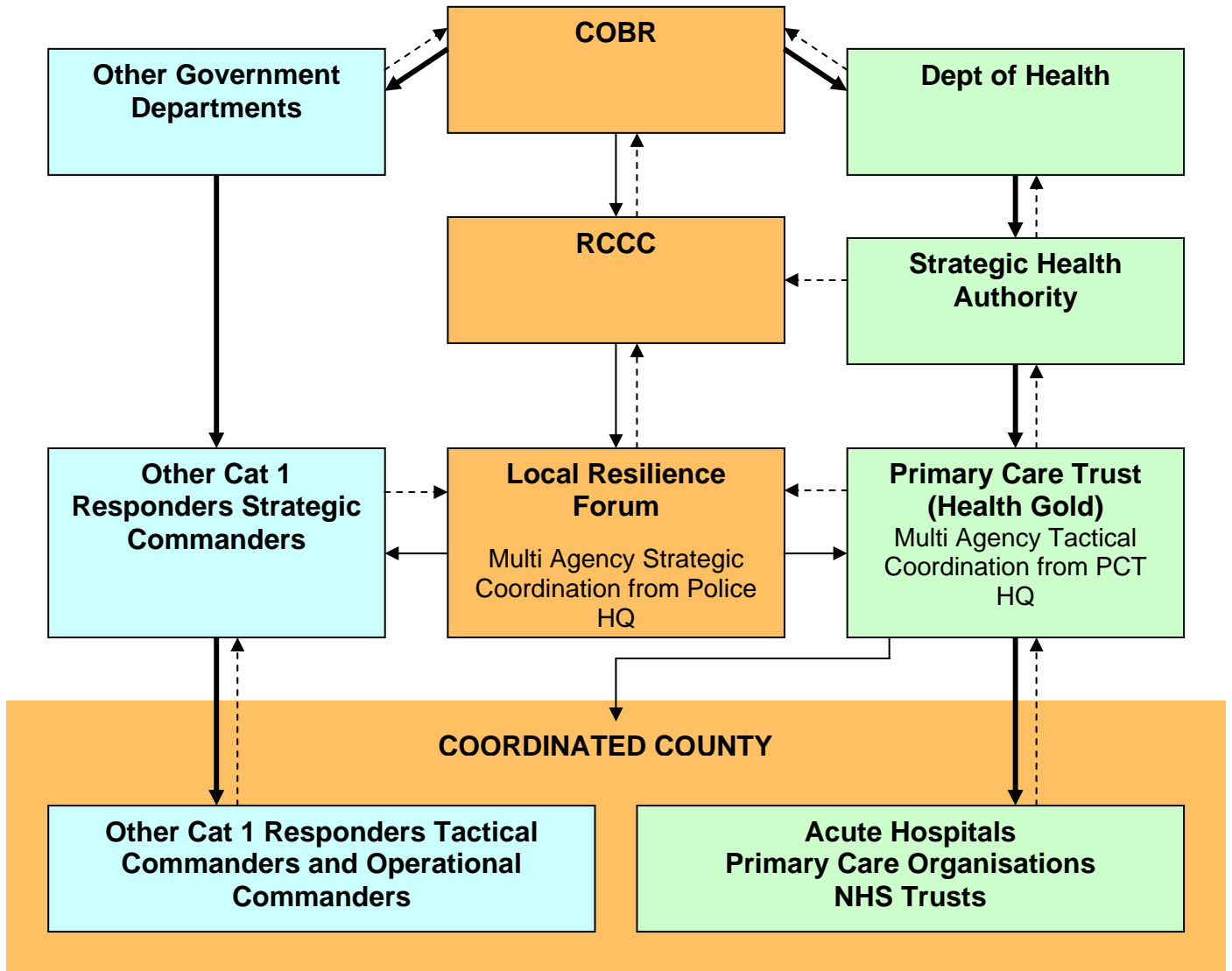
14. TACTICAL COORDINATING GROUP (SILVER)

Currently Surrey PCT has a influenza pandemic planning group which involves PCT, Local Authority, Acute Hospitals, Police, Ambulance, Fire Service and Social Care representatives. This multi-agency planning group will provide the Silver Coordinating Group that will coordinate the response in each area.

In order to minimise infection as the pandemic spreads, the Silver Coordinating Group may need to meet virtually (Surrey LRF is currently developing a protocol that will facilitate this process). See Figure 3 below

⁴ Copies of the Surrey Major Incident Plan are available with all Category 1 responders and on the SurreyAlert extranet site

Fig 3. Surrey LRF Influenza Pandemic Command and Control Model



15. SURREYALERT

In an influenza pandemic flu outbreak, the use of SurreyAlert would enable organisations in Surrey to update Coordinating Groups and each other about the impact of the outbreak on a daily basis.

Central Government require detailed information in order that it is able to provide appropriate support to responding agencies. The extensive reporting document (see Appendix A) will be compiled for the region by GOSE who will request the information from LRF's. Each responding agency must be familiar with the reporting document and ensure they have mechanisms in place to capture the information areas that pertain to their organisation.

16. EXCESS DEATHS^{5, 6}

Using government planning figures it is possible that between 1,000 and 7,000 additional deaths may occur within Surrey during the influenza pandemic based on the Department of Health figures of 0.4% and 2.5% respectively.

If there is a 50% clinical attack rate and 2.5% case fatality rate there could be as many as 13,300 additional deaths.

Key issues include

- Death confirmation
- Death Registration process
- Body storage
- Crematoria and cemetery process
- Hospital mortuary capacity
- Funeral services
- Dignity of the deceased
- Cultural considerations
- Body transportation capacity

The SLRF Temporary Mortuary plan would not be appropriate in the influenza pandemic situation as it is designed to deal with deaths resulting from an identified incident which would need investigation and post mortem.

An influenza pandemic would lead to many deaths from natural causes and so not requiring investigation or post mortem.

- Hospitals will be required to examine possible means of expanding their mortuary capacity
- As detailed in the SLRF Influenza Pandemic: Managing Excess Deaths plan, Kenyon International are able to provide a temporary body storage facility which could potentially be sited at locations identified in the SLRF Temporary Mortuary plan. If

⁵ Dept Health 2007 A National Framework For Responding To A Influenza Pandemic. Section 3.1

⁶ Surrey LRF Influenza Pandemic: Managing Excess deaths. Version 1.2

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the EDPAG believes that an additional body storage facility is required they will inform the SCG of where they believe it should be sited.

Surrey LRF has developed an excess deaths plan in accordance with national guidance. The means by which this plan can accessed are identified at Appendix E.

17. BUSINESS CONTINUITY PLANS

Each Category 1 responder is required to have a business continuity plan under the Civil Contingencies Act 2004. The plan will identify the critical functions for the organisation.

Robust business continuity plans are key to the continuation of organisations' services. Organisations should test their ability to continue their critical services against the planning assumptions.

At the Surrey LRF Influenza Pandemic workshop on 8 Feb 06, organisations identified the following critical services:

Organisation	Critical Service	Services to be Dropped
NHS	<ul style="list-style-type: none"> • Accident and Emergency • Intensive Care Unit • GP services • Health visitors • Emergency Dental service • Ward beds 	<ul style="list-style-type: none"> • Day hospital • Health promotion • Elective surgery • Walk in centres • Baby clinics • Family planning
South East Coast Ambulance Service	<ul style="list-style-type: none"> • Control centres • Emergency response 	
Surrey Police	<ul style="list-style-type: none"> • Control centres • Emergency response 	
Surrey Fire & Rescue Service	<ul style="list-style-type: none"> • Control centres • Emergency response 	<ul style="list-style-type: none"> • Fire awareness campaign • School visits • Fire safety inspections
County Council	<ul style="list-style-type: none"> • Services for Families • Education • Registrar • ICT, Communications • Duty Officer 	
District Councils	<ul style="list-style-type: none"> • Benefits payments • Burials/Cremations • Meals on Wheels • Refuse collections • Environmental Health • ICT, Communications • Provision of call centres 	<ul style="list-style-type: none"> • Planning services • Investigating noise complaints
Environment Agency	<ul style="list-style-type: none"> • Support to waste industry • Flood incident management and response • Pollution incident management and response • Maintain support to Gold and Silver controls 	<ul style="list-style-type: none"> • Request for information

Plans for service degradation should be shared with partner agencies as has been done at the PCT influenza pandemic planning meetings in each locality.

18. MAJOR INCIDENTS

Sickness and absenteeism may result in a reduced level of response to a major incident. It may not be possible for organisations to obtain mutual aid from other counties (e.g. police, fire and ambulance).

The threshold for declaring a major incident may be lower due to reduced staffing. For example, during a flooding incident, organisations may take action and put systems in place on receipt of a "Flood Watch" rather than waiting for a "Flood Warning". Their response to a flood may be simply to advise the public that assistance is unavailable rather than mobilising personnel and resources.

The cessation of non-critical services outside of a major incident may have an impact on the ability of an organisation to provide normal support to an emergency; e.g. districts may have lost staff at leisure centres or closed it. This could mean that it may not be possible to open rest centres or as quickly as they normally do.

19. VOLUNTARY ORGANISATIONS

Voluntary organisations play a key role in supporting the Surrey community. They will be affected by an influenza pandemic and may be unable to support key services. Those organisations that rely on voluntary organisations should consider the loss of voluntary staff in their business continuity plans. On the other hand other voluntary organisations may be able to assist in other areas where they have expertise and are not yet used.

20. SURREY BUSINESSES

An influenza pandemic will affect all organisations and businesses. Smaller businesses and departments are the most vulnerable. Secondary impacts of a possible influenza pandemic could include fuel shortages, food shortages, power cuts etc.

The County Council and the District and Borough Councils can provide business continuity advice to both the commercial and voluntary sector.

21. COMMUNITY RESILIENCE

The Surrey Local Resilience Forum has identified the importance of community engagement in all occasions where an extraordinary event either natural or made man results in a crisis to the local population and its environment.

The newly formed Local Resilience Forum Community Resilience Task and Finish⁷ group are identifying procedures for engaging the local community in the crisis and recovery response phase to a major incident.

⁷ Formed in September 2008, the Community Resilience group forms part of the work undertaken by the Local Resilience Forum Partnership.

The work of this group is not focused only on Pandemic Flu and consequently is not detailed within this plan. This plan will be updated with Community Resilience and Engagement arrangements that are relevant to the response to Pandemic Flu as they are developed.

21.1 Active Citizen Database

Part of the work of the Community Resilience Group is the continued development of the Active Citizen database, currently developed by Surrey Police. The Active Citizen database is a single data point that contains contact information for those members of the community that are willing to be contacted by the police in relation to police activities within their immediate community.

The Community Resilience Group is seeking to expand the use of this information in order that those active citizens may also be contacted to assist other category 1 responders where practicable, for example door to door knocking in the event of a risk of flooding or to help ensure those more vulnerable members of the community that are not necessarily on public authority registers are safe.

22. SECTION 2 – ROLES & RESPONSIBILITIES

This section outlines the roles and responsibilities of the organisations contributing to the influenza pandemic response in Surrey.

Mutual Aid for all responders has been considered however due to the extraordinary impact that a pandemic influenza outbreak will have on resources of all organisations across the country it has not been considered viable and consequently no specific planning arrangements have been developed other than normal mutual aid arrangements that currently exist.

22.1 SURREY AND SUSSEX HEALTH PROTECTION UNIT (HPU)

The HPU provides specialist advice and operational support to Surrey and Sussex SHA, PCTs, Local Authorities and other organisations whose formal responsibilities include preparing for and responding to an influenza pandemic.

This includes:

- Working with local organisations on pandemic planning
- Reviewing the availability of appropriate laboratory containment facilities
- Reviewing local diagnostic capacity
- Communicating with professional colleagues in primary care and acute trusts
- Assisting with co-ordination of control measures including the use of anti-virals and vaccine
- Gathering local epidemiological information and surveillance.

Specialist divisions within the HPA supporting local HPU include:

- Local and Regional Services (includes local laboratories)
- Centre for Infections
- Centre for Emergency Preparedness and Response.

Actions

The key actions for HPU are:

22.1.1 Preparation

- Work with NHS and LA partners to keep the outbreak plan up-dated, in line with HPA, DH and other relevant guidance
- Support training and the training of staff in the PCT and NHS Trusts to ensure early detection and appropriate action
- Ensure surveillance and early diagnostic systems are in place
- Prepare and maintain business continuity plan for HPU
- Agree membership and terms of reference of Surrey Outbreak Control Team.

22.1.2 Response

- Monitor impact of the outbreak in defined populations e.g. PCT/Acute Trust
- Modify actions in the light of local experience and national/international guidance

- Maintain communication with HPA SE Regional Office to co-ordinate regional approach.

22.1.3 Post outbreak

- Review the local response to the pandemic and amend plans as appropriate
- Ensure continuing support to staff and partner organisations.

22.2 SOUTH EAST COAST STRATEGIC HEALTH AUTHORITY

The SHA is responsible for ensuring:

- Strategic control of the NHS in any incident that affects hospitals or have a significant effect on primary care
- Command and control structures are in place and have been tested in the NHS within Kent, Surrey and Sussex
- Ensure clear escalation triggers and mechanisms with the HPU and the Directors of Public Health
- Escalation policies are clearly described, and that capacity plans are available
- Effective links within the NHS, with neighboring SHAs, Regional Directors of Public health (RDSPH), the HPA, and Local Authorities and Services for Families.
- Adequate monitoring the plans of NHS organisations within its area
- Support and clarification if routine NHS targets need to be modified or dropped in the event of a pandemic disrupting normal work.

Actions

The key actions for SHA are:

22.2.2 Preparation

- Prepare and maintain business continuity plans for SHA, including:
 - Maintain up to date register of contact details
 - Prepare and maintain list of relevant organisations
 - Consider list of essential staff in all essential services
 - Work out communication systems to local communities
- Work with NHS organisations to keep the influenza pandemic plans up to date, in line with national and regional guidance.

22.2.3 Response

- Activate local communications network and issue first communications with staff and public
- Monitor the impact of the pandemic in Kent, Surrey and Sussex
- Modify actions in the light of experience, national guidance and other developments
- Prepare for possible future waves of infection.

22.2.4 Post outbreak

- Review the local response and amend plan as appropriate
- Ensure continuing support to staff and partner organisations.

22.3 SURREY PRIMARY CARE TRUST (PCT)

Surrey PCT must be able to sustain patient care in the community. It may need to mobilise and direct healthcare resources to local hospitals at short notice, and support them should hospital services be reduced or compromised. It must plan to harness and effectively utilise primary care resources.

Actions

The key actions for PCTs are:

22.3.1 Preparation

- Consider list of essential staff in all critical services
- Ensure a system is in place to identify and vaccinate priority groups
- Reach agreement with prisons on their plans for their detainees
- Make contingency plans for extra hospice capacity
- Prepare decision-making framework for difficult decisions e.g. service rationing
- Prepare patient group directives (PGDs) to allow nurses/community pharmacists to give/prescribe vaccines, antibiotics and antivirals
- Ensure patients in high-risk groups receive pneumococcal vaccine
- Ensure appropriate facilities/resources for infection control
- Each clinical directorate within PCT to have contingency arrangements for collaborative working in the event of crises;
- Training front-line primary care staff to ensure early detection and appropriate action.

22.3.2 Response

- Convene Silver Coordinating Group
- Activate contingency arrangements e.g. pooled budget and PGDs
- Activate local communications network, and issue communications with staff and public, issuing advice about appropriate self-care and when to seek advice
- Activate SurreyAlert
- Distribution of antiviral medication
- Take national advice about ordering essential supplies
- Identify staff who have recovered and have naturally acquired immunity, posting them to appropriate front line positions
- Prepare for possible future waves of infection.

22.3.3 Post outbreak

- Deal with any cross charging issues between organisations
- Ensure business gets back to the 'usual' as soon as possible, including review of those waiting for elective procedures
- Review the local response to the outbreak and amend PCT pandemic plan as appropriate

- Ensure continuing support to staff and partner organisations.

22.4 ACUTE HOSPITAL TRUSTS

All hospital trusts are responsible for deploying healthcare resources to care for those affected by an influenza pandemic outbreak. Each service must be able to mobilise local resources flexibly and to the maximum extent consistent with maintaining essential care.

Actions

Key actions for acute trusts are:

22.4.1 Preparation

- Prepare and maintain up to date register of health-care staff living /working locally
- Prepare and update details of hospital capacity, including isolation and ventilation facilities (including paediatric)
- Ensure appropriate facilities/resources for infection control (assess need for PPE)
- Evaluate options for increasing hospital bed capacity
- Consider list of essential staff in all essential services, not just healthcare
- Prepare decision-making framework for difficult decisions eg. service-rationing
- Prepare protocols for determining admission criteria to hospital/ICU
- Prepare generic contracts to allow retired staff/ medical or nursing students /volunteers to work in clinical settings with appropriate indemnity cover, and agreed with unions
- Work with PCT's to communicate to local communities
- Prepare plans to increase mortuary capacity
- Training front-line A&E staff to ensure early detection and appropriate action.

22.4.2 Response

- Activate contingency arrangements e.g. pooled budgets, PGDs
- Rationalise acute hospital specialist services
- Make arrangements for early discharge and "step down" transfers of patients to intermediate care
- Activate local communications network, and issue communications to staff
- Activate SurreyAlert
- Take national advice about ordering essential supplies
- Identify staff that have recovered from influenza and acquired natural immunity, posting them to front-line positions if vaccine is still in limited supply
- Prepare for possible future waves of infection.

22.4.3 Post Outbreak

- Ensure business gets back to usual as soon as possible, including review of those waiting for elective procedures
- Review the local response to the pandemic and amend trust pandemic plan as appropriate
- Ensure continuing support for staff and partner organisations.

22.5 SURREY COUNTY COUNCIL

Local Authority plans are crucial in ensuring a front line response to outbreak. The aim is to minimise social disruption, and protect the life, health and safety of the population.

Surrey County Council has systems in place to support remote learning for a number of pupils including those not in mainstream education. The system provides pupils and teachers with a virtual learning environment and provides personal learning space where homework can be stored, lessons can be added and teaching can take place. The system is available across Surrey and by mid 2010 it is anticipated that all pupils will have access. The numbers that currently have access is approximately 150,000 pupils and 15,000 teachers. Assistance with the IT technology is also provided.

Surrey County Council are also responsible for:

- Business continuity of their own organisation
- Maintaining Critical services
- Emergency social care provision
- Duty officer arrangements.

Actions

Key actions for Surrey County Council are:

22.5.1 Preparation

- Prepare business continuity plans identifying the critical services and critical staff and detailing how these will be maintained during a pandemic
- Ensure that Services for Families are prepared as reasonably possible
- Ensure that schools (Public & Private) are aware of the increased rate of infection among closed communities
- Ensure Registrars are as prepared as reasonably possible
- Train additional volunteers to assist with death registration
- Develop a death registration proforma that can be used by funeral directors etc. to assist with death registration
- Have contingency arrangements for extra hospice capacity (with PCT), social and intermediate care
- Work on communications systems to local communities
- Prepare a multi-agency plan with key stakeholders that outlines different possible ways of working i.e. cremators operating 24 hrs a day and a reduced funeral services length
- Provide advice on business continuity to the commercial and voluntary sector.

22.5.2 Response

- Activate contingency arrangements
- Activate local communication network, and issue first communications with staff and public
- Activate SurreyAlert
- Notify the relevant partners that the Pandemic Influenza: Managing excess Deaths plan has been activated and that the EDPAG will be convened
- In consultation with Coroner and the other EDPAG members activate arrangements for different ways of working, including additional body storage capacity if required

- Identify staff that have recovered and acquired immunity and post them to front-line positions.

22.5.3 Post outbreak

- Review the local response to the pandemic and amend plan as appropriate
- Ensure continuing support to staff and partner organisations.

22.6 DISTRICT/BOROUGH

Local Authority plans are crucial in ensuring a front line response to outbreak. The aim is to minimise social disruption, and protect the life, health and safety of the population. They should also address:

- Business continuity
- Essential services.

Actions

Key actions for Districts/Boroughs are:

22.6.1 Preparation

- Consider a list of essential staff in all essential services,
- Identify with PCT facilities that could be used for a anti-viral distribution
- Prepare decision-making framework for making difficult decisions e.g. rationing of services
- Maintain communications with local communities
- Agree accelerated funeral arrangements
- Business continuity arrangements
- Provide advice on business continuity planning to the voluntary and commercial sectors.

22.6.2 Response

- Activate contingency arrangements,
- Activate local communication network, and issue communications with staff and public
- Contribute to the Silver coordinating group as required
- Identify staff that have recovered and acquired immunity and post them to front-line positions if vaccine is still in limited supply
- Prepare for possible future waves of infection.

22.6.3 Post outbreak

- Review the local response
- Ensure continuing support to staff and partner organisations
- Prepare for possible future waves of infection.

22.7 NHS DIRECT

NHS Direct is responsible (with HPA and others) for developing and maintaining up-to-date algorithms for advice on outbreaks and activating them when instructed by the HPA or the

Department of Health. They will also monitor calls and report on symptom surveillance to enhance knowledge of patterns of illness in the community.

22.8 SOUTH EAST COAST AMBULANCE SERVICE (SECAmb)

The ambulance service is responsible for maintaining the A&E service to the community and working closely with NHS partners.

Actions

Key actions for SE Coast Ambulance are:

22.8.1 Preparation

- Prepare and maintain up to date register of staff living /working locally
- Ensure appropriate facilities/resources for infection control, PPE & training
- Consider list of essential staff in all essential services,
- Prepare decision-making framework for difficult decisions eg. Service rationing
- Agree an admissions criteria with the Surrey health economy.

22.8.2 Response

- Activate contingency arrangements
- Rationalise services
- Will support arrangements for the rapid discharge of patients from acute trusts, as far as is reasonably practicable
- Issue communications to staff
- Activate SurreyAlert
- Take national advice about ordering essential supplies
- Identify staff that have recovered and acquired natural immunity, posting them to front-line positions if vaccine is still in limited supply
- Prepare for possible future waves of infection.

22.8.3 Post Outbreak

- Ensure business gets back to usual as soon as possible
- Review the local response
- Ensure continuing support for staff and partner organisations.

22.9 SURREY POLICE

Police plans are crucial in ensuring a front line response to an outbreak. The aim is to minimise social disruption, to protect the life and safety of the population and the prevention of crime and maintenance of business continuity

22.9.1 Preparation

- Develop a list of essential staff in all essential services, including Coroner's Officers
- Prepare decision-making framework for making difficult decisions e.g. rationing of services
- Establish a internal and external communications strategy
- Agree list of secure sites and appropriate security measures with the NHS regarding storage of antiviral drugs and vaccine when available
- Working with the Coroner and Local Authorities to plan for the increased number of deaths.

22.9.2 Response

- Activate contingency arrangements,
- Activate communication plan
- Help maintain security of the limited stocks of antiviral medication
- Prepare for public disorder reviewing incidents and locations for potential public disorder associated with flu plans
- Work with the Excess Deaths Police Advisory Group (EDPAG) to deal with the increased number of deaths
- Identify staff that have recovered from influenza and thereby acquired immunity and post them to front-line positions if vaccine is still in limited supply
- Prepare for possible future waves of infection.

22.9.3 Post Outbreak

- Review the local response to the pandemic
- Ensure continuing support to staff and partner organisations.

22.10 SURREY FIRE AND RESCUE

Contingency plans, in the event of a pandemic, are crucial in ensuring the fire and rescue service is able to continue to save life and protect property from fire. These would include activities such as receiving and responding to calls for assistance and undertaking safety critical training.

22.10.1 Preparation

SFRS Business Continuity Plan (BCP) details the framework for establishing crisis management and business recovery teams. It establishes a clear communication structure for alerting key personnel and updating staff as the pandemic develops. It also includes the provision to operate from a fallback location.

SFRS BCP describes critical functions in terms of:

- Loss of staff – temporary and longer term,

NOT PROTECTIVELY MARKED

- Loss of premises, including access to site.
- Loss of ICT services,
- Loss of critical data (Insurance and Statutory records, i.e. fire safety files)
- Loss of utilities (i.e. electricity, gas)
- Loss of telecommunications (both fixed and mobile)
- Loss of key/ critical supplier/ contractor,
- Loss of vehicles and essential equipment (including loss of access to risk information)
- Transport disruption
- Loss of fuel supplies.

The BCP provides information on the rationalisation of resources and access to supplementary cover through implementation of the 'recall to duty' process. Although it must be understood that this may not be the best way to augment resources during a sustained disruption to normal working.

22.10.2 Response

- Activate contingency arrangements
- Issue first communications with staff
- Identify staff that have recovered and acquired immunity and, where possible, deploy them to support mission critical activities if vaccine is still in limited supply
- Prepare for possible future waves of infection.

22.10.3 Post Outbreak

- Review the local response to the pandemic and amend any contingency plans as required.
- Ensure continuing support to STAC and partner organisations.

22.11 ENVIRONMENT AGENCY

During a human flu pandemic the Environment Agency's key challenge will be to sustain Critical Business Activities and to keep disruption to a minimum, despite potential high absence levels amongst staff over a period of several months. The impact on our business will be managed through our existing Business Continuity

22.11 1 Preparation

- Maintain and review Environment Agency contingency plans for a pandemic in the UK
- Contribute to central government contingency planning for waste management and disposal during a pandemic in the UK
- Take part in local emergency planning activities including exercises
- Check what communication channels Local and Regional Resilience Forums plan to use during a pandemic

22.11 2 Response

- Issue a communiqué to all staff reflecting government advice and public information campaigns at the time
- Convene national strategic crisis management team
- Consider the need to monitor the environmental impact of the pandemic
- Attend multi-agency co-ordination meetings as required
- Ensure business units are ready to activate their business continuity plans
- Provide situation reports as required by Head Office/central government
- Identify teams that have a high proportion of (more than 67%) staff with dependent children (age 0-14) and alert the business unit management team
- Open incident rooms in affected regions
- Monitor performance of Critical Business Activities
- Prepare for possible future waves of infection

22.11 3 Post outbreak

- Review actions taken and adapt existing plans in the light of lessons identified
- Ensure continuing support to staff and their partner organisations
- Start planning for return to normal

23.0 Recovery⁸

The points presented below describe potential impacts that could affect responders during or after the Pandemic Flu that need to be addressed in Business Continuity or Recovery Plans.

- Increased amount of deaths during as well as post-pandemic
- Backlog of work due to postponement of treatment for less urgent conditions
- Reduced availability of staff (absence/death)
- Loss of skill/experience
- Uncertainty, fear and anxiety
- Public displacement and disorder in the local community
- New vulnerable groups
- Breakdown of community support mechanisms
- Disruption to daily life (e.g. educational establishments, welfare services, transport system)
- Disruption to utilities/essential services
- Disruption to internal/IT services

⁸ DH NHS Recovery information pack 26/09/2008

NOT PROTECTIVELY MARKED

- Disruption to communication services
- Build up of infected waste and pollution
- Contaminated areas
- Disruption to supplies (incl. suppliers, partners, contractors, commissioners and other partners)
- Management of finances
- Stopping and starting targets
- Change in competitive position
- Reputation damage
- Organisational fatigue
- Economic downturn

The aim of the framework presented in the following is to provide a structure to help with the initial development of a Recovery Plan.

SECTION 3 – REFERENCES & APPENDICES

REFERENCES

Health Protection Agency. Influenza pandemic contingency plan, Version 7.0, February 2005.

(Accessed March 2005)

South West London Health Protection Unit. Influenza pandemic emergency plan (Draft), March 2005.

UK Health Departments. UK influenza pandemic contingency plan, March 2005.

(Accessed March 2005)

World Health Organization. Avian influenza: assessing the pandemic threat, January 2005. (Accessed February 2005)

Surrey's LRF Major Incident Plan

Scientific and Technical Advisory Cell (STAC)

Surrey's LRF Communications major incident plan

Surrey LRF Pandemic Flu Communications Framework

Surrey SHA Pandemic Flu Communications plan

Surrey PCT Pandemic Flu Communications plan

Surrey Alert protocols

Surrey & Sussex Health Protection Unit Pandemic Flu plan

Surrey's LRF Gold protocol

Surrey's LRF Influenza Pandemic: Managing Excess Death plan

Surrey's LRF Pandemic Flu workshop

HPA Exercise 'Fowl play' Report

Surrey's LRF Mass Vaccination plan

NOT PROTECTIVELY MARKED

References used in the development of the SLRF Managing Excess Death plan:

- Home Office. Draft Guidance: Planning for a Possible Influenza Pandemic – A Framework for Planners Preparing to Manage Deaths
- Department of Health. Pandemic Influenza: Draft Guidance on the management of death certification and cremation certification
- Department of Health. A national framework for responding to an Influenza Pandemic
- Department of Health. Pandemic Flu: Guidance for Funeral Directors
- Cabinet Office. Preparing for Pandemic Influenza – Guidance to Local Planners
- Cabinet Office. Responding to Emergencies. HMSO
- Cabinet Office. Preparing for Emergencies. HMSO
- Cabinet Office: Contingency Planning for a possible Influenza Pandemic
- General Register Office. Pandemic Influenza: Draft Guidance on Death Registration and associated Death Certification, Coroner and Burial/Cremation Processes
- Cabinet Office: Preparing for Pandemic Influenza - Supplementary Guidance for Local Resilience Planners May 2008

GLOSSARY

Acute	NHS Hospital Trust
BC	Borough Council
BCP	Business Continuity Plan
CCC	Civil Contingencies Committee
COBR	Cabinet Office Briefing Room
CRIP	Common Recognized Information Picture
DC	District Council
DH	Department of Health
DPH	Director of Public Health
EDPAG	Excess Deaths Police Advisory Group
GOSE	Government Offices South East
HPA	Health Protection Agency
HPU	Health Protection Unit, for Surrey & Sussex
ISLG	Inter Services Liaison Group (working arm of LRF)
LA	Local Authority
LRF	Local Resilience Forum
PCT	Primary Care Trust, Surrey replacing the 5 PCTs
RCCC	Regional Civil Contingencies Committee
SCC	Strategic Coordinating Centre
SCG	Strategic Coordinating Group
SECAmb	South East Coast Ambulance Service (formerly Surrey Ambulance)
SF&R	Surrey Fire and Rescue
SHA	Strategic Health Authority, South East Coast covering Kent, Surrey & Sussex
SITREP	Situation Report
STAC	Scientific and Technical Advisory Cell
UKIPC	United Kingdom Influenza Pandemic Committee
WHO	World Health Organisation

Appendix A - LRF Daily Reporting Form

All information is to be collated by the agency/departments indicated in the table below and forwarded to the Strategic Coordinating Centre. Partners will be advised of the lines of communication to be utilised when this plan is activated.

All reports must be collated and forwarded to the SCG by 1530 hours each day.

The Daily Reporting form and details of how it must be completed can be found after the areas of responsibility table

Sitrep Reference Number	Key Info Owner	Update area	Comment
See sections 5,6,7 of daily reporting form	Strategic Coordinating Group	Resources and Readiness	Meeting Agenda Item
		Forward Look	Meeting Agenda Item
		Political / Policy	Meeting Agenda Item
		Manpower and Staffing Issues	Meeting Agenda Item
See section 10 and 11 of daily reporting form		Other Information of interest to COBR	Meeting Agenda Item
		Items for clarification	Meeting Agenda Item
See section 2 of the daily reporting form	Strategic Coordinating Group Support Cell	Summarise Key Issues for COBR CRIP	
		Updates from Gas Oil Electricity areas SPOC'S	Area SPOC contact details available from GOSE
		Update from BT Openreach SPOC	Area SPOC contact details available from GOSE
		Thames Water SPOC	Area SPOC contact details available from GOSE

<p>See section 12, 13 & 14 of the daily reporting form</p>		<p>Sutton and East Surrey Water SPOC</p> <p>Update from postal services SPOC</p> <p>Overview</p> <p>Next Sitrep time</p> <p>Maintenance of contact details</p>	<p>Area SPOC contact details available from GOSE</p> <p>Area SPOC contact details available from GOSE</p>
<p>See sections 3 and 4 of the daily reporting form</p> <p>Sitrep and any current operational response required</p> <p>See Section 8 of the daily reporting form</p>	<p>Health Gold</p>	<p>Mutual Aid</p> <p>Broadcasting including print media</p> <p>Social Care, Welfare home care Vulnerable people groups (health care)</p> <p>Media Coverage Media Tone / current themes Key Lines to Take/ Public messages Public Advice VIP visits Good news Forward Look Other media Issues</p>	<p>Health Media Lead to SCG</p> <p>Health Gold to SCG</p> <p>Health Media Lead to SCG</p>
<p>See sections 3 and 4 of the daily reporting form</p>	<p>Surrey County Council Contingency Planning Department (CPU)</p>	<p>Mutual Aid</p> <p>Funeral services and arrangements</p>	<p>Mainstream Faiths report to Faith Group to collate. Collated info passed to Surrey CC CPU to SGC</p>

<p>Sitrep and any current operational response required</p> <p>See section 4 of daily reporting form</p>		<p>Coroners</p> <p>Transport</p> <p>Animal Health</p> <p>Business Issues</p> <p>Social Care, Welfare home care</p> <p>Vulnerable people groups (social care)</p> <p>Schools</p>	<p>Coroner to Surrey CC CPU to SGC</p> <p>Information obtained from Surrey CC Network Management Information Centre (NMIC)</p> <p>Surrey CC Trading Standards to Surrey CC CPU to SGC</p> <p>Surrey Chamber of Commerce to Surrey CC CPU to SGC</p> <p>Surrey CC Social Care to Surrey CC CPU to SGC</p> <p>Surrey CC Family Services Directors to Surrey CC CPU for collation and forward to SCG</p>
<p>See sections 3 and 4 of the daily reporting form Sitrep and any current operational response required</p>	<p>Borough and District Councils</p>	<p>Mutual Aid</p> <p>Waste Management</p> <p>Cremation and Burial Services</p> <p>Tourism</p>	<p>Collated information to be passed to Surrey CC CPU for county summary before passing to SCG</p> <p>Collated information to be passed to Surrey CC CPU for county summary before passing to SCG</p> <p>Borough and District Councils to Surrey CC CPU</p>
<p>See section 3 of the daily reporting form</p>	<p>GOSE</p>	<p>Food availability</p> <p>Military Support</p>	
<p>See sections 3 and 4 of the daily reporting form Sitrep and any current</p>	<p>Surrey Police</p>	<p>Mutual Aid</p> <p>Fuel shortages</p>	<p>Control Room to be tasked with collating data from information obtained identified by Patrols</p>

operational response required		Judicial Process Community Cohesion	Police Administration of Justice department to SCG Control Room Managers to SGC
See section 3 of the daily reporting form Sitrep and any current operational response required	South East Coast Ambulance	Mutual Aid Fuel shortages by identified by Patrols	Control Room to be tasked with collating data from information obtained identified by Patrols
Sitrep and any current operational response required	Surrey Fire and Rescue	Mutual Aid	

Guidance for Completing the Situation Report⁹

This section provides some brief guidance on how to complete the influenza pandemic situation report. It is not intended to be comprehensive or prescriptive.

- Daily reports would be required before 1700.
- Reports would be exception reporting and likely to be qualitative rather than quantitative.
- The information is present situation and can be shared across agencies.
- A traffic light system should be used to describe the local situation (the LRF) for the relevant services in Section 3 'current situation'.
- NOTE: 5 stage 'traffic lights' system for Cremation and Burial services – check with GOSE to confirm if this is for all section 3 and 4 services.
- Reports would be required from Category 1 and 2 responders (pp 47 to 49).
- GOSE will summarise LRF reports and send to CCCO and will share with each LRF.

The information required to complete the Situation report will be obtained as follows

Section 1: Departmental / Government Office Key Issues

- This section is used to provide Cabinet Office / COBR Situation Cell and agencies with the key issues that the reporting agency is currently dealing or require wider visibility i.e. that assistance may be called for. This section should also note if there are any restrictions on the report's distribution i.e. "for central government departments only".

Section 2: Key Issues for CRIP

- This section is used to direct the Cabinet Office / COBR Situation Cell to specific issues that the author believes should be reflected in the incident Common Recognised Information Picture (CRIP) produced by the Situation Cell. It will be for the Situation Cell to decide whether the information recommended is incorporated.

Section 3: Current Situation

- This section is used to provide Cabinet Office / COBR Situation Cell and agencies with the key issues relating to the situation. It should describe the current situation in sufficient detail for, if necessary, decisions to be made. Suggested topics that should be covered are provided at the end of this note.
- We have provided an indication of the information, specific to influenza pandemic which is likely to be required here. This includes information/data on: essential services, cremation and burial services and transport. It will also include other topics more likely on an exception basis. These are also listed.

Section 4: Operational Response

- This is used to provide Cabinet Office / COBR Situation Cell and agencies with the reporting agency's operational response to the situation. It should describe the operational

⁹ Preparing for Pandemic Influenza - Supplementary Guidance for Local Resilience Planners May 2008

response in sufficient detail for, if necessary, decisions to be made. Suggested topics that should be covered are provided at the end of this note.

- We have provided an indication of the information, specific to influenza pandemic which is likely to be required here. This includes information/data on: education (school closures), cremation/burial services, military support, and mutual aid.

Section 5: Resources & Readiness

- This section is used to provide Cabinet Office / COBR Situation Cell and agencies with any resourcing and readiness issues that the reporting agency is currently dealing with or require wider visibility.

Section 6: Next Steps / Forward Look

- This section is used to provide Cabinet Office / COBR Situation Cell and agencies with information relating to what action is planned to take place over the coming reporting period or longer as appropriate.
- For influenza pandemic specific consideration should be given to those areas listed under sections 3 and 4.

Section 7: Political / Policy

- This section is used to provide Cabinet Office / COBR Situation Cell and agencies with the key political or policy issues. Issues reported should have relevance to either central government and/or the wider responding community.

Section 8: Media and Communications

- This section is used to provide Cabinet Office / COBR Situation Cell and agencies with the key media and communications issues. Issues reported should have relevance to either central government and/or the wider responding community.

Section 9: Manpower and Staffing Issues

- This section is used to raise any manpower or staffing issues related to the incident either centrally or in responding agencies.
- For ease duration reporting during influenza pandemic a template is provided. This information should be supplied in the form of a RAG¹⁰ status, with supporting/supplementary information.

Section 10: Other Issues not covered elsewhere

- This section is used to provide other information that does not fit well elsewhere in the report.

¹⁰ Cabinet Office; Preparing for Pandemic Influenza; Supplementary Guidance for Local Resilience Forum Planners – Page 51

Section 11: Information Requirements / Requested Clarification

- This section is used to seek information or clarification from Cabinet Office / COBR Situation Cell or other agencies. Where the information or clarification would be sourced from a specific agency this should be identified. This section does not negate the need to contact agencies directly but does provide a record of requested information or matters for clarification.

Section 12: Background / Overview

- This section is used to provide Cabinet Office / COBR Situation Cell and agencies with any background details that would assist the reader in understanding the situation or specific key issues being reported.

Section 13: Next SITREP will be issued at...

- This section is used to warn when the next situation report is due. If it is the last report then this should be stated.

Section 14: Contacts

- This section should provide details of key contacts that can be contacted 24/7. Where a contact is not available 24/7 this must be clearly stated and their availability listed i.e. office hours. At least one out of hours contact must be provided.

Section 15: Attached tables, Maps, etc

- Where maps and images are of a large size, they should be provided as separate compressed files so as not to be blocked by some agency firewalls. All attachments should be uniquely identified (with a clear linkage to the relevant situation report) and listed to ensure that data is not lost.

SITREP Number:	XX		
	DD-MMM-YY	Time (24hr):	HH.MM
Lead Official:			
Alternate Contact:			

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

New information is highlighted using [insert appropriate method]

1. Department / Government Office Key Issues

2. Key Issues for CRIP

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Contents

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

3. Current situation

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

Essential Services

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

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

A = pandemic influenza having impact but managing within current resources

G = very small impact

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

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

--	--

Cremation and burial services

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

LA name	Crematio	Funeral services	Burials	Coroners	Registrars	Funeral arrangements
Regional Picture						

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

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

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

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

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

Community cohesion - Details of community Safety/Community Cohesion Issues

Business Issues - Businesses affected

Social care/welfare Homecare, Vulnerable People/Groups

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

4. Operational Response

Including specific data on:

Education

	Still open		Closed		Re-opened	
	Schools	Pupils	Schools	Pupils	Schools	Pupils
Primary						
Second'y						
Academy						
Special						
Indep't						

Notes:

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

Early years and childcare settings

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

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

- Transport
- Animal Health
- Judicial process

- Community cohesion
- Business Issues
- Social care/welfare Homecare, Vulnerable People/Groups

5. Resources and Readiness

6. Forward look

7. Political/policy

8. Media and Communications

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

- Other media issues
 -

9. Manpower and staffing issues

Provided on an exception only reporting basis.

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

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

A = pandemic influenza having impact but managing within current resources

G = very small impact

10. Other information not covered elsewhere

- Point #1
- Point #2

11. Information Requirements / Requested Clarification

- IR-01: **Priority** : xxx
- RC-01: **Priority** : xxx
- IR-02: **Routine** : xxx
- RC-02: **Routine** : xxx

12. Background / overview

13. The next Sitrep will be provided at

14. Contacts**Departmental Operations Centre**

Telephone:

Fax:

Email:

Other Key Contacts(a)

Telephone:

Fax:

Email:

(b)

Telephone:

Fax:

Email:

(c)

Telephone:

Fax:

Email:

For updated central-local alerting arrangements see Cabinet Office document: Preparing for Influenza Pandemic– Guidance to Local Planners

Central Government Battle Rhythm¹¹

Note: this section sets out the battle rhythm at the height of the pandemic. Before cases are detected in the UK and during the recovery phase, meetings may be less frequent

CCC (O) meets prior CCC - Approx 09.00 hours

The CCC to meet mid-morning - Approx 11:00 hours

¹¹ Preparing for Pandemic Influenza - Supplementary Guidance for Local Resilience Planners May 2008

Cabinet Office draws up agendas and circulates a situation report in advance of each meeting of CCC and CCC (O)

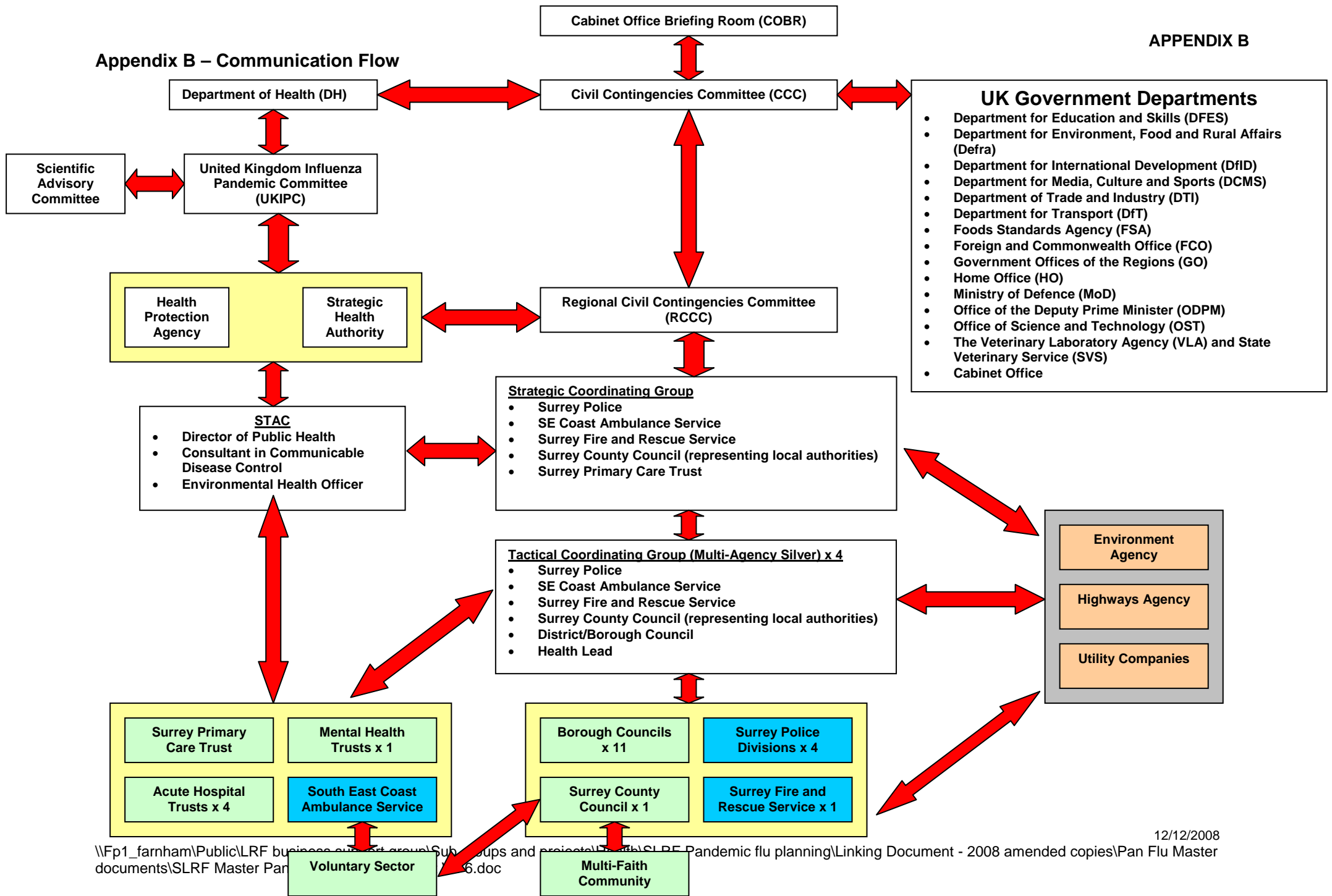
Post meetings, the Cabinet Office a summary of the key points to emerge, work commissioned and decisions taken, and, for CCC, any issues on which Ministerial guidance is sought.

To service the battle rhythm a consolidated situation report will be required for each morning's meeting of CCC (O). Inputs will be sought as follows:

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

Compiled national situation reports will be distributed by the COBR Situation Cell to Ministers, Departments and to regional and local operational levels.

Appendix B – Communication Flow



- UK Government Departments**
- Department for Education and Skills (DFES)
 - Department for Environment, Food and Rural Affairs (Defra)
 - Department for International Development (DfID)
 - Department for Media, Culture and Sports (DCMS)
 - Department of Trade and Industry (DTI)
 - Department for Transport (DfT)
 - Foods Standards Agency (FSA)
 - Foreign and Commonwealth Office (FCO)
 - Government Offices of the Regions (GO)
 - Home Office (HO)
 - Ministry of Defence (MoD)
 - Office of the Deputy Prime Minister (ODPM)
 - Office of Science and Technology (OST)
 - The Veterinary Laboratory Agency (VLA) and State Veterinary Service (SVS)
 - Cabinet Office

Appendix B - Media Plan

SURREY LOCAL RESILIENCE FORUM COMMUNICATION STRATEGY - FLU PANDEMIC (November 2008)

1. Introduction

A possibility of an outbreak of pandemic flu has been identified as a high risk on the Surrey Local Resilience Forum (SLRF) risk register.

An outbreak of flu pandemic will mean an intense demand for information during periods of potentially high levels of staff sickness.

Strategy aim

- To clarify communications roles and responsibilities for the Surrey Local Resilience Forum in the pre, during and post phases of a flu pandemic
- To support contingency planning for a pandemic flu situation
- To support communications programmes for staff, the public and partner organisations before and during a flu pandemic.

This Communication Strategy has been developed to provide partners with a framework to ensure a coordinated response for communication activity in the pre, during and post phases of a flu pandemic.

It should be used with the LRF Communications Plan, SLRF Pandemic Flu Linking Document, the NHS South East Coast Pandemic Influenza Contingency Communications Plan and national guidance such as Preparing for Pandemic Influenza, Supplementary Guidance for LRF Planners.

It is not anticipated that communications will operate in a significantly different way from any other outbreak with well-established local networks and arrangements likely to be deployed.

What will be different is the length of the outbreak and the need to plan for intense demands for information during periods of potentially high levels of staff sickness.

Health (Surrey Primary Care Trust) will lead on communications in this instance.

2. Pre pandemic phase

2.1. Operational objectives

- Put contingency plans in place (eg. Business Continuity Plan, Pandemic Flu Response Plan)
- Ongoing awareness raising (ie. warning and informing role)
- Work towards mitigating the predicted effects of a pandemic.

2.2. Communication objectives

- Provide accurate, timely and consistent information, guidance and advice to staff, the public and partner organisations
- Promote understanding of pandemic flu and its implications amongst staff and explain their role in helping to reduce pressure on services, whilst responding to public need
- Promote awareness and understanding of pandemic flu and its implications to the public and communicate key public health messages to limit the spread of infection (ie. Catch it, kill it, bin it hand and respiratory hygiene posters etc)
- Reassure the public that the NHS, emergency services and local authorities have well rehearsed contingency plans in place
- Make provisions for receiving information from DH and SHA.

2.3. Key messages

- NHS, emergency services and local authorities in Surrey have well rehearsed contingency plans in place in the event of a pandemic flu outbreak
- Ensure the public are aware of relevant contingency plans (warning and informing element)
- Stress importance of good respiratory and hand hygiene (ie. Catch it, kill it, bin it) and how this can help in the event of a pandemic outbreak
- Encourage public and partners to log onto Surrey Alert to find out about what to do if there is a flu pandemic in Surrey
- Give advice and guidance on what people should do if they are experiencing flu-like symptoms.

2.4. Communication role for partner agencies (lead agency is health)

Lead national agency: Department of Health
 Lead regional agency: SHA
 Lead local agency: Surrey PCT

Agency	What information they need to release
Health	Key public health messages for public and staff Reassure public that contingency plans are in place Importance of having continuity plans in the event of a pandemic (internal message)
Emergency services	Raise awareness of pandemic flu internally
Local authorities	Encouraging businesses to develop and implement business continuity plans
SLRF comms group	Have a plan of stories to ensure public is effectively warned and informed about pandemic plans, implications, response and recovery. Review range of mechanisms including SurreyAlert to get information out (taking into consideration hard to reach groups and needs of different and special groups). Use of local community/ faith groups for dissemination of information, advice and guidance.
All partners	Ensure staff know what to do, where to get information from
Role of SurreyAlert	A key method to warn and inform - all relevant information to be published on the site

3. Incident phase

3.1 Operational objectives

- Manage additional demand for health and social care and excess deaths
- Manage implications of possible school closures
- Manage fear and perceptions and expectations
- Manage increased need for infection control facilities and equipment
- Manage impact of depleted workforce and of numbers of informal carers, due to direct or indirect effects of influenza on themselves and their families
- Manage logistical problems due to possible disruption of supplies, utilities and transport as part of the general disruption caused by an influenza pandemic
- Distribution of antiviral medicines
- Put measures in place to make sure two way communication channels are in place, enabling information to flow from responders to public and vice versa and from agency to agency.

3.2 Communication objectives

- Provide accurate, timely and consistent information, guidance and advice to staff, the public and between partner organisations
- Promote understanding and implications of pandemic flu amongst staff and explain their role in helping to reduce pressure on services, whilst responding to public need
- Promote awareness and understanding of pandemic flu and its implications to the public
- Communicate key public health messages to limit the spread of infection (ie. Catch it, kill it, bin it etc)
- Reassure the public that the NHS, emergency services and local authorities have implemented robust contingency plans
- Communicate key messages re antiviral drugs, who eligible, how to obtain and collection points etc – managing expectation
- Ensure public awareness on what has been/ is being done to resolve the situation
- Ensure public confidence in the effectiveness of the operational response
- Ensure a coordinated communication response between partner agencies on a local, regional and national level, with the lead agency clearly identified (ie. the NHS is the overall lead on pandemic flu but local authorities have specific roles such as managing excess deaths)
- Ensure public awareness of other practical implications (eg. supply chains, electricity, gas, food, schools etc)
- Ensure point of contact for the media and members of the public.

3.3 Responsibilities during WHO alert phases

WHO has defined phases in the evolution of a pandemic that allow for a step-wise escalation in planning and response. For UK purposes, four additional alert levels have been included within WHO Phase 6; these are consistent with those used for other communicable disease emergencies.

Phase	WHO international phases	Overarching public health goals	Overarching communications goals
Inter-pandemic period			
1	No new influenza virus subtypes	<p>Strengthen awareness of influenza pandemic at global, regional, national and sub-national levels</p> <p>Minimise the risk of transmission to humans; detect and report such transmission rapidly if it occurs</p>	<p>Promote understanding of pandemic flu and its implications among staff, partners and the public</p> <p>Reassure the public that the NHS, emergency services and local authorities have robust contingency plans in place</p> <p>Communicate public health messages to limit the spread of infection</p>
2	Animal influenza virus subtype poses substantial risk		
Pandemic alert period			
3	Human infection(s) with a new subtype, but no (or rare) person-to-person spread to a close contact	Ensure rapid characterisation of the new virus subtype and early detection, notification and response to additional cases	<p>Continue to raise awareness about pandemic flu and its implications to staff, partners and the public</p> <p>Reassure the public all agencies have contingency plans in place – make them aware of local plans</p>
4	Small cluster(s) with limited person-to-person transmission spread is highly localised, suggesting that the virus is not well adapted to humans	Contain new virus or delay its spread to gain time to implement preparedness measures, including vaccine development	

<p>5</p>	<p>Large cluster(s) but person-to-person spread still localised, suggesting that the virus is becoming increasingly better adapted to humans</p>	<p>Maximise efforts to contain or delay spread, to possibly avert a pandemic and to gain time to implement response measures</p>	<p>Continue to communicate key health messages, including what to do if people have symptoms – promote National Flu Line</p> <p>Information, advice and guidance on contingency plans for Surrey across all agencies.</p>
<p>Pandemic period</p>			
<p>6</p>	<p>Increased and sustained transmission in general population</p> <p>UK alert levels</p> <p>1 Virus/cases only outside the UK</p> <p>2 Virus isolated in the UK</p> <p>3 Outbreak(s) in the UK</p> <p>4 Widespread activity across the UK</p>	<p>Minimise the impact of the pandemic</p>	<p>Provide accurate, timely and consistent information, guidance and advice to staff, partners and the public – this will include information on how to self-care, when to seek help, information on vaccines, anti-virals etc</p> <p>Ongoing public awareness raising about the operational response</p> <p>Raise public awareness on other practical issues such as gas/ electricity and food supplies, schools etc</p>

Responsibilities during Phases 1 – 5

- Relevant organisations to develop individual communications strategies as required, based on this framework
- Agree communication roles and responsibilities (including contingency plans, e.g. identifying staff who will fulfil the communications role in the event that the communications team are ill)
- Identify internal and external communications channels;
- Identify and train media spokespeople
- Develop strong working relationships and clear communications channels with partners
- Develop and keep updated key contacts lists – share central list via Surrey Alert
- Produce packs for staff who may need to deliver communications during a pandemic (including internal comms) to ensure consistency of messages
- Raise awareness of pandemic flu amongst staff, particularly frontline
- Support DH in raising public awareness (see catch it, bin it, kill it campaign)

•

Pandemic Period

- **Phase 6:** Pandemic phase – increased and sustained transmission in population.

(A second, and possibly further, waves are likely 3 – 9 months after the first has subsided with potentially equal or greater intensity.)

Post-pandemic period

- Return to inter-pandemic period (i.e. Phase 1).

Responsibilities during Phase 6

- Implement communications plan, using previously identified communications channels
- Support media activity initiated by DH with the proactive local distribution of national messages
- Distribute public information, which has been circulated by DH
- Working with partners to localise national messages as appropriate for individual audiences
- Ensuring effective communications cover is in place – communications contact details to be available online at www.surreyalert.info (in a password protected section of the site)
- As above, distribute packs to staff who may have to cover communications in the absence of communications professionals
- Regularly brief SHA / DH and other government departments / organisations as appropriate.

4. Key messages

All messages communicated by health organisations should be based on the briefing material and Q & A as produced by the DH to ensure consistency of messaging across the country.

The UK response during an influenza pandemic has the following major elements:

- Monitoring its emergence, spread and the impact/ effectiveness of interventions
- Slowing and limiting the spread of disease
- Targeted use of available pre-pandemic vaccine stocks
- Ensuring those who are vulnerable or affected receive appropriate treatment and care
- Maintaining business/service continuity and social order
- Managing additional deaths
- Ensuring that all involved in the response, including the public, are consistently well informed
- Wider vaccination as pandemic-specific vaccine supplies become available.

Using the WHO alert levels headline messages can be grouped as follows:

4.1 Key messages during WHO Alert Phase 3 (start of pandemic alert period)

- Pandemic flu occurs every few decades and spreads widely and rapidly around the world
- Scientific evidence suggests a pandemic will occur but no-one knows for sure when. It is important to remember it is a question of when, not if
- Planning for a flu pandemic is a top priority for NHS organisations (highlighted in the operation framework published 13 December 2007)
- All NHS organisations have a pandemic flu plan, which sets out how local services will manage extra demands placed on them during a pandemic
- Local authorities have contingency plans in place which set out how excess deaths, business continuity and pandemic flu response will be managed
- Antiviral drugs are likely to be the only treatment available for those who fall ill and advice about how to obtain these drugs will be communicated at the appropriate time
- It will take several months to develop a vaccine once the flu strain is known
- Avian flu or H5N1, is a disease of birds and does not transmit easily to humans
- The general public is not at risk from avian flu unless they are in very close contact with diseased poultry or infected birds. Where humans in Asia / Europe have contracted H5N1 there has been no evidence of sustained transmission from person to person and no human cases amongst returning UK travellers
- Promotion of Catch it, Bin it, Kill it hand and respiratory hygiene campaign.

Key messages during WHO Alert Phases 4 / 5

- All NHS organisations have in place flu plans which are intended to reduce illness, save lives and maintain health services
- Local authorities have contingency plans in place which set out how excess deaths, business continuity and pandemic flu response will be managed
- Whilst a flu pandemic will increase demand on health services, the NHS will work in a flexible way in order to respond to the needs of those who fall ill
- Promotion of Catch it, Bin it, Kill it campaign
- Promotion to ask people to identify their 'flu friend' who can collect their antiviral medicine on their behalf.

Key messages during WHO Alert Phase 6 (UK alert levels 1–4) - pandemic period

UK alert level 1 (no cases in the UK)

Operational response: All organisations need to review and test their response plans and operational arrangements, paying particular attention to staffing, logistics and supply issues. The health and social care response at this stage will be an extension of activity at Phase 5, but with the certainty that the UK will be affected.

Communications: Public information messages will acknowledge concerns whilst preparing the public for the imminent arrival of the pandemic. Communications will provide advice on the response measures and encourage those who are well to adopt sensible precautions and preparations, but continue to attend work and undertake other essential activities.

UK alert level 2 (virus isolated in the UK)

Operational response: Public and private sector organisations need to focus on essential activities, implementing pre-planned measures to maintain core service/business continuity and adjusting activity levels to cope with additional demand and allow for potential disruption.

This level is anticipated to last about two weeks, until cases are occurring in all major centres of population in the UK.

As suspected cases occur in the UK, public health priorities will be to:

- Investigate cases and contacts promptly to confirm or refute the diagnosis at the earliest possible time
- Provide appropriate care
- Apply measures to control/slow the spread of infection
- Collect sufficient epidemiological and virological information to refine projections and inform public health and clinical management policies. (The HPA will maintain a central database on the first few hundred cases for this purpose).

Communications: Anyone who is ill and suspects they may have influenza-like symptoms will be advised to stay at home, contact the National Flu Line, inform a relative or friend and if necessary ask them to collect their antiviral medicines. Personal and respiratory hygiene messages will be reinforced ahead of an escalation to UK alert level 3.

Likely messages at this point:

- If you do catch flu, stay at home and rest, take medicines such as paracetamol or ibuprofen to relieve the symptoms, following the instructions on the accompanying leaflet, and drink plenty of fluids
- Call the National Flu Line as antivirals need to be started within 48 hours in symptomatic patients. If necessary, call a friend or relative and ask them to collect them
- Antibiotics will not cure pandemic flu. Antiviral drugs are likely to be the only treatment available for those who fall ill
- A vaccine will not be available in the first few months. It will take some time to develop a vaccine once the flu strain is known and further advice will be available through public information channels
- Listen to television or radio for more advice from the Department of Health/PCT on what to do – give website addresses – www.surreyalert.info and www.surreyhealth.nhs.uk

UK alert level 3 (outbreak(s) in the UK)

Operational response: By the time outbreaks are occurring in centres of population, preparatory steps should have been completed. National and local response measures should be implemented proportionately as the pandemic spreads. National priorities will include:

- Reviewing/revising the response strategy
- Co-ordinating the implementation of response measures
- Monitoring the initial adequacy and effectiveness of response measures
- Maintaining antiviral, antibiotic and other essential pharmaceutical and clinical supplies

- Maintaining public communications.

Health and social care response: As the pandemic becomes established, health priorities will include:

- Ensuring that patients have access to appropriate assessment, treatment and care, including rapid access to antiviral medicines for those with symptoms compatible with pandemic influenza
- Adapting health and social care services to ensure that the maximum amount of surge capacity is available in primary and secondary care in anticipation of additional demand
- Implementing and maintaining staffing contingency plans
- Ensuring that infection control measures are strengthened in all health and social care settings.

Communications: In addition to reinforcing previous public messages and providing advice and general information, local information and advice on service provision including any school closures, and restrictions or other countermeasures should be available.

UK alert level 4 (widespread activity across the UK)

It is anticipated that activity will rise to a peak across the UK about seven weeks from the first recognition of cases. Initially, all organisations should monitor the impact on their service or business against planned expectations in order to modify responses appropriately, if necessary.

Operational response: National priorities are to:

- Monitor the spread and impact (including deaths), refine projections, review response effectiveness, and adapt strategies and tactics accordingly
- Maintain essential services and supplies and critical infrastructure
- Minimise social disruption
- Identify unexpected impacts or problems.

Services are likely to be under increased pressure, particularly from staff absences and possibly from disruption of supplies. Some, including health and social care organisations and funeral directors/burial services, will experience rapidly escalating demand as the pandemic evolves.

Health and social care response: Priorities include:

- Surveillance – the HPA will have moved from detailed to aggregate reporting of cases by geographic region together with assessment of the efficacy of antiviral medicines (and, if relevant, vaccine), monitoring of the cause and antimicrobial susceptibility of bacterial complications, and reviewing the clinical effectiveness of the response
- Providing health and social care advice and information
- Monitoring antiviral consumption against expected use and adapting policies accordingly
- Monitoring and responding to pressures on health and social care services, maximising the effective use of the capacity available, supplementing staffing, maintaining essential care for those who are suffering from other emergencies or illness, conserving essential supplies and maintaining services
- Developing a specific vaccine and securing UK supply.

4.2 End of the first wave: preparing for subsequent waves

A single-wave pandemic profile with a sharp peak provides the most prudent basis for planning, as that would put a greater strain on services than a lower level but more sustained wave or the first wave of a multi-wave pandemic.

However, second and subsequent waves have occurred in some previous pandemics, weeks or months after the first. Whilst the priority at the end of the first wave will be to further develop recovery plans and gradually restore supplies, services and activities depleted or curtailed during the pandemic, plans must assume that some regrouping may be necessary in anticipation of a future wave.

In this respect, national priorities should be to:

- assess the overall attack rate during the first wave, in order to assess the susceptible population and construct models of a second wave
- continue to monitor the virus for genetic variations that might affect the degree of protection afforded by previous infection or vaccination, and thus vaccine formulation
- review antiviral and other pharmaceutical needs/supplies.

Health plans should assume that heightened monitoring and surveillance will be required for some time beyond the first wave and that all plans require review and revision in the light of lessons learnt. In particular, the likelihood of ongoing constraints on supplies and services and continuing pressures on health and social services, combined with the loss of key staff, should be taken into account.

Updated information on the epidemiology of the virus, effectiveness of treatment, availability of countermeasures and lessons learnt from the first wave will help inform and shape the response measures that may need to be maintained or implemented for second and subsequent waves. In addition, health plans may be required for targeted or mass vaccination programmes during this period.

4.3 Second and subsequent waves

Second and subsequent waves may be more or less severe than the first: UK alert levels 3 and 4 will come into play again, informed by epidemiological and mathematical modelling following the first wave. The Department of Health will issue guidance to inform health response plans following a review of the first wave and the availability of countermeasures.

4.4 The recovery phase: returning to normality

Operational objectives:

As the impact of the pandemic wave subsides and it is considered that there is no threat of further waves occurring, the UK will move into the recovery phase. Although the objective is to return to inter-pandemic levels of functioning as soon as possible, the pace of recovery will depend on the residual impact of the pandemic, ongoing demands, backlogs, staff and organisational fatigue, and continuing supply difficulties in most organisations. Therefore, a gradual return to normality should be anticipated and expectations shaped accordingly.

Plans at all levels should recognise the potential need to prioritise the restoration of services and to phase the return to normality in a managed and sustainable way.

Health and social services are likely to experience persistent secondary effects for some time, with increased demand for continuing care from:

- patients whose existing illnesses have been exacerbated by influenza
- those who may continue to suffer potential medium- or long-term health complications (eg the encephalitis lethargica that may have been linked to the 1918 pandemic)
- a backlog of work resulting from the postponement of treatment for less urgent conditions.

Staff will have been working under acute pressure for prolonged periods and are likely to require rest and continuing support.

Communications objectives:

- Support the rehabilitation of the community
- Ensure public confidence in the rehabilitation.

Key messages:

- Public services are working hard to restore services and rehabilitate the community
- Support service will continue to be provided for as long as necessary
- Recognise it has been a difficult time.

Agency	What information they are likely to release
Local authorities	Reassurance to local people and the community Sign post to support services Details on return to normality
SCC	Details on local services
Health	Numbers in hospital, VIP visits etc
Police	Public order/ security issues
Fire	Operational response
Role of SurreyAlert	A portal to sign post to partner and other sites

5. Communications - roles and responsibilities

Lead national agency: Department of Health
 Lead regional agency: NHS South East Coast
 Lead local agency: Surrey PCT

During the pre pandemic phases strategic responsibility for pandemic resilience sits with SLRF and the subgroups of SLRF, in particular the Mass Vaccination sub-group of the Health Emergency Planning Group.

Individual member agencies are responsible for undertaking robust business continuity planning which is resilient in an influenza pandemic.

Once a pandemic is declared at WHO Phase 6, in consultation with Central Government, a Regional Civil Contingencies Committee (RCCC) will be convened.

5.1 Communications responsibilities by organisation

Department of Health (DH)

The DH will be the primary source of information to the NHS and to the public during a pandemic period.

The DH will work closely with the Cabinet Office and other Government departments to deliver a nationally co-ordinated communications plan. During Phases 4/5 this will include a public information film and leaflets to all households giving advice and information.

Health Protection Agency (HPA)

The HPA provides specialist advice to DH, SHAs, NHS trusts and other organisations whose formal responsibilities include responding to an influenza pandemic. Pre and during a pandemic the Agency will co-ordinate provision of clinical and epidemiology surveillance data, provide infection control advice and disseminate relevant information to healthcare professionals and the public.

Cascade information and work with SHA and Regional Director of Public Health (RDPH) communication colleagues to support local communications activities including handling media requests where appropriate and fielding spokespeople.

Surrey Primary Care Trust (PCT)

In a 'rising tide' emergency such as pandemic flu it is likely that Health and Police would lead the response jointly. In these circumstances a Regional Civil Contingencies Committee (RCCC) would be formed. This is a multi-agency group, which would be chaired by Health, and supported by SLRF. The PCT communications lead will form part of the Communication Group that supports RCCC.

During a pandemic responsibilities include: implementing the communications strategy, briefing the SHA regularly, cascading information, handling the media on specific health issues and co-ordinating messages with key partners.

Strategic Health Authority (SHA)

In the event of pandemic flu, the SHA would act as a link between the Department of Health and the local NHS and liaise on any ministerial visits/briefings. They would take a strategic role, updating the local NHS on any changes to media handline/lines to take and also to give support to the local NHS where appropriate.

Trusts – Acute and Mental health

The role of the communications team within trusts will be to support the implementation of communications strategies and target staff and other key audiences, including the media where appropriate, with information and advice.

NHS Direct

NHS Direct will play a key role in the public information strategy, providing support to PCTs and acute trusts by dealing with callers seeking health information and advice during a flu pandemic.

Surrey Police

To communicate accurate, timely and consistent advice to key audiences to aid their understanding of the pandemic and to communicate any behaviour change or action they need to take, supporting delivery of the organisation's emergency plans. A member of the Corporate and Communications Department to act as communications/ media advisor to Gold (SCG).

Surrey Fire and Rescue

To communicate accurate, timely and consistent advice to key audiences to aid their understanding of the pandemic and to communicate any behaviour change or action they need to take, supporting delivery of the organisation's emergency plans.

Surrey Ambulance Service

Communicate any behaviour change or action the public needs to take and continue to reassure the public that key emergency services are being maintained.

Surrey County Council

During a pandemic the council will implement their communications plan and communicate details of which services are limited/ unavailable will be communicated. The communications team will also be responsible for handling local media enquiries.

District/ borough councils

The role of the District/ Borough Council communications teams will be to support the health organisations by providing advice and information to residents. They will do this by providing up-to-date information about the availability of council services during a pandemic when employees and contractors may be affected by illness.

5.2. Situation reports

SLRF partners will be required to contribute to the submission of regular information updates, or Situation Reports, required by Government Offices.

It is not expected that all information will need to be updated daily - this will depend on the emerging situation and arising regional issues.

See Preparing for Pandemic Influenza, Supplementary Guidance for LRF Planners, Annex C for a summary of the type of information that will be required from Government Offices:
http://www.ukresilience.gov.uk/~media/assets/www.ukresilience.info/flu_lrf_best_%20practice_final%20pdf.ashx

This acts as guidance on the type of information that will be requested and/or made available during a pandemic influenza outbreak and is subject to change as more information on the pandemic becomes available.

Situation reports are likely to cover the current situation, the operational response, resourcing issues, next steps, media, manpower and staffing issues.

6. Audiences

The following is a generic list of audiences in no particular order. Each organisation will have specific target audiences and communication responsibilities during a flu pandemic. The following groups may be both information receivers and information givers.

- Patients, carers and the public, including vulnerable and hard to reach groups
- Department of Health (DH)
- Local MPs, councillors and key influencers
- NHS staff including GPs, pharmacists and their staff (plus opticians and dentists if open)
- Health Protection Agency (HPA)
- Emergency Services
- Local Authorities
- Strategic Health Authority (SHA)
- Media
- Voluntary and Community Organisations
- NHS Direct
- Other NHS organisations
- Independent healthcare providers.

7. Media Liaison

During a flu pandemic it will be vital to ensure that people living in and visiting Surrey receive the appropriate public health advice and reassurance that there are comprehensive plans in place to respond to the situation.

In certain circumstances it is likely that full-scale media handling arrangements would need to be activated earlier than the start of the pandemic period. For example, it is likely that the media will portray Phase 5 as the start of the pandemic. Or the pandemic could start in another part of the world attracting global media coverage, resulting in the need to implement the communications strategy in advance of the pandemic reaching the UK.

The primary source of information for the public will be through national, regional and local media. The DH and NHS are undertaking a range of communications activities during the pre pandemic phase and this activity would be stepped up during Phases 4, 5 and 6 (see LRF Pandemic Flu communications Framework).

During a pandemic, DH will determine timing of national health announcements. Media activity, statements and briefings will be cascaded down to all health organisations through normal channels.

Local communications and key messages should be signed off by SLRF. However, in the event of significant media activity and demand for information, the group will need to take a pragmatic view. Health messages will need to be signed off by the PCT. The SLRF Communication group will use the same information to brief their local media to ensure consistent information is communicated across Surrey.

It is likely that the DH will hold twice daily press briefings to update the media on issues such as numbers of cases, deaths etc. It will be important therefore for all health organisations to co-ordinate information and brief DH on a regular basis.

It is likely Surrey PCT will coordinate information locally for briefing upwards via NHS South East Coast.

See SLRF Pandemic Flu Linking Document which identifies command and control arrangements.

Agency	What information they are likely to release
Health	Some points to consider for the initial media briefings include: <ul style="list-style-type: none"> • Confirmation of cases in Surrey • Specific details – number of cases, locations • Information regarding anti-virals and collection points • Public health information • Number of casualties • Hospitals involved • Public information - advice about travel • Time of next briefing
Police	Public order/ security issues
Ambulance	Facts and figures on no. of crew involved in response
Fire	Operational response
Health Protection Agency	Health information
NHS Trusts	Details about receiving hospitals Details regarding their services, what is running, what is suspended (No details about number of casualties and fatalities to be released)
Local Authorities	Provide information about provision of local authority services eg. school closures, social care and services, waste management, traffic
SCC	Trauma support
County coroner	Needs to be in on the communication loop
Role of SurreyAlert	A portal to sign post to partner and other sites

7.1 Spokespeople

Key spokespeople from SLRF partner organisations have been identified and will act as the 'voice for Surrey' during a pandemic. They are:

Spokespeople	Role
Joint Director of Public Health, Surrey PCT and Surrey County Council/ Associate Directors of Public Health Chief executive/deputy chief executive, Surrey PCT	Lead responder on public information – precautions, local infection rates, capacity, availability of antivirals, deaths etc On overall local NHS response if required
Local Health Protection Agency	Localised specialist messages relating to flu and the spread of the virus
Surrey Community Health Services – Managing Director, Chief Operating Officer and Directors	Local health community response and handling
SECAMB	Impact on 999 services
Acute Trust Chief Executives/ Director of Infection Control and Prevention	Local acute hospital response and handling - staffing/ capacity and how to access hospital services appropriately at this time
Surrey County Council Chief Executive and Leader of the Council	To provide details about which services would be available (housing, social services, education, refuse collection, street cleaning). Advise public not to come to council buildings unless absolutely necessary.
Borough and District Councils Chief Executives and Leaders	To provide advice and reassurance about local services as above
Assistant Chief Constable, Surrey Police	Business continuity issues re police response
Chief Fire Officer	Business continuity issues re fire service response

All spokespeople will have received the necessary media training.

8.2 Mutual aid

In the event of reduced staffing capacity for press office functions a mutual aid agreement is in place to ensure that SLRF members will assist with critical media functions in other organisations in a crisis. An 'out of hours' contact list covers key contact details for communications staff. A similar agreement is in place across Surrey health organisations.

9. Evaluation

Lessons learnt from all SLRF partners to be incorporated into evaluation and future communications planning.

November 2008

Appendix C - Personal Protection Equipment Guidance

Background

It is thought that the world is currently at risk of a global influenza pandemic ('pandemic flu'). For more general information on pandemic flu please see the Department of Health website: www.dh.gov.uk/pandemicflu.

Intended audience

This document is intended as a guide for managers in public service partner organisations of the NHS in Surrey, such as care homes, Social Services, the Police and other emergency services. It gives recommendations for use of personal protective equipment (PPE) during an influenza pandemic, and may influence decisions over stock acquired in preparation for a possible pandemic. This guidance is based on current national recommendations. More detailed Infection Control guidance is available for Healthcare professionals.

How is Pandemic Flu Spread

Transmission of the flu virus is spread by

- Person to person by close contact such as someone with the virus coughing or sneezing within 1 metre (3feet) of someone
- Touching or shaking the hand of an infected person then touching your mouth eyes or nose without first washing your hands.
- Touching contaminated surfaces and then touching your mouth eyes or nose without first washing your hands.
- During some aerosol creating medical procedures the virus may be transmitted although this is not considered to be a major route.

Incubation & Infectious timescales

From time of contact to the onset of symptoms up to 3 days and once symptoms have developed most people would be infectious to others soon after and for up to 5 days (7 days in children) . People become less infectious as their symptoms decline. Once symptoms are gone they are no longer infectious to others.

Basic infection control principles

Good hand and respiratory hygiene operated by everyone is the best method for individual's personal protection & the protection of others. Use a tissue to cover nose and mouth whilst sneezing and coughing. Dispose of the tissue promptly and wash hands. Wash hands frequently and avoid touching your mouth, eyes and/or nose unless you have recently washed your hands. If available in your working environment use an alcohol hand rub as an alternative for hand washing.

Guidance

PPE is not required for normal routine activities in any of the public service partner organisations; it is only a precautionary measure if close contact is necessary with someone with flu like symptoms. (See 1 metre rule in box below).

PPE for close contact consists of gloves, plastic aprons and surgical masks (standard issue fluid repellent)

PPE for specialist aerosol producing medical procedures include above plus gowns, eye protection and respirators (FFP3). **(Training and fit testing is required for FFP3 respirators to be used correctly and to afford the right protection)**

During an influenza pandemic, the Health Protection Agency (HPA) has recommended that when dealing with individuals with suspected or confirmed pandemic influenza, PPE should be used as follows:

Non-sterile examination gloves

Recommended for: individuals who are likely to come into contact with body fluids or contaminated surfaces from a suspected or confirmed case of pandemic influenza, or perform procedures involving 'sharps' or contaminated equipment from such cases

Plastic apron

Recommended for: individuals who are performing a medical examination on an individual with suspected or confirmed pandemic influenza, or who are likely to come into contact with bodily fluids from a suspected or confirmed case in an enclosed environment

Basic surgical mask

Recommended for: individuals with suspected or confirmed pandemic influenza in a communal waiting area or individuals coming within 1 metre (3 feet) of someone with suspected or confirmed pandemic influenza. Masks should be replaced when they become moist.

Not recommended for: general use in public areas by an individual without pandemic influenza or individuals over 1 metre (3 feet) away from a suspected case

Gown – not routinely recommended

Recommended for: individuals who anticipate extensive soiling of clothing or uniforms with respiratory secretions or other bodily fluids from a suspected or confirmed case of pandemic influenza

Not recommended for: routine examination or interaction with a suspected or confirmed case

Respirator mask ('FFP3'/'N95') and eye protection – not routinely recommended for other than ambulance and healthcare workers

Recommended for: individuals undertaking procedures which produce 'aerosols' on an individual with suspected or confirmed pandemic influenza. Such procedures include intubation, NP aspiration, tracheostomy care, chest physiotherapy, bronchoscopy and nebulizer administration

Not recommended for: routine examination or interaction with a suspected or confirmed case

Further information

More information about pandemic influenza planning in Surrey will be available at http://surreyalert.info/protectingyourself/diseases_pandemicflu.asp

1. Clinical guidelines for patients with an influenza-like illness during an influenza pandemic (BTS/BIS/HPA, 2006)

From: <http://www.dh.gov.uk/assetRoot/04/13/58/11/04135811.pdf>

2. Guidance for pandemic influenza: infection control in hospitals and primary care settings (DH/HPA, 2007)

From

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080771

3. Pandemic Flu Guidance for the Fire & Rescue Service (DH/2008)

From:

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

4. Pandemic Flu Guidance for the Police Service (DH/NPIA 2008)

From: <http://www.npia.police.uk/en/9713.htm>

Frequently asked questions.

What protection do emergency services need to enter a house or premises due to sudden death or other emergency situations?

During a flu pandemic, visits to premises should be restricted to those that are essential or emergencies. If a non-essential visit cannot be postponed and you believe any of the occupants has a flu-like illness, you should put on an apron, surgical mask and gloves before you enter the premises. Once outside of a building, take off your gloves, then the apron and finally the surgical mask by undoing the ties around the back of the head; do not touch the front of the mask. Dispose of gloves, apron and mask in a dustbin or plastic bag and clean your hands with soap and water (followed by drying) immediately. Use alcohol hand rub if soap and water are unavailable.

If a person has died at home and flu is suspected, then disposable gloves should be worn when handling the body or articles in the home. Avoid touching your face or mouth with your gloved hands. It is important that you wash your hands after leaving the premises. If there are symptomatic relatives or friends at the house, you should wear a surgical mask.

What protection do I need if I am on reception in a public building, police station etc. or dealing with the general public at large?

PPE is **NOT** needed for routine public or emergency service activities. You should only use PPE if you have to come into close contact (within one metre) with someone who has flu-like symptoms. Otherwise common sense actions to reduce contact should be used.

What protection do I need to enter a cell with an infected person?

If someone in custody develops flu-like symptoms, they (the prisoner) should wear a surgical mask and be medically assessed. In addition, if you enter their cell or are within one metre of the prisoner then you should wear an apron. Surgical mask and gloves (PPE). After leaving the cell, the PPE you have worn should be disposed of and you should clean your hands. There may be environmental contamination in the cell. Hard surfaces in the cell should be cleaned using normal cleaning products after a prisoner with flu-like illness has vacated the cell. If there is more than one prisoner with flu-like symptoms in custody, PPE should be changed after contact with each prisoner and hands cleaned. If a prisoner is symptom free then PPE does not need to be worn.

If I am required to give mouth to mouth resuscitation what do I use?

If any of the emergency services need to give mouth-to-mouth resuscitation to someone then they should use a one-way resuscitation device e.g. Laerdal mask with filter. If you are required to use an Ambubag or similar device until the ambulance crew arrive, who does this should wear a surgical mask and gloves.

Some ambulance staff are being trained to use FFP3 Respirators and eye protection do other emergency services require such training?

It is very unlikely that other than ambulance and healthcare workers will need to wear the PPE described above. The only situation when other emergency staff would need to use this PPE is if they were asked to assist ambulance crew with an aerosol generating healthcare procedure (e.g. placing a tube into the lungs of someone who has stopped breathing). It is important to be aware that training and fit testing will be required for anyone using an FFP3 respirator.

How do I reduce the risk of contamination to myself my colleagues and my family?

Practice good respiratory hygiene (CATCH IT, BIN IT, KILL IT.) and effective and frequent hand washing or the regular use of alcohol hand rub if other facilities are unavailable. If PPE has been used it is essential that it is removed in a standard manner. You should first of all remove your gloves by turning them inside out in one single motion, then remove your apron and finally remove the surgical mask from your face using the ties or tapes. Avoid touching the front of the mask. The PPE should be bagged and disposed of. After disposing of PPE, it is essential that you clean your hands with soap and water or if not available, use an alcohol hand rub.

Appendix D – Influenza Pandemic work streams

Command and Control

- Identify in the plan the WHO and UK alert levels and set context
- Identify trigger levels for SCG and organisational control centres / meetings to be established
- Identify contingency arrangements for virtual working
- Identify protocol for use of SurreyAlert
- Identify roles of key posts and their responsibilities and training needs
- Identify any additional functionality required for SCG
- Ensure Partner buy-in to arrangements
- Complete protocol arrangements and pass to ISLG.

Communicating with the public

- Location and process of anti-viral distribution
- Infection control advice
- Business Continuity
- SurreyAlert
- Mass vaccination
- Advice to key stakeholders
- Communication strategy (National and local)
- Review of LRF Comms plan
- Ensure LRF Comms Group disseminate key actions to all Category 1 responders.

Anti-viral Distribution

- Identify attributes of a distribution node / centre
- Plan activation
- Receiving centre
- Transportation
- Security
- Staffing
- Command and Control
- Patient Group Directives
- Distribution centre management
- Verification mechanisms
- Data Collection
- Outreach services
- Stock levels
- Exercise a centre and validate plan.

Co-operating with Stakeholders

- Surrey Police
- Surrey PCT, GPs, Community Pharmacies, Community Provider Services
- Surrey NHS Trusts
- Surrey and Borders Partnership NHS Trust
- South East Coast Ambulance Service NHS Trust, GSL
- NHS Direct
- Health Protection Agency
- Surrey County Council
- Borough and District Councils
- HM Prison Service

- Voluntary Sector
- Faith Communities
- Residential & Nursing providers
- Independent Health Sector
- Public
- Surrey Fire & Rescue Service
- Independent Schools
- Higher Education Establishments
- Funeral directors
- Businesses
- Media.

Excess Deaths

- Apply national influenza pandemic planning assumptions to the Surrey population.
- Determine the normal and maximum operating capacity of currently available services i.e. registrars, funeral directors, hospital mortuaries, cemeteries and crematorium facilities within Surrey.
- Ascertain the capability gap of expected deaths from pandemic against maximum available operating capacity.
- Apply national assumptions for absenteeism.
- Determine the likely pressure points for the pandemic using the national planning assumptions for additional deaths.
- Identify potential alternative ways of working to help ensure the local service capability is not exceeded.
- Identify possible methods for increasing body storage capacity.

Appendix E – LRF Excess Deaths Plan

THE EXCESS DEATHS PLAN REFERRED TO WITHIN THIS DOCUMENT CAN CURRENTLY BE FOUND ON THE SURREY ALERT SECURE EXTRANET:

SURREY ALERT LIVE/SUPPORTING INFORMATION//MULTI-AGENCY PLANS/PANDEMIC FLU

<http://alert.surreycc.gov.uk/surreyalert/main/>

OR IF NECESSARY ELECTRONIC COPIES CAN BE PROVIDED BY THE SURREY LOCAL RESILIENCE FORUM BUSINESS SUPPORT GROUP BY EMAILING

slrf.business.support@surrey.pnn.police.uk

Appendix F - Suggested Agenda Items

Recommended initial meeting attendees

Director/Ass Director Public Health	Ambulance	HPA	Lead Press officer
Police	Fire	Fire	GOSE

**Influenza Pandemic Strategic Coordinating Group
Initial Meeting**

1. SCG Representation
2. COBR update
3. Health Gold Update including STAC
4. Top Line Agency Updates
5. Business Continuity Issues
6. School Closures
7. Viral Distribution
8. Central Government reporting requirements
9. Communications
 - a. Media Management
 - b. Public Messages
 - c. Internal Communications
10. Forward look
11. Strategic Coordination Structure
12. AOB

13. Next Meeting