

# Individual Decision

---

The attached report will be taken as  
Individual Portfolio Member Decision on:

**2<sup>nd</sup> November 2009**

---

<b>Ref:</b>	<b>Title</b>	<b>Portfolio Member(s)</b>	<b>Page No.</b>
ID1941	<b>Influenza Pandemic Response Plan</b>	Councillor Hilary Cole	3 - 130



## Individual Executive Member Decision

---

<b>Title of Report:</b>	<b>Influenza Pandemic Response Plan</b>
<b>Report to be considered by:</b>	Individual Executive Member Decision
<b>Date on which Decision is to be taken:</b>	02 November 2009
<b>Forward Plan Ref:</b>	ID1941

**Purpose of Report:** To seek approval of the Influenza Pandemic Response Plan

**Recommended Action:** That the plan is approved.

**Reason for decision to be taken:** The Civil Contingencies Act 2004 requires that plans are provided in order to assist the Council in responding to risks. Pandemic Influenza has been identified as a risk to the Council and the Community hence this plan.

**Statutory:**

**Non-Statutory:**

**Other:**

**Other options considered:** N/A

**Key background documentation:** Thames Valley Influenza Pandemic Response Plan

Portfolio Member Details	
<b>Name &amp; Telephone No.:</b>	Councillor Hilary Cole - Tel (01635) 248542
<b>E-mail Address:</b>	hcole@westberks.gov.uk
Contact Officer Details	
<b>Name:</b>	Carolyn Murison
<b>Job Title:</b>	Principal Civil Contingencies Officer
<b>Tel. No.:</b>	01635 519105
<b>E-mail Address:</b>	cmurison@westberks.gov.uk

## Implications

---

<b>Policy:</b>	The proposed plan will ensure that as far as reasonably practicable the Council will be prepared to respond to a pandemic influenza outbreak.
<b>Financial:</b>	There is likely to be a financial implication to the LA, the cost of which is not known due to the variations in the severity of any pandemic. All costs are monitored and are kept to a minimum whilst providing an appropriate response.
<b>Personnel:</b>	Any HR issue is covered in the plan.
<b>Legal/Procurement:</b>	None
<b>Environmental:</b>	None
<b>Partnering:</b>	None
<b>Property:</b>	None
<b>Risk Management:</b>	This plan will assist in reducing the risk to the Council
<b>Community Safety:</b>	None
<b>Equalities:</b>	None

## Consultation Responses

---

### Members:

<b>Leader of Council:</b>	Cllr Graham Jones
<b>Overview &amp; Scrutiny Management Commission Chairman:</b>	Cllr Brian Bedwell
<b>Select Committee Chairman:</b>	Cllr Carol Jackson-Doerge
<b>Ward Members:</b>	N/A
<b>Opposition Spokesperson:</b>	Cllr Roger Hunneman
<b>Local Stakeholders:</b>	PCT
<b>Officers Consulted:</b>	Pandemic Influenza Planning Group
<b>Trade Union:</b>	Via above group

**NOTE: The section below does not need to be completed if your report will not progress beyond Corporate or Management Board.**

<b>Is this item subject to call-in.</b>	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
If not subject to call-in please put a cross in the appropriate box:		
The item is due to be referred to Council for final approval		<input type="checkbox"/>
Delays in implementation could have serious financial implications for the Council		<input type="checkbox"/>
Delays in implementation could compromise the Council's position		<input type="checkbox"/>
Considered or reviewed by OSC or associated Task Groups within preceding 6 months		<input type="checkbox"/>
Item is Urgent Key Decision		<input type="checkbox"/>

## Supporting Information

### 1. Introduction

- 1.1 Under the Civil Contingencies Act 2004 and relevant guidance there is a requirement for Category 1 responders to Major Incidents, including West Berkshire Council, to have a plan in order to respond to a variety of incidents.
- 1.2 West Berkshire Council has a Major Incident Plan which was approved in July 09. This is a generic plan and therefore in order to be able to respond to a more specific incident such as Pandemic Influenza a separate plan has been written.

### 2. West Berkshire Pandemic Influenza Planning and Plan

- 2.1 Preparations for such an incident have been developed over the last 3 years at National, Regional, Thames Valley, Berkshire and individual agency levels. As a result plans had been written and were either in place or in draft format.
- 2.2 Due to the outbreak of Swine Flu in April 09 increased planning and preparation has been undertaken, again at all levels. The Thames Valley plan and therefore the West Berkshire plan have been revised as a result of lessons identified at an early stage in the response.
- 2.3 It is likely that over time, with this current Swine Flu Pandemic, amendments may have to be made. Any significant changes to the plan will be agreed through the Pandemic Influenza Group.
- 2.4 This plan will work in conjunction with the Major Incident Plan.

### 3. Key Areas of the Plan

- 3.1 The plan provides a number of sections as detailed below which give the framework for the Council's response:
- (1) Executive Overview: Provides the information regarding Pandemics versus Seasonal flu etc.

- (2) Alert levels: Provides guidance on the World Health Organisation, UK and Thames Valley Alert levels.
- (3) Activation and Response: Provides details of the Councils activation process, the overarching Influenza Planning Group and the service responsibilities. The aim in this area is not to deviate too far from what would be a normal response to any other incident in order that the training and therefore response is familiar to all.
- (4) Impact and Partnership Working: This section covers the external issues that may have an impact on the community and the services in the Council as a result. There is also information on the support that may be requested from the Berkshire West PCT.
- (5) Local Authority and Multi-agency Co-ordination: This provides details of how the whole process will work together to ensure community support at all levels.
- (6) Communications: Details the communication routes between agencies and the media.
- (7) Recovery: Post the incident there will be a requirement for a recovery process; an overview of this is provided.
- (8) Training, Exercise, Revision and Storage of the Plan: Provides relevant Guidance.

3.2 In addition there are a number of annexes to support the plan.

#### **4. Review**

4.1 Once this current Swine Flu Pandemic incident has ended, and not later than one year from this plan approval, there will be a debrief and the plan will be revised to include the lessons identified as appropriate.

#### **5. Conclusions**

5.1 It is recommended that the Plan be approved, whilst noting that it will develop should the situation and advice change.

### **Appendices**

---

Appendix A – West Berkshire Pandemic Influenza Response Plan

# Influenza Pandemic Response Plan



**DATE AGREED:** Sept 09  
**REVIEW DATE:** Sept 10  
**AGREED BY:** Corporate Pandemic Influenza Planning Group  
**VALIDATION:** Plan validated by peer review & 3 yearly exercise

**FOR FURTHER INFORMATION CONTACT:**  
Civil Contingencies Team, West Berkshire Council via  
[emergencyplanning@westberks.gov.uk](mailto:emergencyplanning@westberks.gov.uk) or 01635 42400



**PAGE INTENTIONALLY BLANK**



**TO ACTIVATE THIS PLAN  
GO TO PAGE 45**

**PAGE INTENTIONALLY BLANK**

## CONTENTS

<i>Amendments List</i> .....	7
<b>1</b> <b><i>Executive Overview</i></b> .....	9
1.1        Introduction	9
1.2        Aims and Objectives	10
1.3        Scope of the Plan	10
1.4        Planning Assumptions	11
1.5        Impact of Influenza Pandemic	11
1.6        Seasonal Influenza	12
1.7        Influenza Pandemic	12
1.8        Avian Influenza (Bird Flu)	13
1.9        H1N1 Swine Influenza(2009)	13
1.10      How is Swine Influenza and Avian (Bird) Influenza Different from Seasonal Flu?	13
<b>2.0</b> <b><i>Alert Levels</i></b>	15
2.1        Alert Levels	15
2.2        UK Alert Levels	16
2.3        Local Alert Levels	16
2.4        Stages of managing increased demand and capacity (Surge)	17
2.5        Activation of the Plan	17
<b>3</b> <b><i>Local Authority / Multi-agency Coordination</i></b>	19
3.1        Introduction	19
3.2        Gold / Strategic Liaison	19
3.2.1      Multi-Agency Strategic Co-ordinating Group .....	19
3.2.2      Membership of the SCG.....	19
3.2.3      Local Authority Representation at the SCG.....	20
3.3        Thames Valley Influenza Pandemic Committee (TVIPC)	20
3.4        Silver / Tactical Liaison	21
3.4.1      Berkshire West Influenza Pandemic Committee (IPC) .....	21
3.5        Bronze / Operational Co-ordination	21
3.5.1      Individual Authority's Influenza Co-ordinating Group (ICG) .....	21
3.6        Thames Valley / Berkshire Structure	22
3.7        Influenza Pandemic SCG Membership / Command and Control	23
3.8        Outline of Plans and Organising Bodies for Influenza	24
3.9        Berkshire Local Authority Coordination Protocol	25
3.10      Local Authority Organisation: Pan-Berkshire Liaison Arrangements	26
3.11      Decision-making / Liaison Process	27
3.12      Identification of nominated staff.	27
3.13      Information Gathering and Sharing - Reporting Schedule – Thames Valley	28
3.14      Other Communications – as per 2009 Swine Flu	28
3.15      WBDC Model Daily “Rhythm”	29
3.16      Assessment of Pandemic Impact upon Services	31
3.17      Data Reporting Format - Reporting Templates	32
3.18      Situation Reports	32
3.19      Berkshire Local Authority / BIPC Situation Report Structure (Local Alert level 3/4)	32
<b>4.0</b> <b><i>Working with the NHS – Berkshire West PCT</i></b>	34
4.1        Use of buildings, equipment and staff for any Anti-viral Collection Points (ACP's)	35
4.2        Supporting the PCT in provision of ‘Flu Friends.’	35
4.3        Supporting the PCT with respect to Early Discharges from Hospital	35
4.4        Supporting the Vaccination of Priority Clients and Staff (NHS and Community Care)	35

4.5	Use of buildings, equipment and staff for any possible flu vaccination centres.	36
4.6	Provision of additional transportation for equipment, supplies and people.	36
4.7	Co-ordination and liaison with the voluntary sector.	36
4.8	Body-holding Capability.	36
4.9	Support to the Body Disposal Arrangements.	37
4.10	Translation services and access to hard-to-reach groups.	37
4.11	Joint Initiatives required between LA's and Health Organisations.	37
<b>5.</b>	<b>Issues that may Impact on the Council Response</b>	<b>39</b>
5.1	Emergency Measures	39
5.2	Excessive additional Deaths	39
5.3	Crematoriums & Graveyards.	40
5.4	Proposed Body Storage Arrangements.....	40
5.5	Funeral Directors, Crematorium, Grave Diggers and Registrars.....	41
5.6	Funeral Services.....	41
5.7	Registrars.....	41
5.8	Repatriation of the Deceased.....	41
5.9	Additional Vulnerable People.....	41
5.10	"Closed Communities".....	42
5.11	Colleges.....	42
5.12	Transportation Failures in the Haulage Industry.....	42
5.13	Mutual Aid.....	42
<b>6.</b>	<b>Activation &amp; Response</b> .....	<b>43</b>
6.1	West Berkshire Council's Activation	43
6.2	Response	44
6.3	Representation at groups:	45
6.4	Locations and Representatives at each of the WBDC groups.	45
6.5	Communications	46
6.6	Maintenance of WBDC Services – Business Continuity	46
6.7	Corporate Pandemic Influenza Planning Group	47
6.8	Service Preparation and Response	47
6.9	All Corporate Directors and Heads of Service	47
6.10	All Line Managers	48
6.11	Civil Contingencies Team	49
6.12	Communications Team	50
6.13	Children & Young People Services	50
6.13.1	Communicating the initial decision:.....	51
6.13.2	Implications of school closures.....	52
6.13.3	Re-opening of schools following closure.....	52
6.13.4	School Reporting.....	53
6.13.4	Early Years.....	53
6.14	Role of Customer Services in the Event of an Influenza Pandemic	54
6.15	Adult Social Care	55
6.16	Transport Service	57
6.17	Registration Service	58
6.18	Facilities Management	58
6.19	ICT	59
6.20	Human Resources	60
6.21	Finance	61
6.22	Internal Health & Safety (H&S)	61
6.23	Members	62
<b>7</b>	<b>Communications</b> .....	<b>63</b>
7.1	Introduction	63
7.2	Principles of TVLRF Communications Relating to Pandemic Influenza	63

7.3	Internal Communications	64
7.4	Communications to Partners	64
7.5	Communication Flows - South East	65
7.6	Communication Flows - Thames Valley	66
7.7	Communication Flows – Berkshire	67
7.8	Communication Flows – Berkshire West	68
7.9	Communications to the Local Community	69
7.10	Media Communications	69
<b>8</b>	<b>Recovery &amp; Debriefs</b> .....	<b>72</b>
8.1	Introduction	72
8.2	Recovery Plans	72
8.3	Recovery Activities	72
8.4	Debriefs	72
<b>9.0</b>	<b>Training, Exercise, Revision and Storage of the Plan</b> .....	<b>73</b>
9.1	Training & Exercises	73
9.2	Plan Revision Arrangements	73
9.3	Storage and Publication	73
<b>ANNEX A – WEST BERKSHIRE DISTRICT COUNCIL INFLUENZA PANDEMIC RESPONSE</b>		
	<b>MANAGEMENT GROUPS</b> .....	<b>75</b>
<b>ANNEX B WBC ROLE ACTION CARDS</b> .....		
		<b>78</b>
<b>ANNEX C - GOSE SITUATION REPORT TEMPLATE</b> .....		
		<b>84</b>
<b>ANNEX D – LOCAL AUTHORITY SITUATION REPORT TEMPLATE</b> .....		
		<b>90</b>
<b>ANNEX E – ROLES AND RESPONSIBILITIES OF RESPONDING AGENCIES DURING THE</b>		
	<b>PLANNING AND RESPONSE PHASE</b> .....	<b>100</b>
<b>ANNEX F – GUIDANCE ON LIMITING THE SPREAD</b> .....		
		<b>107</b>
<b>ANNEX G LOCAL AUTHORITY INFLUENZA PLANNING CHECKLIST (FOR GUIDANCE)</b> .....		
		<b>113</b>
<b>ANNEX H – INFLUENZA SERVICE CONTINUITY PLANS</b> .....		
		<b>121</b>
<b>ANNEX I - LIST OF PLANS &amp; GUIDANCE AVAILABLE</b> .....		
		<b>122</b>
<b>ANNEX J IDENTIFIED STAFF FOR ROLES</b> .....		
		<b>123</b>
<b>ANNEX K GROUP EMAILS</b> .....		
		<b>124</b>

## Amendments List

Section / Page	Title	Amendment Description	Date

### Abbreviations and Glossary

<b>BCM</b>	Business Continuity Management
<b>BCP</b>	Business Continuity Plan
<b>BFBC</b>	Bracknell Forest Borough Council
<b>CCC</b>	Civil Contingencies Committee
<b>CCDC</b>	Consultant in Communicable Disease Control
<b>CMT</b>	Crisis Management Team
<b>COBR</b>	Cabinet Office Briefing Rooms
<b>DoH</b>	Department of Health
<b>DPH</b>	Director of Public Health
<b>EOC</b>	Emergency Operations Centre
<b>EA</b>	Environment Agency
<b>GOSE</b>	Government Office for the South East
<b>HoS</b>	Head of Service
<b>HPA</b>	Health Protection Agency
<b>H&amp;S</b>	Health and Safety
<b>HSE</b>	Health and Safety Executive
<b>ICG</b>	Influenza Co-ordinating Group
<b>IPC</b>	Influenza Pandemic Committee
<b>IPC LALO</b>	Influenza Pandemic Committee Local Authority Liaison Officer
<b>LA</b>	Local Authority
<b>LAIC</b>	Local Authority Influenza Co-ordinator
<b>LALO</b>	Local Authority Liaison Officer
<b>MIP</b>	Major Incident Plan
<b>NHS</b>	National Health Service
<b>PCT</b>	Primary Care Trust
<b>PPE</b>	Personal Protective Equipment
<b>RBC</b>	Reading Borough Council
<b>RBWM</b>	Royal Borough of Windsor and Maidenhead
<b>RCCC</b>	Regional Civil Contingencies Committee
<b>RCG</b>	Recovery Co-ordinating Group
<b>SBC</b>	Slough Borough Council
<b>SCAS</b>	South Central Ambulance Service
<b>SCG</b>	Strategic Co-ordination Group
<b>SE RRF</b>	South East Regional Resilience Forum
<b>SHA</b>	Strategic Health Authority
<b>STAC</b>	Scientific and Technical Advice Cell
<b>TVIPC</b>	Thames Valley Influenza Pandemic Committee
<b>TV LRF</b>	Thames Valley Local Resilience Forum
<b>UKNIPC</b>	UK National Influenza Pandemic Committee
<b>WBDC</b>	West Berkshire District Council
<b>WBC</b>	Wokingham Borough Council
<b>WHO</b>	World Health Organisation

## 1 Executive Overview

### 1.1 Introduction

Pandemic Influenza (flu) is a high priority risk on the risk registers of the Thames Valley Local Resilience Forum (TV LRF), the South East Regional Resilience Forum (SE RRF) and the National Risk Register. Large segments of the population may be affected producing major impacts on all agencies, businesses and the communities. There will be significant challenges to business continuity and whilst all organisations may be hit simultaneously, targeted support will be required to maintain critical services and support partner agencies. The Council throughout will be expected with other agencies to show leadership.

Influenza pandemics are natural events that can rapidly infect virtually all countries worldwide. They therefore pose a unique international and national challenge. As well as their potential to cause serious harm to human health, they threaten wider social and economic damage and disruption. Three pandemics have occurred in the last century, in 1918, 1957 and 1968. It was therefore highly likely that another influenza pandemic would occur, and indeed in May 2009 the World Health Organisation declared pandemic status for the H1N1 virus commonly known as Swine Flu. It is impossible to predict when or the precise nature of any pandemics impact as the disease initially emerges and this uncertainty is one of the main challenges.

It is also difficult to say how serious any influenza pandemic will be. This will depend on the strain, how easy it can spread, which age groups are affected most, the severity of the symptoms it produces and how many deaths it causes. There may be more than one pandemic wave (with an interval of weeks to several months) and if a second wave occurs, it may be more severe than the first. Each wave could peak around week 6 for 2-3 weeks and each wave is expected to last around 3 months. It is likely that any flu pandemic will affect more people than seasonal flu and may be a more serious illness. It is estimated that approximately a quarter of the population may be affected by the end of the pandemic. This was made very clear at the start of the Swine Flu Pandemic in 2009 in that the initial death rate was considered to be very high, however on more research as the disease spread the situation and therefore planning assumptions were revised. As a result in the initial stages of any potential pandemic detailed research and analysis is critical.

It is also anticipated that once in the UK; a flu pandemic will spread across the country in a matter of weeks and will cause:

- √ High levels of flu illnesses.
- √ Intense pressure on health services.
- √ Disruption to many aspects of daily life.
- √ Additional deaths above the average for a seasonal flu outbreak.

**This plan is based on the assumptions of the “Pandemic Flu – A National Framework for Responding to an Influenza Pandemic” published by the Department of Health (DoH) in November 2007 and April 2009 (Swine Flu). It should therefore be noted that this plan will require to be reviewed when any new Pandemic is declared to take into account the relevant planning assumptions at that time. These assumptions are likely to be reviewed and therefore change during the pandemic itself as more details of the virus are established.**

## 1.2 *Aims and Objectives*

The **aim of this plan** is to provide an overarching framework to ensure that West Berkshire District Council (WBDC) is able to ensure a coordinated local authority response in the event of an influenza pandemic occurring.

The **objectives of this plan** are to:

- Support residents, businesses and partner agencies.
- Coordinate external assistance.
- Provide clear lines of communication.
- Consider mutual aid arrangements.
- Ensure continuation of critical business activities.
- Minimise the general disruption that is likely to occur, including economic loss.
- Provide community leadership.

These objectives are in accordance with the government's overall objectives in responding to an influenza pandemic:

- Limit illness and death arising from infection.
- Provide treatment and care for those who become ill.
- Minimise disruption to health and other essential services.
- Maintain business continuity as far as possible.
- Reduce as far as possible disruption to society.

## 1.3 *Scope of the Plan*

This plan does not cover planning for or the response to seasonal influenza outbreaks or any incidents involving the prevention or control of avian (e.g. A/H5N1) influenza or other animal influenza virus infection in birds or humans, which remain the responsibility of the appropriate government departments and public health, animal health and local authority bodies in accordance with normal procedures.

This plan is intended to ensure continuation of services provided by the Council under Influenza Pandemic conditions, this may include a reduced level of service in non-essential areas.

WBDC has a Business Continuity Plan (BCP) that details essential services and includes management arrangements for how each service area across WBDC will operate in a crisis situation and maintain essential services. West Berkshire Council's Influenza Pandemic Plan will provide specific arrangements for dealing with a pandemic situation which will complement existing business continuity arrangements.

This plan does not provide details of joint working plans in relation to Flu Friendless, Antiviral Collection Points, Vaccination Centres etc since they are joint PCT and other agency plans which may vary with any pandemic. As these plans/processes are finalised however they may be added as annexes as appropriate.



## 1.4 Planning Assumptions

For practical purposes, this plan uses the most severe range of planning assumptions in order to consider the "worst case" scenario. This plan can be scaled up or down to suit circumstances.

- Up to 50% of the population may show clinical symptoms of influenza over the course of a pandemic, and up to 25% of those may develop complications.
- Up to 2.5% of those who become symptomatic may die.
- Up to 22% of influenza cases can be expected during the peak week of a pandemic wave.
- Up to 28.5% of symptomatic patients (including children under 3) will require assessment and treatment by a general medical practitioner or suitably qualified experienced nurse.
- Up to 4% of those who are symptomatic may require hospital admission if sufficient capacity is available. Average length of stay for those with complications may be 6 days (10 if in intensive care).

It should also be noted that the DoH may issue relevant planning assumptions during an influenza pandemic based on the current situation.

## 1.5 Impact of Influenza Pandemic

<b>Impact on West Berkshire of 25% infection rate</b>	<b>25% infection rate</b>	<b>22% Peak</b>	<b>GP visits 28.5%</b>	<b>A&amp;E presentations 5%</b>	<b>Hospital admissions 4%</b>	<b>Case Fatality Rate 0.37%</b>	<b>Case Fatality Rate 2.5%</b>
Population 144,000	7,776	Week 6 21.6%	2,216	389	311	29	194
<b>Impact on West Berkshire of 50% infection rate</b>	<b>50% infection rate</b>	<b>22% in peak week</b>	<b>GP visits 28.5%</b>	<b>A&amp;E presentations 5%</b>	<b>Hospital admissions 4%</b>	<b>Case Fatality Rate 0.37%</b>	<b>Case Fatality Rate 2.5%</b>
Population 144,000	15,552	Week 6 21.6%	4,432	778	622	58	389

Figures as at April 2009

## 1.6 Seasonal Influenza

Seasonal influenza is an acute infectious viral illness that spreads rapidly from person to person when in close contact. It is characterised by the sudden onset of fever, chills, headache, muscle pain, severe prostration and usually a cough – with or without a sore throat – or other respiratory symptoms. The acute symptoms generally last for about a week, although full recovery may take longer. In most years, seasonal influenza occurs in the UK predominantly during a six to eight week period in winter and affects some 5% to 15% of the population.

There are three broad types of influenza virus – A, B and C. Influenza A virus's cause most winter epidemics (and pandemics) and can affect a wide range of animal species as well as humans. They have a remarkable ability to adapt and change – which is what, keeps them in circulation – and the resulting viruses can have widely differing impacts. Influenza B viruses only infect people. They circulate most winters but generally cause less severe illness and smaller outbreaks, particularly amongst children. Influenza C viruses are amongst the many causes of the common cold. About half of those who become infected have no symptoms and are therefore not even aware of the infection. For the majority of the other half, 'seasonal' influenza is an unpleasant but self-limiting and not life-endangering illness. However, in some it may be more severe, or complicated by secondary bacterial infections such as bronchitis or pneumonia. The very young, older people and those with underlying diseases such as heart or chest disease are particularly at risk of serious illness. Without interventions, those in high-risk groups can suffer significant ill health, and a small percentage of those affected die. An estimated 8000-12,000, mainly older, people die each year from seasonal influenza in England and Wales. The cornerstone of reducing the impact of seasonal influenza is selective annual vaccination of those groups most at risk of serious illness, complications and death with an appropriately formulated vaccine.

## 1.7 Influenza Pandemic

Pandemic influenza occurs when influenza A virus subtype emerges or re-emerges which is:

- Markedly different from recently circulating strains.
- Able to infect people.
- Readily transmissible from person to person.
- Capable of causing illness in a high proportion of those infected.
- Able to spread widely because few – if any – people have natural or acquired immunity to it.

Whilst such a virus could first emerge anywhere in the world, it would initially spread to cause outbreaks and epidemics within the country of origin and its immediate neighbours before spreading globally to cause a pandemic. The conditions that allow a new virus to develop and spread continue to exist, and some features of modern society, such as air travel, could accelerate the rate of spread. Experts therefore agree that there is a high probability of a pandemic occurring, although timing and impact are impossible to predict.

## **1.8 Avian Influenza (Bird Flu)**

Avian influenza ('bird flu') is an infectious disease of birds caused by influenza A viruses that spread mainly through contact with contaminated faeces (droppings) but also via respiratory secretions. Although they do not readily infect species other than birds and pigs, scientists believe that human-adapted avian viruses are the most likely origin of the last three human influenza pandemics. The highly pathogenic A/H5N1 avian influenza virus – which is extremely contagious and rapidly fatal in domestic poultry species – has prompted particular concerns in recent years. There has been rapid spread within and from the Far East, with incursions into Europe and Africa caused by movement of infected poultry and poultry products, and possibly via migratory birds. Whilst the virus has also infected humans, such infections have only been recognised in a small proportion of those who have been exposed to infected birds. To date there has only been limited evidence of person-to-person transmission and, even where that has occurred; it has been with difficulty and has not been sustained. A growing reservoir of infection in birds, combined with transmission to more people over time, increases the opportunities for the A/H5N1 virus either to adapt to give it greater affinity to humans or to exchange genes with a human influenza virus to produce a completely novel virus capable of spreading easily between people and causing a pandemic. However, the likelihood of and time span required for such mutations are not possible to predict. Experts agree that A/H5N1 is not necessarily the most likely virus to develop pandemic potential. However, due to the potential severity of a pandemic originating from an H5N1 virus, this possibility cannot be discounted.

## **1.9 H1N1 Swine Influenza(2009)**

Swine influenza is a disease in pigs caused by a type A influenza virus. There are regular outbreaks of swine influenza in pigs worldwide. It does not normally infect humans, although this occasionally does occur - usually in people who have had close contact with pigs.

Swine influenza viruses are usually of the H1N1 subtype. The current swine flu (2009) that has spread to humans is a version of this virus. The virus has been spread by person-to-person contact.

## **1.10 How is Swine Influenza and Avian (Bird) Influenza Different from Seasonal Flu?**

Seasonal flu, caused by an existing flu virus, is a common infection in the UK that usually occurs during a two-month period in winter. For most people, it is an unpleasant but not life-threatening infection. People who are more at risk from it, such as older people, and others with underlying illnesses such as asthma can be given a vaccine each year.

Bird flu, also known as avian flu, is influenza that, as its name suggests, is usually confined to birds. However, like swine flu, it can also sometimes be caught by people and by pigs. If swine flu or bird flu do spread in people, it can be very serious and can cause death.

A pandemic occurs when a new flu virus appears in the human population and spreads from person to person worldwide. It is likely that such a virus will be caused by a bird or animal virus mixing with the human virus.

**PAGE INTENTIONALLY BLANK**

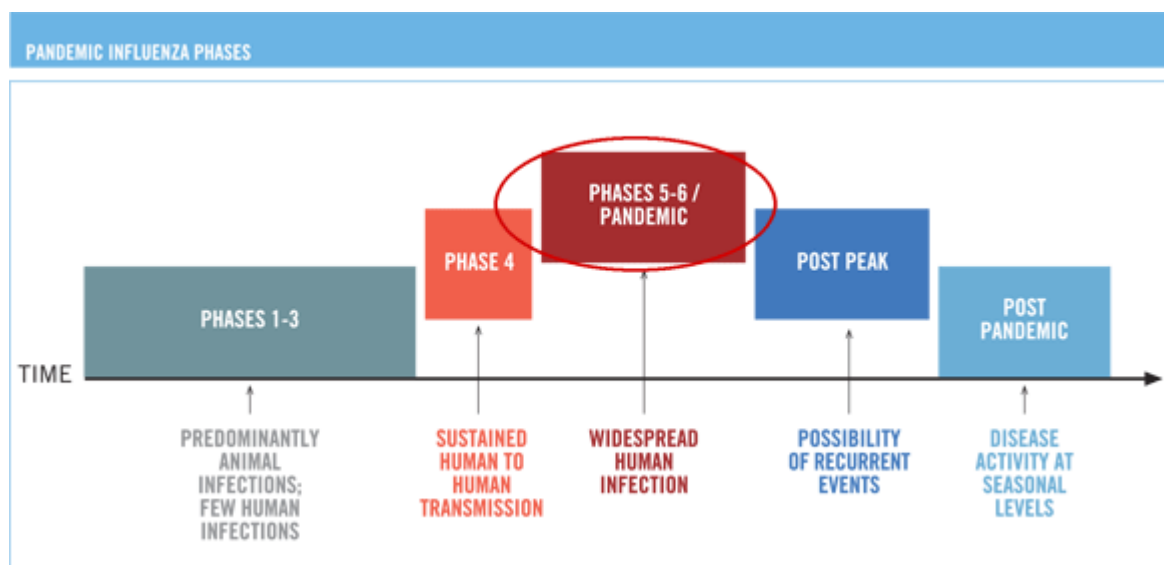
## 2.0 Alert Levels

### 2.1 Alert Levels

The World Health Organization (WHO) will inform the DoH of any change in alert levels, usually after international consultation. The DoH will communicate this information together with an assessment of the risk to the UK to the devolved administrations, other government departments, the National Health Service (NHS), healthcare professionals, the public and relevant organisations. The DoH will also notify responders of the relevant UK Alert Level, informed by surveillance information from the Health Protection Agency (HPA). The UK may also implement one or any of the phases of the UK National Flu Plan on advice from the UK National Influenza Pandemic Committee (UKNIPC). This is a committee formed under the direction of the DoH in consultation with other health departments.

The following link is direct to the World Health Organization current phase of pandemic alert.  
[http://www.who.int/csr/disease/avian\\_influenza/phase/en/index.html](http://www.who.int/csr/disease/avian_influenza/phase/en/index.html)

The WHO alert levels are displayed in the table below:



## 2.2 UK Alert Levels

The following UK alert levels were agreed prior to the outbreak of swine flu early 2009 to complement the WHO alert levels. Due to the speed of spread globally however it may be the case, as in the pandemic in 2009, that these alert levels are not invoked.

Alert Level	Definition	Activity
Alert level 0	No cases anywhere in the world.	At a local level, the priority is developing and testing plans.
Alert level 1	No cases in the UK.	Enhanced surveillance (detecting the first cases) and at a local level making urgent preparations for the impending pandemic (based on the expected infectiousness and severity of the virus).
Alert level 2	Virus isolated in the UK.	Attempting to contain the virus and escalating the response to contain spread, manage cases, maintain service and business continuity and manage socioeconomic disruption. Civil emergency responses are likely to be activated.
Alert level 3	Outbreak(s) in the UK.	
Alert level 4	Widespread activity across the UK.	

## 2.3 Local Alert Levels

Experience of swine flu in 2009 has shown that local triggers are required to escalate activity in response to a pandemic. Thames Valley Local Resilience Forum (TVLRF) has agreed the following:

Alert Level	Definition	Activity
Local Alert level 0	No cases in the UK.	At a local level, the priority is developing and testing plans.
Local Alert level 1	No cases in Thames Valley but confirmed cases in the UK.	Prepare local services, review plans and confirm command and control issues by calling an LRF meeting to plan for the pandemic.
Local Alert level 2	Limited outbreaks in Thames Valley being managed within existing resources.	Preparatory action required by all agencies to increase activity within days or weeks. No curtailment of services in the area and different ways of working not yet required.
Local Alert level 3	Significant outbreaks in areas which require special arrangements (such as antiviral collection points).	Some impact on the delivery of services or the community at large, leading to service curtailment, selective closures and or different ways of working.
Local Alert level 4	Widespread circulation of pandemic influenza with a severe impact upon the community and responder agencies.	Severe impact upon services with surges in demand leading to a reduction in services to minimum levels.

From lessons learned of the 2009 swine flu outbreak, the Strategic Command Group (SCG) will discuss and collectively agree to trigger a change in the local alert level in the following circumstances:

- At the request of a member agency of the LRF experiencing increased demand for services.
- Following receipt of intelligence that increase activity will be required.
- At the direction of GOSE or government agency.

Detailed planning checklists can be found in the TVLRF Influenza Plan.

## **2.4 Stages of managing increased demand and capacity (Surge)**

The alert levels can be linked to planning and response as a result from an operational perspective; a pandemic consists of three stages:

- **Pre- surge** – when UK alert level 1 is declared. It will continue into UK alert level 2. Even at alert level 3 there will be places unaffected and still in the pre- surge phase
- **Surge** – when local triggers indicate the potential for a sudden escalation in patient numbers, eg an influenza death, an outbreak in a school or other institution or increased staff absence
- **Recovery** – when it is clear that local influenza activity is declining.

(from Managing Demand and Capacity in Health Care Organisations (surge) April 09 (DOH))

## **2.5 Activation of the Plan**

On receipt of notification of an increase in the WHO/UK Alert, WBDC will consider activating this plan, alongside the Major Incident Plan (MIP) and Corporate and Service Business Continuity Plans in line with recommendations from the TVLRF. **See section 6, page 45.**

**PAGE INTENTIONALLY BLANK**



### 3 **Local Authority / Multi-agency Coordination**

#### 3.1 **Introduction**

The response to any influenza pandemic will be carried out at the 3 basic levels of command and control:

#### 3.2 **Gold / Strategic Liaison**

##### 3.2.1 **Multi-Agency Strategic Co-ordinating Group**

A multi-agency strategic co-ordination group (SCG) will be established to oversee the activities of all of the agencies involved in the Thames Valley Local Resilience Forum (TVLRF); both category 1 & 2; to ensure that the strategic aims of the Thames Valley Influenza Pandemic Plan and local plans are carried out.

Reaching alert level 2 will trigger the establishment of an SCG by the TVLRF to oversee the response. Oxford PCT will gather intelligence relating to health matters and supply this to regular SCG meetings to give a whole NHS picture. Multi-agency Influenza Pandemic Committees (IPCs), using the East and West Berkshire PCT boundaries, will coordinate the local response of health and non health services.

##### 3.2.2 **Membership of the SCG**

It is expected that membership of the SCG will not be static throughout the period of the pandemic. The standard membership of the SCG is listed below but the SCG may also ask for specialist representatives to be in attendance to give additional or an expert opinion. A number of standing groups will also report to the SCG; acting as a technical or specialist sector providing specialist advice to the group.

Standard membership of SCG for the Thames Valley area during the pandemic:

<b>SCG Member agency</b>	<b>Initial representation</b>
Thames Valley Police	Direct representation at SCG
Fire & Rescue Service(s)	May each send a representative or be represented by one authority
South Central Ambulance Service (SCAS)	Direct representation at SCG
Military	Direct representation at SCG
Environment Agency (EA)	Also part of the Scientific and Technical Advice Cell (STAC)
Voluntary Organisations	To be represented (if invited) to nominate one person to represent all
Health Protection Agency	Direct representation at SCG
Bucks County Council	Direct representation at SCG
Oxfordshire County Council	Direct representation at SCG
Milton Keynes Unitary Authority	Direct representation at SCG

Berkshire Unitary Authorities	Arrangements in place to send 1 Berkshire representative for the 6 Unitary Authorities OR 1 per PCT area (2 reps). Ad-hoc service groups may be established to consider sector-wide issues such as education or social care.
Communications	TVP communications section to represent media units
STAC	The chair of STAC to represent group which contains: Health, HPA, EA, LA Environmental Health, Utilities.
Health	PCT based health information to be gathered by Oxon PCT, acting as the lead PCT to report to SCG
Category 2 responders	Part of STAC but may be directly or jointly represented at the SCG.

All agencies will ensure they are able to contribute to and receive information from the SCG meetings. The decision on whether to be present "in person" at every meeting / conference call or to be represented by another agency may need to be taken following a review of resources available on the day. Strategic co-ordination for planning and response will be managed by a Thames Valley Influenza Pandemic Committee (TVIPC), using the Thames Valley Pandemic Influenza Plan.

### 3.2.3 Local Authority Representation at the SCG

The Berkshire Unitary authorities, as one county of the 3 in Thames Valley, will be represented at Gold meetings by the Chief Executive (or deputy) of one of the six Unitary Authorities - known as **the Gold Liaison officer** - and may be supported by a Civil Contingencies Officer or other, such as Director of Community Care.

It is not envisaged that a Berkshire representative will be present at Gold throughout the event but will either participate via conference call or travel to Gold as required. Liaison will take place as outlined in the section below. This representation will be co-ordinated on a rota basis, with briefings provided each morning in the conference calls also outlined later. An action card outlining roles and responsibilities of the gold liaison is included in Annex B.

### 3.3 Thames Valley Influenza Pandemic Committee (TVIPC)

Reaching UK Alert level 1 will trigger the establishment of a multi agency '**Gold Control**' Strategic Command Group (SCG) by Thames Valley Influenza Pandemic Committee. This will ensure strategic coordination of the response by key agencies across Thames Valley to support the health response. This will require representatives of major response agencies to meet and / or communicate via conference call to address the strategic management and consider the recovery/long term effects of the pandemic.

### **3.4 Silver / Tactical Liaison**

#### **3.4.1 Berkshire West Influenza Pandemic Committee (IPC)**

In recognition that human resources will be stretched, the Berkshire unitary authorities may be represented at IPC meetings by an officer from one of the three Unitary Authorities - known as **the IPC Liaison officer**. Information and Action cards can be found at Annexes A & B. The West Berkshire Council liaison officer may be supported by a Civil Contingencies Officer or other, such as Director of Community Care. Normally the liaison officer will be a Head of Service or specialist manager.

The IPC is already in existence and its remit and purpose will change with the changing alert levels.

### **3.5 Bronze / Operational Co-ordination**

#### **3.5.1 Individual Authority's Influenza Co-ordinating Group (ICG)**

Each local authority will be responsible for the establishment of their own ICG which will oversee the internal operational and service delivery arrangements. The ICG will oversee the appointment of local authority liaison officers and ensure that the authority can participate in the joint working outlined above.

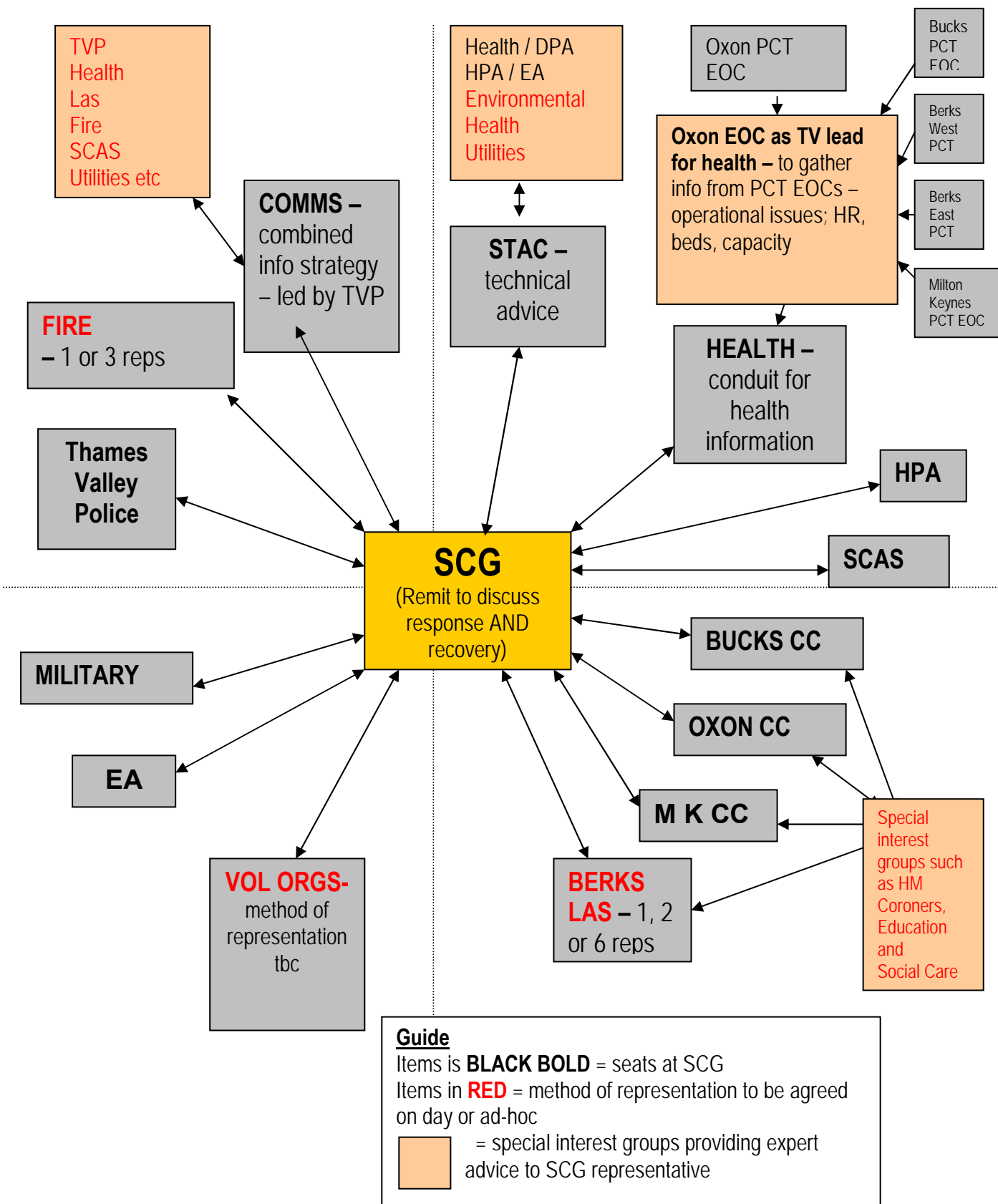
With a limited amount of time and resources available to co-ordinate relevant information between all agencies, particularly when using conference calls; common checklists or reference points will be used to give situation reports. This will facilitate the swift compilation of data for monitoring agencies to compile for onward communication.

The diagrams below outline the Thames Valley / Berkshire structure and identify reporting lines:

### 3.6 Thames Valley / Berkshire Structure



### 3.7 Influenza Pandemic SCG Membership / Command and Control



### 3.8 Outline of Plans and Organising Bodies for Influenza

Plans are required to deal with the strategic, tactical and operational issues relating to a flu pandemic. These are outlined below to give an indication of local and national plans in place:

	Level	Purpose	Plan name	Gen info/Body
	National	<u>National framework</u> Planning guidance and outline for all agencies to inform their planning.	<ul style="list-style-type: none"> <li>Cabinet Office Guidance: contingency planning for a possible influenza pandemic</li> <li>NHS UK influenza Contingency plan</li> </ul>	Overall co-ordination to be taken by DoH, with Cabinet Office Briefing Rooms (COBR) and regional tiers taking a role above the strategic tier described below.
	Regional	<u>Regional co-ordination</u> of pandemic in South East; liaison between agencies, government and sub-regional tiers; strategic overview of effect upon the region.		RCCC established in response to pandemic.
<b>Gold</b>	Level 1 plan	<u>Strategic</u> management / liaison – includes multi-agency arrangements, duties and representation at “Gold” meetings.	<ul style="list-style-type: none"> <li>Thames Valley influenza pandemic plan</li> </ul>	Generally based at TVP headquarters, Kidlington - co-ordination may be carried out via conference call.
<b>Silver</b>	Level 2 plan	<u>Tactical</u> arrangements and co-ordination within Berkshire	<ul style="list-style-type: none"> <li>East / West Berkshire Influenza Plan (NHS)</li> <li>Berkshire Local Authority Pandemic Plan</li> </ul>	Strategic co-ordination of each PCT's area to take place at an identified silver location. Local Authorities to manage tactical co-ordination via conference call/ad hoc meetings as required.
<b>Bronze</b>	Level 3 plan	<u>Operational</u> plans by the service deliverers.	<ul style="list-style-type: none"> <li>Berks East PCT Influenza Plan (NHS)</li> <li>Berks West PCT Influenza Plan (NHS)</li> <li>Individual Local Authority influenza plans</li> </ul>	Operational co-ordination to be undertaken at locations within the individual organisation's premises.

### 3.9 ***Berkshire Local Authority Coordination Protocol***

A Berkshire LA Coordination Protocol has been agreed and is detailed below.

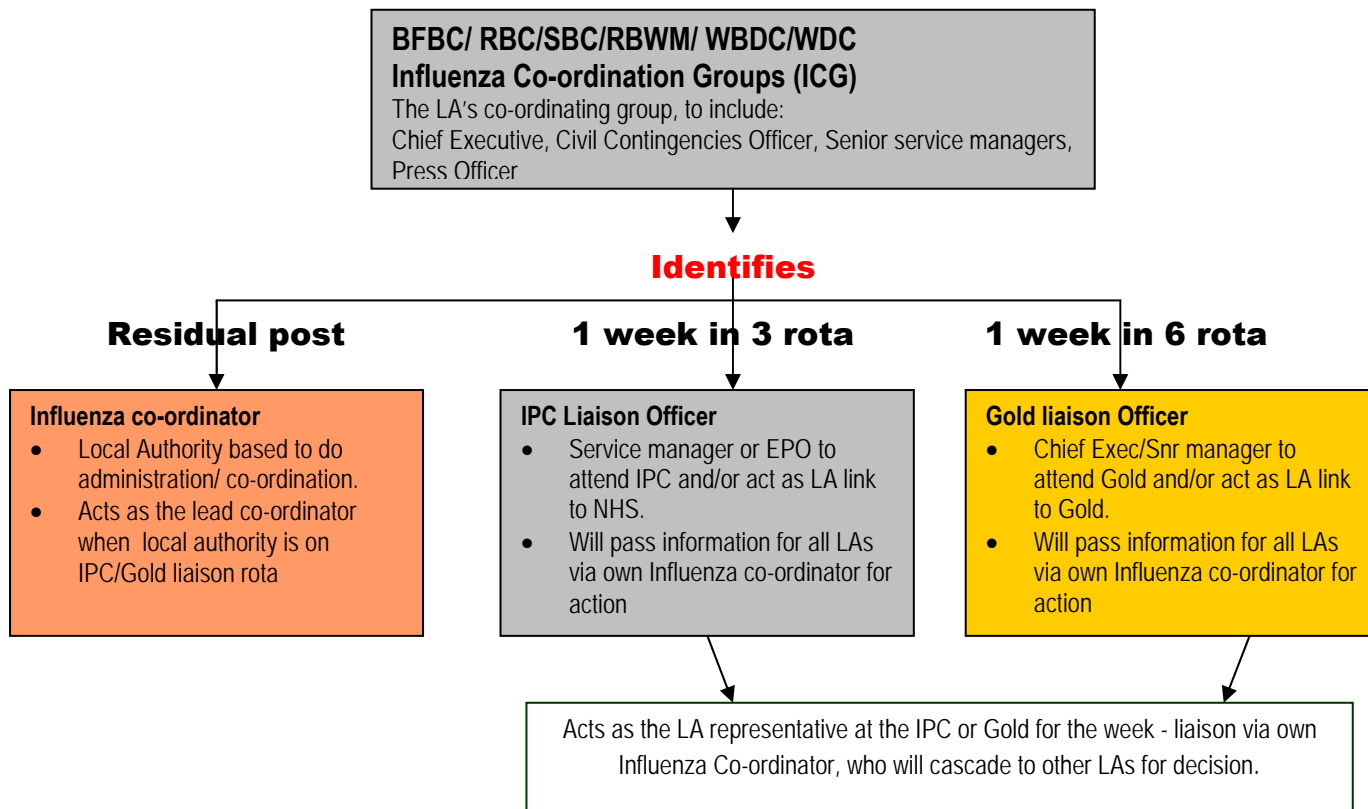
#### **Berkshire local authority co-ordination protocol**

The following protocol has been agreed for joint representation at strategic (Gold) and Tactical (Silver) level co-ordination when the appropriate bodies have been established and co-ordinated local authority input is requested by partner agencies.

- Each local authority will convene an **influenza co-ordination group (ICG)** to oversee flu activities within the local authority; to collate intelligence using the supplied reporting templates and monitor joint arrangements.
- Each **ICG** will identify:
  1. an **influenza co-ordinator** as a residual post to act as a point of contact and organisation for the authority; and
  2. **Gold and IPC liaison officer(s)** to represent the 6 Berkshire Unitary Authorities if required. Action cards can be found at Annex B.
- It may be necessary in a prolonged emergency for each local authority to act as **lead authority** for external liaison at Gold and at the respective IPCs on a 1-in-6 (whole Berkshire) or 1-in-3 (East or West IPC) week rota. This rota will be agreed by the authorities at the establishment of multi-agency co-ordination groups.
- The **influenza co-ordinator** of the council acting as the **lead authority during the on-rota week** will undertake to liaise with the other Berkshire influenza co-ordinators and organise any support required by the liaison officers for the lead period.
- The local authorities will, as far as practicable, be represented by **one liaison officer** at each Gold or IPC meeting/conference call.
- The identified **liaison officer(s)** will, if the situation demands, request the presence of specialist officers (such as social care or education).
- Issues arising from Gold or IPC meetings that require a **collective decision** from the Chief Executives or other professional interest group (such as Directors of Social Care) will be resolved in the following way:
  1. The lead LA Gold/IPC **liaison officer** will notify their own (lead) influenza co-ordinator of issues requiring attention and request action; giving information on the nature of issue and decision required.
  2. The **influenza co-ordinator** will contact the other 5 Berkshire co-ordinators and arrange a meeting/conference call of appropriate officers as necessary.
  3. The **influenza co-ordinator** will communicate the decision of the LAs to the lead LA Gold/IPC representative for communication to IPC/Gold.

### 3.10 Local Authority Organisation: Pan-Berkshire Liaison Arrangements

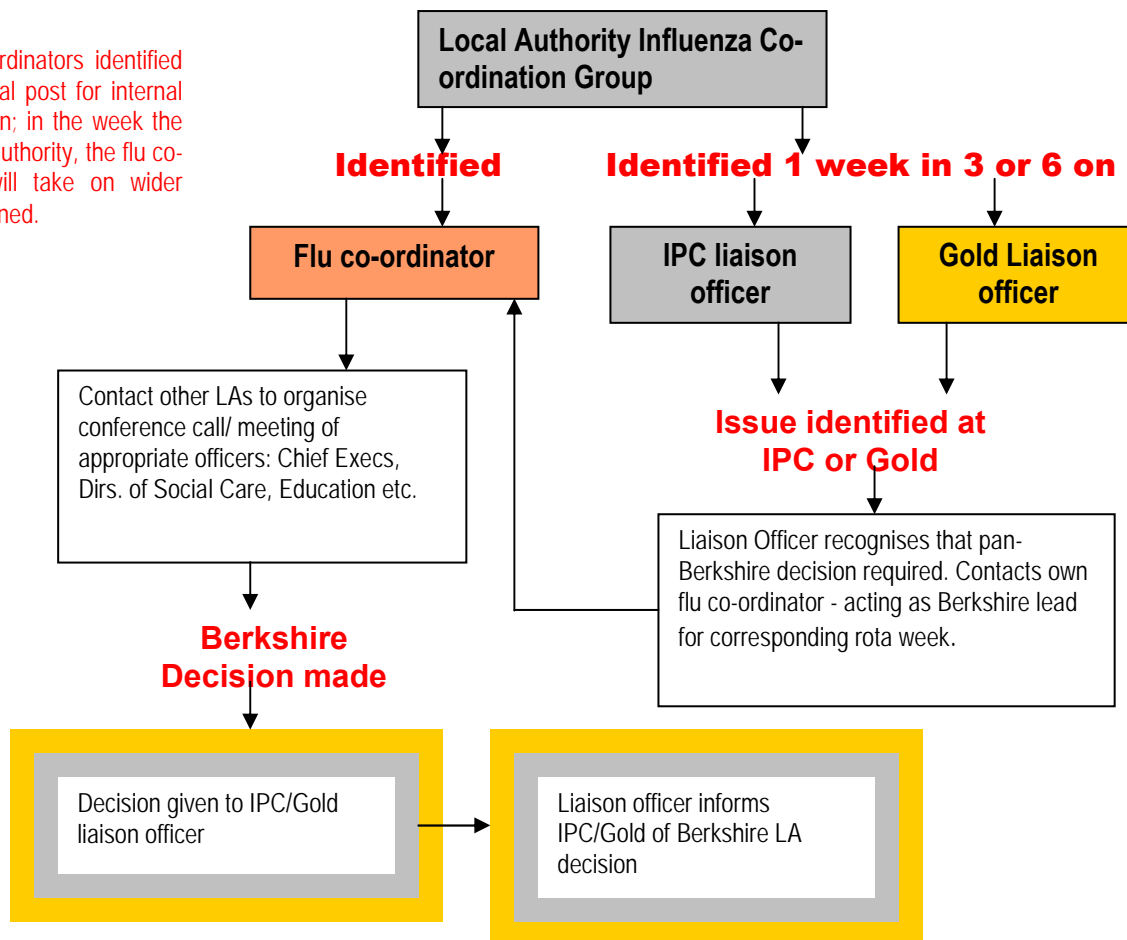
N.B. these arrangements will only be required in cases where direct representation from each local authority is not required or possible due to resources or other circumstances.





### 3.11 Decision-making / Liaison Process

LA flu co-ordinators identified as a residual post for internal co-ordination; in the week the LA is lead authority, the flu co-ordinator will take on wider role as outlined.



### 3.12 Identification of nominated staff.

Annex J to be completed on activation of the plan or during preparation in readiness for escalation of the WHO alerts with respect to who is leading or representing the Council at the different levels.

### 3.13 Information Gathering and Sharing - Reporting Schedule – Thames Valley

The Thames Valley LRF website will be the repository for flu-related information. The private side of the site will hold national and regional briefings / documents relating to pandemic flu and will be updated on a daily basis. Once in daily use the website will be the single location for local flu information and circular email distribution will therefore reduce.

During the response stage to the pandemic, the SCG will be required to fit into the reporting schedule and model set by central government to ensure common strands of information are gathered at set times of the day to produce an accurate region-wide and country-wide picture. WBDC will be expected to follow this method. This "rhythm" for meetings and reporting has been set and communicated to TVLRF via guidance in May 2008 and is based on an SCG daily meeting at 3pm each day. This meeting may be in-person or using telephone conferencing facilities. Pre-agreed times are shown on the following templates, however it should be noted these are subject to change dependant on the scenario and guidance set at the time.

Required activity to meet rhythm	Deadline (each day)	Local / individual agency activity to inform LRF reporting requirements
<b>SCG meeting</b> / gathering of Intel for report	<b>By 15.00</b>	
<b>SCG Report</b> submitted to GOSE	<b>By 17.00</b>	Report back from SCG representative to agency to inform future activity
GOSE report to Civil Contingencies Committee (CCC) of situation at 17.00	<b>By 19.00</b>	
DoH / HPA report to CCC of situation at 15.00 day before	<b>By 07.00</b>	Internal business continuity measures; assessment of service availability / planning and information gathering for next SCG meeting. Sharing of intelligence across sectors/borders.
CCC (O) meeting	<b>At 09.00</b>	
CCC meeting	<b>At 11.00</b>	
<b>SCG meeting</b> / gathering of intelligence for report	<b>By 15.00</b>	
<b>SCG Report</b> submitted to GOSE	<b>By 17.00</b>	Report back from SCG to agency to inform future activity.
GOSE report to CCC of situation at 17.00	<b>By 19.00</b>	

### 3.14 Other Communications – as per 2009 Swine Flu

The following details the routine Communication Routes for H1N1 2009.

Group	Time	Lead
Berks West PCT teleconference	0845 when Daily 0845 on Tues when weekly	PCT
Berks LA Teleconference	1100 when Daily 1100 on Thurs when weekly	
Communications Teleconference	Daily – 1000am or Weekly (Tues) or Twice Weekly (Tues & Thurs)	TVP
Silver	0900 at BCU Reading	TVP
TV LRF SCG	Daily 1530hrs Weekly/fortnightly 1530hrson Thurs	TVP

### 3.15 WBDC Model Daily “Rhythm”

WBDC will use the following model for managing its daily “rhythm”. Pre-agreed times are shown below, however it should be noted these are subject to change dependant on the scenario and guidance set at the time.

Time	Activity	Location	Persons involved	Notes
By 7.30	Final Update reports from Schools re closures.	To EOC or Transport Team & Education Service	Schools	Press also to be notified
	Compiled list of school closures to Media, and transport providers.	From EOC or Education	EOC staff	
By 7.30	Update reports from Social Care establishments to Supervisors.	Establishments	Supervisors	
By 0800	Schools ad Social care managers to report issues, special requests etc.	To EOC		
By 0830	Report compiled ready for initial daily briefing.			
0900	Daily Morning Briefing.	Council Chamber	<ul style="list-style-type: none"> <li>▪ CEO,</li> <li>▪ Leader</li> <li>▪ Relevant Exec members</li> <li>▪ relevant Service reps</li> <li>▪ PR</li> </ul>	<ul style="list-style-type: none"> <li>▪ Led by Leader or Nominated Exec Leader</li> <li>▪ May be by teleconference call as needs dictate.</li> </ul>

1000	LA Conference call.		LALO for Council	
1030	Press Statement out.		PR service	TBC as to routing of all media reports.
1500	Updates & projections for next day to be received from all services.			
1500	Updates and projections for the next day to be received from all Schools.	To EOC or Transport and Education Services		
1600	Reports out re school closures to press and transport companies.	Transportation Service		
1630	Update and projection report prepared for CMT.			
1645	Daily Afternoon Briefing.			As AM briefing

### 3.16 *Assessment of Pandemic Impact upon Services*

WBDC will be expected to gather information on a range of areas gauge the preparedness or ability to maintain critical services. It is recognised that WBDC will be required to make returns to various government departments or inspection agencies, either by following existing reporting lines or through new reporting structures which are set specifically for the pandemic influenza scenario. It is likely that methods of reporting will be different for different agencies and but will be based on 3 main types of reports:

Quantitative / Numerical accounts.	Giving absolute numbers of cases in numerical or percentage terms. E.g. 53 reported cases of influenza recorded or 12% of the staff resources reported sick.
Qualitative Accounts.	Descriptions/situation reports in words of the effects of the pandemic influenza. E.g. description of the measures taken to maintain schooling to children during the period.
Categorised Descriptions	Pre-set categories used to identify the level of effect upon the organisation. E.g. classifying an organisation's ability to undertake its critical services as Green, Amber or Red.

As a result a number of services are likely to be involved including customer services, HR, Community Care, Education and relevant contractors.

### 3.17 *Data Reporting Format - Reporting Templates*

It is essential that common information is compiled and a common evaluation methodology is used. TVLRF in its planning meetings will monitor government guidance on this issue. The SCG will require a range of information using either a numerical system or “green / amber / red” format using the definitions below.

<b>Status</b>	<b>Description</b>
Green	Service or council is operating at normal or near-normal capacity and can deliver its functions adequately
Amber	Service or council is operating below advisable levels, is prioritising service delivery. Minimum standards are being met.
Red	Service or council operating at greatly reduced level. Resources directed to maintaining critical services. Risk of minimum standards not being met.

### 3.18 *Situation Reports*

A situation report template has been issued by the Cabinet Office for Government Offices to feed information into COBR. This template is included at Annex C and information on completing the template is included in the published guidance. It is anticipated that GOSE will require this template to be completed on an LRF basis for collation into the GOSE report to COBR and reporting is by exception only.

The situation report template may not provide the SCG with the detail it requires to maintain an overview of the Thames Valley’s response or the availability of resources. This is especially the case in evaluating whether mutual aid is available from within the LRF’s membership. Therefore the SCG will require some limited additional information from agencies to reflect the general health of their organisations

### 3.19 *Berkshire Local Authority / BIPC Situation Report Structure (Local Alert level 3/4)*

The following situation report structure has been agreed for use by Berkshire Unitary Authorities at Local Alert Level 3 / 4. Similarly reporting templates for use by Local Authorities, Police and Fire Service have also been developed. The LA template can be found at Annex D.

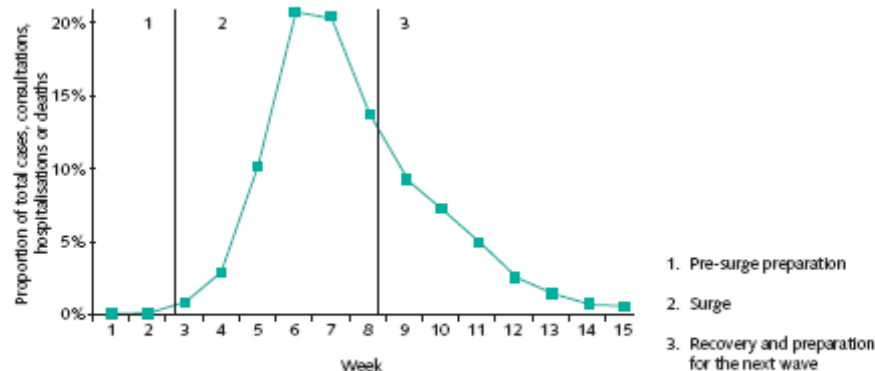
<b>By 07.30:</b>	School staff to call Head teachers with availability to work - Head teacher to assess school opening viability. Social care establishment staff to call supervisors - managers to assess opening viability and supported travel arrangements		Corporate communications and PCT media teams to hold conference call to discuss messages for the day.
<b>By 08.00:</b>	Head teachers and social care managers report to LA with requests for assistance / situation report	LA to review building opening, school/social care travel, staffing arrangements & communications	Corporate communications to issue school/social care facility opening lists to local media
<b>By 08.30:</b>	L A staff calls to managers with availability to work	East / West social care/NHS liaison	
<b>By 08.30:</b>	Service areas / sections to review staffing levels / critical service cover	Prepare situation report for LA's influenza planning group/CMT	
<b>By 09.00:</b>	LA's influenza planning group/CMT to sit and review staffing, critical service levels, opening arrangements and communications	Prepare internal and external information for use by corporate communications team	
<b>By 10.00:</b>	LA conference call situation report on key services, staffing, curtailment on services, agree collective communications. Brief designated Gold spokesperson and LA representative to IPC.		Compilation of Berkshire-wide information by corporate communications teams.
<b>At 11.00:</b>	IPC Conference call between all agencies - LA represented by 1 LA spokesperson		
<b>At?</b>	GOLD/ SHA meeting or conference call		
<b>By 16.00:</b>	Service/team managers to review service delivery and consider recommendations for next day/horizon scan		
<b>By 17.00:</b>	Influenza CMT meet and review service/team recommendations, prepare for next day/future action		

- Key**
- Time bands
  - Action by schools / social care
  - Action by LA departments
  - Action by corporate communication
  - Action by BIPC
  - Action by GOLD

## 4.0 Working with the NHS – Berkshire West PCT

The NHS, in particular Berkshire West PCT, may look to the Council for support in a number of areas. This will be in the planning, 'surge' and recovery period. The graph below shows a schematic overview of this process. The timings in weeks of course could vary significantly and there is likely to be a number of waves and not just one.

Figure 5: The pandemic curve



Source: *Pandemic flu: A national framework for responding to an influenza pandemic*

There is guidance (Managing Demand Capacity in Health Care organisations (Surge (April 09) DOH)) which provides the work that the health organisations should be undertaking at the pre-surge, surge and recovery phases. This included linking in with partner agencies.

When a request is made of the LA a request will be made for full clear details of what exactly is required e.g. sizes of buildings, equipment needed, number of rooms, car parking, 24hrs, security, rest areas for staff, WC's, catering areas, staff (numbers, specialisms) etc and when will be needed etc.

All requests will be advised to the Civil Contingencies Team via the [flu@westberks.gov.uk](mailto:flu@westberks.gov.uk) email address and requests allocated in the first instance to the most appropriate service leads for further scoping etc. As necessary liaison with Reading and Wokingham Borough Council, and indeed others outside the PCT area, if a consistent approach across a wider area would be recommended. Thereafter the IPC will confirm any additional support to the relevant service/team and coordinate the progress as necessary.

Any specific plans where joint working is requested will be added as an annex to the plan at the time of the declaration of a pandemic and on confirmation of the final details subject to reviews of any existing plans to ensure they are fit for purpose for the new situation.

Whilst the following is not an exhaustive list of potential support requests it provides an outline.



#### **4.1 Use of buildings, equipment and staff for any Anti-viral Collection Points (ACP's)**

There may be a decision to open collection points for anti-virals which are not community pharmacies. Should this happen then there may be a request to use Council buildings and equipment, although normally the focus would be to have them in PCT premises. Staffing of ACP's may also be requested. If so requests would be made to Heads of Service to request identify suitable 'volunteers' to support the PCT – basic IT and customer service skills would be required. Repayment of reasonable costs to the Council would be recovered via the PCT.

#### **4.2 Supporting the PCT in provision of 'Flu Friends.'**

This would be in support of the PCT in delivering anti-virals and perhaps provisions to people suffering with flu who have no others to support them. Direct liaison with the PCT would be necessary to ensure a joint up approach however the LA would normally liaise with the voluntary agencies in order to support this. Repayment of reasonable costs to the Council would be recovered via the PCT.

#### **4.3 Supporting the PCT with respect to Early Discharges from Hospital**

In order to facilitate the potential for increased bed requirements due to flu cases there may be a request for support with non flu patients that could be discharged into the community early. The impact would be mainly on families and community care in order to monitor and manage these cases.

#### **4.4 Supporting the Vaccination of Priority Clients and Staff (NHS and Community Care)**

When a vaccine has been developed and approved for human use there is likely to be a three stage approach to vaccination.

- i. Clients of concern (those who have previously received seasonal flu vaccinations due to pre existing health conditions).
- ii. Health Care workers in the NHS and those front line staff that support the vulnerable clients in the community
- iii. The rest of the population.

Depending on the agreements put in place the process may be through the normal GP arrangements or if necessary for mass vaccinations at community locations.

It is most likely that support from the LA will be required in establishing numbers of vulnerable clients and front line staff; working with the PCT to arrange vaccination of those identified staff and in any mass vaccination process.

#### **4.5 Use of buildings, equipment and staff for any possible flu vaccination centres.**

The decision to establish influenza centres to treat patients away from established GP practices and non-influenza patients will be made by the NHS. WBDC may be requested to provide buildings, equipment and/or administration support to the centres.

#### **4.6 Provision of additional transportation for equipment, supplies and people.**

The shortage of trained drivers to staff essential vehicles such as ambulances and patient transportation will put an additional strain on NHS resources. In particular, if the delivery of anti-viral and vaccines require the establishment of additional delivery routes. WBDC may be able to provide assistance to undertake this delivery, by using its own couriers and vehicles. Requests for assistance will be made via the joint Berkshire West Influenza Pandemic Committee (IPC) (see 3.4.1 for more information on IPC) daily conference calls for consideration by the local authorities.

There may also be additional requests in order to move clients to and from hospital or other locations.

#### **4.7 Co-ordination and liaison with the voluntary sector.**

Liaison with voluntary organisations is established with the local authorities via the Berkshire Emergency Support Organisation Group. The three main organisations (Red Cross, WRVS & St Johns Ambulance) have agreed to liaise with IPC in the planning stage to represent the interests of all Emergency Support Organisations. During alert levels 2-4 and the establishment of Gold, liaison between voluntary organisations and local authorities will take place at a strategic level, with the local authorities co-ordinating the requirements for assistance and availability of resources on a Thames Valley basis, which reflects the organisational structures of the voluntary agencies.

#### **4.8 Body-holding Capability.**

The delivery of body holding accommodation will be in the remit of the local authorities, under the direction of HM Coroner. A number of options are available and are detailed in the Emergency Mortuary Plan.

#### **4.9 Support to the Body Disposal Arrangements.**

Previous Pandemics, and indeed seasonal flu, have resulted in a large number of excess deaths. This varies in numbers depending on the virus involved. Should there be excess deaths such that the normal system cannot cope then it may be necessary for support and different working practices to be invoked. This will be led by the LA and will involve liaison with the undertakers, crematoriums, grave diggers, faith groups, registrars etc in order to make sure the process is managed in a sensitive and appropriate way. A number of options are available and are detailed in the Emergency Mortuary Plan. See also section 5.

#### **4.10 Translation services and access to hard-to-reach groups.**

WBDC is able to provide information regarding vulnerable and hard-to-reach groups in the community who might require additional support, facilities or translated information. Similarly WBDC has well established translation arrangements, which may be requested by the NHS via the IPC.

#### **4.11 Joint Initiatives required between LA's and Health Organisations.**

There will be a number of other joint initiatives that will be necessary in order to ensure joint working with a safe and good service to the clients and staff involved. This may include:

- a. **Common PPE guidance standards** –The local authorities will seek to adopt common policies regarding the wearing of PPE equipment for its employees, particularly in settings such as social and health-care staff undertaking similar work or have the same level of contact with people. The LAs PPE guidance is taken from the Thames Valley PPE guidance to ensure that public sector workers are protected in the most appropriate way.
- b. **Common purchasing** - The NHS, as an established buyer of medical supplies have the benefit of bulk purchasing arrangements/discounts not open to local authorities. The local authorities will therefore seek to combine purchasing of medical supplies to increase the opportunities for achieving value-for-money e.g. masks, antibacterial hand-gel, gloves etc. In addition the Council has set up an NHS account in order to purchase via the NHS network.
- c. **Shared training on PPE and surveillance** – The LAs will seek training from the NHS on equipment purchased from them to ensure the appropriate and safe usage. Similarly, if Local Authority employees are asked to contribute to surveillance of the spread of the disease, the NHS will provide training or information about this role and how to report cases.
- d. **Combining efforts/staff to avoid duplication** – During the height of a pandemic, staff resources are expected to be greatly reduced, with demand for some services, such as social care, meals on wheels, communication increased. All

agencies will identify those areas where an overlap of service delivery occurs to ensure that duplication is prevented. It may be the case that staff are shared between services on a temporary basis to maintain safe levels. This is outlined in the specific service area section.

- e. **Combining of effort/common approach to work with close communities** – the planning process for both NHS and Local Authority plans has necessitated the division of tasks to ensure the timely delivery of information. In particular, contact with closed communities has been led by the NHS, with the support of local authorities where appropriate.
- f. **Sharing of information to assist in planning and response** - such as mortuary capacity, staffing levels, PPE and management systems to ensure planning has been based upon accurate data. This will included key information on attack rates and influenza-related deaths during the pandemic, as outlined in section 5.
- g. **Dissemination of information to internal and external sources** - in order to maintain public confidence and ensure the dissemination of the most current information, the NHS and local authorities will co-operate to ensure approved statements and information are issued in the agreed format. This is outlined in the communication chapter above.

## **5. *Issues that may Impact on the Council Response***

There are a number of consequences of an Influenza Pandemic that may have significant effects on the Councils response. These may be as a result of Government directives in the form of emergency powers, excess deaths and the effects that has on the system and of course the bereaved. This section details some of these issues, considerations and joint working to be initiated. Section 5 details some of the work with the NHS that will facilitate the Council and hopefully the community to respond and recover from any pandemic as quickly as possible.

### **5.1 *Emergency Measures***

Under the Civil Contingencies Act 2004 the Government can implement Emergency Powers should they be required. These powers can be declared at a national, regional or local level. Should Emergency Powers be invoked, WBC will need to consider the affect on services and the community.

### **5.2 *Excessive additional Deaths***

Depending on the severity of the flu virus there may be excessive deaths directly associated with the disease which could mean that mortuaries are at capacity. Guidance produced by the Ministry of Justice acknowledges the importance of Coroners in this scenario and how their role is critical to the effective management of the deceased during a pandemic. A new 3 phased approach has been introduced to their operating framework:

- Phase 1 implemented by the Coroner.
- Phase 2 implemented by the Coroner in agreement with the LRF.
- Phase 3 implemented by legislation.

The Guidance deals with Phases 1 and 2 and it will be down to local decisions when Phase 2 is triggered and implemented.

In order to support the Coroner's Office, staff from WBC may be required to assist. This will predominantly be administrative staff, and staff with a legal background to assist in the capacity of an Assistant or Deputy Coroner. The nature of the Coroner's work will mean that supporting the Coroner will be a priority over some other service priorities of WBC. Post mortems will only be carried out in essential cases.

Phase 3 will be implemented by the Home Office under special arrangements.

The responsibility for disposing of the deceased depends on where the person died. If they have died within an NHS premise, then the NHS is responsible for the storage of the deceased until final disposal is arranged. If however the person dies in the community then the responsibility tends to lie with the family. With the exception of the Public Health Act 1936, there is no specific legislation implying that Local Authorities are responsible for those that die in the community although because of the morality issues involved it is necessary to plan how the deceased will be managed. If there are

excessive deaths, public health issues may arise. Any public communication messages should also remind the public to check on neighbours to ensure that somebody living alone, hasn't died and been left for a period undiscovered.

### **5.3 Crematoriums & Graveyards.**

The ratio of cremations to burials varies slightly but it is generally an 80%: 20% ratio respectively.

There are three crematoriums across Berkshire managed directly by the local authority – Slough, Reading, and Bracknell. There is also a privately owned facility at Thatcham in West Berkshire. It should be noted that West Berkshire residents also use facilities at Basingstoke and Oxford.

The maximum capacity of all crematoria equates to 650 cremations per week, based on an average 16 hour day over a 7 day week.

It is also anticipated that up to 10 burials can be undertaken per day at each site where there is a graveyard. Burials can also be undertaken at local churches, although often there is limited space available.

Currently only Slough Borough Council (up to 50) and Bracknell Forest Borough Council (up to 40) have some capacity to store coffins within their chapels if required. Other sites have no storage capacity.

In order to be able to achieve these maximum capacity levels during a pandemic, each crematorium must determine their own internal business continuity arrangements. In the case of Thatcham, as a privately owned premise, WBC can only recommend to the operators that a BCP be put in place with specific consideration to pandemic planning.

If the numbers of influenza pandemic deaths reach anticipated levels as suggested within the prudent and worse case scenarios then the current capacities of body storage and disposal will be wholly inadequate.

NOTE this will vary greatly according to the virulence of the flu virus so for every epidemic/pandemic the impact will need to be considered. Even during a flu incident the situation will need to be reassessed due to developments in the study of the epidemiology of the specific viral strain.

### **5.4 Proposed Body Storage Arrangements**

HM Coroners have identified that they will not normally deal with pandemic influenza deaths as these are deemed to be natural causes and the majority of deceased will have been under medical supervision. The requirement to open a temporary mortuary can be requested by HM Coroner, although this is usually in an emergency situation where post mortems and body identification are required. In this scenario a temporary mortuary may not be required as post mortems may not be necessary. It is more likely that a body storage facility may be required. Berkshire Unitary Authorities have a Joint Berkshire Temporary Mortuary Plan which may be activated to support excessive deaths and in particular a body storage facility. Currently planning is on-going across

Berkshire and the south east to identify potential body storage areas that may be used in the event of excessive deaths.

The body storage facility will be used as a central store for the deceased within Berkshire. It is anticipated that funeral directors will collect the deceased from homes and transport them to this facility. The deceased will then be collected and transported to their final resting place e.g. crematorium, churchyard, airport (for repatriation) when the capacity of the undertakers, crematorium and graveyards permit.

## **5.5 Funeral Directors, Crematorium, Grave Diggers and Registrars**

It is likely that an Influenza Pandemic will place considerable strain on these resources. The main funeral directors across Berkshire will be contacted at the start of any pandemic by the civil contingencies team along with crematorium, grave diggers and registrars' staff in order to ensure all plans are in place and issues can be resolved. Further work is required to determine capacity and resources. It may be appropriate for Berkshire Unitary Authorities to provide support with transportation and manpower.

## **5.6 Funeral Services**

If funeral services take place it is likely that they will be reduced in time length and wherever possible the service itself may take place at an alternative location.

The needs of different faith groups will have to be taken into consideration.

## **5.7 Registrars**

Each death registration takes approximately 30 minutes. The registration process is simpler for burial. Deaths have to be registered in the district where the death occurred, and registration must take place within 5 days. There can be as many books open as there are principle officers, currently there are 14-15 books within Berkshire.

## **5.8 Repatriation of the Deceased**

It will be necessary to consider how the deceased are repatriated abroad. It is likely that deceased of other cultures may wish to be returned home, similarly this may also be a possibility with tourists visiting West Berkshire or foreign nationals studying.

## **5.9 Additional Vulnerable People**

There may be an increase of vulnerable people within the community created as a result of the influenza pandemic. This could include single persons, children who are 'temporarily' orphaned etc.

### **5.10 “Closed Communities”**

These include barracks, private residential care homes, private schools, private nurseries and secure locations such as secure care homes. The impact on WBDC will increase if any of these closed communities have the flu within their facilities either due to deaths, or not being able to use the facilities. A list of the ‘closed communities’ is held in the Vulnerable People Plan.

### **5.11 Colleges**

The Department for Children, Schools and Families does not expect to advise colleges or others within the further education sector to close, usually such decisions are matters for governors, principals and senior managers. It is expected that colleges will plan for a range of scenarios - staying open, reducing operations and/or closing to students, during a pandemic.

### **5.12 Transportation Failures in the Haulage Industry**

Through high absenteeism of HGV drivers there may be issues for lack of distribution of:

- Food.
- Fuel.
- Animal feedstuffs.

The general population may panic buy. Rationing and distribution, security issues and animal welfare matters may be issues that WBDC is involved in.

### **5.13 Mutual Aid.**

There may be requests from other LA's, or the need to request Mutual Aid as a result of staff shortages in critical services. Whilst the initial process is activation of Business Continuity Plans trigger points in these plans may indicate that there is a need to request mutual aid.

Any requests for mutual aid should be seriously considered and support offered if possible.

All requests either received or made should be clear in the requirements – qualifications, time periods, remuneration etc.

A Berkshire MOU is in place for such requests within Berkshire.

It may be however that requests for support is made via GOSE in order to get a wider regional or if necessary national support for these critical services.



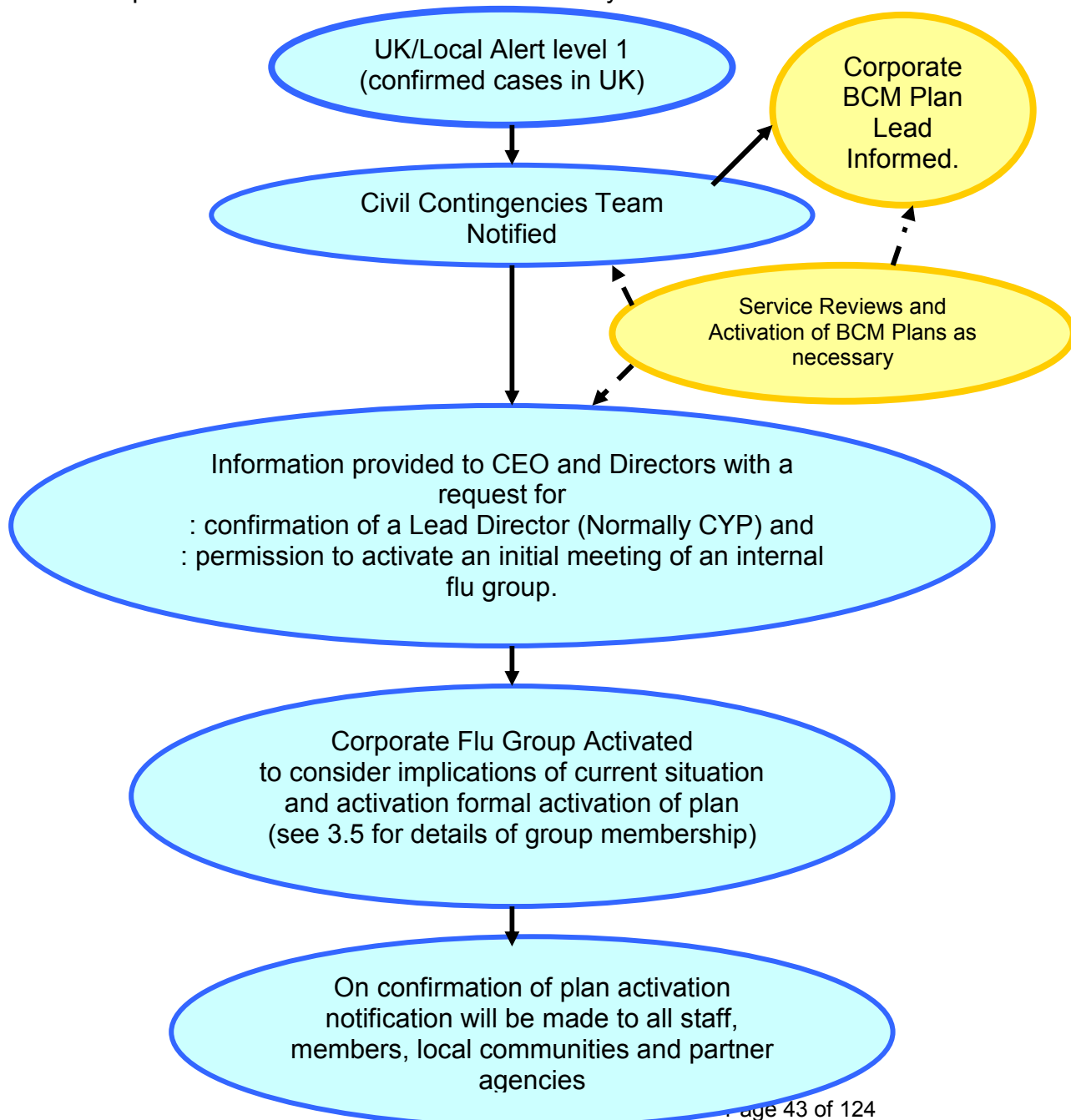
## 6. Activation & Response

### 6.1 West Berkshire Council's Activation

On receipt of notification of an increase in the WHO/UK Alert, WBDC will consider activating this plan, alongside the Major Incident Plan (MIP) and Corporate and Service BCPs in line with recommendations from the TVLRF.

Heads of Service and Managers will need to review the operation of their service unit, and activate parts of their BCM plans where appropriate. Informing Civil Contingencies, Corporate BCM lead, CEO and Flu Group as appropriate

The process for this activation would normally be:



## 6.2 Response

The Council's response will be based on the Major Incident Plan (MIP), this Influenza Pandemic Plan and the Corporate and Service BCPs.

The Council will need to consider the impact on:

- Loss of staff as a result of the influenza pandemic (as carers and also through illness).
- Requirement to support health organisations and other partners in their efforts to combat the illness in the community and maintain essential services.

Once the plans have been activated the following actions will be taken:

Action	Decision making person/group	Notes
Identify and confirm the Influenza Co-ordinator and Deputy for West Berkshire as the main point of contact. See Annex A for more information on the role Influenza Co-ordinator.	Chair of Flu Group	Influenza Co-ordinator and Deputy often Civil Contingencies Team, with support from Community Care.
Identify and confirm the Directorate Influenza Co-ordinators and Deputies as points of contact for each Directorate.	Service Heads of Service	Initially would be EPLO'S or BCLO's for the services but may be more specialists in the service as the needs of the group dictate.
Establish the Corporate Influenza Co-ordinating Group (ICG) and CMT. See Annex A for further information on this group.		See 3.1 above re process
Agree the daily/weekly routine for daily routines. A suggested model can be found at 4.13.	Flu Group	
Review the Influenza Planning Checklist at Annex F.	Flu Group	
Ensure that representatives are deployed as necessary to the external locations listed below at 3.2 to represent West Berkshire, Berkshire or the Thames Valley as required in the Berkshire Local Authority (LA) Plan. A copy of the Berkshire Protocol agreed by Chief Executives can be found at 4.9. Action cards regarding the roles of individuals are detailed at Annex A.	Flu Group and agreed by Corporate Board	

Action	Decision making person/group	Notes
Consider the long term planning and potential issues arising from the situation.	Flu group	
Consider the recovery phase. It may be necessary to establish a separate group although membership will be similar to the ICG, therefore it may be necessary to separate the meetings into Response and Recovery.	Flu Group	

### 6.3 Representation at groups:

Group	Location	Likely Representative(s)
Berkshire West PCT Influenza Planning Group	Bath Road, Reading.	Relevant Head of Service (HoS), Service Manager, Specialist officer or Civil Contingencies Team Representative.
Berkshire West 'Silver' Influenza Planning Group	TBC – BCU Reading	Relevant HoS, Service Manager, with support form Civil Contingencies.
West Berkshire Influenza Pandemic Committee (IPC)	To be determined.	Relevant HoS, Service Manager, Specialist Officer or Civil Contingencies Team Representative.
Thames Valley Influenza Pandemic Committee - Strategic Co-ordinating Group (likely to be on a 1 in 6 week rota).	Gold, Thames Valley Police HQ, Kidlington, Oxon.	Director / Relevant HoS with Specialist Representative and/or Civil Contingencies Team Representative.
Regional Civil Contingencies Committee (RCCC) (GOSE)	Guildford, GOSE offices	TBC as requested.

### 6.4 Locations and Representatives at each of the WBDC groups.

Should all the internal WBDC groups be activated then the likely initial locations and group membership would be as follows:

Group	Location	Likely Representative(s)
Service Business Continuity Management (BCM) groups.	As per service arrangements.	Detailed in service plans.
ICG	Committee Room 2	BCM & ICG members
Crisis Management Team	Chief Executives Office	As per MIP

## 6.5 Communications

At an early stage a number of email addresses will be activated to allow ready access from partners. These emails will be set up in order to allow a number of people access to them in order to ensure Business Continuity. See Annex K for details of emails and access. *(not in public version for reasons of security)*

## 6.6 Maintenance of WBDC Services – Business Continuity

There is an overarching (and legal) requirement for the Council and individual Services to maintain all critical services even in the event of an incident. These critical services are specified in the Service Business Continuity Plans.

The Council shall ensure that these services are maintained and that less critical services are restored as quickly as possible. Support may be requested from non-critical services to be given to the critical services. Before the pandemic is confirmed each service must consider the critical services and how they are going to ensure they are effective. During the response to the pandemic each service on a daily basis should report the effectiveness of each critical service, how this is being maintained and any assistance required from across the council. It will then be the responsibility of the WBDC Influenza Co-ordinating Group (ICG) to support this service in agreeing what other services are reduced and or stopped in order to support this critical service.

Whilst it is the responsibility of each local authority to identify and maintain its critical functions/services for BC purposes, the joint working arrangements between the Berkshire unitary authorities requires information relating to certain critical services to be shared using standard proformas For these purposes, critical functions will include:

<b>Education services</b>	<b>Social Care services</b>	<b>Other services</b>
Nursery (0-4yrs)	Community care cases	Highways
Primary (5-11yrs)	Orphans / temp orphans	Public transport
Secondary (12-19yrs)	Residential care capacity	Legal
Child protection/care	Community Safety	Finance
	Mental health care capacity	ICT
	Adult services care capacity	Civil Contingencies / EOC
	Closed communities	Cemetery/Crematorium
		Registration services

## 6.7 Corporate Pandemic Influenza Planning Group

A Corporate Pandemic Influenza Planning Group has been established to prepare WBDC in advance of a pandemic being declared. This group is active during the UK Alert Level 0 and 1.

<b>CHAIR - Corporate Director Children and Young People</b>	
Civil Contingencies Team	Children's Services
Countryside and Environment incl Environmental Health	Community Care incl: Homeless, Social Care and Promoting independence (discharge) etc
Education	Highways –transport
Human Resources	Health and Safety (including internal H&S)
Policy	Trading Standards
Communications	Cultural Services
ICT	Legal
Contact Centre	Assurance
Property - Facilities	Finance
Members	Unison

## 6.8 Service Preparation and Response

The detail below sets out some of the tasks and considerations that each service should take into account in the preparation and response to a Pandemic Influenza period. It also will give some guidance to the ICG as to some of the likely issues that may arise. The tasks should be seen as a guide only, with each service reviewing their own situation through business continuity planning and consideration as they develop their own pandemic influenza plans. A list of Influenza Service Continuity Plans can be found at Annex H.

## 6.9 All Corporate Directors and Heads of Service

<b>Preparation</b>	<ul style="list-style-type: none"> <li>▪ Ensure BCPs are up to date and take into consideration lack of staff.</li> <li>▪ Ensure that all emergency response plans can be implemented.</li> <li>▪ Review any constitutional matters in order to be able to ensure that critical services and required functions can continue.</li> </ul>
<b>Response</b>	<ul style="list-style-type: none"> <li>▪ Ensure that the HoS or a nominated deputy is available to report to CMT if required.</li> <li>▪ Be prepared to report daily (using form at Annex C and timetable at 4.13) to appropriate strategic director on the situation for CMT as it affects the Service – including: <ul style="list-style-type: none"> <li>○ Number of staff absent – divided into those ill / carers / unknown.</li> <li>○ State of service provision.</li> <li>○ Areas of service provisions where there is potential for problems.</li> <li>○ Any other relevant issue.</li> </ul> </li> <li>▪ Designate appropriate line managers to prepare a daily influenza report to enable the overall service/portfolio report to be prepared.</li> <li>▪ Ensure that the health and safety responsibilities to employees continue to be fully discharged.</li> <li>▪ Liaise with other services to ensure continuity provision of critical services and early warning of developing matters.</li> </ul>

## 6.10 All Line Managers

<p><b>Preparation</b></p>	<ul style="list-style-type: none"> <li>▪ Ensure all BCPs are in place and all pandemic influenza planning considers the impact on critical services.</li> <li>▪ Develop Influenza Pandemic service plans.</li> <li>▪ Ensure that a high standard of hygiene infection control measures are maintained. See Annex E for further guidance.</li> <li>▪ Ensure that all staff are aware of the symptoms of influenza, how to avoid it and what to do if they get it.</li> <li>▪ Ensure that all staff with influenza symptoms do not come into work.</li> <li>▪ Ensure there is a system of staff “reporting in” with feedback to HoS.</li> <li>▪ Consider the benefits of home working and how it might be implemented.</li> <li>▪ Identify which staff members have children of school / nursery age and which schools / nurseries.</li> <li>▪ Consider how the team can function with fewer staff.</li> <li>▪ Identify any key functions that rely on a single member of staff and make appropriate arrangements to remove this reliance.</li> <li>▪ Identify dependencies on other organisations / suppliers and ensure those organisations have appropriate measures to continue to deliver their service.</li> <li>▪ Identify “front-line” staff. Consider alternatives to “front-line” staff.</li> <li>▪ Consider disruption to supplies and utilities.</li> <li>▪ Purchase suitable long life Personal Protective Equipment (PPE) as necessary in order to support the first few weeks of the pandemic.</li> <li>▪ Ensure all staff appropriately trained in use of any specialist PPE.</li> <li>▪ Consider supply of services and supplies by Contractors and ensure their plans are a viable option, particularly in relation to critical services.</li> </ul>
<p><b>Response</b></p>	<ul style="list-style-type: none"> <li>▪ Consider information requirements for the “Service Daily Influenza Report” (if daily CMT meetings occurring) using form at Annex C and timetable at 4.13.</li> <li>▪ Ensure the “reporting in” system is implemented and prepare daily reports to HoS containing: <ul style="list-style-type: none"> <li>○ Number of staff absent – divided into those ill / carers / unknown.</li> <li>○ State of service provision.</li> <li>○ Areas of service provisions where there is potential for problems.</li> <li>○ Any other relevant issue.</li> </ul> </li> <li>▪ Ensure all ill staff remain at home and do not come to work.</li> <li>▪ Ensure that the health and safety responsibilities to employees</li> </ul>

	<p>continue to be fully discharged.</p> <ul style="list-style-type: none"> <li>▪ Ensure that all front-line staff are suitably protected.</li> <li>▪ Ensure all influenza related finance is recorded such as purchase of surgical masks etc.</li> <li>▪ Ensure that all non-essential meetings / training are postponed.</li> <li>▪ Pass information to parents of school / nursery age if their school is to be closed.</li> <li>▪ Restrict unnecessary travel.</li> <li>▪ Make best use of telephone and e-mail resources.</li> <li>▪ Staff rosters – if such roster exists, try to ensure that staff on one roster.</li> <li>▪ Support for community based services, i.e. primary, secondary, social care, libraries, remote offices and remote workers.</li> </ul>
--	---

### 6.11 Civil Contingencies Team

<b>Preparation</b>	<ul style="list-style-type: none"> <li>▪ Ensure emergency response plans can be implemented.</li> <li>▪ Liaise with the health community and pass information to WBDC personnel.</li> <li>▪ Prepare a plan with the health community and HM Coroner to provide additional mortuary capacity, if required (See Berkshire Mass Fatality plan).</li> <li>▪ Liaise with voluntary organisations regarding possible tasks and availability.</li> <li>▪ Liaise with the health community with regards to assisting with a mass vaccination capability for future influenza pandemic waves, once a vaccine is available.</li> <li>▪ Liaise with external businesses re Business Continuity and business resilience.</li> </ul>
<b>Response</b>	<ul style="list-style-type: none"> <li>▪ Assist in the coordination of WBDC response.</li> <li>▪ Support the Communications Unit and their information campaign.</li> <li>▪ Coordinate and liaise with the health community.</li> <li>▪ Assist the ICG in provision of briefings for CMT and Services.</li> <li>▪ Coordinate actions with Services.</li> <li>▪ Implement the Berkshire County Mass Fatality Plan if required.</li> <li>▪ Liaise with the Voluntary Organisations.</li> <li>▪ Act as a coordinating point of contact for any extra health community requests for assistance.</li> <li>▪ Provide data on excess death capacity for the corporate daily influenza reports.</li> <li>▪ Collate the daily service influenza reports into the corporate daily influenza reports during CMT meetings and provide current excess death management capacities for CMT.</li> <li>▪ Liaise with TV LRF SCG and GOSE teams.</li> <li>▪ Liaise with Undertakers, Crematorium, Registrars and Grave Diggers as necessary.</li> <li>▪ Maintain links between business fora and provide information to businesses on request.</li> </ul>

## 6.12 Communications Team

<p><b>Preparation</b></p>	<ul style="list-style-type: none"> <li>▪ Apply established corporate principles to the internal communications for WBDC including primary use of the intranet.</li> <li>▪ Work with the Civil Contingencies Team and the health community with an education / information campaign.</li> <li>▪ Ensure a media and communications response strategy exists with the health community and other professional partners across the Thames Valley.</li> <li>▪ Ensure all methods of information provision are used to provide public education material (press, broadcast, online media, Business Forums and network circles and leaflets).</li> </ul>
<p><b>Response</b></p>	<ul style="list-style-type: none"> <li>▪ Liaise with opposite numbers in the Health community and Emergency services.</li> <li>▪ Liaise with Civil Contingencies Team.</li> <li>▪ Provide information to WBDC staff through Intranet – special sites and e-mails.</li> <li>▪ Support the Health community in their information campaign to the general public.</li> <li>▪ Jointly support partner agencies in the output of a daily corporate influenza report.</li> </ul>

## 6.13 Children & Young People Services

Supplementary guidance for LRF planners states that *“the Government will decide...whether to advise schools and group early years and childcare settings to close to children when the pandemic reaches their area. If evidence suggests that a pandemic will not be very severe, and the Government therefore issues no advice to close, there is probably no role for LRFs or SCGs in Department for Children Schools and Families (DCSF) sectors or devolved equivalents.”*

There is a clear indication that the SCG has a role to play if schools etc are advised to close.



### 6.13.1 Communicating the initial decision:

Communication of the advice to close will normally take place through the following route:

**Civil Contingency Secretariat (CCS)**  
to  
**Government Office for the South East (GOSE)**  
to  
**Thames Valley Strategic Co-ordinating Group**  
to  
**Local Authority Chief Executives**  
to  
**Director of Children's Services**  
to  
**Schools and childcare settings**

When confirmation is received that pandemic flu is in the LRF area, the HPA will notify the CCS who will use the same cascade as outlined above. Swift reaction by the SCG will be required as there will be an expectation that schools will close at the end of the day that formal notification is received. In preparation for the pandemic, the LEA will:

- Review its residential and out-of-district education and care contracts to ensure that children who might require alternative care arrangements if schools are closed, are catered for.
- Review contact arrangements with all educational establishments within its area (both state and private sectors) to ensure information can be communicated quickly.
- Review additional communication methods including the use of the media so that parents are given the maximum early warning of prospective closures and are kept informed throughout the pandemic.
- Confirm data reporting models and schedules by schools to the education authority to report on a daily basis, the number of both children and staff on the premises; known/suspected cases of pandemic influenza in the school population etc in order to complete the reporting templates.
- Ensure schools have business continuity plans in place to continue providing education during school building closures.
- Review if staff, buildings, equipment and other resources could be used to contribute to the local authority's response during the pandemic.

### 6.13.2 Implications of school closures

The information cascade in Thames Valley will be received into the SCG and will be communicated out to Chief Executives of local authorities with Local Education Authority responsibility via its pandemic flu email address. However, this news will be a main discussion point on the next SCG meeting agenda for consideration by all agencies. In particular, consideration will need to be given to:

- The impact upon staffing levels when childcare settings are closed.
- The rolling out of plans to provide education to children when out of school (continuing education).
- Impact on child social care streams including at-risk children, those in residential units and identification of unaccompanied children.
- Implications for residential units and boarding schools.
- Impact upon any university population (if advice is to be extended to this group).

### 6.13.3 Re-opening of schools following closure

If wide-area school closures are endorsed by the government and enacted across the TVLRF area, the SCG will be required to not only communicate to the LEAs when schools can re-open but may be required to consider the implications and method of re-opening to support the LEAs. The method of communication for re-opening in Thames Valley will be the same as outlined above and other issues to be considered as part of the SCG's recovery discussions are:

- The use of the media cell to communicate re-opening arrangements.
- Whether LEAs require additional resources drawn from mutual aid to support children and teachers if losses have been experienced from pandemic influenza.
- Whether a phased opening of schools should be introduced to ensure support services are not over-burdened.

For further information, see <http://www.teachernet.gov.uk/wholeschool/healthandsafety/>

<b>Preparation</b>	<ul style="list-style-type: none"> <li>▪ Advice and guidance sent to Headteachers, including:                             <ul style="list-style-type: none"> <li>○ Action Plan</li> <li>○ Business Continuity Template</li> <li>○ Hygiene protocol</li> <li>○ Contractors protocol</li> </ul> </li> <li>▪ Prepare strategy for informing the ICG of schools that are expected to be closed the next day.</li> <li>▪ Consider the implications of Department for Children, Schools and Families guidance of government advised school closures.</li> <li>▪ Consider issues of orphans (permanent or temporary through illness).</li> <li>▪ Consider support to private schools and early years providers</li> </ul> <p>Consider the management of closure and re-opening of schools</p>
--------------------	--

<b>Response</b>	<ul style="list-style-type: none"> <li>▪ Identify which schools and nurseries will be closed and when</li> <li>▪ School / nursery closure information to be cascaded to all WBC staff and to professional partners – either direct or through the Emergency Operations Centre (EOC).</li> <li>▪ Provide data for the education / service daily influenza reports.</li> <li>▪ Provide counselling support to schools &amp; nurseries as necessary.</li> </ul>
-----------------	--

#### **6.13.4 School Reporting**

Due to the impact of any school closing the Education Service will liaise with schools and establish a reporting system for school closures and reopening. The data can then be placed on websites and the press notified. This will be from the LEA and Independent Schools.

The reopening of schools will also be reported.

All schools shall have their own internal notification process in place in order to notify parents.

Schools will be requested to provide details of all children and staff off with swine flu on a daily basis in order to be used as a measure of the developing impact. This information in terms of numbers can be shared with the PCT and HPA to assist in their intelligence gathering.

#### **6.13.4 Early Years**

The Early Years Settings also have an impact on the community similar to schools. The early years settings include:

- Day nurseries and nursery schools
- Sure Start Children's Centres
- Pre-schools and playgroups
- Childminders
- Crèches
- Out of school childcare and holiday play schemes

Again, due to the impact of this group being severely impacted the Education Service will liaise with these groups and establish a reporting system for closures and reopening. The data can then be placed on websites and the press notified as necessary.

The reopening of premises will also be reported.

All early years settings shall have their own internal notification process in place in order to notify parents.

Reporting of early years settings and Schools will be the responsibility of the Education Service.

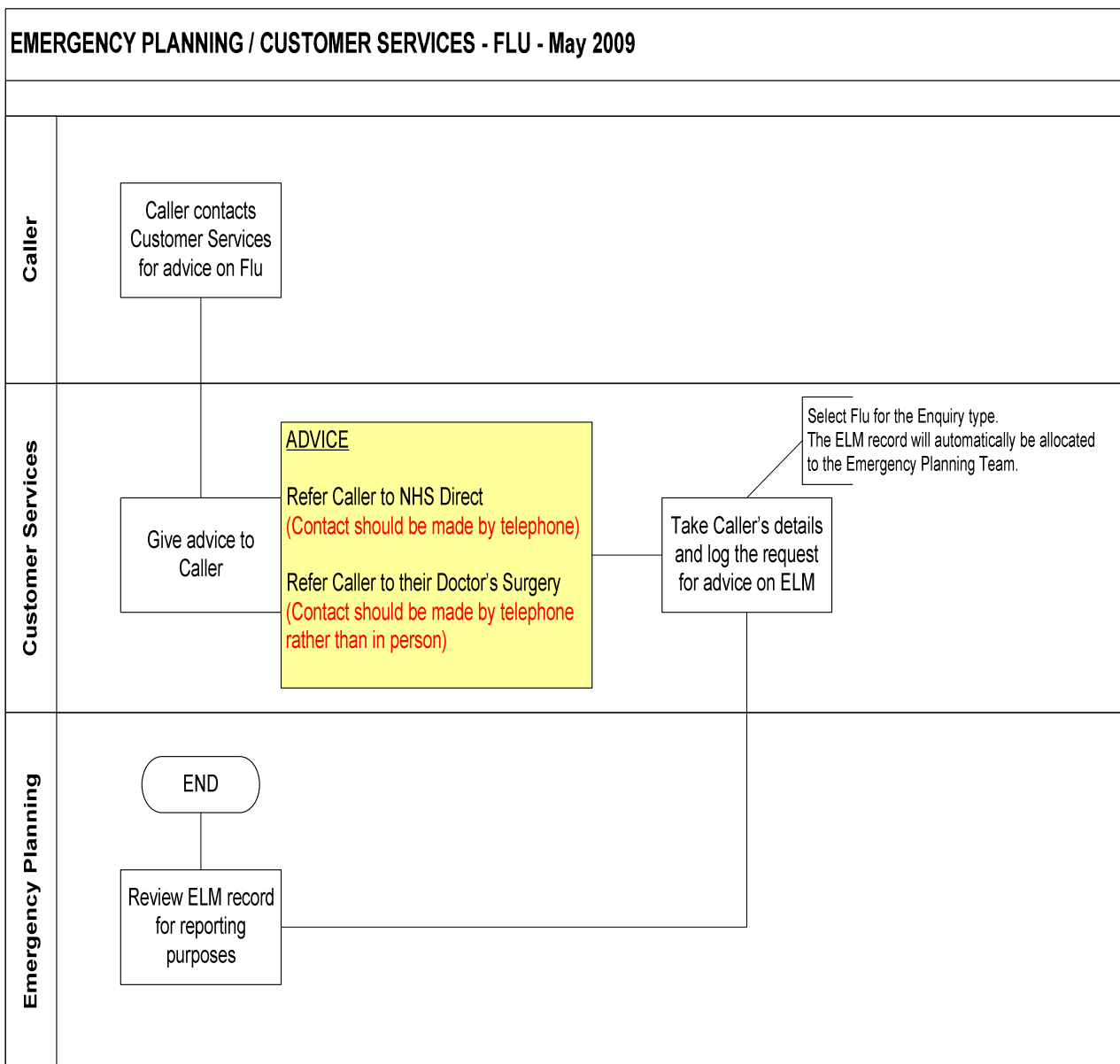
#### **6.14 *Role of Customer Services in the Event of an Influenza Pandemic***

In the event of an Influenza Pandemic Customer Services will be the first point of contact for enquiries and will provide signposting services.

Callers will be referred to NHS Direct or their General Practitioner and will be advised to make contact by telephone rather than personal visit.

Caller's details will be logged on the ELM system under the enquiry type 'flu' and will automatically be allocated to the Civil Contingencies Team. The Civil Contingencies Team will be able to interrogate the ELM systems for the purposes of review/reporting etc.

A process flow outlining this role is attached.



### 6.15 Adult Social Care

NOTE: This service is likely to be placed under extreme pressure for two main reasons;

- There will be a number of front line staff off sick with the flu.
- There may be a requirement for Adult Social Care to assist the health organisations in the early discharge of patients from hospital in order to release bed spaces. This will put extreme pressure on Adult Social Care.

There are 5 key areas of work required for Adult Social Care:

1. **Service issues:**
  - Day centre opening/closure policy
  - Infectious disease plan for residential homes to
  - Maintaining minimum care standards
  - Charging regimes
  - Identification and prioritisation of vulnerable people in the community
  - Continuation of prevention work
2. **Co-ordination / logistics:**
  - Management of increased requests for meals and shopping
  - Bulk purchasing & storage
  - Fuel rationing
  - Provision of efficient public information
3. **Staffing:**
  - Staff support
  - Common social care/NHS equipment provision
  - Health & safety issues
  - Counselling & support
  - Welfare & rest areas
  - Calling in sick procedures
  - Shortened / emergency staff training
  - Use of volunteers and voluntary agencies
  - Mobilisation of additional staff – retired / agency
4. **NHS co-ordination:**
  - Understanding NHS' requirements
  - Streamlined assessments and referrals
  - Managing discharge planning
  - Reducing health/social care duplication
  - Ordering of repeat prescriptions
5. **External providers:**
  - Preparing residential homes in advance
  - Preparing externally commissioned providers
  - Liaison with private care providers
  - Identifying care arrangements that fail – involvement of friends or family
  - Communication with clients to aid personal planning & resilience
  - Liaison with Berkshire contractors' meeting.

<b>Preparation</b>	<ul style="list-style-type: none"> <li>▪ Consider how Adult Social Care will continue normal service delivery to those who are most vulnerable.</li> <li>▪ Coordinate BCP for to ensure delivery and continuance of service.</li> <li>▪ Consider sickness of carers</li> </ul>
<b>Response</b>	<ul style="list-style-type: none"> <li>▪ Work in partnership with the health community to ensure appropriate assistance is given to enable hospitals to free beds.</li> <li>▪ Activate the Adult Social Care BCP.</li> <li>▪ Provide data for the Service daily influenza reports.</li> </ul>

### 6.16 *Transport Service*

NOTE: In order to ensure that business continues for other services, then transportation of schoolchildren and vulnerable people should be considered.

<b>Preparation</b>	<ul style="list-style-type: none"> <li>▪ Consider the requirement to assist the health community transportation effort.</li> <li>▪ Consider the assistance that might be available to WBDC Critical Services.</li> <li>▪ Consider school transportation issues. This will include ensuring a strict cleaning regime to minimise potential spread.</li> <li>▪ Consider school routes and the impact if a school is affected, particularly if a number of pupils from different schools are mixed on the transportation.</li> <li>▪ Ensure pupil details are kept for a period so any potential spread can be traced.</li> <li>▪ Establish suitable drivers from within the Council outside the normal pool of drivers (licence and CRB issues)</li> <li>▪ Liaise with all the contractors used to provide the transportation service.</li> </ul>
<b>Response</b>	<ul style="list-style-type: none"> <li>▪ Implement any actions from preparation</li> <li>▪ Consider the reports from contracted transport companies and the impact on WBDC.</li> <li>▪ Consider the reports re school closures etc and the impact on transport resources.</li> <li>▪ Respond to the above issues.</li> </ul>

### 6.17 *Registration Service*

NOTE: A likely increase in the number of deaths will result in a substantial increased workload for the Registration Service. There will be a sustained pressure on the service to meet requirements for registering deaths and births within the required timescales.

<b>Preparation</b>	<ul style="list-style-type: none"> <li>▪ Maintain the provision of death registration.</li> <li>▪ Consider the use of other staff to support the Registration Service.</li> <li>▪ Provide daily updates of capacity and number of death registrations.</li> </ul>
<b>Response</b>	<ul style="list-style-type: none"> <li>▪ Consider the postponement of non-essential ceremonies.</li> <li>▪ Maintain the provision of death registration.</li> <li>▪ Ensure that other staff are utilised to support the Registration Service.</li> <li>▪ Provide daily updates of capacity and number of death registrations.</li> </ul>

Section 5 details additional work required to manage deaths during a pandemic. These procedures have been agreed by Berkshire Unitary Authorities.

### 6.18 *Facilities Management*

NOTE: A key element of the planning process is to ensure that as far as possible systems are in place to ensure that the spread of flu is kept to a minimum. Part of this process is through cleaning, waste disposal and personal practices. In addition due to the potential impact on the utility services such as electricity and water then options to manage any issues will need to be considered.

Additional information on the reduction infection spread can be found at Annex F.



<b>Preparation</b>	<ul style="list-style-type: none"> <li>▪ Consider staffing levels.</li> <li>▪ Consider the requirement for extra cleaning and additional specialist cleaning materials.</li> <li>▪ Consider disinfecting procedures and ensure that appropriate disinfectant is available.</li> <li>▪ Consider the disposal of waste associated with cleaning</li> <li>▪ Ensure adequate hygiene (e.g. hand-washing) facilities are available.</li> <li>▪ Ensure that all Receptions / public areas / kitchens are effectively protected and kept clean.</li> <li>▪ Consider the disruption to supplies and utilities.</li> </ul>
<b>Response</b>	<ul style="list-style-type: none"> <li>▪ Consider the requirement for extra cleaning and additional specialist cleaning materials.</li> <li>▪ Consider disinfecting procedures and ensure that appropriate disinfectant is available.</li> <li>▪ Consider the disposal of waste associated with cleaning</li> <li>▪ Ensure adequate hygiene (e.g. hand-washing) facilities are available.</li> <li>▪ Ensure that all Receptions / public areas / kitchens are effectively protected and kept clean.</li> </ul> <p>Consider the disruption to supplies and utilities.</p>

### 6.19 ICT

NOTE: In order to allow daily functions to continue as normal – whether as a result of people working at home or not, then IT plays a key function. There will also be a requirement to reduce the need for face to face meetings and utilise conference and video calls.

<b>Preparation</b>	<ul style="list-style-type: none"> <li>▪ Consider the requirement for an increase in Citrix users and assess the impact of extreme usage during a pandemic.</li> <li>▪ Ensure the provision of the server availability.</li> <li>▪ Ensure the capability to undertake conference calls.</li> <li>▪ Consider the installation of video conferencing facilities.</li> </ul>
<b>Response</b>	<ul style="list-style-type: none"> <li>▪ Assess the impact of extreme usage of Citrix during a pandemic.</li> <li>▪ Ensure the provision of the server availability.</li> <li>▪ Ensure the capability to undertake conference calls.</li> <li>▪ Consider the installation of video conferencing facilities.</li> </ul>

## 6.20 Human Resources

NOTE: Staff may be absent from work for various reasons throughout this period. Reasons for absences may include – illness, caring for the sick, caring for dependents or fear. The NHS have assessed that 25% of all staff will take off 5 - 8 working days over the first wave of the pandemic (16 weeks). There is also the possibility of local waves and hotspots affecting staff levels locally. It has been predicted that the second wave of the disease may cause the highest level of sickness.

Staff will be absent from work during a pandemic if they:

- Are ill with flu.
- Need to care for children or other family members who are ill.
- Need to care for well children because of school closures.
- Have a non-flu medical problem.
- Decide to absent themselves for other reasons.

It is anticipated that health and social care workers are likely to have a higher sickness absence rate than other groups because they have a higher risk of exposure.

<p><b>Preparation</b></p>	<ul style="list-style-type: none"> <li>▪ Encourage employees to provide next of kin and other contact information to be added to the personnel record system.</li> <li>▪ Develop a robust council policy for staff absences due to extended (in excess of 4 weeks) school closures.</li> <li>▪ Consider and develop as necessary a policy with respect to absences due to family members being ill.</li> <li>▪ Consider the implications and policies in relation to a member of staff dying.</li> <li>▪ Consider and develop as necessary a policy with respect to staff not attending work through fear of becoming ill.</li> <li>▪ Consider and develop as necessary a policy with respect to redeployment of staff from non-essential to essential services.</li> <li>▪ Populate information onto the intranet.</li> </ul>
<p><b>Response</b></p>	<ul style="list-style-type: none"> <li>▪ Encourage employees to provide next of kin and other contact information to be added to the personnel record system.</li> <li>▪ Assist in the co-ordination of the daily staffing returns</li> <li>▪ Implement the Human Resources Policy.</li> <li>▪ Ensure regular staff updates supplied to support the policies.</li> <li>▪ Ensure liaison with Unions.</li> </ul>

## 6.21 Finance

NOTE: Systems must be in place to ensure that staff, suppliers and those entitled to benefits are paid. There will also be additional expenditure as a result of the pandemic. Accountancy will provide advice and information on how services should capture and maintain records. It is essential that all additional costs are coded accurately so that any recovery of costs can be claimed and there is a clear audit trail. An analysis code has been established "Flu Pandemic" to capture costs internally.

<b>Preparation</b>	<ul style="list-style-type: none"> <li>▪ Consider the implementation of staff and supplier payments during a pandemic period.</li> <li>▪ Consider the communication route re non payment of claims.</li> <li>▪ Consider methods of ensuring benefits are paid, including emergency payments.</li> </ul>
<b>Response</b>	<ul style="list-style-type: none"> <li>▪ Ensure the implementation of staff and supplier payments.</li> <li>▪ Ensure communication to staff and suppliers in the event of non payment.</li> <li>▪ Consider methods of ensuring benefits are paid, including emergency payments.</li> </ul>

## 6.22 Internal Health & Safety (H&S)

NOTE: Regardless of the situation being declared a Major Incident no compromise to staff health, safety and welfare should be made. Any exemption to this would only arise should emergency powers be declared by the government.

<b>Preparation</b>	<ul style="list-style-type: none"> <li>▪ Monitor guidance provided by Health and Safety Executive (HSE) and other bodies regarding influenza, including PPE, limiting meetings, home working health and safety (H&amp;S) issues, training of redeployed staff.</li> <li>▪ Disseminate the advice as necessary to the respective Services.</li> <li>▪ Provide training as necessary.</li> </ul>
<b>Response</b>	<ul style="list-style-type: none"> <li>▪ Monitor the guidance and inform the respective services.</li> <li>▪ Monitor services provision in order to ensure H&amp;S legislation is not being compromised.</li> <li>▪ Support services as required.</li> </ul>

## 6.23 Members

NOTE: Members are a key link into the local community through their knowledge and links within their constituency. As a result they should be aware of the planning process and linked into the response and recovery process. This will be done in a number of ways. WBDC's Elected Members will normally be requested to provide a supportive role in an Influenza Pandemic. Further details of their role can be found in WBDC's Major Incident Plan. Involvement in a pandemic situation may include:

<b>Preparation</b>	<ul style="list-style-type: none"> <li>▪ Involvement with ICG.</li> <li>▪ Take part in training sessions.</li> <li>▪ Management Reports.</li> <li>▪ General annual training sessions.</li> </ul>
<b>Response</b>	<ul style="list-style-type: none"> <li>▪ Ensure Members have an awareness of the situation in WBDC.</li> <li>▪ Advise the ICG of any specific issues in their constituency via the <a href="mailto:flu@westberks.gov.uk">flu@westberks.gov.uk</a> email address.</li> <li>▪ Support ICG and CMT re any decisions to reduce or stop services.</li> </ul>

## **7 Communications**

### **7.1 Introduction**

Good communications in any major incident are essential to ensure that service areas and the community are informed as far as possible. This should be undertaken in the form of accurate timely messages internally within WBDC, to external partners and to the community.

Advice on when, where, and how to seek medical assistance will be part of the national communication campaign direct from the DoH which will require local dissemination by all agencies adopting a "single message, single voice" approach. It is recognised that NHS Direct will play a vital role in addressing many initial questions and will have management protocols for patients. These messages will need to be reinforced by the South Central Strategic Health Authority (SHA) led communication strategy and supported by Berkshire West PCT and WBDC.

An essential consideration in any communications process is the responsibility to ensure information is available to the correct people at the correct time but in a method that will ensure that the infections is not being spread.

The communication strategy for an influenza pandemic will be based upon existing warning and information strategies and policies within the TVLRF and SCG. However, it is recognised that there are circumstances and requirements peculiar to pandemic influenza which require additional consideration:

- That national communication strategy will take priority for reassurance, information and strategy.
- That leading role of the NHS agencies in communication.
- Avoiding giving alarming messages at the same time as providing sufficient detail to be useful.
- The internal and external information requirements of agencies to manage services and staff as well as residents / clients.
- The deadlines and technological limitations set by the media and other communication streams to ensure maximum access and circulation.

### **7.2 Principles of TVLRF Communications Relating to Pandemic Influenza**

Health-related messages will be supplied by the DoH and NHS with local NHS bodies supplying local intelligence. Individual agencies will need to:

- Identify and prepare spokespersons to represent their agency to the media.
- Be prepared to issue on daily basis information regarding their services.
- Refer to centrally approved statements on issues identified by the media cell.

### **7.3 Internal Communications**

It will be essential to ensure the correct accurate messages are relayed to all staff, including those off sick and working at home. The timings of these will be considered by the Business Continuity Management (BCM) group and the ICG.

The means of communications will be determined at the time but may include:

- "All Users Emails".
- Specific Service or Building Emails.
- Reporter.
- Intranet.
- Internet.
- Phone calls from line managers/colleagues.
- Letters.
- Briefings.
- Text messages.
- Radio.

### **7.4 Communications to Partners**

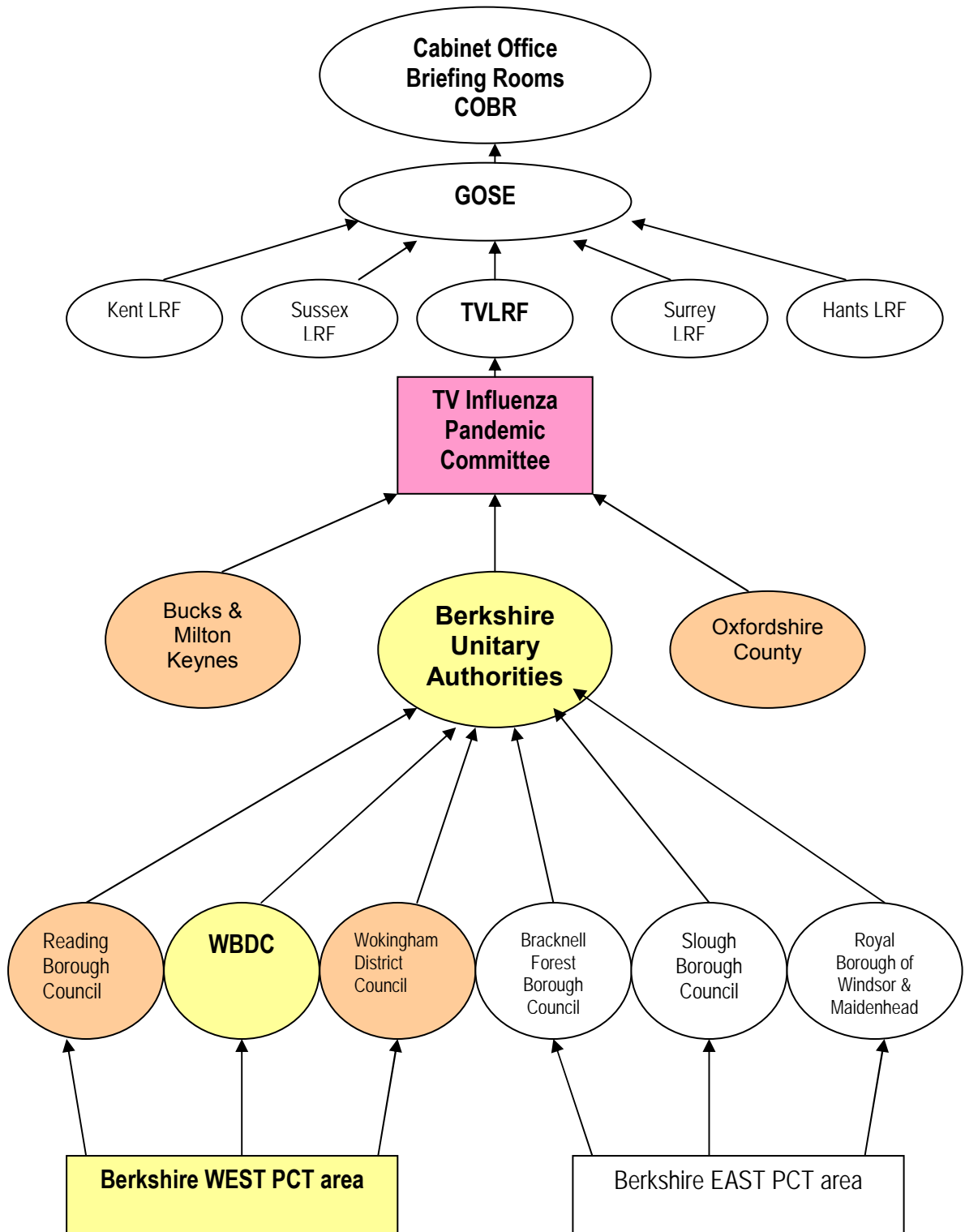
Communications with external partners will be essential during this period in order to ensure consistency and accurate assessment of emerging matters.

The means of communications with the partner agencies may include the following:

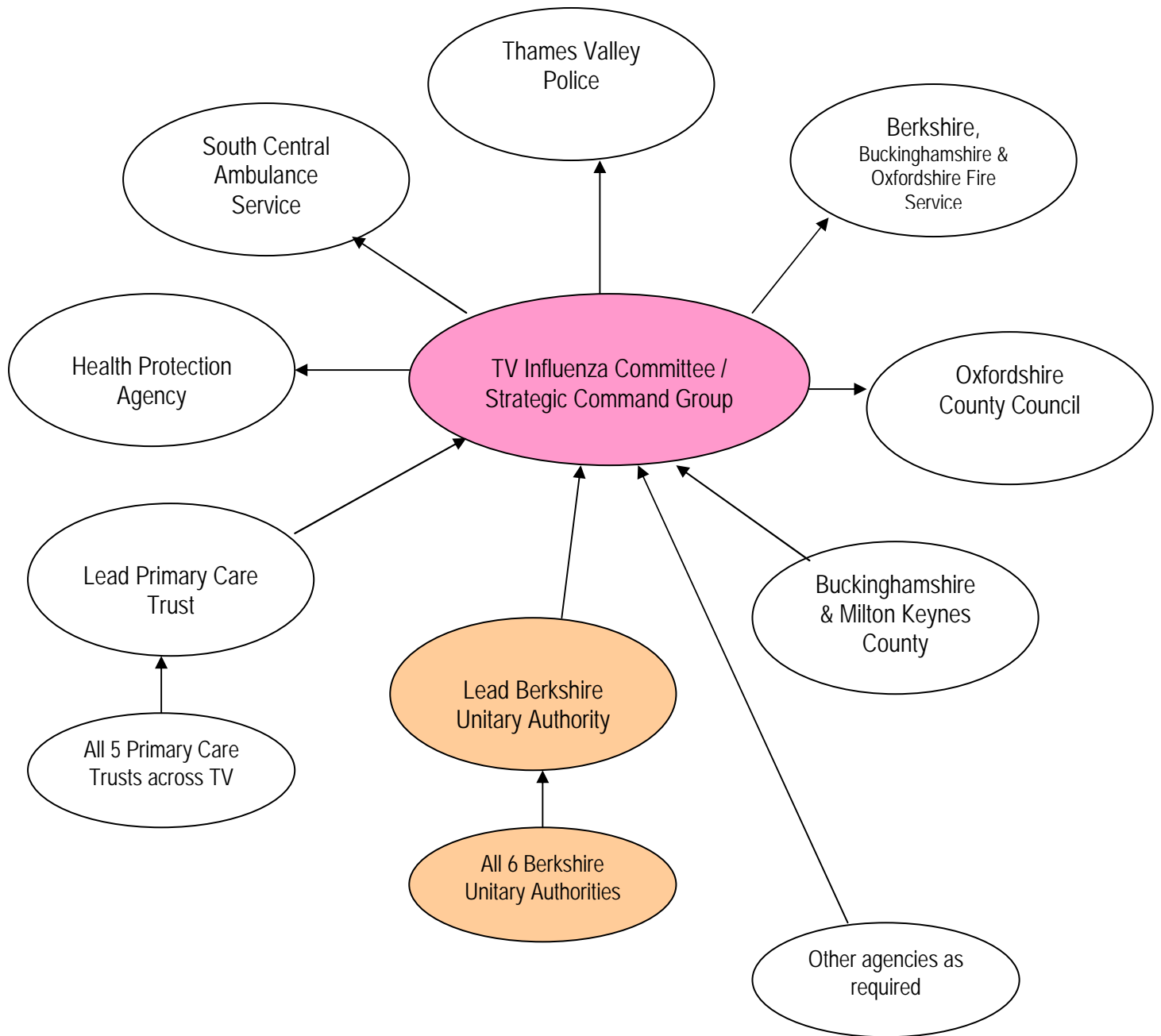
- Emails.
- Internet.
- Teleconferences.
- Meetings.

The following flowcharts detail the communication process between agencies across the South East, Thames Valley and Berkshire area.

**7.5 Communication Flows - South East**

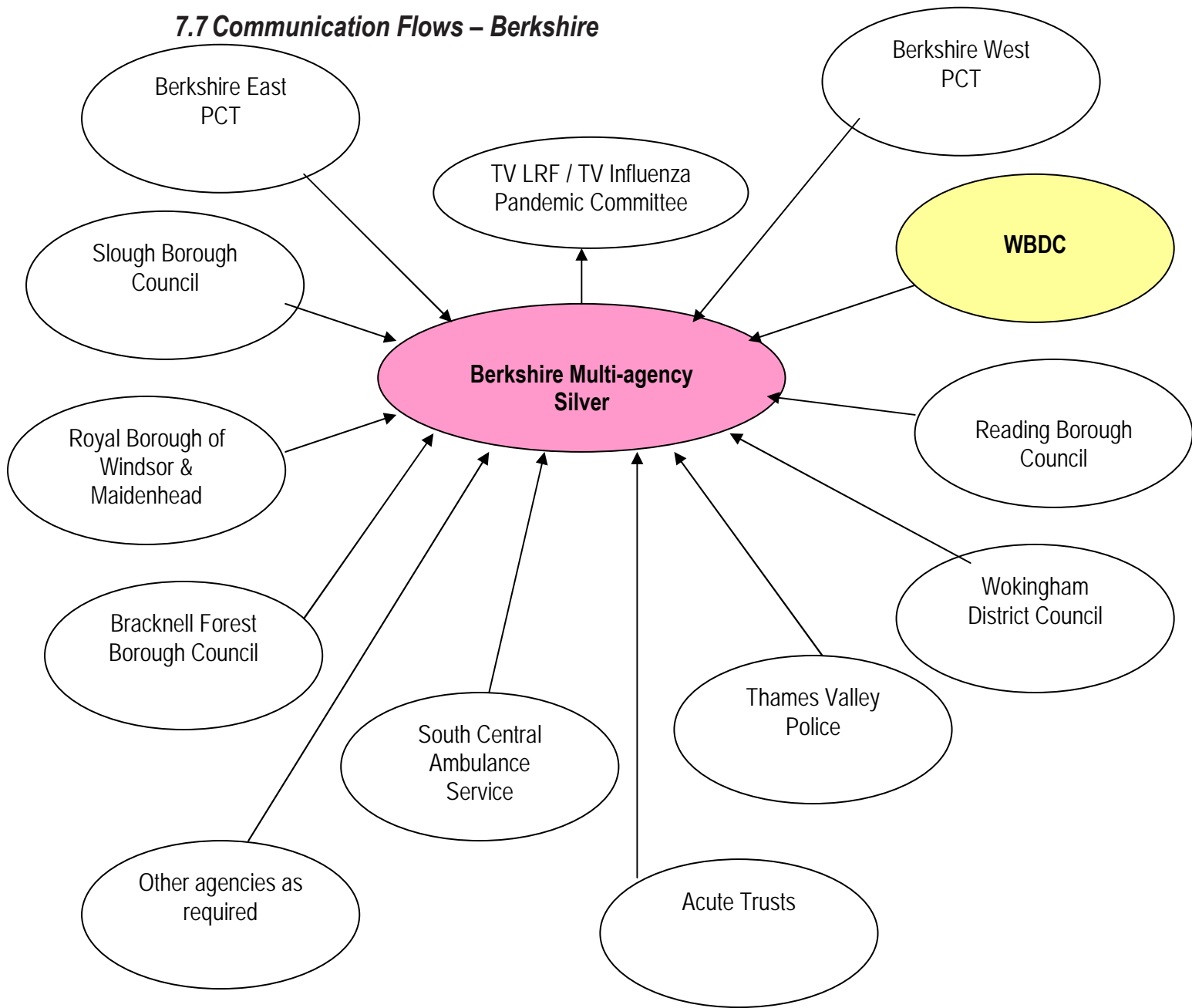


**7.6 Communication Flows - Thames Valley**

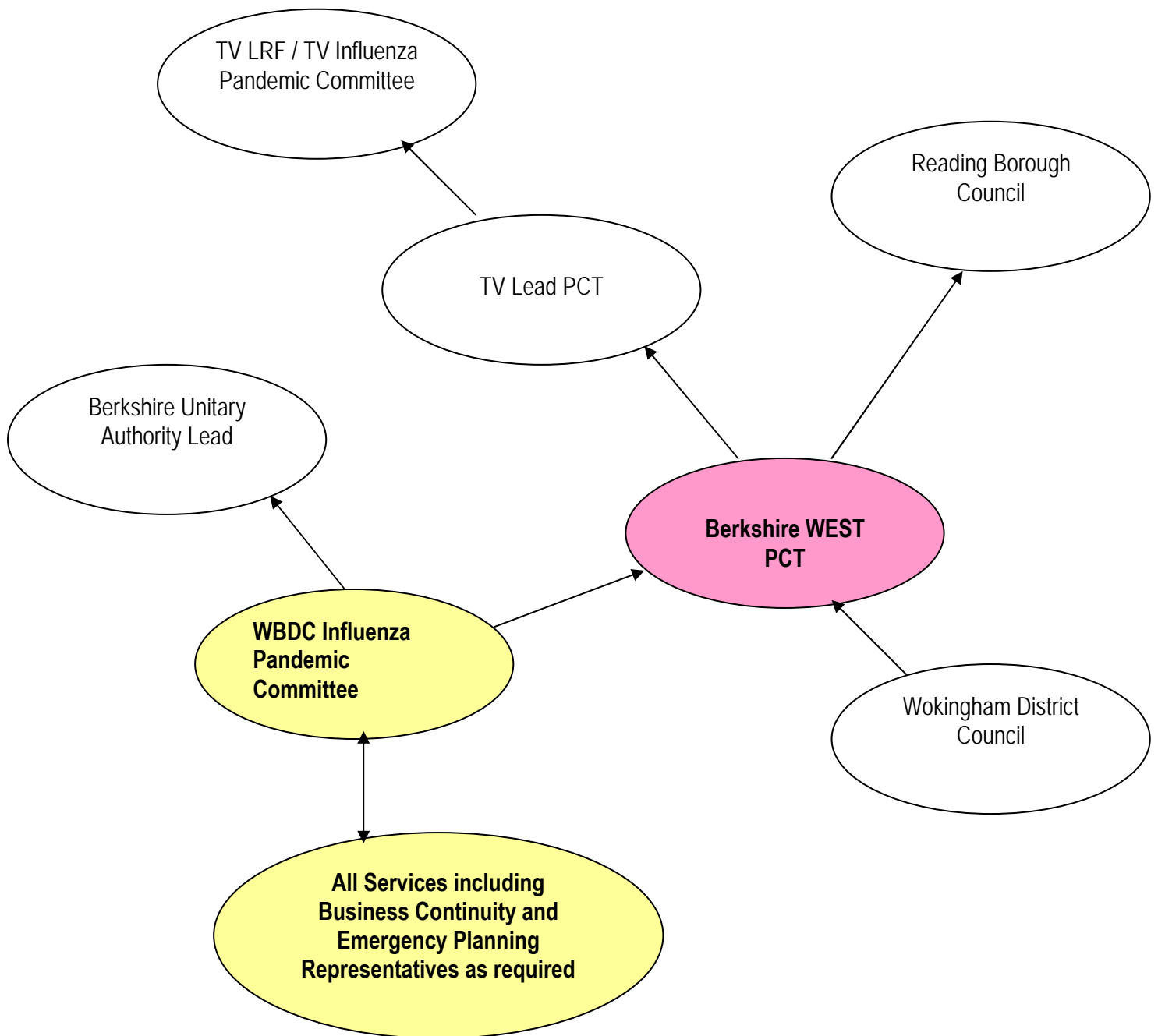




### 7.7 Communication Flows – Berkshire



### 7.8 Communication Flows – Berkshire West



## **7.9 Communications to the Local Community**

To ensure community leadership, robust communications with residents, visitors and businesses of West Berkshire will be essential. Whilst the main lead for influenza health matters will be lead by the DoH, South Central SHA and the PCT there will be a need for WBDC to communicate directly with the public providing support and guidance to services available and signposting relevant organisations.

The following methods of information dissemination to the public are usually used:

- Internet.
- Public Notices to Parish & Town Councils.
- Communications on a regular basis to Members and Parish Councils.
- Links to the local radio and newspapers.
- Letter drops to specific areas as necessary.
- Via community groups as necessary.
- Newsletters.
- Emails to specific groups including:
  - Staff
  - Members
  - Schools
  - Early Year Providers
  - Service Providers (contractors)
  - Chamber of Commerce
  - Federation of Small Businesses
  - Independent Schools
  - Town & Parish Councils

## **7.10 Media Communications**

Media coordination will be agreed on a Thames Valley basis at a strategic level, providing a framework for county-areas to work to. A Berkshire Media Group and Berkshire Media Plan already exist comprising of the communication personnel from all agencies. The Berkshire media plan will be supplemented (if necessary) with additional and specific protocols for internal and external communication. This will consider:

- Protocols for effective information sharing during all stages of a pandemic scenario.
- Internal and external information needs.
- Existing information outlets including websites, publications or partner groups.
- Speedy and efficient dissemination of national information to local agencies.
- The merits of early advice and how to prepare and reassure residents.
- Communication with key groups such as closed communities and private nurseries to encourage resilience and early planning.

The following is indicative of the communication tasks that may be considered at the relevant alert levels:

<p><b>Local Alert Level</b> <b>0</b></p>	<p><b>Key Tasks:</b></p> <ul style="list-style-type: none"> <li>▪ Communication between local authorities via monthly Berkshire Local Authority Emergency Planning Group meetings.</li> <li>▪ Joint planning with NHS via one LA representative on the IPC and East / West NHS / Local authority planning meetings.</li> <li>▪ Cross – border LA special interest groups (education, social care etc).</li> </ul> <p><b>Purpose:</b></p> <ul style="list-style-type: none"> <li>▪ Preparing Berkshire LA plans for special interest groups such as Education, Social Care, body holding, and emergency response.</li> <li>▪ Disseminate plans between agencies where required.</li> <li>▪ Designate media representative to IPC and support multi-agency co-ordination.</li> <li>▪ Set media protocols regarding the response to the onset of influenza pandemic.</li> <li>▪ Communicate and refine communication plans to ensure compatibility between agencies.</li> <li>▪ Communicate business continuity plans, Human Resource policies, identify volunteers, and undertake training.</li> <li>▪ Test plans, update following testing and to reflect development of additional advice and guidance.</li> </ul>
<p><b>Local Alert Level</b> <b>1</b></p>	<p><b>Key Tasks:</b></p> <ul style="list-style-type: none"> <li>▪ IPC called within 2 days to step-up planning and review state of preparedness.</li> <li>▪ LAs will meet following IPC to escalate plans and act in response of the IPC findings.</li> </ul> <p><b>Purpose:</b></p> <ul style="list-style-type: none"> <li>▪ Communicate escalation of influenza policies.</li> <li>▪ Reviewing joint plans and reporting of internal BCPs.</li> <li>▪ Review / update training.</li> <li>▪ Review communications requirement – to staff (internal) and to the public (external).</li> <li>▪ Review staffing and Human Resource issues and advice.</li> <li>▪ Work with IPC to assess priorities for local action arising from national; guidance: <ul style="list-style-type: none"> <li>○ Likely timescales for cases to reach the UK.</li> <li>○ Estimated impact (number of cases, severity).</li> <li>○ Availability and policy on immunisation.</li> <li>○ Ensuring staff are prepared to contribute to NHS surveillance and understand their role/reporting pathways.</li> </ul> </li> </ul>

<b>Local Alert Levels</b> <b>2-4</b>	<b>Key Tasks:</b> <ul style="list-style-type: none"><li>▪ IPC will activate a communication plan in order to receive daily/weekly situation reports throughout the pandemic period. This may take the format of weekly meetings/conference calls in the early stages, but in stages 3 and 4, will take the form of a daily 11am conference call.</li></ul> <b>Purpose:</b> <ul style="list-style-type: none"><li>▪ Activate business continuity plans.</li><li>▪ Co-ordinate the local response and LA/NHS joint working.</li><li>▪ Install daily (or other as decided) service monitoring.</li><li>▪ Apply common signposting/alert levels to ensure understanding of readiness across the Berkshire LAs and therefore, capacity to support other agencies.</li><li>▪ Contribute to strategic representation arrangements (at Gold).</li><li>▪ Contribute to surveillance.</li><li>▪ Support efforts to limit the spread, vaccination and social measures.</li><li>▪ Support DoH communication using local authority outlets.</li><li>▪ Signpost to NHS Direct.</li><li>▪ Use LA websites.</li><li>▪ Distribute materials on local arrangements.</li></ul>
---	---

## **8 Recovery & Debriefs**

### **8.1 Introduction**

On the basis of previous pandemics, it is likely that the initial local surge will last for three to four weeks before there is evidence of numbers tailing off. The recovery phase will encompass activities necessary to provide a return to as near “normality” as possible – both for the community and those involved in the response.

### **8.2 Recovery Plans**

TVLRF has produced a Thames Valley Recovery Plan which will form the basis of the recovery process. A Recovery Co-ordinating Group (RCG) will be established at the request of the SCG to consider the recovery element. The group will link into the SCG and a number of sub groups may be formed.

WBDC will activate a recovery process, which may be the same IPC group or a different group depending on the level of impact on-going for the services and the community.

### **8.3 Recovery Activities**

The recovery process the emphasis will be on getting services back to normal. However this needs to be set against the situation where there may be many tired and bereaved people and large backlogs of annual leave.

As a result recovery should be undertaken in a phased approach with services being recovered in order of priority having regard to the Critical Services as detailed in WBDC’s BCP. This may include;

- Gradual relaxation of restrictions
- Phased reintroduction of general non critical services
- Gradual reintroduction of quality assurance and performance frameworks.

### **8.4 Debriefs**

There will be a requirement to have debriefs to capture lessons identified and update relevant plans accordingly.

## **9.0 Training, Exercise, Revision and Storage of the Plan**

### **9.1 Training & Exercises**

A number of training sessions and exercises have been undertaken on influenza pandemic plans by a number of staff in the LA. These have included:

- Exercise Chicken Run a LA exercise involving all responding agencies and the business community.
- Exercise Goldsnap a multi-agency exercise organised by GOSE.
- Exercise Winter Willow a national exercise.

It has been clearly identified however that plans are no use on their own there needs to be training and exercising of them to allow for a good response and for them to be properly reviewed and updated accordingly.

As a result West Berkshire District Council will run training sessions and exercises as part of the Civil Contingencies training plan when new plans are drafted. Thereafter there will be timely refreshers as and when plans are significantly updated, a reasonable period of time has lapsed since the last time the plan was exercised, normally every 3 years, and if there is significant indicators in this case that an Influenza Pandemic is emerging.

### **9.2 Plan Revision Arrangements**

This plan has been developed in consultation with all Directorates across WBDC. This plan is subject to an annual revisions schedule. However, updates will be issued in response to new guidance from partner agencies on an ad-hoc basis.

### **9.3 Storage and Publication**

Electronic copies of this plan have been stored in Civil Contingencies/Pandemic Flu/WBDC Plans in the I/Xservice Directory. Initially this area has restricted access to members of the Corporate Influenza Pandemic Planning Group and BCP groups. If / when the situation changes and a pandemic is imminent then this area in the I/Xservice Directory will change to general access.

Publication of the plan on the Website and the intranet will be available when this plan is agreed.

**PAGE INTENTIONALLY BLANK**



## **ANNEX A – WEST BERKSHIRE DISTRICT COUNCIL INFLUENZA PANDEMIC RESPONSE MANAGEMENT GROUPS**

### **1 WBDC Influenza Co-ordinating Group (ICG)**

As soon as Pandemic Influenza trigger points are reached then a Corporate Influenza Co-ordinating Group (ICG) will convene with a view to reviewing the internal and external service provision. This group will initially be made up of members from the Corporate BCM Group and those who have been involved in the Corporate Pandemic Influenza Planning Group. The Crisis Management Team (CMT) detailed in the BCM Plan and MIP will be activated to have an overarching view of the situation and to give direction, guidance and decisions as necessary. CMT consists of the Chief Executive and Executive Members.

### **2 Role of the ICG**

The role of the ICG is to provide strategic direction to WBDC's efforts during the influenza pandemic. Comprising of senior managers, corporate communications, emergency planning professionals and the influenza co-ordinator, it will oversee resources, decisions and requests for mutual aid and external liaison. The decision to activate the ICG will be made either by the Chief Executive and or CMT, or by agreement between the Berkshire local authorities to ensure complementary co-ordination.

### **3 Responsibilities of the ICG**

1	Ensure WBC's business continuity plans for influenza pandemic are triggered and that the interface between any BC group (if not subsumed by the ICG) and the ICG is clear, without duplication of effort or responsibility and those respective responsibilities are clearly understood.
2	Ensure that appropriately qualified individuals are appointed to take on the roles of Influenza Co-ordinator, Gold Local Authority Liaison Officer (LALO) and Silver LALO; that they understand their responsibilities and are adequately resourced in order to undertake their duties.
3	Direct the efforts of the Influenza Co-ordinator and LALOs; provide timely information to these representatives using approved templates in order to contribute to conference calls and liaison meeting.
4	Ensure that mechanisms for reporting the resilience of services are in place throughout the local authority and common report templates are provided to aid swift collation of information.

5	Consider the communication requirements of the pandemic for members of staff, partner agencies and residents. Ensure that the WBC staff are aware that the ICG has been established and its role/responsibilities during the pandemic period.
6	Consider the HR/resource implications of the pandemic; whether additional commissioning is required (such as body holding areas) or efforts are required to recruit, train and equip additional temporary staff, contractors or volunteers.
7	Approve and apply policies, procedures and initiative in response to the national influenza alert level, advice from the West Berkshire Pandemic Influenza Committee and in consultation with the Berkshire local authorities.
8	Respond to requests for action and information from partner agencies, pandemic committees and regional tiers to ensure a pro-active role within the wider regional/national response.

The following Action Card has been taken from the Berkshire Local Authorities Influenza Pandemic Plan.

#### **4. Role of the Influenza Co-ordinator**

The Influenza Co-ordinator will be appointed by the ICG and the primary function of this role is to provide a central point of contact within WBC for information, resources and co-ordination relating to the influenza pandemic. On those weeks when WBC is acting as the lead for Berkshire, their duties will be increased; acting as a point of contact for the Berkshire co-ordination of information and support to the lead gold and silver liaison officers. Whilst primarily an administrative function, this role is central to the success of the information cascade. This role is called the Local Authority Influenza Co-ordinator (LAIC).

#### 4.12 Responsibilities of the Influenza Co-ordinator

1	To administer the pandemic influenza work within the local authority, collating situation reports.
2	To record, and pass on relevant information, discussion points and outstanding decisions to the local authority influenza co-ordination group.
3	To liaise with all of the external agencies at IPC and provide advice about the council's services
4	The Liaison Officer is responsible for ensuring that the views, available resources and requirements of the Local Authority are taken into account when decisions are made at IPC meetings/when managing the pandemic.
5	Immediate decisions will need to be made which affect resources or personnel of some or all of the Berkshire Authorities. These should be communicated by the Liaison Officer to the influenza co-ordinator at the authority as soon as possible so that they can be actioned.
6	During the pandemic, there will be a need to rotate the cover provided by using officers from the six unitary authorities.
7	Ensure appropriate specialist or administrative assistance, and communication equipment is taken to IPC to support the Authority's work.
8	To record, and pass on relevant information to the Local Authority's influenza co-ordinator.

The following Action Cards have been taken from the Berkshire Local Authorities Influenza Pandemic Plan.

## ANNEX B WBC ROLE ACTION CARDS

<b>LOCAL AUTHORITY INFLUENZA CO-ORDINATING GROUP (ICG) Action Card</b>	
1.	On establishment, agree terms of reference, mechanisms for reporting and disseminating decisions and membership if the group.
2.	Ensure council staff are aware of the ICG and any interim policies and procedures.
3.	Appoint people to the posts of Influenza Co-ordinator, Silver and Gold LALOs; agree handovers and resources.
4.	Receive the daily service report templates and agree the status (green/amber/red) of key services and the LA as a whole.
5.	Approve the Local Authority Daily Report for submission to the IPC via the Berkshire Silver LALO.
6.	Identify and approve specialist assistance to the BIPC when the Local Authority is acting as lead authority on behalf of the rest of Berkshire.
7.	Co-ordinate internal and external communication strategies, including public health messages cascaded from DoH, regional and sub regional bodies.
8.	Co-ordinate (in consultation with the BC Group if established) the curtailment, closure or withdrawal of services, as well as their reinstatement.
9.	Oversee and authorise the establishment and resourcing of joint initiatives such as body holding area / public information centres
10.	Receive requests for mutual aid and allocate available resources.
11.	Consider the medium to long-term implications of the influenza pandemic and make recommendations to any Recovery Working Group established by the authority.

<b>LOCAL AUTHORITY INFLUENZA CO-ORDINATOR Action Card</b>
---

1.	Appointed by the Local Authority's influenza co-ordination group (ICG) for a period (likely to be one week) or until relieved.
2.	Open a log of events, and record your actions and decisions.

### Internal co-ordination

3.	Provide co-ordination and point of contact for pandemic influenza-related information within the local authority.
4.	Collate information relating to the local authority's influenza activities in order to meet deadlines for conference calls and strategic meetings.
5.	Ensure consistency of information gathering across council services.
6.	Maintain communication with local authorities via e-mail and telephone reports.
7.	Act as point of contact for gold and silver liaison officers, organising meetings or support/special interest officer(s) to contribute specialist advice.

### External co-ordination

	On weeks when LA is <u>not</u> influenza lead	On weeks when LA is influenza lead
8.	Ensure regular updates of information to lead local authority influenza co-ordinator.	Collate Berkshire-wide information and ensure this is circulated to liaison officers and LA co-ordinating group.
9.	Be reactive to requests from lead local authority influenza co-ordinator for information, resources or action.	Receive and progress requests from lead gold/silver liaison officers; ensuring other LA ICs progress requests for resources or action.
10.	Brief replacement IC and handover duties, logs and records.	

**GOLD (STRATEGIC) LIAISON OFFICER  
Action Card**

1.	Appointed by the Local Authority's <b>influenza co-ordination group</b> for a period (likely to be one week) or until relieved.
2.	When alerted, <b>open a log</b> and record your actions and decisions.
3.	<b>Confirm liaison method:</b> conference call or in person to Kidlington. If travelling, check destination, safe travel route and details of contact officer at Gold. Take essential equipment with you such as: <ul style="list-style-type: none"> <li>(a) Contact directories;</li> <li>(b) IT equipment</li> <li>(c) Mobile Telephone and charger</li> <li>(d) Photographic identification</li> </ul>
4.	<b>Join the 10am Local Authority conference call</b> to receive Berkshire LA situation reports
5.	Communicate the combined Berkshire Local Authority situation report to the <b>TVSHA via Gold conference calls.</b>
6.	Attend <b>Strategic Co-ordinating Group</b> as instructed by Thames Valley Police; ensure regular updates of information and tasking to the <b>Influenza Co-ordinator</b> for cascade to the other 5 Berkshire Authorities.
7.	<b>Maintain communication</b> with local authorities via e-mail and telephone reports.
8.	<b>Be reactive</b> to requests from Local Authorities for information, resources or action.
9.	Liaise with representatives of all agencies to ensure a co-ordinated <b>multi-agency response</b> and provide advice on council services or resources to Gold.
10.	If required, request <b>support officer or special interest officer(s)</b> to attend to contribute specialist advice.
11.	Ensure <b>regular updates</b> of information to home local authority influenza co-ordinator / influenza co-ordination group.
12.	<b>Brief replacement</b> LALO's should the need for continuing shift cover be required and handover duties.

<b>GOLD (STRATEGIC) LIAISON OFFICER Roles &amp; Responsibilities</b>	
<p><b>Role:</b> A Strategic Co-ordinating Group (GOLD) will be established at the Thames Valley Police HQ at Kidlington at Alert level 2 to provide strategic co-ordination of the Thames Valley multi-agency response. This role is termed the GOLD LOCAL AUTHORITY LIAISON OFFICER (GOLD LALO).</p>	

<b>Gold LALO Responsibilities:</b>	
1.	To be the main representative of the Berkshire Unitary Authorities at meetings and conference calls of Gold.
2.	To record, and pass on relevant information, discussion points and outstanding decisions to the local authority influenza co-ordinator, for consideration by the Berkshire Local Authorities.
3.	To represent the Berkshire Local Authorities at Strategic Co-ordinating Group (SCG) meetings at Police Gold.
4.	The Gold Liaison Officer will have responsibility for ensuring that the views and requirements of the Local Authority are taken into account at the Strategic Co-ordinating Group meetings.
5.	Immediate decisions will need to be made which affect resources or personnel of some or all of the Berkshire Authorities. These should be communicated by the Gold Liaison Officer to the influenza co-ordinator at his/her authority as soon as possible so that they can be cascaded to the rest of the LAs.
6.	Ensure appropriate administrative assistance and Officer Support, and communication equipment is taken to the SCG to support Authority work.
7.	During the pandemic, there will be a need to rotate the cover provided by using officers from the six unitary authorities.

<b>LOCAL AUTHORITY LIAISON OFFICER (LALO) TO WEST IPC Action Card</b>	
<b>1.</b>	<b>Appointed by the Local Authority's influenza co-ordination group for a period (likely to be one week) or until relieved.</b>
<b>2.</b>	<b>Open a log of events, and record your actions and decisions.</b>
<b>3.</b>	<b>Join the 10am Local Authority conference call to receive Berkshire LA situation reports</b>
<b>4.</b>	<b>Communicate the combined Berkshire Local Authority situation report to the NHS at an 11am conference call.</b>
<b>5.</b>	<b>Attend West IPC meetings; take IT and any communications required.</b>
<b>6.</b>	<b>Maintain communication with local authorities via e-mail and telephone reports.</b>
<b>7.</b>	<b>If required, request support officer or special interest officer(s) to attend to contribute specialist advice.</b>
<b>8.</b>	<b>Ensure regular updates of information to home local authority influenza co-ordinator/influenza co-ordination group.</b>
<b>9.</b>	<b>Be reactive to requests from Local Authorities for information, resources or action.</b>
<b>10.</b>	<b>Provide advice on council services or resources to IPC.</b>
<b>11.</b>	<b>Brief replacement LALO's should the need for continuing shift cover be required and handover duties.</b>



<b>LOCAL AUTHORITY LIAISON OFFICER (LALO) TO IPC (SILVER) Roles &amp; Responsibilities</b>	
<p>Role: The West Berkshire Pandemic Influenza Committee (Silver) will be established in response to the onset on an influenza pandemic. The NHS will request a Local Authority representative to represent the views of the Berkshire Unitary Authorities, who should have an understanding of the liaison required between the NHS and local authorities (could be an EPO). This role is termed the IPC LOCAL AUTHORITY LIAISON OFFICER (IPC LALO).</p>	
<b>IPC LALO Responsibilities:</b>	
1	To be the main representative of the Berkshire Unitary Authorities at meetings and conference calls of IPC.
2	To record, and pass on relevant information, discussion points and outstanding decisions to the local authority influenza co-ordination group.
3	To liaise with all of the external agencies at IPC and provide advice about the council's services
4	The Liaison Officer is responsible for ensuring that the views, available resources and requirements of the Local Authority are taken into account when decisions are made at the IPC meetings/when managing the pandemic.
5	Immediate decisions will need to be made which affect resources or personnel of some or all of the Berkshire Authorities. These should be communicated by the Liaison Officer to the influenza co-ordinator at the authority as soon as possible so that they can be actioned.
6	During the pandemic, there will be a need to rotate the cover provided by using officers from the six unitary authorities.
7	Ensure appropriate specialist or administrative assistance, and communication equipment is taken to IPC to support the Authority's work.
8	To record, and pass on relevant information to the Local Authority's influenza co-ordinator.

## ANNEX C - GOSE SITUATION REPORT TEMPLATE

### Swine Flu 2009

#### Regional Resilience Teams (RRTs)/Devolved Administrations Update

**Data as of xx/x/09 1200hrs (Return as of xx/x/09 1400hrs)**

<b>SITREP Number:</b>	n/a	Information /data is correct as at 1200	
<b>Date:</b>		<b>Time (24hr):</b>	17.00
<b>Lead Official:</b>			
<b>Office hours</b>			
<b>Mobile</b>			
<b>Email:</b>			

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.

Please fill in relevant information under each blue heading ON AN EXCEPTION BASIS ONLY  
Add new information using red text. State 'Nil' if nothing to add.

## 1. GOVERNMENT OFFICE/DEVOLVED ADMINISTRATION KEY ISSUES

e.g. GONW – [Issue]

## 2. CURRENT SITUATION & OPERATIONAL RESPONSE

Please give details of any local/regional impact of swine flu and operational responses in place to address them. This could include details of antiviral distribution planning, regional shortages/panic buying, business continuity/supply chain issues etc.

Health – Including details of AV and vaccine distribution planning and operational response.

*Nil*

Education - (anything not included in table at Annex 1)

*Nil*

Electricity

*Nil*

Gas

*Nil*

Fuel

*Nil*

Oil

*Nil*

Food

*Nil*

Water

*Nil*

Telecoms

*Nil*

Postal Services

*Nil*

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

*Nil*

Waste Management

*Nil*

[Social Care/Welfare Homecare, Vulnerable People/Groups](#)

*Nil*

[Cremation and burial services](#) - Details of impacts on cremation services, funeral services, burials, coroners, registrars and funeral arrangements.

*Nil*

[Business Issues](#) - Businesses affected

*Nil*

[Tourism](#) - Details of impact on local/regional tourism industry (hotel cancellations impact on visitors attractions.)

*Nil*

[Broadcasting \(inc. print media\)](#)

*Nil*

[Judicial Process](#) - Details of impact on regional/local judicial processes.

*Nil*

[Prisons](#)

*Nil*

[Community Cohesion](#) - Details of community Safety/Community Cohesion Issues

*Nil*

[Animal Health](#) - Details of impact on Animal health and welfare.

*Nil*

[Emergency Services](#)

*Nil*

[Mutual Aid / Military Support](#) - aid requested and/or in place

*Nil*

**3. RESOURCES AND READINESS (inc REGIONAL AND LOCAL STAFFING ISSUES)** – Details of RCG/SCG meetings and any regional or local staffing issues.

*Nil*

**4. FORWARD LOOK** – Details of upcoming issues/events that may impact on response.

*Nil*

**5. POLITICAL/POLICY** – Details of parliamentary statements/Ministerial visits etc.

*Nil*

## **6. MEDIA AND COMMUNICATIONS**

[Level and tone of media coverage](#)

*Nil*

[Public messages issued regionally/locally](#)

*Nil*

[Other media issues](#)

*Nil*

#### 8. OTHER INFORMATION NOT COVERED ELSEWHERE

*Nil*

#### 9. INFORMATION REQUIREMENTS/REQUIRED CLARIFICATION

*e.g. GOSE 01 – [Information request]*

**Next SitRep to be provided at 1200 DD MMM**

**Annex 1****SCHOOLS, EARLY YEARS SETTINGS AND OTHER CHILDREN'S SERVICES AFFECTED BY SWINE FLU**

Please complete the table below as far as possible. If you cannot complete data for your Region/DA please note in comments

GO	LA	No. of schools closed	No of schools closed and reopened	RAG rating for EYS*	Comments
<i>e.g GOWM</i>	<i>Birmingham</i>	<i>14</i>	<i>2</i>	<i>Green</i>	.

**NOTES:**

\* Early Years Settings include:

- Day nurseries and nursery schools
- Sure Start Children's Centres
- Pre-schools and playgroups
- Childminders
- Crèches
- Out of school childcare and holiday play schemes

Rag definition for Early Years Settings:

- Red = major disruption to services;
- Amber = significant disruption to services;
- Green = little or no disruption.
- Comments are required on an exception basis for Red and Amber ratings only.

## ANNEX D – LOCAL AUTHORITY SITUATION REPORT TEMPLATE

### Departmental Service Daily Report – Influenza Pandemic

To be completed by service heads/managers to assess the daily preparedness of each service area within a directorate. This should be completed and provided to your **directorate influenza co-ordinator by 9.00am** each day.

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

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

<b>Operational:</b>		<b>Suspended:</b>	
---------------------	--	-------------------	--

**2. Suspended services - use the space below to list information regarding services or facilities which have been suspended:**

Service/facility	Closed from (date)	Closed to (est. date)	Reason



**3. Suspension checklist** - use the checklist below to ensure follow-up actions resulting from service suspension have been carried out:

Action	Yes (tick)	No (tick)	By who?
Website updated			
Press office informed			
Customer service centre informed			
Staff re-allocated			
Staff informed			

**4. Reduced services** - use the space below to list information regarding services or facilities which are operating at reduced capacity:

Service/facility	Reduction	Reason/assistance required if available

**5. Overall staffing levels** - please report the overall staffing levels within your service below (provide number and %):

At place of work	Alternative working site	Absent	Unaccounted
<b>Summary of alternative work practices in place:</b>			

**6. Mutual aid arrangements** - use the space below to give details of mutual aid arrangements in place or requests from the corporate group for mutual aid:

Mutual aid (summary)	Agreed (tick)	Requested	Supplied by or required from/by

		(tick)	

<b>7. Final Comments:</b>

**Complete and forward this form to your directorate coordinator by 0900 hrs**

### Education Daily Report – Influenza Pandemic

To be completed by children’s services/education managers to assess the daily preparedness. Each school will forward a situation report to LEAs by 0800hrs for media to be briefed on closures and this form to be used to inform the departmental report which should be completed and provided to your **directorate influenza co-ordinator by 9.00am** each day.

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

<b>1. Critical service levels -</b> please estimate the number of total service availability:			
<b>No. of schools operational:</b>		<b>No. of schools closed:</b>	

<b>2. School closures -</b> use the space below to list information regarding schools which have closed:			
School (inc. age range)	Closed from (date)	Closed to (est. date)	Review arrangements
<b>Comments:</b>			

**3. Closure checklist** - use the checklist below to ensure follow-up actions resulting from school closure have been carried out:

Action	Yes (tick)	No (tick)	By who?
Website updated			
Press office informed			
Customer service centre informed			
Staff re-allocated			
Staff informed			

**4. Overall staffing levels** - please report the overall staffing levels within the service below (provide number and %):

At place of work	Alternative working site	Absent	Unaccounted

**Summary of alternative work practices in place:**

School	Type of alternative working

**5. Mutual aid arrangements** - use the space below to give details of mutual aid arrangements in place or requests from the corporate group for mutual aid:

Mutual aid (summary)	Agreed (tick)	Requested (tick)	Supplied by or required from/by

**6. Vaccinations** - Once vaccinations are available, it is thought children will receive their vaccination at their school. Report details of any vaccination programme which has taken place.

School	No. vaccinated	% vaccinated	Details

**7. Final Summary / any other support required:**

--

**Schools to report status by 08.00hrs for media to be briefed on closures. This form to be used to inform the departmental report which should be completed by 9.00am.**

## Local Authority Daily Report – Influenza Pandemic

To be completed by corporate influenza group to assess the daily preparedness of the local authority. This completed report should be provided to your spokesperson by 10am each morning in order to be contributed to the Berkshire LA conference call at 10am and to the Berkshire Gold representative.

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

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

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

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

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

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

<b>Comments:</b>
------------------

### 4. Overall staffing levels - please report the overall staffing levels within your authority below (provide number and %):

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

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

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

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

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

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

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

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

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

<b>9. Vaccination Centres:</b>			
No. open		Daily visitor no.	
Details/comments:			

<b>10. Social measures introduced:</b>	
Details/comments:	

<b>11. Supply chain report:</b>	
Fuel	
Food	
PPE	



<b>Vaccinations</b>	
<b>Other</b>	
<b>Details/comments:</b>	

<b>12. Media output - append (if possible) and give summary of media contact and releases:</b>
<b>Report:</b>

<b>13. Final Summary / other comments:</b>

- All departmental forms to be received by 0900 hrs daily to be incorporated into this report.
- This report to be completed by the authority's influenza co-ordination team and forwarded to GOLD and BIPC representatives by 1000 hrs daily for transmission at daily conference call with local PCT.

## ANNEX E – ROLES AND RESPONSIBILITIES OF RESPONDING AGENCIES DURING THE PLANNING AND RESPONSE PHASE

	<b>Planning Stage UK Alert level 0-1</b>	<b>Response stage UK Alert level 2-4</b>
<b>LRF / SCG</b>	<p>In the planning stage, it will be the task of the LRF to:</p> <ul style="list-style-type: none"> <li>▪ Oversee the production, training and exercising of multi-agency plans to ensure the TV response to pandemic influenza is co-ordinated and effective throughout any pandemic influenza outbreak.</li> </ul>	<p>At the confirmation of UK alert level 1, Thames Valley will:</p> <ul style="list-style-type: none"> <li>▪ Call an SCG to take over from the LRF and this body will provide strategic leadership throughout the pandemic period.</li> <li>▪ The SCG will consider both response AND recovery in its discussions in an attempt to streamline the decision making process throughout a period of limited resources.</li> </ul>
<b>GOSE RRU / RCCC</b>	<p>The Regional Resilience unit of GOSE will:</p> <ul style="list-style-type: none"> <li>▪ Provide guidance and support.</li> <li>▪ Gather and share best practice.</li> <li>▪ Identify areas of work and resources that can be delivered on a regional or sub-regional basis to achieve economies of scale and will contribute to the quality assurance programme of plans and procedures.</li> </ul>	<p>The RCCC will:</p> <ul style="list-style-type: none"> <li>▪ Provide regional co-ordination and intelligence gathering/dissemination across the South East.</li> <li>▪ Compile a daily report for COBR during the UK Alert levels 2-4.</li> <li>▪ Address any local issues needing regional /national attention.</li> </ul>
<b>HPA</b>	<p>The HPA will:</p> <ul style="list-style-type: none"> <li>▪ Maintain and make available to local partners an expertise in predictions for pandemic and how these would affect local populations.</li> <li>▪ Ensure effective surveillance information will be available including working with local partners to ensure influenza outbreak detection and response in schools and nursing</li> </ul>	<p>The HPA will:</p> <ul style="list-style-type: none"> <li>▪ Provide specialist health protection advice to civil emergency responders all levels of response.</li> <li>▪ Conduct initial case based surveillance and support implementation and coordination of aggregate surveillance as incidence rises.</li> <li>▪ Support investigation and response to outbreaks and</li> </ul>

	<p>homes</p> <ul style="list-style-type: none"> <li>▪ Support and contribute to local pandemic influenza exercises.</li> </ul> <p>5/6 - additional actions:</p> <ul style="list-style-type: none"> <li>▪ Communicate the national infection control guidelines and case management algorithms to local partners and support local training needs.</li> <li>▪ Support the management of cases and clusters or outbreaks of influenza-like illness.</li> <li>▪ Assist NHS colleagues in developing framework for delivery of mass vaccination to target groups if available.</li> <li>▪ Perform influenza surveillance in collaboration with NHS.</li> </ul>	<p>assess the efficacy of control measures.</p> <ul style="list-style-type: none"> <li>▪ Continue work through/with local Influenza Pandemic Control Committees / Regional Health Advisory Teams.</li> </ul>
<p><b>SHA</b></p>	<p>SHAs act as the regional headquarters of the NHS.</p> <p>SHAs provide a critical link to their respective regional Government Offices and, through designated pandemic influenza coordinators, ensure the development, maintenance and testing of effective and integrated health response plans across their areas.</p>	<ul style="list-style-type: none"> <li>▪ Convene South Central pandemic control team and ensure that all local health agencies have implemented contingency arrangements when notified</li> <li>▪ Activate local communications network and issue communications with staff and public</li> <li>▪ Arrange frequent meetings of the pandemic control team communicating their decisions with rationale to staff and public (virtual meetings - i.e. teleconferencing will probably be needed)</li> <li>▪ Monitor the impact of the pandemic in each PCT and impact on Acute Trusts and support and co-ordinate their response</li> <li>▪ Modify actions in the light of experience, national guidance and other developments.</li> </ul>

<p><b>HM Coroners</b></p>	<p>HM Coroners will:</p> <ul style="list-style-type: none"> <li>▪ Consider their BCM planning with regards to lack of staff.</li> <li>▪ Confirm that plans are in place for changing working practices to the national "Different Ways of Working" plans. Normal business practices should be used in this stage.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Coroners will prepare to change working practices to "Different Ways of Working" with all safeguards in place to guard against misuse.</li> <li>▪ Planned business continuity measures should be adopted at this stage.</li> <li>▪ When it becomes necessary, an LRF agreed plan should be activated, which stipulates multi-lateral implementation of the "Different Ways of Working" across local business areas.</li> <li>▪ If necessary, changes in law will be available to make adoption of these changes possible.</li> </ul>
<p><b>Funeral services</b></p>	<p>In the planning stages Funeral Services will:</p> <ul style="list-style-type: none"> <li>▪ Consider their BCM plans with regards to lack of staff and body holding space, including transport of bodies.</li> <li>▪ Confirm mutual aid arrangements and confirm their plans with regards to the national "Different Ways of Working" plans, considering death certification, body holding and excess death practices.</li> <li>▪ Normal business practices should be used in this stage.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Funeral Services will prepare to change working practices to "Different Ways of Working" with all safeguards in place to guard against misuse.</li> <li>▪ Planned business continuity measures should be adopted at this stage.</li> <li>▪ When it becomes necessary, an LRF agreed plan should be activated, which stipulates multi-lateral implementation of the "Different Ways of Working" across local business areas.</li> <li>▪ If necessary, changes in law will be available to make adoption of these changes possible.</li> </ul>

<b>Neighbouring LRFs</b>	Cross-border discussions will take place throughout the planning process to ensure that decisions made by agencies are compatible across LRFs and consider opportunities for mutual aid and shared resources.	TVLRF will communicate with neighbouring LRFs throughout the pandemic and with GOSE to consider mutual aid arrangements (if possible), shared services and joint commissioning. TVLRF recognises that pandemic influenza may not affect all LRFs at the same time or equally and support from neighbouring LRFs in these circumstances may be called upon in a reciprocal arrangement.
<b>Lead PCT</b>	The lead PCT is the health link into the LRF and responsible for co-ordination of the health planning across the LRF area.	The Lead PCT will co-ordinate the health response across the LRF. The Lead PCT is the health link at the LRF (with the SHA linking into the CCC). The lead PCT will coordinate the health situation reporting from the health system UP t the SHA and onwards to DOH.
<b>PCTs</b>	Primary care trusts (PCTs) are responsible for assessing local risk and for commissioning, supporting and monitoring the development of integrated health response plans. They are also responsible for developing arrangements to maintain and support patients in a community setting and for ensuring that health plans take account of the needs of military bases, prisons or other establishments that may require specific planning in their area. Through designated pandemic influenza coordinators, PCTs provide a health input to LRFs via the Lead PCT. PCTS coordinate plans with those of neighbouring authorities and ensure that social care and other key partners - including private sector care and support service providers - are fully involved.	In the event of a pandemic, PCTs will coordinate and oversee the local health response and mobilise general practice and primary care resources, including a local "flu line". They will also provide advice and public information, collate and report operational information to the Lead PCT who is the health link with local SCGs (with RCCCs via SHAs) and make contingency arrangements for the distribution or collection of antiviral medicines and delivering population-wide vaccination if required.

<p><b>NHS orgs</b></p>	<p>Foundation and other hospital trusts, primary care trusts and specialist health trusts are directly responsible for the provision of a wide range of health services.</p> <p>Those organisations should support local planning and develop their internal contingency arrangements for responding to the additional demands whilst maintaining essential healthcare throughout an influenza pandemic.</p> <p>Plans should pay particular attention to the projected requirement for significant surge capacity, increased demand for specialist beds, patient transport, and support to maintain patients in community settings, redeployment of staff at short notice, staff protection and strict infection control.</p>	<p>In the event of a pandemic the whole health system will implement their plans to respond to the increase in demand of their services.</p> <p>Organisations will support the locally agreed plans to respond to the surge in capacity and the impacts of the pandemic on their own business continuity.</p> <p>Within organisational command and control systems there will be links to the PCT Emergency Operations Centres for formal reporting upwards to the SHA via the Lead PCT.</p>
<p><b>Police</b></p>	<p>During the planning stage TVP will maintain normal services while confirming BCM plans with regards to police protective services, critical functions, command structures and reporting and communication regimes.</p> <p>TVP will also confirm safe working practices and PPE requirements for their service.</p>	<p>During the response phase, TVP will maintain normal services as long as possible.</p> <p>A police Gold will meet daily to confirm which functions can be carried out and changes in service are suitably communicated to staff members and the public.</p>
<p><b>Fire &amp; Rescue Services</b></p>	<p>During the planning stage Fire and Rescue Services will maintain normal services while confirming BCM plans with regards to their critical functions, command structures and reporting and communication regimes.</p> <p>Fire and Rescue Services will also confirm safe working practices and PPE requirements for their service.</p>	<p>During the response phase, Fire and Rescue Services will maintain normal services as long as practicably possible and maintain essential services in accordance with their BCM plans.</p> <p>An Emergency Management Group will meet daily to ensure critical functions can be carried out and changes in service are suitably communicated to staff members and the public.</p>

<b>Prisons</b>	<p>All prisons will consider and confirm their BCM plans, especially with regards to lack of prison staff.</p> <p>They will also consider plans for dealing with infectious diseases in closed communities, antiviral sourcing and distribution in partnership with the relevant PCTs.</p>	<p>All BCM plans should be activated and any problems reported to the SCGs.</p> <p>Police will consider mutual aid plans to prisons if necessary.</p>
<b>Court Service</b>	<p>All sections of the Criminal Justice Service will check and confirm their BCM plans, especially with regard to lack of staff, evidence gathering and safe working practices (security, infection control, etc.)</p>	<p>BCM plans should be activated. Some services may have to be suspended until safe working practices can be guaranteed.</p>
<b>Local Authority Environmental Health</b>	<p>Environmental Health services within local authorities will produce business continuity plans to maintain services as well as planning for additional burdens associated with the disease such as disposal of additional clinical waste; environmental surveillance measures; trading standards issues including animal health surveillance etc.</p>	<p>Environmental health personnel will contribute to the deliberations of the STAC; providing direct advice and commissioning other specialist work from contracts already in place via local authorities which may include specialist waste removal or decontamination services.</p>
<b>Social Service providers</b>	<p>In planning for pandemic influenza, social care providers will be required to work with their PCT colleagues in planning for the continuation of critical services to vulnerable clients. Consideration will be given to shared services, reducing duplication of effort, information and resource sharing and the management of new social care clients following discharge from NHS care.</p>	<p>Social Services providers will work closely with NHS agencies to ensure pre-agreed plans are carried out to ensure the delivery of essential services to critical clients. Social Care staff will contribute to the monitoring of the spread of the disease, especially in closed communities such as nursing homes.</p>

<p><b>Local Authority Children's Services</b></p>	<p>Children's Services departments covering both education and social care will produce business continuity plans to maintain critical services; will plan for an increase in vulnerable or lone children as an immediate and long term result of pandemic influenza; prepare childcare and educational establishments to follow best practice and advice regarding continuation of the service through a pandemic and ensure education can be delivered if establishment closures are required.</p>	<p>Children's Services personnel will focus on the needs of vulnerable children and their families, providing a service to individuals on a priority assessment basis. Schools and childcare establishments will implement business continuity plans and (if necessary or possible) co-operate with each other to provide on-site schooling or care and if this is not possible, will refer to alternative methods to deliver education or care services.</p>
<p><b>Voluntary Sector</b></p>	<p>During the planning phases all voluntary agencies will confirm their BCM plans, especially with regards to lack of staff, mutual aid arrangements and contractual obligations to other agencies.</p>	<p>Voluntary agencies will activate their BCM plans.</p> <p>During the response, voluntary agencies will be invited to the SCG if necessary.</p>
<p><b>Relevant Cat 2s</b></p>	<p>During the planning phases all Cat 2 agencies will confirm their BCM plans, especially with regards to lack of staff, mutual aid arrangements and statutory duties.</p>	<p>Cat 2 organisation requested to activate their BCM plans and report any threats to service to the relevant SCGs in their area.</p> <p>Cat 2 organisations will be invited to all SCG meetings and will have a place in the STAC.</p>



## ANNEX F – GUIDANCE ON LIMITING THE SPREAD

### 1.1 Limiting the Spread

1.1.1 The DoH and HPA will have primacy in establishing protocols to limit the spread of influenza and this will include the public information disseminated through both national and local information outlets. However WBDC recognises that it has a key role, not only in supporting the NHS, but also promoting spread reduction measures to its employees.

1.1.2 The key measures to limit spread are as follows:

1. Antivirals for those displaying symptoms - depending on DH guidance:  
[http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT\\_ID=4119491&chk=T/laWW](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4119491&chk=T/laWW)
2. Basic hygiene precautions such as:
  - Hand washing
  - Respiratory hygiene
3. Use of facemasks to reduce droplet infection
4. Cleaning procedures & waste disposal
5. Physical isolation of cases
6. Social measures to limit spread. N.B. complete disruptive social measures may require the direction of the appropriate government department before initiation:
  - Encourage those suffering from disease to stay home
  - Voluntary quarantine of contacts of known cases
  - Local restrictions on movement and public gathering
  - Reducing unnecessary international or long distance travel
  - School closures.
7. Immunisation (subject to 4-6 month delay post virus identification)

1.1.3 The responsibility for limiting spread of infection falls upon a wide range of agencies and the key challenges encompass supply issues (e.g. of immunisation, antivirals and facemasks), training issues (around basic infection control measures) and communications.

1.1.4 Key roles and responsibilities in taking measures to limit spread include the following:

- The Department of Health has responsibility for centrally purchasing vaccine and antivirals and distribution according to estimates of local needs for pre-determined priority groups.
- The Primary Care Trust plans include provision for treatment and rapid vaccination both for treatment and for mass treatment/vaccination if required when supplies become available. This requires the coordinated efforts of South Central SHA, Berkshire PCTs, Hospitals and all Berkshire Unitary Authorities.
- The communication strategy will be led by the South Central SHA cascading information to Berkshire PCTs, supported by social services departments and local

authorities in general. This will reinforce national messages and provide local advice. NHS Direct will also have a key role in providing information to the public.

- 1.1.5 Outside the NHS, there will a number of organisations that are at high risk of spread of infection. These include **care homes, independent hospitals, nurseries, schools, universities, prisons and military bases**. These organisations **will require identified leads** to take responsibility for planning and implementing contingency planning in collaboration with the respective host Unitary Authorities and the HPA.

## 1.2 Personal Protection Equipment (PPE)

- 1.2.1 Advice on cleaning regimes and the use of personal protective equipment (PPE) has been agreed for general use by the DoH.
- 1.2.2 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<sup>1</sup>:

### Basic surgical mask

Recommended for: individuals with suspected or confirmed pandemic influenza in a communal waiting area *or* individuals coming within 3 ft (1 m) 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 3 ft (1m) away from a suspected case.

### 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

### Non-sterile examination gloves

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

### 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.

<sup>1</sup> 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>

Guidance for pandemic influenza: infection control in hospitals and primary care settings (DH/HPA, 2005)

From: <http://www.dh.gov.uk/assetRoot/04/12/17/54/04121754.pdf>

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

**Respirator mask ('FFP3'/'N95') and eye protection – *not routinely recommended***

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, and bronchoscopy and nebulizer administration.

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

### 1.3 Basic infection control principles

- 1.3.1 Individuals should wash their hands thoroughly with soap and water before and after all contact with suspected or confirmed cases of pandemic influenza.<sup>2</sup> If hands are not visibly soiled, alcohol rub may be used instead. All individuals should cover their mouth and nose when coughing or sneezing and wash their hands afterwards.

### 1.4 Hand Washing

- 1.4.1 Appropriate hand washing can minimize micro-organisms acquired on the hands by contact with body fluids and contaminated surfaces. Hand washing breaks the chain of infection transmission and reduces person to person transmission. Hand washing is the simplest and most cost effective way of preventing the transmission of infection.
- 1.4.2 Washing with soap and water kills many transient micro-organisms and allows them to be mechanically removed by rinsing. Washing with antimicrobial products kills or inhibits the growth of micro-organisms in deep layer skin.
- 1.4.3 Hand washing is usually limited to hands & wrists; the hands are washed for a minimum of 10 –15 seconds with soap and water. If using alcohol-based hand gel / hand rub for 15-30 seconds. (These are not a substitute for washing soiled hands). Use waterless, alcohol-based hand rubs, with antiseptic and emollient gel.

### 1.5 Facilities and Materials Required For Hand Washing

- Access to clean running water is essential.
- Plain soap – bar, powder or liquid form.
- Alcohol based hand gels.

---

<sup>2</sup> Notes taken from Practical Guidelines for Infection Control in Health Care Facilities

## 1.6 Facilities for Drying Hands

- 1.6.1 Disposable towels, reusable single use towels or roller towels, which are suitably maintained, should be available. If there is no clean dry towel, it is best to air-dry hands. **Do not use common towels as these facilitate transmission of infection.**

## 1.7 Steps in hand washing

- Remove jewellery and watches before washing.
- Apply soap and lather thoroughly.
- Use firm circular motions to wash hands and arms up to the wrists, covering all areas (including under finger nails).
- Rub for 10-15 seconds.
- Rinse hands thoroughly, keeping hands lower than forearms.
- Do not dip your hands in a bowl to rinse as this re contaminates them.
- Dry hands thoroughly.
- When discarding towels take care not to touch bins.

## 1.8 Cleaning procedures & waste disposal

Alert Level 0	Plan and preparation for pandemic; review business continuity plans, contractors, suppliers etc.
Alert Level 1	Review plans, stores, contracts and training requirements. Refresh processes and practices to achieve readiness.
Alert Level 2-4	Instigate and maintain vigorous cleaning programme.

## 1.9 Cleaning Guidance

- Toilets / bathrooms - Liquid bleach or bleaching powder 7g/litre with 70% available chlorine. Precautions - use in well ventilated areas / use PPE / do not mix with strong acids to avoid the release of chlorine gas / corrosive to metals.
- Smooth metal surfaces / tabletops and other surfaces where bleach cannot be used - alcohol (70%) Isopropyl, ethyl alcohol, methylated spirits. Precautions - flammable & toxic / use in well ventilated areas / avoid inhalation / keep away from heat sources / allow to dry completely.
- Use a trigger spray mist bottle to apply the bleach solution.
- Ensure surfaces are cleansable / cleanable. Remove / replace porous e.g. wooden surfaces.

- Particular attention should be paid to desk work surface tops, phones, doorknobs, keyboards, doorjambs, desktops, photocopiers, printers, toilet flush handles, sink taps and door handles / push plates.
- Training and PPE for cleaners
- Liaise with contractors (where cleaning is outsourced).
- Increase frequency of cleaning.
- Review cleaning materials.
- Careful disposal of waste & cleaning waste using appropriate bio-hazard bags and labelling policies.
- Separate cleaning equipment for different parts of the building / different buildings.
- Cleaners to wash/change PPE when moving between parts of the buildings / different buildings.
- Non-disposable mop heads - change daily.
- Cleaning cloths should be disposable.
- Chlorine based disinfectants (bleach) may be inactivated by organic matter e.g. dirt, dust etc. Thorough cleaning with detergent and warm water is therefore essential before using bleach products.

#### **1.10 Waste disposal:**

- Staff to wear full PPE
- One waste disposal bag should be sufficient providing waste can be placed in bag without contaminating the outside of the bag.
- Liquid waste can be safely flushed into the sewage system.
- Waste disposal bags should include appropriate bio hazard labelling and be treated in accordance with national regulations pertaining to hospital waste.

**PAGE INTENTIONALLY BLANK**

## ANNEX G LOCAL AUTHORITY INFLUENZA PLANNING CHECKLIST (FOR GUIDANCE)-

adapted for local authority use from Cabinet Office Pandemic influenza checklist for businesses, issued May 2006.

### Corporate challenges and planning issues

#### Questions to be considered:

Who responsible?	Completed	In Progress	Not Started		Comments / Remarks
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Collaborate with local public health agencies and/or emergency responders to participate in their planning processes, share your pandemic plans, and understand their capabilities and plans.	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Communicate with local public health agencies and/or emergency responders about the assets and/or services your business could contribute to the community.	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Determine potential impact of a pandemic on Council budgets using multiple possible scenarios that effect different services and/or office sites and include other locations where a council service is provided.	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop and disseminate programmes and materials covering pandemic fundamentals (e.g. signs and symptoms of influenza, modes of transmission), personal and family protection and response strategies (e.g. hand hygiene, coughing/sneezing etiquette, contingency plans).	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide information for the at-home care of ill employees and family members.	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify community sources for timely and accurate pandemic information and resources.	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enhance communications and information technology infrastructures as needed to support employee telecommuting and remote customer access.	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ensure availability of medical consultation and advice for internal response.	

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Implement guidelines to modify the frequency and type of face-to-face contact (e.g. hand-shaking, seating in meetings, office layout, shared workstations) among employees and between employees and customers.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Encourage and track seasonal influenza vaccination for employees.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evaluate employee access to and availability of healthcare services and advice during a pandemic, and improve services as needed.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evaluate employee access to, and availability of, mental health and social services during a pandemic, including corporate, community, and faith-based resources, and improve services as needed.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evaluate impact on services and public meetings etc if planned council meetings are postponed or suspended.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish policies for employee compensation and sick-leave absences unique to a pandemic (e.g. non-punitive, liberal leave), including policies on when a previously ill person is no longer infectious and can return to work after illness.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish policies for flexible worksite (e.g. telecommuting) and flexible work hours (e.g. staggered shifts).	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish policies for preventing influenza spread at the worksite (e.g. promoting respiratory hygiene/ cough etiquette, and prompt exclusion of people with influenza symptoms).	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish policies for employees who have been exposed to pandemic influenza, are suspected to be ill, or become ill at the worksite (e.g. infection control response, immediate mandatory sick leave).	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evaluate requirements of insurance policies and responsibilities under legislation e.g. COSHH, Working Time Directive etc	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish policies for facility management arrangements e.g. ventilation, operation of air conditioning, cleaning schedules, disinfection guidance, clinical waste disposal.	



## Plan for the impact of pandemic flu on your service

### Questions to be considered:

Who responsible?	Completed	In Progress	Not Started		Comments / Remarks
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify a pandemic coordinator and/or team with defined roles and responsibilities for preparedness and response planning. The planning process should include input from union representatives as appropriate.	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify essential employees and other critical inputs (e.g. suppliers, sub-contractor services/products, and logistics) required to maintain business operations by location and function during a pandemic.	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Train and prepare ancillary workforce (e.g. contractors, employees in other job roles, retirees?).	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop and plan for scenarios likely to result in an increase or decrease in demand for your services during a pandemic (e.g. effect of restriction on mass gatherings in leisure centres, youth clubs etc, and incorporate any extra need for hygiene supplies).	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Determine potential impact of a pandemic on business-related domestic travel.	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ensure that your service has access to reliable and up to date information on the spread of any pandemic flu outbreak.	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish an emergency communications plan and ensure that you critical service contact details are up to date on HR system.	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identification of key contacts (with back-ups), chain of communications (including suppliers and customers), and processes for tracking and communicating business and employee status.	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify any Personal Protection Equipment requirements and ensure correct and documented training procedures and records	

**Plan for established policies to be implemented during a pandemic**

**Questions to be considered:**

Who responsible?	Completed	In Progress	Not Started		Comments / Remarks
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Set up authorities, triggers, and procedures for activating and terminating the service's response plan, altering business operations (e.g. shutting down operations), and transferring business knowledge to key employees.</b></p>	

**Plan for the impact of a pandemic on your employees and customers**

**Questions to be considered:**

Who responsible?	Completed	In Progress	Not Started		Comments / Remarks
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Forecast and allow for employee absences during a pandemic due to factors such as:</b></p> <ul style="list-style-type: none"> <li>• <b>personal illness,</b></li> <li>• <b>family member illness,</b></li> <li>• <b>community containment measures and quarantines,</b></li> <li>• <b>School and public transportation closures.</b></li> </ul>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Identify employees and key customers with special needs, and incorporate the requirements of such persons into your preparedness plan.</b></p>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Evaluate the effect that any suspension would have on commercial contracts and or lawful permissions etc authorised by this Council</b></p>	

**Plan for established policies to be implemented during a pandemic**

**Questions to be considered:**

Who responsible?	Completed	In Progress	Not Started		Comments / Remarks
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anticipate employee fear and anxiety, rumours and misinformation and plan communications accordingly.	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ensure that communications are culturally and linguistically appropriate.	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disseminate information to employees about your service pandemic preparedness and response plan.	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop platforms (e.g. hotlines, dedicated websites) for communicating pandemic status and actions to employees, vendors, suppliers, and customers inside and outside the worksite in a consistent and timely way, including non-availability status in the emergency contact system.	

## Allocate resources to protect your employees and customers during a pandemic

### Questions to be considered:

Who responsible?	Completed	In Progress	Not Started		Comments / Remarks
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide sufficient and accessible infection control supplies (e.g. hand-hygiene products, tissues and receptacles for their disposal) in all business locations.	

## Plan for established policies to be implemented during a pandemic

### Questions to be considered:

Who responsible?	Completed	In Progress	Not Started		Comments / Remarks
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anticipate employee fear and anxiety, rumours and misinformation and plan communications accordingly.	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ensure that communications are culturally and linguistically appropriate.	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disseminate information to employees about your service pandemic preparedness and response plan.	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop platforms (e.g. hotlines, dedicated websites) for communicating pandemic status and actions to employees, vendors, suppliers, and customers inside and outside the worksite in a consistent and timely way, including non-availability status in the emergency contact system.	

## Co-ordinate with external organisations and strategic partners

### Questions to be considered:

Who responsible?	Completed	In Progress	Not Started		Comments / Remarks
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Collaborate with Strategic Partners to share your pandemic plans and understand their capabilities and plans.</b>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Share best practices with other services in our community, chambers of commerce, and associations to improve community response efforts.</b>	

## **ANNEX H – INFLUENZA SERVICE CONTINUITY PLANS**

The following Services have Influenza Continuity Plans in place:

<b>Benefits and Exchequer</b>
<b>Children's Commissioning and Quality</b>
<b>Children and Youth Service</b>
<b>Civil Contingencies</b>
<b>Customer Services</b>
<b>Education Service</b>
<b>Highways and Transport Service</b>
<b>Housing and Performance</b>
<b>Human Resources</b>
<b>ICT</b>
<b>Learning Disability Day Care</b>
<b>Learning Disability Service Day Opportunities</b>
<b>Planning and Trading Standards</b>
<b>Property Services</b>
<b>Transport Services</b>
<b>Waste Services</b>

## ANNEX I - LIST OF PLANS & GUIDANCE AVAILABLE

Berkshire Local Authorities Influenza Plan  
 Berkshire West PCT Influenza Plan  
 West Berkshire Major Incident Plan  
 Thames Valley local Resilience Forum Influenza Pandemic Plan

[www.who.int](http://www.who.int) - for world updates and surveillance

[www.bbc.co.uk](http://www.bbc.co.uk) - for world updates and information

[www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk) - for health guidance

[www.hpa.org.uk](http://www.hpa.org.uk) - for information & Q & A's

[www.defra.gov.uk](http://www.defra.gov.uk) - for avian flu information

[www.ukresilience.gov.uk](http://www.ukresilience.gov.uk) - general information

[www.hse.gov.uk/biosafety/diseases/influenza.htm](http://www.hse.gov.uk/biosafety/diseases/influenza.htm) - HSE Guidelines

[www.dcsf.gov.uk](http://www.dcsf.gov.uk) - advice for schools and children's services

- [Full guidance for schools, providers of childcare, early years and other children's services, and local authority children's services departments;](#)
- [Summary version of guidance for schools;](#)
- [Summary version of guidance for childcare and early years providers;](#)
- [Guidance for FE colleges](#)
- [Guidance for HE institutions](#)
- [Information for parents](#)

<http://www.teachernet.gov.uk/wholeschool/healthandsafety/>

<http://www.dh.gov.uk/PolicyAndGuidance/EmergencyPlanning/PandemicFlu/fs/en>

**Advice for schools via the Department for Children, Schools and Families website –** <http://www.teachernet.gov.uk/emergencies/planning/flupandemic/>

**Department for Education & Skills - Guidance for schools and other**

**Educational establishments** (July 2006)

**General planning advice via UK Resilience website –** <http://www.ukresilience.info/publications/060516flubcpchecklist.pdf>

**Cabinet Office – Pandemic Influenza Checklist for Businesses** (May 2006)



**ANNEX J IDENTIFIED STAFF FOR ROLES**

<b>Roles</b>	<b>Officers</b>	<b>Contact Email</b>	<b>Contact Numbers</b>
<b>SCG/GOLD reps</b>			
<b>SCG/GOLD reps</b>			
<b>SCG/GOLD reps</b>			
<b>TCG/Silver reps</b>			
<b>TCG/Silver reps</b>			
<b>TCG/Silver reps</b>			
<b>WBC IPC Chair</b>			
<b>WBC IPC deputy Chair</b>			
<b>Flu coordinator (s)</b>			
<b>Flu coordinator (s)</b>			
<b>APC lead</b>			
<b>Flu friendless lead</b>			
<b>Surge Capability Lead</b>			
<b>Vaccine Lead</b>			
<b>Homeless Lead</b>			
<b>Communications Lead</b>			
<b>Service leads</b>			
<b>“</b>			
<b>“</b>			
<b>“</b>			

## **ANNEX K GROUP EMAILS**

Not available in Public Version for the purpose of confidentiality.