

# LONDON RESILIENCE



preparing for emergencies

## LONDON REGIONAL RESILIENCE FLU PANDEMIC RESPONSE PLAN

### Special Arrangements for Dealing with Pandemic Influenza in London

March 2009

Version 4



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# LONDON RESILIENCE



## FOREWORD

The Government judges that one of the highest current risks to the UK is the possible emergence of a human influenza pandemic – that is, the rapid worldwide spread of influenza caused by a novel virus to which people would have no immunity, resulting in serious harm to human health, and wider social and economic damage and disruption.

In 2005, the Cabinet Office required Regional Resilience Forums to oversee the development of individual and multi-agency resilience and response plans for a potential influenza pandemic. The London Regional Resilience Flu Pandemic Response Plan was first approved at the May 2006 meeting of the London Regional Resilience Forum (LRRF). Version 2 of this response plan was published in January 2007 prior to Exercise Winter Willow, the largest ever civil contingency exercise to have been conducted in the UK. This exercise was designed to test national, regional and local plans, preparations and responses for dealing with pandemic influenza in the UK. The lessons learnt from the exercise, regarding the planning and response stages, were largely relevant to IPC level planning in London and limited amendments were made to this document. As a result, Version 3 was largely concerned with incorporating and assimilating the recommendations and guidance of the Department of Health (DH) and Cabinet Office (CO) document *Pandemic Flu – A National Framework for Responding to an Influenza Pandemic*, (November 2007).

Version 4 of the London Regional Resilience Flu Pandemic Response Plan follows a national review of multi-agency pandemic planning undertaken by the Cabinet Office in early 2008, and incorporates the recommendations of that review. It aims to provide the agencies that make up the London Resilience Partnership with a strategic framework to support their integrated preparedness and response to pandemic influenza. This document will inform and support the development of local and organisational responses that are appropriate to local circumstances and sufficiently consistent to ensure a robust regional response to pandemic influenza.

The document summarises key plans, guidance and procedures to allow a comprehensive overview of London's co-ordinated planning and response arrangements for human pandemic influenza. The Plan uses an action chart approach, detailing phase-by-phase actions and outputs for organisations within the London Resilience Partnership, based around the World Health Organisation's (WHO) six phase model and the UK's four level alert structure for pandemic influenza. This framework is a living document and will be revised periodically.

Additionally, at the regional level, an excess deaths task and finish group has been established to develop a strategic, multi-agency London Excess Deaths Plan to be approved in 2009. The Excess Deaths Plan will be a further component of the London Regional Resilience Flu Pandemic Response Plan and provide in-depth guidance on different ways of working with respect to funeral services, burials and cremations, coroners, death registration and mortuary capacity.

Lorraine Shepherd, Head of London Resilience Team

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## **SECTION ONE: INTRODUCTION**

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### **SECTION ONE – INTRODUCTION**

#### **Aim of this document**

- 1.1 The aim of this document is to provide the agencies that make up the London Resilience Partnership with a strategic framework to support their integrated preparedness and response to pandemic influenza.
- 1.2 Underlying this aim is the need to minimise, where possible, social and economic disruption for the population of London in the event of an outbreak of pandemic influenza.

#### **Objectives of this document**

- 1.3 To summarise and collate the key plans and procedures which would be activated in the event of an outbreak of pandemic influenza.
- 1.4 To give an overview of the response to ensure understanding within the London Resilience Partnership.
- 1.5 To outline roles and responsibilities of agencies.

#### **Audience**

- 1.6 This document is intended for all agencies and organisations represented within the London Resilience Partnership who would have a role to play in planning for and responding to pandemic influenza.

#### **Development of this document**

- 1.7 This will be a living document, requiring updating on a regular basis. Version 1 of this document was agreed at the meeting of the London Regional Resilience Forum (LRRF) on 10 May 2006. Version 2 reflected changes in command and control arrangements and updated guidance and planning assumptions. Version 3 took into consideration further guidance issued by the Department of Health/Cabinet Office. Version 4 incorporates recommendations following a national review of multi agency planning. This plan will be reviewed following the London Flu Exercise scheduled for June 2009 and further versions drafted as developments necessitate.

#### **Security Classification**

- 1.8 Once this document has been approved by the LRRF it will not carry a protective marking and can therefore be shared with interested parties. In order to make this document accessible to all those with an interest it can be found on the internet at: [www.londonprepared.gov.uk](http://www.londonprepared.gov.uk).

#### **Queries**

- 1.9 For any comments or queries concerning this document, please contact the London Resilience Team on 020 7217 3039 or [enquiries-lrt@gol.gsi.gov.uk](mailto:enquiries-lrt@gol.gsi.gov.uk).

## SECTION TWO: BACKGROUND

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### SECTION TWO – BACKGROUND

#### Pandemic Influenza

- 2.1 Influenza is an acute infectious viral illness that spreads rapidly from person to person when in close contact. It is characterised by the sudden onset of fever, chills, headache, muscle pain, severe prostration and usually a cough – with or without a sore throat - or other respiratory symptoms. The acute symptoms generally last for about a week, although a full recovery may take longer.
- 2.2 There are three broad types of influenza viruses – A, B and C.
- Influenza A viruses cause most winter epidemics (and all pandemics) and affect a wide range of animal species as well as humans. Indeed the natural reservoir for influenza A viruses is in wild aquatic shorebirds. Influenza A viruses have a marked propensity towards adaptation and change – this is one factor that enables them to remain in circulation year on year in slightly different forms; the resulting viruses can have widely differing impacts.
  - Influenza B viruses only infect humans. They circulate most winters but generally cause less severe illness and smaller outbreaks; their effect is most often seen in children.
  - Influenza C viruses are amongst the many causes of the common cold.
- 2.3 Influenza is one of the most difficult infectious diseases to control because the virus spreads easily from person to person via the respiratory route when an infected person talks, coughs or sneezes. It also spreads through hand-to-face contact if hands are contaminated. The incubation period (from the time exposure to first symptoms) is in a range of one to four days, typically two to three. Historical evidence suggests that one person infects about two others on average and that influenza spreads particularly rapidly in closed communities such as schools or residential homes. People are most infectious soon after they develop symptoms, though they can continue to shed the virus for usually up to five days after the onset of symptoms (seven days in children).
- 2.4 An influenza pandemic occurs when a novel influenza virus appears, against which the human population has little or no immunity. Once a fully contagious virus emerges, its global spread is considered inevitable. It is highly likely that another influenza pandemic will occur at some time, however, it is impossible to forecast its exact timing or the precise nature of its impact. The probability is that a pandemic will originate from abroad (South East Asia, the Middle East and Africa are widely considered to be the most likely potential sources) and could conceivably affect the UK within two to four weeks of becoming an epidemic in its country of origin, and could then take only one to two more weeks to spread to all major population centres here.
- 2.5 As most people will have no immunity to the pandemic virus, infection and illness rates are expected to be higher than during seasonal epidemics of normal influenza. Current projections for the next pandemic estimate that a substantial percentage of the world's population will require some form of medical care. Influenza poses a serious danger for high-risk groups (the very young, the elderly and the chronically ill and some disabled people). However, in previous pandemics hospitalization and deaths have also occurred in healthy younger persons.

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- 2.6 Past pandemics have varied in scale, severity and consequence, although in general their impact has been much greater than that of even the most severe winter 'epidemic'. Although little information is available on earlier pandemics, the three that occurred in the 20th century are well documented. The worst (often referred to as 'Spanish flu') occurred in 1918/19. It caused serious illness, an estimated 20–40 million deaths worldwide (with peak mortality rates in people aged 20–45) and major disruption. Whilst the pandemics in 1957 and 1968 (often referred to as Asian and Hong Kong flu respectively) were much less severe, they also caused significant illness levels and an estimated 1–4 million deaths between them.
- 2.7 Consequently, in addition to their potential to cause serious harm to human health, pandemics threaten wider social and economic damage and disruption. Social disruption may be greatest when rates of absenteeism impair essential services.
- 2.8 Detailed information about influenza and pandemic influenza may be obtained from the following sources:  
<http://www.dh.gov.uk/en/PublicHealth/Flu/PandemicFlu/index.htm>  
<http://www.who.int/topics/influenza/en/>

### Avian Influenza

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

### Key Points –Health impacts of an influenza pandemic in the UK

- All age groups are likely to be affected, but children and otherwise fit adults could be at relatively greater risk.
- Clinical attack rates may be of the order of 25% to 35%, but up to 50% is possible.
- Between 55,000 and 750,000 deaths are possible, across the UK.

## SECTION TWO: BACKGROUND

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- Substantial demand for healthcare services is likely, in both primary care and hospital settings.
- The most significant features are the rapid onset of a cough and fever. Headache, sore throat, a runny or stuffy nose, aching muscles and joints, extreme tiredness are other symptoms.
- People are most infectious soon after they develop symptoms, although typically they can continue to excrete viruses for up to five days (seven days in children).
- The virus is transmitted from person-to-person through close contact. The balance of evidence points to transmission by droplet and through direct and indirect contact as the most important routes.

### **Key Points – Non health impacts of an influenza pandemic in the UK**

- In the absence of early or effective interventions, society is also likely to face much wider social and economic disruption, significant threats to the continuity of essential services, lower production levels, shortages and distribution difficulties.
- Individual organisations may also suffer from the pandemic's impact on business and services. Difficulties in maintaining business and service continuity will be exacerbated if the virus affects those of working age more than other groups, and fear of infection, illness, care-providing responsibilities, stress, bereavement and potential travel disruption are all likely to lead to higher levels of staff absence.
- High levels of public and political concern, general scrutiny and demands for advice and information are inevitable at all stages of an influenza pandemic.

2.13 Transmission of the influenza virus can be prevented through the following:

- Strict adherence to infection control practices, especially hand hygiene, containment of respiratory secretions and the use of Personal Protective Equipment.
- Administrative controls such as separation or cohorting of patients with influenza.
- Instructing staff members with respiratory symptoms to stay at home and not come in to work.
- Education of staff and general awareness raising of the need to regularly clean the office environment.

### **WHO Phases and UK Alert Levels**

2.14 The World Health Organisation (WHO) has identified six distinct phases in the progression of an influenza pandemic, from the first emergence of a novel influenza virus to a global pandemic being declared. The WHO's six Phase global classification, based on the overall international situation, is used internationally for planning purposes (Table 1).

2.15 Transition between phases may be rapid and the distinction blurred.

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2.16 Once a pandemic is declared (WHO Phase Six), action will depend on whether cases have been identified within the UK and the extent of the spread. For UK purposes, four additional alert levels have therefore been defined within WHO Phase Six, consistent with those used for other communicable disease emergencies.

**Table 1: WHO Pandemic Flu Phases and UK Alert Levels**

WHO PANDEMIC FLU PHASES		SIGNIFICANCE FOR UK
<b>Inter-Pandemic Period</b>		
<b>1</b>	No new influenza virus subtypes detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or diseases is considered to be low.	
<b>2</b>	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.	UK not affected or UK has strong travel/trade connections with affected country or UK affected
<b>Pandemic Alert Period</b>		
<b>3</b>	Human infection(s) with a new subtype, but no/or very rare new human to human spread to a close contact.	UK not affected or UK has strong travel/trade connections with affected country or UK affected
<b>4</b>	Small cluster(s) with limited human-to-human transmission but spread is highly localised, suggesting that the virus is not well adapted to humans.	
<b>5</b>	Large cluster(s) but human-to-human spread still localised, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).	
<p><b>Pandemic Period</b> Once a pandemic has been declared (WHO Phase 6), a four point UK-specific alert mechanism has been developed (below), which is consistent with the alert levels used in other UK infectious disease response plans:</p>		
<b>6</b>	Increased and sustained transmission in general population. Past experience suggests that a second, and possibly further, wave of illness caused by the new virus are likely 3-9 months after the first wave has subsided. The second wave may be as, or more, intense than the first.	<p><b>UK Alert level 1</b> Cases only outside the UK (in country/countries with or without extensive travel/ trade links) <b>2</b> New virus isolated in the UK <b>3</b> Outbreak(s) in the UK <b>4</b> Widespread activity across the UK</p>
<b>Post Pandemic Period</b>		
Return to inter-pandemic arrangements		

## **SECTION THREE: PLANNING ASSUMPTIONS**

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### **SECTION THREE – PLANNING ASSUMPTIONS**

#### **Key Plans and Guidance**

- 3.1 All organisations are responsible for having read and implemented national guidance and recommendations, links to this guidance are attached at Annex 1 of this plan.
- 3.2 The London Regional Resilience Flu Pandemic Response Plan is intended to summarise and collate the key plans and procedures (referred to in Annex 1) which would be activated in the lead up to an outbreak of pandemic influenza.
- 3.3 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.
- 3.4 Response arrangements need to be flexible enough to deal with a range of possibilities and capable of adjustment as they are implemented.
- 3.5 The development of the London Regional Resilience Flu Pandemic Response Plan has been based on the following set of core planning assumptions taken from the Cabinet Office/Department of Health's *Pandemic Flu – A National Framework for Responding to An Influenza Pandemic* (November 2007).

#### **Timing and duration of a pandemic**

- 3.6 A future pandemic could occur at any time. Intervals between the recent pandemics have varied from 10 to 40 years with no recognisable pattern, the last being in 1968/69.
- 3.7 Spread from the source country to the UK through movement of people is likely to take two to four weeks.
- 3.8 From arrival in the UK, it will probably be a further one to two weeks until sporadic cases and small clusters acting as initiators of local epidemics are occurring across the whole country. The pandemic may occur over one or more waves of around 15 weeks, each some weeks or months apart.

#### **Infectivity and mode of spread**

- 3.9 People are highly infectious for four to five days from the onset of symptoms (longer in children and those who are immunocompromised) and may be absent from work for up to ten days. Infectiousness mirrors symptom severity, and people are generally considered to be infectious whilst they are symptomatic.
- 3.10 Without intervention, and with no significant immunity in the population, historical evidence suggests that one person infects about 1.4 to 1.8 people on average. This number is likely to be higher in closed communities such as prisons, residential homes or boarding schools.

## SECTION THREE: PLANNING ASSUMPTIONS

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### Clinical attack rate, severity of illness and deaths

- 3.11 Until the characteristics of the pandemic virus are known, a range of clinical attack rates should be considered to inform planning. Therefore, relevant planning should be carried out against clinical attack rates of 25%, 35% and 50% and overall case fatality rates of 0.4%, 1%, 1.5% and 2.5%.
- 3.12 An influenza pandemic (as detailed in WHO Pandemic Flu Phase 6) will result in a large number of deaths throughout London. The above planning assumptions predict a range of permutations of case fatality and clinical attack rates in London. It is possible that the pandemic influenza virus will have a 50% clinical attack rate and a 2.5% case fatality rate. For London, this means planning for approximately 94,000<sup>1</sup> possible excess deaths.
- 3.13 The pandemic may occur over multiple waves, of which a second or subsequent wave could be more severe than the first. The clinical attack rate of the illness will only become evident as person-to-person transmission develops, but response plans should recognise the possibility of up to 50% in a single wave pandemic. Up to 4% of those who are symptomatic may require hospital admission if sufficient capacity were to be available.
- 3.14 The projected scale of excess deaths during a pandemic particularly at the upper end of the planning assumptions is likely to present many challenges for local services. Planning in both the local health community and Local Authorities will need to recognise the requirement for sensitive and sympathetic management of potentially large numbers of deaths.
- 3.15 The following two diagrams illustrate the projected fatalities across London in graph form and as a table broken down by Borough based on various permutations of case fatality and clinical attack rate in a single wave.

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<sup>1</sup> Figure based on National Statistics 2007 mid-year population estimate of approximately 7,500,000 for London.

## SECTION THREE: PLANNING ASSUMPTIONS

**Table 2: Range of possible excess deaths based on various permutations of case fatality & clinical attack rates in a single wave.<sup>2</sup>**

		Case Fatality Rate				
		Population	0.4%	1.00%	1.50%	2.50%
Clinical Attack Rate	25%	Nationally	55,500	150,000	225,000	375,000
		London	7,200	17,900	26,900	44,800
		Borough*	200	500	750	1,250
	35%	Nationally	77,700	210,000	315,000	525,000
		London	10,000	25,000	37,700	62,800
		Borough*	280	700	1,050	1,750
	50%	Nationally	111,000	300,000	450,000	750,000
		London	14,300	35,900	53,800	89,700
		Borough*	400	1,000	1,500	2,500

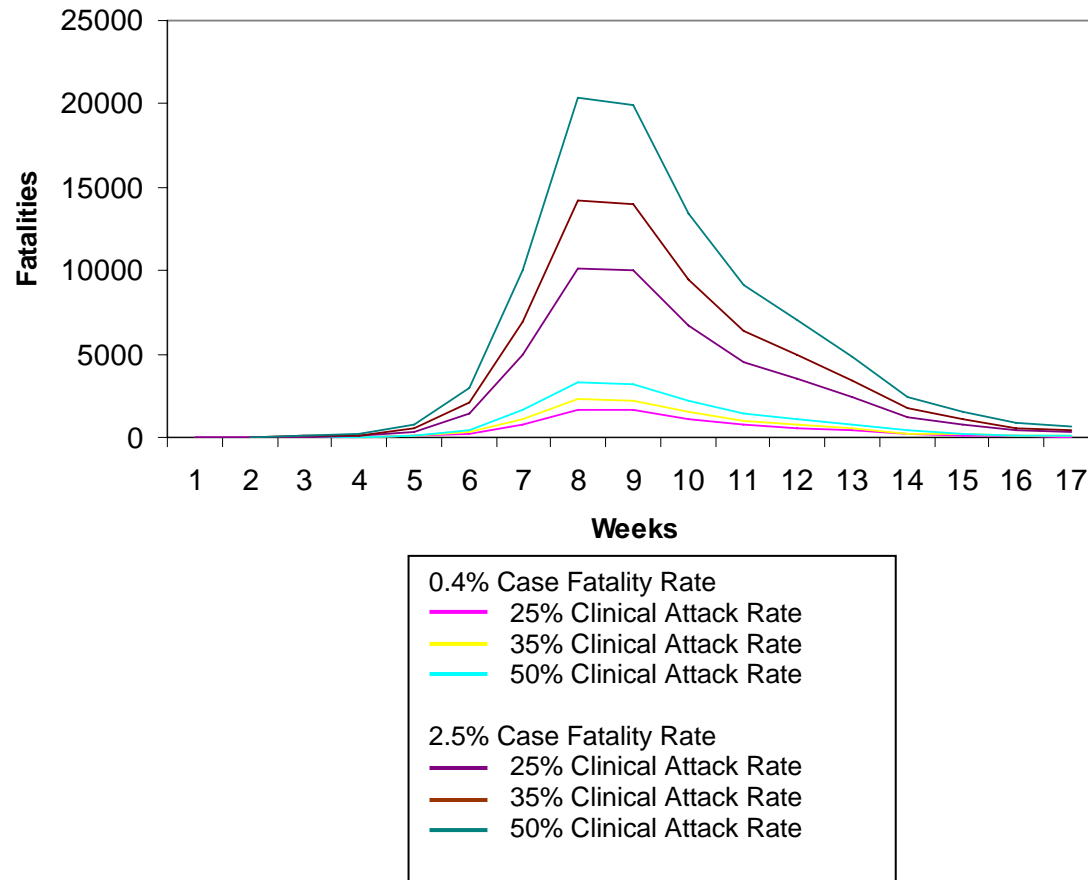
<sup>2</sup> National statistics derive from the National Framework; London figures are based on 2001 Census figures (rounded to nearest 100) (<http://www.statistics.gov.uk/census2001/pop2001/london.asp>)

\* Denotes a typical Borough population of 200,000.

## SECTION THREE: PLANNING ASSUMPTIONS

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Fig 1: Projected fatalities in a single wave based on a London population of 7.5 million



## SECTION THREE: PLANNING ASSUMPTIONS

Table 3: London Projected Fatality Rate by Borough

	Population*	25% & 0.4%**	25% & 1.0%	25% & 1.5%	25% & 2.5%	35% & 0.4%	35% & 1.0%	35% & 1.5%	35% & 2.5%	50% & 0.4%	50% & 1.0%	50% & 1.5%	50% & 2.5%
<b>LONDON</b>	7,541,638	7542	18854	28281	47135	10558	26396	39594	65989	15083	37708	56562	94270
<b>Barking and Dagenham</b>	166,510	167	416	624	1041	233	583	874	1457	333	833	1249	2081
<b>Barnet</b>	329,010	329	823	1234	2056	461	1152	1727	2879	658	1645	2468	4113
<b>Bexley</b>	221,560	222	554	831	1385	310	775	1163	1939	443	1108	1662	2770
<b>Brent</b>	269,550	270	674	1011	1685	377	943	1415	2359	539	1348	2022	3369
<b>Bromley</b>	299,920	300	750	1125	1875	420	1050	1575	2624	600	1500	2249	3749
<b>Camden</b>	231,540	232	579	868	1447	324	810	1216	2026	463	1158	1737	2894
<b>City of London</b>	7,985	8	20	30	50	11	28	42	70	16	40	60	100
<b>Croydon</b>	338,825	339	847	1271	2118	474	1186	1779	2965	678	1694	2541	4235
<b>Ealing</b>	304,775	305	762	1143	1905	427	1067	1600	2667	610	1524	2286	3810
<b>Enfield</b>	284,530	285	711	1067	1778	398	996	1494	2490	569	1423	2134	3557
<b>Greenwich</b>	222,605	223	557	835	1391	312	779	1169	1948	445	1113	1670	2783
<b>Hackney</b>	209,385	209	523	785	1309	293	733	1099	1832	419	1047	1570	2617
<b>Hammersmith and Fulham</b>	172,230	172	431	646	1076	241	603	904	1507	344	861	1292	2153
<b>Haringey</b>	224,385	224	561	841	1402	314	785	1178	1963	449	1122	1683	2805
<b>Harrow</b>	214,180	214	535	803	1339	300	750	1124	1874	428	1071	1606	2677
<b>Havering</b>	227,755	228	569	854	1423	319	797	1196	1993	456	1139	1708	2847
<b>Hillingdon</b>	250,168	250	625	938	1564	350	876	1313	2189	500	1251	1876	3127
<b>Hounslow</b>	220,180	220	550	826	1376	308	771	1156	1927	440	1101	1651	2752
<b>Islington</b>	187,470	187	469	703	1172	262	656	984	1640	375	937	1406	2343
<b>Kensington and Chelsea</b>	178,360	178	446	669	1115	250	624	936	1561	357	892	1338	2230
<b>Kingston upon Thames</b>	157,585	158	394	591	985	221	552	827	1379	315	788	1182	1970
<b>Lambeth</b>	272,780	273	682	1023	1705	382	955	1432	2387	546	1364	2046	3410

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<b>Lewisham</b>	258,020	258	645	968	1613	361	903	1355	2258	516	1290	1935	3225
<b>Merton</b>	198,940	199	497	746	1243	279	696	1044	1741	398	995	1492	2487
<b>Newham</b>	249,210	249	623	935	1558	349	872	1308	2181	498	1246	1869	3115
<b>Redbridge</b>	253,890	254	635	952	1587	355	889	1333	2222	508	1269	1904	3174
<b>Richmond upon Thames</b>	179,655	180	449	674	1123	252	629	943	1572	359	898	1347	2246
<b>Southwark</b>	273,965	274	685	1027	1712	384	959	1438	2397	548	1370	2055	3425
<b>Sutton</b>	185,465	185	464	695	1159	260	649	974	1623	371	927	1391	2318
<b>Tower Hamlets</b>	214,130	214	535	803	1338	300	749	1124	1874	428	1071	1606	2677
<b>Waltham Forest</b>	221,970	222	555	832	1387	311	777	1165	1942	444	1110	1665	2775
<b>Wandsworth</b>	281,320	281	703	1055	1758	394	985	1477	2462	563	1407	2110	3517
<b>Westminster</b>	233,785	234	584	877	1461	327	818	1227	2046	468	1169	1753	2922

\* Population (based on mid 2007 estimates) minus average normal death rate (based on 2007 registrations) over single wave

\*\* Percentages equate to clinical attack rate and case fatality rate respectively

## SECTION THREE: PLANNING ASSUMPTIONS

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- 3.16 All ages are likely to be affected but children and otherwise fit adults could be at relatively greater risk as older people may have some residual immunity from possible previous exposure to a similar virus earlier in their lifetime.
- 3.17 Although the potential for age-specific differences in the clinical attack rate should be noted, they are impossible to predict, and a uniform attack rate across all age groups is assumed for planning purposes. More severe illness than usual seasonal influenza is likely in all population groups – rather than predominantly in high risk groups as with seasonal influenza – with a higher number of people than usual developing severe prostration and rapidly fatal overwhelming viraemia, viral pneumonia or secondary complications. It is not possible to predict numbers in advance.
- 3.18 The Home Office is the lead government department for policy on managing excess deaths and has published guidance on different ways of working to manage excess deaths. This guidance can be located at [www.ukresilience.gov.uk/news/manage\\_deaths\\_guidance2.aspx](http://www.ukresilience.gov.uk/news/manage_deaths_guidance2.aspx)
- 3.19 At the local level, responsibility for managing excess deaths lies with the Local Authority. Local Authorities' plans should be carefully coordinated with those of other Category 1 and 2 responders and private organisations.
- 3.20 At the regional level, a London Excess Deaths Task and Finish Group has been established to develop a strategic, multi-agency London Excess Deaths Plan. The plan will provide guidance on different ways of working with respect to funeral services, burials and cremations, coroners, death registration and mortuary capacity. The plan will be published in 2009.

### Pharmaceutical Interventions

- 3.21 Routine vaccines currently offered for the protection of seasonal influenza strains are unlikely to protect against a new or modified strain and it is impossible to develop a vaccine until the novel influenza virus has been identified. Whilst the Government has agreed advance supply contracts with manufacturers to produce sufficient supplies for a matching vaccine, it may take four to six months for sufficient quantities to become available. Therefore it is improbable that a vaccine will contribute to reducing the impact of an initial wave of a pandemic. When developed, distribution of the vaccine will be implemented following national guidance developed by the Department of Health.
- 3.22 Pre-pandemic wave immunisation with an influenza virus related but not specific to the pandemic strain might offer some limited protection. Currently, there are very limited stocks of an A/H5N1 vaccine purchased specifically for the protection of healthcare workers. Pre-pandemic vaccination of those most likely to spread the disease or suffer complications could also help reduce hospitalisations and deaths in vulnerable groups. Decisions on use would be decided following assessments undertaken at the time of the pandemic; however, response plans should consider arrangements for limited pre-pandemic vaccination of targeted groups.
- 3.23 The use of antiviral medicines or other definitive pharmaceutical interventions are an important countermeasure, although they may be in limited supply. The UK has established national stockpiles of oseltamivir (Tamiflu) that allow for the treatment of

## SECTION THREE: PLANNING ASSUMPTIONS

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all symptomatic patients at clinical rates of up to 25%. The Government is in the process of increasing the national stockpile to cover 50% of the population and is due to complete this stockpiling by 2010.

- 3.24 Arrangements to make antiviral treatment rapidly available to symptomatic members of the population are a critical part of the health response. This will be particularly important before a specific pandemic vaccine is widely available. Higher clinical attack rates would require prioritisation of use, but operational plans should initially aim to make antiviral medicines available to all patients who have been symptomatic for less than 48 hours from reporting symptoms indicative of influenza.
- 3.25 NHS London is responsible for ensuring that antiviral and pre-pandemic vaccine distribution points are identified, and each Primary Care Trust (PCT) will share this information with their respective Influenza Pandemic Committee (IPC). IPCs should discuss arrangements for supporting the health service, if required (for example, arrangements for providing additional security).
- 3.26 The Health Protection Agency (HPA) will implement measures to monitor the susceptibility of the virus to antiviral medicines, assess their effectiveness in reducing complications and deaths and inform policy decisions. The Medicines and Healthcare Products Regulatory Agency (MRHA) will identify the incidence and patterns of any adverse reactions. The supply and usage of antiviral and other pharmaceutical countermeasures will continue to be reviewed by the Department of Health.
- 3.27 The Department of Health will be initiating a national 'FluLine'. This will be accessible via the internet, 24/7 call centres and automated telephony. Individuals will be taken through an algorithm and allocated antiviral treatment if they meet appropriate criteria (e.g. no contra-indications, and within the first 48 hours of onset). If the criteria are met, people will be given a unique reference number and advised to direct their previously identified 'Flu Friend' to a local antiviral collection point, coordinated by PCTs. Individuals who do not meet the criteria may be advised to visit a GP or other point of face-to-face healthcare provision; however as a rule symptomatic people will be advised to remain at home and self care.

### **Societal interventions**

#### International travel and border restrictions

- 3.28 The movement of people is also a significant determinant of the speed of spread of infectious diseases, and as a major destination and international travel hub, the UK is particularly vulnerable. The possible health benefits that may accrue from international travel restrictions or border closures need to be considered in the context of the practicality, proportionality and potential effectiveness of imposing them, and balanced against their wider social and economic consequences.
- 3.29 Modelling suggests that even a 99% restriction on travel into the UK could only be expected to delay the importation of the virus by up to two months. Given the complexity of this issue, the Government will keep under review the evidence on the benefits and disadvantages of the various approaches. Any decision that is taken in relation to restricting travel will be taken at national level.

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### Isolation, quarantine and social distancing

3.30 Whilst it might be possible to isolate initial cases and quarantine their immediate contacts, such an approach will become unsustainable after the first few hundred or so cases. Geographic quarantining measures ('cordons sanitaires') have been used in an attempt to isolate affected communities in the past, but are unlikely to be effective against pandemic influenza in the UK as infection is expected to affect all major population centres within one to two weeks of initial cases being identified.

### Infection control, hygiene, facemasks

3.31 Applying basic infection control measures and encouraging compliance with public health advice are likely to make an important contribution to the UK's overall response. Simple measures will help individuals to protect themselves and others.

The necessary measures include:

- staying at home when ill
- covering the nose and mouth with a tissue when coughing or sneezing
- disposing of dirty tissues promptly and carefully – bagging and binning them
- washing hands frequently with soap and warm water to reduce the spread of the virus from the hands to the face, or to other people, particularly after blowing the nose or disposing of tissues
- cleaning frequently touched hard surfaces (e.g. kitchen worktops, door handles) regularly using normal cleaning products
- avoiding crowded gatherings where possible, especially in enclosed spaces
- if suffering with influenza symptoms, wearing a disposable face mask to protect others should it become absolutely essential to go out (e.g. to go to hospital)
- making sure that children follow this advice

3.32 Although the perception that it may be beneficial to wear a face mask, especially in public places, is widely held, there is little actual evidence of proportionate benefit from widespread use. The Government will not therefore be stockpiling face masks for general use. If individuals who are not symptomatic choose to purchase and wear face masks in public places, they should be worn properly and disposed of safely to reduce infection spread.

3.33 Although further clarification and guidance on the use of face masks may become available in due course, the planning presumptions should be that anyone who is ill with influenza-like symptoms will be advised to stay at home.

### Public gatherings

3.34 Large public gatherings or crowded events where people may be in close proximity are an important indicator of 'normality' and can help maintain public morale during a pandemic. Whilst close contact with others – especially in a crowded confined space – accelerates the spread of an influenza virus, there is little direct evidence of the benefits or effects of cancelling such gatherings or events. Individuals may benefit from reduced exposure by not attending such events, but there would be very little benefit to the overall community. Reduction in travel to such events may

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also reduce spread, although the benefits of even major reductions in all travel are small.

### School closures

- 3.35 Influenza transmits readily wherever people are in close contact and is likely to spread particularly rapidly in schools. As children will have no residual immunity, they could be amongst the groups worst affected and can be 'super spreaders'.
- 3.36 The Government will take decisions on whether or not to advise closures on the basis of an assessment of the emerging characteristics and impact as the pandemic develops. The trigger for advice to close would be confirmation of initial cases in the area. The decision to close schools would have an impact on not only the education of children, but also services and businesses dependent on working parents.
- 3.37 Once the Government has issued advice, Local Authorities are responsible for communicating this advice to school Headteachers. The final decision rests with schools and child care providers as to whether or not to close the school. Local Authorities have a legal duty to provide education "at school or otherwise" for children who for any reason may not for any period receive suitable education unless such arrangements are made for them. Therefore, while it might not be possible to provide the usual full service, Local Authorities must provide a reasonable level of education for all children in their area if pupils are unable to attend school due to closure.

**Please Note:** Guidance has been provided by the Departments for Children, Schools and Families for schools and providers of childcare services advising them of operating procedures during a pandemic. Further information is available at [www.teachnet.gov.uk/humanflupandemic](http://www.teachnet.gov.uk/humanflupandemic)

### Mutual Aid

- 3.38 For planning purposes, the assumptions should be that mutual aid from neighbouring regions will not be available as the whole country will be affected.

### **Vulnerable People**

- 3.39 Vulnerable people are defined as those 'that are less able to help themselves in the circumstances of an emergency'. In the event of an influenza pandemic, these may include; children, older people, mobility impaired, those mentally or cognitively function impaired, the sensory impaired, individuals supported by health, LAs or the independent sectors within the community, individuals cared for by relatives, prisoners and other incarcerated populations (e.g. immigration removal centres (IRCs), police custody cells, secure training centres), the homeless, pregnant women, minority language speakers, tourists or the travelling community.

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3.40 The process of identifying and managing vulnerable people needs to take place at the local level. In London, multi-agency IPCs are responsible for putting in place arrangements for sharing data on vulnerable people and ensuring that mechanisms are in place for communicating, managing and supporting vulnerable people, including disabled people. In particular, IPCs will need to produce estimates of the number and type of vulnerable people within their area and consider their specific needs. IPCs will need to ensure that they are able to deliver essential social services to vulnerable people during a flu pandemic. Please see Annex 2 for guidance on the roles of IPCs.

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### **SECTION FOUR – PLANNING AND PREPAREDNESS – WHO PHASES 1 TO 3**

- 4.1 Even within a response plan such as this, it is prudent to reflect on planning and preparedness, particularly given that five of the WHO Pandemic Flu Phases focus on the lead up to a pandemic being declared.

#### **Business Continuity and Resilience Planning**

- 4.2 It is highly probable that the pandemic will consist of one or more waves, and once established, its speed of spread will leave little time for contingency planning or preparations.
- 4.3 Once efficient person-to-person transmission is established, preventing an influenza pandemic is unlikely to be possible, as most people are likely to be exposed to the virus at some stage during their normal activities. Those with influenza like symptoms should minimise contact with others by remaining at home until the symptoms have resolved. Those who are not symptomatic should continue normal activities for as long as possible. By avoiding unnecessary close contact with others and routinely adopting high standards of personal and respiratory hygiene, the likelihood of catching or spreading influenza will be reduced.
- 4.4 The overall aim during a pandemic will be to encourage those who are well to carry on with their daily lives normally for as long as that is possible, within the constraints imposed by the pandemic. Although existing business continuity plans for other disruptive challenges provide a good starting point for planning for an influenza pandemic, it must be recognised that pandemic influenza presents a unique scenario in terms of prolonged pressures through a reduced workforce and potentially increased workload. Organisations are, therefore, expected to develop specific business continuity and contingency plans to ensure that critical services and outputs continue to be delivered throughout an influenza pandemic.
- 4.5 It is the responsibility of all agencies that make up the London Resilience Partnership, acting individually and collectively, to identify and plan for the full range of health and non-health related impacts of pandemic influenza, including the implications for supply chains.
- 4.6 Over the course of a pandemic, staff are likely to be absent from work for a combination of reasons including personal illness, bereavement, fear of infection, the impact of public health measures such as school closures and other factors such as transport difficulties. All sectors should plan for such an eventuality which could last several months. Levels of absence may vary due to the size and nature of a workplace, the kind of activity that takes place there and the composition of the workplace.

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- 4.7 The following key assumptions, based on a uniform clinical attack rate across all age groups, should assist in carrying out impact assessments and developing contingency plans. As the attack rate may not be uniform across all age groups, plans need to retain flexibility to adapt as information emerges.
- Up to 50% of the workplace may require time off at some stage over the entire period of the pandemic, with individuals absent for a period of seven to ten working days. Staff absence should follow the pandemic profile with an expectation that it will build to a peak lasting for two to three weeks – when between 15% and 20% of the staff may be absent – and then decline.
  - Additional staff absences are likely to result from other illnesses, taking time off to provide care for dependants, family bereavement, other psychological impacts, fear of infection and/or practical difficulties in getting to work. In addition, if schools close, staff may need to take time off to care for their children.
  - Modelling suggests that small organisational units (5 to 15 staff) or small teams within larger organisational units are likely to suffer higher percentages of absenteeism up to 30-35% over a two – three week period at the local peak.
- 4.8 Each organisation needs to estimate the level of staff absence and its potential impact on its own activities. The level of staff absence will depend to some extent on the composition of the workforce and the environments in which people work. In order to derive estimates for the total numbers likely to be absent, employers should consider the demographics of their work teams, including the percentage who have childcare or other family care responsibilities, 'normal' absenteeism levels and options for home or remote working. Due to the human resources implications of pandemic influenza, succession planning will be a critical consideration in contingency planning.
- 4.9 Consultation and jointly conducted risk assessments by employers, staff and their trade unions or representatives, combined with documented procedures during the planning phase, can help ensure that employees are well educated and informed. Joint risk assessments can also assist in identifying and exploring any subjective perceptions of risk, the opportunities for more flexible working arrangements, and training requirements to help cover staff absences. Identifying those staff with co-morbid conditions or other factors that put them at higher risk may also allow proportionate individual precautions.
- 4.10 Making temporary changes to working practices – e.g. reducing close face-to-face contact; providing physical barriers to transmission; enhancing cleaning regimes; ensuring that the necessary protective equipment is available; having hand washing, waste disposal and other hygiene facilities in place – and actively promoting these and other similar measures can help encourage and maintain attendance at work during the response phase.

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4.11 Advice on business continuity planning can be accessed from the UK Resilience website at <http://www.ukresilience.gov.uk/pandemicflu/guidance/business.aspx>. Tools such as the Pandemic Influenza Checklist for Businesses highlight key questions to allow organisations to undertake a gap analysis of their existing business continuity plans to ensure robust resilience in the context of an influenza pandemic.

### **Multi-Agency Planning and Preparedness**

- 4.12 It is likely that most, if not all, of the agencies that make up the London Resilience Partnership will have established internal planning groups to lead on and co-ordinate their organisation's business continuity plans for pandemic influenza.
- 4.13 However, responding effectively during an influenza pandemic will also require the combined efforts of the London Resilience Partnership at an early stage to coordinate and establish integrated multi-agency response plans.
- 4.14 A number of existing arrangements and organisational structures are in place to plan the multi-agency response to pandemic influenza in the pre-pandemic phases.

### **Summary of Roles and Responsibilities**

#### London Regional Resilience Forum (LRRF)

- 4.15 The role of the LRRF is to provide a senior level central focus for co-ordinated and effective emergency planning in London, bringing together representatives from regional and local government, the Mayor of London, London emergency services, the health sector in London, other key public services and the business community. A full list of organisations that make up the LRRF can be found in Annex 6.
- 4.16 The LRRF forms an overarching steering group and provides strategic guidance to London's emergency planning. The LRRF is co-chaired by the Minister for Local Government and the Minister for London; the secretariat function is provided by the London Resilience Team (LRT). The Mayor of London acts as deputy chair of the LRRF.
- 4.17 During WHO Phases 1-3, the LRRF will continue to meet on a quarterly basis to:
- Assess the risk to London of pandemic influenza.
  - Gather situation reports and updates from regional and local partners to guide decision making, if applicable, and, where appropriate, communicate these to the Department of Health and/or Cabinet Office at a national level.

#### Local Resilience Forums (LRFs)

- 4.18 In London, there are six LRFs, bringing together groups of five or six boroughs, enabling a tier of collaboration which bridges the borough and regional levels.
- 4.19 These forums are chaired by local authority chief executives and their membership includes Category One responders. Category Two responders attend under their 'right to attend'; and other interested partners (including the voluntary sector, business and the military) are also invited.
- 4.20 Under the Civil Contingencies Act, Category One responders have a duty to assess

## **SECTION FOUR: PLANNING AND PREPAREDNESS – WHO PHASES 1-3**

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the risk of an emergency occurring within or affecting their geographical area. This duty is discharged at the Local Resilience Forum level and is a collaborative evaluation of risk used to inform emergency planning, business continuity and warning and informing the public.

- 4.21 During WHO Phases 1-3, the LRFs are a fora in which pandemic influenza preparedness, specifically business continuity and contingency planning, can be monitored; however, the Influenza Pandemic Committees (IPCs) have the lead responsibility for planning for pandemic flu at a local level.

### Influenza Pandemic Committees (Planning)

- 4.22 IPCs (Planning), of which there are 31 in London, based on Primary Care Trust (PCT) areas, are the multi-agency fora through which local planning, response and recovery are managed and co-ordinated. They enable local service providers to establish a coherent approach with each organisation knowing its role in relation to others.
- 4.23 IPCs (Planning) are made up of representatives from the local health community and local authorities, and may also include borough police, ambulance service, fire brigade and voluntary sector.
- 4.24 The IPCs (Planning) are chaired by the PCT and convene regularly to share information on the current state of preparedness, provide support, make joint decisions, and develop local multi-agency plans.

**Please Note:** For further guidance about IPCs (Planning) please see Annex 2.

## SECTION FOUR: PLANNING AND PREPAREDNESS – WHO PHASES 1-3

Table 4: Organisational Responsibilities in WHO Phases 1 to 3

WHO PHASES 1 & 2 - PLANNING & PREPAREDNESS			
WHO PHASE 3 - PANDEMIC ALERT PERIOD			
Organisation	Lead Implementer	WHO Phase	Key Actions & Outputs
<p><b>ALL ORGANISATIONS</b> are expected to deliver the following key actions and outputs at the specified WHO Phase. Additional organisation-specific activities for the relevant WHO Phase are listed below.</p>		1 & 2	<ul style="list-style-type: none"> <li>Establish Pandemic Flu Lead to remain aware of phase and alert progression and information developments.</li> <li>Monitor and evaluate risks and impacts for areas of responsibility.</li> <li>Identify and mitigate where possible critical vulnerabilities.</li> <li>Undertake business continuity and resilience planning in the context of a pandemic flu scenario.</li> <li>Ensure that planning is an integrated activity and that all plans are regularly maintained and exercised.</li> <li>Communicate plans with employees, contractors, and affiliated organisations.</li> <li>Participate in planning groups to discuss, plan and share best practice.</li> </ul>
		3	<ul style="list-style-type: none"> <li>Initiate urgent review of business/service continuity arrangements.</li> <li>Initiate urgent review of emerging information and guidance.</li> <li>Use planning groups to consider adjustment of response strategies in respect of optimal practices.</li> <li>Accelerate, consolidate and test preparedness effort.</li> </ul>
All government departments	Individual government departments	1 & 2	<ul style="list-style-type: none"> <li>Monitor and evaluate risks and impacts for areas of responsibility.</li> <li>Inform and support contingency planning in areas of responsibility.</li> <li>Produce up to date information, advice and guidance.</li> </ul>
		3	<ul style="list-style-type: none"> <li>Monitor and review pandemic risk assessment.</li> <li>Convene cross-government official level committee to address policy/preparedness issues.</li> <li>Review/test communication links and preparedness and coordination arrangements.</li> <li>Brief and convene Ministerial level committee if required.</li> </ul>
Department of Health - Lead government department		1 & 2	<ul style="list-style-type: none"> <li>Establish national stockpiles of medical countermeasures to support response.</li> <li>Maintain liaison with international health organisations.</li> <li>Provide the information and guidance that other government departments, organisations and agencies need to develop their own plans and responses.</li> </ul>
		3	<ul style="list-style-type: none"> <li>Inform CCS, other Government Departments and NHS of change of phase and UK significance.</li> <li>Liaise with Defra and other relevant Government Departments over wider implications.</li> <li>Issue information/advice to travellers, public and health professionals.</li> <li>Provide information/briefings.</li> <li>With DfID/HPA, consider need and options to support WHO/ international response.</li> <li>Review options and development plans for a potential pandemic (or pre-pandemic) vaccine with NIBSC and manufacturers.</li> <li>Refine intervention strategies for Phases 4, 5 and 6.</li> <li>Review pharmaceutical and other supply needs.</li> <li>Review operational guidance for the NHS, social services and others.</li> <li>Begin to prepare the public for the possibility of an influenza pandemic.</li> <li>Prepare information materials for future phases.</li> <li>Review preparedness plans for future phases.</li> <li>If within UK: confirm with HPA and report to WHO and EU.</li> </ul>

## SECTION FOUR: PLANNING AND PREPAREDNESS – WHO PHASES 1-3

WHO PHASES 1 & 2 - PLANNING & PREPAREDNESS			
WHO PHASE 3 - PANDEMIC ALERT PERIOD			
Organisation	Lead Implementer	WHO Phase	Key Actions & Outputs
Minister for Local Government/Minister for London		1 & 2 & 3	<ul style="list-style-type: none"> <li>Chair London Regional Resilience Forum (LRRF) - provide leadership and support for London Resilience Partnership.</li> </ul>
Government Office for London	Regional Director	1 & 2 & 3	<ul style="list-style-type: none"> <li>Provide support and deputise for Minister where appropriate.</li> </ul>
	London Resilience Team	1 & 2	<ul style="list-style-type: none"> <li>In addition to key actions and outputs incumbent upon all government departments:</li> <li>Link at a sub-regional level to LRFs.</li> <li>Exercise plans with LRF &amp; LRRF partners.</li> <li>Participate in planning groups to discuss, plan and share best practice.</li> </ul>
		3	<ul style="list-style-type: none"> <li>Actions and outputs expected of all organisations, as above.</li> </ul>
Environment Agency		1 & 2	<ul style="list-style-type: none"> <li>Link at a sub-regional level to LRFs.</li> <li>Exercise plans with LRF &amp; LRRF partners.</li> </ul>
		3	<ul style="list-style-type: none"> <li>Actions and outputs expected of all organisations, as above.</li> </ul>
NHS London	Director of Public Health for London	1 & 2	<ul style="list-style-type: none"> <li>Provide DH advice to LRRF to support resilience and business continuity planning.</li> </ul>
	NHS London Flu Leads		<ul style="list-style-type: none"> <li>Work with others to help the development of regional resilience planning and post-pandemic recovery planning.</li> <li>Monitor, encourage and support the development of arrangements, including with Independent health sector where considered appropriate.</li> <li>Ensure that planning is an integrated activity and that all NHS plans are regularly maintained and exercised.</li> </ul>
	NHS London Pandemic Influenza Coordinator		<ul style="list-style-type: none"> <li>Provide a critical link to the London Regional Government Offices.</li> <li>Participate in planning groups to discuss, plan and share best practice.</li> </ul>
	NHS London	3	<ul style="list-style-type: none"> <li>In addition to actions and outputs expected of all organisations, as listed above:</li> <li>Ensure arrangements are in place to identify, investigate, report and manage any suspected case of infection with a novel virus.</li> <li>Review/revise/test pandemic plans.</li> <li>Act as the regional headquarters of the National Health Services.</li> <li>Meet regularly to co-ordinate planning across London and monitor the progress of the work streams.</li> <li>Monitor the preparedness of London Trusts, via regular assessment and exercising of plans.</li> <li>Prepare and maintain business continuity plans for NHS London, including an up to date register of contact details and list of relevant organisations.</li> </ul>
	NHS London Pandemic Influenza Steering Group		<ul style="list-style-type: none"> <li>Work with HPA, PCTs and LA partners to keep the pandemic response plan up to date and in line with national guidance.</li> <li>Ensure command, control and co-ordination plans are in place for NHS London and have been tested.</li> <li>Monitor the plans of NHS organisations within London.</li> <li>Act as a conduit for information and instructions from DH to the local NHS.</li> </ul>

## SECTION FOUR: PLANNING AND PREPAREDNESS – WHO PHASES 1-3

WHO PHASES 1 & 2 - PLANNING & PREPAREDNESS			
WHO PHASE 3 - PANDEMIC ALERT PERIOD			
Organisation	Lead Implementer	WHO Phase	Key Actions & Outputs
Local Health Community	Individual PCTs Individual Acute Trusts Individual Mental Health Trusts	1 & 2	<ul style="list-style-type: none"> <li>Review arrangements for providing an effective and sustainable community based response during an influenza pandemic in conjunction with local partners.</li> <li>Ensure that planning is an integrated activity and that all plans are regularly maintained and tested.</li> <li>Liaise with Local Authorities and local partners to ensure that arrangements for managing the demands of the excess death projections are built into business continuity plans.</li> <li>Ensure that vulnerable people within the community are identified and plans put in place to address their needs.</li> </ul>
	Nominated Reps		<ul style="list-style-type: none"> <li>PCT to chair and other local health trusts to attend the IPC (Planning).</li> <li>Participate in other relevant planning groups to discuss, plan and share best practice.</li> </ul>
	Individual PCTs, Acute Trusts and Mental Health Trusts	3	Actions and outputs expected of all organisations, as above.
London Ambulance Service	LAS	1 & 2	<ul style="list-style-type: none"> <li>Develop appropriate models of service for the potential increased demand during a pandemic.</li> <li>Familiarise themselves with overall UK Government advice on pandemic flu planning and the current WHO phase of alert.</li> <li>Link at a sub-regional level to LRFs. Link at a local level to IPC's (Planning).</li> </ul>
	Nominated LAS Representatives		<ul style="list-style-type: none"> <li>Participate in planning groups to discuss, plan and share best practice, e.g. LRRF</li> </ul>
	LAS	3	<ul style="list-style-type: none"> <li>Actions and outputs expected of all organisations, as above.</li> </ul>
Health Protection Agency	HPA	1 & 2	<ul style="list-style-type: none"> <li>Support Health Departments with scientific &amp; public health advice.</li> <li>Maintain virology services and laboratory arrangements.</li> <li>Develop and maintain routine national influenza surveillance and reporting systems - including vaccine uptake.</li> <li>Maintain national arrangements for early detection and alert. Contribute to WHO/EU surveillance activities.</li> <li>Support the development and testing of health response plans (Health Protection Units).</li> <li>Work with organisations outside the NHS in the support, development and testing of flu pandemic plans e.g Prisons, LAs &amp; care homes.</li> </ul>
	Nominated HPA Reps		<ul style="list-style-type: none"> <li>Participate in LRRF.</li> </ul>
	HPA	3	<p>In addition to actions and outputs expected of all organisations, as listed above:</p> <ul style="list-style-type: none"> <li>Monitor international situation and advise DH on UK health risk.</li> <li>Maintain diagnostic capability and provide serological investigations as required.</li> <li>Provide guidance on management of suspected UK cases and contacts.</li> <li>Support NHS response with scientific and public health advice.</li> <li>Maintain database.</li> <li>Review/revise/exercise pandemic plans.</li> </ul>

## SECTION FOUR: PLANNING AND PREPAREDNESS – WHO PHASES 1-3

WHO PHASES 1 & 2 - PLANNING & PREPAREDNESS			
WHO PHASE 3 - PANDEMIC ALERT PERIOD			
Organisation	Lead Implementer	WHO Phase	Key Actions & Outputs
London Local Authorities	Individual LAs	1 & 2	<ul style="list-style-type: none"> <li>Undertake business continuity and resilience planning in the context of a pandemic flu scenario.</li> <li>Prepare plans to discharge legal duty to provide education "at school or otherwise" for children who for any reason "may not for any period receive suitable education unless such arrangements are made for them". LAs must have plans in place to provide a reasonable level of education for all children in their area if pupils are unable to attend schools during a pandemic flu scenario.</li> <li>Link at a sub-regional level to LRFs. Link at a local level to IPC (Planning).</li> <li>Provision of business continuity advice and assistance to business and voluntary organisations.</li> <li>Ensure that business continuity arrangements for managing the demands of the excess death projections are understood by local partners and are factored in to local multi-agency plans. Planning will need to consider arrangements for additional mortuary capacity, death certification, internment arrangements and to give due consideration to diverse faith and ethnic requirements.</li> <li>Ensure that vulnerable people within the community are identified and plans put in place to address their needs.</li> </ul>
	Nominated LA Reps		<ul style="list-style-type: none"> <li>Participate in planning groups to discuss, plan and share best practice.</li> </ul>
	Individual LAs	3	<ul style="list-style-type: none"> <li>Actions and outputs expected of all organisations, as above.</li> </ul>
London Coroners	Individual Coroner's Offices	1 & 2	<ul style="list-style-type: none"> <li>Link at a local level to IPCs (Planning).</li> <li>Liaise with Local Authorities and local partners to ensure that arrangements for managing the demands of the excess death projections are built into business continuity plans.</li> </ul>
	Nominated Coroners Reps		<ul style="list-style-type: none"> <li>Participate in planning groups to discuss, plan and share best practice where appropriate, e.g. LRRF.</li> </ul>
	Individual Coroner's Offices	3	<ul style="list-style-type: none"> <li>Actions and outputs expected of all organisations, as above.</li> </ul>
All London Schools and Childcare and Early Years Settings		1 & 2	<ul style="list-style-type: none"> <li>Work closely with the local authority to prepare for pandemic influenza.</li> <li>Put in place outline plans for a pandemic, including business continuity planning to cope with staffing shortages e.g. cover arrangements if head and/or deputy are ill in the pandemic, supply cover for absent staff etc.</li> <li>Respond promptly to any request from the Local Authority for up-to-date contact details for the school, so that they are able to receive information from the Local Authority efficiently</li> <li>Take note of any new guidance, review plans regularly, ensure contact lists are kept up to date.</li> </ul>
		3	<ul style="list-style-type: none"> <li>Actions and outputs expected of all organisations, as above.</li> </ul>
Greater London Authority	GLA Group	1 & 2	<ul style="list-style-type: none"> <li>Undertake business continuity and resilience planning in the context of a pandemic flu scenario.</li> <li>Develop call centre, telephony arrangements and hub arrangements.</li> <li>Participate in planning groups to discuss, plan and share best practice, e.g. LRRF</li> </ul>
	The Mayor of London		<ul style="list-style-type: none"> <li>Provide leadership and commitment to pandemic resilience and continuity planning across the GLA Family.</li> <li>Act as Deputy Chair of LRRF.</li> </ul>

## SECTION FOUR: PLANNING AND PREPAREDNESS – WHO PHASES 1-3

WHO PHASES 1 & 2 - PLANNING & PREPAREDNESS			
WHO PHASE 3 - PANDEMIC ALERT PERIOD			
Organisation	Lead Implementer	WHO Phase	Key Actions & Outputs
	GLA Group	3	<ul style="list-style-type: none"> <li>• Have ongoing discussions with DH and NHS London to address outstanding issues and risks.</li> <li>• Test the GLA business continuity plan.</li> <li>• Actions and outputs expected of all organisations, as above.</li> <li>• Test the plan.</li> </ul>
Individual Police Forces	Individual Police Forces	1 & 2	<ul style="list-style-type: none"> <li>• Link at a sub-regional level to LRFs. Link at a local level to IPCs (Planning).</li> </ul>
	Nominated Police Reps		<ul style="list-style-type: none"> <li>• Participate in planning groups to discuss, plan and share best practice.</li> </ul>
	Individual Police Forces	3	<ul style="list-style-type: none"> <li>• Actions and outputs expected of all organisations, as above.</li> </ul>
London Fire Brigade	London Fire Brigade	1 & 2	<ul style="list-style-type: none"> <li>• Link at a sub-regional level to LRFs. Link at a local level to IPCs (Planning).</li> </ul>
	Nominated Fire Reps		<ul style="list-style-type: none"> <li>• Participate in planning groups to discuss, plan and share best practice.</li> </ul>
	London Fire Brigade	3	<ul style="list-style-type: none"> <li>• Actions and outputs expected of all organisations, as above.</li> </ul>
London Fire Brigade, Emergency Planning	London Fire Brigade, Emergency Planning	1 & 2	<ul style="list-style-type: none"> <li>• In addition to key actions and outputs incumbent upon the LFB, assist Local Authorities to meet their responsibilities to prepare emergency plans, to train their staff in preparing those plans, and to exercise the plans.</li> </ul>
	LFB EP - Gold Office Team		<ul style="list-style-type: none"> <li>• Review practical working arrangements for Local Authority Gold, organise and deliver training programmes; liaise with other agencies; and inform the Local Authorities of developments.</li> </ul>
	LFB EP	3	<ul style="list-style-type: none"> <li>• Actions and outputs expected of all organisations, as above.</li> </ul>
Transport Cell	Transport Cell	1 & 2	<ul style="list-style-type: none"> <li>• Link at a sub-regional level to LRFs.</li> </ul>
	Nominated Transport Representatives		<ul style="list-style-type: none"> <li>• Participate in planning groups to discuss, plan and share best practice</li> </ul>
	Transport Cell	3	<ul style="list-style-type: none"> <li>• Actions and outputs expected of all organisations, as above.</li> </ul>
Utilities Cell	Utilities Cell	3	<ul style="list-style-type: none"> <li>• Actions and outputs expected of all organisations, as above.</li> </ul>
Military Cell	Military Cell	1 & 2	<ul style="list-style-type: none"> <li>• Link at a sub-regional level to LRFs.</li> </ul>
	Nominated Military Reps		<ul style="list-style-type: none"> <li>• Participate in planning groups to discuss, plan and share best practice</li> </ul>
	Military Cell	3	<ul style="list-style-type: none"> <li>• Actions and outputs expected of all organisations, as above.</li> </ul>
Voluntary Organisations	Nominated Voluntary Organisation Reps	1 & 2	<ul style="list-style-type: none"> <li>• Link at a sub-regional level to LRFs where invited. Link at a local level with IPCs (Planning) where invited.</li> <li>• Participate in planning groups to discuss, plan and share best practice</li> </ul>
	Voluntary Orgs	3	<ul style="list-style-type: none"> <li>• Actions and outputs expected of all organisations, as above.</li> </ul>

## SECTION FOUR: PLANNING AND PREPAREDNESS – WHO PHASES 1-3

WHO PHASES 1 & 2 - PLANNING & PREPAREDNESS				
WHO PHASE 3 - PANDEMIC ALERT PERIOD				
Organisation	Lead Implementer	WHO Phase	Key Actions & Outputs	
London Port Health Authority	City of London	1 & 2	3	<ul style="list-style-type: none"> <li>To conduct a Risk Assessment for evidence of pandemic influenza in passengers or crew aboard ships or aircraft when infectious disease is suspected on board.</li> <li>To alert shipping lines, ships' agents, ports, City Airport, port authorities and other relevant organisations of the need for vigilance, and the necessity to report any passengers or crew showing infectious disease symptoms prior to arrival.</li> <li>To investigate deaths and infectious disease reports on board ships or aircraft to assist in ascertaining cause of death and disease.</li> <li>To notify HPA and WHO on identification of pandemic influenza.</li> </ul>
Prisons	Her Majesty's Prison Service	1 & 2	3	<ul style="list-style-type: none"> <li>Development and exercising of local written plans on planning for pandemic flu.</li> <li>Identification of healthcare resources and training needs required (human and material).</li> <li>Healthcare needs assessment of prison population to identify high risk prisoners.</li> </ul>

## **SECTION FIVE: PRE-RESPONSE – WHO PHASES 4 & 5**

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### **SECTION FIVE – PRE-RESPONSE – WHO PHASES 4 & 5**

#### **Rising Tide Emergency Response Escalation**

- 5.1 Rising tide “emergency” events or situations have a lead in time of days, weeks or even months, their onset can be gradual and the final impact may not always be apparent early on. Developing health pandemics, infectious disease outbreaks in animals and extreme weather are all examples of rising tide events or situations.
- 5.2 In WHO Phases 4 and 5, before the declaration of a pandemic, information will be emerging about the epidemiology of the virus which would merit dissemination and formal consideration.
- 5.3 As information emerges and the WHO Phases escalate, the London Resilience Team (LRT) will maintain a dialogue with the Regional Director of Public Health for London (DPH), and agree an appropriate response to the escalation.
- 5.4 At this point, and at a time mutually agreed by RDPH and the LRT, a meeting of the Regional Civil Contingencies Committee Level 1 (RCCC) will be convened by LRT (see para 5.8 for a summary of RCCC role).
- 5.5 When convened, the RCCC1 will decide upon the issue(s) before them and how they wish to proceed. Should they decide that regional monitoring and or strategic co-ordination is necessary they will agree how this is to be achieved.
- 5.6 Should the London Resilience Partnership consider it necessary to continue meeting, then the meeting/group should be designated with a title that reflects the issue(s) and purpose of the meetings/group (i.e. ‘Pandemic Flu RCCC1’). This will ensure that should it become necessary to convene additional meetings of the partnership or to establish more than one RCCC in relation to unrelated ‘emergencies’ that occur concurrently, the purpose of each can be clearly differentiated.
- 5.7 The LRRF Command and Control Protocol, which can be accessed at [http://www.londonprepared.gov.uk/downloads/ccprotocol\\_august2008.pdf](http://www.londonprepared.gov.uk/downloads/ccprotocol_august2008.pdf) will form the backbone of the regional response to an influenza pandemic. This protocol sets out the mechanisms for dealing with an “emergency” as defined by the Civil Contingencies Act 2004.

#### **Summary of Roles and Responsibilities**

##### **Regional Civil Contingencies Committee (RCCC)**<sup>3</sup>

- 5.8 Where it is considered that a regionally coordinated strategic response to a rising tide event or situation is necessary, the lead government department (LGD) will give instructions for the RCCC to be convened. An RCCC can also be convened, with the agreement of the LGD, following a request from a member of the London Regional Resilience Forum (LRRF). Requests from the LRRF to convene a level one RCCC should be made to LRT who will liaise with the appropriate LGD.

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<sup>3</sup> Drawn from the Version 2 of London Command and Control Protocol

## **SECTION FIVE: PRE-RESPONSE – WHO PHASES 4 & 5**

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- 5.9 LRT will be responsible for convening the RCCC in London, will provide the necessary secretariat support and ensure that appropriate government departments and resilience partners are kept informed of developments. The possible impact of the pandemic on critical staffing means that resilience measures such as nominated deputy committee members and the utilisation of remote meetings may be required to ensure the continued smooth running of the RCCC.
- 5.10 Set out below is the role, the different levels and membership of an RCCC in London as set out by the LRRF Command and Control Protocol.

### Role of the RCCC

- 5.11 The role of the RCCC is to:
- Take stock of the situation
  - Provide strategic overview and direction
  - Manage communication (media/public)
  - Handle crises
- 5.12 During WHO Phases 4 and 5, the frequency of the RCCC meetings will be decided by the Chair.
- 5.13 The RCCC will expect regular Situation Reports (Sitreps) from the organisations and network groups represented to inform its decisions. See section 7 on Reports and Returns
- 5.14 The RCCC will communicate using designated spokespersons for London. These will be confirmed at the first meeting but the presumption is that the Mayor (as the ‘Voice of London’) will be the chief spokesperson and lead on communication with the public. See Annex 2 for further detail on the Communications Strategy.
- 5.15 The RCCC will consider establishment of a Recovery Management Cell and monitor the economic impact of the pandemic in communication with the GLA.

### Levels of RCCC Meetings

- 5.16 An RCCC can be convened at one of three levels:
- **Level 1** meeting would be convened in the phase before an emergency, where prior warning is available. The meeting would be held to review the situation, provide updates and establish the state of preparedness across the region.
  - **Level 2** (UK Alert Level 2 – 4) meeting will coordinate the response to an emergency across the region.
  - **Level 3** meeting can only be called following the making of emergency regulations under Part 2 of the Civil Contingencies Act 2004. (The presumption should be that the Government will rely on voluntary compliance with national advice and that it is unlikely to invoke emergency or compulsory powers unless they become absolutely necessary.)

## **SECTION FIVE: PRE-RESPONSE – WHO PHASES 4 & 5**

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### Membership of the RCCC during a Flu Pandemic

- 5.17 In London, core membership of the RCCC will mirror that of the LRRF in the first instance. Other agencies and/or individuals will be invited to attend as appropriate.
- 5.18 The Chair for level 1 and 2 RCCCs will be the Minister for Local Government or the Minister for London or the Regional Director of the Government Office for London.
- 5.19 Level 3 RCCC meetings can only be called following the making of emergency regulations under part 2 of the Civil Contingencies Act 2004. A senior Minister from the LGD will appoint a Regional Nominated Coordinator (RNC) who will Chair the meetings. The appointment of the RNC will come to an end when emergency regulations made under Part 2 of the Civil Contingencies Act 2004 cease to have effect, even though he or she may continue to play an informal role in recovery efforts, if appropriate.

### Influenza Pandemic Committee (Response)

- 5.20 As the WHO Phases escalate, and at a stage mutually agreed by local partners, the IPC (Response) will evolve from its planning function to a forum in which to coordinate and support a local strategic response to an influenza pandemic.
- 5.21 The IPC (Response) does not replace individual organisations' response / control teams; rather it enables local partners to: assess the current level of response to the pandemic; evaluate the effectiveness of specific responses and interventions with a view to revising response strategies; and facilitate mutual agency support.
- 5.22 Individual organisations will compile their own situation reports on the impact of the pandemic. Relevant aspects of these reports should be presented to the IPC (Response) in order to give all local agencies a common picture of the situation in the area. Highlighted aspects should concentrate on areas of mutual concern.
- 5.23 The IPC (Response) will not produce an overarching situation report (Sitrep). Each organisation at the IPC (Response) is responsible for producing its own Sitrep and for communicating it directly through agreed channels (e.g. the Local Authority to the London Local Authority Gold, via the London Local Authority Co-ordination Centre, or the Local Health Community to Health Gold, via NHS London, etc.).
- 5.24 For further guidance about IPCs (Response) refer to the *Guidance for Multi-Agency 'Influenza Pandemic Committees' (IPCs) in London*, which is attached as Annex 2.

## **SECTION FIVE: PRE-RESPONSE – WHO PHASES 4 & 5**

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### Membership of the IPC (Response) during a Flu Pandemic

- 5.25 The IPC (Response) membership during the response to an influenza pandemic will be different to the planning phases. Where possible though, primary members should be the same as during planning although due to the nature of an influenza pandemic, it is important that all members have at least one delegated representative, who has the authority to make key decisions in the absence of the primary member.
- 5.26 Membership should include representatives from all of the key partner agencies, including the local health community and the Local Authority. It is highly desirable for representatives of the local Ambulance, Fire and Police to also be in attendance.
- 5.27 Members of the IPC (Response) are responsible for ensuring that their representation at the IPC (Response) is at a suitable level and covers the essential service areas of responsibility in their organisations such that the exchange of information, guidance and need for mutual support tabled at the IPC (Response) are effectively communicated across their organisations and appropriate action is taken.

### **Activation and Action Chart WHO Phases 4 and 5**

- 5.28 The following table summarises the response triggers and key actions to be undertaken by central Government and the London Resilience Partnership during WHO Phases 4 and 5.

## SECTION FIVE: PRE-RESPONSE – WHO PHASE 4 & 5

Table 5: Activation and Action Chart in WHO Phases 4 and 5

WHO PHASE 4 -PANDEMIC ALERT PERIOD					
WHO PHASE 5 -PANDEMIC ALERT PERIOD					
<b>(BE FULLY PREPARED TO INITIATE AND IMPLEMENT RESPONSE ACTIONS)</b>					
Organisation	Lead Implementor	WHO Phase		Response Trigger	Key Actions & Outputs, in addition to those established in Phases 1 to 3
Civil Contingencies Committee		4	5	WHO Phase change - Notification of Phase change by WHO/DH	<ul style="list-style-type: none"> <li>Meet as required to agree early policy decisions and to urge completion of planning.</li> <li>The CCC may instruct Regional Civil Contingencies Committees (RCCC) to meet as required to promulgate policy decision/advice and maintain overview of response.</li> </ul>
Department of Health – Lead government department		4		WHO Phase change - Notification of Phase change by WHO	<ul style="list-style-type: none"> <li>Notify change in phases.</li> <li>Advise on UK public health risk and ensure rapid reassessment if circumstances change.</li> <li>Liaise with Defra over implications for farming/poultry industry.</li> <li>Provide information/advice to UK travellers and residents abroad in conjunction with FCO.</li> <li>Advise health professionals on identification, management and reporting of any UK cases.</li> <li>Update and distribute public information more widely (e.g. Radio/ TV). Particular emphasis on enhancing understanding, explaining the likely issues and limitations, describing how essential services will respond and advising on self and community help.</li> <li>Review plans for storage, distribution and access to antiviral medicines.</li> <li>Liaise with NIBSC and vaccine manufacturers.</li> <li>Ensure NHS operational plans are in place.</li> <li>Review patient management protocols.</li> <li>Report to WHO and the EU.</li> <li>Consider initiating measures to enhance and preserve essential supplies and finalise plans for pre-distribution of any stockpiled items.</li> </ul>
		5			<ul style="list-style-type: none"> <li>Inform CCS, other Government Departments and NHS of change of phase and UK implications and significance.</li> <li>Convene the UK National Influenza Pandemic Committee (NIPC)</li> <li>Monitor the development and emerging epidemiology of the pandemic and consider proportionate response measures, including the implementation of service restrictions to allow healthcare organisations to finalise preparations, adjust working practices and release capacity in preparation for a pandemic.</li> <li>Assess and advise on public health risk. Initiate arrangements for regular close liaison with HPA (Technical and Communications Staff).</li> <li>Finalise health coordination and communications structure.</li> <li>Activate health department emergency operations rooms.</li> <li>Set up daily situation reporting to Cabinet Office. Alert NIPC and convene as necessary (by most efficient means) to review available information and advise on the response.</li> <li>Alert Scientific Pandemic Influenza Advisory Committee (SPI) and convene as necessary to review and advise on emerging evidence.</li> <li>Review vaccine availability and supply. Implement plans for any pre-pandemic vaccination.</li> </ul>

## SECTION FIVE: PRE-RESPONSE – WHO PHASES 4 & 5

<b>WHO PHASE 4 -PANDEMIC ALERT PERIOD</b>					
<b>WHO PHASE 5 -PANDEMIC ALERT PERIOD</b>					
<b>(BE FULLY PREPARED TO INITIATE AND IMPLEMENT RESPONSE ACTIONS)</b>					
<b>Organisation</b>	<b>Lead Implementor</b>	<b>WHO Phase</b>		<b>Response Trigger</b>	<b>Key Actions &amp; Outputs, in addition to those established in Phases 1 to 3</b>
					<ul style="list-style-type: none"> <li>Issue information and advice to the health service, including any updates to operational plans.</li> <li>Activate automated National Flu Line.</li> <li>Implement public communications strategy, including regular meeting briefings and a national pandemic leaflet door drop. Advertising campaigns and leaflet will emphasize that people should maintain essential activities as far as possible and explain how services will operate and how they should be accessed with particular emphasis on the fact that symptomatic patients should stay at home and seek assistance via the National Flu Line.</li> <li>Finalise research proposals for implementation during a pandemic.</li> <li>With FCO, issue information/advice for UK travellers and residents abroad.</li> </ul>
<b>All government departments</b>	<b>Individual government departments</b>	<b>4</b>		<b>Notification of Phase change by DH</b>	<ul style="list-style-type: none"> <li>Review risk assessment, informed by DH. Continue to review and refine policies and pandemic management arrangements at official and Ministerial levels, including business continuity plans.</li> <li>Work with key stakeholders to support preparedness planning.</li> <li>Response plans should be ready for instant implementation.</li> <li>Work with key stakeholders to support their response and maintain critical national infrastructure.</li> <li>Activate national coordination and communication arrangements.</li> <li>Review risk assessment for the UK.</li> <li>Put in place cross-Government emergency management structures and procedures with DH as lead department, including cross-Government communications strategy and coordination.</li> </ul>
<b>Government Office London</b>	<b>London Resilience Team</b>	<b>4</b>	<b>5</b>	<b>Notification of Phase change by DH</b>	<ul style="list-style-type: none"> <li>Discuss appropriate response to Phase change with Director of Public Health for London.</li> <li>When advised by the Director of Public Health, or at the request of any member of the LRRF, convene a meeting of the RCCC(1). Consult with DPH about inviting additional representatives to the RCCC(1) meeting.</li> <li>Convene meetings of the RCCC(1) as required.</li> <li>Activate regional and local coordination and communication arrangements</li> </ul>
	<b>Regional Director</b>	<b>4</b>	<b>5</b>	<b>LRT convene RCCC(1) meetings</b>	<ul style="list-style-type: none"> <li>Attend meetings of RCCC(1) as required.</li> <li>Provide support and deputise for Ministers where appropriate.</li> </ul>
<b>Minister for Local Government/ Minister for London</b>		<b>4</b>	<b>5</b>	<b>LRT convene RCCC(1) meetings</b>	<ul style="list-style-type: none"> <li>Chair meetings of the RCCC(1) as required. Or nominate deputy.</li> </ul>
<b>Environment Agency</b>		<b>4</b>	<b>5</b>	<b>Notification of Phase change by Defra/LRT LRT convene RCCC(1) meetings</b>	<ul style="list-style-type: none"> <li>Response plans should be ready for instant implementation. As required activate business continuity plans, working with key stakeholders.</li> <li>Activate regional and local coordination and communication arrangements.</li> <li>Nominated EA rep to attend meetings of RCCC(1) as required.</li> </ul>

## SECTION FIVE: PRE-RESPONSE – WHO PHASES 4 & 5

WHO PHASE 4 -PANDEMIC ALERT PERIOD					
WHO PHASE 5 -PANDEMIC ALERT PERIOD					
(BE FULLY PREPARED TO INITIATE AND IMPLEMENT RESPONSE ACTIONS)					
Organisation	Lead Implementor	WHO Phase		Response Trigger	Key Actions & Outputs, in addition to those established in Phases 1 to 3
NHS London	NHS London	5		Instruction by DH Issue of antiviral stockpile by DH	<ul style="list-style-type: none"> <li>Ensure plans are in place to identify, investigate, manage and report suspect cases in the UK , according to HPA protocols and operational plans 'ready to go'.</li> <li>Regional and local coordination and communication arrangements should be activated.</li> <li>Response plans should be ready for instant implementation. As required, activate business continuity plans, working with key stakeholders.</li> <li>National stockpile of antivirals may be pre-distributed to PCTs at phases 5 or 6 but not made available until UK Alert level 2.</li> <li>Chair the Media Cell as necessary.</li> </ul>
	Director of Public Health for London	4	5	Notification of Phase change by WHO/DH LRT convene RCCC1 meetings	<ul style="list-style-type: none"> <li>Discuss appropriate response to Phase change with Director of London Resilience Team.</li> <li>Attend meetings of RCCC(1) as required. Update forum on current situation.</li> </ul>
	NHS London Pandemic Influenza Steering Group	4		Notification of Phase change by WHO/DH	<ul style="list-style-type: none"> <li>Meet regularly to co-ordinate planning across London and monitor the progress of the work stream.</li> <li>Monitor the preparedness of London Trusts, via regular assessment and exercising of plans.</li> <li>Prepare and maintain business continuity plans for NHS London, including an up to date register of contact details and list of relevant organisations.</li> <li>Work with HPA, PCTs and LA partners to keep the pandemic response plan in line with national guidance.</li> <li>Ensure command, control and co-ordination plans are in place for NHS London and have been tested.</li> <li>Monitor the plans of NHS organisations within London.</li> <li>Act as a conduit for information and instructions from DH to the local NHS.</li> </ul>
	NHS London Influenza Strategic Mgt Group (NHS LISMG)	4	5	Instruction by NHS LISMG	<ul style="list-style-type: none"> <li>Provide a critical link to the London Regional Government Offices.</li> <li>Oversee day to day management of pandemic influenza for NHS London, through the Influenza Management Team.</li> </ul>
		5			<ul style="list-style-type: none"> <li>Convene a smaller influenza management team to provide the day to day management of pandemic influenza for NHS London.</li> </ul>
Local Health Community	Individual PCTs Acute Trusts Mental Health Trusts	4	5	Notification of Phase change by NHS London	<ul style="list-style-type: none"> <li>Response plans should be ready for instant implementation. As required activate business continuity plans, working with key stakeholders.</li> <li>Regional and local coordination and communication arrangements should be activated.</li> <li>PCT to convene and chair, other local health trusts to attend regular meetings of the IPC (Response) to review plans in light of any new information and guidance.</li> <li>Within the IPC, review the categorisation of services into essential and non-essential services.</li> <li>Consider initiating measures to enhance and preserve essential supplies and finalise plans for pre-distribution of any stockpiled items.</li> </ul>

## SECTION FIVE: PRE-RESPONSE – WHO PHASES 4 & 5

WHO PHASE 4 -PANDEMIC ALERT PERIOD					
WHO PHASE 5 -PANDEMIC ALERT PERIOD					
(BE FULLY PREPARED TO INITIATE AND IMPLEMENT RESPONSE ACTIONS)					
Organisation	Lead Implementor	WHO Phase		Response Trigger	Key Actions & Outputs, in addition to those established in Phases 1 to 3
				DH issue antiviral stockpile	<ul style="list-style-type: none"> <li>National stockpile of antivirals may be pre-distributed to PCTs at Phases 5 or 6, but not made available until UK Alert level 2.</li> </ul>
London Ambulance Service	London Ambulance Service	4	5	Notification of Phase change by NHS London	<ul style="list-style-type: none"> <li>Response plans should be ready for instant implementation. As required activate business continuity plans, working with key stakeholders.</li> <li>Regional and local coordination and communication arrangements should be activated.</li> </ul>
	Nominated LAS Rep	4	5	IPC (Response) meeting convened by PCT	<ul style="list-style-type: none"> <li>Attend meeting of the IPC (Response) to review plans in light of any new information and guidance. Within the IPC, review the categorisation of services into essential and non-essential services.</li> </ul>
				LRT convene RCCC(1) meetings	<ul style="list-style-type: none"> <li>Attend meetings of the RCCC(1) as required.</li> </ul>
Health Protection Agency	HPA/Health Protection Units	4	5	Notification of Phase change by WHO/DH	<ul style="list-style-type: none"> <li>Closely monitor the international situation – including emerging epidemiological and treatment outcome data and advise DH on risk to UK public health.</li> <li>Produce update reports as agreed with DH.</li> </ul>
				Notification of Phase change by WHO/DH	<ul style="list-style-type: none"> <li>Liaise with DH over advice to travellers and link HPA and DH press offices.</li> <li>Maintain diagnostic capability and capacity for new strain, including antiviral susceptibility testing.</li> <li>Heighten surveillance for imported cases/clusters of infection, particularly in communities with travel contact with sites of confirmed infection clusters.</li> <li>Amend algorithms for managing suspected/confirmed cases, including for use at ports.</li> </ul>
		5	Notification of Phase change by WHO/DH	<ul style="list-style-type: none"> <li>Fully characterise any viruses from UK cases and maintain database.</li> <li>Support local NHS investigation and management of incidents/clusters.</li> <li>Work with WHO to enhance surveillance, fully investigate, develop case definitions and consider seroprevalence studies if origin in the UK.</li> <li>Monitor international situation, using emerging epidemiological and other information to review pandemic models. Collaborate with international organisations to assess the epidemiology of the disease and efficiency of transmission.</li> <li>Ensure communications are integrated nationally with DH and locally with NHS and other partners.</li> <li>Increase awareness to enhance case detection and identification of entry of the virus into the UK at the earliest possible time.</li> <li>Establish routine for collecting, collating and analysing data and reporting for central government.</li> <li>Provide interpretation of surveillance data to avoid spurious reporting of outbreaks. Provide scientific and public health advice to DH.</li> <li>Review diagnostic capability and capacity for the virus, including for antiviral susceptibility, and roll out diagnostic tests/reagents as required.</li> <li>Development robust serological tests for assessment of susceptibility and immunity to new virus.</li> </ul>	

## SECTION FIVE: PRE-RESPONSE – WHO PHASES 4 & 5

<b>WHO PHASE 4 -PANDEMIC ALERT PERIOD</b>					
<b>WHO PHASE 5 -PANDEMIC ALERT PERIOD</b>					
<b>(BE FULLY PREPARED TO INITIATE AND IMPLEMENT RESPONSE ACTIONS)</b>					
Organisation	Lead Implementor	WHO Phase		Response Trigger	Key Actions & Outputs, in addition to those established in Phases 1 to 3
					<ul style="list-style-type: none"> <li>Maintain heightened surveillance and database of UK cases.</li> <li>Maintain diagnostic and management algorithms and advise on management of suspected cases.</li> <li>Support local investigation and management of cases/outbreaks.</li> <li>Support NHS in implementing any vaccination programme.</li> </ul>
	Nominated HPA Reps	4	5	LRT convene RCCC(1) meetings	<ul style="list-style-type: none"> <li>Attend meetings of RCCC(1) as required.</li> </ul>
London Local Authorities	Nominated LA Rep	4	5	LRT convene RCCC(1) meetings	<ul style="list-style-type: none"> <li>Attend meetings of RCCC(1) as required.</li> </ul>
	London Local Authority Gold (LLAG)			LRT convene RCCC(1) meetings	<ul style="list-style-type: none"> <li>LLAG to attend meetings of the RCCC(1) as required.</li> </ul>
	Individual LA Chief Executives			Notification of Phase Change by LRT	<ul style="list-style-type: none"> <li>In addition to LA EPOs, inform Directors of Children's Services and Coroner of Phase Change.</li> <li>Response plans should be ready for instant implementation. As required activate business continuity plans, working with key stakeholders.</li> <li>Activate regional and local coordination and communication arrangements.</li> </ul>
	Children's Services Dept			Notification of Phase Change by CE	<ul style="list-style-type: none"> <li>Inform Schools and Childcare providers of Phase Change.</li> </ul>
	Nominated London Councils Rep			LRT convene RCCC(1) meetings	<ul style="list-style-type: none"> <li>Attend meetings of RCCC(1) as required.</li> </ul>
London Coroners	Nominated Coroners Rep	4	5	Notification of Phase Change by LRT	<ul style="list-style-type: none"> <li>Attend meetings of RCCC(1) as required.</li> </ul>
				IPC (Response) meetings convened by PCT	<ul style="list-style-type: none"> <li>Attend meetings of the IPC (Response) to review plans in light of any new information and guidance.</li> </ul>
All London Schools & Childcare & Early Years Settings	Heads, Senior Managers, Proprietors	4	5	Notification of Phase change by Local Authority	<ul style="list-style-type: none"> <li>Response plans should be ready for instant implementation. As required activate business continuity plans, working with key stakeholders.</li> <li>Activate regional and local coordination and communication arrangements.</li> </ul>
Greater London Authority	GLA Group	4	5	Notification of Phase change by Local Authority	<ul style="list-style-type: none"> <li>Response plans should be ready for instant implementation. As required activate business continuity plans, working with key stakeholders.</li> <li>Activate regional and local coordination and communication arrangements.</li> </ul>
	The Mayor of London			LRT convene RCCC(1) meetings	<ul style="list-style-type: none"> <li>Attend meetings of RCCC(1) as required.</li> </ul>

## SECTION FIVE: PRE-RESPONSE – WHO PHASES 4 & 5

<b>WHO PHASE 4 -PANDEMIC ALERT PERIOD</b>					
<b>WHO PHASE 5 -PANDEMIC ALERT PERIOD</b>					
<b>(BE FULLY PREPARED TO INITIATE AND IMPLEMENT RESPONSE ACTIONS)</b>					
Organisation	Lead Implementor	WHO Phase	Response Trigger	Key Actions & Outputs, in addition to those established in Phases 1 to 3	
Individual Police Forces	Individual Police Forces	4	5	Notification of Phase Change by HO / LRT / GLA	<ul style="list-style-type: none"> <li>Response plans should be ready for instant implementation. As required activate business continuity plans, working with key stakeholders.</li> <li>Activate regional and local coordination and communication arrangements.</li> </ul>
	Nominated Police Reps			LRT convene RCCC(1) meetings	<ul style="list-style-type: none"> <li>Attend meetings of RCCC(1) as required.</li> <li>Highlight any significant public order issues.</li> </ul>
				IPC (Response) meetings convened by PCT	<ul style="list-style-type: none"> <li>Attend meetings of the IPC (Response) to review plans in light of any new information and guidance.</li> <li>Within the IPC (Planning/ Response), review the categorisation of services essential and non-essential services.</li> </ul>
London Fire Brigade	London Fire Brigade	4	5	Notification of Phase Change by LRT / GLA	<ul style="list-style-type: none"> <li>Response plans should be ready for instant implementation. As required activate business continuity plans, working with key stakeholders.</li> <li>Activate regional and local coordination and communication arrangements.</li> </ul>
	Nominated LFB Reps			LRT convene RCCC(1) meetings	<ul style="list-style-type: none"> <li>Attend meetings of RCCC(1) as required.</li> </ul>
				IPC (Response) meetings convened by PCT	<ul style="list-style-type: none"> <li>Attend meetings of the IPC (Response) to review plans in light of any new information and guidance.</li> <li>Within the IPC (Response), review the categorisation of services essential and non-essential services.</li> </ul>
London Fire Brigade, Emergency Planning	London Fire Brigade, Emergency Planning	4	5	Notification of Phase Change by LRT / GLA	<ul style="list-style-type: none"> <li>Response plans should be ready for instant implementation. As required activate business continuity plans, working with key stakeholders.</li> <li>Activate regional and local coordination and communication arrangements.</li> <li>Facilitate LA Gold structures and procedures.</li> <li>In conjunction with duty LLAG, consider activation of LLACC for information dissemination collation.</li> </ul>
	Nominated LFB EP Rep			LRT convene RCCC(1) meetings	<ul style="list-style-type: none"> <li>Attend meetings of RCCC(1) as required.</li> </ul>
Transport Cell	Transport Cell	4	5	Notification of Phase Change by DfT / LRT / GLA	<ul style="list-style-type: none"> <li>Response plans should be ready for instant implementation. As required activate business continuity plans, working with key stakeholders.</li> <li>Activate regional and local coordination and communication arrangements.</li> </ul>
	Nominated Transport Reps			LRT convene RCCC(1) meetings	<ul style="list-style-type: none"> <li>Attend meetings of RCCC(1) as required.</li> </ul>
Utilities Cell	Utilities Cell	4	5	Notification of Phase Change by DTI / LRT	<ul style="list-style-type: none"> <li>Response plans should be ready for instant implementation. As required activate business continuity plans, working with key stakeholders.</li> <li>Activate regional and local coordination and communication arrangements.</li> </ul>
	Nominated Utilities Rep			LRT convene RCCC(1) meetings	<ul style="list-style-type: none"> <li>Attend meetings of RCCC(1) as required.</li> </ul>

## SECTION FIVE: PRE-RESPONSE – WHO PHASES 4 & 5

<b>WHO PHASE 4 -PANDEMIC ALERT PERIOD</b>					
<b>WHO PHASE 5 -PANDEMIC ALERT PERIOD</b>					
<b>(BE FULLY PREPARED TO INITIATE AND IMPLEMENT RESPONSE ACTIONS)</b>					
Organisation	Lead Implementor	WHO Phase		Response Trigger	Key Actions & Outputs, in addition to those established in Phases 1 to 3
Military Cell	Military Cell	4	5	Notification of Phase Change by MOD / LRT	<ul style="list-style-type: none"> <li>Response plans should be ready for instant implementation. As required activate business continuity plans, working with key stakeholders.</li> <li>Activate regional and local coordination and communication arrangements.</li> </ul>
	Nominated Military Reps			LRT convene RCCC(1) meetings	<ul style="list-style-type: none"> <li>Attend meetings of RCCC(1) as required.</li> </ul>
Media Cell	Media Cell	4	5	Notification of Phase Change by GNN / LRT / NHS London	<ul style="list-style-type: none"> <li>Response plans should be ready for instant implementation. As required activate business continuity plans, working with key stakeholders.</li> <li>Activate regional and local coordination and communication arrangements.</li> </ul>
	Nominated Media Reps			LRT convene RCCC(1) meetings	<ul style="list-style-type: none"> <li>Attend meetings of RCCC(1) as required.</li> </ul>
Voluntary Sector	Vol Orgs	4	5	Notification of Phase Change by Las	<ul style="list-style-type: none"> <li>Response plans should be ready for instant implementation. As required activate business continuity plans, working with key stakeholders.</li> <li>Activate regional and local coordination and communication arrangements.</li> </ul>
	Nominated Vol Orgs Reps			LRT convene RCCC(1) meetings	<ul style="list-style-type: none"> <li>Attend meetings of RCCC(1) as required.</li> </ul>
				IPC (Response) meetings convened by PCT	<ul style="list-style-type: none"> <li>Attend meetings of the IPC (Response) to review plans in light of any new information and guidance.</li> <li>Within the IPC (Planning/ Response), review the categorisation of services essential and non-essential services.</li> </ul>
London Port Health Authority	City of London	4	5	Notification of phase change by HPA	<ul style="list-style-type: none"> <li>Conduct a Risk Assessment for evidence of pandemic influenza in passengers or crew aboard ships or aircraft when infectious disease is suspected on board.</li> <li>Investigate deaths and infectious disease reports on board ships or aircraft to assist in ascertaining cause of death and disease.</li> <li>Notify HPA and WHO on identification of pandemic influenza.</li> </ul>
Prisons	Her Majesty's Prison Service	4	5	Notification of phase change by HMP NOOC	<ul style="list-style-type: none"> <li>Registration of appropriate individuals in prison healthcare teams as Flu line professionals.</li> <li>Development and delivery of appropriate Patient Group Directions (PGDs) for use during pandemic period.</li> <li>Identification of strategy to meet identified gaps in resilience \ business continuity plans.</li> </ul>

## **SECTION SIX: PANDEMIC RESPONSE – WHO PHASE 6**

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### **SECTION SIX – PANDEMIC RESPONSE – WHO PHASE 6**

#### **London Reporting and Co-ordination Arrangements for WHO Phase 6, UK Alert Levels 1- 4**

- 6.1 Responding to the health, social care and wider challenges of an influenza pandemic requires the combined and co-ordinated effort, experience and expertise of all levels of government, public authorities/agencies and a wide range of private and voluntary organisations.
- 6.2 To ensure an effective response, each organisation needs to understand its responsibilities and how its activities feed into and relate to the work being undertaken by other organisations contributing to the response.
- 6.3 A summary of the response triggers and key actions to be undertaken by central Government and the London Resilience Partnership during Who Phase 6, UK Alert Levels 1 to 4, can also be found below (Table 6).

#### **Summary of Roles and Responsibilities**

##### Cabinet Office Briefing Room (COBR) and Civil Contingencies Committee (CCC)

- 6.4 Central Government's response to a serious emergency would be to establish the Central Government's crisis management facility known as the Cabinet Office Briefing Room (COBR). COBR provides a venue for collective decision-making and communication during an emergency.
- 6.5 A number of committees meet within the COBR facilities: the Civil Contingencies Committee (Officials) (CCC(O)), the Civil Contingencies Committee Ministerial (CCC), the Impact Management and Recovery Group (IMRG), the Scientific Advisory Panel for Emergency Response (SAPER) and the News Co-ordination Centre (NCC).
- 6.6 During the pandemic, the Government's dedicated crisis management Civil Contingencies Committee (CCC) would be activated in support of the lead government department (Department of Health).
- 6.7 The CCC will be guided by input from central departments and agencies and from local responders through Regional Civil Contingencies Committees and the Devolved Administrations.
- 6.8 It will work with the national News Co-ordination Centre to maintain public confidence. The NCC supports the lead government department in their communications management of the overall incident.

##### Regional Civil Contingencies Committee

- 6.9 As in WHO Phases 4 & 5, LRT will be responsible for providing the necessary secretariat support to the RCCC and will ensure that appropriate government departments and resilience partners are kept informed of developments.
- 6.10 During WHO Phase 6, the RCCC may need to meet daily, either in person or remotely, and organisations should identify deputies and second deputies for RCCC representatives in their business continuity plans to ensure that membership requirements are met.

## **SECTION SIX: PANDEMIC RESPONSE – WHO PHASE 6**

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6.11 The Activation and Action Chart (Table 6), sets out in detail the roles and responsibilities of RCCC member organisations across the different pandemic alert phases.

### Regional Operations Centre (ROC)

- 6.12 During a flu pandemic, when an RCCC is established, LRT will provide the Secretariat to the RCCC and act as the Government Liaison Team, and a ROC will be opened, as necessary. Activation of the ROC is determined by the LRT Duty Director on call at the time.
- 6.13 The aim of the ROC is to collate and maintain a strategic picture of the evolving situation through information gathering, assessment and distribution. The main outputs from the ROC will be Regional Situation Reports (Sitreps) and, if necessary, accompanying Regional Impact Assessments. These reports will be shared widely between local responders, other regions and central government to aid decision making at all levels. Section 7 and Annex 4 of this document provide further detail on Sitreps.
- 6.14 The ROC will provide a single point of contact between the local, regional and national response.
- 6.15 Through the ROC, LRT will:
- act as the Government's principal channel for information on consequence and recovery issues (including participation in the Government Liaison Team);
  - provide the channel for requests for financial assistance from Local Authorities;
  - provide expert advice on London Resilience plans; and
  - undertake a facilitation role, as required, to assist the goals of Gold, or Government.

### Local Resilience Forums (LRFs)

6.16 During a flu pandemic, the LRFs will still meet to discharge their statutory obligations under the Civil Contingencies Act. However, there is no response role for the London LRFs in relation to a flu pandemic.

### Influenza Pandemic Committees (Response)

6.17 Arrangements for the IPC (Response) for WHO Phase 6 will be as per Phase 4/5. This can be found in para 5.21 onwards. At WHO Phase 6 it is likely that this group will need to meet more frequently and dependent on the activation of business continuity measures, remote meetings may be necessary.

## SECTION SIX: PANDEMIC RESPONSE – WHO PHASE 6

Table 6: Activation and Action Chart in WHO Phase 6

<b>WHO PHASE 6</b>				
<b>PANDEMIC ALERT PERIOD</b>				
<b>UK ALERT LEVELS NOW APPLY</b>				
Organisation	Lead Implementer	UK Alert Level	Response Trigger	Key Actions & Outputs, in addition to those established in Phases 1 to 5
<b>Civil Contingencies Committee</b>		<b>1 – 4</b>	WHO Phase change - Notification of Phase change by WHO/DH	<ul style="list-style-type: none"> <li>The CCC will meet regularly to maintain overview of the impacts on the UK, agree policy and allocate resources.</li> </ul>
		<b>2 – 4</b>	Advice of DH	<ul style="list-style-type: none"> <li>Advice to be provided on whether schools/childcare facilities should close, if within areas affected by the pandemic.</li> <li>Take the principle decision on whether to limit social gatherings, such as UK sporting, arts events and conferences.</li> </ul>
<b>Department of Health – Lead Government department</b>		<b>1</b>	WHO Phase change – Notification of Phase change by WHO	<ul style="list-style-type: none"> <li>Confirm declaration of pandemic and inform CCS, other Government Departments and NHS of change of phase and UK implications and significance.</li> <li>Provide public health advice.</li> <li>Complete organisational arrangements for day-to-day coordination of health response, including re-deployment of staff.</li> <li>Maintain daily 'battle rhythm' for reporting between HPA, DH and COBR and provision of press briefings.</li> <li>Establish public telephone help-lines.</li> <li>Activate full public information campaign. Public information messages will acknowledge concerns whilst preparing the public for the imminent arrival of the pandemic, provide advice on the response measures and encourage those who are well to adopt sensible precautions but continue to attend work and undertake other essential activities.</li> <li>Prepare NHS for management of initial cases and for imminent need to move to essential care only.</li> <li>With HPA/NHS/Academia, prepare to implement prepared pandemic research protocols.</li> <li>National stockpile of antivirals may be pre-distributed to PCTs at Phases 5 or 6 but not made available until UK Alert Level 2.</li> </ul>
		<b>2</b>	In response to HPA confirmation of suspected/ confirmed cases	<ul style="list-style-type: none"> <li>Chief Medical Officer agrees change in UK Alert Level with HPA</li> </ul>

## SECTION SIX: PANDEMIC RESPONSE – WHO PHASE 6

<b>WHO PHASE 6</b>				
<b>PANDEMIC ALERT PERIOD</b>				
<b>UK ALERT LEVELS NOW APPLY</b>				
Organisation	Lead Implementer	UK Alert Level	Response Trigger	Key Actions & Outputs, in addition to those established in Phases 1 to 5
<b>Department of Health – Lead Government Department</b>		<b>2</b>	Notification of change in UK Alert Level by CMO	<ul style="list-style-type: none"> <li>• Inform CCS, other Government Departments and NHS of change of phase and UK implications and significance.</li> <li>• Update information to health professionals.</li> <li>• Instruct NHS to move to essential care only and to activate pandemic plans. Monitor/support implementation.</li> <li>• Provide press briefings, and adapt public communications in response to new information and people's concerns.</li> <li>• Notify PCTs to make antivirals available.</li> </ul>
		<b>2 – 4</b>	In response to HPA confirmation of suspected/ confirmed cases	<ul style="list-style-type: none"> <li>• Advise CCC to consider a decision to close schools/childcare facilities if within areas affected by the pandemic; and whether to place restrictions on social gatherings, such as sporting, arts events and conferences.</li> <li>• Notify escalating UK Alert level and implications.</li> <li>• Lead cross government response.</li> <li>• Coordinate NHS response.</li> <li>• Maintain daily assessments of spread, and impact on health and health services.</li> </ul>
		<b>3 – 4</b>	Notification of change in UK Alert Level by CMO	<ul style="list-style-type: none"> <li>• Review planning assumptions in light of emerging information.</li> <li>• Review response plans in the light of changing assumptions.</li> <li>• Review clinical management guidelines in light of emerging information.</li> <li>• Review/Monitor antiviral and other pharmaceutical usage and address logistical/supply problems.</li> <li>• Monitor adverse reactions to antivirals (MHRA).</li> <li>• Review antiviral policies in light of usage and supply.</li> <li>• Provide regular media briefings.</li> <li>• Continue public information campaign, using all media.</li> <li>• Continue to monitor vaccine development/ supply/ policy options.</li> <li>• Monitor research.</li> </ul>

## SECTION SIX: PANDEMIC RESPONSE – WHO PHASE 6

<b>WHO PHASE 6</b>				
<b>PANDEMIC ALERT PERIOD</b>				
<b>UK ALERT LEVELS NOW APPLY</b>				
Organisation	Lead Implementer	UK Alert Level	Response Trigger	Key Actions & Outputs, in addition to those established in Phases 1 to 5
<b>All government departments</b>		<b>1</b>	Notification of Phase change by DH.	<ul style="list-style-type: none"> <li>• Inform Stakeholders to implement pandemic plans.</li> </ul>
		<b>2</b>		<ul style="list-style-type: none"> <li>• Fully activate government arrangements for managing and coordinating national response.</li> <li>• Monitor activation of response and business continuity plans. Initiate monitoring/reporting arrangements.</li> </ul>
		<b>3 - 4</b>		<ul style="list-style-type: none"> <li>• Manage and coordinate cross government response.</li> <li>• Develop national response strategy.</li> <li>• Assess impact on services, critical infrastructure etc.</li> <li>• Consider whether and if to invoke emergency powers.</li> <li>• Monitor maintenance of critical supplies/services and impacts on national infrastructure.</li> </ul>
<b>Government Office London</b>	<b>London Resilience Team</b>	<b>1</b>	Notification of Phase change by DH/ Instruction from CCC.	<ul style="list-style-type: none"> <li>• Convene a meeting of RCCC1. RCCC1 will meet regularly to maintain overview of the regional impacts in London, identify resource issues and promulgate policy and information to the public. RCCC1 will oversee implementation of mitigating actions prior to pandemic being declared in the UK in line with previous contingency planning; and review situation, update local stakeholders and establish the state of preparedness across the region.</li> <li>• Provide regional Sitreps to CCS/ CCC.</li> </ul>
		<b>2 – 4</b>	Notification of Phase change by DH or instruction from RCCC1.	<ul style="list-style-type: none"> <li>• Convene RCCC2. RCCC2 will meet regularly to maintain overview of the regional impacts in London, identify resource issues and promulgate policy and information to the public. RCCC2 will oversee implementation of mitigating actions prior to pandemic being declared in the UK in line with previous contingency planning; review situation, and update local stakeholders and establish the state of preparedness across the region.</li> <li>• Provide regional Sitreps to CCS/ CCC.</li> </ul>

## SECTION SIX: PANDEMIC RESPONSE – WHO PHASE 6

<b>WHO PHASE 6</b>				
<b>PANDEMIC ALERT PERIOD</b>				
<b>UK ALERT LEVELS NOW APPLY</b>				
Organisation	Lead Implementer	UK Alert Level	Response Trigger	Key Actions & Outputs, in addition to those established in Phases 1 to 5
<b>Government Office London (cont'd)</b>	<b>London Resilience Team (Cont'd)</b>	<b>3 – 4</b>	Instruction by CCC.	<ul style="list-style-type: none"> <li>RCCC Level 3 <b>may</b> be called following the formal declaration of a decision to take special legislative measures (emergency powers) under part 2 of the Civil Contingencies Act 2004. Level 3 meetings would be chaired by the Regional Nominated Coordinator. Otherwise continue to convene RCCC2 meetings.</li> <li>Provide regional Sitreps to CCS/ CCC.</li> </ul>
	<b>Regional Director</b>	<b>1</b>	RCCC1 meeting convened by LRT.	<ul style="list-style-type: none"> <li>May be required to Chair RCCC1 if asked by the Minister for Local Government/Minister for London. RCCC1 will meet regularly to maintain overview of the regional impacts in London, identify resource issues and promulgate policy and information to the public. RCCC1 will oversee implementation of mitigating actions prior to pandemic being declared in the UK in line with previous contingency planning; review situation, update local stakeholders and establish the state of preparedness across the region; and provide regional Sitreps to CCS/ CCC.</li> </ul>
		<b>2 – 4</b>	RCCC2 meeting convened by LRT	<ul style="list-style-type: none"> <li>May be required to Chair RCCC2 if asked by the Minister for Local Government/Minister for London. RCCC2 will meet regularly to maintain overview of the regional impacts in London, identify resource issues and promulgate policy and information to the public. RCCC2 will oversee implementation of mitigating actions prior to pandemic being declared in the UK in line with previous contingency planning; review situation, update local stakeholders and establish the state of preparedness across the region; and provide regional Sitreps to CCS/ CCC.</li> </ul>
		<b>3 – 4</b>	If RCCC3 meeting convened by LRT.	<ul style="list-style-type: none"> <li>RCCC Level 3 may be called following the formal declaration of a decision to take special legislative measures (emergency powers) under part 2 of the Civil Contingencies Act 2004. Level 3 meetings would be chaired by the Regional Nominated Coordinator.</li> <li>Attend RCCC3 meeting if convened</li> </ul>
	<b>Govt Liaison Officer</b>	<b>1 – 4</b>	Formation of RCCC1	<ul style="list-style-type: none"> <li>Liaise between RCCC, other Government Departments and other regions, as necessary.</li> </ul>

## SECTION SIX: PANDEMIC RESPONSE – WHO PHASE 6

<b>WHO PHASE 6</b>				
<b>PANDEMIC ALERT PERIOD</b>				
<b>UK ALERT LEVELS NOW APPLY</b>				
Organisation	Lead Implementer	UK Alert Level	Response Trigger	Key Actions & Outputs, in addition to those established in Phases 1 to 5
<b>Minister for Local Government/Minister for London</b>		<b>1</b>	RCCC1 meeting convened by LRT	<ul style="list-style-type: none"> <li>Chair RCCC1 or nominate alternative Chair (most likely Regional Director at Government Office London). RCCC1 will meet regularly to maintain overview of the regional impacts in London, identify resource issues and promulgate policy and information to the public. RCCC1 will oversee implementation of mitigating actions prior to pandemic being declared in the UK in line with previous contingency planning; review situation, update local stakeholders and establish the state of preparedness across the region; and provide regional Sitreps to CCS/ CCC.</li> </ul>
		<b>2 – 4</b>	RCCC2 meeting convened by LRT	<ul style="list-style-type: none"> <li>Chair RCCC2 if available. RCCC2 will meet regularly.</li> </ul>
		<b>3 – 4</b>	If RCCC3 meeting convened by LRT	<ul style="list-style-type: none"> <li>RCCC Level 3 may be called following the formal declaration of a decision to take special legislative measures (emergency powers) under part 2 of the Civil Contingencies Act 2004. Level 3 meetings would be chaired by the Regional Nominated Coordinator.</li> </ul>
<b>Environment Agency</b>		<b>1</b>	RCCC1 meeting convened by LRT	<ul style="list-style-type: none"> <li>Attend RCCC1. RCCC1 will meet regularly to maintain overview of the regional impacts in London, identify resource issues and promulgate policy and information to the public. RCCC1 will oversee implementation of mitigating actions prior to pandemic being declared in the UK in line with previous contingency planning; review situation, update local stakeholders and establish the state of preparedness across the region; and provide regional Sitreps to CCS/ CCC.</li> </ul>
		<b>1 - 4</b>	Notification of UK Alert level change by LRT or DEFRA	<ul style="list-style-type: none"> <li>Support the lead government organisation.</li> <li>Undertake general duty to protect the environment.</li> <li>Provide resources to multi-agency response wherever possible, that does not compromise their own regulatory responsibilities.</li> <li>Provide advice and guidance on waste management issues.</li> <li>Provide advice and guidance on protection of controlled waters.</li> <li>Implement EA business continuity plans</li> </ul>
		<b>2 - 4</b>	RCCC2 meeting convened by LRT	<ul style="list-style-type: none"> <li>Attend RCCC2. RCCC2 will meet regularly.</li> </ul>

## SECTION SIX: PANDEMIC RESPONSE – WHO PHASE 6

<b>WHO PHASE 6</b>				
<b>PANDEMIC ALERT PERIOD</b>				
<b>UK ALERT LEVELS NOW APPLY</b>				
Organisation	Lead Implementer	UK Alert Level	Response Trigger	Key Actions & Outputs, in addition to those established in Phases 1 to 5
		<b>3 - 4</b>	If RCCC3 meeting convened by LRT	<ul style="list-style-type: none"> <li>Attend RCCC2, if convened.</li> </ul>
<b>NHS London</b>	<b>Director of Public Health for London or Rep</b>	<b>1</b>	RCCC1 meeting convened by LRT	<ul style="list-style-type: none"> <li>Attend RCCC1. Communicate escalation of UK Alert Levels to RCCC1. Provide health advice and information and forward monitoring information to assist deliberations. RCCC1 will meet regularly to maintain overview of the regional impacts in London, identify resource issues and promulgate policy and information to the public. RCCC1 will oversee implementation of mitigating actions prior to pandemic being declared in the UK in line with previous contingency planning; review situation.</li> <li>Update local stakeholders and establish the state of preparedness across the region; and provide regional Sitreps to CCS/ CCC.</li> </ul>
	<b>NHS London</b>	<b>1</b>	Notification of WHO Phase change by DH	<ul style="list-style-type: none"> <li>Notify all NHS organisations in London and relevant health agencies of change in WHO Phase.</li> <li>Provide the general oversight and coordination of the health response within London, ensuring the most effective deployment of available resources.</li> <li>Ensure clear and timely dissemination of information on national and regional guidance, e.g. use of antiviral agents and other relevant matters. Act as a conduit for information and instructions from DH to the local NHS.</li> <li>Provide accurate, timely and authoritative advice and information to professionals, the public and the media as these are developed nationally, whilst supporting media handling and the provision of public information.</li> <li>Ensure arrangements are in place for identification, investigation, management and reporting of first UK cases.</li> <li>Prepare for imminent implementation of pandemic plans, and move to essential care only.</li> <li>Coordinate and present regular Sitrep on NHS in London.</li> <li>Chair the media cell as necessary.</li> </ul>
				Issue of antiviral stockpile by DH

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<b>WHO PHASE 6</b>				
<b>PANDEMIC ALERT PERIOD</b>				
<b>UK ALERT LEVELS NOW APPLY</b>				
Organisation	Lead Implementer	UK Alert Level	Response Trigger	Key Actions & Outputs, in addition to those established in Phases 1 to 5
<b>NHS London (cont'd)</b>				Phases 5 or 6 but not made available until UK Alert Level 2.
	<b>NHS London Influenza Strategic Mgt Group (NHS LISMG)</b>	<b>1</b>	Notification of WHO Phase change by DH	<ul style="list-style-type: none"> <li>NHS London Influenza Strategic Management Group will convene immediately and then regularly to coordinate and support the response of NHS organisations in London and relevant health agencies as required. The Influenza Steering Group will disseminate epidemiological and operational guidance and strategic direction to all NHS organisations in London and relevant health agencies.</li> </ul>
	<b>Director of Public Health for London or rep</b>	<b>2-4</b>	RCCC2 meeting convened by LRT	<ul style="list-style-type: none"> <li>Attend RCCC2. RCCC2 will meet regularly. Communicate escalation of UK Alert Levels to RCCC2. Ensure appropriate action is taken in London to address Pandemic flu from a public health perspective. Advise on strategic risk from infectious disease perspective. Work with Regional HPA Director to provide public health support and leadership to RCCC, and public health input to Communication Group. Ensure 24hr capability to support DH &amp; SHA and where necessary direct and coordinate public health resources in responding. Sign off any public health messages to be communicated to the public by RCCC/Communications group</li> </ul>
	<b>NHS London</b>	<b>2</b>	Notification of UK Alert level change by DH	<ul style="list-style-type: none"> <li>Liaise with Department of Health Pandemic Team</li> <li>Notify all NHS organisations in London and relevant health agencies of change in UK Alert Level.</li> <li>Manage initial cases and contacts as advised.</li> <li>Cooperate with HPA to investigate, report and treat the first 100-200 cases. Collate and forward monitoring information in an agreed format, possibly situation reports on the current position within London.</li> <li>Liaise with DH over public communications about suspected/confirmed cases.</li> <li>Liaise with the DH to support the local effort, securing mutual aid nationally or internally if required.</li> <li>Ensure provision for a 24 hour a</li> </ul>

## SECTION SIX: PANDEMIC RESPONSE – WHO PHASE 6

<b>WHO PHASE 6</b>				
<b>PANDEMIC ALERT PERIOD</b>				
<b>UK ALERT LEVELS NOW APPLY</b>				
Organisation	Lead Implementer	UK Alert Level	Response Trigger	Key Actions & Outputs, in addition to those established in Phases 1 to 5
				day emergency response (when deemed necessary). <ul style="list-style-type: none"> <li>Adapt response according to capacity.</li> <li>Maintain local public information on health access, local policies (e.g. school closures).</li> </ul>
			Instruction from DH	<ul style="list-style-type: none"> <li>Activate pandemic preparedness plans and move to essential care only when advised by DH. Make antivirals available through PCT.</li> </ul>
	<b>Director of Public Health for London or rep</b>	<b>3 - 4</b>	If RCCC3 meeting convened by LRT	<ul style="list-style-type: none"> <li>Attend RCCC3, if convened</li> </ul>
	<b>PCT Control Team</b>	<b>1</b>	Issue of antiviral stockpile by DH	<ul style="list-style-type: none"> <li>National stockpile of antivirals may be pre-distributed to PCTs at Phases 5 or 6 but not made available until UK Alert Level 2</li> </ul>
<b>Local Health Community</b>	<b>PCTs Acute Trusts Mental Health Trusts</b>	<b>1 – 4</b>	Notification of change in WHO Phase by NHS London	<ul style="list-style-type: none"> <li>Implement organisations' business continuity plans.</li> <li>Collate internal information for all situation reporting.</li> <li>Forward monitoring information in an agreed format to NHS London.</li> <li>PCT to convene and chair IPC (Response) meetings. Other health trusts to attend. Hold IPC (Response) meetings weekly initially, with an escalation of the frequency of the meetings as the UK Alert level rises.</li> <li>Assess, discuss and note the epidemiological and operational guidance and strategic direction provided by the NHS London Influenza Steering Group and provide direction for local operational management teams.</li> <li>Provide the local oversight and coordination of the health response within the PCT area, ensuring the most effective deployment of available resources.</li> <li>Meet regularly to review incoming information from all partners and make decisions relating to health, social care and community issues.</li> <li>Share information regarding partners.</li> <li>Monitor capacity against projected impact.</li> <li>Adjust plans according to epidemiological data,</li> </ul>

## SECTION SIX: PANDEMIC RESPONSE – WHO PHASE 6

<b>WHO PHASE 6</b>				
<b>PANDEMIC ALERT PERIOD</b>				
<b>UK ALERT LEVELS NOW APPLY</b>				
Organisation	Lead Implementer	UK Alert Level	Response Trigger	Key Actions & Outputs, in addition to those established in Phases 1 to 5
		<b>2 - 4</b>		<ul style="list-style-type: none"> <li>• Maintain daily assessments of spread, and impact on services.</li> <li>• Review planning assumptions in light of emerging information.</li> <li>• Review response plans in the light of changing assumptions.</li> <li>• Issue antivirals through agreed distribution mechanisms.</li> </ul>
<b>London Ambulance Service</b>	<b>Nominated LAS Rep</b>	<b>1</b>	RCCC1 meeting convened by LRT	<ul style="list-style-type: none"> <li>• Attend RCCC1. RCCC1 will meet regularly to maintain overview of the regional impacts in London, identify resource issues and promulgate policy and information to the public. RCCC1 will oversee implementation of mitigating actions prior to pandemic being declared in the UK in line with previous contingency planning; review situation, update local stakeholders and establish the state of preparedness across the region; and provide regional Sitreps to CCS/ CCC.</li> </ul>
	<b>London Ambulance Service</b>		Notification of UK Alert level change by NHS London	<ul style="list-style-type: none"> <li>• Implement organisations' business continuity plans.</li> </ul>
	<b>Local London Ambulance Service Reps</b>	<b>1 – 4</b>	PCT convenes meeting of IPC (Response)	<ul style="list-style-type: none"> <li>• Attend IPC (Response) meeting. IPCs (Response) will initially meet weekly with an escalation of the frequency of the meetings as the UK Alert level rises.</li> </ul>
	<b>Nominated LAS Rep</b>	<b>2 – 4</b>	RCCC2 meeting convened by LRT	<ul style="list-style-type: none"> <li>• Attend RCCC2. RCCC2 will meet regularly. At RCCC2, LAS Gold will: coordinate and present regular Sitrep on LAS in London; assess and communicate risks to RCCC; and oversee continuity of delivery of ambulance services in London.</li> </ul>
		<b>3 – 4</b>	If RCCC3 meeting convened by LRT	<ul style="list-style-type: none"> <li>• Attend RCCC3 , if convened</li> </ul>
<b>Health Protection Agency</b>	<b>HPA</b>	<b>1 - 4</b>	Notification of WHO Phase change by DH	<ul style="list-style-type: none"> <li>• Finalise algorithms for management and reporting of initial UK cases.</li> <li>• Establish official level daily teleconferences of relevant HPA-wide and health protection staff.</li> <li>• Enhance surveillance in groups likely to be exposed to infection.</li> <li>• Prepare to implement research protocols.</li> </ul>
	<b>Nominated HPA Rep</b>		RCCC1 meeting convened by LRT	<ul style="list-style-type: none"> <li>• Attend RCCC1. RCCC1 will meet regularly to maintain overview of the regional impacts in London, identify resource issues and promulgate policy and information to the public. RCCC1 will oversee implementation of mitigating</li> </ul>

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<b>WHO PHASE 6</b>				
<b>PANDEMIC ALERT PERIOD</b>				
<b>UK ALERT LEVELS NOW APPLY</b>				
Organisation	Lead Implementer	UK Alert Level	Response Trigger	Key Actions & Outputs, in addition to those established in Phases 1 to 5
<b>Health Protection Agency (cont'd)</b>				actions prior to pandemic being declared in the UK in line with previous contingency planning; review situation, update local stakeholders and establish the state of preparedness across the region; and provide regional Sitreps to CCS/ CCC.
	<b>HPA</b>	<b>2</b>	Number of suspected/ confirmed cases triggers need to inform CMO of need for Alert level change.	<ul style="list-style-type: none"> <li>Notify CMO of suspected/confirmed cases and agree change in UK alert level.</li> </ul>
			Confirmation of change in UK Alert Level by DH	<ul style="list-style-type: none"> <li>Ensure first 100-200 cases reported and entered in avian influenza database, including outcome of treatment.</li> <li>Produce detailed antigenic and genetic characterisation of all novel UK influenza viruses and compare them with those from other countries.</li> <li>Produce daily international and UK situation reports to DH, to fit with battle rhythm.</li> <li>Use emerging epidemiological and other data to refine modelling projections and inform policy.</li> <li>Monitor research projects.</li> </ul>
	<b>Nominated HPA Rep</b>		RCCC2 meetings convened by LRT	<ul style="list-style-type: none"> <li>Attend RCCC2. RCCC2 will meet regularly to maintain overview of the regional impacts in London, identify resource issues and promulgate policy and information to the public. RCCC2 will oversee implementation of mitigating actions prior to pandemic being declared in the UK in line with previous contingency planning; review situation, update local stakeholders and establish the state of preparedness across the region; and provide regional Sitreps to CCS/ CCC.</li> </ul>
<b>HPA</b>	<b>3 - 4</b>	Confirmation of change in UK Alert Level by DH	<ul style="list-style-type: none"> <li>Change surveillance to reporting of aggregate data to agreed protocols.</li> <li>Assess efficacy of interventions.</li> <li>Monitor effectiveness of antivirals.</li> <li>Collate information on bacteria causing complications (community and hospital).</li> <li>If appropriate, monitor vaccine uptake.</li> </ul>	
<b>London Local Authorities</b>	<b>Nominated HPA Rep</b>	<b>3 - 4</b>	If RCCC3 meetings convened by LRT	<ul style="list-style-type: none"> <li>Attend RCCC3, if convened</li> </ul>
	<b>LLAG</b>	<b>1 - 4</b>	Notification of UK Alert level change by LRT.	<ul style="list-style-type: none"> <li>Ensure all Boroughs are aware of Alert Level Change.</li> </ul>

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<b>WHO PHASE 6</b>					
<b>PANDEMIC ALERT PERIOD</b>					
<b>UK ALERT LEVELS NOW APPLY</b>					
Organisation	Lead Implementer	UK Alert Level	Response Trigger	Key Actions & Outputs, in addition to those established in Phases 1 to 5	
<b>London Local Authorities (cont'd)</b>	<b>LLAG &amp; London Councils Rep</b>		RCCC1 meeting convened by LRT.	<ul style="list-style-type: none"> <li>Attend RCCC1. RCCC1 will meet regularly to maintain overview of the regional impacts in London, identify resource issues and promulgate policy and information to the public. RCCC1 will oversee implementation of mitigating actions prior to pandemic being declared in the UK in line with previous contingency planning; review situation, update local stakeholders and establish the state of preparedness across the region; and provide regional Sitreps to CCS/ CCC.</li> <li>Advise LA Chief Executives of any decision to close educational establishments.</li> </ul>	
	<b>Individual LA Chief Executives</b>		Notification of UK Alert level change by LLACC	<ul style="list-style-type: none"> <li>In addition to LA EPOs, inform Directors of Children's Services and Coroner of Phase Change.</li> <li>Implement organisations' business continuity plans. Work with LA Gold to remain informed of and develop strategy to implement RCCC decisions relating to them. Provide regular Sitrep to LA Gold. Track areas with implications for post-pandemic recovery.</li> <li>Advise the Directors of Children's Services if Government consider pandemic severe enough to close schools and childcare settings.</li> </ul>	
	<b>Children's Services Departments</b>		Notification of UK Alert level change by LA CE	<ul style="list-style-type: none"> <li>Inform Schools and Childcare providers of Phase Change.</li> </ul>	
	<b>Individual LAs</b>		PCT convenes meetings of IPC (Response)	<ul style="list-style-type: none"> <li>Attend IPC (Response) meetings. IPCs (Response) will initially meet weekly with an escalation of the frequency of the meetings as the UK Alert level rises.</li> <li>Share information with specific reference to vulnerable individuals and groups.</li> </ul>	
	<b>LLAG</b>			<b>2-4</b>	LRT Notification of Govt advice to close schools in areas affected by pandemic
		LRT Notification of CCC principle decision		<ul style="list-style-type: none"> <li>Notify LA Chief Execs of CCC principle decision to place restrictions on social gatherings (e.g sporting &amp; arts events, etc)</li> </ul>	

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<b>WHO PHASE 6</b>					
<b>PANDEMIC ALERT PERIOD</b>					
<b>UK ALERT LEVELS NOW APPLY</b>					
Organisation	Lead Implementer	UK Alert Level	Response Trigger	Key Actions & Outputs, in addition to those established in Phases 1 to 5	
<b>London Local Authorities (cont'd)</b>	<b>Individual LA Chief Executives</b>		Notification from LLAG re school closures	<ul style="list-style-type: none"> <li>Notify Directors of Children's Services of Government advice to close schools in areas affected by pandemic.</li> </ul>	
	<b>Children's Services Departments</b>		Notification from LA CE re school closures	<ul style="list-style-type: none"> <li>Children's Services Departments inform schools and childcare providers about Government advice to close schools in areas affected by pandemic.</li> </ul>	
	<b>LLAG &amp; London Councils Rep</b>	<b>3 - 4</b>	If RCCC3 meetings convened by LRT	<ul style="list-style-type: none"> <li>Attend RCCC3, if convened.</li> </ul>	
<b>London Coroners</b>	<b>Nominated Coroners Rep</b>	<b>1</b>	RCCC1 meetings convened by LRT	<ul style="list-style-type: none"> <li>Attend RCCC1. RCCC1 will meet regularly to maintain overview of the regional impacts in London, identify resource issues and promulgate policy and information to the public. RCCC1 will oversee implementation of mitigating actions prior to pandemic being declared in the UK in line with previous contingency planning; review situation, update local stakeholders and establish the state of preparedness across the region; and provide regional Sitreps to CCS/ CCC.</li> </ul>	
	<b>Individual Coroner's Offices</b>	<b>1 - 4</b>	Notification of UK Alert level change by LRT	<ul style="list-style-type: none"> <li>Implement organisations' business continuity plans.</li> </ul>	
	<b>Nominated Coroners Rep</b>		<b>2 - 4</b>	PCT convenes meetings of IPC (Response)	<ul style="list-style-type: none"> <li>Attend IPC (Response) meeting. IPCs (Response) will initially meet weekly with an escalation of the frequency of the meetings as the UK Alert level rises.</li> </ul>
				RCCC2 meetings convened by LRT	<ul style="list-style-type: none"> <li>Attend RCCC2. RCCC2 will meet regularly to maintain overview of the regional impacts in London, identify resource issues and promulgate policy and information to the public. RCCC2 will oversee implementation of mitigating actions; review situation, update local stakeholders and establish the state of preparedness across the region; and provide regional Sitreps to CCS/ CCC.</li> </ul>
		<b>3 - 4</b>	If RCCC3 meetings convened by LRT	<ul style="list-style-type: none"> <li>RCCC Level 3 may be called following the formal declaration of a decision to take special legislative measures (emergency powers) under part 2 of the Civil Contingencies Act 2004. Level 3 meetings would be chaired by the Regional Nominated Coordinator.</li> </ul>	

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<b>WHO PHASE 6</b>				
<b>PANDEMIC ALERT PERIOD</b>				
<b>UK ALERT LEVELS NOW APPLY</b>				
Organisation	Lead Implementer	UK Alert Level	Response Trigger	Key Actions & Outputs, in addition to those established in Phases 1 to 5
All London Schools and Childcare Providers	Individual London Schools and Childcare Providers.	<b>1 - 4</b>	Notification of UK Alert level change by LA Children's Services Departments	<ul style="list-style-type: none"> <li>Implement organisations' business continuity plans.</li> </ul>
		<b>2 - 4</b>	Notification from LA Children's Services Departments re school closures	<ul style="list-style-type: none"> <li>Schools and childcare providers to make final decision on whether to close.</li> </ul>
Greater London Authority	The Mayor of London or Nominated GLA Rep	<b>1 - 4</b>	RCCC1 /2 meetings convened by LRT	<ul style="list-style-type: none"> <li>Attend RCCC1/2. RCCC1/2 will meet regularly to maintain overview of the regional impacts in London, identify resource issues and promulgate policy and information to the public. RCCC1/2 will oversee implementation of mitigating actions in line with previous contingency planning; review situation, update local stakeholders and establish the state of preparedness across the region; and provide regional Sitreps to CCS/ CCC.</li> <li>Provide leadership for GLA Family.</li> <li>Act as communication spokesperson for RCCC with the general public across London.</li> </ul>
	GLA Group	<b>1</b>	Notification of UK Alert level change by LRT	<ul style="list-style-type: none"> <li>Implement organisations' business continuity plans.</li> <li>Monitor pandemic progress, including Department of Health position</li> <li>Respond to external queries</li> <li>Communicate with stakeholders</li> <li>GLA Group to convene internal Gold meeting.</li> <li>Brief GLA GOLD chair and Director of Finance and Performance (GLA).</li> <li>Implement command structure (including putting all involved in implementation on call).</li> </ul>
	Project team			<ul style="list-style-type: none"> <li>Initiate further work on assessment and distribution strategy.</li> </ul>
	GLA Group	<b>2</b>		<ul style="list-style-type: none"> <li>Initiate external background briefing.</li> <li>Initiate joint press conference.</li> <li>Liaise with LRT and attend RCCC, as required.</li> </ul>
	GLA (Internal) GOLD			<ul style="list-style-type: none"> <li>Decision to trigger business continuity plan (if GOLD convened).</li> </ul>
	GLA (Internal) SILVER/ GOLD	<b>3</b>		<ul style="list-style-type: none"> <li>Hold regular update meetings.</li> </ul>
	GLA GOLD (Internal)	<b>4</b>		<ul style="list-style-type: none"> <li>Brief senior managers across GLA Group and hold regular update meetings.</li> <li>Activate business continuity plans.</li> </ul>

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<b>WHO PHASE 6</b>				
<b>PANDEMIC ALERT PERIOD</b>				
<b>UK ALERT LEVELS NOW APPLY</b>				
Organisation	Lead Implementer	UK Alert Level	Response Trigger	Key Actions & Outputs, in addition to those established in Phases 1 to 5
	<b>GLA SILVER (Internal)</b>			<ul style="list-style-type: none"> <li>• Mobilise and brief BRONZE</li> <li>• Mobilise identified personnel including volunteers for admin duties</li> </ul>
	<b>The Mayor of London or Nominated GLA Rep</b>	<b>3 - 4</b>	If RCCC3 meetings convened by LRT	<ul style="list-style-type: none"> <li>• Attend RCCC3, if convened.</li> </ul>
<b>Individual Police Forces</b>	<b>Nominated Police Reps</b>	<b>1</b>	RCCC1 meetings convened by LRT	<ul style="list-style-type: none"> <li>• Attend RCCC1 and highlight any significant public order issues. RCCC1 will meet regularly to maintain overview of the regional impacts in London, identify resource issues and promulgate policy and information to the public. RCCC1 will oversee implementation of mitigating actions prior to pandemic being declared in the UK in line with previous contingency planning; review situation, update local stakeholders and establish the state of preparedness across the region; and provide regional Sitreps to CCS/ CCC.</li> </ul>
	<b>Individual Police Forces</b>	<b>1 - 4</b>	Notification of UK Alert level change by LRT	<ul style="list-style-type: none"> <li>• Implement organisations' business continuity plans.</li> </ul>
	<b>Nominated Local Borough Police Reps</b>		PCT convenes meetings of IPC (Response)	<ul style="list-style-type: none"> <li>• Attend IPC (Response) meetings and highlight any significant public order issues. IPCs (Response) will initially meet weekly with an escalation of the frequency of the meetings as the UK Alert level rises.</li> </ul>
	<b>Nominated Police Reps</b>	<b>2 - 4</b>	RCCC2 meetings convened by LRT	<ul style="list-style-type: none"> <li>• Attend RCCC2. RCCC2 will meet regularly. At RCCC2 level, Police Gold will: Coordinate and present regular Sitrep on Police in London; assess and communicate risks to RCCC, including public order risks; and oversee continuity of delivery of police function in London.</li> </ul>
	<b>Nominated Police Reps</b>	<b>3 - 4</b>	If RCCC3 meetings convened by LRT	<ul style="list-style-type: none"> <li>• Attend RCCC3, if convened.</li> </ul>
<b>London Fire Brigade</b>	<b>Nominated LFB Representative</b>	<b>1</b>	RCCC1 meetings convened by LRT	<ul style="list-style-type: none"> <li>• Attend RCCC1. RCCC1 will meet regularly to maintain overview of the regional impacts in London, identify resource issues and promulgate policy and information to the public. RCCC1 will oversee implementation of mitigating actions prior to pandemic being declared in the UK in line with previous contingency planning; review situation, update local stakeholders and establish the state of preparedness across the region; and provide regional Sitreps to CCS/ CCC.</li> </ul>

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<b>WHO PHASE 6</b>				
<b>PANDEMIC ALERT PERIOD</b>				
<b>UK ALERT LEVELS NOW APPLY</b>				
Organisation	Lead Implementer	UK Alert Level	Response Trigger	Key Actions & Outputs, in addition to those established in Phases 1 to 5
	<b>London Fire Brigade</b>	<b>1</b>	Notification of UK Alert level change by LRT	<ul style="list-style-type: none"> <li>Implement LFB's business continuity plans.</li> </ul>
	<b>Local Nominated LFB Reps</b>	<b>1 – 4</b>	PCT convenes meetings of IPC (Response)	<ul style="list-style-type: none"> <li>Attend IPC (Response) meetings. IPC's (Response) will initially meet weekly with an escalation of the frequency of the meetings as the UK Alert level rises.</li> </ul>
		<b>2 – 4</b>	RCCC2 meetings convened by LRT	<ul style="list-style-type: none"> <li>Attend RCCC2. RCCC2 will meet regularly. At RCCC2 level, Fire Gold will: coordinate and present regular Sitreps on Fire services in London; assess and communicate risks to RCCC; and oversee continuity of delivery of fire services in London.</li> </ul>
		<b>3 – 4</b>	If RCCC3 meetings convened by LRT	<ul style="list-style-type: none"> <li>Attend RCCC3, if convened.</li> </ul>
<b>London Fire Brigade, Emergency Planning</b>	<b>Nominated Emergency Planning Department Representative</b>	<b>1</b>	RCCC1 meetings convened by LRT	<ul style="list-style-type: none"> <li>Attend RCCC1 in support of LAs and LLAG arrangements. RCCC1 will meet regularly to maintain overview of the regional impacts in London, identify resource issues and promulgate policy and information to the public. RCCC1 will oversee implementation of mitigating actions prior to pandemic being declared in the UK in line with previous contingency planning; review situation, update local stakeholders and establish the state of preparedness across the region; and provide regional Sitreps to CCS/ CCC.</li> </ul>
	<b>Gold Office Team</b>		<b>1 – 4</b>	Notification of UK Alert level change by LRT
	<b>Nominated Emergency Planning Unit Representative</b>	<b>2 – 4</b>		RCCC2 meetings convened by LRT
		<b>3 – 4</b>	If RCCC3 meetings convened by LRT	<ul style="list-style-type: none"> <li>Attend RCCC3 in support of LAs and LLAG arrangements, if convened.</li> </ul>

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<b>WHO PHASE 6</b>				
<b>PANDEMIC ALERT PERIOD</b>				
<b>UK ALERT LEVELS NOW APPLY</b>				
<b>Organisation</b>	<b>Lead Implementer</b>	<b>UK Alert Level</b>	<b>Response Trigger</b>	<b>Key Actions &amp; Outputs, in addition to those established in Phases 1 to 5</b>
<b>Transport Cell</b>	<b>Nominated Transport Representative</b>	<b>1</b>	RCCC1 meetings convened by LRT	<ul style="list-style-type: none"> <li>Attend RCCC1. RCCC1 will meet regularly to maintain overview of the regional impacts in London, identify resource issues and promulgate policy and information to the public. RCCC1 will oversee implementation of mitigating actions prior to pandemic being declared in the UK in line with previous contingency planning; review situation, update local stakeholders and establish the state of preparedness across the region; and provide regional Sitreps to CCS/ CCC.</li> </ul>
	<b>TfL</b>	<b>1</b>	Direction from GLA	<ul style="list-style-type: none"> <li>Implement GLA command structure (including putting all involved in implementation on call).</li> </ul>
	<b>Transport Cell</b>	<b>1 – 4</b>	Notification of UK Alert level change by LRT	<ul style="list-style-type: none"> <li>Implement organisations' business continuity plans. Work with Transport Gold to remain informed of and develop strategy to implement RCCC decisions. Implement Pandemic flu resilience/continuity plans. Provide regular Sitreps to Transport Gold. Track areas with implications for post-pandemic recovery.</li> </ul>
	<b>Nominated Transport Representative</b>	<b>2</b>	RCCC2 meetings convened by LRT	<ul style="list-style-type: none"> <li>Attend RCCC2. RCCC2 will meet regularly. Once RCCC Level 2 is established, Transport Gold will: coordinate and present regular Sitrep on Transport in London; assess and communicate risks to RCCC; and oversee continuity of delivery of transport functions across London.</li> </ul>
		<b>3 – 4</b>	If RCCC3 meetings convened by LRT	<ul style="list-style-type: none"> <li>Attend RCCC3, if convened.</li> </ul>
	<b>TfL</b>	<b>4</b>	Direction from GLA	<ul style="list-style-type: none"> <li>Activate GLA assessment centres</li> <li>Activate GLA distribution hubs</li> </ul>
<b>Utilities</b>	<b>Nominated Utilities Representative</b>	<b>1</b>	RCCC1 meetings convened by LRT	<ul style="list-style-type: none"> <li>Attend RCCC1. RCCC1 will meet regularly to maintain overview of the regional impacts in London, identify resource issues and promulgate policy and information to the public. RCCC1 will oversee implementation of mitigating actions prior to pandemic being declared in the UK in line with previous contingency planning; review situation, update local stakeholders and establish the state of preparedness across the region; and provide regional Sitreps to CCS/ CCC.</li> </ul>

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<b>WHO PHASE 6</b>				
<b>PANDEMIC ALERT PERIOD</b>				
<b>UK ALERT LEVELS NOW APPLY</b>				
Organisation	Lead Implementer	UK Alert Level	Response Trigger	Key Actions & Outputs, in addition to those established in Phases 1 to 5
<b>Utilities Cell (Cont'd)</b>	<b>Utilities Cell</b>	<b>1 – 4</b>	Notification of UK Alert level change by LRT	<ul style="list-style-type: none"> <li>Implement organisations' business continuity plans. Work with Utilities Gold to remain informed of and develop strategy to implement RCCC decisions. Provide regular Sitreps to Utilities Gold. Track areas with implications for post-pandemic recovery.</li> </ul>
	<b>Nominated Utilities Representative</b>	<b>2 – 4</b>	RCCC2 meetings convened by LRT	<ul style="list-style-type: none"> <li>Attend RCCC2. RCCC2 will meet regularly to maintain overview of the regional impacts in London, identify resource issues and promulgate policy and information to the public. RCCC2 will oversee implementation of mitigating actions in line with previous contingency planning; review situation, update local stakeholders and establish the state of preparedness across the region; and provide regional Sitreps to CCS/ CCC.</li> </ul>
		<b>3 – 4</b>	If RCCC3 meetings convened by LRT	<ul style="list-style-type: none"> <li>Attend RCCC3, if convened.</li> </ul>
<b>Military Cell</b>	<b>Nominated Military Representative</b>	<b>1</b>	RCCC1 meetings convened by LRT	<ul style="list-style-type: none"> <li>Attend RCCC1. RCCC1 will meet regularly to maintain overview of the regional impacts in London, identify resource issues and promulgate policy and information to the public. RCCC1 will oversee implementation of mitigating actions in line with previous contingency planning; review situation, update local stakeholders and establish the state of preparedness across the region; and provide regional Sitreps to CCS/ CCC.</li> </ul>
	<b>Military Cell</b>	<b>1 - 4</b>	Notification of UK Alert level change by LRT	<ul style="list-style-type: none"> <li>Implement organisations' business continuity plans.</li> </ul>
	<b>Nominated Military Representative</b>	<b>2 - 4</b>	RCCC2 meetings convened by LRT	<ul style="list-style-type: none"> <li>Attend RCCC2. RCCC2 will meet regularly to maintain overview of the regional impacts in London, identify resource issues and promulgate policy and information to the public. RCCC2 will oversee implementation of mitigating actions in line with previous contingency planning; review situation, update local stakeholders and establish the state of preparedness across the region; and provide regional Sitreps to CCS/ CCC.</li> </ul>
		<b>3 - 4</b>	If RCCC3 meetings convened by LRT	<ul style="list-style-type: none"> <li>Attend RCCC3, if convened.</li> </ul>

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<b>WHO PHASE 6</b>				
<b>PANDEMIC ALERT PERIOD</b>				
<b>UK ALERT LEVELS NOW APPLY</b>				
Organisation	Lead Implementer	UK Alert Level	Response Trigger	Key Actions & Outputs, in addition to those established in Phases 1 to 5
<b>Media Cell</b>	<b>Nominated Media Representative</b>	<b>1</b>	RCCC1 meetings convened by LRT	<ul style="list-style-type: none"> <li>Attend RCCC1. RCCC1 will meet regularly to maintain overview of the regional impacts in London, identify resource issues and promulgate policy and information to the public. RCCC1 will oversee implementation of mitigating actions prior to pandemic being declared in the UK in line with previous contingency planning; review situation, update local stakeholders and establish the state of preparedness across the region; and provide regional Sitreps to CCS/ CCC.</li> </ul>
	<b>Media Cell</b>	<b>1 - 4</b>	Notification of UK Alert level change by LRT	<ul style="list-style-type: none"> <li>Ensure a co-ordinated strategy for media handling and communicating with the public (respond to media queries; handle requests for media interviews (regional level); brief media on a regular basis).</li> <li>Provide co-ordination between frontline responders and Government</li> <li>Provide regular Sitrep to Media Gold on communications in London, reviewing media outputs.</li> <li>Work with Media Gold to remain informed of and develop strategy to implement RCCC decisions.</li> <li>Provide accurate timely and consistent information, messages and lines to take to partner organisations for the media and public information, consistent with the messages being disseminated by DH or News Co-ordination Centre</li> <li>Support Mayor and other key spokespersons for London.</li> </ul>
	<b>Nominated Media Representative</b>	<b>2 - 4</b>	RCCC2 meetings convened by LRT	<ul style="list-style-type: none"> <li>Attend RCCC2. RCCC2 will meet regularly to maintain overview of the regional impacts in London, identify resource issues and promulgate policy and information to the public. RCCC2 will oversee implementation of mitigating actions in line with previous contingency planning; review situation, update local stakeholders and establish the state of preparedness across the region; and provide regional Sitreps to CCS/ CCC.</li> </ul>
		<b>3 - 4</b>	If RCCC3 meetings convened by LRT	<ul style="list-style-type: none"> <li>Attend RCCC3, if convened.</li> </ul>

## SECTION SIX: PANDEMIC RESPONSE – WHO PHASE 6

<b>WHO PHASE 6</b>				
<b>PANDEMIC ALERT PERIOD</b>				
<b>UK ALERT LEVELS NOW APPLY</b>				
Organisation	Lead Implementer	UK Alert Level	Response Trigger	Key Actions & Outputs, in addition to those established in Phases 1 to 5
Voluntary Organisations	Nominated Voluntary Organisation Rep	<b>1</b>	RCCC1 meetings convened by LRT	<ul style="list-style-type: none"> <li>Attend RCCC1. RCCC1 will meet regularly to maintain overview of the regional impacts in London, identify resource issues and promulgate policy and information to the public. RCCC1 will oversee implementation of mitigating actions prior to pandemic being declared in the UK in line with previous contingency planning; review situation, update local stakeholders and establish the state of preparedness across the region; and provide regional Sitreps to CCS/ CCC.</li> </ul>
	Voluntary Organisations	<b>1 - 4</b>	Notification of UK Alert level change by LRT	<ul style="list-style-type: none"> <li>Implement organisations' business continuity plans.</li> </ul>
	Vol Org Reps		PCT convenes meetings of IPC (Response)	<ul style="list-style-type: none"> <li>Attend IPC (Response) meeting. IPCs (Response) will initially meet weekly with an escalation of the frequency of the meetings as the UK Alert level rises.</li> </ul>
	Nominated Voluntary Organisation Rep	<b>2 - 4</b>	RCCC2 meetings convened by LRT	<ul style="list-style-type: none"> <li>Attend RCCC2, if required. RCCC2 will meet regularly to maintain overview of the regional impacts in London, identify resource issues and promulgate policy and information to the public. RCCC2 will oversee implementation of mitigating actions in line with previous contingency planning; review situation, update local stakeholders and establish the state of preparedness across the region; and provide regional Sitreps to CCS/ CCC.</li> </ul>
		<b>3 - 4</b>	If RCCC3 meetings convened by LRT	<ul style="list-style-type: none"> <li>Attend RCCC3, if convened and if required.</li> </ul>
London Port Health Authority	City of London	<b>1-2</b>	Notification of UK Alert Level by CMO	<ul style="list-style-type: none"> <li>Investigate deaths and infectious disease reports on board ships or aircraft to assist in ascertaining cause of death.</li> </ul>
		<b>3-4</b>		<ul style="list-style-type: none"> <li>Notify HPA of evidence of pandemic influenza found aboard ships or aircraft.</li> </ul>
		<b>1 – 2</b>	Notification of UK Alert level by HMP NOCC	<ul style="list-style-type: none"> <li>Arrangements will be overseen by a MoJ Pandemic Planning Group (PPG) comprising representatives from relevant corporate service areas, with business representatives from HQ and agencies.</li> <li>MoJ Security and Safety Division (S&amp;S) will have lead responsibility for supporting planning in view of the H&amp;S and business continuity issues.</li> </ul>

## SECTION SIX: PANDEMIC RESPONSE – WHO PHASE 6

<b>WHO PHASE 6</b>				
<b>PANDEMIC ALERT PERIOD</b>				
<b>UK ALERT LEVELS NOW APPLY</b>				
<b>Organisation</b>	<b>Lead Implementer</b>	<b>UK Alert Level</b>	<b>Response Trigger</b>	<b>Key Actions &amp; Outputs, in addition to those established in Phases 1 to 5</b>
<b>Prisons</b>	<b>Her Majesty's Prison Service</b>	<b>1 – 2</b>	Notification of UK Alert level by HMP NOCC	<ul style="list-style-type: none"> <li>Governors\Managers should refresh plans for managing cases with healthcare managers\ medical officers.</li> <li>Ensure sufficient healthcare staff to provide 24 hour care in healthcare facilities if needed.</li> <li>Healthcare facilities should have a final stock take to ensure that they have all the necessary drugs, supplies and equipment to cope with the predicted number of cases.</li> </ul>
		<b>3 – 4</b>		<ul style="list-style-type: none"> <li>Active case finding\disease surveillance should be instigated.</li> <li>Movement between institutions must be restricted to only those that are absolutely necessary.</li> <li>At risk staff should be moved from frontline roles.</li> <li>When UK Alert level 4 is declared daily\twice daily 'Sitreps' to NOCC.</li> <li>Prisons to report cases to local HPU for surveillance purposes.</li> <li>Ensure that Infection Control Protocols are strictly adhered to.</li> <li>Reduce activities in prisons that involve mass gathering.</li> </ul>

## SECTION SEVEN: REPORTS AND RETURNS

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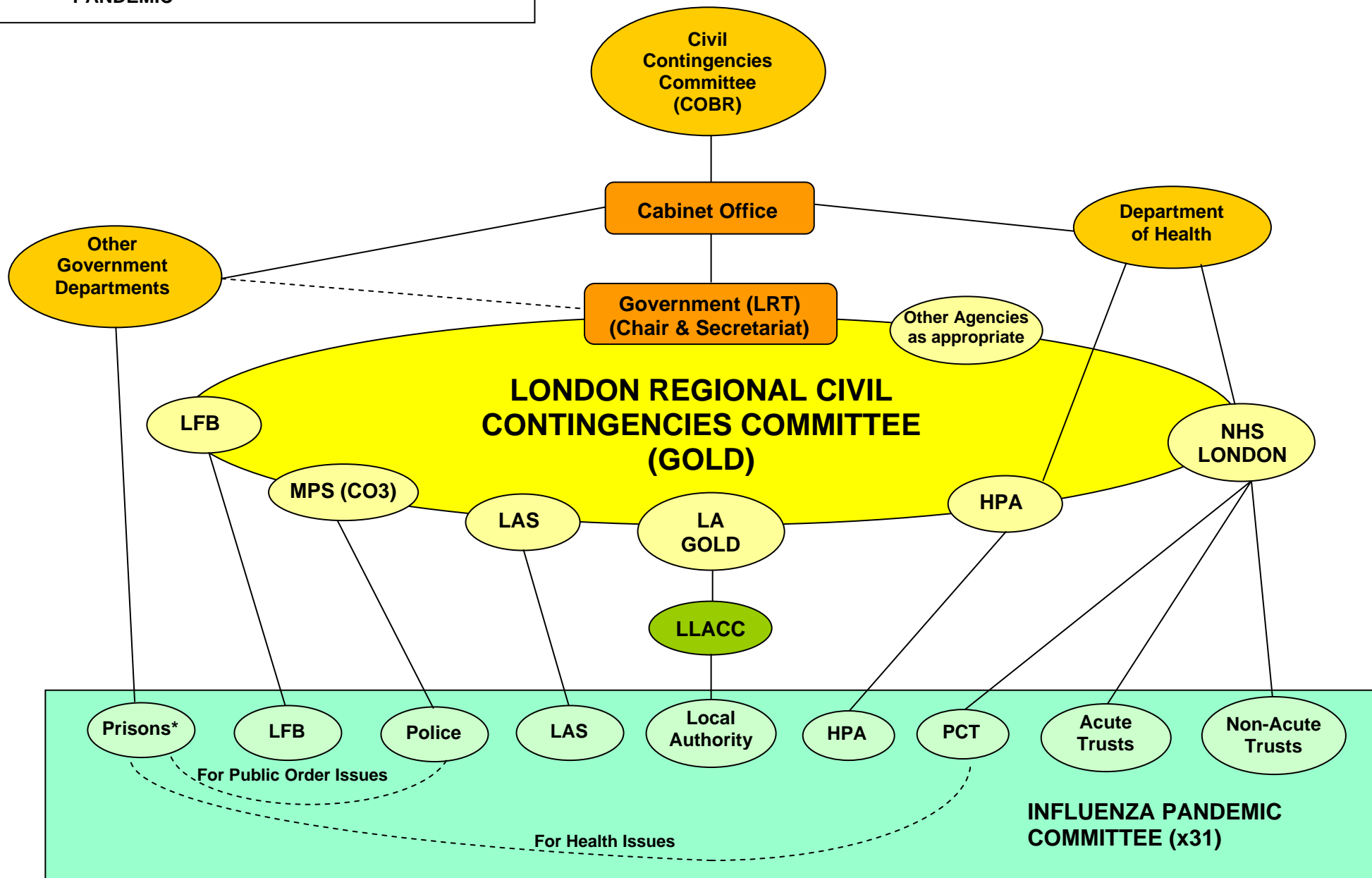
### SECTION SEVEN – REPORTS AND RETURNS

- 7.1 Information is crucial to the understanding, surveillance and response to any rising tide scenario and for pandemic flu this is particularly important, as the inter-dependencies of agencies on each others' continued resilience over potentially several months will become crucial.
- 7.2 London is divided by organisations in many different ways and it is important that information is collated and delivered to the Gold representatives at the RCCC in a timely and co-ordinated fashion, so that it can be reviewed at a regional level to identify potential issues and strategic weaknesses. The RCCC will then be enabled to make effective and informed decisions.
- 7.3 Organisations may wish to consider how their Bronze, Silver and Gold command and control relationships would function in this pan-London rising tide scenario for information collation and co-ordination.
- 7.4 During a pandemic, each organisation will be required to supply situation reports to the RCCC to be fed up to CCC. These reports will be summarised by LRT, as secretariat to the RCCC, to produce an overall London Sitrep, which the ROC will distribute to the Cabinet Office and other Government Departments. The London Sitrep will provide key information and data on the present situation in London.
- 7.5 Cabinet Office has produced guidance on the non-health data requirements from each region during an influenza pandemic (i.e. what information needs to be included in the regional Sitrep). Regions will be expected to provide information on the regional impact on essential services; burial, cremation and funeral services; children, young people and families (schools and childcare settings); and transport. A template for the Sitrep that London will be required to complete and submit to Cabinet Office on a daily basis is available at Annex 4. The Sitrep is annotated to define which organisations will provide the relevant information requirements. Guidance for Health organisations' data requirements will be available in the latest NHS London Influenza Pandemic Response Plan.

### **Battle Rhythm**

- 7.6. During the height of the pandemic the CCC(O) is likely to meet mid-morning to prepare the ground, to consider papers for Ministers or to consider other issues as directed by CCC. The Cabinet Office will draw up the agenda and circulate a situation report in advance of each meeting of CCC and CCC (O). After each meeting, the Cabinet Office will prepare a note summarising the key points to emerge, work commissioned and decisions taken, and, for CCC, any issues on which Ministerial guidance is sought. Papers will be commissioned as necessary from Departments.
- 7.7 To service this battle rhythm, London will provide CCS (Civil Contingencies Secretariat) with a London Sitrep in time for each morning's meeting of the CCC. To meet this deadline, all partners will be required to submit their respective reports to the Regional Operations Centre at Government Office for London by 17:00hrs each day.
- 7.8 A diagram of information flows during an influenza pandemic is shown below.

**Diagram 1: INFORMATION FLOWS DURING AN INFLUENZA PANDEMIC**



\* Some IPCs do not contain prisons.

## **SECTION EIGHT: RECONSTITUTION AND RECOVERY**

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### **SECTION EIGHT – RECONSTITUTION AND RECOVERY**

#### **Additional Waves and Reconstitution**

- 8.1 A single-wave pandemic profile with a sharp peak provides the most prudent basis for planning, as that would put a greater strain on services than a lower-level but more sustained wave or the first wave of a multi-wave pandemic. However, second and subsequent pandemic waves have occurred in some previous pandemics, weeks or months after the first, therefore in anticipation of this likelihood, some regrouping may be necessary. All sectors should recognise the need to revise and maintain response plans to respond to further waves.
- 8.2 In subsequent pandemic waves, UK Alert levels 3 and 4 will come into play again, informed by epidemiological and mathematical modelling following the first wave.
- 8.3 The Department of Health (DH) will issue guidance to inform health plans following a review of the first wave and the availability of countermeasures.
- 8.4 Updated information on the epidemiology of the virus, availability of counter measures and the lessons learnt on the effectiveness of specific responses and interventions from the previous wave will help inform and shape the response measures to be implemented in second or subsequent waves. In addition, health plans may be required for targeted or mass vaccination programmes during this period.

#### **Central Government Actions in the Reconstitution Phases**

- Prepare report.
- Continue to monitor UK and international situation. Maintain vigilance.
- Activate recovery plans.
- Review policies for second wave - or subsequent seasonal influenza - due to the pandemic strain - in light of experience and resources.
- Review antiviral/other pharmaceutical needs/supplies.
- Review vaccine suitability/supply/options.
- Review re-opening of schools, early years and childcare settings (HPA to advise CCC).

#### **Recovery**

- 8.5 The UK will move into the recovery phase once the pandemic wave subsides and it is considered that there is no threat of further waves occurring. Recovery can be characterised as the process of rebuilding, restoring and rehabilitating the community following an emergency. It is an integral part of the combined response from the very beginning, as decisions and actions taken at all times can influence the longer term recovery outcomes. Both response and recovery must be fully integrated and co-ordinated from the start of an emergency.
- 8.6 Although the objective is to return to pre-pandemic levels of functioning as soon as possible, expectations of what might be considered 'normality', and how quickly it will be possible to achieve, should be moderated.

## **SECTION EIGHT: RECONSTITUTION AND RECOVERY**

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- 8.7 All organisations, and the wider community, will have to recover from the health, social and economic impacts of the pandemic. The nature of these impacts – and whether and at what level action needs to be taken – will depend in large part on the scale and severity of the influenza pandemic.
- 8.8 Health and social services are likely to experience persistent secondary effects for some time, with increased demand for continuing care from:
- Patients whose existing illnesses have been exacerbated by influenza.
  - Those who may continue to suffer potential medium or long term health complications.
  - A backlog of work resulting from the postponement of treatment for less urgent conditions.
- 8.9 The pace of recovery will depend on the residual impact of the pandemic, on-going demands, backlogs, staff and organisational fatigue and continuing supply difficulties in most organisations.
- 8.10 Plans will have to recognise the potential need to prioritise the restoration of services and to phase the return to ‘normal’ in a managed and sustained way.

### **Central Government Actions in the Recovery Phase**

- 8.11 These will be:
- Implementation of measures aimed at a prioritised, gradual and sustainable return towards normality.
  - Manage public and other expectations accordingly.
  - Provision for continuing care and service backlog requirements.
  - Staff support, re-supply, refurbishment/backlog maintenance.
  - Analysis of response.
  - Assessment, evaluation and revision of contingency arrangements in light of lessons learnt.
  - Support implementation of post-pandemic recovery.

### **London Regional Resilience Forum Actions in the Recovery Phase**

- 8.12 These will be:
- Use the London Regional Recovery Protocol to develop and implement an agreed recovery strategy (this process will begin during the response phase). The protocol draws on the National Recovery Guidance and details the Recovery Management arrangements for London when dealing with an “emergency” as defined in the Civil Contingencies Act 2004. These arrangements are compatible with the London Regional Resilience Forum Command and Control Protocol. The document can be accessed at [http://www.londonprepared.gov.uk/downloads/ccprotocol\\_august2008.pdf](http://www.londonprepared.gov.uk/downloads/ccprotocol_august2008.pdf)
  - Establish regional debrief with feedback to members of LRRF and Central Government.

# Annexes

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## Annex 1: Summary of Key Planning & Guidance Documents

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### ANNEX 1 – SUMMARY OF KEY PLANNING & GUIDANCE DOCUMENTS

#### 1. Core Plans and Guidance

All organisations are responsible for having read and implemented national guidance and recommendations related to pandemic influenza. Below is a list of relevant guidance and planning documents reviewed whilst drafting this plan. Government guidance on pandemic flu is collated at [www.ukresilience.gov.uk](http://www.ukresilience.gov.uk) and any subsequently released Government guidance will also be published on this site. All the guidance listed below, except where noted, can be accessed through the UK Resilience website.

- National framework for responding to an influenza pandemic:

*This framework sets out the strategic approach to achieving the Government's aims of ensuring the UK is prepared to limit the internal spread of a pandemic and to minimise health, economic and social harm as far as possible. It builds upon and supersedes the most recent version of the Department of Health's UK Influenza Pandemic Contingency Plan (published in October 2005) expanding it to cover a more comprehensive range of impacts and responses. The plan sets out work to be done before a pandemic emerges, followed by a step-wise escalating response as a pandemic evolves. The plan includes planning assumptions organisations and agencies should be considering when drawing up their own business continuity and flu response plan; information on the public health response, with an explanation of the measures to reduce the health impact.*

- Explaining pandemic flu: a guide from the CMO
- Cabinet Office scientific evidence paper

#### International Guidance

- UK international preparedness strategy
- WHO Global health preparedness guidance
- FCO travel advice: Fact sheet for British Nationals Overseas

#### Regional / Local Guidance

- London Command and Control Protocol (accessed through [www.londonprepared.gov.uk](http://www.londonprepared.gov.uk))

#### Sector Specific Guidance

- Health and Social Care
- Infection control guidance
- Ethics
- Management of Deaths
- Education
- Judicial Processes

#### Work place and Businesses Guidance

## **Annex 2: Guidance for Multi-Agency Influenza Pandemic Committees (IPCs) in London**

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### **ANNEX 2 - GUIDANCE FOR MULTI-AGENCY INFLUENZA PANDEMIC COMMITTEES (IPCs) IN LONDON**

#### **1. INTRODUCTION**

- 1.1 The risk of an influenza pandemic is rated as the country's highest risk (Cabinet Office "National Risk Register", August 2008, [www.cabinetoffice.gov.uk/reports/national\\_risk\\_register.aspx](http://www.cabinetoffice.gov.uk/reports/national_risk_register.aspx)). The Department of Health (DH) is the lead government department to respond to an influenza pandemic. (DH "A national framework for responding to an influenza pandemic" November 2007, para 4.4.1)
- 1.2 During an influenza pandemic, strong national leadership and co-ordination, and a clear national 'command and control' structure will be essential. It will be important that this structure is echoed at regional and local borough levels. Appropriate people at all levels must have authority to make decisions and act on them with a clear chain of accountability.
- 1.3 At the borough level, Primary Care Trusts (PCTs) are responsible for the establishment of an Influenza Pandemic Committee (or equivalent planning group) that oversees and coordinates local health preparedness (DH "Guidance for primary care trusts and primary care professionals on the provision of healthcare in a community setting in England", November 2007, para 3.5).
- 1.4 Although a strong lead from health organisations will be required during a pandemic, there are a large number of issues which require partnership management (Cabinet Office Civil Contingencies Secretariat "Guidance to Local Planners", December 2007 para 1.1). The response to pandemic influenza at the local borough level will require collaboration between the PCT, other NHS organisations, the sector Health Protection Unit of the HPA, together with Local Authorities, emergency services, other local organisations and the public.
- 1.5 As there may be very little time to develop or finalise preparations, effective pre-planning is essential. Many important features of a pandemic will not become apparent until human-to-human transmission begins, so plans must:
  - deal with a wide range of possibilities,
  - be based on an integrated multi-agency approach,
  - build on effective service and business continuity arrangements,
  - be responsive to local challenges and needs, and
  - be supported by strong local, regional and national leadership.

#### **Aim of this guidance**

- 1.6 To provide guidance to local borough level Influenza Pandemic Committees (IPCs) on the multi-agency planning, response and recovery mechanisms for the coordinated management of pandemic influenza.

#### **Objectives of this guidance**

- To promote effective inter-agency cooperation and working relationships on pandemic influenza planning across the borough.

## Annex 2: Guidance for Multi-Agency Influenza Pandemic Committees (IPCs) in London

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- To promote discussions on how the response and recovery will be managed and to highlight any mutual aid expectations of the various IPC partners.
- To promote the development of consistent assumptions on pandemic influenza planning across the borough within individual organisational plans.
- To develop a multi-agency pandemic influenza plan covering the preparation, response and recovery actions for agencies in the Borough.
- To promote consistency of local command, control and coordination arrangements across London.
- To advise and recommend pandemic influenza planning policies and practices, based on HPA guidance, in response to global and national developments and to interpret and act upon national and regional guidance on the influenza pandemic.
- To assist local residents and businesses in preparing for a flu pandemic.
- To support the exercising of the pandemic influenza plans as appropriate.

### Implications of this guidance

- 1.7 While it is not necessary to have documented multi-agency arrangements, the IPC should ensure Appendix A to this guidance is completed and referenced within individual organisational plans. This will ensure that all members are fully aware of each other's roles and responsibilities, and any mutual aid expectations.
- 1.8 Where PCT / borough level multi-agency plans exist, these should not be discarded, instead they should be compared against Appendix A and B to ensure all relevant points are addressed sufficiently and a programme of work constructed.
- All IPCs should complete Appendix A leading to better understanding of partner organisational roles within the wider context of emergency plans and business continuity management arrangements.
  - All IPCs should complete the validation pro forma in Appendix B. This will allow IPCs to cross-reference their arrangements and ensure that they have considered all relevant issues in their pandemic flu preparedness arrangements.
  - Amendments may be required to plans to reflect the remit of IPC membership.
- 1.9 For the purposes of this document, where the term IPC is used, the guidance refers to both stages of the IPC. All other references will specifically detail IPC stage (e.g. planning or response).

### Supporting guidance

- 1.10 The understanding of pandemic influenza is continually evolving and improving and as such national guidance is often amended and updated. Members of IPCs should monitor the relevant websites on a regular basis to keep up to date with pandemic influenza thinking and guidance.
- 1.11 Example websites are as follows:
- Preparing for Pandemic Influenza: Guidance to local planners (Dec 2007)  
[www.ukresilience.gov.uk/pandemicflu/guidance/regional\\_local.aspx](http://www.ukresilience.gov.uk/pandemicflu/guidance/regional_local.aspx)

## Annex 2: Guidance for Multi-Agency Influenza Pandemic Committees (IPCs) in London

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- Preparing for Pandemic Influenza: Supplementary Guidance for Local Resilience Forum planners (May 2008)  
[http://www.ukresilience.gov.uk/pandemicflu/guidance/regional\\_local.aspx](http://www.ukresilience.gov.uk/pandemicflu/guidance/regional_local.aspx)
- Planning for a Possible Influenza Pandemic – A Framework for Planners Preparing to Manage Deaths (May 2008)  
[www.ukresilience.gov.uk/news/manage\\_deaths\\_guidance2.aspx](http://www.ukresilience.gov.uk/news/manage_deaths_guidance2.aspx)
- Identifying People Who Are Vulnerable in a Crisis – Guidance for Emergency Planners and Responders (March 2008)  
[www.ukresilience.gov.uk/news/vulnerable.aspx](http://www.ukresilience.gov.uk/news/vulnerable.aspx)
- Pandemic flu: A national framework for responding to an influenza pandemic (Nov 2007)  
[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_080734](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080734)

### Contact for further information

1.12 Local PCT Pandemic Flu Lead, NHS London Pandemic Flu Coordinator or NHS London Head of Emergency Preparedness

### Abbreviations

CCDC	Consultant in Communicable Disease Control
CCS	Civil Contingencies Secretariat
CHP	Consultant in Health Protection
DH	Department of Health
GOL	Government Office for London
HPA	Health Protection Agency
IPC	Influenza Pandemic Committee
LRF	Local Resilience Forum
LRT	London Resilience Team
PCT	Primary Care Trust
RCCC	Regional Civil Contingencies Committee
SCG	Strategic Coordinating Group
SHA	Strategic Health Authority
ToR	Terms of Reference

## Annex 2: Guidance for Multi-Agency Influenza Pandemic Committees (IPCs) in London

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### 2. Responsibilities of the PCT

- 2.1 Primary Care Trusts (PCTs) are to provide a strong lead to the borough for pandemic influenza preparedness and response and are responsible for assessing local risks and for commissioning, coordinating and overseeing the local health response. The PCT will mobilise GP and primary care resources supporting and monitoring the development of integrated health response arrangements. They are also responsible for developing arrangements to maintain and support patients in a community setting and for ensuring that health plans take account of the needs of those members of the community considered vulnerable, closed communities such as care homes, military bases and prisons and other establishments that may require specific planning.
- 2.2 PCTs cannot manage the effects of pandemic influenza in isolation, so this guidance provides a model for multi-agency pandemic influenza planning, response and recovery. Throughout this document, the multi-agency planning committee required to manage Pandemic Influenza effectively is referred to as the Influenza Pandemic Committee (IPC). The IPC is implemented in two stages: Planning (IPC-P) and Response (IPC-R). *IPCs will also have a role during the recovery phase post pandemic, a document providing detailed guidance for this stage will be produced in due course.*
- 2.3 The IPC is the forum through which the local (PCT / borough area) multi-agency response is planned for prior to onset and where its impacts are managed, agreed and coordinated during pandemic influenza activity.
- 2.4 Through designated pandemic influenza coordinators, PCTs provide health input to IPCs, coordinate plans with those of neighbouring authorities and ensure that social care and other key partners – including private sector care and support service providers – are fully engaged and involved. The organisational representation at each of the two IPC stages may alter, dependent on individual availability. For example, a senior manager attends IPC-P prior to declaration of pandemic and a director attends the IPC-R at time of pandemic influenza onset.
- 2.5 It is essential for the effective and robust management of the response in each PCT area, that NHS arrangements link with those of other organisations and that multi-agency working is embedded at all levels to ensure an effective response to pandemic influenza. This document provides guidance to all bodies likely to be instrumental in responding to pandemic influenza and is written in the spirit of the Civil Contingencies Act 2004 and supporting legislation and guidance. These include all aspects of PCT, Local Authorities' Social Care, Housing and Mortuary departments, and all other relevant local partners to facilitate a consistent approach to pandemic influenza planning and response across London.
- 2.6 PCTs coordinate and oversee the local health response, including GP and primary care resources. This does not alter during times of pandemic influenza. They will also provide advice and public information, collate and report operational information to the Strategic Health Authority (SHA), and make contingency arrangements for the collection of antivirals and distribution of population-wide vaccine if / when required. This activity must be supported by local partners (all Category 1 and 2 responders) so as to mitigate the impact of pandemic influenza as

## **Annex 2: Guidance for Multi-Agency Influenza Pandemic Committees (IPCs) in London**

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far as reasonably practicable. Normal lines of reporting for each individual organisation are not affected and existing protocols remain.

### **3. Responsibilities of the Health Protection Agency (HPA)**

- 3.1 The HPA is the lead agency responsible for providing public health advice to the Department of Health and the NHS, and for supporting all aspects of the public health response to an influenza pandemic. The HPA has a key role in surveillance and intelligence gathering, informing public health policy and supporting NHS and inter-agency planning and response at all levels with scientific and public health advice.

## **PLANNING PHASE**

### **4. Purpose of the IPC Planning (IPC- P)**

- 4.1 The IPC-P is the forum through which local PCT/borough area partners can facilitate the flow of information on preparedness, provide support and, where appropriate, make joint decisions, providing a coherent approach with each organisation knowing its role in relation to others. It should not replace an organisation's operational planning groups or committees.
- 4.2 The IPC-P should focus on PCT / borough area based planning in advance of the onset of pandemic influenza. Although some organisations may choose not to be involved in certain aspects of local planning (e.g. undertaken at the regional level), all organisations should provide regular updates to local IPCs on current regional planning activity.

### **5. Accountability**

- 5.1 Although the PCT is the lead agency, it is the responsibility of all IPC member organisations to provide updates on all pandemic influenza planning and response activity internally, in keeping with organisational demand (e.g. a local authority IPC representative reporting monthly to the elected members). All resulting views and/or issues should then be shared at the IPC. Any significant concerns regarding the preparedness of a particular IPC should be raised with either the Pandemic Flu Coordinator or the Head of Emergency Preparedness at NHS London.
- 5.2 As the local lead agency for flu pandemic planning and response, the Influenza Pandemic Committee will report to the PCT Board of Directors. It is the responsibility of the representatives of Category One and Two responders as defined in the Civil Contingencies Act 2004 and other agencies on the IPC to provide appropriate reports to their respective boards or chief executives and bring back to the IPC any resulting views or issues.
- 5.3 Members of the IPC are responsible for ensuring that their representation at IPC meetings is at a suitable level and covers the essential service areas of responsibility in their organisations such that the exchange of information, guidance and need for mutual support tabled at the IPC are effectively communicated across their organisations and appropriate action taken. Deputies may be appointed to represent any members unable to attend. Trust managers and external

## **Annex 2: Guidance for Multi-Agency Influenza Pandemic Committees (IPCs) in London**

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representatives from related external organisations may be invited to attend as required.

- 5.4 The PCT Emergency Planning Liaison Officer (EPLO) will act as secretary to the Group. The minutes of the meeting will be circulated to the Trust Board and will be made available to staff, this may be prior to being ratified by the Emergency Planning Group.

### **6. Terms of Reference**

- 6.1 The primary aim of the IPC-P is to develop and maintain working relationships with key partners and to facilitate localised multi-agency planning through completion of Appendix A. Additional rows should be added to collate the roles and responsibilities for other IPC-P members.
- 6.2 Individual organisational plans should be shared within the IPC-P in order to ensure they are harmonised, for example that actions at different phases and terminology are consistent and they relate to each other. IPC-Ps should:
- discuss published or consultative national guidance which effects multi-agency planning,
  - ensure individual plans include the completed multi-agency table in Appendix A,
  - ensure Appendix B is completed and returned to NHS London, and
  - coordinate local multi-agency exercises and where possible, training.

### **7. IPC-P Membership**

- 7.1 All Category 1 & 2 agencies operating within the PCT / borough area should be represented on the IPC-P. Members are responsible for ensuring appropriate representation at IPC-P meetings. A suggested suitable level is an individual that has first hand knowledge of the essential / critical service areas of responsibility within their own organisation and someone with sufficient authority to commit resources.
- 7.2 The core membership should be a single representative from the Executive of each of the member organisations. All members must have at least one delegated representative, who has the authority to make key decisions for their organisations in the absence of the primary member. Although not ideal, it is accepted that membership may alter for the two stages of IPC; It is unlikely that the Executive PI Lead will attend the IPC-P, other than for familiarisation but would engage fully from response stage onward.
- 7.3 The specialist support functions of Media/Public Info, HR, Finance, Legal and ICT should be represented by the lead in each of these areas from PCT, acute and Local Authority. This may change dependent on local variance.

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### 8. PCT representation

- 8.1 Suggested PCT representatives include the pandemic influenza coordinator (Executive Lead often being the Director of Public Health and a nominated public health directorate employee), Chief Executive, Communications Lead, Emergency Planning Officer, Director of Operations and/or provider services, representatives from GP and Pharmacy, Director of Nursing, Infection Control Nurse and dedicated secretarial support.

### 9. Wider multi-agency representation

- 9.1 Standard representation on the IPC-should include all Category 1 and 2 responders and any other relevant organisations. IPCs should also consider involving representatives from the local faith community, particularly when discussing planning for managing excess deaths.

### 10. Chair

- 10.1 The IPC-P Chair is a matter for local decision, but should be where possible, Director level of the PCT.

#### PCT

- Chief Executive \*
- Director of Public Health
- Communications Lead
- Director of Operations and/or provider services
- Emergency Planning Officer
- GP representative
- Infection control nurse
- Director of Nursing
- Pharmacy representative
- Secretarial support

#### Wider Representation

- Director from local Acute Trust(s)
- Director from local Mental Health Trust(s)
- Director from independent health sector
- HPA Consultant in Communicable Disease Control (CCDC)/Consultant in Health Protection (CHP)
- Lead Director – Adult Social Services
- Lead Director – Children’s Services
- Local Authority Emergency Planning Officer
- Local Authority Communications Lead \*\*
- Local Authority Volunteers Fund Manager / CVS representative
- Coroners Office representative
- London Ambulance Service – local Ambulance Operations Manager (AOM)
- Metropolitan Police (or City of London Police)
- Fire Brigade Representative \*
- Director from Prison (if applicable)
- Closed Community representatives (if applicable)
- Military Base representative (if applicable)
- Representative from local transport operator (e.g. Heathrow Airport for Hillingdon PCT)
- Representative from local faith community

\* as and when required

\*\* if PCT comms lead is not available

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### **11. Meeting Frequency**

11.1 The IPC-P should meet as a minimum, every three months, but this should reflect need, dependent on the agreed local work plan. This should be a face-to-face meeting, with representation from as many partners as possible. Between meetings, activity and communication should be maintained.

### **12. Suggested agenda for IPC-P meetings**

12.1 Meetings should be a forum to discuss:

- Progress against the work plans of individual organisations, as well as the IPC-P as a group
- Current and emerging national guidance which affects multi-agency planning
- Revisions to the work plan as required by published guidance or updated epidemiology
- Issues resolution and sharing best practice
- Coordination of influenza pandemic training and exercising

## **RESPONSE PHASE**

### **13. Purpose of the IPC Response (IPC-R)**

13.1 The main aim of the IPC-R is to coordinate and support the local strategic response to pandemic influenza. Each individual organisation is responsible for managing its own day-to-day operational response and to ensure the escalation of appropriate information internally and to IPC-R members. The IPC-R does not replace the individual organisational response. It provides a forum to assess the impact and consequences of the pandemic in the community and to inform the collective response, based on the central strategic steer and local expertise and provides support where required. This will include aspects such as dealing with excess deaths which involves many different local responders. The IPC-R should follow the arrangements identified through the IPC-P stage, captured via Appendix A.

### **14. Situation Reports**

14.1 IPC member organisations must adhere to the required reporting regimes (e.g. local NHS bodies informing NHS London, NHS London reporting to DH). Relevant aspects of these reports should be shared with the IPC-R to inform the local picture. Highlighted aspects should concentrate on areas of mutual concern. In London, members of IPC-Rs are responsible for feeding information up to regional level organisations such as NHS London and the Government Office for London. During the process of sharing information, any significant multi-agency issues, which are not picked up by any individual organisation's Situation Report (SitRep), should be highlighted by the IPC-R Chair to the London Resilience team with the Government Office for London.

14.2 The London Regional Resilience Flu Pandemic Response Plan sets out an annotated version of the SitRep that London will be required to submit to the Cabinet Office on a daily basis during an influenza pandemic. This annotated London SitRep details what information agencies will be required to provide. Individual organisations should refer to this appendix for guidance.

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### **15. Reporting Lines**

15.1 The diagram below illustrates how the key local agencies will feed information up to the regional level during the response phase. IPCs will not be expected to submit a formal report as an entity. Individual organisations that make up the IPC will follow existing reporting routes.

### **16. Terms of Reference**

16.1 The main aim of the IPC-R is to coordinate and support a local strategic response to an influenza pandemic through:

- assessing the impacts and consequences of the pandemic in the community to guide and inform the response, based on strategic advice and local experience,
- providing support to others where required,
- sharing information on the impact of the pandemic in the community,
- monitoring capacity against projected impact and assessing the need for mutual support,
- adjusting plans according to epidemiological data, and
- invoking recovery plans.

### **17. Membership**

17.1 Members of the IPC-R are responsible for ensuring that their representation at IPC-R meetings is at a suitable level and covers the essential service areas of responsibility in their organisations such that the exchange of information, guidance and need for mutual support tabled at meetings are effectively communicated across their organisations and appropriate action taken.

17.2 Membership should include representatives from all of the key partner agencies and although IPC-R membership may be different to the IPC-P, where possible primary members should be the same. A pandemic will have a significant impact on staffing levels therefore it is essential to ensure that all members have at least two delegated representatives who have the authority to make key organisational decisions and commit resources appropriately in absence of the primary member.

### **18. PCT representation**

18.1 The suggested PCT representatives on the IPC-R include the pandemic influenza coordinator (often Director of Public Health), the Director of Public health (if not the influenza coordinator), Communications Lead, Emergency Planning Officer and dedicated secretarial support, or an appropriate representative able to cover all these key areas.

### **19. Wider multi-agency representation**

19.1 The wider representation for the IPC-R should include all category 1 and 2 and key health responders e.g. acute and mental health trusts, HPA, Local Authorities, London Ambulance Service, Metropolitan Police, City of London Police, British Transport Police and Fire Brigade together with the independent health sector, voluntary sector and others. IPCs should also consider involving representatives

## Annex 2: Guidance for Multi-Agency Influenza Pandemic Committees (IPCs) in London

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from the local faith community, particularly when discussing managing excess deaths.

### 20. Chair

20.1 The IPC-R Chair is a matter for local decision, but should be, where possible, Director level of the PCT.

#### PCT

- Director of Public Health
- Communications Lead
- Emergency Planning Officer
- Secretarial support

#### Wider Representation

- Director from local Acute Trust (s)
- Director from local Mental Health Trust (s)
- Director from independent health sector
- HPA representative\*
- Local Authority Emergency Planning Officer
- Local Authority Chief Executive or nominated representative / Director with EP Portfolio
- Director of Adult Social Services or Director of Children's Services
- London Ambulance Service – local Ambulance Operations Manager (AOM)
- Metropolitan Police (or City of London Police)
- Fire Brigade Representative \*
- Local Elected Member \* (LA internal arrangements permitting)
- Director from Prison (if applicable)
- Closed Community representatives (if applicable)
- Military Base representative (if applicable)
- Representative from local transport operator (e.g. Heathrow Airport for Hillingdon PCT) (if applicable)
- Representatives from local faith community

\* as and when required

### 21. Meeting Frequency

21.1 During the response phase for an influenza pandemic, the committee should meet at a minimum of once a week with an escalation of the frequency of meetings as we move through the UK alert levels. This could be a virtual meeting where possible in order to maximise efficiency, using either audio or data conferencing facilities. During the most acute periods, a short daily audio conference may help share impacts and issues, in order to make multi-agency decisions.

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21.2 Local travel disruptions and caring for dependents may make it appropriate to hold meetings remotely. These issues and technical support should be considered in advance by the IPC-P to ensure smooth running of the IPC-R.

### **22. Actions**

22.1 IPC-Rs should:

- discuss the national, regional, and local situation,
- consider updated information on epidemiology and guidance,
- share updates from health and local partners,
- consider specific issues likely to effect all, such as excess deaths, care for the vulnerable, (including Deaf and disabled people), centrally required data etc, and
- consider and agree the collective response to media interest and implement a local communications strategy where necessary.

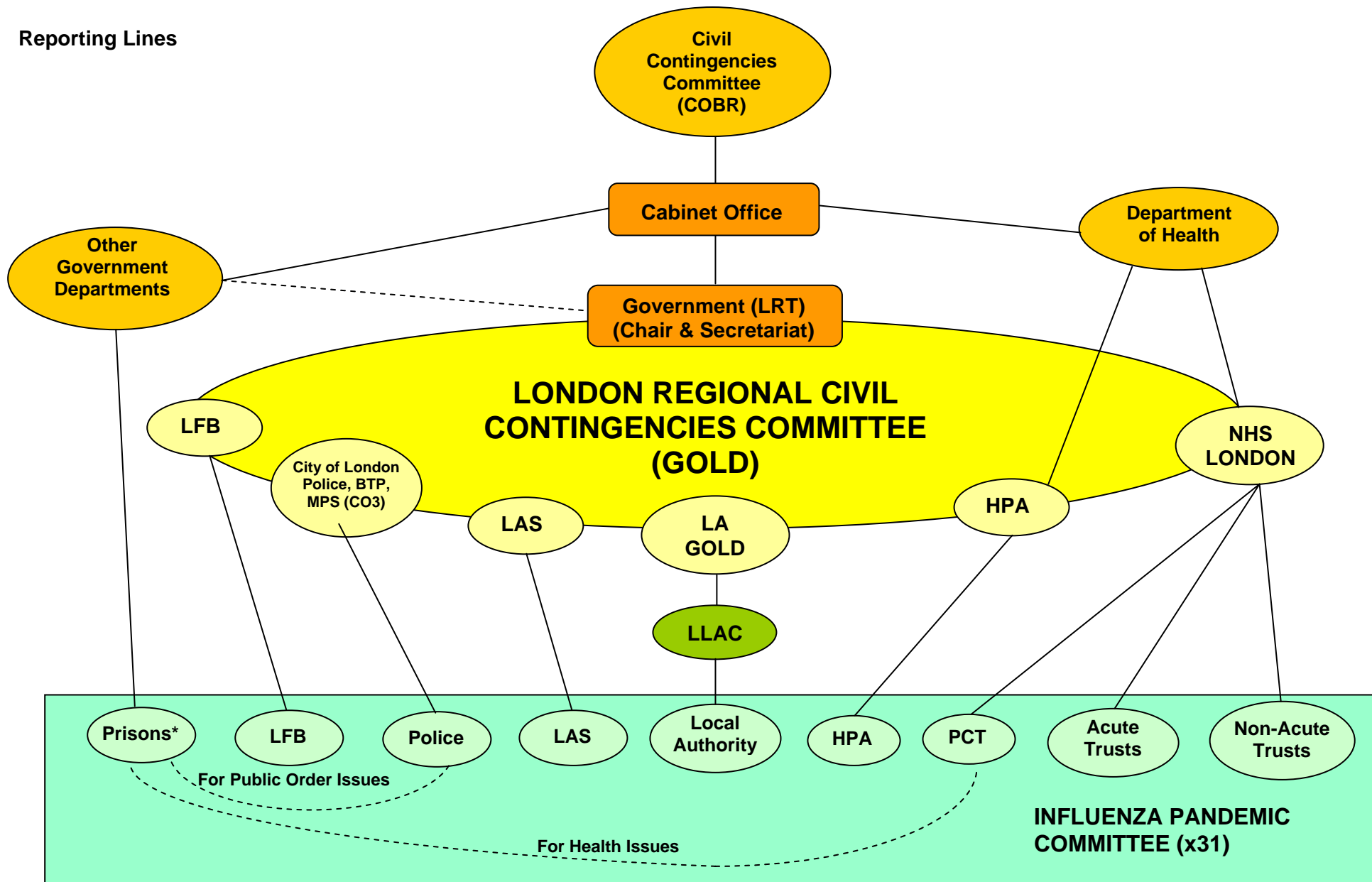
### **23. Suggested agenda for IPC-R meetings**

23.1 Meetings should be a forum to discuss:

1. Situation update: national, regional, local
2. Update on the disease (epidemiology)
3. DH/HPA updated guidance and instructions
4. Health updates from:
  - a. Primary Care
  - b. Acute Care
  - c. Mental Health Care
  - d. London Ambulance Service  
(to include staff issues, mortality, resources)
5. Partner reports
  - a. Local Authority – including Social Care, Emergency Planning, Excess Deaths
  - b. Police (to include staff issues, resources)
6. Communications – including media interest and response
7. Support to the vulnerable
8. Joint working – issues to consider
9. Battle Rhythm
10. Forward Look – including recovery planning
11. AOB

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### Reporting Lines



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### Appendix A: Command and control: roles and responsibilities for IPC-P and IPC-R members

#### WHO Phases 1 – 5 (pre-pandemic phases)

UK ALERT LEVEL	INDICATOR / GOAL / ACTIVATION	IPC / MULTI-AGENCY ACTION PLAN	RESPONSIBILITY
Level Zero  <b>No Cases Anywhere In The World</b>	<b>INDICATOR</b>	<b>IPC Level</b>	
	<ul style="list-style-type: none"> <li>Resting State, no identified cases worldwide</li> </ul>	<ul style="list-style-type: none"> <li>Continue with joint multi-agency work, Pandemic influenza planning and BC Planning</li> </ul>	
	<b>ADDITIONAL INFORMATION</b>	<b>All organisations</b>	
	<ul style="list-style-type: none"> <li>Important for organisation to assess its internal responses by means of a Pandemic Flu Working Group (PFWG).</li> </ul>	<ul style="list-style-type: none"> <li>Not operational at this level, however ongoing work on BC Planning locally and through IPC</li> <li>Ongoing awareness “wash your hands” campaign / Ensure contact lists are kept up-to-date,</li> <li>Ensure plans are regularly reviewed and tested, and staff are informed of their ‘pandemic roles’</li> <li>Keep regularly up-to-date ‘emergency skill sets register’ (for own staff, agency, retired, students)</li> </ul>	
	<b>GOAL</b>	<b>Local Authority (in addition to action points found above)</b>	
	<ul style="list-style-type: none"> <li>Organisation needs to consolidate and maintain Business Continuity Plans (BCPs), which aid Pandemic Flu.</li> <li>Core plans need to cover plans re supply chains, mutual aid, affected staff register, flexible working, staff transport, power disruption, OH</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing work on BC Planning locally and through IPC</li> <li>Controls assurance measures with PCT checking the community based assessment centres</li> </ul>	
	<b>ACTIVATION</b>	<b>Primary Care Trust (in addition to action points found above)</b>	
	<ul style="list-style-type: none"> <li>NA</li> </ul>	<ul style="list-style-type: none"> <li>Continued surveillance on possible cases of avian / pandemic flu</li> <li>Controls assurance measures with the LA re checking the community based assessment centres</li> </ul>	
		<b>Acute Trust (in addition to action points found above)</b>	
		<ul style="list-style-type: none"> <li>Continued surveillance on possible cases of avian / pandemic flu</li> </ul>	
	<b>Police (in addition to action points found above)</b>		
	<ul style="list-style-type: none"> <li>Ongoing work on BC Planning locally and through IPC</li> </ul>		
	<b>Fire (in addition to action points found above)</b>		
	<ul style="list-style-type: none"> <li>Ongoing work on BC Planning locally and through IPC</li> </ul>		
	<b>Ambulance (in addition to action points found above)</b>		
	<ul style="list-style-type: none"> <li>Ongoing work on BC Planning locally and through IPC</li> </ul>		
	<b>Voluntary Networks (in addition to action points found above)</b>		
	<ul style="list-style-type: none"> <li>Ongoing work on BC Planning locally and through IPC</li> </ul>		
	<b>Others (in addition to action points found above)</b>		
	<ul style="list-style-type: none"> <li>Ongoing work on BC Planning locally and through IPC</li> </ul>		

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### WHO Phase 6: UK Alert Level 1

UK ALERT LEVEL	INDICATOR / GOAL / ACTIVATION	IPC / MULTI-AGENCY ACTION PLAN	RESPONSIBILITY
Level One		<b><u>IPC Level</u></b> •	
Cases Outside The UK	<b><u>INDICATOR</u></b> <ul style="list-style-type: none"> <li>Person to person transmission with credible threat of global pandemic</li> <li>Unlikely to be specific vaccine</li> </ul> <b><u>ADDITIONAL INFORMATION</u></b> <ul style="list-style-type: none"> <li>This transmission may have been preceded by an outbreak on livestock or animals</li> </ul> <b><u>GOAL</u></b> <ul style="list-style-type: none"> <li>Prepare on assumption of 25% to 50% attack rate, over one or more waves lasting around 12 weeks each</li> </ul> <b><u>ACTIVATION</u></b> <ul style="list-style-type: none"> <li>Via DH then SHA London</li> </ul>	<b><u>All organisations</u></b> •	
		<b><u>Local Authority (in addition to action points found above)</u></b> •	
		<b><u>Primary Care Trust (in addition to action points found above)</u></b> •	
		<b><u>Acute Trust (in addition to action points found above)</u></b> •	
		<b><u>Police (in addition to action points found above)</u></b> •	
		<b><u>Fire (in addition to action points found above)</u></b> •	
		<b><u>Ambulance (in addition to action points found above)</u></b> •	
		<b><u>Voluntary Networks (in addition to action points found above)</u></b> •	
		<b><u>Others (in addition to action points found above)</u></b> •	

## Annex 2: Guidance for Multi-Agency Influenza Pandemic Committees (IPCs) in London

### WHO Phase 6: UK Alert Level 2

UK ALERT LEVEL	INDICATOR / GOAL / ACTIVATION	IPC / MULTI-AGENCY ACTION PLAN	RESPONSIBILITY
Level Two  New Virus Isolated In The UK	<p><b>INDICATOR</b></p> <ul style="list-style-type: none"> <li>Outbreaks may be small and localized</li> </ul> <p><b>ADDITIONAL INFORMATION</b></p> <ul style="list-style-type: none"> <li>New viruses will have been localised within the UK</li> </ul> <p><b>GOAL</b></p> <ul style="list-style-type: none"> <li>Protect staff and services</li> <li>Ready organisation for level three and four</li> </ul> <p><b>ACTIVATION</b></p> <ul style="list-style-type: none"> <li>Via DH then SHA London</li> </ul>	<p><b>IPC Level</b></p> <ul style="list-style-type: none"> <li></li> </ul>	
		<p><b>All organisations</b></p> <ul style="list-style-type: none"> <li></li> </ul>	
		<p><b>Local Authority (in addition to action points found above)</b></p> <ul style="list-style-type: none"> <li></li> </ul>	
		<p><b>Primary Care Trust (in addition to action points found above)</b></p> <ul style="list-style-type: none"> <li></li> </ul>	
		<p><b>Acute Trust (in addition to action points found above)</b></p> <ul style="list-style-type: none"> <li></li> </ul>	
		<p><b>Police (in addition to action points found above)</b></p> <ul style="list-style-type: none"> <li></li> </ul>	
		<p><b>Fire (in addition to action points found above)</b></p> <ul style="list-style-type: none"> <li></li> </ul>	
		<p><b>Ambulance (in addition to action points found above)</b></p> <ul style="list-style-type: none"> <li></li> </ul>	
		<p><b>Voluntary Networks (in addition to action points found above)</b></p> <ul style="list-style-type: none"> <li></li> </ul>	
		<p><b>Others (in addition to action points found above)</b></p> <ul style="list-style-type: none"> <li></li> </ul>	

## Annex 2: Guidance for Multi-Agency Influenza Pandemic Committees (IPCs) in London

### WHO Phase 6: UK Alert Level 3

UK ALERT LEVEL	INDICATOR / GOAL / ACTIVATION	IPC / MULTI-AGENCY ACTION PLAN	RESPONSIBILITY
Level Three  Outbreak(s) in The UK	<p><b>INDICATOR</b></p> <ul style="list-style-type: none"> <li>Likely multiple small outbreaks of flu, limited to geographical regions</li> </ul> <p><b>ADDITIONAL INFORMATION</b></p> <ul style="list-style-type: none"> <li>For London, there may be outbreaks in specific areas such as Lambeth, Southwark and Lewisham and Barnet but no where else</li> </ul> <p><b>GOAL</b></p> <ul style="list-style-type: none"> <li>Focus on limiting the spread of regional / borough outbreaks to prevent escalation to Alert Level Four</li> </ul> <p><b>ACTIVATION</b></p> <ul style="list-style-type: none"> <li>Via DH then SHA London</li> </ul>	<p><u>IPC Level</u></p> <ul style="list-style-type: none"> <li></li> </ul>	
		<p><u>All organisations</u></p> <ul style="list-style-type: none"> <li></li> </ul>	
		<p><u>Local Authority (in addition to action points found above)</u></p> <ul style="list-style-type: none"> <li></li> </ul>	
		<p><u>Primary Care Trust (in addition to action points found above)</u></p> <ul style="list-style-type: none"> <li></li> </ul>	
		<p><u>Acute Trust (in addition to action points found above)</u></p> <ul style="list-style-type: none"> <li></li> </ul>	
		<p><u>Police (in addition to action points found above)</u></p> <ul style="list-style-type: none"> <li></li> </ul>	
		<p><u>Fire (in addition to action points found above)</u></p> <ul style="list-style-type: none"> <li></li> </ul>	
		<p><u>Ambulance (in addition to action points found above)</u></p> <ul style="list-style-type: none"> <li></li> </ul>	
		<p><u>Voluntary Networks (in addition to action points found above)</u></p> <ul style="list-style-type: none"> <li></li> </ul>	
		<p><u>Others (in addition to action points found above)</u></p> <ul style="list-style-type: none"> <li></li> </ul>	

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### WHO Phase 6: UK Alert Level 4

UK ALERT LEVEL	INDICATOR / GOAL / ACTIVATION	IPC / MULTI-AGENCY ACTION PLAN	RESPONSIBILITY
Level Four  Widespread Activity Across The UK	<p><b>INDICATOR</b></p> <ul style="list-style-type: none"> <li>Widespread infection across the UK, with several waves if infection expected to last approximately 12 weeks each</li> </ul> <p><b>ADDITIONAL INFORMATION</b></p> <ul style="list-style-type: none"> <li>General estimates of 25% of workforce affected at any one time, with the majority taking 5-8 days off</li> </ul> <p><b>GOAL</b></p> <ul style="list-style-type: none"> <li>Maintain core services</li> </ul> <p><b>ACTIVATION</b></p> <ul style="list-style-type: none"> <li>Via DH then SHA London</li> </ul>	<p><u>IPC Level</u></p> <ul style="list-style-type: none"> <li></li> </ul>	
		<p><u>All organisations</u></p> <ul style="list-style-type: none"> <li></li> </ul>	
		<p><u>Local Authority (in addition to action points found above)</u></p> <ul style="list-style-type: none"> <li></li> </ul>	
		<p><u>Primary Care Trust (in addition to action points found above)</u></p> <ul style="list-style-type: none"> <li></li> </ul>	
		<p><u>Acute Trust (in addition to action points found above)</u></p> <ul style="list-style-type: none"> <li></li> </ul>	
		<p><u>Police (in addition to action points found above)</u></p> <ul style="list-style-type: none"> <li></li> </ul>	
		<p><u>Fire (in addition to action points found above)</u></p> <ul style="list-style-type: none"> <li></li> </ul>	
		<p><u>Ambulance (in addition to action points found above)</u></p> <ul style="list-style-type: none"> <li></li> </ul>	
		<p><u>Voluntary Networks (in addition to action points found above)</u></p> <ul style="list-style-type: none"> <li></li> </ul>	
		<p><u>Others (in addition to action points found above)</u></p> <ul style="list-style-type: none"> <li></li> </ul>	

## Annex 2: Guidance for Multi-Agency Influenza Pandemic Committees (IPCs) in London

### Post-pandemic period – recovery stage

UK ALERT LEVEL	INDICATOR / GOAL / ACTIVATION	IPC / MULTI-AGENCY ACTION PLAN	RESPONSIBILITY	
Level Step Down	<p><b>INDICATOR</b></p> <ul style="list-style-type: none"> <li>Although a pandemic may have several waves, lasting up to 12 weeks each, it will eventually end</li> </ul> <p><b>ADDITIONAL INFORMATION</b></p> <ul style="list-style-type: none"> <li>Recovery may take weeks, even months</li> </ul> <p><b>GOAL</b></p> <ul style="list-style-type: none"> <li>Trusts will need to consider how we re-establish 'normal' service and review and evaluate response to the pandemic</li> </ul> <p><b>ACTIVATION</b></p> <ul style="list-style-type: none"> <li>The end of the pandemic will be signalled through communication from the Health Protection Agency</li> </ul>	<u>IPC Level</u>		
End of Pandemic Wave		•		
		<u>All organisations</u>	•	
		<u>Local Authority (in addition to action points found above)</u>	•	
		<u>Primary Care Trust (in addition to action points found above)</u>	•	
		<u>Acute Trust (in addition to action points found above)</u>	•	
		<u>Police (in addition to action points found above)</u>	•	
		<u>Fire (in addition to action points found above)</u>	•	
		<u>Ambulance (in addition to action points found above)</u>	•	
		<u>Voluntary Networks (in addition to action points found above)</u>	•	
	<u>Others (in addition to action points found above)</u>	•		

## Annex 2: Guidance for Multi-Agency Influenza Pandemic Committees (IPCs) in London

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### Appendix B: Validation of Influenza Pandemic Committee (IPC) Multi-Agency Arrangements

IPCs should use this tick-box Validation Pro forma to identify any gaps in plans in their IPC area and should specify the actions and timeline required to fill these gaps.

Following validation, IPCs should complete and sign this cover sheet and return it to NHS London.

IPC: \_\_\_\_\_

- Satisfactory. The IPC is confident that plans and arrangements in place in their IPC area are fit for purpose and compatible with arrangements set out in the London Regional Resilience Pandemic Flu Response Plan as well as with neighbouring IPC plans/arrangements, where applicable.
- Some action is required to fill the remaining gaps, as set out in the table below.

Action required to fill outstanding gaps in preparedness:

#	<i>Insert description of action required</i>	<i>Deadline</i>
#	<i>Insert description of action required</i>	<i>Deadline</i>
#	<i>Insert description of action required</i>	<i>Deadline</i>

Note that plans are living documents and will be updated as necessary and informed by lessons identified during pandemic influenza exercises.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

## Annex 2: Guidance for Multi Agency Influenza Pandemic Committees (IPCs) in London

### IPC ARRANGEMENTS CHECKLIST

Please check the box to confirm the following elements have been addressed:

#### MULTI-AGENCY PLANNING

Ref	Issue / Action	Yes / No
1	A multi-disciplinary IPC has been established to specifically address pandemic influenza preparedness planning and preparedness testing.	
2	This committee consists of representatives from the following areas: a. Primary Care Trust b. Acute Trust(s) c. Mental Health Trust(s) d. Independent Health Sector e. Health Protection Agency f. Local Authority (social services, children's services, emergency planning, environmental health) g. Crematoria, cremation and funeral services h. Coroner's office i. Ambulance Service j. Police k. Fire Service l. Prisons (if applicable) m. Court Service (if applicable) n. Voluntary Sector o. Other relevant Category 2 responders p. Port Health (if applicable) q. Local faith community	
3	The table in Appendix A of the IPC guidance has been completed; thereby, outlining roles and responsibilities of all above agencies	
4	All individual organisation's plans are correctly aligned to the planning assumptions detailed in 'A National Framework for responding to an influenza pandemic'	
5	All individual organisation's plans are consistent with arrangements set out in the London Regional Resilience Pandemic Flu Response Plan	
6	All staff with roles in the plans have been fully trained	
7	Personnel who will serve as deputies in the event of staff shortages have been identified, trained and exercised.	
8	Relevant organisations have supporting business continuity plans	

#### LOCAL ISSUES

Ref	Issue / Action	Yes / No
9	Local planning assumptions have been generated using national and regional planning assumptions and planned for, specifically incorporating local demographics, case rates and death rates.	
10	A demographic profile of the population has been drawn up to: a. identify groups of vulnerable people b. identify individuals who may become vulnerable following an outbreak c. identify those in priority groups for possible medical countermeasures	

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### COMMUNICATIONS

Ref	Issue / Action	Yes / No
11	Lists exist of health and social care entities, including points of contact, within the IPC area (e.g. hospitals, long-term care and residential facilities, clinics, GPs) with which it could be necessary to maintain communication and be able to report information in a timely and accurate manner during a pandemic.	
12	Local arrangements to support central and regional Government in communicating advice to the local population and public messages have been established.	
13	Arrangements for communicating with vulnerable people (including deaf and disabled people) have been established (e.g. all communications are available in a variety of formats and translations).	

### SOCIAL SERVICES

Ref	Issue / Action	Yes / No
14	The lead agencies that deal with vulnerable people have been identified and engaged in the IPC-P	
15	The needs of specific patient populations that may be disproportionately affected during a pandemic have been addressed. Populations considered should include: <ul style="list-style-type: none"> <li>a. children and families</li> <li>b. frail / elderly</li> <li>c. young adults</li> <li>d. patients with chronic diseases or pre-existing medical conditions</li> <li>e. deaf and disabled people (including physically disabled people or people with learning difficulties)</li> <li>f. immunocompromised children and adults</li> <li>g. those in need of bereavement support</li> </ul>	
16	Estimates of the number and type of potentially vulnerable people within the IPC and their needs have been made.	
17	Plans are in place to maintain the level of support required by people who are potentially vulnerable.	

### DEALING WITH EXCESS DEATHS

Ref	Issue / Action	Yes / No
18	Local arrangements to survey and report on: local capacity; ability to function; and pressure points at relevant stages of the pandemic have been established.	
19	Arrangements for local authority services (e.g. registrars, burial and cremation authorities) to work with the health response (e.g. GPs and NHS mortuaries) and engage with local businesses (e.g. funeral directors, private cemeteries and crematoria) and faith groups are in place.	
20	The following have been engaged with locally: <ul style="list-style-type: none"> <li>a. faith groups</li> <li>b. registrars</li> <li>c. burial and crematorium authorities</li> <li>d. coroners</li> <li>e. funeral directors</li> <li>f. mortuary managers</li> </ul>	

## Annex 2: Guidance for Multi Agency Influenza Pandemic Committees (IPCs) in London

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### SOCIAL MEASURES

Ref	Issue / Action	Yes / No
21	Local arrangements are in place to support the implementation of possible social measures or to reduce social impacts, including <ol style="list-style-type: none"> <li>a. Closure of schools and group early years and childcare settings</li> <li>b. Voluntary isolation/quarantine</li> <li>c. Support to prisoner handling and the judicial process, if there is a prison in your IPC area</li> <li>d. Maintenance of public order</li> </ol>	
22	Plans to communicate decisions on school closures and openings have been made	
23	Plans anticipate that operational or logistical assistance might be required to support health efforts to control the outbreak or treat patients, or to respond to civil disorder. In this regard, it should be recognised that any request for police support is likely to be in the context of reduced police availability through illness and the need to service similar requests for policing support from other sectors	
24	IPCs have ensured that Local Authorities have taken the following steps: <ol style="list-style-type: none"> <li>a. collated contact details for school, early years and childcare settings</li> <li>b. have robust plans for communicating with parents</li> <li>c. have plans in place to support schools with remote learning</li> </ol>	

### SUPPORTING THE HEALTH RESPONSE

Ref	Issue / Action	Yes / No
25	Local arrangements are in place to support the health service.	
26	Plans have been established to sustain patients in the community, including community care such as: <ol style="list-style-type: none"> <li>a. Delivery of medicines</li> <li>b. Meals on wheels</li> <li>c. Community Nursing</li> </ol>	
27	Plans are in place to support PCTs, where appropriate, with the following: <ol style="list-style-type: none"> <li>a. Identification of antiviral collection points</li> <li>b. Arrangements for issuing antivirals</li> <li>c. Delivery of the pre-pandemic vaccine</li> <li>d. Back-up support for the Flu Line</li> </ol>	

## **Annex 3: Pandemic Influenza Communication Strategy**

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### **ANNEX 3: Communication Strategy in support of the London Regional Resilience Flu Pandemic Response Plan**

#### **1 Background**

- 1.1 This communication strategy has been formulated to support the London Regional Resilience Flu Pandemic Response Plan. It does not deal with the medical impact of a flu-pandemic in the Capital – which is dealt with in a separate document - London Health Community Pandemic Flu Communication Framework. It aims to support and contribute to the work of the London Resilience Partnership in dealing with the consequences of such an event.
- 1.2 Communication activity outlined in this strategy must not stand in isolation, but must contribute to the wider national flu pandemic response and/or the *London Health Community Pandemic Flu Communication Plan*. It is also recognised that individual organisations may already have their own internal and external communication plans for engaging with stakeholders, the media and staff.
- 1.3 A workshop took place with communication professionals from the London Resilience Strategic Communication Group on 17<sup>th</sup> November 2008 and the following issues were identified as key communication challenges within the London Regional Resilience Flu Pandemic Response Plan.
- Excess deaths
  - Conflict re “business as usual” v “stay at home” advice
  - Business continuity
  - Managing public expectations
  - Impact on schools and family lives
  - Vulnerable people
- 1.4 This strategy is therefore focused on supporting these issues, although it is recognised that our response to certain factors and *key business areas* will be determined by the national response that is still evolving.

#### **2 Aim**

- 2.1 Through effective internal and external communication to support the implementation of the London Regional Resilience Flu Pandemic Response Plan.

#### **3 Objectives**

- To educate, inform and reassure the public about the work of London Resilience and its partners in preparing for a flu-pandemic and to ensure that the public understand the potential impact and what it might mean in terms of a reduction in public services.
- To ensure that the business community is encouraged to plan for the effects of a flu pandemic on daily working

## Annex 3: Pandemic Influenza Communication Strategy

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- To share good practice with stakeholders and opinion formers and to ensure that staff from Category 1 & 2 Responders are aware and informed about the plans and their responsibilities.
- To work with the media and stakeholders to identify future risks and communication challenges.
- To co-ordinate and manage the strategic communication response to a flu pandemic outbreak in the capital.
- To manage the communication response during the recovery phase following an outbreak.

### 4 Target Audience

- General Public
- Businesses/Employees
- Education Providers
- Older and Vulnerable People, including disabled people and people living alone
- Carers
- Faith Representatives
- Ports of Entry
- Category 1 & 2 Responders
- Front Line Staff
- Trade Unions & Staff Associations
- Stakeholders/Opinion Formers
- Other London Resilience Partners (non-category 1 or 2 responders)
- London MPs
- London Assembly Members
- Local London Councillors
- Media

### 5 Communication Activity and Key Messages

5.1 In support of our aim and objectives, key messages will be built around three principles **to educate, to inform and to reassure**. The World Health Organisation (W.H.O.) outlines various phases to determine the response to a Flu-Pandemic. These are outlined further in the London Health Community Pandemic Flu Communication Framework document. They are:

- **Phase 3** – This is the current phase, when human infections with a new sub-type are present but there is no evidence of human-to-human spread of the disease. NHS communication activity at this

## Annex 3: Pandemic Influenza Communication Strategy

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stage is to lay the foundations of preventative behaviours with a focus on positive respiratory and hand hygiene.

- **Phase 4** – This will mean that there have been small clusters of the disease, but with very limited human-to-human transmission and still highly localised. At this stage it is still likely that the virus is still some way away from the UK.
- NHS communication activity in this phase continues to be about positive respiratory and hand hygiene practices but will be set in the context of the spread of a flu pandemic.
- **Phase 5** – This will be the signal that we are seeing large clusters of cases, but human-to-human spread of the virus remains localised. However, the risk of a pandemic is moving closer.
- NHS communication activity in this phase will be to continue to prepare the public for the impending pandemic, but with a greater degree of urgency and greater level of detail.
- **Phase 6** – This does not mean that the pandemic has reached the UK, but its arrival is likely to be imminent. The Government will announce when the pandemic flu has arrived in the UK. There will be a good chance that widespread and sustained transmission of the disease will be evident very quickly.

NHS communication activity will continue to give the public practical advice on what they can do to protect themselves, but also how they can take action to help slow down the spread of the disease and what to do if they become ill with it.

5.2 London Resilience and its partners will build its media and communication activity around three specific stages, taking into account the trigger points outlined by the W.H.O. These will be **pre-pandemic (W.H.O. phases 4-5), during (W.H.O. phase 6) and post-pandemic (beyond phase 6 with a return to normality).**

### 6. Pre Flu Pandemic Media/Communication Activity: W.H.O. Phase 4-5

#### 6.1 Key Messages

- London Resilience and its partners have been working for sometime to develop plans to handle a flu-pandemic.
- There is no doubt that dealing with a flu-pandemic will bring great challenges. We will need your help in meeting those challenges and supporting our response.
- Whilst we need to keep London running and try to sustain a 'business as usual' culture, we must be sensible in our approach and follow the advice and guidance of the NHS. If you feel unwell then stay at home and don't travel.
- All organisations and businesses must start to prepare now for the possibility of a flu-pandemic. Estimates are that up to 50% of the workforce may require time off at some stage over the entire period of

## **Annex 3: Pandemic Influenza Communication Strategy**

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a pandemic, with between 25% of staff absent for two to three weeks at the peak of the pandemic. Additional staff absences are likely to result from taking time off to provide care for dependents, family bereavement, other psychosocial impacts, fear of infection and/or practical difficulties in getting to work. How would your business cope, could you continue to do business effectively? Businesses should not wait for a flu-pandemic to strike before taking action; start planning and working with your staff today to prepare for such an event.

- It is important that there is an appreciation that during a flu-pandemic some public services may be affected. We may have to prioritise essential services, although we will try to keep disruption to a minimum.
- Schools and colleges might be closed in the event of a flu-pandemic to stop the spread of infection. Families should start to plan now for this possibility and how they would cope with child care issues if this situation were to arise.
- We would also encourage communities to support each other and to watch out for older and vulnerable people, including disabled people. If you have an older or vulnerable neighbour keep an eye out for them and make sure that they are safe and well.
- Excess deaths – Central Government are working on a specific communications strategy for pandemic excess deaths.

These key messages are not exhaustive and will be reviewed and updated as national/regional policy develops.

### **6.2 Communication Tools**

London Resilience and its partners (at an appropriate time) should seek to put information about its handling of a flu pandemic into the public domain in order to educate and inform the public. This must not be done in isolation, but should be done in consultation with other stakeholders, especially NHS London. We will ensure that a variety of communication methods are used to ensure that messages are accessible to all audiences, including disabled, vulnerable people and hard to reach groups. We will look to use the following communication tools:

- Local and regional broadcast media;
- Borough newspapers;
- Local and regional newspapers;
- Minority media;
- Websites (London Prepared with hyperlinks to other agencies);
- Information distributed through schools/colleges;
- Information through business to employers;
- Third party communicators e.g. home helps/meals on wheels etc;

## **Annex 3: Pandemic Influenza Communication Strategy**

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- Local authority information produced through libraries;
- Workshops with communicators from local authorities, PCTs and hospitals;
- Sharing of press lines with Category 1 & 2 Responders.

### 6.3 Spokespeople

The London Health Community Flu Pandemic Communication Framework document outlines a number of spokespeople who will be put up for interview at this phase of the response (see Appendix A). We will consider completing this by putting up spokespeople to talk about the wider London Resilience response or specific non- health related issues e.g. the potential impact on transport. Spokespeople we may consider are:

- Minister for London or Mayor of London
- Chief Executive London Councils
- Transport for London Spokesperson
- Representative from the business community

### 6.4 Facilities

Where possible we should look for media opportunities to highlight our planning and preparatory work for the handling a flu-pandemic e.g. exercises. This would also help us to put some context around specific issues.

## **7 During Flu-Pandemic Media/Communication Activity: WHO Phase 6**

In the event of a flu-pandemic outbreak, the NHS will be running national and regional advertising campaigns on television and radio. Leaflets will also be produced and distributed to every household in the UK. These will be largely *medical focussed* but will also give some more general practical advice and information.

London Resilience should look to build on this public information by informing Londoners about specific events and issues that could or will impact on London. Some of the issues we could highlight are shown below.

### 7.1 Key Messages

- The next few weeks will bring great challenges as we handle the flu-pandemic. We will need the public's help in meeting those challenges and supporting our response.
- Although we need to keep London running and try to sustain a 'business as usual' culture, we must be sensible in our approach and follow the advice and guidance of the NHS. If you feel unwell then stay at home and don't travel. By playing your part, we can get London back to normal quicker.

## Annex 3: Pandemic Influenza Communication Strategy

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- Businesses should start to consider how they would implement their business continuity arrangements and how they will keep their staff informed about what is going on.
- Some public services might be affected, as we have to prioritise essential services. We will try to keep any disruption to a minimum.
- Trains and buses may also face restrictions or a reduced service. We are working with transport operators to try to ensure that any disruption is kept to a minimum.
- As a precaution schools and colleges might be closed. We will try to keep disruption to a minimum and ensure that parents and carers are kept informed. Schools and local authorities will be working together to try to return things to normal as quickly as possible.
- We would encourage the use of *flu buddies* who will be able to collect antiviral medicines for family and friends who are ill with flu.
- We would also encourage communities to support each other and to watch out for older and vulnerable people, including disabled people. If you have an older or vulnerable neighbour keep an eye out for them and make sure that they are safe and well
- Maintain small stocks of non-perishable foodstuffs to minimise contact with others if you become unwell.
- Excess deaths – Central Government are working on a specific communications strategy for pandemic excess deaths.

These key messages are not exhaustive and will be reviewed and updated as the situation develops at a national and London level.

### 7.2 Communication Tools

- Local and regional broadcast media;
- Borough newspapers;
- Local and regional newspapers;
- Minority media, faith institutions & community leaders;
- Websites (London Prepared with hyperlinks to other agencies);
- Information distributed through schools/colleges;
- Third party communicators e.g. home helps/meals on wheels etc;
- Local authority information produced through libraries;
- Information on dot matrix boards on the transport system;
- SMS messages to mobile telephones;
- Digital advertising media in public places such as shopping centres;
- Sharing of press lines with Category 1 & 2 Responders.

### 7.3 Spokespeople

## **Annex 3: Pandemic Influenza Communication Strategy**

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The London Health Community Flu Pandemic Communication Framework document outlines a number of spokespeople who will be put up for interview at this phase of the response (see Appendix A). We will consider complementing this by putting up spokespeople to talk about the wider London Resilience response or specific non-health related issues e.g. the potential impact on transport. Spokespeople we may consider are:

- Minister for London or Mayor of London
- Chief Executive London Councils
- Police spokesperson
- London Ambulance Service spokesperson
- Transport for London Spokesperson
- Representative from the business community

### **7.4 Facilities**

There is no doubt that there will be a demand for pictures/facilities that show the consequences of a flu-pandemic. Whilst it will be for NHS London to take the lead, there may be some merit in organising facilities to demonstrate what London Resilience and its partners are doing. Appropriate media opportunities will be identified and co-ordinated (where appropriate) through the Media Cell.

## **8 Post Flu-Pandemic Media/Communication Activity**

What we say post a pan flu-pandemic is just as important as what we say before. There will be considerable focus on dealing with fatalities and the bereaved and to return London back to normality. One issue that will need to be addressed at this point is the need for a possible memorial in London.

### **8.1 Key Messages**

- Thank the public for their co-operation and support.
- Regret that there have been a number of deaths and we must now look to support the family and friends of the bereaved. We will also be reflecting on how London marks those who have died as result of this terrible virus.
- We must also look to support businesses in returning to a degree of normality.
- Some of our public services might still be affected, but we will try to keep any disruption to a minimum.
- We will be closely monitoring the situation in the next few weeks and will continue to work with our health partners and other stakeholders to identify and deal with any major issues or any further wave of illness.

## **Annex 3: Pandemic Influenza Communication Strategy**

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- Over the last few weeks many people have been checking on their older and vulnerable neighbours. We would ask that this practice continues.
- Excess deaths – Central Government are working on a specific communications strategy for pandemic excess deaths.

These key messages are not exhaustive and will be reviewed and updated on an on-going basis depending on developments.

### **8.2 Communication Tools**

- Local and regional broadcast media;
- Borough newsletters
- Local and regional newspapers;
- Minority media;
- Websites (London Prepared with hyperlinks to other agencies);
- Information distributed through schools/colleges;
- Third party communicators e.g. home helps/meals on wheels etc;
- Sharing of press lines with Category 1 & 2 Responders.

### **8.3 Spokespeople**

- Mayor of London
- Others to deal with specific events/incidents e.g. TFL re Transport

### **8.4 Facilities**

We should seek to identify suitable media facilities that demonstrate London running as normal and business as usual activity.

## **9 Managing Co-ordination**

- 9.1 London Resilience already has an effective communications network for managing major incidents in the capital. We will build on our existing structures to manage and support the communication response to a flu-pandemic. (See Appendix B).
- 9.2 The London Resilience Strategic Communication Group has agreed to set up a Media Cell to support the work of the Regional Civil Contingencies Committee (RCCC). This will be chaired by NHS London, Vice Chair will be the London Ambulance Service.
- 9.3 The Media Cell will be made up of representatives from the police (Met, BTP or City of London), London Ambulance Service, London Fire Brigade, NHS London, London Councils, Transport for London (representing all surface transport operators), BAA (also representing City Airport), Port of London Authority, London First, Greater London Authority, Health Protection Agency, Government News Co-ordination Centre (NCC) and London Resilience Team. Others can be co-opted on to this group as necessary.

## **Annex 3: Pandemic Influenza Communication Strategy**

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- 9.4 The Media Cell will meet in person or remotely via conference call and will deal with the strategic communication issues impacting on the response in London to a flu-pandemic.
- 9.5 In addition lines to take will be shared between all agencies. If the Government's News Co-ordination Centre (NCC) is operational then a representative from the Media Cell will be appointed as the *London link* to work at the NCC to co-ordinate press lines and facility requests.
- 9.6 Each organisation will be responsible for handling any press enquiries in relation to its own business area.

### **10 Review/Evaluation/Testing**

- 10.1 In formulating this communication strategy we have liaised with our partners and stakeholders, including the media. We will review this strategy on an ongoing basis through the London Resilience Strategic Communication Group and the London Media Emergency Forum.
- 10.2 We will seek to share information about this strategy through workshops and will test it in exercise with our partner agencies and stakeholders.
- 10.3 We will take into consideration any changes to national policy that could impact on this strategy and our response

### **11 Budget/Resources**

- 11.1 No additional money has been identified to contribute to the media and communication response. London Resilience will look to use its existing communication structures to manage a flu-pandemic. Although this does not take into account the need for any advertising or marketing material that may be required.
- 11.2 One area where additional investment may be needed is in relation to the management of the London Prepared website. This is going to be promoted as a major tool where people can go for the latest information and will be hyperlinked to relevant partner agencies. Therefore, it is important that it is updated on a regular basis - possibly several times a day during a flu pandemic crisis - to retain its credibility.
- 11.3 It will also be important that members of the Partnership and London Local Authorities have clear links to London Prepared shown on the home pages of their websites and in any publicity/marketing material that is produced.
- 11.4 Discussions will take place with the GLA to see if they can assist in this process, otherwise additional web trained staff will be needed. Costs for this additional resource are likely to be in the region of £25k and funding should be identified in advance.

## **Annex 3: Pandemic Influenza Communication Strategy**

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### **12 Timescales**

- 12.1 The implementation of the pre-education part of this strategy is very much dependent on the work being undertaken at a national level in key business areas. An outline plan of possible activity to be delivered over the next 12 months is shown at Appendix C, although this could be subject to change.

## **Annex 3: Pandemic Influenza Communication Strategy**

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### **APPENDIX A: Extract from the London Health Community Pandemic Flu Communication Framework document.**

#### **Spokespeople for London**

A group of influential spokespeople have been identified who will act as the voice for London during a flu pandemic. They are:

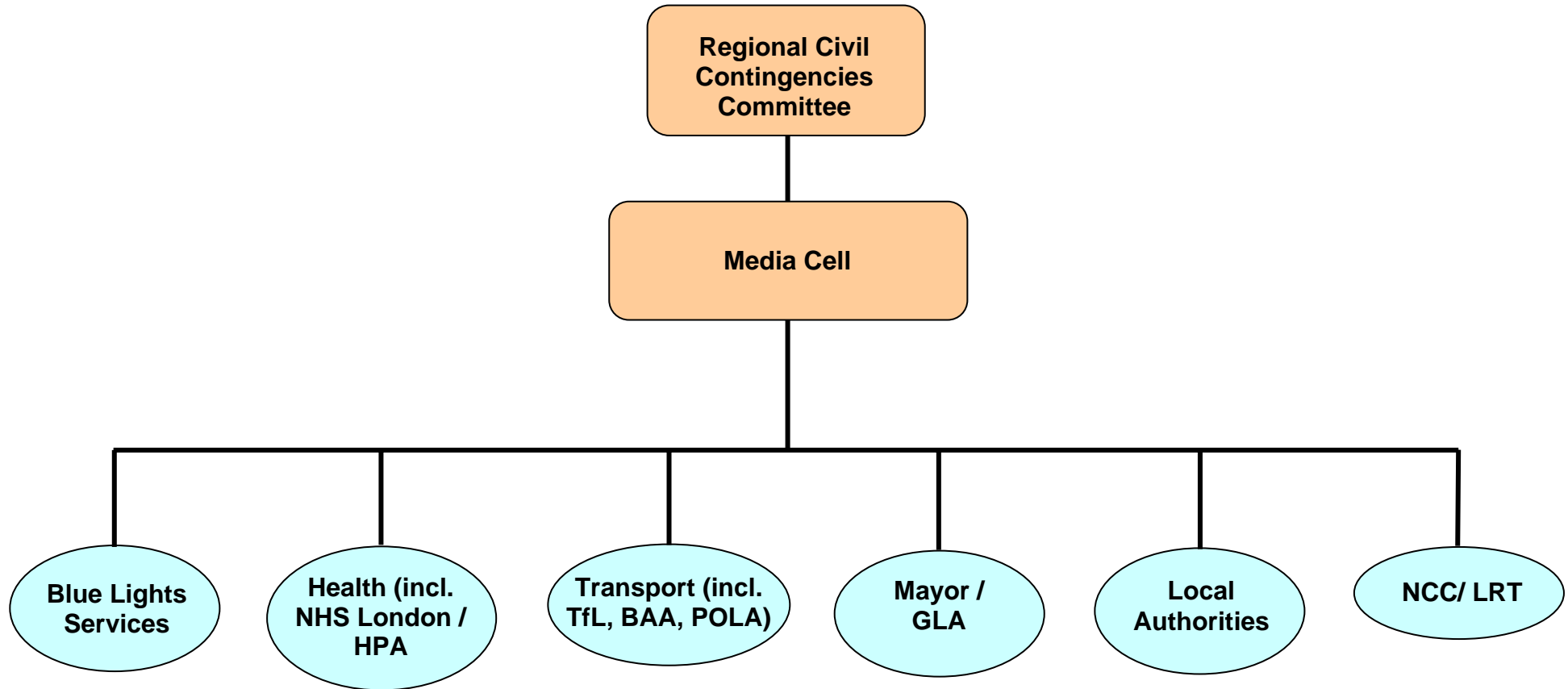
<b>Spokesperson</b>	<b>Role</b>
The Mayor	To provide reassurance and generic public information
Minister for London	To explain the role of the Government
Regional Director of Public Health	To address the health response, including precautions the public can take and what to do if they become ill.
HPA Regional Epidemiologist	Specialist messages relating to flu and the spread of the virus.
SHA Chief Executive	NHS response and handling
London Ambulance Service (Director of Operations)	Impact on 999 service and public messages about where to seek advice and treatment.

Deputies and alternates will be identified for these spokespeople in the event that they become ill with pandemic flu or are unable to access media equipment due to transport difficulties or caring responsibilities.

## Annex 3: Pandemic Influenza Communication Strategy

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### APPENDIX B: London Resilience Communication Structure



## Annex 3: Pandemic Influenza Communication Strategy

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### APPENDIX C:

#### PANDEMIC FLU COMMUNICATION PLAN 2009

	Jan	Feb	Mar	April	May	June	July	Aug	Sep	Oct	Nov	Dec
Flu-Pandemic Activity												
Planned Media/PR Activity												
Workshops/Networking Events												
Exercise/Training												
Website Update												
Regional Media Emergency Forum												
London Regional Strategic Comms Group Meeting (Review plans)												

## Annex 4: Template for London Situation Report

### Annex 4 - Template for London Situation Report

SITREP Number:	XX		
	DD-MMM-YY		HH.MM
Lead Official:			
Alternate Contact:			

This Situation Report provides key information and data on the present situation. It has been validated by the London Resilience Team. 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.

#### Guidance on how to complete this Sitrep

Every organisation needs to complete their relevant sections and return to the Regional Operations Centre (ROC) in Government Office for London (GOL) by 17:00. In the covering email, highlight:

- Any decisions that need to be taken at RCCC level.
- Any decisions that need to be taken by Central Government.
- The forward look for your organisation over the coming reporting period (or longer as appropriate).

*Users of this form should ensure that new information is highlighted using RED text.*

## **Annex 4: Template for London Situation Report**

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### **Contents**

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

### **Section One: Department / Government Office Key Issues**

#### **Guidance Notes:**

This section is used to provide Cabinet Office / COBR situation cell and agencies with the key issues that the reporting agency is currently dealing with or require wider visibility i.e. that assistance may be called for.

This section should also note if there are any restrictions on the report's distribution i.e. "For Central Government Departments Only".

## Annex 4: Template for London Situation Report

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### Section Two: Key Issues for the Common Recognised Information Picture (CRIP)

#### Guidance Notes:

This section is used to direct the Cabinet Office/ COBR situation cell to specific issues that the author believes should be reflected in the CRIP produced by the Situation Cell. It will be for the Situation Cell to decide whether the information recommended is incorporated.

**This information will be provided by the Regional Operations Centre (ROC).**

### Section Three: Current Situation

#### Guidance Notes:

This section is used to provide Cabinet Office / COBR Situation Cell and agencies with the key issues relating to the situation. It should describe the current situation in sufficient detail for, if necessary, decisions to be made. Suggested topics that should be covered are provided at the end of this note.

We have provided an indication of the information, specific to pandemic influenza which is likely to be required here. This includes information / data on: essential services, cremation and burial services, and transport. It will also include other topics more likely on an exception basis. These are also listed.

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

Specific information is likely to be requested on the following:

#### **Essential Services**

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

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

A = pandemic influenza having impact but managing within current resources

G = very small impact

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

## Annex 4: Template for London Situation Report

<b>Service</b>	<b>Local/Regional Impact [detail of local or regional shortages, outages, panic buying, business continuity issues and projections going forward].</b>
<b>Emergency Services</b> <i>(to be provided by the Police and Fire Gold)</i>	
<b>Fuel</b> <i>(to be provided by all Organisations on an Exceptions only basis)</i>	
<b>Oil</b> <i>(to be provided by all Organisations on an Exceptions only basis)</i>	
<b>Gas</b> <i>(to be provided by the Utilities Gold)</i>	
<b>Electricity</b> <i>(to be provided by the Utilities Gold)</i>	
<b>Telecommunication network</b> <i>(to be provided by the Utilities Gold)</i>	
<b>Postal Services</b> <i>(to be provided by all Organisations on an Exceptions only basis)</i>	
<b>Food</b> <i>(to be provided by all Organisations on an Exceptions only basis)</i>	
<b>Water</b> <i>(to be provided by the Utilities Gold)</i>	
<b>Broadcasting (inc. print media)</b> <i>(to be provided by the Media Gold)</i>	
<b>Waste Management</b> <i>(to be provided by the EA &amp; LLACC)</i>	

## Annex 4: Template for London Situation Report

### **Cremation and burial services**

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

***PLEASE NOTE this information is to be provided by the LLACC.***

LA name	Cremation Management	Burial Management	Coroners	Registrars	Funeral Arrangements inc Transport	Estimated No. of Fatalities
<b>Regional Picture</b>						

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

**Transport** - Provide details of any station closures, line closures, cancelled services etc. and of regional or local road disruptions.

***PLEASE NOTE this information is to be provided by the Transport Gold.***

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

***PLEASE NOTE this information is to be provided by the LACC on an exception only basis.***

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

***PLEASE NOTE this information is to be provided by all organisations in a exception only basis.***

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

***PLEASE NOTE this information is to be provided by the Police and Her Majesty's Prison Service (HMPS) on an exception only basis.***

**Community cohesion** - Details of community Safety/Community Cohesion Issues.

***PLEASE NOTE this information is to be provided by the Police Gold, the LLACC and Government Office for London.***

## Annex 4: Template for London Situation Report

**Public events** - Details of any closures of public events/ mass gatherings.

***PLEASE NOTE this information is to be provided by the Local Authority Gold and the LLACC.***

**Business Issues** - Businesses affected.

***PLEASE NOTE this information will be provided by the LACC and the Tripartite (on finance sector issues only).***

**Social care/welfare Homecare, Vulnerable People/Groups**

***PLEASE NOTE this information is to be provided by the LLACC.***

**Mutual Aid / Military Support** - Aid requested and/or in place.

***PLEASE NOTE information is to be provided by the Military Gold and by all organisations who require mutual aid.***

**Education**

***PLEASE NOTE this information is to be provided by the LLACC.***

	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.

## Annex 4: Template for London Situation Report

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### **Early years and childcare settings**

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

### **Section Four: Resources & Readiness**

#### **Guidance Notes:**

Use this section to provide Cabinet office / COBR Situation Cell and agencies with any resourcing and readiness issues that the reporting agency is currently dealing with or require wider visibility.

***This information will be provided by the Regional Operations Centre (ROC).***

### **Section Five: Next Steps / Forward Look**

#### **Guidance Notes:**

Use this section to provide Cabinet Office / COBR Situation Cell and agencies with information relating to what action is planned to take place over the coming reporting period (or longer as appropriate).

For pandemic influenza specific consideration should be given to those areas listed under sections 3 and 4.

***This information will be provided by the Regional Operations Centre (ROC).***

## Annex 4: Template for London Situation Report

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### Section Six: Political \ Policy

#### Guidance Notes:

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

*This information will be provided by the Regional Operations Centre (ROC).*

### Section Seven: Media and Communications

#### Guidance Notes:

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

*This information will be provided by the Media Cell.*

- **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**
  -

## Annex 4: Template for London Situation Report

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### Section Eight: Manpower and Staffing Issues

#### Guidance Notes:

This section is used to raise any manpower or staffing issues related to the incident either centrally or in responding agencies. The information should be supplied in the form of a R.A.G status, with supporting/supplementary information.

***All organisations should be prepared to provide this information.***

Provided on an exception only reporting basis.

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

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

A = pandemic influenza having impact but managing within current resources

G = very small impact

### Section Nine: Other Issues Not Covered Elsewhere

#### Guidance Notes:

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

***All organisations should be prepared to provide this information.***

- Point #1
  
- Point #2
  
- 

### Section Ten: Information Requirements / Requested Clarification

#### Guidance Notes:

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

## Annex 4: Template for London Situation Report

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clarification.

***This information will be provided by the Regional Operations Centre (ROC).***

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

### Section Eleven: Background / Overview

#### Guidance Notes:

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

***This information will be provided by the Regional Operations Centre (ROC).***

### Section Twelve: Next Sitrep will be issued at

#### Guidance Notes:

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

***This information will be provided by the Regional Operations Centre (ROC).***

## Annex 4: Template for London Situation Report

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### Section Thirteen: Contacts

#### Guidance Notes:

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

*This information will be provided by the Regional Operations Centre (ROC).*

#### Departmental Operations Centre

Telephone:

Fax:

Email:

#### Other Key Contacts

(a)

Telephone:

Fax:

Email:

(b)

Telephone:

Fax:

Email:

(c)

Telephone:

Fax:

Email:

### Section Fourteen: Attached Tables, Maps etc

#### Please Note:

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

All organisations should be prepared to provide this information, if requested.

## **Annex 5: The Ethical Dimension**

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### **ANNEX 5 - THE ETHICAL DIMENSION**

Ethical considerations are an important factor in planning and responding to a potential emergency. Decision makers must balance the needs of the individual with those of the wider population within the context of the law. There are important principles that should be followed across the spectrum:

#### **Respect**

- Communication: keep people informed.
- People should have the opportunity to express their views.
- People should be able to make personal choices about their treatment as far as possible, although this may not always be conceivable.
- When people are unable to decide, decisions should be taken not just on health grounds, but on the best rounded interests of the individual.

#### **Working together**

Everyone will have a role in responding to the pandemic. This may include helping family and friends who become ill, helping in the local community etc.

#### **Fairness**

Whilst everyone should have access to services and resources, these are not infinite. Decision makers may need to make difficult decisions on allocating these services and resources, which potentially could determine whether a person survives. It is only right that the interests of all those that might be affected are taken into account when making any decision. Decision making must therefore be fair and balanced.

#### **Good decision making**

- Openness and transparency - Consult those concerned as much as possible; be open about what decisions need to be made and who is responsible for making them; be open about what decisions have been made and why they were made.
- Inclusiveness - Involve people in aspects of planning that affect them; take into account all relevant views expressed.
- Accountability – Decision makers must be responsible for decisions they make.
- Reasonableness – Decisions should be rational, not arbitrary, based on appropriate evidence, practical.

#### **Records**

Appropriate records should be kept of decisions taken and the justifications for making them. This is not only for accountability reasons, but in order to record any potential lessons and experiences that would need to be considered for any future pandemic waves or to a different pandemic in the future.

## **Annex 5: The Ethical Dimension**

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For further information regarding any of the above, refer to the Cabinet Office/ Department of Health document *Responding to pandemic flu, the ethical framework for policy and planning* ([www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_080751](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080751)).

## **Annex 6: Membership of the London Regional Resilience Forum**

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### **ANNEX 6 – MEMBERSHIP OF THE LONDON REGIONAL RESILIENCE FORUM**

Army, Headquarters London District  
British Transport Police  
Business Sector Panel Chair  
CCS, Cabinet Office  
City of London Police  
Communities & Local Government  
Corporation of London  
Environment Agency  
Faith Sector Panel Chair  
Government Office for London  
Greater London Authority  
Health Protection Agency  
Home Office  
London Coroner's Group  
London Councils  
London Fire Brigade  
London Fire Brigade – Emergency Planning  
London Underground Limited  
Metropolitan Police Service  
Network Rail  
NHS London  
Port of London Authority  
TRANSEC (DfT)  
Transport for London  
Transport Sector Panel Chair  
Utilities Sector Panel Chair  
Voluntary Sector Panel Chair

## **Annex 7: Glossary of Abbreviations**

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### **ANNEX 7 – GLOSSARY OF ABBREVIATIONS**

CCC	Civil Contingencies Committee
CCC(O)	Civil Contingencies Committee (Official Level)
CCDC	Consultant in Communicable Disease Control
CCS	Civil Contingencies Secretariat
CE	Chief Executive
CHP	Consultant in Health Protection
CLG	Communities and Local Government (The Department of)
CMO	Chief Medical Officer
COBR	Cabinet Office Briefing Room
CRIP	Common Recognised information Picture
DA	Devolved Administration
Defra	Department for Environment, Food and Rural Affairs
DfID	Department for International Development
DH	Department of Health
ECDC	European Centre for Disease Prevention and Control
EU	European Union
FCO	Foreign and Commonwealth Office
GCG	Gold Co-ordinating Group
GCN	Government Communications Network
GLA	Greater London Authority
GP	General Practitioner
HPA	Health Protection Agency
HSE	Health and Safety Executive
ICT	Infection Control Team
IPC	Influenza Pandemic Committee
LA	Local Authority
LLACC	London Local Authority Co-ordination Centre
LFB-EP	London Fire Brigade, Emergency Planning
LLAG	London Local Authority Gold
LRF	Local Resilience Forum
LRRF	London Regional Resilience Forum
LRT	London Resilience Team
MHRA	Medicines and Healthcare Products Regulatory Agency
NCC	News Co-ordination Centre (Government)
NHS	National Health Service
NHS LISMG	NHS London Influenza Strategic Mgt Group
NIBSC	National Institute for Biological Standards and Control
PCT	Primary Care Trust
RCCC	Regional Civil Contingencies Committee
RDPH	Regional Director of Public Health
ROC	Regional Operations Centre
SARS	Severe Acute Respiratory Syndrome
SHA	Strategic Health Authority
Sitrep	Situation Report
SPI	Scientific Pandemic Influenza Advisory Committee
UK	United Kingdom
UKNIPC	United Kingdom National Influenza Pandemic Committee
WHO	World Health Organization

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GOVERNMENT OFFICE  
FOR LONDON

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[www.londonprepared.gov.uk](http://www.londonprepared.gov.uk)