WILTSHIRE & SWINDON
LOCAL RESILIENCE FORUM

JOINT PANDEMIC INFLUENZA RESPONSE PLAN

Author	Signed by Chair On behalf of group:	Date
Wiltshire & Swindon Local Resilience Forum		

This plan will be reviewed at six monthly intervals as a minimum
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AMENDMENTS AND VERSION CONTROL

This is a live document and reviews will take place as a minimum every six months. Document reviews may also take place in line with new guidance or as a result of validation exercises and recommendations.

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This requirement will be taken into account by the media cell and addressed in any communications strategy that is developed by the media cell for the event.

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ABBREVIATIONS

BCP	Business Continuity Plan
CCC	Civil Contingencies Committee
CCC(O)	Civil Contingencies Committee (Officials)
CCDC	Consultant in Communicable Disease Control
CCS	Civil Contingencies Secretariat
CLG	Department of Communities and Local Government
COBR	Cabinet Office Briefing Rooms
CRIP	Common Recognised Information Picture
DAs	Devolved Administrations
DCSF	Department for Children, Schools and Families
DEFRA	Department for the Environment, Food and Rural Affairs
DH	Department of Health
ECG	Electro Cardiogram
EDCC	Excess Deaths Coordinating Cell
EDCG	Excess Deaths Coordinating Group
EPU	Emergency Planning Unit
GO	Government Office
GOSW	Government Office for the South West
GP	General Practitioner
HICC	Health Incident Coordination Centre
HPA	Health Protection Agency
HPU	Health Protection Unit
JMG	Joint Media Guide
JRLO	Joint Regional Liaison Officer
LA	Local Authority
LRF	Local Resilience Forum
MACP	Military Aid to the Civil Power
MCCD	Medical Certificate of Cause of Death
MCG	Mass Casualties Guide
MIJPG	Major Incident Joint Procedures Guide
MoD	Ministry of Defence
MMU	Media Monitoring Unit
NHS	National Health Service
OFT	Office of Fair Trading
OGD	Other Government Department
PASA	NHS Purchasing and Supply Agency
PCT	Primary Care Trust
PF	Pandemic Flu (Influenza)
PW&I	Public Warning and Information
RCCC	Regional Civil Contingencies Committee
RDPH	Regional Director of Public Health
ROLE	Recognition of Life Extinct
RRF	Regional Resilience Forum
RRT	Regional Resilience Team
SBC	Swindon Borough Council
SCC	Strategic Command Centre
SCG	Strategic Coordinating Group
SITREP	Situation Report
STAC	Scientific & Technical Advice Cell
WHO	World Health Organisation

FOREWORD

This plan has been produced by Wiltshire and Swindon Local Resilience Forum (LRF) to meet the local multi-agency response to the hazard of pandemic influenza. Influenza pandemics are natural phenomena which have occurred 4 times in the last century including the current A/H1N1v 'Swine Flu' Pandemic.

It is imperative that all agencies have arrangements in place to respond as flexibly and robustly to the unique local, national and international challenge posed by a pandemic.

This plan sets out the arrangements for the LRF partner agencies to follow in order to mount an effective and efficient response to an outbreak. An effective response will require the cooperation of a wide range of organisations and active support of the public.

This plan coordinates with individual agency response plans, regional and national arrangements in order to provide a comprehensive guide for responding agencies. In addition there are comprehensive local health plans which detail the significant local health response.

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1. INTRODUCTION

This plan describes the Wiltshire and Swindon preparations and response to the threat of and Influenza Pandemic. It provides general information and key assumptions on the impact of Pandemic Flu and sets out the LRF agencies co-ordinated response. This document has been written considering the Cabinet Office and Department of Health's National *Framework for Responding to an Influenza Pandemic* released in November 2007.

A pandemic could strike at any time and the effects would be widespread and rapid. Unlike seasonal flu, it may strike at any time of year with the potential to cause serious illness, death and substantial disruptions to the delivery of essential services.

1.1 Aim

The primary aim of this document is to guide, coordinate and support the contingency planning and preparations made by the responding organisations in Wiltshire and Swindon and describe the multi-agency response within the Wiltshire and Swindon LRF area.

1.2 Objectives

The objective of this plan is to ensure that an effective, efficient and resilient emergency management system is in place which will:

- Ensure that critical services are maintained and disruption to other key services is kept to a minimum where possible
- Reduce the impact on daily life and business
- Anticipate and plan for other consequences
- Minimise economic loss
- Manage the return to 'normal activity'
- Set up a system for a flexible response to an influenza pandemic
- Cope with the eventuality of a large number of people dying
- Assist in reducing the impact on health and social services consequent to an influenza pandemic
- Help minimise the spread of the virus locally
- Provide timely, authoritative and up to date information for professionals, the public and the media throughout the period of a potential or actual pandemic
- Maintain liaison and cooperation between the partner LRF agencies and with the Regional Resilience Forum (RRF) throughout the period of the pandemic

1.3 Scope

The procedures included in this plan have been written specifically to respond to an influenza pandemic. They do not cover the response to seasonal influenza outbreaks or the prevention, control of response to Avian Flu (e.g. H5N1) or other animal influenza virus infections.

A range of responding agencies, acting individually and collectively, are responsible for supporting the health and social care response and managing the pandemic's wider impacts. This document aims to provide detailed guidance on to minimise the social and economic disruption and help maintain business continuity.

The plan takes account of the wealth of information and advice that is available externally and links closely with the work that is being carried out:

- LRF Major Incident Joint Procedures Guide (MIJPG)
- LRF Joint Media Guide (JMG)
- LRF Public Warning & Information Strategy (PW&I)
- LRF Mass Fatalities and Emergency Mortuary Guide (MF&EMG)
- LRF Mass Casualties Guide (MCG)
- LRF Excess Deaths Plan
- NHS Wiltshire Antiviral Distribution Plan
- NHS Swindon Antiviral Distribution Plan
- Regional guidance from Health Protection Agency (HPA), Regional Resilience Team (RRT), the Government Offices of the South West (GOSW) and NHS South West.
- Nationally guidance from the Department of Health (DH), the Civil Contingencies Secretariat (CCS) of the Cabinet Office (CO)
- International guidance from the World Health Organisation (WHO).

Some of detail contained within this plan has been taken directly from the DH Influenza Pandemic Plan in order to ensure a common approach to the threat. Input from the LRF partner agencies has been sought throughout the consultation phase of the emergency planning process.

In preparation of this plan consideration has been given to the implications of the following legislation: The Human Rights Act, Discrimination and Disability Act, Race Relations Act and diversity issues.

1.4 Links with Local and Regional Plans

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

- The South West Regional Pandemic Flu Framework
- The South West Regional Generic Response Plan

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

- NHS Wiltshire Pandemic Influenza Operational Response Plan
- NHS Swindon Pandemic Influenza Operational Response Plan
- Great Western Foundation Trust Pandemic Influenza Plan
- Salisbury Foundation Trust Pandemic Influenza Plan
- Royal United Hospital Trust Pandemic Influenza Plan
- Wiltshire Council Pandemic Influenza Plan
- Swindon Borough Council Influenza Pandemic Guide
- Great Western Ambulance Service Pandemic Influenza Plan
- Avon, Gloucester and Wiltshire Health Protection Unit Pandemic Influenza Plan

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

1.5 Reference Material

The following documents have been used for reference purposes in the production of this plan:

- WHO Checklist for Influenza Pandemic Preparedness Planning
- WHO Influenza Pandemic Plan
- DH Influenza Pandemic Contingency Plan
- DH Influenza Pandemic Guidance
- DH Influenza Pandemic Key Facts
- DH Influenza Pandemic Public Information
- DH Influenza Pandemic Frequently Asked Questions
- HPA Influenza Pandemic Contingency Plan
- Population Estimates for Wiltshire 2007

2. BACKGROUND

Influenza is an acute infectious viral illness that spreads rapidly from person to person when in close contact. Pandemic influenza occurs when an influenza A virus subtype emerges/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.

2.1 Avian Influenza

Avian Influenza ('bird flu') is an infectious disease of birds caused by an influenza A virus. Scientists believe that human-adapted avian viruses were the most likely origin of the last three human influenza pandemics.

The H5N1 virus, which is extremely contagious and rapidly fatal in domestic poultry has prompted increased concern in recent years. A growing infection in birds, combined with transmission to more people over time, increases the opportunity for the H5N1 virus either to adapt to give it greater affinity to humans or to mutate producing a virus capable of spreading from human to human. H5N1 is not necessarily the most likely virus to have pandemic potential. However, due to the potential severity of a pandemic originating from an H5N1 virus, this possibility is not discounted within this plan.

2.2 A/H1N1v 'Swine Influenza'

Swine flu is a respiratory illness caused by a virus that usually infects pigs. People do not normally get swine flu but human infection can happen as is the case with the 2009 outbreak of Swine Influenza.

The latest outbreaks in countries around the world have been caused by a new version of the swine flu virus called influenza A/H1N1v.

Phase '6' was declared by the World Health Organisation on the 11th June 2009 indicating that a world-wide pandemic had begun. Onward human-to-human transmission has occurred in the UK and many other countries.

2.3 Clinical Characteristics

As it is impossible to forecast the precise characteristics, spread and impact of a new influenza strain, a range of the most plausible scenarios is required to allow for sensible preparations. In addition to this it is important that response arrangements are flexible enough to deal with a range of possibilities and capable of adjustments as they are implemented.

2.3.1 Transmission

The virus is mainly spread by the respiratory route through droplets of infected respiratory secretions, produced when an infected person talks, coughs or sneezes. It may also be spread by hand/face contact after touching a surface contaminated with infectious respiratory droplets.

2.3.2 Period of Infectivity

People are highly infectious from the onset of symptoms for four to five days or longer in children and the immuno-compromised. 10% of people are likely to be infectious just before the onset of symptoms. Most people are infectious for a number of days before and after on-set of symptoms.

People who acquire the infection will become ill, shed virus and are therefore also likely to be infectious to some extent and pass the infection on. The incubation period is one to three days, and without intervention one person on average infects 1.4 people. This number is likely to be higher in closed communities such as schools, prisons and care homes.

Important differences compared with annual seasonal flu are likely but will not be known for certain until person to person transmission is underway. Most people will be susceptible although not all will necessarily develop the clinical illness. Those people who do acquire the illness and recover will be of particular value within the Business Continuity arrangements for individual agencies and the way in which they are utilised should be given careful consideration.

Specific clinical characteristics will emerge during any outbreak from the Department of Health and the Health Protection Agency which should in turn inform local response.

2.4 Historical Evidence

It is impossible to predict the exact nature, timing or impact of any future pandemic because the root cause will be the circulation of a new strain of influenza virus and such viruses differ in their attributes and effects.

Despite their variability previous pandemic provides a valuable source of planning information and experience recognising that much has changed since the last pandemic in 1968.

Past pandemics have varied in scale, severity and consequence, although in general their impact has been much greater than that or even the most severe winter ‘epidemic’. There have also been material differences in the age groups most affected, the time of year they occurred and the speed of spread, all of which influenced their overall impact. Although little information is available on earlier pandemics, the 3 that have occurred in the 20th century are well documented. The worst (often referred to as ‘Spanish Flu’) occurred in 1918/19. It cause serious illness with an estimated 20-40 million deaths world wide (with peak mortality rates in people aged 20-45 years) and major disruption.

Mathematical modelling provides an adjunct to previous experience to help inform both strategic and operational planning for a future pandemic

2.5 Contextualisation

The predominantly rural nature of the Wiltshire area may influence the impact of an influenza pandemic in the county. If a pandemic takes a firm hold it may be more difficult to ensure delivery of essential services to the outlying communities.

For contingency planning purposes the worst case scenario should be considered and a balance struck between; the delivery of essential services to outlying communities; and the

necessary response to outbreaks in the larger centres of population such as in particular Swindon, Salisbury, Chippenham, Devizes and Trowbridge.

It is important also to note the impact of the large Military populations based in and around Wiltshire. The movement of military personnel in and out of the county may increase the probability of the illness coming to the area in the early stages.

TABLE 1 – DEMOGRAPHIC DATA FOR WILTSHIRE

Age Range	Population	Religion	Percentage Population by Religion
Child (0-15)	126,388	**Christian**	(457.915) 74.7%
Adult (16-64)	364,901	**Hindu + Sikh**	(2640) 0.4%
Retired (Over 65)	96074	**Jewish**	(460) 0.1%
		Muslim	(3,028) 0.5%

TABLE 2 DEMOGRAPHIC DATA FOR SWINDON

Age Range	Population	Religion	Percentage Population by Religion
Child (0-15)	37,100	**Christian**	(130,807) 70.6%
Adult (16-64)	117,468	**Hindu + Sikh**	(2239) 1.2%
Retired (Over 65)	30,500	**Jewish**	(187) 0.1%
		Muslim	(1,866) 1.0%

3. PLANNING ASSUMPTIONS

N.B. More detailed planning assumptions may emerge during an outbreak which may be used to inform a response however until such a time as these are confirmed by a UK Government Department the worst case must be assumed utilising the planning assumptions below.

3.1 Key Issues

These are based on central government guidance but will equally apply to Wiltshire and Swindon LRF.

- The Pandemic may occur in a 15week wave with in one or more waves which are weeks or months apart.
- We may see a cumulative attack rate up to 50% of the population.
- Elements of the population may suffer greater effects than others, e.g. the elderly or young fit and healthy.
- Organisations will see a staff absence from work during each cycle increasing to a total of 25% over a 3 to 4 month cycle (this will include not only the ill but those with carer responsibilities and the 'worried well').
- Case fatality rate of up to 2.5% with 4% requiring hospitalisation.
- Excess deaths in the range of 55,500 up to 750,000 nationally dependent on the severity of the virus. This translates to between 469 and 8,037 within Wiltshire and Swindon.
- An impact on civil disruption with people seeking opportunity for crime or dissatisfied members of the public or media who are angered or frustrated by the response.
- The impact is unlikely to be uniform across the country with waves peaking at different times.

3.2 Modelling

National modelling suggests that from the time a virus begins in the country of origin, it may take as little as two to four weeks to build from a few to around 1,000 cases. It could reach the UK within another two to four weeks. Once in the UK, it is likely to spread to all major population centres within one to two weeks, with the peak possibly only 50 days from the initial entry.

The projected estimates for the clinical attack rate and excess fatalities from a pandemic are identified in Table 1 shown over.

Table 1 shows the projected impact figures for Wiltshire and Swindon based upon the DH modelling statistics of a clinical attack rate of between 25% and 50% and a fatality rate of between 0.37% and 2.5%.

The figures in **shaded red** are the expected worst case scenario and these therefore are the basis for the planning assumptions locally.

The projected clinical attack rates and subsequent fatalities will place an acute strain on the health and social welfare services provided locally. Furthermore, the number of people who will take time off work to care for sick relatives will impact on the effort to continue the delivery of essential services across all organisations.

TABLE 3 – BASIC PLANNING ASSUMPTION FIGURES FOR WILTSHIRE & SWINDON

Clinical Attack Rates	Possible Cases During Pandemic Period	Fatality Rates	Possible Deaths During Pandemic Period
20%	128,600	0.37%	469
		2.5%	3,215
25%	160,750	0.37%	595
		2.5%	4,019
30%	192,900	0.37%	714
		2.5%	4,805
50%	**321,500**	0.37%	1,189
		2.5%	**8,037**

NOTE: *The above data has been produced using the Population Estimates for Wiltshire and Swindon of 2007, estimating a total population of 643,000. It should be recognised that these figures do not include transient populations such as military postings, non-registered travellers and visitors and tourists in the area.*

The highlighted figures are the extreme higher end of modelling predictions.

The figures shown in Table 2 below represent the expected impact on the Wiltshire and Swindon population over a 15 week pandemic period. The area of the table shaded red indicates the height of the pandemic when the maximum effects of the pandemic will be felt.

TABLE 4 – ESTIMATED WILTSHIRE & SWINDON IMPACT FIGURES FOR 15 WEEK PANDEMIC WAVE

Week	% Rates	Clinical Cases	GP Consultations	Minimum Total Excess Hospitalisations Required	Excess Deaths
1	0.1	322	64	2	8
2	0.2	643	129	4	16
3	0.8	2572	514	15	64
4	3.1	9967	1993	60	249
5	**10.6**	**34079**	**6816**	**204**	**852**
6	**21.6**	**69444**	**13889**	**417**	**1736**
7	**21.2**	**68158**	**13632**	**409**	**1704**
8	**14.3**	**45975**	**9195**	**276**	**1149**
9	**9.7**	**31186**	**6237**	**187**	**780**
10	**7.5**	**24112**	**4822**	**145**	**603**
11	5.2	16718	3344	100	418
12	2.6	8359	1672	50	209
13	1.5	4822	964	29	121
14	0.9	2893	579	17	72
15	0.7	2250	450	14	56
totals	100	**321,500**	64,300	1,929	**8,038**

NOTE: *Figures are based on a Clinical Attack Rate of 50% and excess death rate of 2.5%. GP consultations are based upon 20% of clinical cases and hospitalisation figures based upon 3% GP Consultations.*
Figures have been rounded up to two decimal places, therefore, rounded totals may not agree with the sum of rounded components.

This equates to between approx 90 to 165 excess deaths per day during the 6 week peak area.

4. RISK ASSESSMENT

4.1 National and Local Risk Registers

Pandemic Flu is the highest risk on both the National Risk Register and Local Community Risk Register. It is recognised as the highest risk to the country due to its catastrophic impact and probable likelihood.

In the Wiltshire and Swindon LRF Community Risk Register Pandemic Flu is the greatest threat and is listed under Reference HH/2 and has a category rating of 'Very High'. See section 2.4 for local contextualisation.

4.2 Organisational and Corporate Risk

All individual organisations should recognise Pandemic Influenza on its own Corporate Risk Register.

As the potential impact of Pandemic Influenza has been pre-identified it is incumbent on all organisations to understand the reputational risk by failing to ensure adequate plans and procedures have been put in place.

4.3 Operational Risk

Organisations should recognise the following operational risks to their service delivery:

- Large reduction in staff numbers.
- Increased staff support requirements, recognition of extreme working conditions, personal protection considerations, retraining and risk assessment requirements.
- Increase in public demand and expectations.
- Supply chain or critical service delivery i.e. IT failure, supply shortages, or failures to deliver, fuel shortages.

5. BUSINESS CONTINUITY

Business Continuity issues for each of the partner LRF agencies are not covered within the document and LRF members will invoke their own Business Continuity Plans. The LRF is assuring deliverance of individual Business Continuity plans through regular updating by partners and inviting Chief Executive level representation to LRF meetings on a six monthly basis. Exercising and validation of Business Continuity plans is a priority LRF objective in 2009.

Health and Social Services in particular will share a great burden as they endeavour to continue critical service delivery with reduced staff. However, Emergency Services and the Local Authorities can also expect to be severely challenged.

Business Continuity themes for consideration are:

- Maintaining critical functions of the various services as far as possible throughout the pandemic. Contingency planning for this including maintenance of adequate staffing levels is essential for all organisations.

- Redistribution of staff from support to critical roles. Utilising staff skills and delivery of training as required.

- To continue business as normal, in line with the government's overall aim as far as normally as possible. This may involve a change in normal working practices where applicable to ensure delivery of the most critical services.

- Cancellation of non essential activities and routine training.

- Ensure planning covers for loss of supplies through a supply chain failure

- Prepare for loss of essential services, particularly utilities, fuel or transportation failures.

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

5.1 Key Assumptions

Up to 50% of the workforce may be affected and may need to be absent for between 7 and 10 working days at some stage during the pandemic (n.b. this period may well be longer with recovery/convalescence time). This may be spread over one or more waves of 12 to 18 weeks each with the peak weeks seeing up to 20% absent through illness alone.

Additional staff absences are likely to result from other illness, caring for dependents, bereavement, other psychosocial impacts, fear of infection and/or practical difficulties in getting to work (e.g. transport/fuel).

Government guidance may advise local school and childcare closure in the area. It is envisaged that this would be for a minimum of 2-3 weeks, but could well extend if the pandemic remains in the area.

Other stakeholder organisations will also be suffering with the same business continuity issues and therefore mutual aid may not be available. However, it may be appropriate for agencies to pool common resources to assist in maintaining critical service levels.

5.2 Maintaining Critical Services

Temporary changes to normal working practices such as suspension of large staff meetings, a reduction in close face to face contact and encouraging staff to work from home (where this is practicable) may be required. Along with these methods, use of electronic means of communication (e.g. telephone or video conferencing and email) should be utilised.

Suspension of non-critical activities should be considered such as some routine training, which does not increase organisational risk (i.e. Police Fire Arms Officers) or similarly some normal services (i.e. routine health clinics).

Good hygiene facilities and encouragement of hand washing and good waste disposal may help to reduce the spread of infection and may be particularly relevant if 'hot-desking' practices are used.

Any employee who reports feeling unwell should be actively encouraged to stay at home and staff that develop influenza-like illness at work should be sent home until 48hrs after their symptoms resolve.

5.3 Absence from Work

Although there is data available on sickness absence in previous pandemics, it is difficult to extrapolate these with any confidence owing to extremely different work patterns. Absence will depend on the attack rates for the different age groups and additional absenteeism should be anticipated from staff needing to care for family members.

Accelerated transmission may occur in some workplaces, especially where people work in close proximity. This may result in staff being ill during a narrower time frame than in the general population. Planning assumptions for homecare workers, in the absence of vaccination, have to assume a higher sickness absence rate than other population groups because of their higher risk to exposure.

Previous pandemics suggest that up to 10% or more of the population may lose working days. It is suggested however; that plans are based on a cumulative total of 25% of workers taking some time off – possibly 5-8 working days, but with recovery/convalescence time could be at least twice this time – over a period of three months. Absenteeism may, however, be greater because of the workers' need to care for others, and difficulty – or fear – of travelling to work.

Modelling suggests that absenteeism will rise to a peak of 3.5% of the workforce at the height of a pandemic. This would double the normal average rate in the private sector company and equate to a two thirds increase in the public sector. The skill mix for some occupations, including healthcare, may limit the extent to which other staff can be redeployed.

Organisations will need to be proactive in delivering welfare support to staff during this period, particularly where deaths have occurred (whether family or work colleagues) to ensure staff absence can be managed and that abuses of the sickness management system are identified.

6. ROLES & RESPONSIBILITIES

The Agencies listed below have the following roles and responsibilities:

6.1 Health Services

6.1.1 NHS Wiltshire & NHS Swindon

The NHS is responsible protecting the health of the population of Wiltshire and Swindon. This will be done through commanding, co-ordinating, supporting and monitoring the local NHS and public health response. The PCTs will also:

- Implement their own PF response plans and maintain close liaison with all other NHS colleagues including the Strategic Health Authority (SHA), neighbouring PCTs and independent health and social care service providers.
- Co-ordinate plans and maintain close liaison with all other LRF partner agencies, particularly key non health-partner organisations e.g. Child and Adults Services.
- Put in place mechanisms to help sustain patients in the community.
- Co-ordinate the local arrangements for the national antiviral and vaccination programmes and monitor uptake.
- Ensure representation on the SCG and provide specialist Public Health advice as required.
- Maintain regular communication with and provide information and support to GP practices, staff working in the community and pharmacy staff.

6.1.2 ACUTE HOSPITALS AND FOUNDATION TRUSTS

The primary role of Acute and Foundation Hospital Trusts will be to maintain health care delivery to the population of Wiltshire and Swindon including those in need of a greater level of care (e.g. those with complications or pre-existing conditions) suffering from pandemic flu. Trusts will also:

- Operate an emergency admissions strategy that incorporates a bed management system.
- Consider suspension of non-urgent hospital admissions and out-patients clinics, discourage all non-essential hospital visits.
- Minimise the risks to staff from exposure to affected people (i.e. supply and distribution of PPE).
- Deploying the right healthcare resources to care for those affected.
- Set up areas of the hospital segregated for the treatment of pandemic flu and put in place procedures to deal with surge capacity and demand for specialist beds.
- Liaise with the PCT, SHA and other health colleagues on a daily basis and provide situation reporting as required.
- Securing extra mortuary facilities to deal with increased deaths in hospital.

6.1.3 GREAT WESTERN AMBULANCE SERVICE NHS TRUST

The Ambulance Trust plays a vital role in acting as one of the main gateways to healthcare and its primary role will be to maintain delivery of unscheduled care to the population of Wiltshire and Swindon. The demands likely to be placed on the Ambulance Service is predicted to such a level that it will take it to a critical level that normal and routine activity will not be able to continue in the same form.

The Ambulance service will:

- Maintain an effective working partnership with local PCTs, GPs, out-of-hours services, NHS Direct, emergency departments, minor injuries units, walk-in centres and others that provide access to NHS services.
- Implement their own PF response and activate the GWAS PF Plan.
- Send a strategic representative to the SCG.
- Identify the trust's capability to continue its Urgent functions during an influenza pandemic.
- Identify what resources are released and define the impact of releasing these resources and how can be put to best use, primarily in the local health response, but also in the multi-agency response.
- Maintain close communications with PCTs, Acute Trusts, SHA and the Health Protection Agency and provide Situation Reporting data as required.
- Communicate with the private and voluntary sector
- Coordinate plans and maintaining close liaison with LRF partner agencies.

6.1.4 HEALTH PROTECTION AGENCY

The HPA is the lead agency responsible for advising and supporting the national public health response to major infectious disease incidents and outbreaks. The HPA locally will:

- Send a strategic representative to the SCG and liaise with LRF Partners as required.
- Provide information and updates from the WHO and other international agencies and provide local information on national and international monitoring and alert status. Provide specialist public health advice and a co-ordinated UK national public health message.
- In the initial stages leading on contact identification, tracing and monitoring of the spread of the virus locally. In particular, if the first 100 cases are within Wiltshire and Swindon detailed epidemiological data needs to be collated and used for predictive modelling.
- Provide reference and advice on the national picture for:
  - Characteristics strains of influenza virus isolated in the UK, both through routine and structured sampling.
  - Assessment and monitoring of antiviral susceptibility.
  - Assessment of the spectrum of secondary bacterial infections complicating influenza and their antimicrobial susceptibility and recommendations to incorporate into clinical guidance.
- Monitor vaccine uptake, when vaccine becomes available.
- Liaise with all local NHS organisations as well as the Regional Director of Public Health (RDPH) and other local, regional and national health agencies as appropriate
- Provide input and advice for public health advice and information to the public and media.

6.1.5 NHS SOUTH WEST

NHS South West as the Strategic Health Authority (SHA) for the area will:

- Ensure appropriate command and control arrangements the NHS in the South West are in place.
- Cascading information to the all local NHS organisations from the DH in a timely and accessible way.
- Liaise with the local PCTs to ensure accurate and timely Situation Reporting is in place as required.

- Provide a strategic Communications Lead to link with the local NHS and SCG for media arrangements.
- Ensure formal links with neighbouring SHAs and the Regional Resilience Team (RRT) regarding response to a flu pandemic.
- Clarify which routine NHS targets can be dropped or modified during a disruption to normal work caused by a flu pandemic and its aftermath (i.e. impact may be experienced over a 1 to 2 year period).

6.2 The Local Authority

The term Local Authority in the context of this section refers to all authorities in the area namely Swindon Borough Council and Wiltshire Council. The generic responsibilities set out below do not identify which local authority is responsible for which task; this information is available within their own response plans.

- Coordinate plans and maintain close liaison with LRF partner agencies
- Support the health services in the management of the outbreak e.g. the identification and establishment of vaccination centres and community delivery of antivirals
- Provide public information and advice in accordance with the Council's Communications Plan and the LRF's established Public Warning and Information Strategy
- Use the Local Authority's Guides and other Plans to manage the response to the emergency
- Provide advice to residential homes on business continuity and staffing
- Activate business continuity plans to ensure that the Council(s) can continue to exercise all critical functions so far as is reasonably practicable
- Put in place measures to protect staff from exposure to the virus so far as is reasonably practicable
- Maintain priority services such as those dealing with vulnerable people and bereavement services (coroner, registration, mortuary, cemeteries and crematoria)
- Establish a system, in line with the LRF Emergency Mortuary and Mass Fatalities Guidance for dealing with a large number of bodies
- Coordinate in line with advice and guidance from central government:
  - School closures
  - Restrictions on public gatherings
  - Changes to the public transport system to reduce movement of the public.

6.3 Wiltshire Police

The primary role of Wiltshire Police will be to protect life and property and continue incident emergency response. In addition the Police will:

- Maintain law and order and the investigation of crime.
- Chair any extra-ordinary LRF or subsequent Strategic Co-ordinating Group meetings as necessary.
- Provide additional support to HM Coroner in dealing with death and the investigation and victim identification arrangements.
- Support the management of the multi agency LRF response through established command and control arrangements.
- Provide advice on and support to the security requirements necessary for the provision of Pandemic Flu anti-virals and vaccines.

- Consider arrest policy, extending use of fixed penalty tickets and cautioning. Liaison with the Court Service is ongoing and issues surrounding business continuity and different ways of working e.g. extension of bail periods and other methods of prosecution are taking place as necessary.
- Coordinate plans and maintain close liaison with LRF partner agencies.

6.4 Wiltshire Fire and Rescue Service

The primary role of fire and rescue service will continue to be incident emergency response. Wiltshire Fire & Rescue Service however will:

- Support the management of the multi agency LRF response.
- Assist other LRF partner agencies such as Police, Ambulance and the NHS where appropriate.
- Send a strategic representative to the SCG and provide timely and accurate information for Situation Reporting as required.

6.5 Environment Agency

The primary role of the EA is the protection of the environment, but the agency will also:

- Support the lead government department and contribute to the multi-agency command and control posts established.
- Undertake its general duty to protect the environment
- Provide resources wherever possible that do not compromise its regulatory responsibilities.
- Send a strategic representative to the SCG and provide timely and accurate information for Situation Reporting as required.
- Provide advice and guidance on waste management issues.
- Provide advice and guidance on protection of controlled waters.

6.6 Ministry of Defence - 43 (WESSEX) BRIGADE

Any request for military assistance in support of the LRF response to a pandemic is to follow the current Military Aid to the Civil Authorities (MACA) procedures. Advice on this should be obtained from the Joint Regional Liaison Officer (JRLO) for the SW Region as necessary.

It is unlikely given the impact of the Military and their current theatre operations that they would be able to assist at the local level. It is probable that all military assistance to a Pandemic Influenza event would be co-ordinated through central government. Locally the MoD may be asked to:

- Send a strategic representative to the SCG and provide timely and accurate information for Situation Reporting as required.

6.7 Wiltshire & Swindon Local Resilience Forum

In a pandemic event the LRF may, if appropriate move to its response structure of a Strategic Coordinating Group which will provide the main focus for coordination and control during an emergency. Detailed responsibilities for each of the agencies can be found in the LRF Major Incident Joint Procedures Guide and in the individual agency plans. Other agencies, i.e. the Governor of HMP Erlestoke may be co-opted on the SCG as necessary.

The LRF/SCG will:

- Provide the strategic multi agency command, control and coordination for the management of the outbreak.
- Establish and maintain close liaison with bordering LRFs and the Regional Resilience Forum and/or Regional Civil Contingencies Committee.
- Co-ordinate the gathering of information for regular Situation Reporting (see Annex A) to the Region in accordance with the agreed battle rhythm (see Annex B).
- Co-ordinate local multi-agency media messages, ensuring all messages are in step the national and regional perspective.
- Co-ordinate sub group activity to meet specific issues relating to the management of the outbreak.
- Ensure accurate and timely records are maintained and policy decisions are logged in detail and distributed as quickly as possible.

6.8 Voluntary Organisations

Voluntary Agencies have objectives broadly similar to a number of other services and are primarily used to assist Local Authorities and the NHS in their response to an emergency by providing suitably trained personnel for predefined roles. In Wiltshire and Swindon the LRF Voluntary Agencies Sub Group is well supported by a large number of local voluntary organisations who may be available to act in support of emergency services and other agencies.

Voluntary Agencies undertake welfare services under the direction of the Local Authority or the Ambulance Service and effective use of identified local voluntary services can provide an invaluable extra resource.

In order for LRF organisations to have an awareness of voluntary organisations capabilities and ability to respond during a pandemic local voluntary agencies have agreed to provide a weekly situation report outlining their position to continue service delivery (see Annex C).

6.9 Category 2 Responders – Utilities and Transport Organisations

Category 2 responders have a duty to maintain close liaison with Category 1 and in particular with the Regional tier of Government throughout a pandemic to ensure continuity of critical services.

It should be noted that unlike most organisations the Utilities and Transport Organisations are often regionally or even nationally based and do not always have clearly defined boundaries in common with LRF areas. Locally Category 2 responders may be required to send a strategic representative to the SCG and provide timely and accurate information for Situation Reporting as required.

It is envisaged that daily situation reports from the utilities and other regional Category 2 organisations will feed directly into the regional tier and then copied out to the Wiltshire and Swindon locality. However any local problems experienced with regard to the provision of a Category 2 service would be included on the SCG daily situation report to GOSW.

6.10 Government Office South West (GOSW)

Government Offices work with local partners to ensure that regions are able to respond to large-scale incidents either within or bordering their regions and have a key role to play in the promotion and implementation of the new regional tier as set out in the Civil

Contingencies Act 2004. The Regional Resilience Team and Regional Civil Contingencies Committee have the following responsibilities:

- To maintain emergency planning co-ordination at the regional level.
- To maintain co-ordination between the regional and local response capabilities, and ensure harmonisation of plans.
- To support planning for a response capability.
- To co-ordinate Central Government resources in a disaster.
- To assist with recovery.
- To create 'emergency planning' partnerships, through consultation, throughout the South West.

7. PLAN ACTIVATION, TRIGGER LEVELS & LRF ACTIONS

(a) 7.1 Implementation of the Plan

The plan may be implemented in advance of the pandemic affecting the UK. The decision to do so will be based on an assessment of the risk to the UK, more particularly the LRF area and any impact already being seen in the LRF area. The decision will be taken with reference to information from international, national and/or regional sources.

Responsibility for implementation of the plan rests with the Chief Officers of the LRF partner agencies or their nominated deputies.

During the inter-pandemic period, i.e. before the virus has been identified within the UK, the partner agencies, particularly the HPA will maintain a watching brief on the situation as it progresses elsewhere in the world but particularly in the Far East.

If it is deemed necessary in advance of the situation deteriorating, any of the LRF Chief Officers or their nominated deputies may call a meeting of the LRF to discuss the impact that an outbreak will have on the general public, and the LRF partner agencies' ability to respond.

Table 5 below identifies the World Health Organisation 'inter pandemic' and 'pandemic alert' levels and the corresponding LRF actions. Table 6 identifies LRF alert levels which sit within WHO Phase 6 which should be used to guide the LRF/SCG response.

The UK Pandemic Influenza response may use 'UK Alert Levels' which can be found in Table 7. However, these are primarily designed for planning purposes and may not relate to impact on organisations and communities within the UK. Additionally the UK may opt not to identify a UK Alert Level once WHO phase six has been declared. In order to better manage a response it would be prudent for the LRF/SCG to measure itself using the local alert levels as these better relate to local impact and risk.

TABLE 5 – WHO LEVELS AND LRF RESPONSE

International phases		Significance for UK	LRF Response
Inter-pandemic Period			
1	No new influenza virus subtypes detected in humans	UK not affected	No action required
		UK has strong travel/trade connections with infected country	" "
		UK affected	" "
2	New animal influenza virus subtype poses a substantial risk. No human cases	UK not affected	Horizon scanning.
		UK has strong travel/trade connections with infected country	" "
		UK affected	Horizon scanning and increased awareness.
ALL ORG			

Pandemic Alert Period			
3	Human infection(s) with a new subtype but no or very limited human to human spread to a close contact.	UK not affected	Assessment of plans and discussion of strategy and response to a Pandemic Influenza outbreak. Horizon Scanning measures being exercised.
		UK has strong travel/trade connections with infected country	" "
		UK affected	Assessment of plans and discussion of strategy and response to a Pandemic Influenza outbreak. Taking HPA and national advice.
4	Small cluster(s) with limited evidence of increased human to human transmission but spread is highly localised, suggesting that the virus is not well adapted to humans	UK not affected	'Extra-ordinary' LRF meetings may be held if it is identified that the threat of a pandemic reaching the UK is increased. LRF will discuss the arrangements to be put into place by responding agencies within Wiltshire and Swindon.
		UK has strong travel/trade connections with infected country	" "
		UK affected	'Extra-ordinary' LRF meetings may be held as the threat of a pandemic reaching the UK is increased. LRF will discuss the

			arrangements to be put into place by responding agencies within Wiltshire and Swindon. Taking HPA and national advice.
5	Large cluster(s) and evidence of significant human to human transmission, suggesting that the virus is becoming increasingly better adapted to humans	UK not affected	'Extra-ordinary' LRF meetings will be held due to the identified risk of the threat of a pandemic reaching the UK.
		UK has strong travel/trade connections with infected country	" "
		UK affected	LRF considers moving to an SCG. This would be immediate if Wiltshire and Swindon is affected.

TABLE 6 – WHO LEVELS AND LRF RESPONSE

Pandemic Period			
		UK Alert Level	
6	Efficient and sustained human to human transmission	1 Virus cases only outside the UK	Place SCG on 'standby' to meet. Advise organisations in regards to activating preparatory aspects of the Pandemic Response Plan
		2 Virus isolated in the UK	Place SCG on 'standby' to meet. Advise organisations in regards to activating preparatory aspects of the Pandemic Response Plan
		3 Outbreak(s) in the UK	SCG established and meeting in an agreed frequency and manner (e.g. tele-conferencing)
		4 Widespread activity across the UK	SCG established and meeting in an agreed frequency and manner (e.g. tele-conferencing). Activation and maintenance of full Pandemic Operational Response (detailed in plan)
Post Pandemic Period			
Move to Recovery Phase recognising that this may be over a protracted period of time as some agencies will experience differing recovery timelines.			
Return to Inter-Pandemic Period			

LRF ALERT LEVEL	CRITERIA	*Human Resources*	*Service Provision*	*Resources*	*Infrastructure*	*Healthcare Burden*	*LRF Planning Implications*
0 (Preparation or recovery)	a) No Cases in Wiltshire and Swindon	No impact on staffing	No impact on service provision	No shortage of supplies	No impact on infrastructure	No increased pressure	Refocusing of LRF Work Program and increased planning required
	b) Cases in Wiltshire and Swindon	No impact on staffing	No impact on service provision	No shortage of supplies	No impact on infrastructure	No increased pressure	Significant LRF co-ordination required and enhanced planning.
1 (Raised) – Slight effects on services		Some staff absence (<10%)	Minimal disruption to service provision	Limited shortage of critical supplies	Some impact on infrastructure	Increased pressures on healthcare systems	Command and Control enacted.
2 (Critical) – moderate effect on services		Significant staff absence (10% - 25%)	Significant disruption to service provision	Difficulty obtaining critical supplies	Extensive disruption to infrastructure	Significant pressures on healthcare system	
3 (Extreme) – severe effect on services		Excessive staff absence (>25%)	Large number of services suspended	Widespread shortages of critical supplies	Infrastructure failures	Overwhelming or extreme pressures	

(b) 7.2 ACTIONS FOR LRF ALERT LEVELS

LRF ALERT LEVEL	*0 (A)*
SUGGESTED LEAD AGENCY	NHS Wiltshire
SUGGESTED COMMUNICATIONS LEAD AGENCY	NHS Wiltshire
STRATEGIC OBJECTIVES FOR THE LRF	**ACTIONS FOR THE LRF TO CONSIDER**
• Protect the population of Wiltshire and Swindon against the adverse health consequences of Pandemic Influenza as far as possible. • All action taken is proportionate in relation to the identified threats and risks. • Take action to help prevent and detect the emergence of and mitigate the effects of Pandemic Influenza. • Minimise the potential health, social and economic impacts. • Organise and adapt the health and social care systems to provide treatment and support for the large numbers likely to suffer from influenza or its complications whilst maintaining other essential care. • Manage the expected increase in mortality • Support the continuity of essential services and protect critical national infrastructure (and critical local assets) as far as possible. • Support the continuation of everyday activities as far as possible. • Uphold the rule of law and the democratic process. • Instil and maintain trust and confidence by ensuring that public and the media are engaged and well informed in advance of, throughout and after the pandemic period. • Promote a return to normality and the restoration of disrupted services at the earliest opportunity. • Prioritise recovery activates appropriately to ensure a coordinated restoration of disrupted services.	• LRF should maintain horizon scanning. • Enhanced planning co-ordination through regular meetings/teleconferences • Establish an early 'battle' rhythm • Convene an extra-ordinary Executive LRF or utilise an existing meeting if scheduled in a timely fashion to brief executives and establish a strategy to direct and focus LRF resources in high priority/time critical areas. • Consider undertaking a business continuity assurance process. • Ensure that the LRF is appropriately engaged with regional and national structures/agencies. • The LRF should ensure that a training & exercising needs analysis is undertaken to support any new plans/capabilities developed. • Supplies should be procured where identified as a need within a plan. • The LRF should undertake a fitness for purpose review of plans associated and capabilities e.g. fuel shortage plan. • All organisations too identify a Pandemic Flu lead to remain aware of the phase and alert progression and information developments if not already in place. • All agencies should identify and mitigate critical vulnerabilities. • All agencies should fully commit to planning requirements. • All agencies should use planning groups to discuss, plan and share based on best practice and emerging information.

LRF ALERT LEVEL *0 (B)*	
SUGGESTED LEAD AGENCY	NHS Wiltshire
SUGGESTED COMMUNICATIONS LEAD AGENCY	NHS Wiltshire
ACTIONS FOR THE LRF TO CONSIDER	• All actions listed in alert level 0 (A) • Activation of elements of the LRF Pandemic influenza Plan and associated plans as required. • Multi-agency support to the NHS & HPA where required/requested. • Instigate reporting arrangements if required to do so. • Ensure actions plans are in place to develop or mitigate for any outstanding areas of planning or capabilities.

LRF ALERT LEVEL *1 – 3*	
SUGGESTED LEAD AGENCY	NHS Wiltshire until SCG established.
SUGGESTED COMMUNICATIONS LEAD AGENCY	NHS Wiltshire
ACTIONS FOR THE LRF TO CONSIDER	• All actions commensurate with alert levels 0 (A) and 0 (B). • Move to a command and control arrangement when the LRF deems it appropriate to do so and keep this situation under constant review. • Individual agencies should activate their BCM arrangements when necessary. • The LRF and single agency influenza pandemic plans as required.

8. RESPONSE

8.1 Alert and Call Out

The traditional declaration of a Major Incident may not be necessary even though Pandemic Flu would certainly be a Major Incident. This is a classical rising tide scenario, there will be national declarations regarding alert levels, from the Chief Medical Officer which will be relayed to LRF/SCG members. Previous horizon scanning, extra-ordinary meetings and the escalation procedures which have been put into place as UK alert levels rise will occur automatically.

This may lead to individual organisations implementing their Major Incident Response mechanisms long before any formal 'Declaration of a Major Incident' is made. However, when the recognised definition of a Major Incident has been met, in line with the LRF Joint Procedures Response Guide, organisations should declare a Major Incident as per planning policy.

No alterations to the Alert and Call Out mechanisms currently in place have been considered necessary and it is recognised that, due to the unique escalating nature of Pandemic Flu, the usual methods of alert and notification may not be necessary or take place. However, the capabilities and contact details which allow partner organisations to communicate swiftly should be noted and utilised if required.

8.2 Strategic Coordinating Group (SCG)

Due to the unique nature of pandemic, usual procedures for SCG meetings will be modified to meet the requirements of the incident. This will include:

- Minimising face to face contact and making use of telephone or video conferencing facilities where possible.
- Early agreement of the frequency of meetings required, which may reduce or increase in relation to the rate of escalation of the pandemic.
- Using a pre-agreed agenda to set the parameters of the meeting (See Annex D as an example).
- Ensuring accurate and timely situation reporting takes places, with all agencies supplying position statements which will be collated into the agreed format (See Annex A) and sent to GOSW as laid in out in the battle rhythm (See Annex B).

8.3 Risk Based Decision Making

During an influenza pandemic the SCG will be faced with a wide plethora of issues and risks. In order to ensure that the LRF focuses on those issues which present the most significance.

It may be appropriate to maintain a risk register of the issues presented at the SCG. This risk based approach will provide an audible trail for the decisions taken and there rationale.

8.4 Confidentiality and disclosure

During an emergency it will be vital that the LRF and SCG discloses all possible information which may assist the publics confidence in and execution of the advice and direction provided by the LRF/SCG. However, it is recognised that in order to plan and manage the response to pandemic influenza effectively, the group will need private 'thinking' and discussion space.

This section provides the basis under which attempts will be made to keep the open and frank discussion of the group private where this is appropriate so that organisations and individuals are free to explore and consider freely the full range of options relating to any given sensitive or non-sensitive issue that may arise.

Section 36 of the Freedom of Information Act contains a variety of exemption to disclosure and in particular, section 36 (2) b (i&ii) applies (where broadly)

> "…in the reasonable opinion of a qualified person, disclosure of the information under this Act -
>
> (b) would, or would be likely to, inhibit-
>
> (i) the free and frank provision of advice, or
> (ii) the free and frank exchange of views for the purposes of deliberation"

It should be remembered that the majority of the decisions made by the Strategic Co-ordinating Group will be made public given the fact that it will have a direct impact on their behaviour (what they are expected to do or not to do; what is available and how to access it or what is no longer available; etc).

However, this measure alone is unlikely to stop requests for more information. In line with the above, public applications for information disclosures must therefore be treated on a case by case basis with the relevant monitoring officer, from the organisation initially contacted being required to sign off any applications of the above exemption.

Where FOI requests are received, all responder agencies should be informed of the content of the request prior to release of the information.

8.5 SCG Membership

The SCG should consist of strategic representation from:

- Wiltshire Police
- Wiltshire Fire & Rescue Service
- Great Western Ambulance Service NHS Trust
- Wiltshire Council
- Swindon Borough Council
- NHS Wiltshire
- Health Protection Agency
- Environment Agency
- Ministry of Defence (43 (Wessex) Brigade)
- RAF Regional Liaison Officer South West
- Media Officer
- GOSW
- HM Coroner
- Category 2 Representation
- Others - Additional representation as necessary.

8.5.1 SCG Chair and Leadership

Unless otherwise agreed Wiltshire Police will Chair the Strategic Coordinating Group.

It should be noted that due to the specific nature of pandemic flu the SCG may discuss moving the Chair function to a Health strategic representative, however this would be a strategic decision taken by the group at the time if it was deemed to be the best option.

8.6 Teleconferencing

The ability for the LRF or SCG to meet effectively by teleconference represents one of its key capabilities. Further information and guidance on teleconferencing can be found in the Wiltshire and Swindon LRF Teleconferencing Protocol.

8.7 Scientific & Technical Advice Cell (STAC)

The purpose of a STAC is to provide a common source of health, scientific and technical advice to a Strategic Coordinating group and ensure that any debate is contained within the Cell. This will ensure that the SCG and the Gold Commander receives the best possible advice based on the available information in a timely, co-ordinated and comprehensible fashion.

Any request for a STAC would be made by the SCG through the Chair/Gold Commander. Local management of a pandemic would require detailed health, scientific and technical advice, however, due to its unique nature a STAC may not actually be called locally because:

- Relevant health, scientific and technical advice would be made available nationally and Wiltshire and Swindon would wish to ensure their response fits into the national and regional arrangements.

- Scientific, technical and in particular health information may be seen as such a core element of discussion it is required to take place in the main SCG itself.
- The set up and running of a STAC can be very labour and resource intensive. With already stretched NHS and HPA resources it may not be feasible to put in place another tier of command and control.
- Individual organisations would still be able to identify other agencies/individuals with specialist advice and liaise with national specialists as required and ensure this advice was brought to the SCG.

Public Health advice would be readily available through Public Health representation at the SCG and consistent health message would be ensured via daily collaboration and situation reporting taking place amongst the local health partners (see Annex B).

8.8 Scientific Advisory Group For Emergencies (S.A.G.E.)

The Scientific Advisory Group For Emergencies (SAGE) will be the principle body which reviews the outbreak and provides the government with scientific advice.

8.9 National Command & Control Liaison

Liaison with neighbouring authorities/agencies will be achieved through the Government Office and the Regional Civil Contingencies Committee (RCCC) when it has been established. (Transformation of the RRF into the RCCC follows similar criteria for the LRF/SCG evolution).

For those neighbouring authorities which do not form part of the South West region, liaison will be established between the respective government offices in the Southeast and West Midlands regions.

Figure 1 over outlines information flows for non-health surveillance data during a pandemic. GOSW will be asked to provide one situation report which will cover all the information requirements (see Annexes B and C).

Health data may be added to this situation report or may be sent direct via the SHA to the DH. However, health related data will be collected alongside all other Information and reported to fit in with timings laid out in Battle Rhythm (Annex B).

8.10 LRF Reporting Arrangements & Intelligence Cell

In order to meet the necessity of supplying situation reports to Government Office South West and others it is important that the Local Resilience Forum and the Strategic Co-ordinating Group maintain robust arrangements for reporting.

8.10.1 Local Resilience Forum Reporting

During WHO phases 2 - 5 and ahead an SCG being established the LRF may be asked to provide situation reports as outlined 8.5 utilising the situation report (Annex B).

The default 'battle rhythm' for reporting is outlined in Appendix however this may be subject to change depending on the nature of the outbreak and local impact.

Reporting may be split into two different types' exception and mandatory. Exception reporting requires LRFs to only report changes to the previous situation report. Mandatory reporting requires all LRF to submit reports even if no changes from the previous situation report have been identified.

During office hours it is appropriate for the LRF Manager to co-ordinate situation reports where he/she is available to do so. However for reasons such as sickness, holiday or leave the LRF Manager must not be relied upon to undertake this. In this instance the responsibility for returning the LRF situation report lies equally with every constituent agency.

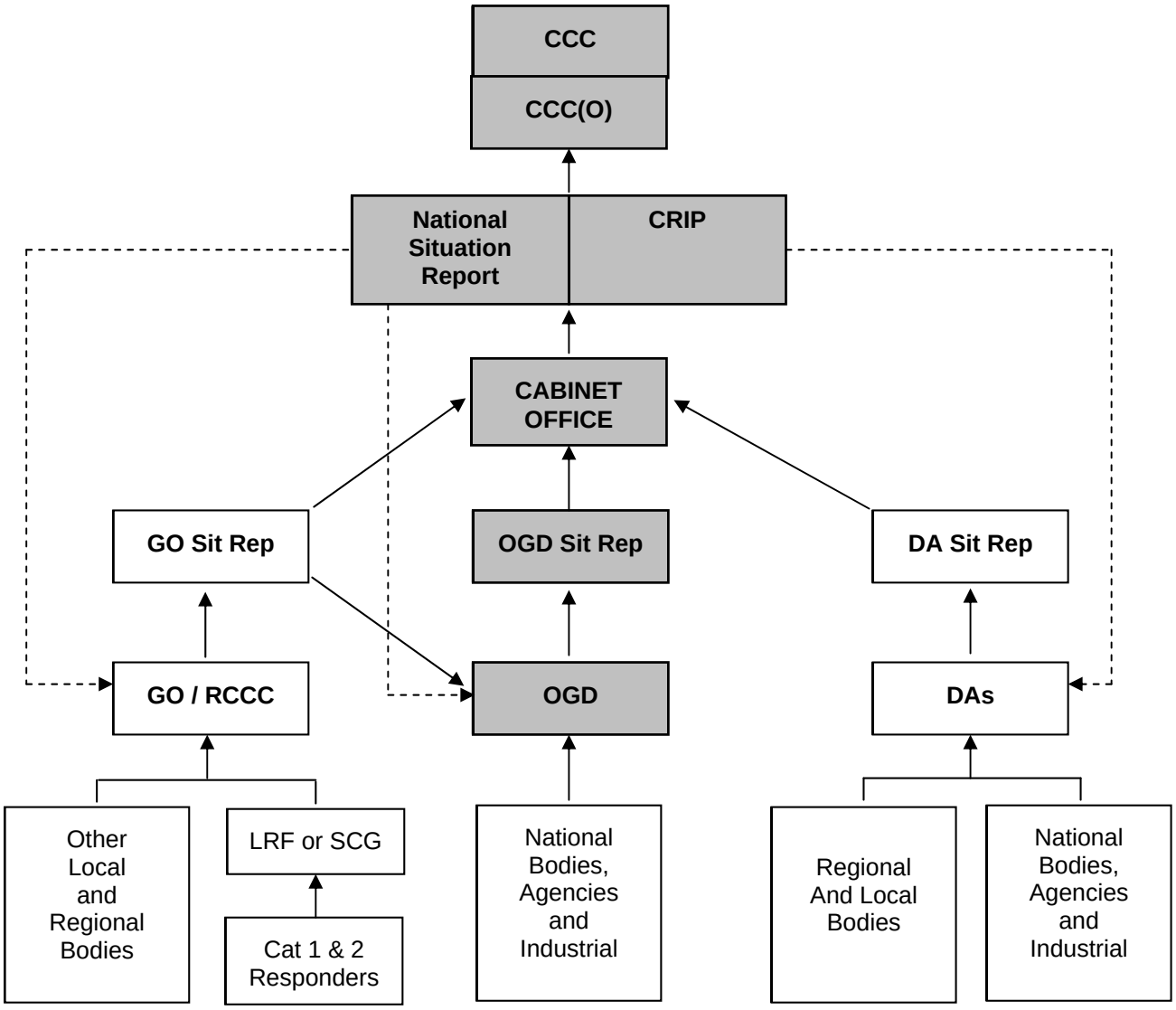
Outside of Office Hours and in the absence of the LRF Manager the LRF has no dedicated capability in order to support reporting until such a time as a command body is established which may include an intelligence cell (See 8.6.2).

The arrangements to support reporting must be discussed by the LRF in order to ensure robust arrangements are put in place. It will be important to ensure that reliance is not placed upon one agency undertaking this function on behalf of the LRF.

8.10.2 Intelligence Cell

To assist the LRF/SCG with data reporting an intelligence cell may be required to collect and distribute information relating to the pandemic. The intelligence cell would be located in the Police HQ, Devizes and ran by the Police staff supported by other LRF members. The cell will be used to collate information received from Category 1 and 2 organisations regarding health issues, business continuity and excess death information on behalf of the LRF/SCG. The Intelligence Cell would be responsible for forwarding the required situation report information to GOSW within the timelines set out in the Battle Rhythm.

FIGURE 1 – INFORMATION FLOWS DURING INFLUENZA PANDEMIC



KEY

CCC	Civil Contingencies Committee	GO	Government Office
CCC(O)	Civil Contingencies Committee (Officials)	RCCC	Regional Civil Contingencies Committee
CRIP	Common Recognised Information Picture	LRF	Local Resilience Forum
OGD	Other Government Department	SCG	Strategic Coordinating Group
DA	Devolved Administrations		

9. SPECIFIC ISSUES OF IMPORTANCE

9.1 Impact on Health and Social Services

The impact on Health and Social Services is likely to be intense, sustained and nationwide; they may quickly become overwhelmed as a result of:

- The depletion of the workforce and of existing numbers of informal carers due to the direct or indirect effects of flu on themselves and their families.
- Anxiety and/or bereavement
- Logistical problems due to interruption of supplies, utilities and transport which will exacerbate the situation and result in delays in dealing with other medical conditions.

Managing the workforce is a key element in the response to a Pandemic Flu and the healthcare sector will use a variety of means to ensure delivery of critical services this will include:

- Protection of Staff – educating, training and supplying appropriate personal protective equipment, which will be stockpiled prior to the pandemic.
- Redeployment of Staff – identifying staff who may be able to suspend current duties and redeploy to another area and utilising all trained clinical staff in the most appropriate way.
- Staff Support – ensuring arrangements are in place support staff making difficult decisions and assisting with staff to deal with any psychological effects suffered.
- Use of volunteers – ex-staff or others on reserve lists could be contacted and used if appropriate.

9.1.1 Health and Local Authority Liaison

Local Authority Adult Social Care Provision will have a crucial role to play in support to the health response. Indeed restriction of access to hospitals, and early discharge of patients, together with the burden of influenza in the community will increase pressure on social and community services. The PCTs and Local Authorities have engaged in the preparation and testing of pandemic flu plans to ensure effective arrangements are in place.

Social Care will need to be prioritised. In the first instance, priority should be given to those who are on their own. The care delivered should cover basic needs only, and where dependent clients are still receiving both health and social care the two roles should be merged to allow delivery by one individual.

9.1.2 Residential and Care Homes

Strict infection control measures will help to reduce the spread of pandemic flu within the home, but many clients might have difficulty in understanding what is required and keeping to it. A decision will be taken as to whether the patients should be moved elsewhere, or more likely that the home would be designated ‘infected’ with ill residents cohorted. It is expected that those with flu will not transfer to Acute Care settings unless they have secondary complications.

Close liaison between health and social care authorities and private and independent homes, as well as the Commission for Social Care Inspection (CSCI), will be necessary throughout the pandemic period.

For more information of Vulnerable people see Section 9.7.

9.2 Anti-Viral Distribution

NHS Wiltshire and Swindon PCT maintain significant arrangements for the distribution of anti-virals and patient assessment. These are detailed at length in the following plans:

NHS Wiltshire Assessment and Antiviral Collection Point Plan
Swindon PCT Assessment and Antiviral Collection Point Plan

9.3 Vaccination

9.3.1 Pre-Pandemic Vaccine

The UK has limited stocks of an A/H5N1 vaccine purchased specifically for the protection of healthcare workers, should H5N1 be the strain that mutates to become the pandemic flu strain. Occupational health departments should provide the professional lead in planning for, and ensuring the delivery of immunisation of those staff groups for whom they are responsible. The PCTs will be responsible for providing the necessary vaccine, overseeing the suitability and completeness of local arrangements, and ensuring monitoring of vaccine coverage among healthcare workers. The SCG may be called upon to support he PCT as required.

9.3.2 Pandemic Specific Vaccine

The UK will secure sufficient pandemic-specific vaccine to protect the population as soon as it becomes available. The vaccine is unlikely however to be available for at least 4 to 6 months, i.e. well after the first wave of the pandemic strikes the UK.

The goal of any mass immunisation campaign would be to immunise the whole population as quickly and safely as possible, with potent vaccines, whilst recognising that there will be limitations in vaccine production and supply, so the people to be vaccinated will need to be prioritised.
Given that manufacturers can only provide vaccine at a limited rate, and that it will be provided in relatively small space-saving multi-dose vials is less likely that a pandemic vaccine will cause major distribution or storage problems notionally or locally. The vaccine is likely to be a two dose protocol, spaced at about four weeks.

The DH has identified the following for prioritisation:

1 Healthcare workers with direct patient contact.
2 Other essential workers, e.g. those who, if they did not report to work, would potentially threaten serious damage to human welfare, the environment or the security of the UK.
3 Those in ‘at risk’ groups, e.g. chronic respiratory or cardiac sufferers and people with diabetes and their carers.
4 Those in closed communities, e.g. residential and nursing homes, prisons.
5 General populations.

9.3.3 Locations

Should vaccine become available in enough quantity the SCG and health services will follow the DH guidance for mass vaccination programmes which does not support the use of existing healthcare settings for these programmes. Therefore, possible locations for mass vaccination sessions include:

- Town and Village Halls.
- Schools.
- Mobile units.

If central locations e.g. Town Halls are used, consideration needs to be given to transporting large numbers of people to the vaccination centre and/or providing sufficient car parking facilities in close proximity to the vaccination centres. If buses are used, there will be a need for particular attention to bus driver education to minimise fear of transmission from passengers to the driver.

9.3.4 Delivery and Storage Arrangements

The supply of vaccines initially will be slow, which will influence storage and prioritisation of recipients. It is essential, when transporting vaccines that the cold chain integrity is maintained. There may be the need for additional security or an escort should the decision be made that this required.

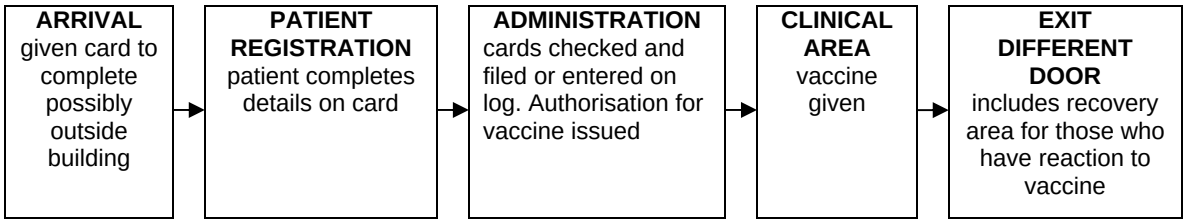
9.3.5 Mass Vaccination Procedures

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

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

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

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



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

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

9.4 Education, Schools and Child Care Settings

As detailed in the *The National Framework for Responding to an Influenza Pandemic*, subject to the impact of the pandemic, the Government may recommend that schools and early years/child care settings close to children when the first clinical cases are confirmed in the Wiltshire and Swindon area. This would include: all schools, all nurseries, playgroups and group early years and child care settings. There may be some exceptions including:

- Childminders - unless they or their own children were ill.
- Specific schools – this is not a clearly defined but may include schools for children with special needs (where families would require assistance to provide suitable care).
- Private or Residential schools – where a school offers 50+ weeks accommodation in a year.

It will be the decision of the head teacher whether such schools should stay open and planning authorities to decide whether to withdraw children.

When the pandemic reaches the UK, the Government will decide, based on scientific evidence available at the time, whether to advice schools and early years settings to close to children when the pandemic reaches their area.

If the Government decides the pandemic severe enough to advise schools and group early years childcare settings to close, then the procedures is set out below.

9.4.1 Communicating Initial Decision

The Civil Contingencies Secretariat (CCS) will advise GOSW that the UK Government has taken this decision, and that the message needs to be cascaded to schools and early years childcare settings. GOSW will then notify the SCG including Local Authority Chief Executives (through their strategic lead role on the SCG).

Local Authority Chief Executives will advise their Directors of Children's Services, who are responsible for ensuring that all schools and settings are told of the decision. The message will be to advice closure following confirmation that the pandemic has reached the Wiltshire and Swindon area. Local Authorities in conjunction with 'Surestart' holds contact details for schools, early years and childcare settings within the area. These include Local Authority facilities and those run by other private persons and organisations.

9.4.2 When the Pandemic reaches Wiltshire and Swindon

The Department for Children Schools and Families (DCSF) policy is that advice to close would be activated on the basis of LRF areas, with all schools and group early years childcare settings being advised to close when the pandemic reached their area – the advice might be activated in several LRF areas at the same time and would be dependent on the clinical advice at the time.

The HPA is responsible for notifying the CCS that the pandemic has been identified in the Wiltshire and Swindon area. The CCS will advise GOSW, who will inform the SCG. Local Authority Chief Executives, advised through the SCG, will inform their Director of Children's Services, who will as quickly as possible get the message through to all schools (including independent schools) and providers or group early years and childcare.

In most cases, Wiltshire and Swindon schools and child care settings are expected to close at the end of the day when they get the message and remain closed until advised that it is judged clinically safe to re-open. Local Authorities have in place plan e.g. Emergency

School Closures and Emergency Conditions and Responding to a Major Schools Incident which can be used to warn, inform and close schools.

9.4.3 Distance and Remote Learning

To encourage and continue education support during schools closures the Local Authorities will utilise a range of methods to support schools. Learning portals already in place enable all schools and pupils with an internet connection to access remote learning. In response to the Department Children Schools and Families (DFCS) target of 2008 work is ongoing to introduce further learning platforms which are owned and driven by schools themselves. Local Authorities are using the DCSF Guidance 'Supporting Learning If Schools Close for Extended Periods in a Flu Pandemic' to update existing Authority and School Plans already in place.

9.4.4 Re-opening After Closure

Based on the national evidence and guidance from the Health Protection Agency, a decision to reopen schools is likely to take place when the patient numbers drop below that of a normal seasonal flu average and that schools and early years childcare settings could be advised to re-open in relative safety (they should never be told that it is 'safe' in absolute terms as it is possible that there will be further cases).

The CCS will contact GOSW who will advise the SCG that schools should re-open. The Local Authority Chief Executives on the SCG will ask their Directors of Children's Services to get the message through to schools and early child care setting providers. Schools and providers will be responsible for contacting parents, but Wiltshire Council and Swindon Borough Council will assist putting messages on their websites.

9.4.5 Responsibilities

It is for the Local Authorities to make their own plans and take the necessary steps to ensure they hold:

- Contact details for all schools and early years childcare settings, including how to contact head teachers and managers when schools are closed.
- Have business continuity arrangements in place for their own children's services.
- Have procedures in place to collect data regarding school closures.
- Plans to communicate with parents about closures.
- Plans to support schools with some form of remote learning in the event of extended school closures.

However the SCG must:

- Ensure effective communication regarding decisions around the closure/re-opening of schools and childcare settings take place locally.
- Assess the impact of school closures on Wiltshire and Swindon ensuring the effective implementation of mitigating activities.
- Document the reporting lines. Data on school closure/re-opening will need to be gathered daily and included in Situation Reports (see Annex C).

It should be noted that children would be described as Vulnerable People, a fact that may be exacerbated by school closures and this must be considered. For more information of Vulnerable people see Section 9.5.

9.5 Public Impact and Social Distancing Measures

A national campaign of advice and information would be put in place very early during the pandemic which will include simple messages such as hand washing, encouraging infected people to stay at home and reducing unnecessary travel. All this may help to delay the spread of the infection.

Other control measures required, such as travel restrictions, will require voluntary cooperation. Mandatory quarantine and curfews are generally not considered necessary, nor advised in national guidance.

9.5.1 Impact on Other Services

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

In order to maintain the integrity of the criminal justice system custody units within the Police Service will be kept operational where ever possible and more use of the bail system will be considered. More minor offences could be dealt with by an increased used of cautioning or the fixed penalty ticket system. Any decision to charge should take into account the ability of the Criminal Justice Departments and Courts to deal with the case. It is anticipated that Courts and the Crown Prosecution Service will put in place their own Business Continuity measures to deal with this situation. Separate advice is contained in the Ministry of Justice Guidance for agencies and others involved in the Criminal Justice System.

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

9.5.2 Impact on Travel and Fuel Issues

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

We can presume local travel arrangements will be affected either through voluntary self-imposed or through absence or shortage of fuel and transport workers will add to the problem.

Wiltshire and Swindon does not have any commercial ports or airports in the area. However close liaison between the SCG and military colleagues will be required when monitoring returning military personnel arriving back in the UK via a Wiltshire base (i.e. RAF Lyneham) especially if those returning were leaving a known infected area or country.

9.5.3 Public Events and Mass Gatherings

Similar to travel and transport advice is it anticipated that there will be national guidance and communication at the appropriate times advising the public to avoid large public events and mass gatherings.

9.5.4 Sport, Culture and Tourism

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

9.6 Mutual Aid

Although multi-agency working locally will be instrumental in maintaining critical service delivery it is not anticipated mutual aid from other areas will be available to support the Wiltshire and Swindon response.

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

9.7 Vulnerable People

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

Vulnerable people are defined as those ‘that are less able to help themselves in the circumstances of an emergency’. These may include:

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

However, it is important to note that in the event of a Pandemic ‘anyone’ could find themselves becoming vulnerable and therefore it is difficult to predict the exact numbers who

may be considered as vulnerable. The LRF/SCG would utilise whatever systems are in place to help reach those in need within the community e.g. utilising groups such as Neighbourhood Watch.

9.7.1 Organisations with Lead Roles and Relevant Information

The LRF Health and Welfare Sub Group is leading work on Identifying Vulnerable people in Wiltshire and Swindon. It would be impossible to maintain a central up-to-date list of vulnerable people.
However as part of the LRF work on Humanitarian Assistance Centres, key planning partners who hold, maintain and have access to lists of vulnerable have been recognised. Key agencies that can assist with identifying vulnerable people include:

- NHS Wiltshire and Swindon PCT (including access to information held by GP practices)
- Avon & Wiltshire Mental Health Partnership Trust
- Wiltshire Council (including Emergency Planning Departments)
- Swindon Borough Council (including Emergency Planning Departments)
- Adult and Children's Social Care
- Police (e.g. traveller liaison officers)
- Voluntary Sector Organisations
- Independent Sector (e.g. private nursing and residential homes)

It has been recognised that these populations may support issues including:

- The need for specialist equipment
- Transportation needs
- Mental Health concerns
- The need for Social Services
- Maintenance of the public at home including services such as 'meals on wheels'
- Antenatal classes
- Cultural issues effecting behavioural response

For examples of potentially vulnerable people with options for identifying them, see Annex E.

Multi-agency working and integration between the health and social care service in writing individual plans has been considering how best to maintain support to vulnerable people. Planning has included liaison with private sector nursing organisations, residential and care home operators, voluntary groups and community and primary care teams who will all have a major role maintaining support services.

9.7.2 SCG Role in Caring for Vulnerable People

During a pandemic the SCG should:

- Maintain the level of support required by people who are vulnerable – the nature of a pandemic means that this is the key consideration for SCG. This will require working with the vulnerable people's lead agency to identify what support mechanisms are affected by the pandemic impacts, and diverting resources to vulnerable people to ensure that they receive the required level of support.

- Notify all social care commissioners and providers.

- Give consideration to the closure of day services, particularly where they involve large gatherings of users at one venue, planning for such closures and the ongoing support of those users affected should be considered beforehand.

- Receive regular updates from lead organisations and liaison between the services.

- Put out messages aimed at vulnerable groups as required.

- Confirm data/information required, and request accordingly.

9.8 Closed Communities including Military Bases and HM Prison Erlestoke

The position in regard of closed communities is more complex, in that the anticipated incidence rates in closed communities is expected to be significantly higher, possibly up to 90%, over the pandemic period with staff absences peaking at up to 50%.

The challenge of managing infection control within closed communities is likely to be significant.

National planning guidance has already been issued for Nursing and Residential homes and prison service guidance has been issued to Governors in the Prison Service Instruction. HMP Erlestoke has Contingency Plan for Pandemic Flu in place.

The local health service is available for advice to organisations and the PCTs have been working with health representatives from the Military, HM Prison Erlestoke and representatives from Care Homes for some time, both individually and through the LRF Health and Welfare Sub Group to assist them in their individual planning.

10. PUBLIC INFORMATION & COMMUNICATIONS

The information which is released to the public in order to inform and prepare them for an influenza pandemic needs extremely careful consideration. The information balance is critical in order to ensure that it is timely and that is doesn't cause undue panic.

The impact of media reporting cannot be overstated and central government will take the lead on ensuring that national messages are conveyed through the national media channels.

In order to ensure our local messages are consistent media strategies have been drawn up in line with the Department Health guidance and advice.

The objectives of the communications plan will be too:

- Ensure accurate, timely and authoritative and information is given to the public, media and all members of the Local Resilience Forum and SCG
- Secure the confidence of the public
- Support the strategic aims and objectives of the SCG
- Clarify communication responsibilities of multi-agency partners.

10.1 Communication Principles

Timeliness – to prevent potentially worrying rumours and misinformation. The timing of announcements in the event of a pandemic will be determined at nationally and regionally.

Transparency – helps inspire trust. Communication must be honest, easily understood, complete and factually accurate.

To answer concerns of the Public – accurate and timely information helps the public overcome concerns and to understand what they can do to protect themselves and their families. Delivery of local information must be made available to meet local community concerns.

Well planned – to ensure media messages dovetails exactly with other organisations.

Robust – to ensure communications are effective in the most difficult circumstances.

10.2 Public Information Campaign

The aims of the public campaign would be to:

- Publicise consistent information and public health messages to the public concerning PF, including hygiene and infection control advice.
- Prevent, where possible, and minimise the spread of the virus and disruption to the public and services.
- Publicise when and how people suffering from PF should seek advice and help from the NHS.
- Publicise on a daily basis information on essential services and how they are affected by the outbreak.

Public Health messages will be formulated by the HPA and DH. The local role is to promulgate those messages when needed. Other public information relates to keeping the public well informed of:

- Advice to people to help reduce the risk of Pandemic Flu infection
- Steps being taken to limit the spread of Pandemic Flu.
- Steps being taken to limit the disruption to services.
- Information on changes in service delivery.
- Information on when and how to get care if you have flu.

10.3 Local Communication Campaign

10.3.1 The aims of the local campaign would be to:

- Ensure that all messages, delivered through the local media, are consistent with national messages.
- Provision of information to individual organisation's own staff and ensure good two-way communications so that staff and other service providers contractors will inform of changes in service that need communicating.
- Ensure that partner organisations will be linked into health messages and to organisational messages both before and during a pandemic.

10.3.2 Nationally the government's response to an influenza pandemic will be led by the Department of Health however locally the lead agency for communications will be NHS Wiltshire.

10.4 Methods

10.4.1 Individual organisations and a multi-agency media messages will be part of a sustained and consistent public campaign using all methods including:

- The media, local TV, radio and newspapers.
- Local newsletters, parish magazines etc.
- DH Leaflets and posters will be circulated through a wide range of outlets including all NHS premises, libraries, housing office, supermarkets etc.
- Local organisation websites and the national Flu Line website.
- Providing information to frontline staff, including receptionists and those working in community e.g. nurses, therapists etc.
- Daily media briefings, email bulletins and voice messages.
- Pre-identified, trained media spokespersons and strategic leads will take every opportunity to communicate our messages as widely and as consistently as possible.
- Close multi-agency working overseen by the SCG.
- Liaise with existing local organisations, groups and networks such as voluntary agencies, schools, libraries and religious organisations.

10.4.2 It will be important to identify a cadre of 'talking heads' of a sufficiently senior level to deliver the public messages.

10.4.3 There may be a demand for pictures/facilities that show the consequences of a flu-pandemic. Whilst it remains for NHS Wiltshire to lead there may be some merit in organising facilities to demonstrate what the LRF and its constituent partners are doing.

10.5 Key Messages for UK Alert Levels & Local Alert Levels

Key messages will depend upon the UK Alert Level or local alert level the pandemic has reached. However it should be stressed that it remains important that the content and delivery of public messages is assessed against the current impact and organisations should be flexible in the application of the local messages.

10.5.1 No Cases Anywhere in the World

The LRF will follow core national messages including:

- Outlining what PF is and how it compares with ordinary seasonal and Avian Flu.
- Emphasise hygiene measures and the importance of infection control.
- Avian Influenza is not PF. Avian Influenza is a disease that mainly affects birds. There have been infrequent cases in some people who are closely exposed to infected poultry.
- There is concern that the Avian virus could evolve into a strain that readily infects people and is easily transmissible, resulting in a pandemic virus.
- Stress that experts believe another pandemic is inevitable but no one knows for sure when it will be. When it does occur, it is likely that as much as half the population could fall ill over the course of a pandemic.
- We are backing up our contingency plans with practical action.
- Antiviral drugs will be the only available countermeasure for those who fall ill and for courses of antivirals for up to 50% of the population have been stockpiled. A vaccine to protect against PF will not be available during the early stages.
- The DH has awarded a contract to supply PF vaccine once the pandemic strain is known. The proposal to purchase in advance the capacity needed to make PF vaccine will make sure that an effective vaccine is available for use in the UK as

quickly as possible after a flu pandemic starts. The UK will need approximately 120million doses to be available (2 vaccinations per person).
- More information of how to look after yourself will be made available when the pandemic starts.

10.5.2 UK Alert Level 1 (Cases outside the UK)

The LRF will follow core national messages including:

- Emerging information on the virus and its effects.
- The local NHS and other lead agencies have a plan in place to deal with a flu pandemic in the UK. The plan is intended to reduce illness, save lives, maintain services and reduce overall disruption to society. This plan has been internationally acclaimed as being an example of good practice in preparation for a flu pandemic.
- Travel advice.
- Clinical symptoms and signs.

10.5.3 UK Alert Level 2 to Alert Level 3 (Virus Outbreak(s) in the UK)

The SCG will follow core national messages including, some of the above and also:

- Everyone is susceptible although only about a quarter of the population is expected to develop clinical illness. Some could become infected without getting symptoms.
- PF is different from ordinary flu – the jab for ordinary flu will not protect you from PF.
- The NHS has measures in place to manage increased demand on services.
- A flu pandemic is likely to pose challenges to the health and social care system on an unprecedented scale. GPs and other health professionals will be working flexibly to meet the needs of those that fall ill.
- You can help to protect yourself by knowing the signs and symptoms and taking simple preventative measures.
- Early information on what will happen at Alert Levels 3 and 4.

10.5.4 UK Alert Level 3 to Alert Level 4 (Widespread Outbreaks in the UK)

The SCG will follow core national messages including some of the above and also:

- Information on how to avoid catching flu.
- What to do if you have symptoms.
- Where to go for advice and care if you need it.
- How and when to receive antivirals via the national Flu Line.
- Daily bulletins on changes to other local NHS services (cancellations of clinics etc).
- Daily bulletins on alternative arrangements made for Primary Care, community and secondary and hospital services.
- When a vaccine is widely available – how to be vaccinated locally.

11. EXCESS DEATHS

It is clear that increased numbers of deaths resulting from a pandemic in a potentially short period of time will place considerable pressure on local service providers. Wiltshire and Swindon planning is based on the reasonable worst case scenario which has been determined to be:

- A clinical attack rate of 50% in a single wave,
- An overall case fatality rate of 2.5%.

During an influenza pandemic, an additional **8,038** number of deaths could therefore be expected. Because of this potentially high number of fatalities it is essential that this issue is dealt with effectively and arrangements which normally operate within the emergency management system will more than likely be overwhelmed.

The LRF and its constituent local authorities all retain comprehensive arrangements for the management of excess deaths. These can be found in:

Wiltshire and Swindon LRF Excess Deaths Plan (Strategic)
Wiltshire Council Excess Deaths Plan (Tactical & Operational)
Swindon Borough Council Excess Deaths Plan (Tactical and Operational)

12. RECOVERY PHASE

Advice from the Health Protection Agency and reports from central government will provide the necessary evidence to show we are moving into a recovery phase.

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

The SCG or as it stands down the LRF will consider the following:

- Review the local response to the pandemic.
- Discuss and manage any budget issues
- Ensure normal business and typical levels of service delivery are resumed ‘as soon as possible’
- Consider when currently suspended national targets may return and how this will managed locally, e.g. for the health service those awaiting elective procedures.
- Ensuring continued and enhanced supported to staff as necessary.

13. TRAINING, EXERCISING & PLAN VALIDATION

Each LRF partner agency should look at this document with a view to the training needs of their staff and arrange for appropriate training to be programmed into their training schedules.

In addition the LRF Training and Exercising Sub Group will ensure as part of their designated work-stream that training and exercising of the LRF Pandemic Influenza Response Plan will be conducted on a very regular (i.e. annual) basis commensurate with its place on the Wiltshire and Swindon Community Risk Register.

Recent and future training and plan validation exercises include:

LRF Pandemic Flu Workshop (Wiltshire) – June 2008
LRF Pandemic Flu Workshop (Swindon) – October 2008
LRF Pandemic Flu Table top – Exercise Coldplay Second Wave – November 2008
LRF Pandemic Flu 'Live' – Exercise Gold Standard – January 2009

Subsequent changes and amendments to this plan, as a result of training, exercises, changes in personnel and/or operational procedures and amendments and updates to national guidance will be disseminated at the earliest opportunity.

ANNEX A

WILTSHIRE & SWINDON MULTI-AGENCY SITUATION REPORT

CabinetOffice

Swine Flu 2009

Situation Report Template

SITREP Number:		**Information /data is correct as at 1700**	
Date:		**Time (24hr):**	
Lead Official:			
Office hours			
Mobile			
Alternate Contact:			
Email:			
Tel:			

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.

1. Department / Government Office Key Issues

2. Key Issues for CRIP

Contents

1. Departmental / Government Office Key Issues
2. Key Issues for CRIP
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9. Manpower and staffing issues
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12. Background / overview
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3. Current situation

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

Essential Services

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

R = swine flu having significant impact on the ability to deliver priorities

A = swine flu having impact but managing within current resources

G = very small impact

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

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

Cremation and burial services

In the table below, please use a 'traffic light' system:
Green = no problem;
Green/Amber = minor problems;
Amber = significant problems, but coping;
Amber/Red – major problems;
Red = services at or near breakdown.

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

LA name	Cremation	Funeral Service	Burials	Coroners	Registrars	Funeral arrangements

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

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

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

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

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

Community cohesion - Details of community Safety/Community Cohesion Issues

Business Issues - Businesses affected

Social care/welfare Homecare, Vulnerable People/Groups

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

4. Operational Response

Including specific data on:

National Flu Service and Supplementary Antiviral Distribution Arrangements (impact on non-health organisations)

Education

	Still open		Closed		Re-opened	
	Schools	**Pupils**	**Schools**	**Pupils**	**Schools**	**Pupils**
Primary						
Secondary						
Academy						
Special						
Independent						

Notes:

1 Independent and non-maintained special schools should be recorded as 'special', not independent.

2 Middle schools deemed primary should be recorded as 'primary' and middle schools deemed secondary as 'secondary'.

3 PRUs should be recorded as 'secondary'.

4 Nursery schools should not be recorded in this table, but in that for early years and childcare settings below.

5 This will require input from each LA

Early years and childcare settings

	No. settings still open	No. settings closed	No. settings re-opened
Day nurseries and nursery schools			
Sure Start Children's Centres			
Pre-schools and playgroups			
Childminders			

Creches			
Out of school childcare and holiday play schemes			

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

- **Transport**

- Animal Health

- **Judicial process**

- **Community cohesion**

- Business Issues

- Social care/welfare Homecare, Vulnerable People/Groups

5. Resources and Readiness

6. Forward look

7. Political/policy

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

Cremation and Burial Services

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

LA Name	Cremation	Funeral Services	Burials	Coroners	Registrars	Funeral Arrangements
Regional Picture						

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

Transport – Regional rail disruptions, providing details of any station closures, line closures, cancelled services etc. Road issues including details of regional or local road disruptions.

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

Animal Health – Details of impact on animal health and welfare.

Judicial Process – Details of impact on regional/local judicial processes.

Community Cohesion – Details of community safety/community cohesion issues.

Business Issues – Businesses affected.

Social Care/Welfare, Homecare, Vulnerable People or Groups

Mutual Aid/Military Support – Aid requested and/or in place.

4. Operational Response

Including specific data on:

Education

	Still Open		Closed		Re-Opened	
	Schools	**Pupils**	**Schools**	**Pupils**	**Schools**	**Pupils**
Primary						
Secondary						
Academy						
Special						
Independent						

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

Early Years and Childcare Settings

LA Name	No. Settings Still Open	No. Settings Closed	No. Settings Re-Opened

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

- Transport
- Animal Health
- Judicial Process
- Community Cohesion
- Business Issues
- Social Care/Welfare Homecare, Vulnerable People or Groups.

5. Resources and Readiness

6. Forward Look

7. Political / Policy

8. Media and Communications

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

9. Manpower and staffing issues

Provided on an exception only reporting basis.

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

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

R = swine flu having significant impact on the ability to deliver priorities

A = swine flu having impact but managing within current resources

G = very small impact

10. Other information not covered elsewhere

- Point #1
- Point #2

11. Information Requirements / Requested Clarification

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

12. Background / overview

ANNEX B

PANDEMIC INFLUENZA REPORTING REQUIREMENTS

'BATTLE RHYTHM'

This is the proposed battle rhythm for meetings and reporting throughout an Influenza Pandemic. Meetings may be in-person or using telephone or video conferencing equipment and facilities.

REQUIRED ACTIVITY	DEADLINE	INDIVIDUAL AGENCY ACTIVITY REQUIRED TO INFORM THE LRF/SCG
SCG Exception Report submitted to GOSW (i.e. containing any major or urgent overnight changes)	By 0700hrs	All to inform SCG of major developments before deadline. GOSW has 30mins to collate and send to CCC by 0730hr deadline.
DH and HPA Report to CCC (i.e. containing information as at 1500hrs day before)	By 0700hrs	National meetings taking place LRF/SCG to await information and sharing of intelligence across sectors.
CCC(O) Meeting	0900hrs	
CCC Meeting	1100hrs	
Health Service Meeting (i.e. local Health agency group meeting including situation reports).	By 1100hrs	All Local Health Agencies to tele-conference to discuss and feedback daily position.
Excess Death Data to be reported to Intelligence Cell	By 1400hrs	Local Authority and Coroner update on management of excess deaths
SCG Meeting (or tele-conference)	By 1500hrs	All SCG Representatives to feed in as required. Intelligence Cell to prepare Situation Report
SCG Report Situation Report submitted to GOSW	By 1700hrs	SCG to ensure report sent.
SHA Report Situation Report submitted to SHA (if required separately)	By 1700hrs	PCT to ensure health agency report submitted
GOSW Report to CCC (i.e. report of situation as at 1700hrs)	By 1900hrs	GOSW to collate and send to CCC by 1900hrs deadline.

ANNEX C

WILTSHIRE & SWINDON VOLUNTARY ORGANISATIONS PANDEMIC INFLUENZA SITAUTION REPORT

Time:	**Date:**

Organisation:	
Name:	
Contact Details:	

Headlines

Staffing Issues

Business Continuity or Supplier / Contractor Problems

Horizon Scanning / Anticipated Future Position

Any Other Issues

Date of Next Situation Report:

ANNEX D

INFLUENZA PANDEMIC
STRATEGIC CO-ORDINATING GROUP MEETING

AGENDA

1. Review of Previous Minutes

2. Review of Actions

3. Update on the current Local, Regional and National Situation

4. Key Issues

5. Individual Organisation Updates

   - Health Services
   - Local Authority
   - Wiltshire Police
   - Wiltshire Fire & Rescue Service
   - Environment Agency
   - Military
   - Category 2 Representatives

6. Operational Response and Staffing Issues

7. Excess Deaths Update

8. Communication and Media Issues

9. Forward Look

10. Information Requirements and Requests via GOSW

11. Any Other Business

12. Date and Time of Next Meeting

ANNEX E

IDENTIFYING VULNVERABLE GROUPS

Potential Nature of Vulnerability		Support Needed in Non-Emergency Situation	Support Needed in Emergency Situation
Mobility Impaired	Inability to walk / inability to walk more than short distances.	Accessible housing/transport. Access to education & employment. Home care/day residential care.	Assistance if wheelchair is impeded & mobility is required. Accessible services. Replacement mobility aids.
	Inability to walk without assistance / mobility aid.	Accessible housing/transport. Access to education & employment. Home care/day residential care.	Assistance if mobility is required, particularly if speed is important. Accessible services. Medical assistance. Replacement mobility aids.
	Inability to walk / inability to move from bed. Paralysis.	Home or residential care. Equipment/aids for everyday living. Rehabilitation.	Accessible services inc. transport from home. Medical assistance. Vital equipment, e.g. specialist beds.
	Inability to move quickly.	Equipment or home alterations. Accessible transport. Mobility aids e.g. walking stick. Meals on wheels.	Assistance if mobility is required, particularly if speed is important. Accessible services. Medical assistance.
Sensory Impairment	Inability to see / partial ability to see.	Sight aids. Mobility aids, e.g. white sticks. Equipment (e.g. talking books). Training in use of Braille. Information in accessible formats. Service animal.	Accessible information. Assistance in following routes/ moving down stairs. Transport. Provision for service animals.
	Inability to hear / partial ability to hear.	Hearing aids. Equipment (e.g. text phones). Training in speech/sign language/lip reading.	Warnings/information communicated in accessible formats. Sign language interpreters in reception centres.
	Difficulty communicating through speech.	Communication aids. Speech therapy. Access to education.	Workers need to be patient. Could communicate through writing if speech is too difficult.
Mental/Cognitive Impairment	Severe chronic condition – impairment in physical, cognitive, speech or language, or self-care.	Home or residential care. Access to education, housing, employment etc.	Information/directions repeated in a straightforward manner. Workers need to be understanding.
	Conditions which can affect moods, perception of reality, behaviour etc. Maybe controlled by medication.	Mental health support services – psychiatrists, GPs, CPNs, volunteer groups. Medication. Access to education, housing, employment etc.	Extra sensitivity/understanding. Reassurance & support. Emergency prescription medication. Mental health support services. Hospitalisation.
	Have average or above intelligence, but have a processing deficit e.g. in communication, language, memory etc.	Assistance with reading, writing, oral, maths and organisational planning skills, as well as financial, personal and medical needs. Access to education.	May need support in remembering or responding to instructions. Often not an obvious disability and may not ask for help, difficult to identify. May need help with registering, filing out claim forms etc.

	Potential Nature of Vulnerability	Support Needed in Non-Emergency Situation	Support Needed in Emergency Situation
Other Vulnerable Groups	Motor skills & cognitive levels are lower, plus increased vulnerability medically.	Appropriate care from parents, childminders, or other carers.	Adult (CRB checked) to take charge. Assistance for carer. Safe transport. Child facilities. Entertainment. Emotional support.
	Motor skills & cognitive levels might be lower, plus increased vulnerability medically.	Appropriate care from parents, childminders, or other carers. Education	Adult (CRB checked) to take charge. Assistance for carer. Safe transport. Child facilities. Entertainment. Emotional support.
	Affected by conditions such as heart disease, arthritis, Alzheimer's etc or old age.	Equipment or home alterations. Accessible transport. Mobility aids – e.g. walking stick. Meals on wheels.	Assistance if mobility is required and speed is important. Accessible services. Medical assistance.
	Affected by chronic or temporary illnesses that require medication, without which life could be seriously affected / threatened.	Access to a GP, chemist. Regular medication. Making people aware of the condition and treatment (e.g. diabetic might need to teach family ho to give insulin injection).	Workers to remind people to bring medication. Assistance if mobility impeded (e.g. respiratory condition). Medical attention/treatment. Provision of emergency prescription medication.
	Affected by chronic or temporary illnesses that require treatment via medical support equipment, without which life could be seriously affected / threatened.	Medical equipment and the knowledge to use it. Access to a GP, medical treatment. Home care / residential care.	Assistance in handling / moving equipment. As little separation from equipment as possible. Replacement equipment is available.
	Inability to understand, speak or write in the English language.	Accessible information. Help with translations. Access to education.	Accessible information – e.g. translations. Workers should keep communication as simple as possible.

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