

GWENT LOCAL RESILIENCE FORUM

JOINT AGENCY ARRANGEMENTS FOR MANAGING PANDEMIC INFLUENZA

	Documentation Control
Organisation	Gwent Local Resilience Forum
Work Stream	Health
Work Group	Gwent Human Infectious Diseases Group
Status	Published
Version	1
Date	26 th March 2008
Review Date	TBD

Contents

FORWARD.....	3
GENERAL ARRANGEMENTS.....	4
REFERENCES.....	4
INTRODUCTION.....	5
AIM OF THE ARRANGEMENTS	5
DEFINITION.....	5
PLANNING ASSUMPTIONS.....	6
IMPLEMENTATION TRIGGER POINTS	6
GENERIC ALERT STATES	6
Initial case/s outside UK (Level 1).....	7
Initial case/s in UK (Level 2)	8
UK CO-ORDINATION.....	9
WALES CO-ORDINATION	9
BUSINESS CONTINUITY MANAGEMENT.....	11
TRAINING AND EXERCISING	Error! Bookmark not defined.
Training	Error! Bookmark not defined.
Exercising.....	Error! Bookmark not defined.
MANAGING PANDEMIC INFLUENZA.....	13
PANDEMIC INFLUENZA ALERT SYSTEM.....	13
KEY PLANNING ASSUMPTIONS	14
DURATION AND TIMING.....	14
ATTACK AND DEATH RATE	16
MANAGEMENT OF EXCESS DEATHS	18
DEMOGRAPHIC PROFILES, VULNERABLE GROUPS & CLOSED COMMUNITIES.....	19
PATIENT POPULATIONS	20
COMMUNICATION WITH THE PUBLIC.....	21
KEY MESSAGES.....	22
CO-ORDINATION ARRANGEMENTS.....	23
STRATEGIC CO-ORDINATION GROUP (GOLD).....	25
MUTUAL AID ARRANGEMENTS.....	26
FREQUENCY OF MEETINGS.....	26
INFRASTRUCTURE TACTICAL RESPONSE TEAM (MULTI-AGENCY SILVER).....	27
HEALTH TACTICAL RESPONSE TEAM (LHB PANDEMIC RESPONSE GROUP)	28
AGENCY OPERATIONAL TEAMS.....	29
ALERT MECHANISM.....	29
RESPONSE COMMUNICATION ARRANGEMENTS.....	31
THE RESPONSE COMMUNICATION SYSTEM.....	32
RESPONSE NOTIFICATION ARRANGEMENTS.....	32
ROLES AND RESPONSIBILITIES	36
INDEPENDENT HEALTHCARE SECTOR.....	36
LOCAL AUTHORITIES.....	36
LOCAL HEALTH BOARDS.....	37
NATIONAL PUBLIC HEALTH SERVICE for WALES.....	38
NHS DIRECT WALES	38
NHS TRUSTS	39
PORT HEALTH AUTHORITIES.....	39
GWENT POLICE	40
WELSH AMBULANCE SERVICE NHS TRUST	41
WELSH BLOOD SERVICE.....	41
WELSH ASSEMBLY GOVERNMENT	42
WALES CIVIL CONTINGENCIES COMMITTEE (WCCC).....	42
NON-HEALTH ELEMENTS OF THE GWENT LRF PLAN.....	43
APPENDIX 1: NATIONAL GUIDANCE AND LEGISLATIVE REFERENCE	44
APPENDIX 2: GLOSSARY OF TERMS.....	45

FORWARD

Category One and Two responders as defined by the Civil Contingencies Act 2004 have a responsibility to work with their partners to safeguard our population. Gwent Local Resilience Forum and its constituent members are committed to working within the structure of the Joint Agency Arrangements for Managing Pandemic Influenza to aid partnership working and provide a consistent approach to the response to an emergency. Each partner organisation also recognises the importance of ensuring that its emergency response arrangements are integrated into its everyday working structure and processes.

Implementation of emergency measures by the response organisations is not dependent on prior authorisation and must not be delayed. Emergency measures can be introduced at an appropriate level, as necessary, for dealing with both small and large scale emergencies.

These arrangements have been endorsed by the Local Resilience Forum and is based on co-ordinated response by Category One and Two responders whose area of responsibility requires a response capability in the Gwent area.

Plans are needed at both UK and Wales national levels, at LRF level, at LHB/LA area level, and for each responder agency. The plans will cover specific responses to managing Pandemic Flu and its direct impact, as well as the indirect consequences of the Pandemic in order to ensure business continuity. The plans at different levels will have similar content, but each one will have a different focus:

- National (UK) guidance and plans:
setting overall policy objectives where uniformity between countries and cross border co-operation is required;
- Wales National plans and guidance:
where all-Wales conformity is needed, and setting the framework for inter-agency and inter-sectoral co-operation;
- Local Resilience Forum Plans:
dealing with issues that go beyond any single LHB/LA area, requires cross-sectoral co-operation, considers issues of civil disorder, maintaining the economic life of the community, and coping with locally emergent issues;
- Local Health Board Area Plans:
describing how different local responders will work together to apply policies to the specific requirements of local populations, organisations and conditions, providing mutual support as required;
- Responder Agency Plans:
setting out how the Pandemic will be managed at an operational level to protect the local population and to ensure business continuity.

These arrangements deal with all aspects of Pandemic Flu preparation, management and business continuity at an LRF level. It therefore goes beyond health issues, although many of the non-health arrangements are still to be agreed and all sections should be considered “under construction” as new knowledge emerges about Pandemic Influenza.

It does NOT seek to set out in detail the LHB area plans, nor the operational plans of specific agencies. It signposts those plans, and deals with higher level co-ordination considerations, how LRF wide control will occur to ensure economic and social life will be sustained, including civil order, and how the Strategic Command “gold” and “silver” arrangements will operate during a Pandemic.

GENERAL ARRANGEMENTS

REFERENCES

This document has been compiled with reference to

A National Framework for Responding to an Influenza Pandemic

Home Office Guidance for Planners Preparing to Manage Excess Deaths

Department for Children, Schools and Families guidance to help schools and families

Cabinet Office Business Continuity Guidance

Wales Framework for Managing Major Infectious Disease Emergencies

Wales Pandemic Influenza Response Arrangements

Gwent LRF Pandemic Plans

Dyfed Powys LRF Pandemic Plans

Health Sector Plans

Pandemic Influenza Communications Toolkit

Identifying People Who are Vulnerable in a Crisis

INTRODUCTION

These arrangements have been developed by the Gwent Human Infectious Diseases Group on behalf of the Gwent Local Resilience Forum. The Group consists of representatives from the following agencies:

- Local Authority
- Local Health Board
- National Public Health Service for Wales
- NHS Trust
- South Wales Fire and Rescue Service
- Gwent Police
- Welsh Ambulance Service
- Animal Health
- Gwent General Practitioner Out of Hours Service

These arrangements set out the generic activities for managing major infectious disease emergencies, including co-ordination, operational responsibilities of NHS organisations and the role of partner agencies. Disease specific activities are set out in the relevant sections of these arrangements. The current document focuses on arrangements for Pandemic Flu.

The content has been developed in accordance with the requirements of the Civil Contingencies Act 2004 and the principles contained in a range of supporting documents as set out in Appendix 1:

The arrangements will be subject to annual review. In addition, the arrangements may be revised to take account of changes in legislation; the issue of national guidance; lessons learned from simulated or actual emergencies; further research.

AIM OF THE ARRANGEMENTS

The aim of this document is to establish widely understood arrangements for responding to major infectious disease emergencies in the specific context of Pandemic Influenza, and to enable partner organisations to undertake an integrated response to the disease.

DEFINITION

The term Pandemic Flu refers to an outbreak of a Flu virus able to cause person to person infection, and spreading world-wide relatively rapidly.

PLANNING ASSUMPTIONS

In a Pandemic emergency all resources are likely to be fully stretched and the impact on health and other services is likely to be intense, sustained and wide spread. It may bring with it higher than normal rates of morbidity and mortality, as well as causing direct interruption of many services due to staff absence, and knock-on effects because of food and fuel shortages, over-demand for health and social services, and the need for social distancing measures to reduce spread of infection.

Because of the nature of the Pandemic, the response teams co-ordinating responses are likely to be Health led but will include representation from agencies appropriate to the emergency being faced. The higher the policy level the more non-health issues are likely to be the most significant and the greater the need for non-Health leadership.

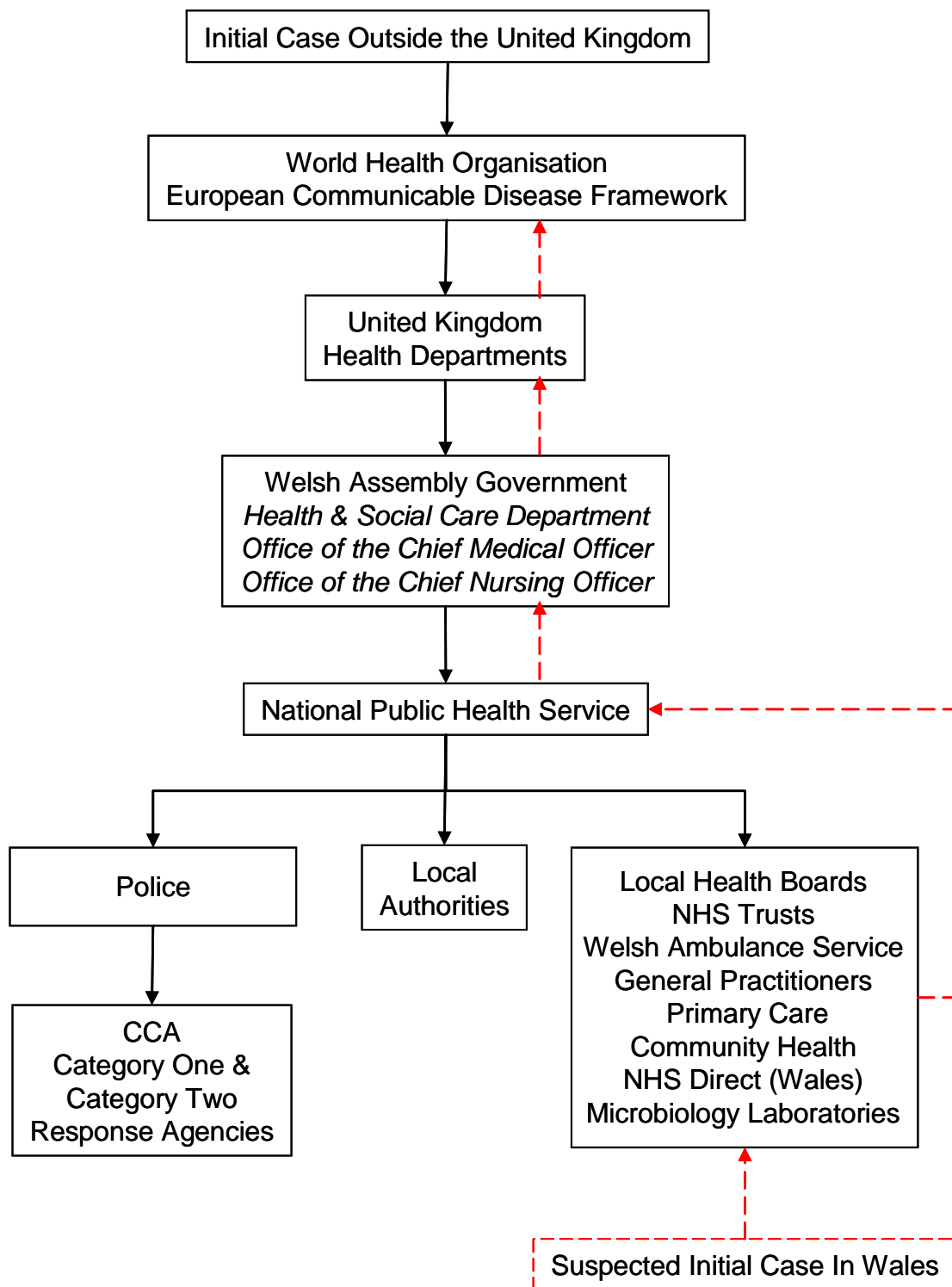
IMPLEMENTATION TRIGGER POINTS

GENERIC ALERT STATES

The generic World Health Organisation alert states below are applicable to any infectious disease. The section of these arrangements dealing with Pandemic Influenza contains the specific alert system for the disease.

<u>Level 0</u>	No cases anywhere in the world
<u>Level 1</u>	Cases only outside UK
<u>Level 2</u>	New virus isolated in UK
<u>Level 3</u>	Outbreak(s) in UK
<u>Level 4</u>	Widespread activity across UK

Alert Cascade



Initial case/s outside UK (Level 1)

The WHO will consult and inform national authorities who will activate their national preparedness plans.

On receipt of an alert from WHO, the Department of Health will immediately cascade information to the Welsh Assembly Government and other Devolved Administrations and make arrangements for UK Health co-ordination.

In exceptional circumstances the Department of Health may act upon advice from UK experts in the absence of, or where this differs from, advice from WHO, on the grounds of national interest. After consultation with other European Member States through the European Communicable Diseases Network Committee, the UK may implement its communicable disease plans in the absence of a WHO declaration.

Initial case/s in UK (Level 2)

The relevant UK Health department will notify other UK health departments of any case or suspected case/s of disease with the potential to result in a major infectious disease emergency in the UK or part of the UK.

Should the initial case occur in Wales, the National Public Health Service for Wales will be informed, in accordance with routine procedures for communicable diseases.

If there is an actual or suspected case of any disease that has the potential to cause a major infectious disease emergency anywhere in the UK, the National Public Health Service for Wales will be responsible for notifying:

Welsh Assembly Government (Health)	NHS Trusts
Welsh Ambulance Services	Health Protection Agency
Microbiology laboratories	Local Health Boards
NHS Direct Wales	Local Authorities
Police	

The National Public Health Service for Wales will be responsible for alerting other Category One and Category Two responders under the Civil Contingencies Act.

Notification will be made via the locally determined Duty Officer procedure

The Welsh Assembly Government (Health) will inform other UK Health Departments.

Local Health Boards will be responsible for confirming that health organisations within their area are informed, including General Practitioners and other primary/community care services.

As stated above, these generic responses will be applied to Pandemic Flu also.

UK CO-ORDINATION

In the event of a Pandemic threatening or affecting the UK, the Cabinet Office Briefing Room (COBR) would be established to provide for cross-departmental co-ordination at UK Government level. There would be regular meetings of the Civil Contingencies Committee (CCC) and the Civil Contingencies Committee (Officials) (CCC(O)). The Welsh Assembly Government will normally be invited to attend meetings of CCC at ministerial level and CCC(O) at official level. A video link will be made available where possible.

The Department of Health (DH) will be the lead central government department and will establish arrangements for co-ordination and monitoring of the UK health response. DH will provide input to COBR and international liaison through the World Health Organisation (WHO) and the European Union.

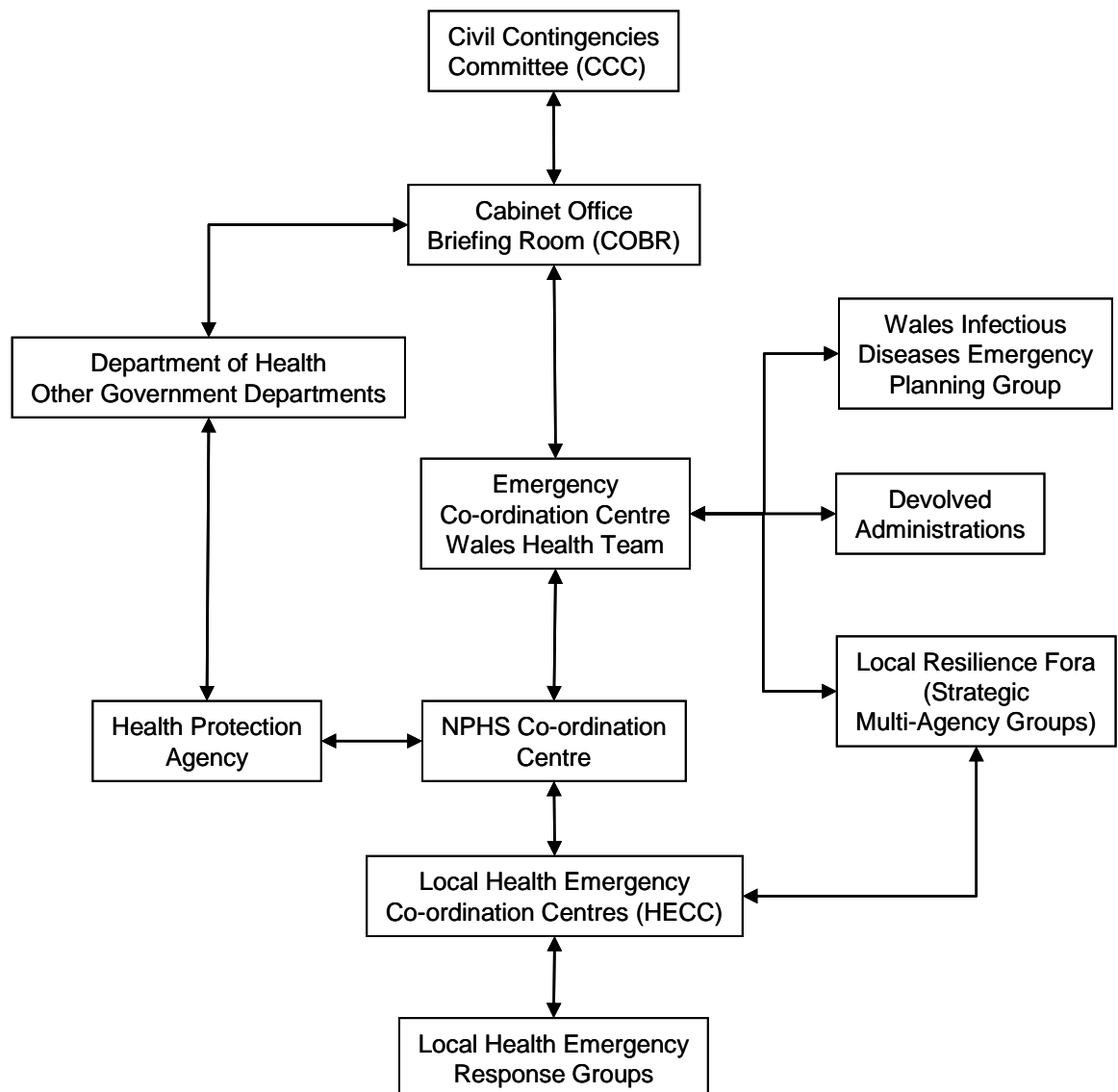
DH will activate its emergency room and co-ordinate health communications with the NHS in England, the HPA and UK Health Departments. The Civil Contingencies Secretariat (CCS) will ensure that information and advice from DH is co-ordinated with other government information and circulated to central government departments and the Welsh Assembly Government.

WALES CO-ORDINATION

Co-ordination of the multi-agency response in Wales will be in accordance with the Pan Wales Response Plan and the Wales Pandemic Influenza Response Arrangements. The Welsh Assembly Government Human Resources Dept (Emergencies and Security Branch) will implement arrangements for establishment of the Emergency Co-ordination Centre Wales (ECCW) to co-ordinate the emergency response across Wales.

The lead for health for the Welsh Assembly Government will be the Chief Medical Officer. The CMO's office, working in conjunction with the Office of the Chief Nursing Officer and the Health and Social Care Department, will establish a Health Team within the Emergency Co-ordination Centre Wales to provide national co-ordination of the health response. The Health Team will provide a conduit for liaison with Department of Health and other UK Health Departments and will establish arrangements for providing health briefings for Welsh Assembly Government Ministers and COBR.

Co-ordination for National Major Infectious Disease Emergencies (including pandemic Flu) in Wales



The Welsh Assembly Government led ‘Wales Infectious Diseases Emergency Planning Group’ will convene to consider and provide any additional strategic guidance to inform the response.

The National Public Health Service for Wales will also establish a National Co-ordination Centre to co-ordinate the response of local health “silver” level teams across Wales. If requested, the NPHS Co-ordination Centre will provide a liaison officer within the Health Team based in the Emergency Co-ordination Centre Wales.

The NPHS, in conjunction with LHBs and local authorities, will implement pandemic response arrangements, including ensuring establishment of local Health Emergency Co-ordination Centre/s (HECC), to provide for management and co-ordination of the local public health and NHS response.

Local Resilience Forums will convene to address support to the health response and consider the wider social/economic effects of the outbreak. If necessary, the Police will establish strategic multi-agency command and control arrangements. Appropriate NPHS/NHS representation will be arranged through the relevant HECC.

BUSINESS CONTINUITY MANAGEMENT

A Pandemic will place considerable pressure on organisations including all health care organisations (including Public, Private and Voluntary), local authorities, emergency and essential services and the business sector. These pressures will result in staff absence, travel disruption and supply chain difficulties. Robust business continuity management will help organisations to minimise the impact of a major outbreak on services.

There may also be problems with death certification, storage and disposal of bodies, civil unrest due to shortages of medical services, medications, basic food-stuffs, and fuel.

Organisations will also need to be aware of and plan for the consequences of measures that government may recommend to control or delay the spread of the Pandemic (such as closing public access areas). Decisions on such actions will normally remain for local determination based on advice and recommendations issued by the appropriate Government Departments. However, organisations must have Business Continuity measures in place to deal with and support the arrangements put in place by Government Departments

TRAINING AND EXERCISING

For these arrangements, it is necessary for members of the Local Resilience Forum and Strategic Co-ordination Group to undertake a training and exercise programme so that they are familiar with the premises, equipment and managerial thought processes needed to respond to an emergency. The following arrangements highlight the training and exercise needs with regard to the response to an infectious disease emergency.

It is the responsibility of the Local Resilience Forum to bring these arrangements to the attention of its membership and that of the Strategic Co-ordination Group. It is particularly important that the members of the Strategic Co-ordination Group are fully conversant with their roles, especially those newly appointed.

Training

The importance of training to respond to a major infectious disease emergency cannot be underestimated. The Local Resilience Forum will therefore need to initiate a periodic review of training needs for those members that have responsibilities under these arrangements in order to ensure that they are appropriately trained to undertake their role. A training needs analysis should be used to identify staff that must participate in single or joint agency training opportunities.

Where necessary, it may be practicable for the Local Resilience Forum and Strategic Co-ordination Group or its individual members to participate in joint training opportunities.

Where training is undertaken, the Local Resilience Forum will need to have a mechanism in place to for maintaining a record of such training together with the names of members that have attended.

Exercising

As Pandemics or, indeed any outbreaks of major infectious disease, are not common, it is essential that key responders exercise and practice their roles. This not only serves to keep the procedure fresh in their minds, it also allows any weaknesses in procedure to be addressed. It also allows newly appointed members to participate and become familiar with their roles. For these reasons it is necessary to exercise the whole or specific parts of these arrangements. The exercise programme will need to be derived, in part, from the training needs analysis. It is therefore recommended that the LRF develops a schedule of training and exercising in support of these arrangements.

MANAGING PANDEMIC INFLUENZA

This section has been compiled to ensure that Category One and Two responders in Gwent act in a co-ordinated and consistent manner to any phase change in the progress of an outbreak of Pandemic Influenza.

The section does not replace the obligations placed on response organisations for Pandemic Planning by any guidance issued by the UK Government or the Welsh Assembly Government.

PANDEMIC INFLUENZA ALERT SYSTEM

International Phases		Significance for UK
Interpandemic Period		
1.	No new influenza virus subtypes detected in humans	UK not affected UK has strong travel / trade connections with affected country UK affected
2.	Animal influenza virus subtype poses substantial risk	
Pandemic Alert Period		
3.	Human infection(s) with a new subtype, but no new human to human spread to a close contact	UK not affected UK has strong travel/trade connections with affected country UK affected
4.	Small cluster(s) with limited human to human transmission but spread is highly localised, suggesting that the virus is not well adapted to humans	
5.	Large cluster(s) but human to human spread still localised, suggesting that the virus is becoming increasingly better adapted to humans	
Pandemic Period		
6.	Increased and sustained transmission in general population	UK Alert Level <ol style="list-style-type: none"> 1. Virus/cases only outside the UK 2. Virus isolated in the UK 3. Outbreak(s) in the UK 4. Widespread activity across the UK
Post Pandemic Period		
End of Pandemic: Return to Interpandemic Period		

KEY PLANNING ASSUMPTIONS

The use of common assumptions across the local resilience tier is important to avoid confusion and facilitate an integrated approach to preparation. However, one of the main challenges faced by those planning against an influenza pandemic is that the nature and impact of the pandemic virus cannot be known until it emerges.

It is therefore important to emphasise that all impact predictions are estimates – not forecasts – made to manage the risks of a pandemic, and that the actual shape and impact may turn out to be very different.

Response arrangements must be flexible enough to deal with a range of possibilities and be capable of adjustment as they are implemented. If the origin of a pandemic is outside the UK, emerging surveillance data might also allow the use of real-time modelling to confirm and/or refine these assumptions.

Until then, planning should be based on the assumptions set out in '*A National Framework for Responding to an Influenza Pandemic*' and as summarised below. These assumptions draw on the best information currently available (again, especially through scientific modelling) on the potential impact of a pandemic virus and on the feasibility and merits of specific response options. The assumptions have been derived from a combination of current virological and clinical knowledge, expert analysis, extrapolations from previous pandemics and mathematical modelling.

A brief summary of the planning assumptions presented, especially those related to local planning is given below.

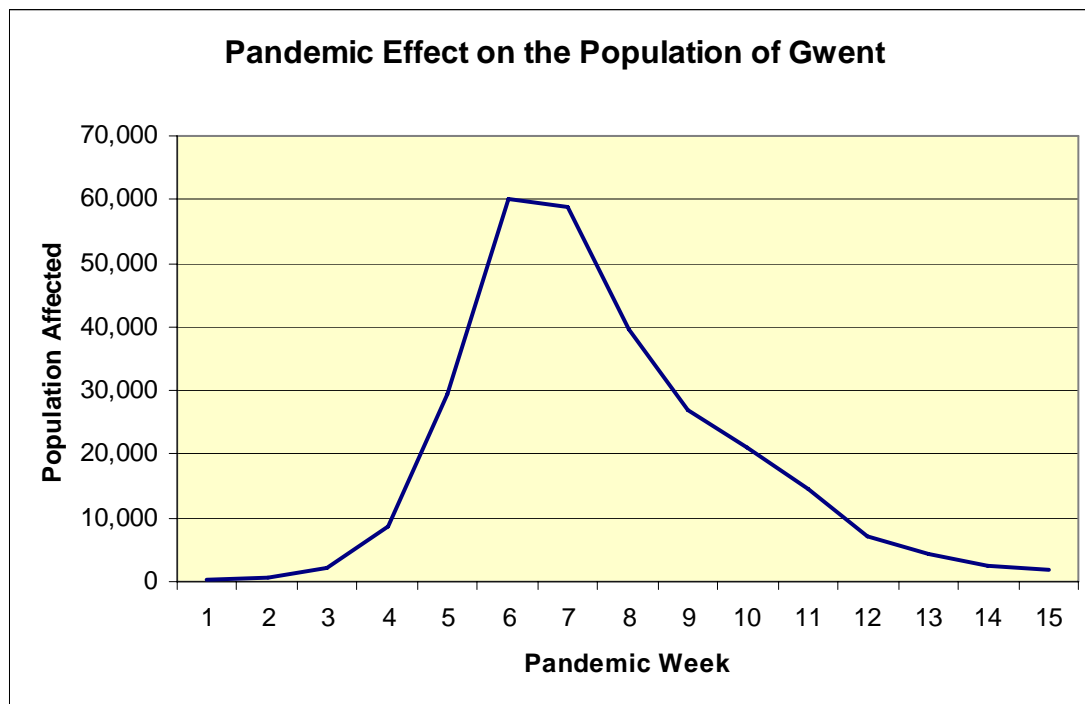
DURATION AND TIMING

A influenza pandemic could occur at any time. Plans therefore need to be in place that reflects the current level of national preparedness and guidance. These plans need to be flexible in order to incorporate future developments as more information becomes available.

Modelling suggests that from the time a pandemic begins in the country of origin it may take as little as two to four weeks to increase from just a few cases to around 1,000 cases and the pandemic could reach the UK within another two to four weeks. This will allow some time to compare planning assumptions against emerging data as the pandemic develops.

From the arrival of the pandemic in the UK, it will probably be a further one to two weeks until sporadic cases and small clusters that will act as initiators of local epidemics are occurring across the whole country; i.e. once in the UK, it is likely to spread to all major population centres within one to two weeks. It is possible that the peak will be only 50 days after initial entry into the UK.

An influenza pandemic can occur either in one wave, or in a series of waves, weeks or months apart. To inform preparedness planning, a temporal profile based on the three pandemics that occurred in the last century and current models of disease transmission has been constructed as below.



Single wave profile showing proportion of new clinical cases by week in Gwent LRF area. Note: More than one wave may be expected.

The planning profile reflects what we might expect to happen nationally; of particular importance is the rapid increase in the number of cases within the first few weeks of the pandemic. This planning profile is not a forecast of what will happen across Wales in every locality.

Local epidemics may be over faster and be more highly peaked than the national average. Local epidemics may only last for 6-8 weeks, or they may last longer. Experience from the 1918 pandemic shows a wide variation in the length of local epidemics, the clinical attack rates and the peak attack rates in areas similar to the size of LRF areas.

People are highly infectious for four to five days from the onset of symptoms (longer in children and those who are immunocompromised and may be absent from work for up to ten days).

Local planners need to plan to the peak of the national profile assuming a 50% clinical attack rate. The 50% recommendation takes account of the possibility that local peaks may be higher. Local planners should expect between 10% and 12% of the local population to become ill each week during the peak of the local epidemic. It is not possible to make detailed forecast of when this might be.

The above graph shows the distribution of pandemic lengths for UK regions in the 1918 pandemic measured over the period of more than 1.2 deaths per 100,000. Using this threshold the planning profile would give an epidemic length of 12 weeks. As it is not possible to predict the length of the pandemic for each region, planners should assume a length of up to 12-15 weeks.

It is not possible to predict what proportion of the local population will become ill, need to go to hospital or die on a week to week basis during a pandemic. Therefore, planners should assume peak figures based on a 50% clinical attack rate sustained over a period of 2-3 weeks.

ATTACK AND DEATH RATE

Depending upon the virulence of the influenza virus, the susceptibility of the population and the effectiveness of countermeasures, up to half the population could have developed illness and between 50,000 and 750,000 additional deaths (that is deaths that would not have happened over the same period of time had a pandemic not taken place) could have occurred by the end of a pandemic in the UK.

Until the characteristics of the pandemic are known, relevant planning should be carried out against the reasonable worst case scenario set out below:

- Cumulative clinical attack rates of up to 50% of the population in total spread over one or more waves each of around 12-15 weeks, each some weeks or months apart. If they occur, a second or subsequent wave could possibly be more severe than the first. Response plans should recognise the possibility of a clinical attack rate of up to 50% in a single-wave pandemic.
- Up to 4% of those who are symptomatic may require hospital admission.
- Up to 2.5% of those who are symptomatic may die.

The effects of the predicted pandemic attack rate and excess deaths are tabulated on the following page

Clinical Attack Rate

Local Authority	Blaenau Gwent	Caerphilly	Monmouthshire	Newport	Torfaen	Total
Population	68,800	170,700	87,200	139,500	90,400	556,600
Week	Assuming 50% Attack Rate					
1	50	123	63	100	65	401
2	70	174	89	142	92	568
3	282	700	358	572	371	2,282
4	1,073	2,663	1,360	2,176	1,410	8,683
5	3,630	9,006	4,601	7,360	4,770	29,366
6	7,414	18,395	9,397	15,033	9,742	59,979
7	7,279	18,060	9,226	14,759	9,564	58,888
8	4,910	12,181	6,223	9,955	6,451	39,719
9	3,341	8,289	4,234	6,774	4,390	27,028
10	2,595	6,439	3,289	5,262	3,410	20,995
11	1,800	4,466	2,281	3,649	2,365	14,561
12	896	2,223	1,135	1,816	1,177	7,247
13	539	1,338	684	1,094	709	4,364
14	297	737	377	603	391	2,405
15	226	560	286	458	297	1,826
Total	34,401	85,353	43,602	69,753	45,202	278,311

Excess Deaths

Local Authority	Blaenau Gwent	Caerphilly	Monmouthshire	Newport	Torfaen	Total
Population	68,800	170,700	87,200	139,500	90,400	556,600
Week	Calculated as 2.5 % of those who contract pandemic Influenza					
1	1	3	2	3	2	10
2	2	4	2	4	2	14
3	7	17	9	14	9	57
4	27	67	34	54	35	217
5	91	225	115	184	119	734
6	185	460	235	376	244	1,499
7	182	452	231	369	239	1,472
8	123	305	156	249	161	993
9	84	207	106	169	110	676
10	65	161	82	132	85	525
11	45	112	57	91	59	364
12	22	56	28	45	29	181
13	13	33	17	27	18	109
14	7	18	9	15	10	60
15	6	14	7	11	7	46
Total	860	2,134	1,090	1,744	1,130	6,958

MANAGEMENT OF EXCESS DEATHS

A separate plan is being developed by the Local Resilience Forum to manage excess deaths and will, in due course, be linked to these strategic arrangements.

DEMOGRAPHIC PROFILES, VULNERABLE GROUPS & CLOSED COMMUNITIES

Each Local Resilience Forum should, as part of its pandemic influenza preparedness planning, understand the demographics of the local population. Identification of vulnerable groups or others who may become vulnerable during a pandemic will support agencies in preparing a response to the expected demand for care with the resources available.

Individuals are considered vulnerable if they are more susceptible to complications or death from influenza or if they are unable to provide for themselves adequate levels of self care without help from others.

Individuals who are more susceptible to complications from influenza include those with co-morbidity, (heart conditions, chronic lung disease, diabetes, renal disease, HIV, sickle cell anaemia etc) children under two years of age, children previously treated with acetylsalicylic acid (aspirin), pregnant women in the second and third trimester of pregnancy and residents of long term care homes. Healthy adults over the age of 65 are also at some increased risk.

Local Authorities, community health services, the independent sector and voluntary organisations currently provide support to many individuals so that they can enjoy independent living in their own homes. This support will need to continue during a pandemic against a background of staff absenteeism of up to 10%. The demand for home care will increase further as unpaid carers become ill or hospitalised and others in the community although independent now, when ill, may require support. Included in this latter group are the elderly living alone who do not have family support and single parents with dependent children who likewise may not have support from family/friends.

The following table provides a list of those considered vulnerable to the effects of pandemic influenza together with an indication to which organisation holds information on these groups and how it can be accessed.

Group	Suggested Primary Source
Pregnant women	Health
Neonatal children	Health
Pre-School Children	Health
Children under 17	Local Authority / Health
Students	Under Investigation
Pensionable age living alone	Local Authority
Those receiving social care	Local Authority
Physically Disabled	Local Authority / Dept of work and pensions / Voluntary Organisations
Those suffering mental health problems	Health / Local Authority / Voluntary Sector
Homeless	Welsh Assembly Government Homeless Register
Asylum Seekers	Health / Voluntary Sector
Providers of unpaid care	Local Authority / Voluntary Sector
Those with learning disabilities	Under investigation

PATIENT POPULATIONS

It is recognised that an Influenza Pandemic will have a severe impact upon the National Health Service and its ability to continue the services that it normally provides to the public. At the onset of the pandemic, the NHS will begin to prioritise the services it provides in order to maintain its core services. There will be a process of prioritisation where patients will be admitted to hospital based upon clinical need but it is almost inevitable that some patients that would normally be admitted will have to be cared for in the community. As a consequence, there may be specific patient populations that will be disproportionately affected or that may need services not provided by the hospital. These patient populations might include:

- a. Children and families
- b. The frail or elderly
- c. Young adults
- d. Patients with chronic disease or pre-existing medical conditions
- e. The physically disabled or those with learning difficulties
- f. Pregnant women
- g. Immuno-compromised children or adults
- h. Those in need of bereavement support.

With regard to these populations, it has been recognised that there may be the need for other support issues to be considered. These issues will include:

- a. The need for specialised equipment
- b. Transportation needs
- c. Mental Health concerns
- d. The need for Social services
- e. Maintenance of the public in their own homes including meals on wheels
- f. Antenatal classes
- g. Cultural issues effecting behavioural response

The Gwent Local Resilience Forum has recognised these issues and has assured itself that they have been addressed at a local level and have been included in the pandemic response plans of Local Health Boards and their support agencies. However, a system of regular review is needed to ensure that plans remain fit for purpose. In particular, the LRF recognizes its responsibility to ensure that local plans of different responder agencies are co-ordinated sufficiently well to reduce confusion and duplication, maximise effectiveness of response, and provide mutual support.

COMMUNICATION WITH THE PUBLIC

During a pandemic, it is vitally important that the public is kept fully aware of the progress of the disease and how to seek aid, assistance and advice in order to cope with the many and various problems that will be presented. It is therefore important that the Local Resilience Forum and, by extension, the Strategic Co-ordination Group, identifies how it will undertake such communication with the public. The methods chosen must be appropriate to the population that is to receive the information and must take account of those with hearing, visual or other impairments or limited understanding of English.

The Local Resilience Forum communication strategy should align itself to the national strategy, the aims of which are to:

- convey accurate, timely and consistent advice to the public and health professionals;
- aid understanding of the pandemic among the general population; and
- explain the ability of the NHS, DH, and government as a whole, to reduce the impact of a pandemic as far as possible but also to explain some of the constraints.

When the outbreak occurs the important goals for communication are:

- **Confidence** - communicate to build, maintain or restore public confidence;
- **Timeliness** - to prevent potentially frightening rumours and misinformation early communication is needed. The timing of announcements in the event of pandemic will be determined at UK level by DH and in Wales by WAG. You will be alerted via the NPHS;
- **Transparency** - helps inspire trust. Communication must be honest, easily understood, complete and factually accurate;
- **Allaying public concern** - help them overcome concerns and understand what they can do to protect themselves and their families; and
- **Planning** – enabling preparation. Official messages should answer questions such as: What needs to be done? Who needs to know? Who is the spokesperson? Which agency has the lead? Who needs to act?

KEY MESSAGES

These key messages deal with the onset of pandemic flu and the risks, and public information on protection and information. They would be deployed once the WHO had declared an increased risk of pandemic (Phase 5).

Note that these messages might change as more is learnt about the new virus but are included here as an indication of what might be covered.

- Pandemic flu occurs when a new highly infectious strain of the influenza virus spreads rapidly round the world. Once a flu pandemic affects other countries it will almost certainly reach the UK.
- Everyone is susceptible although only about a quarter of the population is expected to develop clinical illness. Another 25 per cent could be infected without getting symptoms.
- Pandemic flu is different from ordinary or seasonal flu – the jab for seasonal flu will not protect you from pandemic flu.
- The UK Government has a plan in place to deal with a flu pandemic. The plan is intended to reduce illness, save lives, maintain services and reduce overall disruption to society. This plan has been internationally acclaimed as being an example of good practice in preparation for a flu pandemic.
- The NHS has measures in place to manage increased demand on services.
- A pandemic is likely to pose challenges to the health and social care system on an unprecedented scale. GPs and other health professionals will be working flexibly to meet the needs of those who fall ill.
- You can help protect yourself by knowing the signs and taking some simple preventative measures.

As part of its communication strategy, the Local Resilience Forum must have measures in place to support devolved and central government in communicating advice and public messages to the local population

More information, advice and guidance on communication is contained in the Pandemic Influenza Communications Toolkit.

CO-ORDINATION ARRANGEMENTS

The traditional response to a major emergency is likely to be localised to the site of the incident and its immediate locality. The emergency response agencies are normally first to respond and operational and tactical structures are quickly put in place. Depending on the scale of the incident a decision is then taken on whether to convene the Strategic Co-ordination Group. With few exceptions, the tactical and operational multi-agency response to the incident is stood down within hours or days. If the Strategic Co-ordination Group is convened then it is likely that this response may be extended into weeks.

It is likely that the United Kingdom will receive approximately two weeks notice of the start of a pandemic. With a pandemic wave of 15 weeks together with any post pandemic return to normality, it is evident that Strategic, Tactical and Operational groups will be convened over a very protracted period. In addition, the pandemic will not be isolated to a single locality, but will affect the whole of the United Kingdom. It is therefore likely that the UK National and Welsh Assembly Governments will institute co-ordination arrangements to deal with the outbreak.

In these circumstances, it is evident that the Gwent Local Resilience Forum will need to employ extraordinary measures to co-ordinate its response to Pandemic Influenza and to align itself with National Co-ordination arrangements. Measures will need to be in place in order to ensure that healthcare is delivered effectively and efficiently and to maintain the infrastructure of the community.

The Strategic, Tactical and Operational Co-ordination measures adopted by the LRF are outlined as follows and are outlined in Figure 1. The links to National Co-ordination measures are outlined in Figure 2.

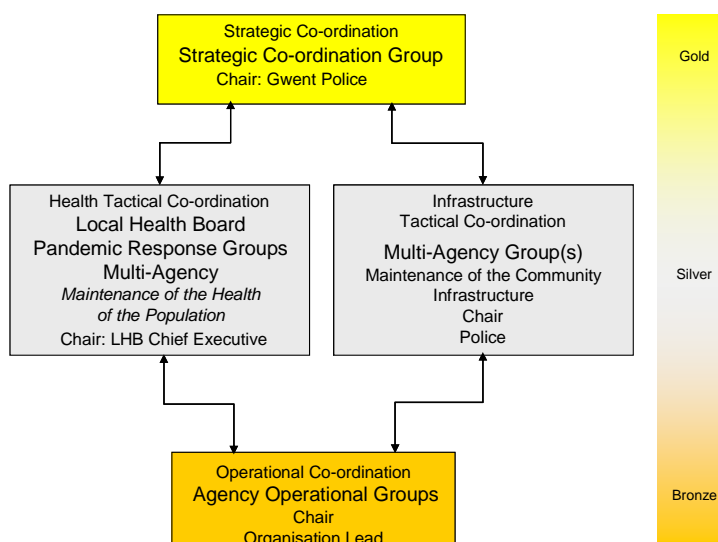


Figure 1. Gwent LRF Arrangements

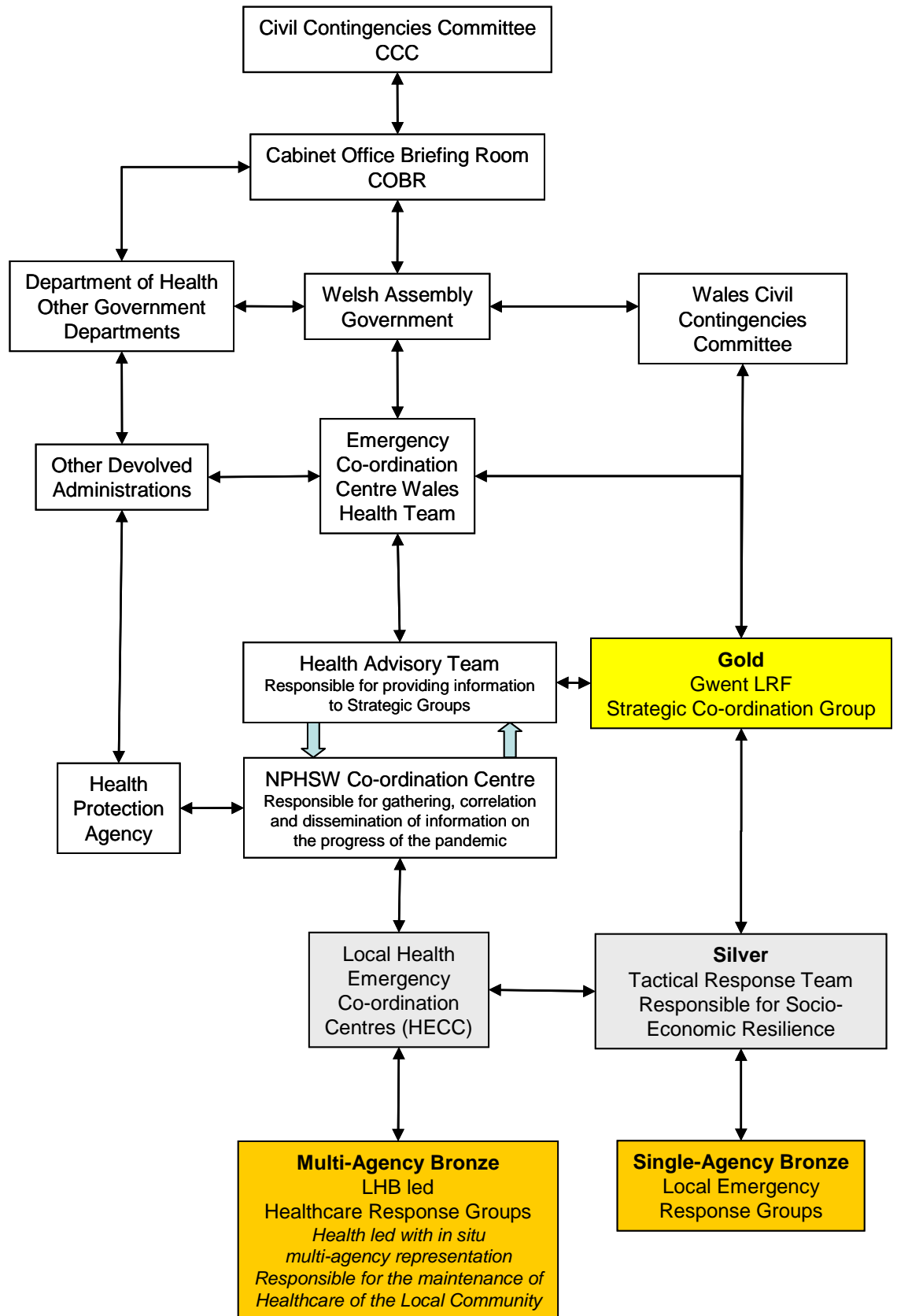


Figure 2. Gwent LRF and National Co-ordination Arrangements

STRATEGIC CO-ORDINATION GROUP (GOLD)**WORK IN PROGRESS*****To be completed by August 2008***

The Strategic Co-ordination Group, (still often referred to as the “gold” level) will be a multi-agency group, convened and chaired by the Chief Constable or nominated officer. The membership will include Chief Executives or their nominees of Category One and Two Responders as defined by the Civil Contingencies Act 2004. In addition, the Strategic Co-ordination Group may invite representatives of other agencies as required.

It is anticipated that the Local Health Board Chief Executive Representative on the Local Resilience Forum will attend meetings of the Strategic Co-ordination Group which normally meets at Police Headquarters, Croesyceiliog. A Consultant in Communicable Disease Control, and representatives from Gwent NHS Trusts, Welsh Ambulance Services NHS Trust and the National Public Health Service for Wales will also be representing Health on this group

Strategic Co-ordination Group Membership for Pandemic Influenza

Responder	Representative
Police	
Fire and Rescue Service	
Ambulance NHS Trust	
NHS Trust	
Consultant in Communicable Disease Control	
Local Health Board	
National Public Health Service for Wales	
Blaenau Gwent County Borough Council	
Caerphilly County Borough Council	
Monmouthshire County Borough Council	
Newport City Council	
Torfaen County Borough Council	
Utilities representatives	
Environment Agency	
Other agencies as appropriate	

Other organisations such as DEFRA, Maritime & Coastguard Agency, Port Health Authority might be co-opted according to emerging characteristics of the Pandemic.

It is imperative that each organisational representative on the Strategic Co-ordination Group has a nominated deputy who knows their role on the SCG, and has received appropriate training in regard to Pandemic Flu.

The role of the Strategic Co-ordination Group will be to

- ensure the maintenance of the community infrastructure of Gwent;
- maintain civil order and ensure the continuity of business and social life as far as possible
- deal with emergent issues affecting Gwent;
- interpret National policy for local implementation;
- monitor the Pandemic's effects and report outwards and upwards; advising on social distancing measures where these are beyond the scope of any one agency;
- mobilise and re-direct resources if necessary to shore up responses which may be failing;
- co-ordinate cross-sectoral responses where existing work is not proving effective;
- ensuring the effective and efficient maintenance of healthcare delivery to the population.

In order to manage an effective response to the pandemic, it is important that key personnel within the LRF have been identified for the implementation of these arrangements. In addition, members of the Strategic Co-ordination Group should be nominated with responsibilities for:

- a. Management of excess deaths
- b. Data capture
- c. Reporting to the Wales Civil Contingencies Committee or the Emergency Co-ordination Centre (Wales)
- d. Communications (co-ordinated at a local, Wales and National level)
- e. Communicating with the Public
- f. Communicating with business leaders
- g. Liaison with neighbouring areas
- h. Liaison with and or assistance for health issues (vaccination centres, anti-viral distribution)

MUTUAL AID ARRANGEMENTS

When an influenza pandemic occurs, it is recognised that local resources will be placed under a great deal of pressure for a protracted period. It is therefore important that the Local Resilience Forum have formalised mutual support arrangements in place with neighbouring Resilience Forums. In Gwent this will include cross-border arrangements with England where some policies may not be consistent with Wales.

FREQUENCY OF MEETINGS

It is assumed that the "Gold" level will meet as and when required but probably no more than once a week – twice during particularly intense or peak weeks.

INFRASTRUCTURE TACTICAL RESPONSE TEAM (MULTI-AGENCY SILVER)

The infrastructure tactical response team will be a multi-agency group convened and chaired by the Police. The membership may include CEO nominated representatives of Category One and Category Two responders as defined by the Civil Contingencies Act 2004. The group may also invite representation of other agencies as required. The groups will be convened and chaired by a senior police representative and will meet within Police Divisional Areas of Gwent.

The main responsibility of the group will be to fulfil the non-health responsibilities of the “Gold” group on a day to day basis, referring upwards any issues they can not deal with themselves, and compiling reports to enable the work of the Gold group.

HEALTH PANDEMIC CO-ORDINATION GROUP (“Health Silver”)

The Health Pandemic Co-ordination Group will meet at the Health Emergency Co-ordination Centre (HECC) at Mamhilad Business park, Mamhilad. It will also meet on a daily basis. It will consist of a Local Health Board Chief Executive or their nominated deputy, not necessarily the same person every day, who will chair the group. Other members of the group will include individuals with expert knowledge from the Local Authority sector, including nominated representatives of the National Public Health Service for Wales, the Welsh Ambulance Trust, Gwent Healthcare NHS Trust and senior members of the Local Health Boards. In some instances, the group may convene using video conference links or using telephone conference facilities.

The main responsibility of the group will be

- the co-ordination of the Local Health Board Pandemic Response Groups
- collating information
- acting as point of communication upwards and downwards in regards to health information,
- resolving inter-agency issues referred to them,
- liaising with the multi-agency “silver” group over issues that can be resolved without reference to “gold” level
- reporting to “gold” unresolved matters of concern.

HEALTH TACTICAL RESPONSE TEAM (LHB PANDEMIC RESPONSE GROUP)

The health tactical response team will be a multi-agency group convened and chaired by each Local Health Board. The membership will include:

Chief Executive Officer or Nominee Board	Local Health
Chief Executive Officer or Nominee Director with Pandemic Responsibility Board	Local Authority Local Health
Consultant in Communicable Disease Control or nominee Senior Representation Ambulance Trust	NPHSfW Welsh
Senior Divisional Representation Chief Executive Nominee	Gwent Police NHS Trust

The groups will be convened and chaired by a Local Health Board Chief Executive or their nominee and will cover the five Local Health Board Areas of Gwent.

The main responsibilities of the group will include:

- The provision of effective and efficient healthcare delivery to the community.
- Ensuring that relevant Pandemic Influenza Plans are implemented in a co-ordinated manner across the locality.
- Ensure that the Strategic Co-ordination Group and Welsh Assembly Government are made aware of areas of concern.
- Ensuring efficient communication between all relevant bodies.
- Assessing the need for additional resources to manage the delivery of healthcare.
- The provision of situation reports to the National Public Health Co-ordination Centre via the "Health Silver" group
- Ensuring that consistent and timely advice is available to the public and that this advice assists and supplements advice from the Strategic Co-ordination Group.
- Upon entering the post-pandemic period, organisation of single and multi-agency debriefs.

The Health Tactical Response Team will have close links with the "Health Silver" group.

Health Care Entities

Each Local Health Board will have a list of healthcare facilities available for its respective area with which it would be necessary to maintain communication and be able to report information in a timely and accurate manner during a pandemic

AGENCY OPERATIONAL TEAMS

Operational Teams will be established by Category One and Two Responders as defined by the Civil Contingencies Act 2004. They will be responsible for ensuring that their individual response plans are activated at an organisational level.

The Chair and membership of the Operational Teams will be determined by each organisation.

Their main responsibilities will be ensuring:

- The implementation of organisational plans
- That non-sensitive operational information is available to response partners.
- That Business Continuity measures are implemented in order to maintain normality as far as is reasonably practicable.

ALERT MECHANISM

It is vitally important that the Local Resilience Forum and its constituent Category One and Two responders act in concert if the Pandemic phase changes. The following alert mechanism has therefore been developed to achieve this aim. It has been agreed that the National Public Health Service for Wales will determine the Pandemic Phase based upon information from the World Health Organisation, Department of Health and the Welsh Assembly Government. The National Public Health Service for Wales will be responsible for issuing notice of a change in phase directly to category one and two responders in accordance with the communication arrangements contained in this document.

International Phase		UK	Significance for UK	Organisational Response
Interpandemic Period				
1	No new influenza virus subtypes detected in humans		UK Not affected	<p>NPHS Will notify the Gwent Human Infectious Diseases Group of the change in alert status.</p> <p>Gwent Human Infectious Diseases Group Will note the change in status and respond accordingly</p> <p>Local Resilience Forum No action necessary</p> <p>Cat 1 & 2 Responders No action necessary</p>
2	Animal influenza virus subtype poses substantial risk		UK has strong travel / trade connections with the affected country UK Not affected	
Pandemic Alert Period				
3	Human infection(s) with a new subtype, but no new human to human spread to a close contact		UK not affected	<p>NPHS Will notify the Gwent Human Infectious Diseases Group of the change in alert status.</p> <p>Gwent Human Infectious Diseases Group Will note the change in status and respond accordingly</p> <p>Local Resilience Forum No action necessary</p> <p>Cat 1 & 2 Responders No action necessary</p>
4	Small cluster(s) with limited human to human transmission but spread is highly localised, suggesting that the virus is not well adapted to humans.		UK has strong travel or trade connections with the affected country	<p>NPHS Will notify the Gwent Human Infectious Diseases Group of the change in alert status.</p> <p>Gwent Human Infectious Diseases Group Will note the change in status and consider any action required</p> <p>Local Resilience Forum No action necessary</p> <p>Cat 1 & 2 Responders No action necessary</p>
5	Large cluster(s) but human to human contact is still localised, suggesting that the virus is becoming increasingly better adapted to humans		UK affected	<p>NPHS Will notify the Gwent Human Infectious Diseases Group of the change in alert status and monitor the situation.</p> <p>Gwent Human Infectious Diseases Group Will meet to discuss the implications of the alert status.</p> <p>Local Resilience Forum Consider the implications of the situation based upon advice from the NPHS and the Gwent Human Infectious Diseases Group</p> <p>Cat 1 & 2 Responders Pandemic lead for the organisation to arrange internal briefing(s)</p>

International Phase	UK	Significance for UK	Organisational Response	
Pandemic Period				
6	Increased and sustained transmission in the general population	1	Virus/cases only outside the UK	<p>NPHS Will notify the Gwent Human Infectious Diseases Group of the change in alert status, monitor the situation and advise as appropriate.</p> <p>Gwent Human Infectious Diseases Group Will be placed on a twelve hour standby to meet. The group will request that the Health Emergency Co-ordination Centre is fully prepared to function</p> <p>Local Resilience Forum Will place the Strategic Co-ordination Group on a twenty-four hour standby to meet.</p> <p>Cat 1 & 2 Responders Pandemic lead to advise organisations and to activate preparatory aspects of the pandemic response plan.</p>
		2	Virus isolated in the UK	<p>NPHS Will notify the Gwent Human Infectious Diseases Group of the change in alert status, monitor the situation and advise as appropriate.</p> <p>Gwent Human Infectious Diseases Group Will be placed on a twelve hour standby to meet.</p> <p>Local Resilience Forum Will place the Strategic Co-ordination Group on a twelve hour standby to meet.</p> <p>Cat 1 & 2 Responders Pandemic lead to advise organisations and to activate preparatory aspects of the pandemic response plan.</p>
		3	Outbreak(s) in the UK	<p>NPHS Will notify the Gwent Human Infectious Diseases Group of the change in alert status, monitor the situation and advise the Pandemic Response Groups as appropriate.</p> <p>Gwent Human Infectious Diseases Group Devolve to Pandemic Response Groups. The Health Emergency Co-ordination Centre will be convened as required. (3)</p> <p>Pandemic Response Groups Will be placed on a twelve hour standby to meet</p> <p>Local Resilience Forum Will establish the Strategic Co-ordination Group</p> <p>Strategic Co-ordination Group Will meet as required</p> <p>Cat 1 & 2 Responders Will activate organisational pandemic response plans</p>
		4	Widespread activity across the UK	<p>NPHS Will activate and maintain full pandemic operational response</p> <p>Pandemic Response Groups Will activate and maintain full pandemic operational response</p> <p>Strategic Co-ordination Group Will activate and maintain full pandemic operational response</p> <p>Cat 1 & 2 Responders Will activate and maintain full pandemic operational response</p>

RESPONSE COMMUNICATION ARRANGEMENTS

Good communication will be fundamental to mounting an effective and efficient response to an Influenza Pandemic in Gwent. The following communication system will ensure that all Category One and Two responders with responsibility in Gwent are made aware of any change in the Pandemic Phase in a timely and consistent manner.

THE RESPONSE COMMUNICATION SYSTEM

The basis of the system is that the National Public Health Service for Wales will be notified of any change in the Pandemic Phase by the World Health Organisation, the Department of Health or the Welsh Assembly Government. It is the role of the NPHS W to communicate any change directly to Category One and Two responders. To ensure a robust communication system, the responders have been grouped into functional categories with each member responsible for disseminating the alert to other organisations within their grouping. As an example, should a change occur in the Pandemic phase, NPHS W will notify the individual members of the Local Authority category and each Local Authority will confirm notification with each other.

RESPONSE NOTIFICATION ARRANGEMENTS

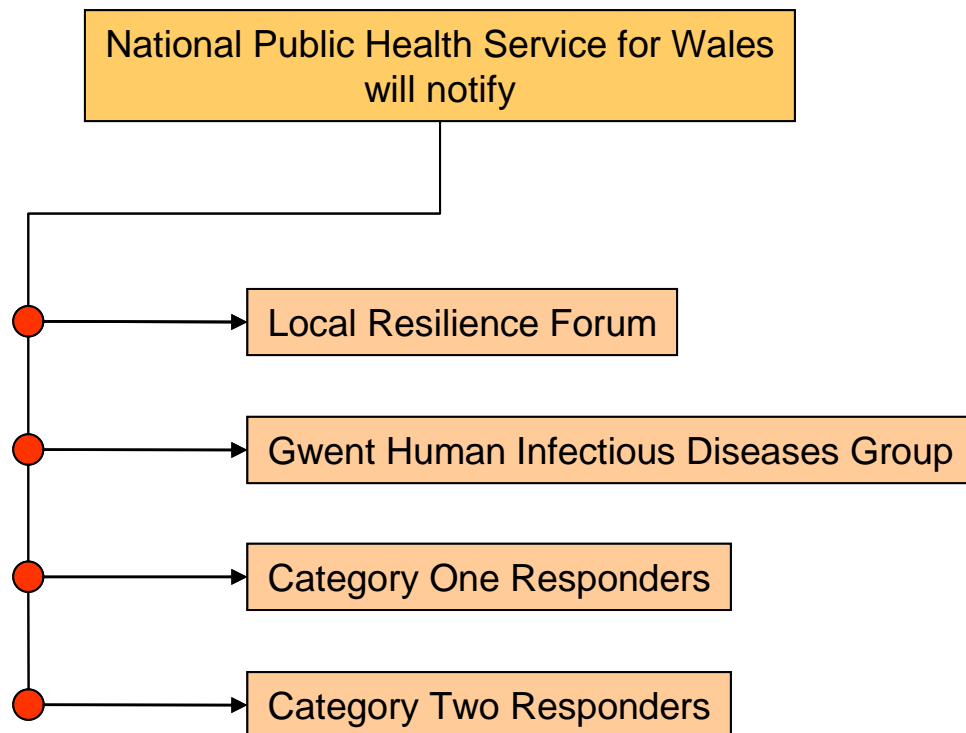
Dependant upon its nature and degree, the National Public Health Service for Wales will communicate the change in Pandemic phase using a variety of methods. These will include email, telephone, fax and SMS messages. In order for the system to be successful, the NPHS W will establish a contacts directory that will incorporate the aforementioned details.

Each organisation will be expected to supply a robust means of communication

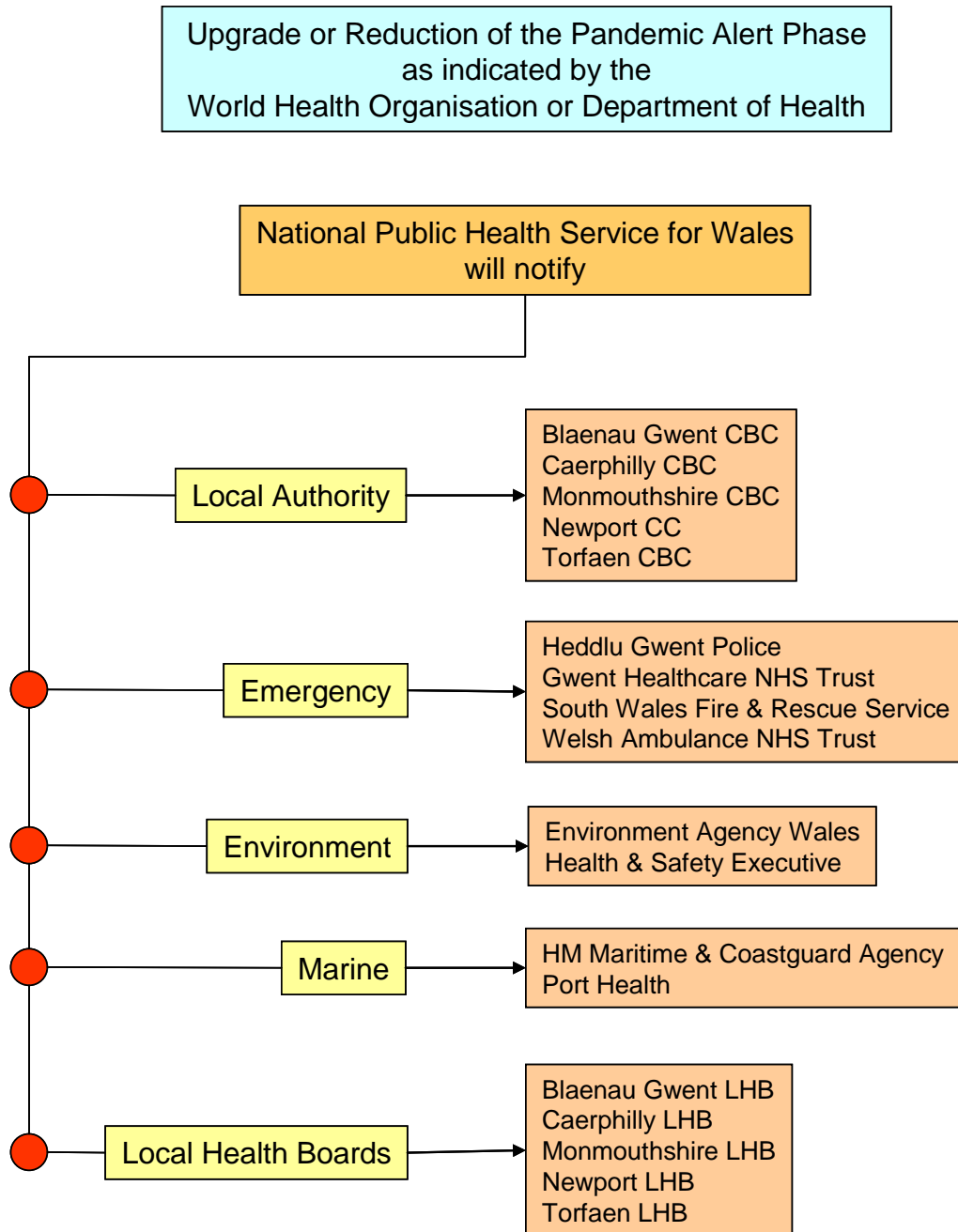
The NPHS will compile the directory but it is fully incumbent upon Category One and Two responders to inform the NPHS W of any change in contact details.

Response Organisations

Upgrade or Reduction of the Pandemic Alert Phase
as indicated by the
World Health Organisation or Department of Health

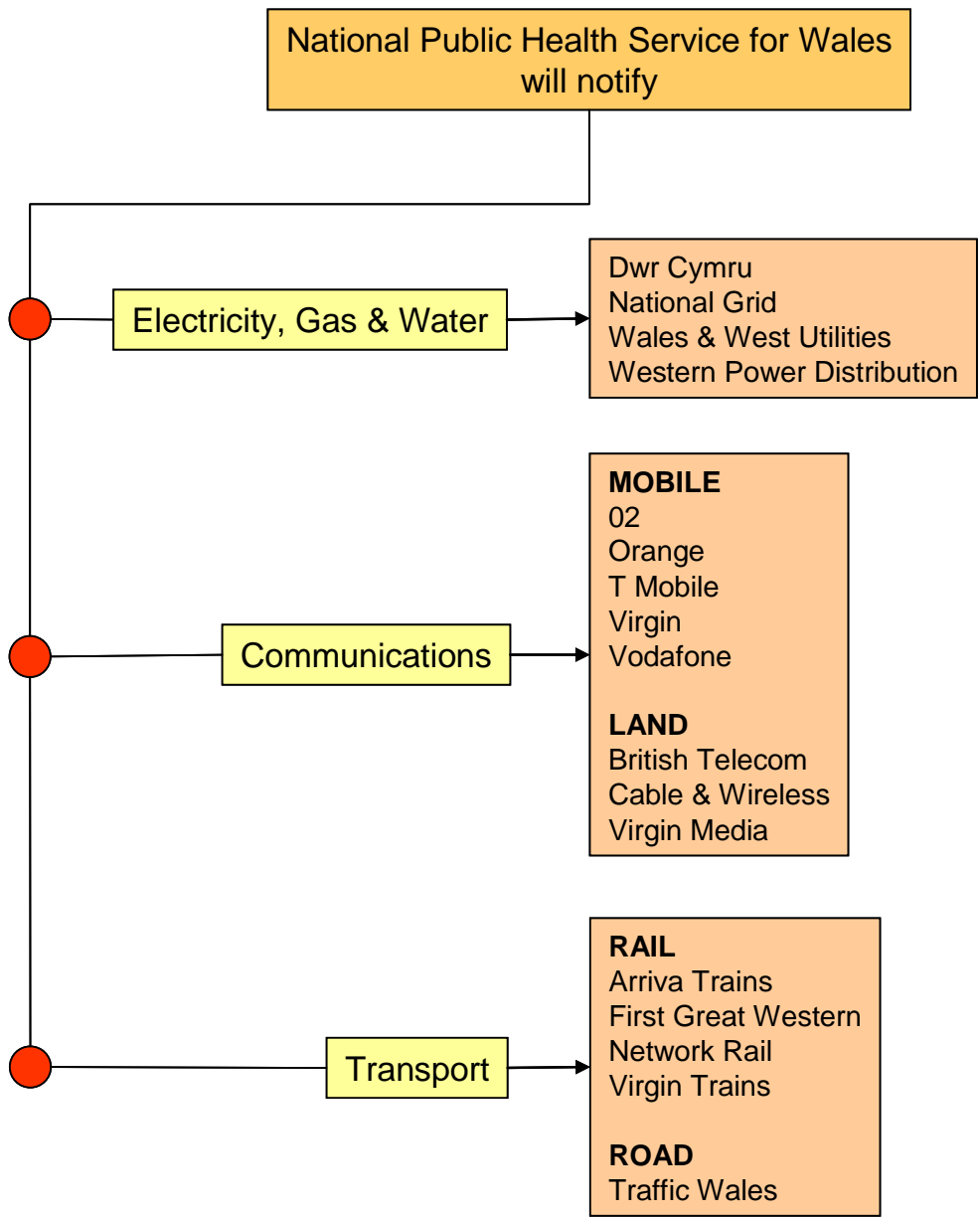


Category One Responders



Category Two Responders

Upgrade or Reduction of the Pandemic Alert Phase
as indicated by the
World Health Organisation or Department of Health



ROLES AND RESPONSIBILITIES

INDEPENDENT HEALTHCARE SECTOR

The Independent Healthcare Sector will

- a. Have a plan in place to respond to an influenza pandemic.
- b. Co-operate with the National Public Health Service for Wales and Local Health Boards to an Influenza Pandemic.
- c. Identify a named lead within their organisation to liaise with the Local Health Board if required.
- d. Support and participate in antiviral or vaccination programmes as directed by the NPHSfW and LHBs.
- e. Support the national Public Health Service for Wales and Local Health Boards in their collation of reactive and proactive data as required.
- f. Provide assistance and support to NHS organisations where and if possible in accordance with the organisational flu plan.

LOCAL AUTHORITIES

Local Authorities will, where able:

- a. Participate in outbreak control arrangements
- b. Through the outbreak control arrangements agree provision of personnel to assist with contact tracing, working in collaboration with the NPHS
- c. Be a source of timely legal advice in relation to the Public Health (Control of Disease) Act 1984, as appropriate
- d. Provide premises to support the public health management of the outbreak e.g. vaccination centres. Discussions will need to take place in advance of any provision which will include handover and return arrangements and the feasibility of providing care taking staff with knowledge of the facilities in the centre. Cost issues will need to be agreed in advance
- e. Provide social services support
- f. Jointly support provision of public information/advice
- g. Establish body holding facilities if needed
- h. Address issues relating to increased pressure on registration/burial/cremation services
- i. Provide environmental health services

LOCAL HEALTH BOARDS

Local Health Boards will:

- a. Establish and convene a local Pandemic Influenza response group involving key partners to lead development of integrated local planning for flu pandemic.
- b. Have agreed systems in place to co-ordinate the health response with neighbouring LHBs, Trusts and other partners, including facilities and arrangements for establishment of a Health Emergency Co-ordination Centre (HECC).
- c. Ensure that local outbreak control teams and health protection contingency arrangements are in place.
- d. Develop and support public health planning for delivery of mass countermeasures (antivirals / antibiotics/ vaccination etc.), including effective utilisation of primary/community health care resources.
- e. Support all partners in providing appropriate levels of healthcare within the community
- f. Assist all partners with arranging support for community assessment, self care and family support
- g. Ensure the local population can be advised on self care and when/where/how to seek medical assistance
- h. Ensure NHS Direct Wales can be advised as necessary to support provision of local information and advice for the public
- i. Ensure arrangements are in place to co-ordinate monitoring and reporting on local progress and development of the disease and the health response
- j. Identify essential health staff (LHB, primary and, where appropriate, community care) for priority treatment/vaccination, if available, in accordance with Welsh Assembly Government/UK policy
- k. Have arrangements to manage increased staff absenteeism and maintain essential services.

NATIONAL PUBLIC HEALTH SERVICE for WALES

NPHSfW, will:

- a. Establish and promote a national strategy for co-ordination of the public health response to pandemic influenza
- b. Provide specialist public health advice at national and local level, in both planning and response phases.
- c. Provide specialist health protection services, including outbreak control management and infection control advice.
- d. Provide specialist virology services
- e. Provide microbiology diagnostic and infection management services to those NHS Trusts for whom the NPHSfW routinely provides these services.
- f. Provide health intelligence information and communication through the NPHSfW national and Co-ordination Advisory Centre (NCAC).
- g. Provide specialist pharmaceutical public health advice.
- h. Prepare its own operational response and business continuity plan, including resilience in specialist areas including child protection and Information Technology.

NHS DIRECT WALES

NHS Direct Wales will:

- a. Have arrangements, in consultation with partner agencies, to respond to a flu pandemic
- b. In consultation with NHS Direct (England) and NPHS, develop and maintain protocols and templates for use in a flu pandemic
- c. Implement use of pre prepared messages and follow agreed management protocols for patients, giving locally appropriate guidance.
- d. Provide feedback to LHBs, NPHS and the Welsh Assembly Government (Health) on information needed to meet requirements of the public.
- e. Have arrangements, to manage increased staff absenteeism and maintain essential services

NHS TRUSTS

NHS Trusts will:

- a. Have plans in place to respond to flu pandemic
- b. Cooperate and co-ordinate with partner agencies to respond to the flu pandemic
- c. Identify a lead to support LHB coordination
- d. Cancel all non-essential activity, for example, out patients, elective surgery, as necessary.
- e. Support NPHS and LHBs with antiviral / vaccination programmes
- f. Support the NPHS with antiviral susceptibility audits and collate therapeutic effect data
- g. Support the NPHS by acting as a conduit for public information
- h. Participate in review of plans

PORT HEALTH AUTHORITIES

Port Health Authorities will, where able:

- a. Have arrangements, in consultation with partner agencies, to respond to a flu pandemic
- b. Implement public health measures within the port area
- c. In the event of a suspected case of influenza presenting at a port, the Port Medical Officer (PMO) will advise the immigration authorities, if necessary, that passengers should not be allowed to enter the country and, if there is prior notification of a case, arrange for diagnosis to be confirmed or excluded prior to passengers leaving the aircraft or ship
- d. Have arrangements to manage increased staff absenteeism and maintain essential services
- e. Participate in outbreak control measures.
- f. Through the OCT, agree provision of personnel to assist with contact tracing, working in collaboration with the NPHS-W
- g. Be a source of timely legal advice in relationship to the Public Health (Control of Disease) Act 1984, International Health Regulations and Public Health Ships Regulations as appropriate
- h. Whenever possible, provide premises to support the public health management of the outbreak e.g. vaccination centres. Discussions will need to take place in advance of any provision which will include handover and return arrangements and the feasibility of providing care taking staff with knowledge of the facilities in the centre. Cost issues will need to be agreed in advance.
- i. Support provision of public information / advice
- j. Establish body holding facilities if needed
- k. Provide port health services
- l. Provide other assistance as agreed with other agencies

GWENT POLICE

The intention of the Gwent Police during an Influenza Pandemic or other Major Infectious Disease Emergency is:

- To assist the Welsh Assembly Government, Department of Health, National Public Health Service for Wales, National Health Service organisations and partner agencies in their response to an Influenza Pandemic or other Major Infectious Disease Emergency through the Local Resilience Forum.
- To enforce any legislation that is already in being or imposed for the duration of the outbreak i.e. Statutory Instruments.
- The Gwent Police where able, will deploy the necessary resources to ensure that all mentioned roles and responsibilities are carried out efficiently.

The Gwent Police will, where able:

- a. Respond with sufficient resources should it become necessary to isolate specific areas.
- b. Assist with the saving of life in conjunction with the other Emergency Services.
- c. Protect property.
- d. Implement Cordon Controls to facilitate containment.
- e. Provide escorts to ensure the safety of samples/vaccines during transportation.
- f. If required establish a Forward Control Point from where the Health Organisations, other Emergency Services and Support Organisations can be co-ordinated.
- g. Establish sufficient Traffic Control Points to isolate the area from normal traffic flow.
- h. Co-ordinate the Media response to the outbreak/pandemic.

The Gwent Police where necessary will undertake the below:

- Collate and disseminate Casualty information.
- Identify the deceased on behalf of H.M Coroner.
- Assist with the restoration to normality at the earliest opportunity

WELSH AMBULANCE SERVICE NHS TRUST

The Welsh Ambulance Service NHS Trust will:

- a. Initiate the Trusts Influenza Pandemic Plan
- b. Work with its staff to provide the optimum level of response possible.
- c. Initiate a priority system of work streams to ensure as far as possible Business Continuity.
- d. Initiate a risk assessment and prioritisation system on a day-to-day basis taking into account the skill mix of staff available.
- e. Work with and discuss with the Health Department of the Welsh Assembly Government the results of prioritisation.
- f. Work with the Voluntary Aid Societies and others to obtain additional vehicles and appropriate staff to supplement reduced service capability.
- g. Provide appropriate assistance to other NHS organisations where and if possible

WELSH BLOOD SERVICE

Welsh Blood Service will:

- a. Work with UK Blood Services to maintain blood supplies in the event of circumstances that impact on the blood supply.
- b. Advise acute Trusts of any need to reduce usage of blood or blood products.
- c. Provide daily reports on the state of the blood supply in the event of circumstances that impact on the blood supply.
- d. Have arrangements to manage increased staff absenteeism and maintain essential services

WELSH ASSEMBLY GOVERNMENT

Emergency Co-ordination Centre (Wales)

The Emergency Co-ordination Centre (Wales) will

- a. Co-ordinate the gathering and dissemination of information across Wales
- b. Ensure an effective flow of communication between local, pan Wales and UK levels, including co-ordination of reports to the UK level on the response and recovery effort.
- c. Brief the Lead Official and Wales Civil Contingencies Committee
- d. Ensure that the UK input to response is co-ordinated with the local pan-Wales efforts
- e. Provide media and community relations support through the Welsh Assembly Government Communications Division.
- f. Assist, where required by the Strategic Co-ordination Groups, in the consequence management of the emergency and recovery planning
- g. Facilitate mutual aid arrangements within Wales and, where necessary, between Wales and the border areas of England
- h. Raise to a UK level any issues that cannot be resolved at a local or Wales level

WALES CIVIL CONTINGENCIES COMMITTEE (WCCC)

The role of the WCCC is

- a. To maintain a strategic picture of the evolving situation within Wales, with a particular (but not exclusive) focus on consequence management
- b. To assess and advise on any issues which cannot be resolved at a local level and which may need to be raised at a UK level.
- c. To advise on the deployment of scarce resources across Wales by identifying pan-Wales priorities.
- d. To advise on the use of existing legislation and, in some cases, to consider the use of additional powers through the UK Government.

NON-HEALTH ELEMENTS OF THE GWENT LRF PLAN

The Local Resilience Forum is working towards identifying elements of the plan including:

- Business Continuity
- CBRN
- Evacuation
- Faiths
- Fatalities
- Local Challenges
- Logistics
- Media
- Recovery
- Risk
- Training and Exercising
- Volunteers
- Warning and Informing

APPENDIX 1: NATIONAL GUIDANCE AND LEGISLATIVE REFERENCE

Health & Safety at Work Act 1974 (& supporting Regulations)
Public Health (Control of Disease) Act 1984
International Health Regulations
Public Health Ships Regulations
Cabinet Office statutory guidance "*Emergency Preparedness*"
Cabinet Office non-statutory guidance "*Emergency Response and Recovery*"
The "*Pan Wales Plan*"
The "*Wales Framework for Managing Major Infectious Disease Emergencies*"
The "*UK Influenza Pandemic Contingency Plan*"
The UK Health Departments' "*Contingency Plan for Severe Acute Respiratory Syndrome*"
"*Guidelines for Smallpox Response & Management in the Post-Eradication Era*".
Wales NHS Guidance: "*Beyond a Major Incident*"

APPENDIX 2: GLOSSARY OF TERMS

CCC	Civil Contingencies Committee
COBR	Cabinet Office Briefing Room
DH	Department of Health (England)
ECCW	Emergency co-ordination Centre (Wales)
GP	General Practitioner
HECC	Health Emergency Co-ordination Centre
HPA	Health Protection Agency
HSCD	Health & Social Care Department (Wales)
LHB	Local Health Board
LRF	Local Resilience Forum
NHS	National Health Service
NPHSW	National Public Health Service for Wales
OCMO	Office of the Chief Medical Officer (Wales)
OCNO	Office of the Chief Nursing Officer
UKNIPC	United Kingdom National Influenza Pandemic Committee
WAG	Welsh Assembly Government
WHO	World Health Organisation
WRF	Wales Resilience Forum