



**GREATER MANCHESTER RESILIENCE FORUM  
PANDEMIC INFLUENZA  
STRATEGIC RESPONSE PLAN**

<b><u>SPONSORING BODY:</u></b>	<u>Greater Manchester Resilience Forum</u>
<b><u>APPROVED BY:</u></b>	<u>Greater Manchester Resilience Forum</u>
<b><u>DATE APPROVED:</u></b>	20 March 2009
<b><u>DATE TO BE REVIEWED:</u></b>	March 2010

## TABLE OF CONTENTS

<b>DOCUMENT INFORMATION.....</b>	<b>4</b>
<b>STRATEGIC CO-ORDINATING GROUP - KEY FACTS.....</b>	<b>5</b>
<b>1. OVERVIEW .....</b>	<b>6</b>
<b>2 BACKGROUND .....</b>	<b>8</b>
<b>3 IMPACT OF AN INFLUENZA PANDEMIC ON GREATER MANCHESTER.....</b>	<b>9</b>
<b>4 KEY AGENCIES – ROLES .....</b>	<b>14</b>
<b>5 RESPONSE STRUCTURES .....</b>	<b>22</b>
<b>6 PANDEMIC PHASES.....</b>	<b>26</b>
<b>PHASE 1 .....</b>	<b>27</b>
<b>PHASE 2 .....</b>	<b>27</b>
<b>PHASE 3 .....</b>	<b>27</b>
<b>PHASE 4 .....</b>	<b>27</b>
<b>PHASE 5 .....</b>	<b>27</b>
<b>PHASE 6 .....</b>	<b>28</b>
<b>7 SPECIFIC OPERATIONAL ISSUES.....</b>	<b>29</b>
<b>7.1 SCIENTIFIC AND TECHNICAL ADVICE CELL (STAC) .....</b>	<b>29</b>
<b>7.2 ANTI-VIRAL.....</b>	<b>30</b>
<b>7.3 VACCINATION .....</b>	<b>31</b>
<b>7.4 PERSONAL PROTECTIVE EQUIPMENT.....</b>	<b>32</b>
<b>7.5 EXCESS DEATH PLANNING .....</b>	<b>32</b>
<b>7.6 COMMUNICATIONS .....</b>	<b>35</b>
<b>ANNEX A - PANDEMIC INFLUENZA – AN INTRODUCTION .....</b>	<b>39</b>
<b>ANNEX B - RESPONSE PLANS .....</b>	<b>42</b>

<b>ANNEX C - REGIONAL CIVIL CONTINGENCIES COMMITTEE.....</b>	<b>43</b>
<b>ANNEX D - MILITARY AID .....</b>	<b>45</b>
<b>ANNEX E - COMMAND AND CONTROL STRUCTURES .....</b>	<b>47</b>
<b>ANNEX F – SITREP REPORTING.....</b>	<b>48</b>
<b>APPENDIX G – VOLUNTARY AGENCIES.....</b>	<b>54</b>
<b>ANNEX H : GLOSSARY OF TERMS.....</b>	<b>56</b>

**DOCUMENT INFORMATION**

Version History	Version No	Amendments Made	Approved By	Date Approved	Date Issued
	3 (draft)	<b>1<sup>st</sup> draft for approval by GM Health Issues Group prior to full partner consultation. Approval obtained 29.1.09</b>	GM Health Issues Group	29/01/09	
		<b>2nd draft for eight week consultation period with GMRF stakeholders.</b>	GM Resilience Development Group	13/3/09	
	3.1 (draft)	<b>3rd draft for limited consultation – 1 week</b>		14/3/09	
	3	First Issue	Greater Manchester Resilience Forum	20 March 2009	

<b>Document Name</b>	Greater Manchester Resilience Forum Pandemic Influenza Strategic Response Plan
<b>Purpose</b>	Pandemic Influenza outbreak requiring a Greater Manchester response
<b>Contact for Further Information</b>	Greater Manchester Health Issues Group, Colin Kelsey Bolton PCT  Colin Kelsey, Bolton PCT Tel No: 01204 462179 Fax No: 01204 462139 Email: <a href="mailto:Colin.kelsey@bolton.nhs.uk">Colin.kelsey@bolton.nhs.uk</a>  Kath Oldham, AGMA Tel No: 0161 234 4427 Fax No: 0161 234 7071 Email: <a href="mailto:k.oldham@manchester.gov.uk">k.oldham@manchester.gov.uk</a>
<b>Location of Document</b>	This Plan is available electronically from AGMA or <a href="mailto:Stephanie.wigmore@bolton.nhs.uk">Stephanie.wigmore@bolton.nhs.uk</a>

## STRATEGIC CO-ORDINATING GROUP - KEY FACTS

Pandemic Influenza is difficult in terms of resilience planning in that the impact cannot be established until the virus strikes, the demographics of affected population may or may not mirror that of seasonal flu and it could strike at any time of year.

Due to the nature of an infectious disease it is likely that the main impact will be on health & social care in the community. The effect of this is that the usual command & control arrangements would not be sufficiently close enough to these services to manage the response at a tactical level. To resolve this, a system has been agreed that provides health & social care tactical coordination at borough level through the Borough Pandemic Influenza Coordination Groups. For wider incident issues, such as public order, a stand-alone Tactical Silver Coordination Group can be initiated under this plan by GMP.

Critical health and social care activities could be adversely impacted in an emergency, these are heavily dependent on availability of staff and will need to be maintained including:

- Responding to emergency calls from the public
- Managing health and social care resources for primary / domiciliary care
- Managing the availability of secondary health care resources for medical emergencies
- Maintaining support services in the community
- Maintaining public safety and managing risk
- Warning and informing the public

In any incident, the Strategic Coordinating Group (SCG) should also identify those people who receive life-preserving services who may be made vulnerable by the effects of the pandemic.

The following types of pandemic influenza decisions are likely to fall to the SCG:

- the establishment of an overall strategy for GM
- ensuring the borough level Pandemic Influenza Coordinating Groups are established and are effective
- ensuring implementation of nationally derived priorities / strategies within Greater Manchester
- convening a GM Scientific And Advisory Cell (STAC) – where this is not already in place at regional / national level
- considering strategic issues in relation to the developing impact of the pandemic
- considering strategic issues in relation to health & social care systems that are available but under increasing pressure as other systems fail
- considering support to people or sites made vulnerable through the impact of the pandemic (travellers, homeless, prisons etc)
- Establishment of a Recovery Group under the GM Recovery Guidance, lead agency and focus.

The plan contains information about **activating** emergency arrangements for the health & social care sector and the roles and responsibilities of each agency in the response phase.

## 1. OVERVIEW

### 1.1 Introduction

This multi-agency plan summarises the Greater Manchester response to an influenza pandemic in order to enable co-ordinated contingency planning to take place within individual agencies at PCT / Borough level. It is designed to be complementary with the North West Regional Resilience Forum Infectious Diseases Management Plan (copies available from [rrt.gonw@gonw.gsi.gov.uk](mailto:rrt.gonw@gonw.gsi.gov.uk))

It is supported by the detailed plans of each individual agency involved, to deliver their roles and responsibilities under the Civil Contingencies Act 2004.

### 1.2 Aim of the Document

Through a process of coordinated multi agency planning, to limit, as far as possible, the impact of an influenza pandemic on the health, well being and daily lives of the people of Greater Manchester.

### 1.3 Objectives

- To provide an overview of the Greater Manchester mechanisms available to support local responders to a Pandemic Flu outbreak.
- To explain how these mechanisms can be activated.
- To clarify the responsibilities of multi agency partners and thereby provide an effective response that limits mortality and morbidity and the spread of infection.
- To outline the roles and responsibilities of agencies across Greater Manchester
- To set out the multi-agency command and control arrangements
- To describe the relationship between the health and multi-agency control groups
- To describe the GM communication arrangements
- To set out the relationship between the county level response and the borough, regional and national response.

### 1.4 Scope

This plan has been developed from the Greater Manchester Community Risk Register which identified planning for a Pandemic Flu outbreak as a high priority.

This plan should be read in conjunction with National and Regional guidance from Department for Health, Regional Resilience Forum Infectious Diseases Plan.

This document deals with the county level multi-agency response to an influenza pandemic from the point at which

- an influenza pandemic is declared by WHO  
or
- the UK National Pandemic Committee is convened in response to events which portend such a development

This plan does not replace existing control mechanisms for outbreaks of infectious diseases in human populations which are covered by existing joint outbreak control plans and would be led by the Greater Manchester Health Protection Unit.

The plan is based upon current organisational structures

### **1.5 Glossary**

Annex J provides a glossary of terms used in this document.

### **1.6 Audience**

This plan is intended for senior representatives and emergency planners in the agencies and organisations in Greater Manchester who have a role to play in responding to a Pandemic Flu outbreak.

### **1.7 Ownership and authorisation**

The plan is authorised and owned by the Greater Manchester Resilience Development Group (GMRDG) on behalf of Greater Manchester Resilience Forum (GMRF)  
Subsequent revisions will be agreed by the GMRDG.

### **1.8 Testing and Validation**

Testing and validation will be in line with the GMRF Training and Exercising Plan

### **1.9 Audit and Review**

The plan will be subject to continuous review in the light of developments, both national and international. In any case it will be subject to annual review. Amendments will be communicated via GMRF to all agencies.

### **1.10 Publication and Distribution**

This plan will be made available to all organisations responding under the GMRF

### **1.11 Freedom of Information**

It is intended that this plan will be disclosable under FOI Act. Individual organisations, however, will be responsible for dealing with requests under FOI Act.

## **2 Background**

Detailed information about influenza pandemics is discussed at length in many other documents and will not be rehearsed here. A brief discussion of the background information is shown at ANNEX A

It is not possible to predict with any degree of certainty the extent, severity and profile of the next influenza pandemic.

Previous experience of pandemics and extensive modelling work has informed the current estimates of the potential impact of an influenza pandemic. The Department of Health plan suggests the possible disease burden and development of an influenza pandemic could affect between 25 and 50% of the population.

**Further information relating to Pandemic Influenza and current guidance documents can be found at ;**

<http://www.dh.gov.uk>

[www.hpa.org.uk](http://www.hpa.org.uk)

### **3 Impact of an influenza pandemic on Greater Manchester**

It is impossible to predict the severity, nature and timing of the next influenza pandemic and the purpose of the scale overleaf is to provide a means of communicating the potential impact of an influenza pandemic. The aim is to aid both pre-pandemic planning and the strategic response to a pandemic.

It is a logarithmic scale in that each increment in the scale represents a doubling of impact. The size of the impact as defined by the scale is dependent on the mortality from influenza. This was chosen as it best reflects the population impact of a pandemic.

$$\text{Mortality Rate} = \text{Case Fatality Rate} \times \text{Attack Rate}$$

Given that the proportion of clinical complications is likely to be related to mortality this scale, therefore, reflects both the clinical and mortality impact of an influenza pandemic on a population.

The Pandemic Impact Scale, as a population scale, is meant to reflect not only the impact on clinical services but also the impact on wider society (e.g. community resilience, the economy, etc.). As such it also provides a good communication tool in demonstrating the relative impact of a pandemic on society as a whole. For example, both 1957 and 1968 pandemics are rated as Category One. In both instances, although the NHS was under strain, the impact on wider society was limited. However, the 1918 pandemic is rated as Category Five. In this instance, should something similar occur again, both the NHS and wider society will be under very great strain. This illustrates that pandemic planning cannot be a one size fits all activity. Although a Category One pandemic may possibly be containable largely through the activity of the NHS, a Category Five pandemic will require the engagement and activity of wider society.

# INFLUENZA PANDEMIC IMPACT SCALE

<u>Influenza Mortality</u>		<u>Projected Borough Deaths (300,000 pop.)</u>	<u>Previous Pandemics</u>	<u>Relative Magnitude</u>
	<b>Category 5</b>			20
				19
>= 1 in 100 pop.		>= 3,000		18
				17
				16
	<b>Category 4</b>		"1918"	15
				14
				13
< 1 in 100 pop. >= 1 in 200 pop.		< 3,000 >= 1,500		12
				11
				10
				9
				8
	<b>Category 3</b>			7
< 1 in 200 pop. >= 1 in 400 pop.		< 1,500 >= 750		6
				5
				4
	<b>Category 2</b>			3
< 1 in 400 pop. >= 1 in 800 pop.		< 750 >= 375		2
< 1 in 800 pop. >= 1 in 1,600 pop.	<b>Category 1</b>	< 375 >= 188	"1957", "1968"	1
< 1 in 1,600 pop. >= 1 in 3,200 pop.	<b>Category 0</b>	< 188 >= 94		0

$$\text{Lower Category Threshold Mortality} = \frac{2^{\text{Category}}}{3,200}$$

Paul Turner - Ashton, Leigh and Wigan PCT

Based on the current knowledge and modelling, in summary, the potential implications for Greater Manchester are:

- Large numbers of people who are sick to varying degrees from influenza (summarised in table1). A reasonable expected number of clinical cases are approximately 650,000. The figure could be as high as 1.3 million.
- Significant numbers of deaths. A reasonable expected number of deaths is approximately 2,600 but the figure could be as high as 32,500.
- The first wave of a pandemic could last several months, although in each smaller locality the wave may be in the order of a few weeks.
- It may be that all parts of Greater Manchester are affected equally and simultaneously. It is also possible that the pandemic may spread gradually through the county, and that the maximum impact will be felt in different parts of the county at different times. This scenario may allow for a system of mutual aid, which will require significant co-ordination.
- All services are likely to be severely challenged and possibly overwhelmed. The health services are likely to need support from other agencies.
- The emphasis from a health perspective will be on
  - self-care when possible and appropriate
  - ensuring easy access to medical care for those who need it clinically,
  - appropriate infection control measures throughout society
  - easy access to anti-viral medication as appropriate in accordance with availability and national priority policies
  - vaccination as appropriate in accordance with availability and national priority policies when it becomes available

The delivery of health services through the pandemic will require services to be reconfigured to cope with the additional demand. Primary Care Trusts will coordinate borough level planning with local partners and health service providers to review procedures to create surge capacity.

The Department of Health has announced a National Flu Line which will operate 24/7 from WHO Phase 5 giving advice. This service, at WHO Phase 6, will expand to provide initial telephone triage and direct patients to an appropriate service if required, and/or authorise anti-viral collection from their local distribution centre.

The table below summarises the possible disease burden across Greater Manchester for various combinations of clinical attack rates and case fatality rates

**It is intended as a guide only and more detailed local modelling is recommended for borough planning.**

The actual incidence (clinical attack rate) of illness will only become evident as person-to-person transmission develops, but **response plans should recognise the possibility of a clinical attack rate of up to 50% in a single-wave pandemic.**

To inform planning, the following table shows the potential impacts on Greater Manchester of a 25%, 35% and 50% clinical attack rate and overall case fatality rates of 0.4%, 1%, 1.5% and 2.5% of those with influenza symptoms.

**Table 1 - POPULATION STATISTICS TAKEN FROM THE 2002 CENSUS**

<b>Bolton - Population 261,035</b>				
<b>Clinical attack rate</b>		<b>25%</b>	<b>35%</b>	<b>50%</b>
Number of cases (spectrum of severity)		65,259	91,362	130,517
<b>Case fatality rate</b>	<b>0.4</b>	261	365	522
	<b>1.0</b>	653	914	1,305
	<b>1.5</b>	979	1,370	1,958
	<b>2.5</b>	1,631	2,284	3,263
<b>Bury - Population 180,612</b>				
<b>Clinical attack rate</b>		<b>25%</b>	<b>35%</b>	<b>50%</b>
Number of cases (spectrum of severity)		45,153	63,214	90,306
<b>Case fatality rate</b>	<b>0.4</b>	181	253	361
	<b>1.0</b>	452	632	903
	<b>1.5</b>	977	948	1,355
	<b>2.5</b>	1,129	1,580	2,258
<b>Manchester - Population 392,819</b>				
<b>Clinical attack rate</b>		<b>25%</b>	<b>35%</b>	<b>50%</b>
Number of cases (spectrum of severity)		98,205	137,487	196,410
<b>Case fatality rate</b>	<b>0.4</b>	393	550	786
	<b>1.0</b>	982	1,375	1,964
	<b>1.5</b>	1,473	2,062	2,946
	<b>2.5</b>	2,455	3,437	4,910
<b>Oldham - Population 217,393</b>				
<b>Clinical attack rate</b>		<b>25%</b>	<b>35%</b>	<b>50%</b>
Number of cases (spectrum of severity)		54,348	76,088	108,697
<b>Case fatality rate</b>	<b>0.4</b>	217	304	435
	<b>1.0</b>	543	761	1,087
	<b>1.5</b>	815	1,141	1,630
	<b>2.5</b>	1,359	1,902	2,717
<b>Rochdale - Population 205,233</b>				
<b>Clinical attack rate</b>		<b>25%</b>	<b>35%</b>	<b>50%</b>
Number of cases (spectrum of severity)		51,308	71,832	102,617
<b>Case fatality rate</b>	<b>0.4</b>	205	287	410
	<b>1.0</b>	513	718	1,026
	<b>1.5</b>	770	1,077	1,539
	<b>2.5</b>	1,283	1,796	2,565
<b>Salford - Population 216,119</b>				
<b>Clinical attack rate</b>		<b>25%</b>	<b>35%</b>	<b>50%</b>
Number of cases (spectrum of severity)		54,030	75,642	108,060
<b>Case fatality rate</b>	<b>0.4</b>	216	303	432
	<b>1.0</b>	540	756	1,081
	<b>1.5</b>	810	1,135	1,621
	<b>2.5</b>	1,351	1,891	2,701

<b>Stockport - Population 284,544</b>				
<b>Clinical attack rate</b>		<b>25%</b>	<b>35%</b>	<b>50%</b>
Number of cases (spectrum of severity)		71,136	99,590	142,272
<b>Case fatality rate</b>	<b>0.4</b>	285	398	569
	<b>1.0</b>	711	996	1,423
	<b>1.5</b>	1,067	1,494	2,134
	<b>2.5</b>	1,778	2,490	3,557
<b>Tameside - Population 213,045</b>				
<b>Clinical attack rate</b>		<b>25%</b>	<b>35%</b>	<b>50%</b>
Number of cases (spectrum of severity)		53,261	74,566	106,523
<b>Case fatality rate</b>	<b>0.4</b>	213	298	426
	<b>1.0</b>	533	746	1,065
	<b>1.5</b>	799	1,118	1,598
	<b>2.5</b>	1,332	1,864	2,663
<b>Trafford - Population 210,135</b>				
<b>Clinical attack rate</b>		<b>25%</b>	<b>35%</b>	<b>50%</b>
Number of cases (spectrum of severity)		52,534	73,547	105,068
<b>Case fatality rate</b>	<b>0.4</b>	210	294	420
	<b>1.0</b>	525	735	1,051
	<b>1.5</b>	788	1,103	1,576
	<b>2.5</b>	1,313	1,839	2,627
<b>Wigan - Population 301,417</b>				
<b>Clinical attack rate</b>		<b>25%</b>	<b>35%</b>	<b>50%</b>
Number of cases (spectrum of severity)		73,354	105,496	150,709
<b>Case fatality rate</b>	<b>0.4</b>	301	422	603
	<b>1.0</b>	754	1,055	1,507
	<b>1.5</b>	1,130	1,582	2,261
	<b>2.5</b>	1,884	2,637	3,768

## **4 Key agencies – roles**

This section describes the role of each partner agency in response to a pandemic flu outbreak.

### **4.1 Government Departments**

Department of Health (DH) is the pre-designated lead government department to respond to an influenza pandemic. It also has overall responsibility for developing and maintaining the UK preparedness for health & social care.

In the event of a pandemic DH will initiate and direct the Govt health response, providing specialist advice to ministers, other govt departments and responding organisations. It will be responsible for distribution of counter measures, maintaining links to the World Health Organisation (WHO) and European bodies. DH will maintain communications with Strategic Health Authorities, for GM this will be NHS North West who will liaise directly with the Lead PCT in Greater Manchester – NHS Bolton.

The Department for Children, Schools and Families (DCSF) is linking directly with local authorities, schools and third / private sector providers to develop robust education business continuity planning for pandemic influenza. The key role for this department in a pandemic will be to ensure effective communications with frontline providers. Local authorities will lead in this within Greater Manchester.

### **4.2 Lead Primary Care Trust – Acting on behalf of the NHS North West**

NHS North West is the Strategic Health Authority (SHA), during WHO Phase 6, UK Alert Level 2 it is anticipated that the Department of Health will delegate decision-making powers concerning key responsibilities to SHAs. Bolton PCT is the lead NHS organisation within Greater Manchester with a remit from the SHA, as such it will ensure that close liaison is maintained with NHS North West throughout the pandemic.

Bolton PCT will ensure the staffing and function of the Greater Manchester NHS Control Room – staffing for the room will be drawn from across the NHS within Greater Manchester under mutual aid agreements.

The lead PCT will:

- At the Declaration of WHO Alert Level 5, the DPH (or nominated deputy) of the Lead PCT will liaise with Greater Manchester Public Health colleagues / HPU to discuss the raised level and initiate actions of readiness for the activation of the plan, the declaration of a major incident and the opening of the GM NHS CR.
- On confirmation of a pandemic, will be responsible for ensuring the communication cascade mechanism to alert the rest of the NHS to prepare to activate plans
- Have responsibility for implementing strategic command and control mechanisms for the NHS. Through provision of a PCT Chief Executive to GM SCG and the establishment of the GM NHS Control Room.
- Ensure that NHS organisations provide services for patients with the greatest need by maintaining capacity and ensuring implementation of prioritisation decisions made by PCT CEO at SCG and/or national/regional level.
- Ensure the NHS within Greater Manchester maintains appropriate deployment of NHS resources through co-ordination and direction, and most effective use of available supplies
- Liaise with DH Major Incident Co-ordination Centre and provide situation reports to SHA, DH and SCG as required.
- Ensure the cascade of national guidance from DH and HPA to NHS Trusts within Greater Manchester

- Implement local arrangements, in conjunction with HPU, for the provision of STAC advice to SCG and NHS trusts within Greater Manchester – where national or regional STAC is implemented this may be confined to provision of a Public Health advisor.

The GM NHS CR will :

- Coordinate communications across the GM NHS.
- Coordinate strategic command and control decisions and actions for the GM NHS.
- Liaise with DH Major Incident Co-ordination Centre and provide situation reports to DH.
- Cascade national guidance from DH and HPA to appropriate staff in NHS Trusts.
- Communicate updates to the NHS Gold Commander at SCG at 1000 and 1500 hours daily (or in line with regional/national reporting frameworks).

#### **4.3 Primary Care Trusts**

Will:

- ensure that all local health organisations and their partners implement contingency arrangements when notified
- convene the local health economy infection control group and provide NHS sit-reps at 0900 and 1400 hours daily (or in line with regional/national reporting framework) to the GM NHS Control Room
- Convene / attend the Borough Pandemic Influenza Coordination Group, contribute to the multi-agency borough sit-rep to SCG
- advise the local population on self-care (infection control) and when/where/how to seek medical assistance
- mobilise the resources of general practice and lead arrangements for supporting community assessment, accelerated discharge from acute trusts and self care
- with local partners activate arrangements for the distribution of antiviral agents and vaccines in accordance with national policy decisions and local plans
- monitor and report local progress and development of the disease to GM NHS Control Room
- ensure that the core functions of the local primary care services are maintained & continue to function
- Coordinate the local media and communications strategy as regards health messages in line with Greater Manchester, regional and national advice and guidance.

#### **4.4 Acute and Foundation Trusts**

In the planning stages, will:

- Plan by a detailed series of figures for likely A&E attendances, admissions and deaths worked up into a hospital demand model and tested against Trusts own Pandemic Influenza / Outbreak Plan.
- Ensure appropriate attendance at borough level multi-agency pandemic influenza planning group

- In agreement with the local health and social care community develop local processes to deliver health care surge management – guidance and consultation papers can be found at <http://www.dh.gov.uk>

In the pandemic stages, will, in conjunction with the local health economy infection control group:

- Implement agreed surge capacity processes, including
- suspend non-emergency activity when required to free capacity and staff
- provide essential medical care to all patients requiring hospital care
- ensure that all the appropriate infection control measures are in place within the Trust
- monitor staffing levels and redeploy to priority areas as necessary
- work across and outside organisational boundaries to support home and primary care
- be represented at the community health group when requested by PCT
- be represented at the Borough Pandemic Influenza Coordination Group and/or Health economy infection control group when requested by PCT.
- Provide organisational sit-reps at 0900 and 1400 hours daily, (or in line with regional/national reporting framework) to the GM NHS Control Room (and PCT infection control group)
  - Admission rates
  - Bed occupancy
  - Staffing levels
  - Drug and equipment capacity
  - Changes to local services(Note that this still needs to be finalised by DH)
- assist in the
  - Storage and distribution of antiviral medications according to local protocols and plans
  - Storage and administration of vaccines according to local protocols and plans
- monitor staff health and provide occupational health services (vaccination/antiviral drugs) according to national policies

#### **4.5 Greater Manchester Local Authorities.**

- In the planning stages the local authority will participate in the borough level multi-agency pandemic influenza planning groups.

During a pandemic the local authority will:

- Nominate a Lead Local Authority to represent all 10 Greater Manchester local authorities at the Greater Manchester Strategic Coordinating Group (SCG). All 10 local authority Chief Executives will receive minutes of SCG meetings.
- The lead local authority will attend the SCG to support non-clinical strategic and resource management during the outbreak. The LA representative will deputise for GMP in chairing the group if required.

- The lead Local Authority will send a liaison officer to the GM NHS Control Room.
- Provide Borough level organisational sit-reps at 0900 and 1400 hours daily to the Lead LA representative (or in line with regional/national reporting frameworks)
- In conjunction with borough partners, to create a multi-agency Borough Pandemic Influenza Coordinating Group to provide guidance, direction and response to local health and social care issues and assist with provision of advice and information to the community. The local authority or NHS will chair this group.
- Mobilise the voluntary agencies and coordinate their response
- Participate, as required, in delivery of the GM Major Emergencies Media Plan and to work together with other agencies on a coordinated communications strategy
- Support the identification of, and communication with, vulnerable groups within each borough community.
- Ensure the continued delivery of essential local authority services, recognising that many will face increased demand, including social care services; the registration of deaths; and the provision of cemetery and crematoria services
- To work within national guidance to manage school closures and other social intervention measures and to provide data on school closures to the SCG as required. Local authorities will lead on communicating with schools during a pandemic and will encourage them to develop robust business continuity plans in the pre pandemic phase
- Liaise with the appropriate health organisations to ensure that any local authority priority staff receive anti-viral medication and vaccination. N.B. the plan requires local authorities to adhere to national guidelines in the provision of PPE
- Provide support to other agencies with the setting up and running of mass vaccination centres e.g. provide administrative support
- Provide body holding facilities if required
- Coordinate the recovery phase of the influenza pandemic, chairing the Recovery Coordinating Group if convened.
- In addition to the response to pandemic influenza, local authorities and other agencies may be required to respond to incidents either caused by the issues arising from the pandemic or unrelated to it. The local authorities will retain their generic responsibilities in an emergency e.g. supporting the emergency services; creating reception centres ; and providing emergency accommodation

#### **4.6 Greater Manchester Health Protection Unit**

Will:

- Contribute to the surveillance of the pandemic as appropriate
- Provide a representative to attend
  - the Greater Manchester NHS Control Room
  - GMSCG
- These representatives will:

- Report on and interpret the expert advice issued by the Health Protection Agency and STAC where in operation.
- Support GM NHS CR and GMSCG in the provision of advice and information to clinicians and other professionals, the general public, the media and all partner agencies.
- Keep all agencies up to date on the progress of the pandemic
- Liaise with all appropriate agencies
- As far as possible provide public health advice and support to community multi-agency groups via GM SCG

#### **4.7 North West Ambulance Service**

Will:

- Ensure that appropriate infection control measures are instituted
- Where possible assist in the transfer of patients discharged from hospital
- Be represented at the Greater Manchester NHS Control and provide organisational sit-reps at 0900 and 1400 hours daily (or in line with regional/national reporting frameworks)
- Be represented at the multi-agency Gold Control
- Be responsible for providing the facilities for the GM NHS Control Room as per local agreement with the Lead PCT
- Attend Borough level planning groups
- Will liaise, at local and regional levels, with the Health Protection Agency (Health Emergency Planning Advisor) and with the emergency planning / business continuity leads of other NHS agencies in the planning for a response to mitigate any challenge due to pandemic influenza.
- Will provide those patients that require the services of NWAS with transportation and medical care with the level of care expected whether free from or infected with the pandemic influenza virus.
- Will undertake the triage of those patients who are symptomatic of being infected with the pandemic influenza virus and where appropriate direct them to appropriate locations for treatment in accordance with nationally developed protocols.

#### **4.8 Greater Manchester Police**

Pandemic Flu is predominantly a health issue although there are very significant business continuity issues for the Greater Manchester community. It has therefore been agreed that in Greater Manchester the chair of the Resilience Forum will take the lead in a Strategic Coordinating Group charged with overall coordination of the response to wider social implications of Pandemic Flu.

GMP will:

- Chair and support the SCG in coordinating the response of the GM Resilience Forum (Lead Local Authority Chief Executive as deputy)
- Provide a location for SCG (at GMP HQ)
- Provide organisational sit-reps at 0900 and 1400 hours daily (or in line with regional/national reporting frameworks)
- Assist with 'life-critical' processes e.g., NHS supplies including vaccine distribution
- Provide a public order response
- Assist PCTs in mass vaccination.
- Attend Borough level planning groups
- Ensure an operational link to Borough Pandemic Influenza Coordinating Groups
- Coordinate the Silver / Tactical response to any public order related issues arising from the Pandemic in accordance with established command & control procedures and the GM Generic Response Plan.



#### **4.9 HM Coroner**

In the event of unnatural death or sudden death the cause of which is unknown, the Coroner for each geographical area would have jurisdiction. It is the responsibility of the Coroner to authorise all procedures pertaining to the handling of the deceased and body parts, from the time of death, to the time they are released to the next of kin, and to make decisions in relation to their movement to a mortuary and their examination by a Pathologist. It should be noted that the Coroner has possession of the body, not ownership. A deceased person cannot be property.

The HM Coroner, who will primarily be involved with the identification of the deceased must be made aware of, and give consent for, anything that happens to victims remains. The HM Coroner will work closely with GMP to establish a strategy regarding the identification and release of the deceased as well as other guidelines.

#### **4.10 Greater Manchester Fire and Rescue Service**

- GMFRS will support the decisions taken by the Strategic Coordinating Group in so far as the exigencies of the service allow.
- GMFRS will strive to maintain maximum front line operational service delivery at all times.
- GMFRS will provide a delegate to the Strategic Coordination Group and Gold Control, as required and provide organisational sit-reps at 0900 and 1400 hours daily (or in line with regional/national reporting frameworks)
- GMFRS will remain open to approaches to undertake new responsibilities in support of the community at large during the pandemic.

#### **4.11 Mental Health and other Specialist Trusts**

Will:

- co-ordinate with neighbouring mental health trusts with regard to the list below
- provide mutual aid support where required to maintain overall health care and safety to patients
- Provide organisational sit-reps at 0900 and 1400 hours daily, (or in line with regional/national reporting framework) to the GM NHS Control Room (and local Primary Care Trust/s) in line with regional / national arrangements
- minimise the spread of the virus through effective infection control strategies and health promotion
- monitor staffing levels and redeploy to priority areas as necessary
- provide treatment and care for people affected by flu commensurate with available staffing levels
- reduce the impact on the health of other patients as a result of re-prioritisation of services or cancellation of routine work
- be represented at the Borough Pandemic Influenza Coordination Group and/or Health economy infection control group when requested by PCT.
- ensure that essential services are maintained and Occupational Health plans are robust

#### **4.12 Government Office North West**

The role of the Government Liaison Officer is to:

- Support the local response and provide a channel for the exchange of information between central and local tiers
- Monitor the wider impacts of an emergency
- Support the co-ordination of the response where the emergency affects a number of localities within the region, and
- Provide support to the Home Office Government Liaison Officer in a terrorist incident where there are significant wider impacts.

#### **4.13 Voluntary Sector**

Voluntary organisations offer a wide range of skills and experiences and their membership often includes retired professionals. Many are routinely engaged in the provision of services to very vulnerable sections of the community and will therefore need to develop their own business continuity arrangements for a Pandemic

Voluntary aid assistance is generally coordinated and activated through local authorities, direct engagement through the borough level multi-agency planning groups will encourage realistic expectations.

More detail of the Voluntary Sector capabilities is contained in Appendix G

## 5 Response Structures

The structures that will be put in place in the event of a countywide response being required are as shown diagrammatically at **Annex E**.

### 5.1 Greater Manchester Strategic Co-ordinating Group (GMSCG)

To co-ordinate the strategic multi-agency response to an influenza pandemic across the communities of Greater Manchester.

#### Activation

The chair of the Greater Manchester Resilience Forum will convene GMSCG

GMSCG may be activated as a consequence of:

- The declaration of a pandemic by the World Health Organisation (phase 6)
- The establishment of the UK Influenza Pandemic Committee
- The advice of the Department of Health or HPA
- Advice received from or request by Greater Manchester Health Protection Unit or the Lead Primary Care Trust

#### Location

GMSCG will meet at GMP headquarters at Chester House in the first instance unless otherwise directed. Where sufficient prior warning of the pandemic is received the GMSCG would be established at GMP Sedgley Park, in any event either site may be used as appropriate. GMP will advise all participants as to the correct venue and access arrangements will be as per GM Generic Response Plan.

**The Lead PCT CEO (or deputy)** will provide NHS Command & Control an up to date health situation reports and ensure public health advice is available. This may be either through the initiation of a Greater Manchester Scientific and Technical Advice Cell (STAC) or more likely via a public health advisor to interpret regional or national STAC advice.

#### Membership

GMP	GMSCG Chair – ACC responsible for Civil Contingencies
NHS representation	Chief Executive of lead PCT (or nominee) PCT Media lead Nominated Director of Public Health Director NWAS Emergency planning representative, NWAS
GMHPU	Consultant in Health Protection
Local Authority	Chief Executive lead Local Authority (or nominee)
Greater Manchester Fire and Rescue	Assistant Chief Fire Officer Operations (or nominee)
British Transport Police	Regional Ch Supt's representative (if required)
Military	Regional Liaison Officer's nominee
United Utilities	UU Advisory Team Member (if required)
GMPTE	Liaison Officer
Government Office North West	GO Liaison Officer
Others co-opted as necessary	

### **Frequency and timing of meetings**

Meetings will be organised to reflect the impact of the Pandemic on Greater Manchester, it is envisaged that the inaugural SCG will agree a timetable consistent with the GM Generic Response Plan.

### **Administrative support**

Will be provided by GMP.

Minutes of all meetings will be taken.

Minutes of all meetings will be distributed as soon as possible to:

- Members of GMSCG
- Chief Executives, Local Authorities
- Chief Executives Acute Trusts and NHS Foundation Hospitals
- GM NHS Control Room
- GO Liaison Officer who will circulate to RCCC via GONW Regional Operations Centre  
And others as decided

### **Reporting procedures (Battle Rhythm)**

- SCG members must collate their organisational reports to feed into the SCG – this should be done twice daily, at 1000 and 1500 hrs or in line with agreed regional/national reporting frameworks
- The GLO will agree with the Chair of the SCG a situation report to summarise what is happening in GM and send this on to the GONW ROC : to be submitted no later than 1600 on a daily basis (unless otherwise agreed with GONW).
- The GONW ROC will collate the sit-reps from across all the SCGs in the region and then produce an overall regional picture to feed into the RCCC and update SCG meetings.

## **5.2 Borough Pandemic Influenza Coordination Groups (B PICG)**

Each agency may establish their own internal operational command & control structures but will need to liaise with partners to ensure a coordinated response at borough level. In a pandemic response this coordination will normally be on a geographical basis but may be supplemented by a single functional GM tactical command led by GMP . There may be up to 10 of these in operation at any time and these groups shall be coordinated via the GM SCG. They may need to be rationalised to maintain effectiveness as the pandemic develops. In preparation each borough should ensure they have developed and exercised a multi-agency silver/tactical coordination capability

These groups will ensure the activation and implementation of local plans to ensure delivery of public services, under the strategy determined by the GM SCG. They will;

- Monitor the impact of the pandemic on their community
- Cooperate in the implementation of medical countermeasures, social care measures and travel restrictions imposed by government
- Support the local dissemination of public communications
- Implement measures required to support the outbreak response, including the safe distribution, dispensing of antiviral medicines, vaccines, ensuring care for vulnerable people/ HACs or body storage facilities.

### **Frequency of meetings**

The B PICGs will need to determine the frequency of meetings in accordance with the GM SCG and the coordination rhythm as it emerges.

### **Borough PICG Membership**

Each Borough should identify in advance the membership it requires for effective coordination of the pandemic influenza health and social care response. It should also ensure that all potential members have identified one or two empowered deputies to provide resilience.

Robust liaison must be established with partner agencies and services not represented on the Borough Pandemic Influenza Coordinating Group.

It should be noted that the B PICG is intended to meet the health and social care elements of a pandemic influenza outbreak. It is not intended to coordinate the response to wider multi-agency response elements that might arise; any such response would be coordinated under the established command and control structures led by Greater Manchester Police in accordance with the GM Generic Response Plan.

## **5.3 Greater Manchester NHS Control Room**

### **Function of GM NHS Control Room (GM NHS CR)**

Co-ordinate the NHS response across Greater Manchester through :

- Administration of NHS data and reporting.
- Vaccination Centre Coordination
- NHS Communications Coordination
- Pharmaceutical Advice
- NHS Economy Resilience and Business Continuity.  
(It is expected that all NHS trusts, GP practices, pharmacies and dentists will have produced business continuity plans that will enable resilience for the duration of a pandemic outbreak.)
- NHS Capacity Management Activation

(Not all of these activities may be required throughout a pandemic and will be activated according to need by the Lead PCT for GM)

GM NHS CR will be convened through the lead PCT CEO on-call and may precede the Strategic Coordinating Group (SCG). All Greater Manchester NHS Trusts are expected to participate in duties as members of the Control Group as required by the Lead PCT.

GM NHS CR will be activated on:

- The declaration of a substantial pandemic risk by the World Health Organisation (phase 5)
- The establishment of the UK Influenza Pandemic Committee
- The advice of the Department of Health or HPA

### **Location**

GM NHS CR will be located at NWS HQ at Belle Vue unless circumstances prevent this, whereupon it will be located at Bolton PCT, St Peters House, Boardroom

### Membership

NHS representation	Executive Director on call from Lead PCT Nominated Director of Public Health (or deputy) Media lead Emergency Planning Lead Operational Liaison Managers
GMHPU	As required
NWAS	Operational Manager
Liaison officers	Greater Manchester Police (Operational Planning representative), Lead Local Authority

Functions of this room include response to specific health issues as they arise. Such as:

- Capacity management
- Media (using the Greater Manchester Major Emergencies Media Plan)
- Logistics/supplies

### Frequency and timing

The GM NHS CR will be flexible to the exigencies of the incident. However, it seems likely that the control room will

- run increasingly frequently as the pandemic develops
- daily during the peak of the pandemic
- may not be functioning continuously for 24 hours each day

### Administrative support

Will be organised via the lead PCT – Bolton but will be drawn from across the NHS in Greater Manchester.

### Reporting procedures

To report back to the NHS Gold Commander at SCG providing twice daily sit-reps on the GM NHS position at 1000 and 1500 hours (or in line with regional/national reporting frameworks)

## **6 PANDEMIC PHASES**

### **6.1 World Health Organisation Pandemic Phases**

The World Health Organization (WHO) phases, which were revised in April 2005, describe the progression of pandemic influenza from the first emergence of a novel influenza virus, to wide international spread. This is a global classification based on the overall international situation and is now used internationally for planning purposes. The six WHO Phases are described in Table 2 overleaf.

Transition between phases may be rapid and the distinction blurred. The crucial interval is between WHO Phases 5 and 6, which will determine to a large extent whether vaccine can be developed in time for the first wave of illness in the UK.

### **6.2 Implications for the UK**



The WHO Plan recognises additional national subdivisions for Phase 2 onwards according to whether a country is affected itself, has extensive travel/trade links with an affected country, or is not affected.

For UK purposes, should the UK have cases during the pre-pandemic period, the international phases apply. Once a pandemic has been declared (Phase 6), a four point UK-specific alert mechanism has been developed which is consistent with the alert levels used in other UK infectious disease response plans. These four Alert Levels are mapped onto the WHO Phases in Table 2, overleaf.

A move to a higher alert level may be triggered, after assessing the risk, if influenza due to a pandemic strain is affecting another country geographically close to the UK, although technically it is still 'outside the UK'.

The WHO alert levels should be considered alongside the RCCC Activation levels, which are shown at Appendix C.

Table 2 - International Phases and their significance for the UK and Greater Manchester

WHO Phases		UK Alert Levels	
Inter-pandemic Period		UK Implications	GM Implications
<b>Phase 1</b>	No new influenza virus subtypes have been 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 disease is considered to be low.		GM not affected
<b>Phase 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.	<i>UK not affected</i> <b>OR</b> <i>UK has strong travel/trade connections with affected country</i> <b>OR</b> <i>UK affected</i>	GM not affected unless advised otherwise by UK Govt.
<b>Pandemic Alert Period</b>			
<b>PHASE 3</b>	Human infection(s) with a new subtype, but no new human-to-human spread, or at most rare instances of spread to a close contact.	 <i>UK not affected</i>	GM not affected unless advised otherwise by UK Govt.
<b>PHASE 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.	<i>OR UK has strong travel/trade connections with affected country</i>  <b>OR</b> <i>UK affected</i> 	GM not affected unless advised otherwise by UK Govt.
<b>PHASE 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).		GM Borough level planning groups should initiate meetings to review planning and escalation procedures. Consider stand-by arrangements for key services and supply chains. Lead PCT will convene NHS/ HPA meeting to consider opening GM NHS Control Room in preparation. Consideration will be given as to the need for GM SCG to convene at this stage

**It must be noted that transition through these phases may not be numerical order, circumstances may demand movement across two or three phases simultaneously. Therefore it should not be expected that significant time periods would be available in which to respond effectively.**

<b>Pandemic Period</b>		
<p><b>PHASE 6</b></p> <p>Pandemic phase: increased and sustained transmission in the general population.</p> <p>Past experience suggests that a second, and possibly further, waves of illness caused by the new virus are possible 3-9 months after the first wave has subsided depending on seasonality. The second wave may be as, or more, intense than the first.</p>	<b>UK Alert Levels</b>	
	<b>1</b> Virus/cases only outside the UK	<p>Where not already in place - Lead PCT DPH/HPA requests GMP to set-up GMSCG.</p> <p>Borough Pandemic Influenza Coordinating Groups initiate local response plans</p> <p>Primary Care Trusts initiate Pandemic Influenza Plans</p> <p>SCG Chair appoints lead for GM Recovery Plan</p> <p>GM NHS Control Room coordinates health response within GM and liaises with NHS NW and DH.</p> <p>HPU / PCT organises STAC advice to local responders.</p>
	<b>2</b> Virus isolated in the UK	As above
	<b>3</b> Outbreak(s) in the UK	As above
	<b>4</b> Widespread activity across the UK	As above
<b>Post-pandemic Period</b>		
Return to inter-pandemic arrangements	GM Recovery Group assumes control in agreement with GM SCG Chair	

**It must be noted that transition through these phases may not be numerical order, circumstances may demand movement across two or three phases simultaneously. Therefore it should not be expected that significant time periods would be available in which to respond effectively.**

## **7 Specific Operational Issues**

### **7.1 Scientific and Technical Advice Cell (STAC)**

#### **Immediate Provision of Scientific and Technical Advice**

It is likely that the STAC for pandemic influenza will be a regional response, once activated, it will take several hours to stand-up. Therefore, in the event of GMSCG being activated more quickly, it may be without a co-ordinated source of scientific and technical advice provided by the STAC. In this situation, the primary source of advice will be local expertise (eg. Greater Manchester HPU professionals, PCT Directors of Public Health, etc.) who will provide an early assessment of the actual or likely impact the incident may have on public health and public safety.

**If a STAC is not already in place and the SCG Chair feels it is required they should request the establishment of STAC via the GM Health Protection Unit.**

#### **Science and Technical Advice Cell**

Where there is likely to be a requirement for co-ordinated scientific or technical advice within the SCG, this will be provided either through the establishment of a Science and Technical Advice Cell (STAC) or, where already established, from a regional STAC (There will always only ever be one STAC. This will ensure that there is consistency of advice across the region and effective and sustainable use of scarce expert medical and scientific advice.

STAC will also provide advice during the recovery stage.

It is anticipated that the initial focus of STAC will be the provision of public health advice to the SCGs / RCCC. As the pandemic progresses, the membership of the STAC may expand to include other appropriate scientific and technical specialists in relation to the risk, who can provide wider scientific advice.

The purpose of the cell is to ensure that, as far as possible, scientific or technical debate is contained within the cell so that the SCG (and others involved in the response) received the best possible advice based on the available information in a timely, coordinated and understandable way.

A regional STAC plan is currently out for consultation

## **7.2 Anti-viral drug distribution and Anti-viral medication**

The Department of Health is stockpiling courses of oseltamivir. At the appropriate time, the Chief Medical Officer will authorise a staged release of oseltamivir to Primary Care Trusts.

Primary Care Trusts are developing local plans for the timely distribution of oseltamivir to those individuals who are eligible.

The national Flu Line, developed by NHS Direct will be the key access point for the population of Greater Manchester to access anti-viral medication. A national communication strategy is to be rolled out from WHO Alert Level 4 to advise people. Patients will be advised as to their local procedures via the national Flu Line and Borough level communication strategies, it is essential that any instructions issued are followed to ensure access to medication for those in clinical need.

The Department of Health anticipates that there will be sufficient oseltamivir for all sick patients to receive treatment. It may, however, be necessary to prioritise treatment if there is evidence that demand is outstripping supply.

It is anticipated that decisions on the prioritisation of anti-viral medication will be taken at national level. In practice this may not be the case.

PCTs and other agencies will be responsible for identifying key staff and vulnerable groups within their borough that would be considered high priority. Organisations will be advised of any national decisions taken at the earliest opportunity via the Lead PCT.

GM NHS CR will assist in anti-viral distribution as follows:

- Liaise with other agencies to ensure that any identified priority groups, particularly priority staff in other key agencies/essential services are receiving anti-viral medication
- Cascade decisions on prioritisation of treatment if necessary

GMSCG will assist in anti-viral distribution as follows:

- Support decisions on prioritisation of treatment if necessary
- Ensuring that PCTs are given sufficient support to sustain the established drug distribution mechanisms
- Ensuring an appropriate response to any public order issues related to prioritisation
- Assisting with consistent messages to the public about prioritisation, its necessity and its rationale.

### **7.3 Vaccination**

#### **Pre-Pandemic**

The current DH Guidance (November 2007) presents the possibility of vaccination at a pre-pandemic stage. This is not currently a policy decision but one that will be subject to best available scientific evidence. Should a decision to vaccinate be taken at national level, key worker employers will need to implement their existing vaccination plans for their own staff. More widespread implementation is not currently part of DH planning.

It should be noted that any pre-pandemic vaccination would currently be only on an extremely limited basis and subject to national identification of priority groups.

Primary Care Trusts are developing local plans for vaccination of priority groups and for mass vaccination of their population.

It is anticipated that decisions on the prioritisation of vaccine will be taken at national level.

#### **Pandemic Specific**

It is not possible to develop a pandemic specific vaccine until the pandemic strain has been identified. With the current technology, it will take approximately 6-9 months from the point at which the pandemic strain is identified for a pandemic specific vaccine to be available. It is likely that this vaccine will initially be available in limited amounts and that difficult decisions will need to be made on prioritisation.

Current plans are based on the assumption that pandemic specific vaccine may be available between the first and second wave of a pandemic. The Department of Health will be responsible for coordinating supplies of any vaccines as and when they become available.

The broad priority groups have been outlined in the Department of Health guidance (November 2007) as follows:

- Health care workers having direct contact with patients with symptoms of flu
- Groups at high risk from complications of flu (mainly the elderly and those with certain chronic medical conditions, those in closed communities)
- Other people

However, the priority groups may change during a pandemic. It is not possible to be too prescriptive before a pandemic about the priority groups. The final decisions will be based on the epidemiology of the pandemic as the information becomes available.

PCTs and other agencies will be responsible for identifying key staff within their organisation that might be considered high priority.

GM NHS CR will assist in vaccination as follows:

- Maintain an up to date overview of vaccine stocks
- Facilitate redistribution of supplies across Greater Manchester if appropriate
- Liaise with other agencies to ensure that any identified priority groups, particularly priority staff in other key agencies/essential services are receiving vaccine
- Make decisions on prioritisation for vaccine if necessary

GMSCG will assist in pharmaceutical distribution where possible and within the constraints caused by the pandemic. The distribution and supply nationally will be controlled by the Department of Health.

## 7.4 Personal Protective Equipment

National guidance has been issued on infection control in a healthcare setting

[DH Infection Control Guidance.](#)

Further national guidance for specific settings is available from

[Guidance for community, ambulance & social care](#)

All organisations in Greater Manchester must adhere to national guidelines to ensure availability of supply to priority users, consistency and to avoid confusion for employees of different organisations and the public.

It is the responsibility of each employer to ensure that staff have the relevant information and reassurance and PPE if appropriate. Advice can be sought from Greater Manchester Health Protection Unit.

The Greater Manchester Health Protection Unit has developed a training package on infection control during a pandemic - . This will assist workers in a variety of community and secondary care settings including residential homes, primary care premises, flu assessment centres, domiciliary care workers and undertakers.

Copies of this can be obtained from the GM Health Protection Unit :

Greater Manchester Health Protection Unit  
Floor 7b  
Sentinel House  
Albert Street  
Eccles  
Manchester  
M30 0NJ

## 7.5 Excess Death Planning

The Local Authority is the organisation responsible for leading on the planning for excess deaths.

**GMRF has requested the Mass Fatalities sub-group to review the Greater Manchester arrangements for a rising tide event such as Pandemic Influenza.**

The Home Office guidance *Planning for a Possible Influenza Pandemic: A Framework for Planners Preparing to Manage Deaths* provides detailed information on this issue, including a description of the phased transition to “Different Ways of Working”.

Borough multi-agency planning groups should :

- Make contact with coroners, funeral directors, mortuary managers and burial and cremation authorities. Faith communities should also be invited to contribute to the discussion process.
- Document precise details of how the Borough response will function during a pandemic.
- Establish a basis and schedule of communications between the Borough Pandemic Influenza Coordination Group and its membership, and between the Borough and GM SCG.
- Encourage business continuity planning in all organisations involved in the management of excess deaths.
- Identify potential difficulties in the death management process, and consider how these problems will be addressed
- Discuss any salient issues arising in relation to pandemic influenza or pandemic influenza planning during Borough resilience group meetings and feed these back into the GMRF Mass Fatalities Group to inform their work.
- Document the predicted impact of the pandemic influenza national planning assumptions on their borough. This should include a projected number of additional deaths per week over a 15 week period and the total number of excess deaths for a locality based on population figures.
- Document roles and responsibilities.
- Include full details of any relevant contracts or memoranda of understanding between borough resilience group members and other parties.
- Set out the mechanism by which the Silver / Tactical Coordination Group will monitor the effectiveness of Phase Two Different Ways of Working.
- Contain full contact details for Silver / Tactical Coordination Group membership, other important local service providers (e.g. local coroners' offices), local and national healthcare agencies and the GM SCG.
- Indicate how public messages will be communicated.
- Describe a detailed procedure for the activation, day-to-day operation and deactivation of the Silver / Tactical Coordination Group.
- Provide a detailed description of data reporting arrangements.
- Forecast the possible financial consequences of an influenza pandemic, and how any action will be funded.

The GM SCG will:

- Coordinate the borough responses which stipulate multi-lateral implementation of different ways of working across Borough Pandemic Influenza Coordination Groups
- Gather and disseminate data/information on the impact of additional deaths on the death management process, and identify any current or potential shortcomings. Data should be reported up to RCCC and to Department of Health. National / regional messages should also be disseminated to a borough level.
- Through the Mass Fatalities Working Group – produce, and continually assess the effectiveness of, an agreed multi-agency plan and make modifications to the response (Phase Two Different Ways of Working) as appropriate.
- Provide formal requests to Ministers, through RCCC for Phase Three Section One and / or Phase Three Section Two Different Ways of Working.
- Decide which Phase Three Section One Different Ways of Working are adopted locally (subject to prior agreement by the RCCC).
- Inform all Silver / Tactical Coordinating Groups of any Ministerial decisions to implement Phase Three Section Two Different Ways of Working. These measures will be mandatory so clear understanding and communication messages are essential.

## **7.6 Communications**

The Department of Health will inform the Cabinet Office and the Health Protection Agency (HPA) should the World Health Organization (WHO) declare a pandemic or update threat assessments.

The Cabinet Office will alert other government departments and work with the Department of Health to develop, update and circulate top-line briefings via the News Coordination Centre (NCC).

The Department of Health will also alert health and social care organisations and professionals in England through the Lead PCT and Strategic Health Authority and via the Chief Medical Officer's established public health link mechanism.

Messages would include clinical information for health professionals. Other government departments will arrange sector-specific briefings.

Foreign nationals visiting or resident in the UK should maintain contact with their respective embassies, which should receive regular briefings, advice and information from relevant government departments at a national level.

### **National communications**

The Department of Health will be the primary source of health-related messages and will work closely with the Cabinet Office, other government departments and the HPA to deliver a nationally coordinated communication strategy. Effective internal two-way communication will also be vital to an effective response in a pandemic.

NHS North West / Lead PCT will play a key part in linking to GM health services and will support and coordinate the activities of primary care trusts and other local NHS organisations in delivering locally tailored press notices and key fact sheets, and in identifying suitable spokespeople.

All mainstream information and campaign materials need to be accessible to the widest possible audience, including hard-to-reach groups. Explanatory leaflets, a guide explaining pandemic influenza and other informative material are already available on the web.

An information pack has been distributed to GP surgeries, pharmacies and NHS Direct call centres and walk-in centres.

Plans for a print and broadcast advertising campaign and a public information film have also been developed and will be held on standby. A national leaflet door drop will be activated at WHO Phase 5.

Chief Medical Officers have an important professional leadership role in a pandemic. In conjunction with expert groups, professional bodies and health protection agencies, they will provide multidisciplinary advice and information and may need to adapt initial guidance as the characteristics of the emerging influenza virus become more apparent or if pressures on capacity, pharmaceuticals or other supplies make tactical changes necessary.

Further information on health communication in a pandemic is available at <http://www.dh.gov.uk/pandemicflu>

### **Local communications**

The GMRF is the principal mechanism for the coordination of multi-agency planning at county level, bringing together the key responders in the conurbation.

### **The GM Warning & Informing Group will deliver the SCG Communications Strategy for major incidents, including Pandemic influenza.**

Borough level communication groups will need to consider how national and GM messages are reaching their populations, especially those considered to be vulnerable groups.

For example, as most influenza sufferers will need to be cared for in a community setting, developing integrated health and social care plans will be a particularly important part of borough level planning – how will the message about specific local provision get out to this group?

In addition, sustaining the provision or commissioning of a range of services on which many vulnerable people rely, including residential and nursing homes, is also important – what channels will be most effective in getting local message out to these groups?

**Checklist for Borough Communication Strategy**

<b>Aims and Objectives</b>	<b>What are the specific aims and objectives of your communication plan?</b>
<b>Target audience</b>	Who are all the audiences that you need to get this message out to – it will not be a question of one message for all audiences and there will be different requirements / messages, for example, for internal audiences (i.e. getting the information to staff) from those for external audiences – getting the message out to partners, stakeholders, the public and the media, business, the vulnerable or those with special needs?
<b>Message</b>	What is the message you are getting out – has the content been adapted for individual audiences,
<b>Channels</b>	What channels are being used to get the message out – web, via the media, in-house produced material, local newsletter etc? What engagement has there been with the Borough, Greater Manchester, Regional Media Emergency Forum?
<b>Spokespeople</b>	Have spokespeople been pre-identified and have they been media trained?
<b>Managing the local co-ordination</b>	Who leads on managing this process? Have individuals been identified within organisations – who is going to co-ordinate this information locally?
<b>Working with GM co-ordinators</b>	Who will lead on Co-ordination and communication with the GM SCG Comms Leads



## ANNEX A - PANDEMIC INFLUENZA – AN INTRODUCTION

A **pandemic** is the worldwide spread of a disease, with outbreaks or epidemics occurring in many countries and in most regions of the world. **Influenza** (flu) pandemics have swept the globe from time to time throughout history with devastating effect, far in excess of that resulting from the 'seasonal' influenza which (in the UK) occurs most winters.

A pandemic of influenza results when a new influenza virus emerges which is markedly different from recently circulating strains and is able to:

- infect people (rather than, or in addition to, other mammals or birds)
- spread readily from person to person
- cause illness in a high proportion of the people infected, and
- spread widely, because most people will have little or no immunity to the new virus and will be susceptible to infection (they will not previously have been exposed to it or a similar strain of virus, and any previous vaccinations will not have covered the strain).

### Planning assumptions

This plan is based on assumptions provided by the Department of Health and derived from known evidence, expert opinion and modelling work. Many of the important features about a future pandemic influenza virus and how it spreads are uncertain. The following guidance concentrates on a 'most likely' base scenario following WHO advice – but the possible ranges are also considered. It is anticipated that real time modelling based on emerging surveillance information will be used to inform plans during the evolution of a pandemic.

#### Geographical spread

- Spread from the source country to the UK, through the movement of people, is likely to take around a month and experience of the dissemination of SARS from Hong Kong suggests modern travel may result in wide international spread even more rapidly than this.
- Following arrival in the UK it will take a further 2-3 weeks until cases are occurring across the whole country.

#### Duration

- Once influenza levels exceed the baseline threshold of 30 new GP consultations per 100,000 population per week, influenza activity in the UK may last for 3-5 months, depending on the season, and there may be subsequent waves, weeks or months apart.

#### The extent and severity of illness

- Planning assumptions based on a cumulative clinical attack rate (i.e. those that are likely to fall ill) of up to 50% of the population over one or more waves of around 15 weeks each, weeks or months apart. This compares with a usual seasonal influenza attack rate of 5-10%. The second wave may be the more severe.
- All ages will be affected, but children and otherwise fit adults could be at relatively greater risk, particularly should elderly people have some residual immunity from exposure to a similar virus earlier in their lifetime.

- The age-specific differential attack rate will affect the overall impact: if working age adults are predominantly affected this will impact more seriously on provision of services and business continuity, while illness in the very young and the elderly is likely to present a greater burden on health services, especially, for the former, paediatric intensive care.

## Deaths

- In modelling potential excess deaths, the figures shown below in Table 3 includes what is probable (based on a clinical attack rate of 25% with a case fatality rate of 0.4%), and what it would be prudent worse case to plan for (based on a clinical attack rate of 50% with a case fatality rate of 2.5%).
- Table 4 gives the range of possible deaths based on UK National Guidance planning assumptions.

**Table 3 - Total potential deaths in the GM area**

<b>Greater Manchester - population approximately 2,500,000</b>	<b>Profile of Deaths</b>	
	<b>Attack rate 25% with fatality rate 0.4%</b>	<b>Attack rate 50% with fatality rate 2.5%</b>
	<b>2,500</b>	<b>31,250</b>

**Table 4 – Range of possible deaths in Greater Manchester**

<b>Range of possible excess deaths in Greater Manchester</b>			
<b>Overall case fatality rate (%)</b>	<b>25% clinical attack rate</b>	<b>35% clinical attack rate</b>	<b>50% clinical attack rate</b>
0.4	<b>2,500</b>	3,500	5,000
1.0	6,250	8,750	12,500
1.5	9,375	13,125	18,750
2.5	15,625	21,875	<b>31,250</b>

- Total deaths in the UK are normally around 12,000 per week. Total deaths are likely to gradually rise to at least twice this at the peak of a pandemic wave, and then gradually decline. However, there is the potential, in the more severe scenario, for as many deaths to occur over 15 weeks of a pandemic as normally occur in one year.
- Mortality rates are likely to vary considerably between different age groups. At least a third of the total excess deaths may be in people under 65 years compared with less than 5% in inter-pandemic years.
- Treatment with antiviral drugs should reduce both the extent and severity of the illness and possibly flatten the peak incidence.

## Absence from work

During a pandemic, staff will be absent from work if:

- a. They are **ill with influenza**. Numbers in this category will depend on the clinical attack rate. If the attack rate is 25%, a quarter of staff in total will be sick at some point within the wave (and hence absent from work for a period). If a pandemic occurs over one wave, this level of cumulative absence could be experienced by employers over a period of around 3-4 months. But there may well be more than one wave, with absence from work being spread across those waves.
- b. They **need to care** for children or other family members who are ill with influenza
- c. They **need to care** for (well) children because of local school closures in light of July 2006 guidance from the Department for Education and Skills which advises schools and child-care settings to plan for possible closure on a regional basis during a pandemic. Regardless of whether or not the Government advises schools to close, it is likely that some schools will in any case have to close because of shortages of staff, or because parents are not willing to send their children to school. The need to protect essential services will take precedence for employers and they should explore all potential arrangements with HR and staff groups in the planning stages for issues such as shared care.
- d. They have non-influenza medical problems
- e. Their employers have advised them to work from home
- f. They decide to absent themselves for other reasons, e.g. fear of contracting influenza or grieving for someone who has died.

For details of national response structures, see the *UK Influenza Pandemic Contingency Plan*

## **ANNEX B - RESPONSE PLANS**

### **National Plans**

The Department of Health published its *UK Influenza Pandemic Contingency Plan* along with guidance aimed at specific agencies and/or topic.

#### [National Guidance Documents](#)

The Health Protection Agency published its Influenza Pandemic Contingency Plan on 19 October 2006.

#### [HPA Flu Plan](#)

This plan is complementary to the following documents

#### **NW RRF Infectious Diseases Management Plan**

The Regional Infectious Diseases management Plan describes the arrangements in place in the North West for infectious diseases.

#### **NW RRF Generic Response Plan**

Describes the arrangements and roles & responsibilities of the Regional Civil Contingencies Committee (RCCC)

#### **North West Mass Fatalities Plan**

The Emergency Mortuary Plan describes the arrangements in place in the North West to provide appropriate emergency mortuary facilities in the event of an incident involving mass fatalities. The Mass Fatalities Plan was published in January 2007. This plan outlines the arrangements in place in the North West region to respond to a mass fatalities incident(s)

#### **Regional STAC Plan**

Currently out for consultation but will define the process and roles & responsibilities for those involved in establishing or participating in a STAC within the North West

#### **Greater Manchester Mass Fatalities Plan**

The Greater Manchester Mass Fatalities Plan describes the arrangements in place within Greater Manchester to deal with significantly increased numbers of deceased in the event of a major incident. The Mass Fatalities Working Group, will scope a GM Mass Fatalities Plan for Boroughs to adopt and utilise locally.

#### **Greater Manchester Major Emergencies Media Plan**

The Greater Manchester Major Emergencies Media Plan is currently out for consultation. This will reflect Pandemic Flu arrangements

#### **The Silver/Tactical coordination plans**

In a pandemic response this coordination may be on a geographical or functional basis. There may be up to 10 of these in operation at any time and these groups shall be coordinated via the GM SCG. They may need to be rationalised to maintain effectiveness as incidents develop. In preparation each borough should ensure they have developed and exercised a multi-agency Pandemic Influenza Coordination Group (B PICG) and clearly identify how this group will report to the GM SCG.

#### **North-West Ambulance Service Pandemic Influenza Plan**

NWAS have produced an internal response plan that describes the arrangements in place in the organisation to provide ambulance services in the event of an influenza pandemic.

## ANNEX C - Regional Civil Contingencies Committee (RCCC)

### Activation Criteria for an RCCC

In the event of a pandemic influenza outbreak, an RCCC is likely to be convened at **RCCC Levels 1 and 2** (below).

The table below illustrates when activation of the RCCC is likely to be triggered in comparison to the WHO Pandemic Phases and UK Pandemic Influenza Alert Levels described earlier.

<b>INDICATIVE TRIGGER</b>	<b>WHO Phase 6/UK Alert Level 2:</b> Human to human transmission confirmed.
<b>RCCC Level 1</b>	<b>WHO Phase 6/UK Alert Level 3:</b> Confirmation of the onset of pandemic influenza and (actual or expected) outbreak in the North West Region.
<b>RCCC Level 2</b>	<b>WHO Phase 6/UK Alert Level 4:</b> Confirmed cases of pandemic influenza at multiple locations within the North West region, affecting high numbers of the population. Local responders overwhelmed and/or a number of agencies significantly affected by the outbreak.
<b>RCCC Level 3</b>	<b>STATE OF EMERGENCY DECLARED:</b> Special legislative measures taken including Secretary of State appointing a Regional Nominated Co-ordinator.

A Regional Civil Contingencies Committee is a multi-agency group including representatives from across the region drawn from Category 1 and 2 responders, Government Office for the North West, and others as appropriate.

### Role of the Regional Civil Contingencies Committee

The precise role of a Regional Civil Contingencies Committee is likely to vary depending on the nature of the emergency at hand. However, generic aspects of the role are likely to include:

- Collating and maintaining a strategic picture of the evolving situation within the region
- Assessing whether there are any issues that cannot be resolved at a local level
- Facilitating mutual aid arrangements within or between the regions
- Ensuring an effective two way flow of communication between local, regional and national levels
- Raising, to a national level, any issues that cannot be resolved at a local or regional level
- Ensuring the national input to response and recovery is co-ordinated with the local and regional response effort
- Guiding the deployment of scarce resources across the region by identifying regional priorities
- Providing, where appropriate, a regional spokesperson.

The Regional Civil Contingencies Committee will observe the principle of subsidiary; the Regional Civil Contingencies Committee will not interfere in local command and control arrangements unless specifically empowered to do so by emergency regulations.

## **Regional Media Advisory Cell**

Any incident which may affect the health and safety of the population will attract intense media interest. As with any major incident, it is important that the public are accurately and regularly warned and informed, most likely through the media, of potential risks.

In order to ensure all media statements are co-ordinated across the full range of organisations involved in an RCCC, a Regional Media Advisory Cell (RMAC) can be established where this would be of benefit.

### **Role of the Regional Media Advisory Cell**

The role of the Regional Media Advisory Cell will be to:

- Identify key messages to be relayed to the media
- Identify regional spokespeople (where required)
- Ensure that information released is timely, consistent and accurate
- Correct misinformation
- Consider means other than the media for disseminating information.

All media statements covering public health aspects of the incident or where scientific or technical information is being provided must be agreed by the RSTAC and the RCCC Chair.

## **Regional Transport Advisory Cell**

The aim of the Regional Transport Advisory Cell (RTAC) is to bring together transport sector organisations that are / may be affected by an emergency or may be able to assist in the response to an emergency that impacts or is likely to impact on the North West Region

## **Regional Utilities Advisory Cell**

The aim of the Regional Utilities Advisory Cell (RUAC) is to bring together utility sector companies (across the electricity, water, gas providers and telecommunication sectors) that are / may be affected by an emergency or may be able to assist in response to an emergency that impacts or is likely to impact on the North West Region

## **Regional Voluntary and Faith Sector Advisory Cell**

The aim of the North West Regional Voluntary and Faith Communities Advisory Cell is to bring together key Voluntary and Faith organisations, which may be able to assist in the response to an emergency which impacts or is likely to impact on the North West Region to:

- consider and advise the RCCC on the capacity at the regional level for voluntary and or faith sector organisations to be able to sustain the support to the response and recovery effort
- provide an opportunity for the voluntary and/or faith sector organisations to make strategic regional decisions in respect of the deployment of volunteers using regional intelligence on priority geographic areas and the availability of volunteers as appropriate.

In all circumstances, the Government Liaison Officer / Team based with the Strategic Co-ordinating Group(s) will be the main liaison channel between Government Departments / COBR / GONW Regional Operations Centre and the Strategic Co-ordinating Group members.

## **ANNEX D - MILITARY AID**

### **Introduction**

42 (NW) Brigade is a regional brigade with its HQ at Fulwood Barracks, Preston. Commanded by a Brigadier, HQ 42 (NW) Brigade is responsible for the tri-Service planning and co-ordination of UK Operations in the North West of England.

### **UK Operations and Military Aid**

Military planning for graduated responses to meet a wide range of contingencies in the UK in peace, tension/crisis and war is conducted under the umbrella title of 'UK Operations' which encompasses Military Aid to the Civil Authorities (MACA). MACA may be requested because the Armed Forces' structure, organisation, skills, equipment and training can be of benefit in time of emergency to fill civil authority capability gaps. However it must be understood that the Armed Forces are funded for defence purposes and the responsibility for dealing with civil emergencies clearly lies with the civil authorities. That said, the Armed Forces may be required to assist the civilian authorities when there is a threat to life, or when the community is in danger of being deprived of the essentials of life.

### **Military Response**

The capability of the Armed Forces to respond to a MACA request is based on three pillars:

- **Pillar 1.** The Army regional chain of command (HQ 42 (NW) Brigade in the North West of England) and RN, Army and RAF Regional Liaison Officers.
- **Pillar 2.** Communications for the regional chain of command provided by 2 (NC) Signals Brigade.
- **Pillar 3.** The force elements provided by regular and reserve forces. In the first instance, support is likely to be provided by the most appropriate and available regular unit, which can be drawn from within the North West or from across the UK. Thereafter reserve forces including the Civil Contingency Reaction Forces (CCRFs) may be mobilised. Within the North West, a CCRF has been established based upon the TA Infantry Battalion of 4 LANCS at Preston, with additional support from the other TA units in the region. This CCRF is capable of generating and deploying in a timely manner up to 500 trained, disciplined soldiers with integral command and control and the capability to be self-sufficient. It forms a source of general duties support to supplement the local civil emergency response.

### **Possible Military Tasks**

During a flu pandemic, MACA support may be considered necessary by the civilian authorities. Such aid could fall under the auspices of Military Aid to the Civil Community (Category A – Emergency) (MACC Cat A), Military Aid to the Civil Police (MACP) or Military Aid to other Government Departments (MAGD). Local military can respond directly to requests for MACC Cat A assistance whilst MACP and MAGD requests require Ministerial approval. During a pandemic situation, the military may be able to assist with some of the following specialist and non-specialist tasks: Command, Control and Communications (C3); medical support; maintenance of essential services; logistic and administrative support including transport lift; engineering tasks; public order and security tasks. It should of course be appreciated that MOD will also be affected by the pandemic and will have its own resilience issues.

## **Funding / Indemnity**

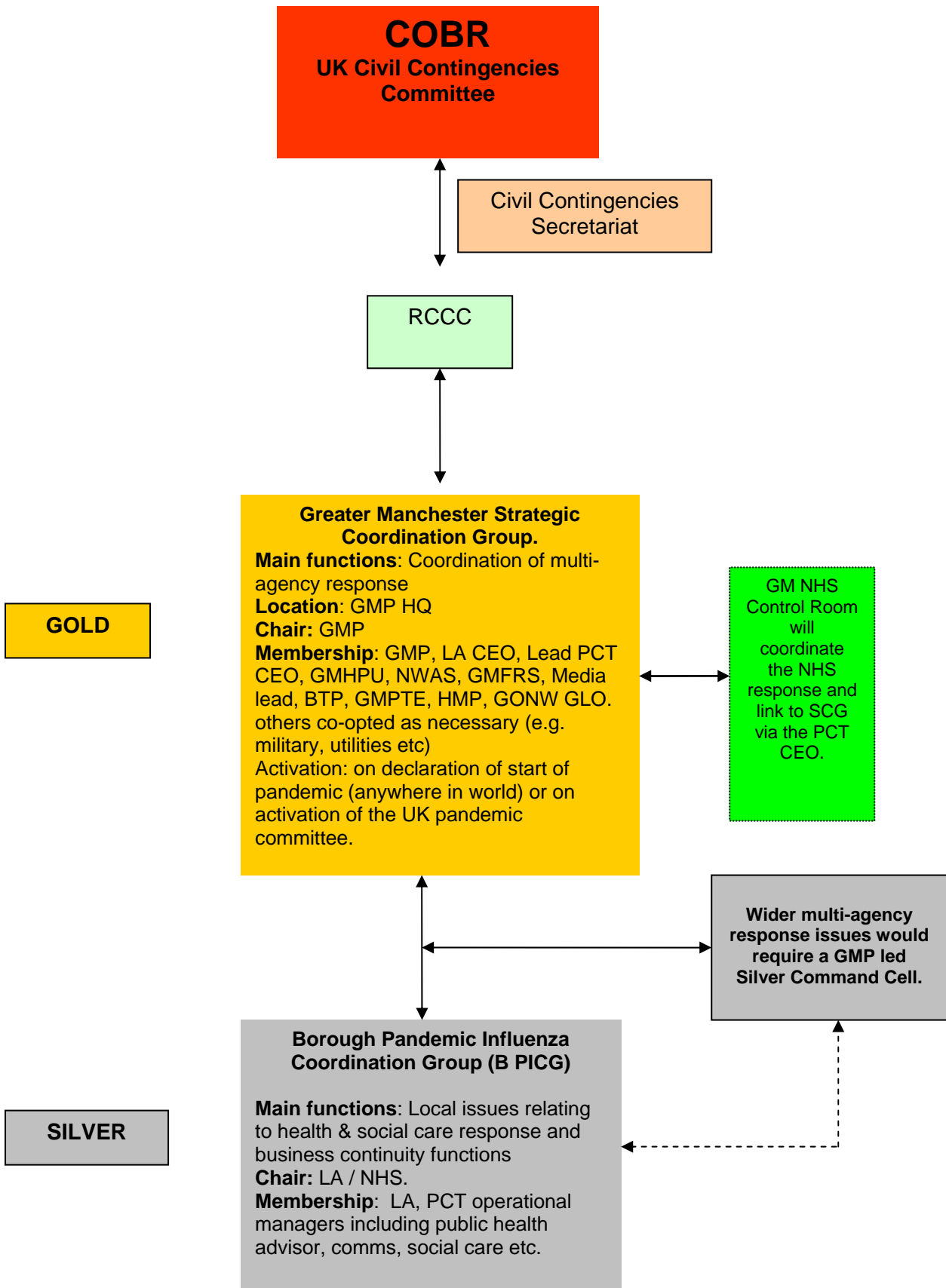
MACA activity is, with a few specific exceptions, not funded within the MOD vote and is conducted on a repayment basis. No costs are charged to the civil authority in situations where life is at risk or in other exceptional circumstances. Concern about costs should never preclude calling for assistance in times of emergency. MOD requires to be indemnified against potential claims rising out of the assistance requested and the appropriate form requires signature by the requesting authority.

## **Request Procedures**

If MACA support is required, civilian authorities should make initial contact with one of the agencies detailed below:

- **HQ 42 (NW) Brigade:**
  
- **Aeronautical Rescue Coordination Centre (ARCC) Kinloss.** If the incident is likely to require Search and Rescue Forces, the ARRC may be alerted by a '999' call.

ANNEX E - Command and Control Structures



**NB – Each organisation will also deploy their own command and control structures at Greater Manchester and borough levels according to existing major incident response plans**

**ANNEX F – SitRep Reporting**  
**Greater Manchester Pandemic Flu Multi Agency Group Sit-Rep**

“Insert Borough Name Here”  
**Pandemic Flu Multi Agency Group Sit-Rep**

<b>Date :</b>	hh.mm	<b>SITREP Number</b>	<b>Group</b>	<b>Chair</b>	
<b>Time:</b>	dd-mmm-yy			<b>Secretariat</b>	

<b>1.Current Situation Overview</b>	<b>Approx Illness due to Pandemic Flu (% of borough population)</b>	
	<b>Fatalities</b>	
	<b>Absentee Level (%)</b>	
	<b>Schools closed</b>	
	<b>Service Capacity</b>	<div style="background-color: red; color: black; padding: 2px;">Red – Pandemic having significant effect on ability to deliver priority services</div> <div style="background-color: yellow; color: black; padding: 2px;">Amber – Pandemic having impact but within current resources to manage</div> <div style="background-color: green; color: black; padding: 2px;">Green – Very little impact on services</div>
<b>Organisation</b>  Brief summary of key issues affecting organisation (Borough Specific)	<b>Local Authority</b>	
	<b>Fire</b>	
	<b>Police</b>	
	<b>Ambulance</b>	
	<b>Hospital</b>	
	<b>PCT</b>	

<b>2.Key Issues (specifics)</b>	<b>Service</b>	Local impact (details of shortages, panic buying, business continuity issues and projections)
	<b>Fuel</b>	
	<b>Oil</b>	
	<b>Gas</b>	
	<b>Electric</b>	
	<b>Telecommunications</b>	
	<b>Postal Services</b>	
	<b>Food</b>	
	<b>Water</b>	
	<b>Broadcasting (inc Print media)</b>	
	<b>Waste Management</b>	
	<b>Public Transport</b>	

### Excess Deaths statistics

<b>Cremation</b>	<b>Funeral Services</b>	<b>Burials</b>	<b>Coroners (inquests pending)</b>	<b>Registrars (certificates issued/ pending)</b>	<b>Funeral Arrangements</b>

<b>3. Ad-Hoc List</b>	<b>List your borough concerns in the following areas, if applicable</b>
<b>Tourism</b>	Impact on local business, sport stadia closures/cancellations
<b>Animal Health</b>	Impact on animal health / welfare
<b>Judicial process</b>	Impact on local/county court system
<b>Community cohesion</b>	Details of community safety/community issues
<b>Business issues</b>	Businesses affected / closed
<b>Social care / welfare / vulnerable people</b>	Changes in service levels, increased pressures etc
<b>Mutual aid / Military support Universities/ prisons</b>	Aid requested and/or in place

#### 4. Operational Response - Schools

Education	Still Open		Closed		Re-opened	
	Schools	Pupils	Schools	Pupils	Schools	Pupils
Primary						
Secondary						
Academy						
Special						
Independent						

#### Notes

1. Independent and non-maintained special schools should be recorded as "special" not independent
2. Middle schools deemed primary should be recorded as `primary` and middle schools deemed secondary as `secondary`
3. PRUs should be recorded as `secondary`.
4. Nursery schools should not be recorded in this table but in that for early years and childcare settings below.
5. This will require input from each Local Authority and collation by lead local authority for SCG.

#### Early Years and Childcare settings

Number Settings still open	Number Settings closed	Number settings re-opened

Further information should be supplied regarding operational processes in place to mitigate reported impact on the following :

- Animal Health
- Judicial Process
- Community Cohesion
- Business Issues
- Social Care / Welfare / Vulnerable People

#### 5. Resources and Preparedness

--

## **6. Service Improvements**

## **7. Political / policy**

## **8. Media and Communications**

- **Media coverage**
- **Media tone / current themes**
- **Key lines to take / Public messages**
- **Warning & Informing / Public advice**
- **Ministerial / VIP visits**
- **Good News**
- **Service Improvements**
- **Other Media Issues**

**9. Staffing issues**

Provide on an exception reporting basis

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

Red – Pandemic having significant effect on ability to deliver priority services

Amber – Pandemic having impact but within current resources to manage

Green – Very little impact on services

**10. Other information not covered elsewhere****11. Information Requirements / Requested Clarification****12. Background / Overview****13. The next Sit-Rep will be provided at**

mm : hh          dd-mmm-yy

**Sent by**

**Contact No.**

## Appendix G – Voluntary Agencies – Areas of Available Support.

Actions	Agency can do	Agency cannot do	Enhanced or Standard CRB check required	WRVS	Red Cross	St John	Mountain Rescue	Grief Centre	Salvation Army	Citizen Advice Bureau	Jewish Emergency Team	Rotary International
Obtain and pick-up prescriptions from surgery and / or pharmacy (Antiviral)			Enhanced									
Obtain and pick-up prescriptions from surgery and / or pharmacy General prescriptions – regular or newly diagnosed.			Enhanced									
Organise and / or collect shopping pensions etc			Enhanced									
Order shopping online for home delivery services			Standard									
Transport of clients to/from Acute care to home			Enhanced									
Transport of clients to/from Acute care to Social Care			Enhanced									
Transport of anti-virals to dispensing points			Standard									
Delivery of essential equipment to care homes			Standard									
Liaison with Social Care			Standard									
Liaison to District Nursing			Standard									
Liaison to GP			Standard									
General School assistants			Enhanced									
washing clothes/ taking to the laundry			Enhanced									
General Housekeeping duties for Care Homes / Residential Homes			Enhanced									
Administering medication			Enhanced									
Telephone befriending / checking for 'low needs' social care clients (Reprioritised clients) – no face to face contact			Standard									
Personal befriending / checking for 'low needs' social care clients (Reprioritised clients) - face to face contact			Enhanced									
Admin support for pharmacies / GP surgeries			Standard									
Preparation of food for 'low needs' social care users			Enhanced									
Liaison to and delivery of community meals			Enhanced									
Fire lighting			Enhanced									
Routine checks that people are warm and fed			Enhanced									
Dressing / getting up / putting to bed / basic hygiene requirements for Social Care Users			Enhanced									

This table is compressed for publishing purposes only, and can be enlarged (drag and click horizontal lines) for practical use.



## ANNEX H : GLOSSARY OF TERMS

A&E	Accident and Emergency
ABPI	Association of British Pharmaceutical Industry
ABTA	Association of British Travel Agents
ACC	Assistant Chief Constable (Police)
ACDP	Advisory Committee on Dangerous Pathogens
AGMA	Association of Greater Manchester Authorities
ARCC	Aeronautical Rescue Coordination Centre
BIS	British Infection Society
B PICG	Borough Pandemic Influenza Coordination Group
BTS	British Thoracic Society
CCC	Civil Contingencies Committee
CCDC	Consultant in Communicable Disease Control
CCRF	Civil Contingency Reaction Forces
CCS	Civil Contingencies Secretariat
CDC (USA)	Centres for Disease Control
CDSCNI	Communicable Disease Surveillance Centre, Northern Ireland
CE/CEO	Chief Executive/Chief Executive Officer
CECG	Chief Executives Co-ordination Group (local Authority)
CEPR (HPA)	Centre for Emergency Preparedness and Response
Cfi (HPA)	Centre for Infections, Colindale
Clinical Attack Rate	The cumulative incidence of infections (diagnosed according to agreed clinical criteria in patients with symptoms or signs of influenza) in the population over the course of the epidemic).
COBR	Cabinet Office Briefing Room
COSHH	Control of Substances Hazardous to Health (Regulations)
CSM	Committee for Safety of Medicines
DA	Devolved Administration
DEFRA	Department for Environment, Food and Rural Affairs
DH	Department of Health
DCSF	Department for Children, Schools & Families
DPH	Director of Public Health
EA	Environment Agency
ECDC	European Centre for Disease Prevention and Control
EISS	European Influenza Surveillance Scheme
EU	European Union
European Network	European Network for the Epidemiological Surveillance and Control of Communicable Diseases
EWRS	Early Warning and Response System (of the European Network)
FCO	Foreign and Commonwealth Office
FOI	Freedom of Information Act
FSA	Food Standards Agency
GCN	Government Communications Network
GM	Greater Manchester
GMFRS	Greater Manchester Fire & Rescue Service
GMHIG	Greater Manchester Health Issues Group
GM HPU	Greater Manchester Health Protection Unit
GM NHS CR	Greater Manchester NHS Control Room
GO / GONW	Government Office North West
GMP	Greater Manchester Police
GMRF / GMLRF	Greater Manchester Resilience Forum
GMSCG	Greater Manchester Strategic Coordination Group
GNN	Government News Network
GP	General Practitioner
GMPTE	Greater Manchester Passenger Transport Executive
HAZMAT	Hazardous Materials

HEPA	High Efficiency Particulate Arrestance (filter), or Health Emergency Planning Adviser
HEPO	Health Emergency Planning Officer
HPA	Health Protection Agency
HPU	Health Protection Unit
HPS	Health Protection Scotland
HQ	Headquarters
HR	Human Resources
HSE	Health and Safety Executive
ICT	Infection Control Team
ILI	Influenza-like illness
ITU	Intensive Therapy Unit
JCVI	Joint Committee on Vaccination and Immunisation
LA	Local Authority
LaRS (HPA)	Local and Regional Services
LHB	Local Health Board
LHI	Laboratory for Hospital Infection
LRF	Local Resilience Forum
MACA	Military Aid to the Civil Authorities
MAGD	Military Aid to other Government Departments
MACP	Military Aid to the Civil Police
MHRA	Medicines and Healthcare Products Regulatory Agency
MOD	Ministry of Defence
MRC	Medical Research Council
NaTHNaC	National Travel Health Network and Centre
NBS	National Blood Service
NAW	National Assembly for Wales
NCC	(Government) News Co-ordination Centre
NCL	National Collaborating Laboratories
NEPNEI	National Expert Panel on New and Emerging Infections
NHS	National Health Service
NIBSC	National Institute for Biological Standards and Control
NIMR	National Institute for Medical Research
NIPC	National Influenza Pandemic Committee
NIRL	National Influenza Reference Laboratory
NPHS	National Public Health Service (Wales)
NSID(PSR)	Official level Government committee dealing with International and Domestic Terrorism and broader civil hazards – (Preparedness)
NW	North West
NWAS	North West Ambulance Service
OIE	Office International Epizootic
PASA (NHS)	Purchasing and Supply Agency
PCR	Polymerase Chain Reaction
PCT	Primary Care Trust
PICG	Pandemic Influenza Coordination Group
PPE	Personal Protection Equipment
PRU	Pupil Referral Unit
QA	Quality Assurance
RAF	Royal Air Force
Ro	Basic Reproduction Number
RCCC	Regional Civil Contingencies Committee
RCGP	Royal College of General Practitioners
RCN	Royal College of Nursing
RCP	Royal College of Physicians
RCPath	Royal College of Pathologists
RCPCH	Royal College of Paediatrics and Child Health
RDPH	Regional Director of Public Health

RHAT	Regional Health Advisory Team
RN	Royal Navy
RMAC	Regional Media Advisory Cell
ROC	Regional Operations Centre
RRF	Regional Resilience Forum
RSTAC	Regional Scientific and Technical Advice Cell
RTAC	Regional Transport Advisory Cell
RUAC	Regional Utilities Advisory Cell
SAG	Scientific Advisory Group
SARS	Severe Acute Respiratory Syndrome
SHA or StHA	Strategic Health Authority
SITREP	Situation Report
SOP	Standard Operating Procedure
STAC	Scientific and Technical Advice Cell
UK	United Kingdom
UKNIPC	United Kingdom National Influenza Pandemic Committee
UU	United Utilities
UVIG	United Kingdom Vaccine Industry Group
VIP	Very Important Person
VLA	Veterinary Laboratories Agency
WHO	World Health Organization
ZEPO	Zonal Emergency Planning Officer (GMHPU)