

LONDON RESILIENCE



preparing for emergencies

LONDON REGIONAL RESILIENCE FLU PANDEMIC RESPONSE PLAN

Special Arrangements for Dealing with Pandemic Influenza in London

April 2008

Version 3

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FOREWORD

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

In 2005, the Cabinet Office required Regional Resilience Forums to oversee the development of individual and multi-agency resilience and response plans for a potential influenza pandemic. The London Regional Resilience Flu Pandemic Response Plan was first approved at the May 2006 meeting of the London Regional Resilience Forum (LRRF). Version 2 of this response plan was published in January 2007 prior to Exercise Winter Willow, the largest ever civil contingency exercise to have been conducted in the UK. This exercise was designed to test national, regional and local plans, preparations and responses for dealing with a 'World Health Organisation Level 4 Pandemic Influenza' outbreak across the UK. Although a number of lessons were learnt from the exercise, regarding the planning and response stages, they largely have implications for IPC level planning and limited amendments have been made to this document. As a result, Version 3 is largely concerned with incorporating and assimilating the recommendations and guidance of the Department of Health and Cabinet Office strategy paper 'Pandemic Flu – A National Framework for Responding to an influenza pandemic', (published in November 2007).

Version 3 of the London Regional Resilience Flu Pandemic Response Plan aims to provide the agencies that make up the London Resilience Partnership with a strategic framework to support their integrated preparedness and response to pandemic influenza. This document will inform and support the development of community and organisational responses that are appropriate to local circumstances and sufficiently consistent to ensure a robust regional response to pandemic influenza.

The document summarises key plans, guidance and procedures to allow a comprehensive overview of London's co-ordinated planning and response arrangements for human pandemic influenza. The Plan uses an action chart approach, detailing phase-by-phase actions and outputs for organisations within the London Resilience Partnership, based around the World Health Organisation's (WHO) 6 phase model and the UK's 4 level alert structure for pandemic influenza.

This framework is a living document and will be revised periodically.

A handwritten signature in black ink, appearing to read 'L. Shepherd', with a large, stylized initial 'L'.

Lorraine Shepherd
Head of London Resilience Team

SECTION 1 – INTRODUCTION

Aim of this document

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

Objectives of this document

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

Audience

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

Development of the Document

- 1.7 This will be a living document, requiring updating on a regular basis. Version 1 of this document was agreed at the meeting of the London Regional Resilience Forum on 10 May 2006. Version 2 reflected changes in command and control arrangements and updated guidance and planning assumptions. Version 3 has taken into consideration further guidance issued by the Department of Health/Cabinet Office. This plan will be reviewed and further versions created as developments necessitate.

Security Classification

- 1.8 Following approval of this document at the 24 April 2008 meeting of the LRRF, this document is unrestricted and can therefore be shared with interested parties. In order to make this document accessible to all those with an interest it can be found on the internet at: www.londonprepared.gov.uk.

Queries

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

SECTION 2 – BACKGROUND

Pandemic Influenza

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

Although little information is available on earlier pandemics, the three that occurred in the 20th century are well documented. The worst (often referred to as 'Spanish flu') occurred in 1918/19. It caused serious illness, an estimated 20–40 million deaths worldwide (with peak mortality rates in people aged 20–45) and major disruption. Whilst the pandemics in 1957 and 1968 (often referred to as Asian and Hong Kong flu respectively) were much less severe, they also caused significant illness levels and an estimated 1–4 million deaths between them.

- 2.7 Consequently, in addition to their potential to cause serious harm to human health, pandemics threaten wider social and economic damage and disruption. Social disruption may be greatest when rates of absenteeism impair essential services.
- 2.8 Detailed information about Influenza and Pandemic Influenza may be obtained from the following sources:

<http://www.dh.gov.uk/en/Publichealth/Flu/PandemicFlu/index.htm>
<http://www.who.int/topics/influenza/en/>

Avian Influenza

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

Key points - Health impacts of an influenza pandemic in the UK

- All age groups are likely to be affected, but children and otherwise fit adults could be at relatively greater risk.
- Clinical attack rate may be of the order of 25% to 35%, but up to 50% is possible.

- Between 55,000 and 750,000 deaths are possible.
- Substantial demand for healthcare services is likely, in both primary care and hospital settings.
- The most significant features are rapid onset of cough and fever. Headache, sore throat, a runny or stuffy nose, aching muscles and joints, extreme tiredness are other symptoms.
- People are most infectious soon after they develop symptoms, although typically they can continue to excrete viruses for up to five days (seven days in children).
- The virus is transmitted from person-to-person through close contact. The balance of evidence points to transmission by droplet and through direct and indirect contact as the most important routes.
- Aerosol transmission may occur in certain situations, eg during aerosol generating procedures.

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

- Strict adherence to infection control practices, especially hand hygiene, containment of respiratory secretions and the use of Personal Protective Equipment.
- Adherence to standard infection control principles and droplet precautions.
- Administrative controls such as separation or cohorting of patients with influenza.
- Instructing staff members with respiratory symptoms to stay at home and not come in to work.
- Restriction of symptomatic visitors.
- Environment cleaning.
- Education of staff, patients and visitors.

WHO Phases and UK Alert Levels

2.14 WHO has identified 6 distinct phases in the progression of an influenza pandemic, from the first emergence of a novel influenza virus to a global pandemic being declared. The WHO's 6 Phase global classification, based on the overall international situation, is used internationally for planning purposes (Table 1).

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

2.16 Once a pandemic is declared (WHO Phase 6), action will depend on whether cases have been identified within the UK and the extent of the spread. For UK purposes, four additional alert levels have therefore been included within WHO Phase 6, consistent with those used for other communicable disease emergencies.

Table 1: WHO Pandemic Flu Phases and UK Alert Levels

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

SECTION 3 – PLANNING ASSUMPTIONS

Key Plans and Guidance

- 3.1 All organisations are responsible for having read and implemented national guidance and recommendations, a summary of which are attached as an annex to this paper (Annex 1).
- 3.2 The London Regional Resilience Flu Pandemic Response Plan is intended to summarise and collate the key plans and procedures, referred to in Annex 1, which would be activated in the lead up to an outbreak of pandemic influenza.
- 3.3 As it is impossible to forecast the precise characteristics, spread and impact of a new influenza strain, a range of the most plausible scenarios is required to allow for sensible preparations.
- 3.4 Response arrangements need to be flexible enough to deal with a range of possibilities and capable of adjustment as they are implemented.
- 3.5 The development of the London Regional Resilience Flu Pandemic Response Plan and local planning across the region have been based on the following set of core planning assumptions taken from the Cabinet Office/Department of Health's Pandemic Flu - UK National Framework for Responding to An Influenza Pandemic.

Timing and duration of pandemic

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

Infectivity and mode of spread

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

Clinical attack rate, severity of illness and deaths

- 3.11 Until the characteristics of the pandemic virus are known, a range of clinical attack rates should be considered to inform planning. Therefore, relevant planning should be carried

out against clinical attack rates of 25%, 35% and 50% and overall case fatality rates of 0.4%, 1%, 1.5% and 2.5%.

- 3.12 Based on the above planning assumptions, the figures suggest a potential burden for London of between 1,793,000 cases and 7,200 excess deaths (25% clinical attack rate and 0.4% case fatality rate) and 3,586,000 cases and 89,700 excess deaths (50% clinical attack rate and 2.5% case fatality rate). This may occur over multiple waves of which a second or subsequent wave could be more severe than the first. The clinical attack rate of the illness will only become evident as person-to-person transmission develops, but response plans should recognise the possibility of up to 50% in a single wave pandemic. Up to 4% of those who are symptomatic may require hospital admission if sufficient capacity were to be available.

Table 2: Range of possible excess deaths based on various permutations at case-fatality and clinical attack rates in a single wave.¹

Overall case fatality rate	Clinical attack rate					
	25%		35%		50%	
	Nationally	London	Nationally	London	Nationally	London
0.4%	55,500	7,200	77,700	10,000	111,000	14,300
1.00%	150,000	17,900	210,000	25,000	300,000	35,900
1.50%	225,000	26,900	315,000	37,700	450,000	53,800
2.50%	375,000	44,800	525,000	62,800	750,000	89,700

- 3.13 The projected scale of excess deaths during a pandemic particularly at the upper end of the planning assumptions is likely to present many challenges for local services. Planning in both the local health community and Local Authorities will need to recognise the requirement for sensitive and sympathetic management of potentially large numbers of deaths, including faith considerations.
- 3.14 All ages are likely to be affected but children and otherwise fit adults could be at relatively greater risk as older people may have some residual immunity from possible previous exposure to a similar virus earlier in their lifetime.
- 3.15 Although the potential for age-specific differences in the clinical attack rate should be noted, they are impossible to predict, and a uniform attack rate across all age groups is assumed for planning purposes. More severe illness than usual seasonal influenza is likely in all population groups – rather than predominantly in high risk groups as with seasonal influenza – with a higher number of people than usual developing severe prostration and rapidly fatal overwhelming viraemia, viral pneumonia or secondary complications. It is not possible to predict numbers in advance.
- 3.16 The Home Office is the lead department for policy on managing excess deaths and is currently preparing guidance to minimise delays in burials or cremations. Further measures are also being considered for the reasonable worst case scenario.

¹ National statistics derive from the National Framework and the London figures are based on ONS 2005 Mid-Year Population Estimates (rounded to nearest hundred)

<http://www.statistics.gov.uk/statbase/Expodata/Spreadsheets/D9394.xls>

Pharmaceutical and medical interventions

- 3.17 Routine vaccines currently offered for the protection of seasonal influenza strains are unlikely to protect against a new or modified strain and it is impossible to develop a vaccine until the novel influenza virus has been identified. Whilst the Government has agreed advance supply contracts with manufacturers to produce sufficient supplies for a matching vaccine, it may take four to six months for sufficient quantities to become available. Therefore it is improbable that a vaccine will contribute to reducing the impact of an initial wave of a pandemic. When developed, distribution of the vaccine will be implemented following national guidance developed by the Department of Health.
- 3.18 Pre-pandemic wave immunisation with an influenza virus related but not specific to the pandemic strain might offer some limited protection. Currently, there are very limited stocks of an A/H5N1 vaccine purchased specifically for the protection of healthcare workers. Pre-pandemic vaccination of those most likely to spread the disease or suffer complications could also help reduce hospitalisations and deaths in vulnerable groups. Decisions on use would be decided following assessments undertaken at the time of the pandemic, however, response plans should consider arrangements for limited pre-pandemic vaccination of targeted groups.
- 3.19 The use of antiviral medicines or other definitive pharmaceutical interventions are an important countermeasure, although they may be in limited supply. The UK has established national stockpiles of oseltamivir (Tamiflu) that allow for the treatment of all symptomatic patients at clinical rates of up to 25% and arrangements to make it rapidly available are a critical part of the health response. This will be particularly important before a specific pandemic vaccine is widely available. Higher clinical attack rates would require prioritisation of use, but operational plans should initially aim to make antiviral medicines available to all patients who have been symptomatic for less than 48 hours from reporting symptoms indicative of influenza.
- 3.20 The HPA will implement measures to monitor the susceptibility of the virus to antiviral medicines, assess their effectiveness in reducing complications and deaths and inform policy decisions. The Medicines and Healthcare Products Regulatory Agency (MRHA) will identify the incidence and patterns of any adverse reactions. The supply and usage of antiviral and other pharmaceutical countermeasures will continue to be reviewed by the Department of Health.

SECTION 4 – PLANNING AND PREPAREDNESS

Pre- Pandemic Planning and Preparedness

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

Business Continuity and Resilience Planning

- 4.2 It is highly probable that the pandemic will consist of one or more waves and once established its speed of spread will leave little time for contingency planning or preparations.
- 4.3 Once efficient person-to-person transmission is established, preventing an influenza pandemic is unlikely to be possible, as most people are likely to be exposed to the virus at some stage during their normal activities. Those with influenza like symptoms should minimise contact with others by remaining at home until the symptoms have resolved. Those who are not symptomatic should continue normal activities for as long as possible. By avoiding unnecessary close contact with others and routinely adopting high standards of personal and respiratory hygiene, the likelihood of catching or spreading influenza will be reduced.
- 4.4 The overall aim during a pandemic will be to encourage those who are well to carry on with their daily lives normally for as long as that is possible, within the constraints imposed by the pandemic. Although existing business continuity plans for other disruptive challenges provide a good starting point for planning for an influenza pandemic, it must be recognised that pandemic influenza presents a unique scenario in terms of prolonged pressures through a reduced workforce and potentially increased workload. Organisations are, therefore, expected to develop specific business continuity and contingency plans to ensure that critical services and outputs continue to be delivered throughout an influenza pandemic.
- 4.5 It is the responsibility of all agencies that make up the London Resilience Partnership, acting individually and collectively, to identify and plan for the full range of health and non-health related impacts of pandemic influenza, including the implications for supply chains.
- 4.6 Over the course of a pandemic, staff are likely to be absent from work for a combination of reasons including personal illness, bereavement, fear of infection, the impact of public health measures such as school closures and other factors such as transport difficulties. All sectors should plan for such an eventuality which could last several months. Levels of absence may vary due to the size and nature of a workplace, the kind of activity that takes place there and the composition of the workplace.
- 4.7 The following key assumptions, based on a uniform clinical attack rate across all age groups, should assist in carrying out impact assessments and developing contingency plans. As the attack rate may not be uniform across all age groups, plans need to retain flexibility to adapt as information emerges.
- Up to 50% of the workplace may require time off at some stage over the entire period of the pandemic, with individuals absent for a period of seven to ten working days. Staff absence should follow the pandemic profile with an expectation that it will build to a peak

lasting for two to three weeks – when between 15% and 20% of the staff may be absent – and then decline.

- Additional staff absences are likely to result from other illnesses, taking time off to provide care for dependants, family bereavement, other psychological impacts, fear of infection and/or practical difficulties in getting to work.
- Modelling suggests that small organisational units (5 to 15 staff) or small teams within larger organisational units are likely to suffer higher percentages of absenteeism up to 30-35% over a two – three week period at the local peak.

- 4.8 Each organisation needs to estimate the level of staff absence and its potential impact on its own activities. The level of staff absence will depend to some extent on the composition of the workforce and the environments in which people work. In order to derive estimates for the total numbers likely to be absent, employers should consider the demographics of their work teams, including the percentage who have childcare or other family care responsibilities, 'normal' absenteeism levels and options for home or remote working. Due to the human resources implications of pandemic influenza, succession planning will be a critical consideration in contingency planning.
- 4.9 Influenza is likely to spread rapidly in schools due to children having no residual immunity and so potentially being amongst the groups worst affected. Advising all Schools in an affected area to close may offer the most practical option. This would have an impact on not only the education of children, but also services and businesses dependent on working parents. Guidance has been provided by the Departments for Children, Schools and Families and for Innovation, University, and Skills to schools and providers of childcare services advising them of operating procedures during a pandemic. Further information is available at www.teachnet.gov.uk/humanflupandemic
- 4.10 Consultation and jointly conducted risk assessments by employers, staff and their trade unions or representatives, combined with documented procedures during the planning phase, can help ensure that employees are well educated and informed. Joint risk assessments can also assist in identifying and exploring any subjective perceptions of risk, the opportunities for more flexible working arrangements, and training requirements to help cover staff absences. Identifying those staff with co-morbid conditions or other factors that put them at higher risk may also allow proportionate individual precautions.
- 4.11 Making temporary changes to working practices – e.g. reducing close face-to-face contact; providing physical barriers to transmission; enhancing cleaning regimes; ensuring that the necessary protective equipment is available; having hand washing, waste disposal and other hygiene facilities in place – and actively promoting these and other similar measures can help encourage and maintain attendance at work during the response phase.
- 4.12 Advice on business continuity planning can be accessed from the UK Resilience website at www.ukresilience.info/preparedness/businesscontinuity/index.shtml. Tools such as the London Resilience Flu Pandemic Prompt Document highlight key questions to allow organisations to undertake a gap analysis of their existing business continuity plans to ensure robust resilience in the context of an influenza pandemic.

Multi-Agency Planning and Preparedness

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

Summary of Roles and Responsibilities

London Regional Resilience Forum (LRRF)

- 4.16 The role of the LRRF is to provide a senior level central focus for co-ordinated and effective emergency planning in London, bringing together representatives from national, regional and local government, the Mayor of London, London emergency services, the health sector in London, other key public services and the business community. A full list of organisations that make up the LRRF can be found in Annex 5.
- 4.17 The LRRF forms an overarching steering group and provides practical supervision and strategic guidance to London's emergency planning. The LRRF is co-chaired by the Minister for Local Government and the Minister for the Olympics and London; the secretariat function is provided by the London Resilience Team (LRT). The Mayor of London acts as deputy chair of the LRRF. The Regional Director of the Government Office for London provides support and may deputise for the Minister where appropriate.
- 4.18 In the context of a flu pandemic, it is expected that the LRRF will:
- Meet during the pre-pandemic phases to assess the risk to London of pandemic influenza. Update and inform regional and local partners of developments and communicate decisions taken at a national and regional level.
 - Gather situation reports and updates from regional and local partners to guide decision making and, where appropriate, communicate these to the Department of Health and/or Civil Contingencies Committee at a national level.

Local Resilience Forums (LRFs)

- 4.19 In London there are six LRFs, bringing together groups of five or six boroughs, enabling a tier of collaboration which bridges the borough and regional levels.
- 4.20 These forums are chaired by local authority chief executives and their membership includes category one responders. Category two responders attend under their right to invite/right to attend and other interested partners, including the voluntary sector, business and the military are also involved.
- 4.21 Under the Civil Contingencies Act, category one responders have a duty to assess the risk of an emergency occurring within or affecting their geographical area. This duty is discharged at the Local Resilience Forum level and is a collaborative evaluation of risk

used to inform emergency planning, business continuity and warning and informing the public.

- 4.22 During the pre-pandemic phases the LRFs are the appropriate fora in which pandemic influenza preparedness, specifically business continuity and contingency planning, can be monitored.

Influenza Pandemic Committees (Planning)

- 4.23 IPCs (Planning), of which there are 31 in London based on Primary Care Trust (PCT) areas, are the multi-agency fora through which local planning, response and recovery are managed and co-ordinated. They enable local service providers to establish a coherent approach with each organisation knowing its role in relation to others.
- 4.24 IPCs (Planning) are made up of representatives from the local health community and local authorities, and may also include borough police, ambulance service, fire brigade and voluntary sector.
- 4.25 The IPCs (Planning) are chaired by the PCT and convene regularly to share information on the current state of preparedness, provide support, make joint decisions, and develop local multi-agency plans.
- 4.26 For further guidance about IPCs (Planning) refer to The Multi-Agency Response to Pandemic Influenza: Guidance for Multi-Agency 'Influenza Pandemic Committees' (IPCs), which is attached as Annex 2.

Figure 1: Diagram of Planning Groups

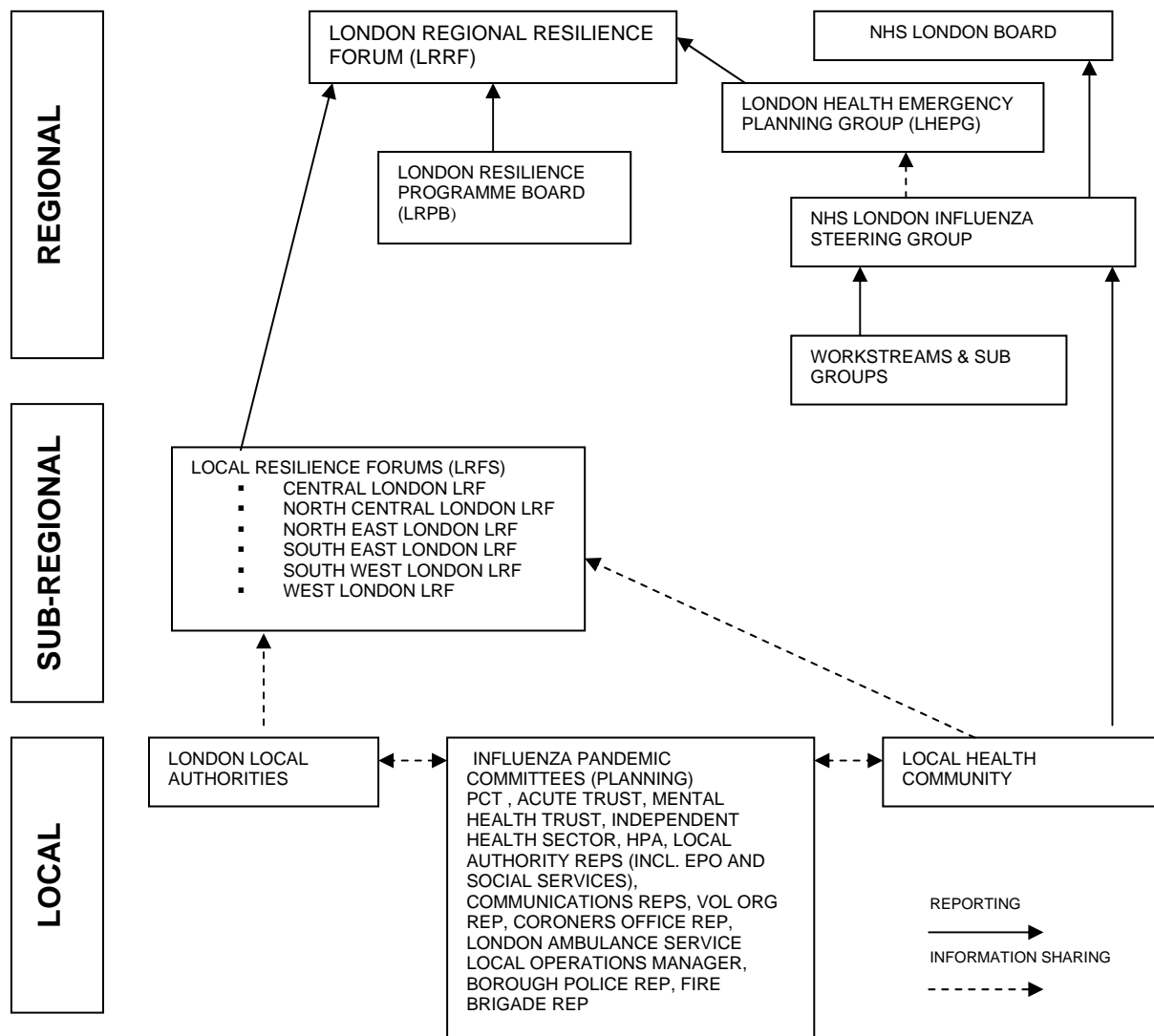


Table 3: Organisational Responsibilities in WHO Phases 1 to 3

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

WHO PHASES 1 & 2 - PLANNING & PREPAREDNESS

WHO PHASE 3 - PANDEMIC ALERT PERIOD

Organisation	Lead Implementer	WHO Phases	Key Actions & Outputs
Government Office London	Regional Director	1 & 2	<ul style="list-style-type: none"> • Provide support and deputise for Minister where appropriate
	London Resilience Team	1 & 2	In addition to key actions and outputs incumbent upon all government departments: <ul style="list-style-type: none"> • Link at a sub-regional level to LRFs. • Exercise plans with LRF & LRRF partners. • Participate in planning groups to discuss, plan and share best practice.
		3	<ul style="list-style-type: none"> • Actions and outputs expected of all organisations, as above.
Environment Agency		1 & 2	<ul style="list-style-type: none"> • Link at a sub-regional level to LRFs. • Exercise plans with LRF & LRRF partners.
		3	<ul style="list-style-type: none"> • Actions and outputs expected of all organisations, as above.
NHS London	Director of Public Health for London	1 & 2	<ul style="list-style-type: none"> • Provide DH advice to LRRF to support resilience and business continuity planning
	NHS London Flu Leads	1 & 2	<ul style="list-style-type: none"> • Work with others to help the development of regional resilience planning and post-pandemic recovery planning. • Monitor, encourage and support the development of arrangements, including with Independent health sector where considered appropriate. • Ensure that planning is an integrated activity and that all NHS plans are regularly maintained and exercised.
	NHS London Pandemic Influenza Coordinator	1 & 2	<ul style="list-style-type: none"> • Provide a critical link to the London Regional Government Offices. • Participate in planning groups to discuss, plan and share best practice.
	NHS London	3	In addition to actions and outputs expected of all organisations, as listed above: <ul style="list-style-type: none"> • Ensure arrangements are in place to identify, investigate, report and manage any suspected case of infection with a novel virus. • Review/revise/test pandemic plans. • Act as the local headquarters of the National Health Services. • Meet regularly to co-ordinate planning across London and monitor the progress of the work streams. • Monitor the preparedness of London Trusts, via regular assessment and exercising of plans. • Prepare and maintain business continuity plans for NHS London, including an up to date register of contact details and list of relevant organisations.
	NHS London Influenza Steering Group	3	<ul style="list-style-type: none"> • Work with HPA, PCTs and LA partners to keep the pandemic response plan up to date and in line with national guidance. • Ensure command, control and co-ordination plans are in place for NHS London and have been tested. • Monitor the plans of NHS organisations within London. • Act as a conduit for information and instructions from DH to the local NHS.
Local Health Community	Individual PCTs Individual Acute Trusts Individual Mental Health Trusts	1 & 2	<ul style="list-style-type: none"> • Review arrangements for providing an effective and sustainable community based response during an influenza pandemic in conjunction with local partners • Ensure that planning is an integrated activity and that all plans are regularly maintained and tested. • Liaise with Local Authorities and local partners to ensure that arrangements for managing the demands of the excess death projections are built into business continuity plans.
	Nominated Reps	1 & 2	<ul style="list-style-type: none"> • PCT to chair and other local health trusts to attend the IPC (Planning). • Participate in other relevant planning groups to discuss, plan and share best practice.

WHO PHASES 1 & 2 - PLANNING & PREPAREDNESS

WHO PHASE 3 - PANDEMIC ALERT PERIOD

Organisation	Lead Implementer	WHO Phases	Key Actions & Outputs
	Individual PCTS, Acute Trusts and Mental Health Trusts	3	<ul style="list-style-type: none"> • Actions and outputs expected of all organisations, as above.
London Ambulance Service	LAS	1 & 2	<ul style="list-style-type: none"> • Develop appropriate models of service for the potential increased demand during a pandemic. • Familiarise themselves with overall UK Government advice on pandemic flu planning and the current WHO phase of alert. • Link at a sub-regional level to LRFs. Link at a local level to IPCs (Planning).
	Nominated LAS Representatives		<ul style="list-style-type: none"> • Participate in planning groups to discuss, plan and share best practice, e.g. LRRF
	LAS	3	<ul style="list-style-type: none"> • Actions and outputs expected of all organisations, as above.
Health Protection Agency	HPA	1 & 2	<ul style="list-style-type: none"> • Support Health Departments. • Maintain virology services and laboratory arrangements. • Develop and maintain routine national influenza surveillance and reporting systems - including vaccine uptake. • Maintain national arrangements for early detection and alert. Contribute to WHO/EU surveillance activities. • Support the development and testing of health response plans.
	Nominated HPA Reps		<ul style="list-style-type: none"> • Participate in LRRF
	HPA	3	<p>In addition to actions and outputs expected of all organisations, as listed above:</p> <ul style="list-style-type: none"> • Monitor international situation and advise DH on UK health risk. • Maintain diagnostic capability and provide serological investigations as required. • Provide guidance on management of suspected UK cases and contacts. • Support NHS response. • Maintain database. • Review/revise/exercise pandemic plans.
London Local Authorities	Individual LAs	1 & 2	<ul style="list-style-type: none"> • Undertake business continuity and resilience planning in the context of a pandemic flu scenario. • Prepare plans to discharge legal duty to provide education "at school or otherwise" for children who for any reason "may not for any period receive suitable education unless such arrangements are made for them". LAs must have plans in place to provide a reasonable level of education for all children in their area if pupils are unable to attend schools during a pandemic flu scenario. • Link at a sub-regional level to LRF. Link at a local level to IPC (Planning). • Provision of business continuity advice and assistance to business and voluntary organisations. • Ensure that business continuity arrangements for managing the demands of the excess death projections are understood by local partners and are factored into local multi-agency plans. Planning will need to consider arrangements for additional mortuary capacity, death certification, interment arrangements and to give due consideration to diverse faith, religious and ethnic requirements.
	Nominated LA Reps		<ul style="list-style-type: none"> • Participate in planning groups to discuss, plan and share best practice.
	Individual LAs	3	<ul style="list-style-type: none"> • Actions and outputs expected of all organisations, as above.
London Coroners	Individual Coroner's Offices	1 & 2	<ul style="list-style-type: none"> • Link at a local level to IPCs (Planning). • Liaise with Local Authorities and local partners to ensure that arrangements for managing the demands of the excess death projections are built into business continuity plans.

WHO PHASES 1 & 2 - PLANNING & PREPAREDNESS

WHO PHASE 3 - PANDEMIC ALERT PERIOD

Organisation	Lead Implementer	WHO Phases	Key Actions & Outputs
	Nominated Coroners Reps		<ul style="list-style-type: none"> Participate in planning groups to discuss, plan and share best practice where appropriate, e.g. LRRF
	Individual Coroner's Offices	3	<ul style="list-style-type: none"> Actions and outputs expected of all organisations, as above.
All London Schools and Childcare and Early Years Settings		1 & 2	<ul style="list-style-type: none"> Work closely with the local authority to prepare for pandemic influenza. Put in place outline plans for a pandemic, including business continuity planning to cope with staffing shortages e.g. cover arrangements if head and/or deputy are ill in the pandemic, supply cover for absent staff etc. Respond promptly to any request from the Local Authority for up-to-date contact details for the school, so that they are able to receive information from the Local Authority efficiently Take note of any new guidance, review plans regularly, ensure contact lists are kept up to date
		3	<ul style="list-style-type: none"> Actions and outputs expected of all organisations, as above.
Greater London Authority	GLA Group	1 & 2	<ul style="list-style-type: none"> Undertake business continuity and resilience planning in the context of a pandemic flu scenario. Develop call centre, telephony arrangements and hub arrangements. Participate in planning groups to discuss, plan and share best practice, e.g. LRRF
	TfL	1 & 2	<ul style="list-style-type: none"> Monitor shelf-life of anti-virals
	The Mayor of London	1 & 2	<ul style="list-style-type: none"> Provide leadership and commitment to pandemic resilience and continuity planning across the GLA Family Act as Deputy Chair of LRRF
	GLA Group	3	<ul style="list-style-type: none"> Have ongoing discussions with DH and NHS London to address outstanding issues and risks. Test the GLA business continuity plan. Actions and outputs expected of all organisations, as above. Test the plan.
Individual Police Forces	Individual Police Forces	1 & 2	<ul style="list-style-type: none"> Link at a sub-regional level to LRFs. Link at a local level to IPCs (Planning).
	Nominated Police Reps	1 & 2	<ul style="list-style-type: none"> Participate in planning groups to discuss, plan and share best practice.
	Individual Police Forces	3	<ul style="list-style-type: none"> Actions and outputs expected of all organisations, as above.
London Fire Brigade	London Fire Brigade	1 & 2	<ul style="list-style-type: none"> Link at a sub-regional level to LRFs. Link at a local level to IPCs (Planning).
	Nominated Fire Reps	1 & 2	<ul style="list-style-type: none"> Participate in planning groups to discuss, plan and share best practice.
	London Fire Brigade	3	<ul style="list-style-type: none"> Actions and outputs expected of all organisations, as above.
London Fire Brigade, Emergency Planning	London Fire Brigade, Emergency Planning	1 & 2	<ul style="list-style-type: none"> In addition to key actions and outputs incumbent upon the LFB, assist Local Authorities to meet their responsibilities to prepare emergency plans, to train their staff in preparing those plans, and to exercise the plans.
	LFB EP - Gold Office Team	1 & 2	<ul style="list-style-type: none"> Review practical working arrangements for Local Authority Gold, organise and deliver training programmes; liaise with other agencies; and inform the Local Authorities of developments.
	LFB EP	3	<ul style="list-style-type: none"> Actions and outputs expected of all organisations, as above.
Transport Cell	Transport Cell		<ul style="list-style-type: none"> Link at a sub-regional level to LRFs.
	Nominated Transport Representatives	1 & 2	<ul style="list-style-type: none"> Participate in planning groups to discuss, plan and share best practice
	Transport Cell	3	<ul style="list-style-type: none"> Actions and outputs expected of all organisations, as above.

WHO PHASES 1 & 2 - PLANNING & PREPAREDNESS

WHO PHASE 3 - PANDEMIC ALERT PERIOD

Organisation	Lead Implementer	WHO Phases	Key Actions & Outputs
Utilities Cell	Utilities Cell	3	<ul style="list-style-type: none"> • Actions and outputs expected of all organisations, as above.
Military Cell	Military Cell	1 & 2	<ul style="list-style-type: none"> • Link at a sub-regional level to LRFs.
	Nominated Military Reps		<ul style="list-style-type: none"> • Participate in planning groups to discuss, plan and share best practice
	Military Cell	3	<ul style="list-style-type: none"> • Actions and outputs expected of all organisations, as above.
Voluntary Organisations	Nominated Voluntary Organisation Reps	1 & 2	<ul style="list-style-type: none"> • Link at a sub-regional level to LRFs where invited. Link at a local level with IPCs (Planning) where invited. • Participate in planning groups to discuss, plan and share best practice
	Voluntary Orgs	3	<ul style="list-style-type: none"> • Actions and outputs expected of all organisations, as above.

SECTION 5 – PRE-RESPONSE

Rising Tide Emergency Response Escalation

- 5.1 Rising tide “emergency” events or situations have a lead in time of days, weeks or even months, their onset can be gradual and the final impact may not always be apparent early on. Developing health pandemics, infectious disease outbreaks in animals and extreme weather are all examples of rising tide events or situations.
- 5.2 In WHO Phases 4 and 5, before the declaration of a pandemic, information will be emerging, for instance about the epidemiology of the virus, which would merit dissemination and formal consideration.
- 5.3 As information emerges, and the WHO Phases escalate, the London Resilience Team (LRT) will maintain a dialogue with the Director of Public Health for London (DPH) and agree an appropriate response to the escalation.
- 5.4 When necessary, and at a stage mutually agreed by LRT and the DPH, a meeting of the London Regional Resilience Forum will be convened by LRT.
- 5.5 When convened, the London Regional Resilience Forum will decide upon the issue(s) before them and how they wish to proceed. Should they decide that regional monitoring and or strategic co-ordination is necessary they will agree how this is to be achieved either by convening further meetings of the London Resilience Partnership or by establishing a Gold Co-ordinating Group (GCG).
- 5.6 Should the London Resilience Partnership consider it necessary to continue meeting or to establish a Gold Co-ordinating Group, then the meeting/group should be designated with a title that reflects the issue(s) and purpose of the meetings/group. This will ensure that should it become necessary to convene additional meetings of the partnership or to establish more than one Gold Co-ordinating Group in relation to unrelated ‘emergencies’ that occur concurrently the purpose of each can be clearly differentiated between.

Summary of Roles and Responsibilities

Gold Co-ordinating Group

- 5.7 The Gold Co-ordinating Group will be responsible for determining the strategic aims, objectives and priorities of the London Resilience Partnership during an emergency situation until such time as a Regional Civil Contingencies Committee is convened (the process for convening the Regional Civil Contingencies Committee is described and explained in Section 6).
- 5.8 The Chair will be appointed in consultation with the Minister for Local Government/Minister for the Olympics and London, and will invite additional Gold level representation from appropriate partner agencies as necessary to maintain an effective co-ordinated strategic response. The Chair of the Gold Co-ordinating Group holds responsibility for the composition of representatives for each Gold Co-ordinating Group meeting.

Influenza Pandemic Committee IPC Response

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

Membership of the IPC (Response) during a Flu Pandemic

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

Activation and Action Chart WHO Phases 4 and 5

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

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

WHO PHASE 4 -PANDEMIC ALERT PERIOD					
WHO PHASE 5 -PANDEMIC ALERT PERIOD					
(BE FULLY PREPARED TO INITIATE AND IMPLEMENT RESPONSE ACTIONS)					
Organisation	Lead Implementer	WHO Phase		Response Trigger	Key Actions & Outputs, in addition to those established in Phases 1 to 4
Civil Contingencies Committee		4	5	WHO Phase change - Notification of Phase change by WHO/DH	<ul style="list-style-type: none"> • Meet as required to agree early policy decisions and to urge completion of planning. • The CCC may instruct Regional Civil Contingencies Committees (RCCC1) to meet as required to promulgate policy decision/advice and maintain overview of response.
Department of Health - Lead government department		4		WHO Phase change - Notification of Phase change by WHO	<ul style="list-style-type: none"> • Notify change in phases. • Advise on UK public health risk and ensure rapid reassessment if circumstances change. • Liaise with DEFRA over implications for farming/poultry industry. • Provide information/advice to UK travellers and residents abroad in conjunction with FCO. • Advise health professionals on identification, management and reporting of any UK cases. • Update and distribute public information more widely (e.g. Radio/TV). Particular emphasis on enhancing understanding, explaining the likely issues and limitations, describing how essential services will respond and advising on self and community help. • Review plans for storage, distribution and access to antiviral medicines. • Liaise with NIBSC and vaccine manufacturers. • Ensure NHS operational plans are in place. • Review patient management protocols. • Report to WHO and the EU. • Consider initiating measures to enhance and preserve essential supplies and finalise plans for pre-distribution of any stockpiled items.
		5			<ul style="list-style-type: none"> • Inform CCS, other Government Departments and NHS of change of phase and UK implications and significance. • Convene the UKNIPC • Monitor the development and emerging epidemiology of the pandemic and consider proportionate response measures, including the implementation of service restrictions to allow healthcare organisations to finalise preparations, adjust working practices and release capacity in preparation for a pandemic. • Assess and advise on public health risk. Initiate arrangements for regular close liaison with HPA (Technical and Communications Staff). • Finalise health coordination and communications structure. • Activate health department emergency operations rooms. • Set up daily situation reporting to Cabinet Office. Alert NIPC and convene as necessary (by most efficient means) to review available information and advise on the response. • Alert Scientific Pandemic Influenza Advisory Committee (SPI) and convene as necessary to review and advise on emerging evidence. • Review vaccine availability and supply. Implement plans for any pre-pandemic vaccination. • Issue information and advice to the health service, including any updates to operational plans. • Activate automated National Flu Line. • Implement public communications strategy, including regular meeting briefings and a national pandemic leaflet door drop. Advertising campaigns and leaflet will emphasize that people should maintain essential activities as far as possible and explain how services will operate and how they should be accessed with particular emphasis on the fact that symptomatic patients should stay at home and seek assistance via the National Flu Line. • Finalise research proposals for implementation during a pandemic. • With FCO issue information/advice for UK travellers and residents abroad.

WHO PHASE 4 -PANDEMIC ALERT PERIOD

WHO PHASE 5 -PANDEMIC ALERT PERIOD

(BE FULLY PREPARED TO INITIATE AND IMPLEMENT RESPONSE ACTIONS)

Organisation	Lead Implementer	WHO Phase		Response Trigger	Key Actions & Outputs, in addition to those established in Phases 1 to 4
All government departments	Individual government departments	4		Notification of Phase change by DH	<ul style="list-style-type: none"> Review risk assessment, informed by DH. Continue to review and refine policies and pandemic management arrangements at official and Ministerial levels, including business continuity plans. Work with key stakeholders to support preparedness planning. Response plans should be ready for instant implementation. Work with key stakeholders to support their response and maintain critical national infrastructure. Activate national coordination and communication arrangements. Establish the influenza hotline. Review risk assessment for the UK. Put in place cross-Government emergency management structures and procedures with DH as lead department, including cross-Government communications strategy and coordination.
Government Office London	London Resilience Team	4	5	Notification of Phase change by DH	<ul style="list-style-type: none"> Discuss appropriate response to Phase change with Director of Public Health for London. When advised by the Director of Public Health, convene a meeting of the LRRF. Consult with DPH about inviting additional representatives to the LRRF meeting. Convene meetings of the LRRF or the Gold Co-ordinating Group as required. Activate regional and local coordination and communication arrangements
	Regional Director	4	5	LRT convene LRRF/GCG meetings	<ul style="list-style-type: none"> Attend meetings of LRRF/GCG as required. Provide support and deputise for Ministers where appropriate.
Minister for Local Government/ Minister for the Olympics and London		4	5	LRT convene LRRF/GCG meetings	<ul style="list-style-type: none"> Chair meetings of the LRRF/GCG as required. Or nominate deputy.
Environment Agency		4	5	Notification of Phase change by DEFRA/LRT LRT convene LRRF/GCG meetings	<ul style="list-style-type: none"> Response plans should be ready for instant implementation. As required activate business continuity plans, working with key stakeholders. Activate regional and local coordination and communication arrangements. Attend meetings of LRRF/GCG as required.
NHS London	NHS London	5		Instruction by DH Issue of antiviral stockpile by DH	<ul style="list-style-type: none"> Ensure plans are in place to identify, investigate, manage and report suspect cases in the UK, according to HPA protocols and operational plans 'ready to go'. Regional and local coordination and communication arrangements should be activated. Response plans should be ready for instant implementation. As required, activate business continuity plans, working with key stakeholders. National stockpile of antivirals may be pre-distributed to PCTs at phases 5 or 6 but not made available until UK Alert level 2.
	Director of Public Health for London	4	5	Notification of Phase change by WHO/DH LRT convene LRRF/GCG meetings	<ul style="list-style-type: none"> Discuss appropriate response to Phase change with Director of London Resilience Team. Attend meetings of LRRF/GCG as required. Update forum on current situation.
	NHS London Influenza Steering Group	4		Notification of Phase change by WHO/DH	<ul style="list-style-type: none"> Meet regularly to co-ordinate planning across London and monitor the progress of the work stream. Monitor the preparedness of London Trusts, via regular assessment and exercising of plans. Prepare and maintain business continuity plans for NHS London, including an up to date register of contact details and list of

WHO PHASE 4 -PANDEMIC ALERT PERIOD

WHO PHASE 5 -PANDEMIC ALERT PERIOD

(BE FULLY PREPARED TO INITIATE AND IMPLEMENT RESPONSE ACTIONS)

Organisation	Lead Implementer	WHO Phase		Response Trigger	Key Actions & Outputs, in addition to those established in Phases 1 to 4
					<ul style="list-style-type: none"> relevant organisations. Work with HPA, PCTs and LA partners to keep the pandemic response plan in line with national guidance. Ensure command, control and co-ordination plans are in place for NHS London and have been tested. Monitor the plans of NHS organisations within London. Act as a conduit for information and instructions from DH to the local NHS
	NHS London Influenza Strategic Mgt Group (NHS LISMG)	4	5	Instruction by NHS LISMG	<ul style="list-style-type: none"> Provide a critical link to the London Regional Government Offices. Oversee day to day management of pandemic influenza for NHS London, through the Influenza Management Team.
		5			<ul style="list-style-type: none"> Convene a smaller influenza management team to provide the day to day management of pandemic influenza for NHS London.
Local Health Community	Individual PCTs Acute Trusts Mental Health Trusts	4	5	Notification of Phase change by NHS London	<ul style="list-style-type: none"> Response plans should be ready for instant implementation. As required activate business continuity plans, working with key stakeholders. Regional and local coordination and communication arrangements should be activated. PCT to convene and chair, other local health trusts to attend regular meetings of the IPC (Response) to review plans in light of any new information and guidance. Within the IPC, review the categorisation of services into essential and non-essential services. Consider initiating measures to enhance and preserve essential supplies and finalise plans for pre-distribution of any stockpiled items.
				DH issue antiviral stockpile	<ul style="list-style-type: none"> National stockpile of antivirals may be pre-distributed to PCTs at Phases 5 or 6, but not made available until UK Alert level 2.
London Ambulance Service	London Ambulance Service			Notification of Phase change by NHS London	<ul style="list-style-type: none"> Response plans should be ready for instant implementation. As required activate business continuity plans, working with key stakeholders. Regional and local coordination and communication arrangements should be activated.
	Nominated LAS Rep	4	5	IPC (Planning/Response) meeting convened by PCT	<ul style="list-style-type: none"> Attend meeting of the IPC (Planning/Response) to review plans in light of any new information and guidance. Within the IPC, review the categorisation of services into essential and non-essential services.
				LRT convene LRRF/GCG meetings	<ul style="list-style-type: none"> Attend extraordinary meeting of LRRF. Attend meetings of the London (Pandemic Influenza) Gold Co-ordinating Group as required.
Health Protection Agency				Notification of Phase change by WHO/DH	<ul style="list-style-type: none"> Closely monitor the international situation – including emerging epidemiological and treatment outcome data and advise DH on risk to UK public health. Produce update reports as agreed with DH.
Health Protection Agency	HPA	4			<ul style="list-style-type: none"> Liaise with DH over advice to travellers and link HPA and DH press offices. Maintain diagnostic capability and capacity for new strain, including antiviral susceptibility testing. Heighten surveillance for imported cases/clusters of infection, particularly in communities with travel contact with sites of confirmed infection clusters. Amend algorithms for managing suspected/confirmed cases, including for use at ports.

WHO PHASE 4 - PANDEMIC ALERT PERIOD

WHO PHASE 5 - PANDEMIC ALERT PERIOD

(BE FULLY PREPARED TO INITIATE AND IMPLEMENT RESPONSE ACTIONS)

				<ul style="list-style-type: none"> Fully characterise any viruses from UK cases and maintain database. Support local NHS investigation and management of incidents/clusters. Work with WHO to enhance surveillance, fully investigate, develop case definitions and consider seroprevalance studies if origin in the UK.
				<ul style="list-style-type: none"> Monitor international situation, using emerging epidemiological and other information to review pandemic models. Collaborate with international organisations to assess the epidemiology of the disease and efficiency of transmission. Ensure communications are integrated nationally with DH and locally with NHS and other partners. Increase awareness to enhance case detection and identification of entry of the virus into the UK at the earliest possible time. Establish routine for collecting, collating and analysing data and reporting for central government. Provide interpretation of surveillance data to avoid spurious reporting of outbreaks. Provide scientific and public health advice to DH. Review diagnostic capability and capacity for the virus, including for antiviral susceptibility, and roll out diagnostic tests/reagents as required. Development robust serological tests for assessment of susceptibility and immunity to new virus. Maintain heightened surveillance and database of UK cases. Maintain diagnostic and management algorithms and advise on management of suspected cases. Support local investigation and management of cases/outbreaks. Support NHS in implementing any vaccination programme.
		5		<ul style="list-style-type: none"> Attend meetings of LRRF/GCG as required.
	Nominated HPA Reps	4	5	<ul style="list-style-type: none"> Attend meetings of LRRF as required.
	Nominated LA Rep			<ul style="list-style-type: none"> Attend meetings of LRRF/GCG meetings
	London Local Authority Gold (LLAG)			<ul style="list-style-type: none"> Attend meetings of GCG as required. Activate LA Gold structures and procedure (through LLAG, LLACC). LLAG to attend meetings of the London (Pandemic Influenza) Gold Co-ordinating Group as required.
	Individual LA Chief Executives	4	5	<ul style="list-style-type: none"> In addition to LA EPOs, inform Directors of Children's Services and Coroner of Phase Change. Response plans should be ready for instant implementation. As required activate business continuity plans, working with key stakeholders. Activate regional and local coordination and communication arrangements.
	Individual LAs			<ul style="list-style-type: none"> Attend meetings of the IPC (Planning/Response) review plans in light of any new information and guidance. Within the IPC (Planning/ Response), review the categorisation of services essential and non-essential services.
	Children's Services Dept			<ul style="list-style-type: none"> Inform Schools and Childcare providers of Phase Change.
	Nominated London Councils Rep			<ul style="list-style-type: none"> Attend meetings of LRRF/GCG meetings
London Local Authorities				

WHO PHASE 4 -PANDEMIC ALERT PERIOD					
WHO PHASE 5 -PANDEMIC ALERT PERIOD					
(BE FULLY PREPARED TO INITIATE AND IMPLEMENT RESPONSE ACTIONS)					
Organisation	Lead Implementer	WHO Phase		Response Trigger	Key Actions & Outputs, in addition to those established in Phases 1 to 4
London Coroners	Nominated Coroners Rep	4	5	Notification of Phase Change by LRT	<ul style="list-style-type: none"> Attend meetings of LRRF/GCG as required.
				IPC (Planning/Response) meetings convened by PCT	<ul style="list-style-type: none"> Attend meetings of the IPC (Planning/Response) to review plans in light of any new information and guidance.
All London Schools & Childcare & Early Years Settings	Heads, Senior Managers, Proprietors	4	5	Notification of Phase change by Local Authority	<ul style="list-style-type: none"> Response plans should be ready for instant implementation. As required activate business continuity plans, working with key stakeholders. Activate regional and local coordination and communication arrangements.
Greater London Authority	GLA Group	4	5	Notification of Phase change by Local Authority	<ul style="list-style-type: none"> Response plans should be ready for instant implementation. As required activate business continuity plans, working with key stakeholders. Activate regional and local coordination and communication arrangements.
	The Mayor of London			LRT convene LRRF/GCG meetings	<ul style="list-style-type: none"> Attend meetings of LRRF/GCG as required. Deputise for the Minister when required.
Individual Police Forces	Individual Police Forces	4	5	Notification of Phase Change by HO / LRT / GLA	<ul style="list-style-type: none"> Response plans should be ready for instant implementation. As required activate business continuity plans, working with key stakeholders. Activate regional and local coordination and communication arrangements.
	Nominated Police Reps			LRT convene LRRF/GCG meetings	<ul style="list-style-type: none"> Attend meetings of LRRF/GCG as required.
				IPC (Planning/Response) meetings convened by PCT	<ul style="list-style-type: none"> Attend meetings of the IPC (Planning/Response) to review plans in light of any new information and guidance. Within the IPC (Planning/Response), review the categorisation of services essential and non-essential services.
London Fire Brigade	London Fire Brigade	4	5	Notification of Phase Change by LRT / GLA	<ul style="list-style-type: none"> Response plans should be ready for instant implementation. As required activate business continuity plans, working with key stakeholders. Activate regional and local coordination and communication arrangements.
	Nominated LFB Reps			LRT convene LRRF/GCG meetings	<ul style="list-style-type: none"> Attend meetings of LRRF/GCG as required.
				IPC (Planning/Response) meetings convened by PCT	<ul style="list-style-type: none"> Attend meetings of the IPC (Planning/Response) to review plans in light of any new information and guidance. Within the IPC (Planning/Response), review the categorisation of services essential and non-essential services.
London Fire Brigade, Emergency Planning	London Fire Brigade, Emergency Planning	4	5	Notification of Phase Change by LRT / GLA	<ul style="list-style-type: none"> Response plans should be ready for instant implementation. As required activate business continuity plans, working with key stakeholders. Activate regional and local coordination and communication arrangements. Facilitate LA Gold structures and procedures. In conjunction with duty LLAG, consider activation of LLACC for information dissemination collation.

WHO PHASE 4 - PANDEMIC ALERT PERIOD

WHO PHASE 5 - PANDEMIC ALERT PERIOD

(BE FULLY PREPARED TO INITIATE AND IMPLEMENT RESPONSE ACTIONS)

	Nominated LFB EP Rep			LRT convene LRRF/GCG meetings	<ul style="list-style-type: none"> Attend meetings of LRRF/GCG as required.
Transport Cell	Transport Cell	4	5	Notification of Phase Change by DfT / LRT / GLA	<ul style="list-style-type: none"> Response plans should be ready for instant implementation. As required activate business continuity plans, working with key stakeholders. Activate regional and local coordination and communication arrangements.
	Nominated Transport Reps			LRT convene LRRF/GCG meetings	<ul style="list-style-type: none"> Attend meetings of LRRF/GCG as required.
Utilities Cell	Utilities Cell	4	5	Notification of Phase Change by DTI / LRT	<ul style="list-style-type: none"> Response plans should be ready for instant implementation. As required activate business continuity plans, working with key stakeholders. Activate regional and local coordination and communication arrangements.
	Nominated Utilities Rep			LRT convene LRRF/GCG meetings	<ul style="list-style-type: none"> Attend meetings of LRRF/GCG as required.
Military Cell	Military Cell	4	5	Notification of Phase Change by MOD / LRT	<ul style="list-style-type: none"> Response plans should be ready for instant implementation. As required activate business continuity plans, working with key stakeholders. Activate regional and local coordination and communication arrangements.
	Nominated Military Reps			LRT convene LRRF/GCG meetings	<ul style="list-style-type: none"> Attend meetings of LRRF/GCG as required.
Media Cell	Media Cell	4	5	Notification of Phase Change by DCMS / GNN / LRT	<ul style="list-style-type: none"> Response plans should be ready for instant implementation. As required activate business continuity plans, working with key stakeholders. Activate regional and local coordination and communication arrangements.
	Nominated Media Reps			LRT convene LRRF/GCG meetings	<ul style="list-style-type: none"> Attend meetings of LRRF/GCG as required.
Voluntary Sector	Vol Orgs	4	5	Notification of Phase Change by LAs	<ul style="list-style-type: none"> Response plans should be ready for instant implementation. As required activate business continuity plans, working with key stakeholders. Activate regional and local coordination and communication arrangements.
	Nominated Vol Orgs Reps			LRT convene LRRF/GCG meetings	<ul style="list-style-type: none"> Attend meetings of LRRF/GCG as required.
				IPC (Planning/Response) meetings convened by PCT	<ul style="list-style-type: none"> Attend meetings of the IPC (Planning/Response) to review plans in light of any new information and guidance. Within the IPC (Planning/Response), review the categorisation of services essential and non-essential services.

SECTION 6 – PANDEMIC RESPONSE

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

- 6.1 Responding to the health, social care and wider challenges of an influenza pandemic requires the combined and co-ordinated effort, experience and expertise of all levels of government, public authorities/agencies and a wide range of private and voluntary organisations.
- 6.2 To ensure an effective response, each organisation needs to understand its responsibilities and how its activities feed into and relate to the work being undertaken by other organisations contributing to the response.
- 6.3 A summary of the response triggers and key actions to be undertaken by central Government and the London Resilience Partnership during Who Phase 6, UK Alert Levels 1 to 4, can also be found below (Table 5).

Summary of Roles and Responsibilities

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

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

Regional Civil Contingencies Committee (RCCC) ²

- 6.8 The LRRF Command and Control Protocol will form the backbone of the regional response to an influenza pandemic. This protocol sets out the mechanisms for dealing with an “emergency” as defined by the Civil Contingencies Act 2004. It details the strategic coordination arrangements for London’s response to an emergency that is “immediate impact” or, as in the case of pandemic influenza, “rising tide” in origin and the structure for pan-London strategic emergency planning.

² Drawn from London Command and Control Protocol agreed at May 2006 LRRF

- 6.9 Where it is considered that a regionally coordinated strategic response to a rising tide event or situation, such as a flu pandemic is necessary, the lead government department (LGD) will give instructions for the RCCC to be convened. An RCCC can also be convened, with the agreement of the LGD, following a request from a member of the London Regional Resilience Forum (LRRF). Requests from the LRRF to convene a level one RCCC should be made to LRT who will liaise with the appropriate LGD as appropriate.
- 6.10 Should there already be meetings of the London Resilience Partnership or Gold Coordinating Group in respect of regionally co-ordinating the strategic response to the pandemic, then that Partnership meeting or GCG will be designated as the London RCCC.
- 6.11 LRT will be responsible for convening the RCCC in London and will provide the necessary secretariat support and ensure that appropriate government departments and resilience partners are kept informed of developments.
- 6.12 The Activation and Action Chart (Table 5), sets out in detail the roles and responsibilities of RCCC member organisations across the different pandemic alert phases.
- 6.13 Briefly set out below is the role, the different levels and membership of an RCCC in London as set out by the LRRF Command and Control Protocol.

Role of the RCCC

- 6.14 The role of the RCCC is to:
- Take stock of the situation
 - Provide strategic overview and direction
 - Manage communication
 - Handle crises
- 6.15 During the pandemic phase, the RCCC may need to meet daily, in person or virtually. Organisations should identify within their business continuity plans deputies and second deputies for representatives on this group.
- 6.16 The RCCC will expect regular Situation Reports (Sitreps) from the organisations and network groups represented to inform its decisions.
- 6.17 The RCCC will communicate using designated spokespersons for London. These will be confirmed at the first meeting but the presumption is that the Mayor (as the 'Voice of London') will be the chief spokesperson and lead on communication with the public.
- 6.18 The RCCC will consider establishment of a Recovery Management Cell and monitor the economic impact of the pandemic in communication with the GLA.

Levels of RCCC Meeting

6.19 An RCCC can be convened at one of three levels:

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

Membership of the RCCC during a Flu Pandemic

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

Regional Operations Centre (ROC)

- 6.23 During a flu pandemic, when an RCCC is established, LRT will provide the Secretariat to the RCCC and act as the Government Liaison Team, and a ROC will be opened, as necessary. Activation of the ROC is determined by the LRT Duty Director on call at the time.
- 6.24 The aim of the ROC is to collate and maintain a strategic picture of the evolving situation through information gathering, assessment and distribution. The main outputs from the ROC will be Regional Situation Reports and, if necessary, accompanying Regional Impact Assessments. These reports will be shared widely between local responders, other regions and central government to aid decision making at all levels.
- 6.25 The ROC will provide a single point of contact between the local, regional and national response.
- 6.26 Through the ROC, LRT will: act as the Government's principal channel for information on consequence and recovery issues (including participation in the Government Liaison Team); provide the channel for requests for financial assistance from Local Authorities;

provide expert advice on London Resilience plans; and undertakes a facilitation role, as required, to assist the goals of Gold, or Government.

Local Resilience Forums (LRFs)

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

Table 5: Activation and Action Chart WHO Phase 6, UK Alert Levels 1- 4

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

WHO PHASE 6

PANDEMIC ALERT PERIOD

UK ALERT LEVELS NOW APPLY

Organisation	Lead Implementer	UK Alert Level	Response Trigger	Key Actions & Outputs, in addition to those established in Phases 1 to 5
		3 & 4	Notification of change in UK Alert Level by CMO	<ul style="list-style-type: none"> • Review planning assumptions in light of emerging information. • Review response plans in the light of changing assumptions. • Review clinical management guidelines in light of emerging information. • Review/Monitor antiviral and other pharmaceutical usage and address logistical/supply problems. • Monitor adverse reactions to antivirals (MHRA). • Review antiviral policies in light of usage and supply. • Provide regular media briefings. • Continue public information campaign, using all media. • Continue to monitor vaccine development/supply/policy options. • Monitor research.
All Government Departments		1	Notification of Phase change by DH.	<ul style="list-style-type: none"> • Inform Stakeholders to implement pandemic plans.
		2		<ul style="list-style-type: none"> • Fully activate government arrangements for managing and coordinating national response. • Monitor activation of response and business continuity plans. Initiate monitoring/reporting arrangements.
		3 & 4		<ul style="list-style-type: none"> • Manage and coordinate cross government response. • Develop national response strategy. • Assess impact on services, critical infrastructure etc. • Consider whether and if to invoke emergency powers. • Monitor maintenance of critical supplies/services and impacts on national infrastructure.
Government Office London	London Resilience Team	1	Notification of Phase change by DH/ Instruction from CCC.	<ul style="list-style-type: none"> • Convene a meeting of RCCC1. RCCC1 will meet regularly to maintain overview of the regional impacts in London, identify resource issues and promulgate policy and information to the public. RCCC1 will oversee implementation of mitigating actions prior to pandemic being declared in the UK in line with previous contingency planning; and review situation, update local stakeholders and establish the state of preparedness across the region. • Provide regional Sitreps to CCS/ CCC.
		2 - 4	Notification of Phase change by DH or instruction from RCCC1.	<ul style="list-style-type: none"> • Convene RCCC2. RCCC2 will meet regularly to maintain overview of the regional impacts in London, identify resource issues and promulgate policy and information to the public. RCCC2 will oversee implementation of mitigating actions prior to pandemic being declared in the UK in line with previous contingency planning; review situation, and update local stakeholders and establish the state of preparedness across the region. • Provide regional Sitreps to CCS/ CCC.
			Notification of principle decisions by CCC.	<ul style="list-style-type: none"> • Notify LLAG and Police that advice has been given to close schools/childcare facilities in areas affected by the pandemic. • Notify LLAG, Police and LAS that decision has been taken to place restrictions on social gatherings, such as sporting and arts events and conferences.
		3 & 4	Instruction by CCC.	<ul style="list-style-type: none"> • RCCC Level 3 may be called following the formal declaration of a decision to take special legislative measures (emergency powers) under part 2 of the Civil

WHO PHASE 6

PANDEMIC ALERT PERIOD

UK ALERT LEVELS NOW APPLY

Organisation	Lead Implementer	UK Alert Level	Response Trigger	Key Actions & Outputs, in addition to those established in Phases 1 to 5
				Contingencies Act 2004. Level 3 meetings would be chaired by the Regional Nominated Coordinator. • Provide regional Sitreps to CCS/ CCC.
	Regional Director	1	RCCC1 meeting convened by LRT.	• May be required to Chair RCCC1 if asked by the Minister for Local Government/Minister for London and the Olympics. RCCC1 will meet regularly to maintain overview of the regional impacts in London, identify resource issues and promulgate policy and information to the public. RCCC1 will oversee implementation of mitigating actions prior to pandemic being declared in the UK in line with previous contingency planning; review situation, update local stakeholders and establish the state of preparedness across the region; and provide regional Sitreps to CCS/ CCC.
		2 - 4	RCCC2 meeting convened by LRT.	• May be required to Chair RCCC2 if asked by the Minister for Local Government/Minister for London and the Olympics. RCCC2 will meet regularly to maintain overview of the regional impacts in London, identify resource issues and promulgate policy and information to the public. RCCC2 will oversee implementation of mitigating actions prior to pandemic being declared in the UK in line with previous contingency planning; review situation, update local stakeholders and establish the state of preparedness across the region; and provide regional Sitreps to CCS/ CCC.
		3 & 4	If RCCC3 meeting convened by LRT.	• RCCC Level 3 may be called following the formal declaration of a decision to take special legislative measures (emergency powers) under part 2 of the Civil Contingencies Act 2004. Level 3 meetings would be chaired by the Regional Nominated Coordinator.
DH/GoL	Govt Liaison Officer	1 - 4	Formation of RCCC1	• Liaise between RCCC, other Government Departments and other regions, as necessary.
Minister for Local Government/Minister for the Olympics and London		1	RCCC1 meeting convened by LRT	• Chair RCCC1 or nominate alternative Chair (most likely Regional Director at Government Office London). RCCC1 will meet regularly to maintain overview of the regional impacts in London, identify resource issues and promulgate policy and information to the public. RCCC1 will oversee implementation of mitigating actions prior to pandemic being declared in the UK in line with previous contingency planning; review situation, update local stakeholders and establish the state of preparedness across the region; and provide regional Sitreps to CCS/ CCC.
		2 - 4	RCCC2 meeting convened by LRT	• Chair RCCC2 if available. RCCC2 will meet regularly.
		3 & 4	If RCCC3 meeting convened by LRT	• RCCC Level 3 may be called following the formal declaration of a decision to take special legislative measures (emergency powers) under part 2 of the Civil Contingencies Act 2004. Level 3 meetings would be chaired by the Regional Nominated Coordinator.
Environment Agency		1	RCCC1 meeting convened by LRT	• Attend RCCC1. RCCC1 will meet regularly to maintain overview of the regional impacts in London, identify resource issues and promulgate policy and information to the public. RCCC1 will oversee implementation of mitigating actions prior to pandemic being declared in the UK in line with previous contingency planning; review situation, update local stakeholders and establish the state of preparedness across the state of preparedness across the region; and provide regional Sitreps to CCS/ CCC.

WHO PHASE 6

PANDEMIC ALERT PERIOD

UK ALERT LEVELS NOW APPLY

Organisation	Lead Implementer	UK Alert Level	Response Trigger	Key Actions & Outputs, in addition to those established in Phases 1 to 5
		1 - 4	Notification of UK Alert level change by LRT	<ul style="list-style-type: none"> Support the lead government organisation. Undertake general duty to protect the environment. Provide resources to multi-agency response wherever possible, that does not compromise their own regulatory responsibilities. Provide advice and guidance on waste management issues. Provide advice and guidance on protection of controlled waters.
		2 - 4	RCCC2 meeting convened by LRT	<ul style="list-style-type: none"> Attend RCCC2. RCCC2 will meet regularly.
		3 & 4	If RCCC3 meeting convened by LRT	<ul style="list-style-type: none"> RCCC Level 3 may be called following the formal declaration of a decision to take special legislative measures (emergency powers) under part 2 of the Civil Contingencies Act 2004. Level 3 meetings would be chaired by the Regional Nominated Coordinator.
NHS London	Director of Public Health for London or Rep	1 - 4	RCCC1 meeting convened by LRT	<ul style="list-style-type: none"> Attend RCCC1. Communicate escalation of UK Alert Levels to RCCC1. Provide health advice and information and forward monitoring information to assist deliberations. RCCC1 will meet regularly to maintain overview of the regional impacts in London, identify resource issues and promulgate policy and information to the public. RCCC1 will oversee implementation of mitigating actions prior to pandemic being declared in the UK in line with previous contingency planning; review situation, update local stakeholders and establish the state of preparedness across the region; and provide regional Sitreps to CCS/CCC.
	NHS London		Notification of WHO Phase change by DH	<ul style="list-style-type: none"> Notify all NHS organisations in London and relevant health agencies of change in WHO Phase. Provide the general oversight and coordination of the health response within London, ensuring the most effective deployment of available resources. Ensure clear and timely dissemination of information on national and regional guidance, e.g. use of antiviral agents and other relevant matters. Act as a conduit for information and instructions from DH to the local NHS. Provide accurate, timely and authoritative advice and information to professionals, the public and the media as these are developed nationally, whilst supporting media handling and the provision of public information. Ensure arrangements are in place for identification, investigation, management and reporting of first UK cases. Prepare for imminent implementation of pandemic plans, and move to essential care only. Coordinate and present regular Sitrep on NHS in London.
			Issue of antiviral stockpile by DH	<ul style="list-style-type: none"> National stockpile of antivirals may be pre-distributed to PCTs at Phases 5 or 6 but not made available until UK Alert Level 2.
	NHS London Influenza Strategic Mgt Group (NHS LISMG)		Notification of WHO Phase change by DH	<ul style="list-style-type: none"> NHS London Influenza Strategic Management Group will convene immediately and then regularly to coordinate and support the response of NHS organisations in London and relevant health agencies as required. The Influenza Steering Group will disseminate epidemiological and operational guidance and strategic direction to all NHS organisations in London and relevant health agencies.

WHO PHASE 6

PANDEMIC ALERT PERIOD

UK ALERT LEVELS NOW APPLY

Organisation	Lead Implementer	UK Alert Level	Response Trigger	Key Actions & Outputs, in addition to those established in Phases 1 to 5
	Director of Public Health for London or rep		RCCC2 meeting convened by LRT	<ul style="list-style-type: none"> Attend RCCC2. RCCC2 will meet regularly. Communicate escalation of UK Alert Levels to RCCC2. Ensure appropriate action is taken in London to address Pandemic flu from a public health perspective. Advise on strategic risk from infectious disease perspective. Work with Regional HPA Director to provide public health support and leadership to RCCC, and public health input to Communication Group. Ensure 24hr capability to support DH & SHA and where necessary direct and coordinate public health resources in responding. Sign off any public health messages to be communicated to the public by RCCC/Communications group
	NHS London		Notification of UK Alert level change by DH	<ul style="list-style-type: none"> Liaise with Department of Health Pandemic Team Notify all NHS organisations in London and relevant health agencies of change in UK Alert Level. Manage initial cases and contacts as advised. Cooperate with HPA to investigate, report and treat the first 100-200 cases. Collate and forward monitoring information in an agreed format, possibly situation reports on the current position within London. Liaise with DH over public communications about suspected/confirmed cases. Liaise with the DH to support the local effort, securing mutual aid nationally or internally if required. Ensure provision for a 24 hour a day emergency response (when deemed necessary). Adapt response according to capacity. Maintain local public information on health access, local policies (e.g. school closures).
			Instruction from DH	<ul style="list-style-type: none"> Activate pandemic preparedness plans and move to essential care only when advised by DH. Make antivirals available through PCT.
	Director of Public Health for London or rep	3 & 4	If RCCC3 meeting convened by LRT	<ul style="list-style-type: none"> RCCC Level 3 may be called following the formal declaration of a decision to take special legislative measures (emergency powers) under part 2 of the Civil Contingencies Act 2004. Level 3 meetings would be chaired by the Regional Nominated Coordinator.
Local Health Community	PCT Control Team	1	Issue of antiviral stockpile by DH	<ul style="list-style-type: none"> National stockpile of antivirals may be pre-distributed to PCTs at Phases 5 or 6 but not made available until UK Alert Level 2.
	PCTs Acute Trusts Mental Health Trusts	1 - 4	Notification of change in WHO Phase by NHS London	<ul style="list-style-type: none"> Implement organisations' business continuity plans. Collate internal information for all situation reporting. Forward monitoring information in an agreed format to NHS London. PCT to convene and chair IPC (Response) meetings. Other health trusts to attend. Hold IPC (Response) meetings weekly initially, with an escalation of the frequency of the meetings as the UK Alert level rises. Assess, discuss and note the epidemiological and operational guidance and strategic direction provided by the NHS London Influenza Steering Group and provide direction for local operational management teams. Provide the local oversight and coordination of the health response within the PCT area, ensuring the most effective deployment of available resources. Meet regularly to review incoming information from all partners and make decisions relating to health, social care and community issues. Share information. Monitor capacity against projected impact. Adjust plans according to epidemiological data,

WHO PHASE 6

PANDEMIC ALERT PERIOD

UK ALERT LEVELS NOW APPLY

Organisation	Lead Implementer	UK Alert Level	Response Trigger	Key Actions & Outputs, in addition to those established in Phases 1 to 5
		2 - 4		<ul style="list-style-type: none"> • Maintain daily assessments of spread, and impact on services. • Review planning assumptions in light of emerging information. • Review response plans in the light of changing assumptions. • Issue antivirals through agreed distribution mechanisms.
London Ambulance Service	Nominated LAS Rep	1	RCCC1 meeting convened by LRT	<ul style="list-style-type: none"> • Attend RCCC1. RCCC1 will meet regularly to maintain overview of the regional impacts in London, identify resource issues and promulgate policy and information to the public. RCCC1 will oversee implementation of mitigating actions prior to pandemic being declared in the UK in line with previous contingency planning; review situation, update local stakeholders and establish the state of preparedness across the region; and provide regional Sitreps to CCS/ CCC.
	London Ambulance Service		Notification of UK Alert level change by NHS London	<ul style="list-style-type: none"> • Implement organisations' business continuity plans.
	Local London Ambulance Service Reps	1 - 4	PCT convenes meeting of IPC (Response)	<ul style="list-style-type: none"> • Attend IPC (Response) meeting. IPCs (Response) will initially meet weekly with an escalation of the frequency of the meetings as the UK Alert level rises.
	Nominated LAS Rep	2 - 4	RCCC2 meeting convened by LRT	<ul style="list-style-type: none"> • Attend RCCC2. RCCC2 will meet regularly. At RCCC2 level LAS Gold will: coordinate and present regular Sitrep on LAS in London; assess and communicate risks to RCCC; and oversee continuity of delivery of ambulance services in London.
		3 & 4	If RCCC3 meeting convened by LRT	<ul style="list-style-type: none"> • RCCC Level 3 may be called following the formal declaration of a decision to take special legislative measures (emergency powers) under part 2 of the Civil Contingencies Act 2004. Level 3 meetings would be chaired by the Regional Nominated Coordinator.
Health Protection Agency	HPA		Notification of WHO Phase change by DH	<ul style="list-style-type: none"> • Finalise algorithms for management and reporting of initial UK cases. • Establish official level daily teleconferences of relevant HPA-wide and DA health protection staff. • Enhance surveillance in groups likely to be exposed to infection. • Prepare to implement research protocols.
	Nominated HPA Rep		RCCC1 meeting convened by LRT	<ul style="list-style-type: none"> • Attend RCCC1. RCCC1 will meet regularly to maintain overview of the regional impacts in London, identify resource issues and promulgate policy and information to the public. RCCC1 will oversee implementation of mitigating actions prior to pandemic being declared in the UK in line with previous contingency planning; review situation, update local stakeholders and establish the state of preparedness across the region; and provide regional Sitreps to CCS/ CCC.
	HPA	2	No of suspected/confirmed cases triggers need to inform CMO of need for Alert level change.	<ul style="list-style-type: none"> • Notify CMO of suspected/confirmed cases and agree change in UK alert level.
			Confirmation of change in UK Alert Level by DH	<ul style="list-style-type: none"> • Ensure first 100-200 cases reported and entered in avian influenza database, including outcome of treatment. • Produce detailed antigenic and genetic characterisation of all novel UK influenza viruses and compare them with those from other countries.

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PANDEMIC ALERT PERIOD

UK ALERT LEVELS NOW APPLY

Organisation	Lead Implementer	UK Alert Level	Response Trigger	Key Actions & Outputs, in addition to those established in Phases 1 to 5
				<ul style="list-style-type: none"> • Produce daily international and UK situation reports to DH, to fit with battle rhythm. • Use emerging epidemiological and other data to refine modelling projections and inform policy. • Support PCT co-ordination of antiviral distribution arrangements. • Monitor research projects.
	Nominated HPA Rep		RCCC2 meetings convened by LRT	<ul style="list-style-type: none"> • Attend RCCC2. RCCC2 will meet regularly to maintain overview of the regional impacts in London, identify resource issues and promulgate policy and information to the public. RCCC2 will oversee implementation of mitigating actions prior to pandemic being declared in the UK in line with previous contingency planning; review situation, update local stakeholders and establish the state of preparedness across the region; and provide regional Sitreps to CCS/ CCC.
	HPA	3 & 4	Confirmation of change in UK Alert Level by DH	<ul style="list-style-type: none"> • Change surveillance to reporting of aggregate data to agreed protocols. • Assess efficacy of interventions. • Monitor effectiveness of antivirals. • Collate information on bacteria causing complications (community and hospital). • If appropriate, monitor vaccine uptake.
	Nominated HPA Rep		If RCCC3 meetings convened by LRT	<ul style="list-style-type: none"> • RCCC Level 3 may be called following the formal declaration of a decision to take special legislative measures (emergency powers) under part 2 of the Civil Contingencies Act 2004. Level 3 meetings would be chaired by the Regional Nominated Coordinator.
London Local Authorities	LLAG	1 - 4	Notification of UK Alert level change by LRT.	<ul style="list-style-type: none"> • Ensure all Boroughs are aware of Alert Level Change.
	LLAG & London Councils Rep		RCCC1 meeting convened by LRT.	<ul style="list-style-type: none"> • Attend RCCC1. RCCC1 will meet regularly to maintain overview of the regional impacts in London, identify resource issues and promulgate policy and information to the public. RCCC1 will oversee implementation of mitigating actions prior to pandemic being declared in the UK in line with previous contingency planning; review situation, update local stakeholders and establish the state of preparedness across the region; and provide regional Sitreps to CCS/ CCC.
	Individual LA Chief Executives		Notification of UK Alert level change by LLACC	<ul style="list-style-type: none"> • In addition to LA EPOs, inform Directors of Children's Services and Coroner of Phase Change. • Implement organisations' business continuity plans. Work with LA Gold to remain informed of and develop strategy to implement RCCC decisions relating to them. Provide regular Sitrep to LA Gold. Track areas with implications for post-pandemic recovery.
	Children's Services Departments		Notification of UK Alert level change by LA CE	<ul style="list-style-type: none"> • Inform Schools and Childcare providers of Phase Change.
	Individual LAs		PCT convenes meetings of IPC (Response)	<ul style="list-style-type: none"> • Attend IPC (Response) meetings. IPCs (Response) will initially meet weekly with an escalation of the frequency of the meetings as the UK Alert level rises.
	LLAG & London Councils Rep	2 - 4	RCCC2 meetings convened by LRT	<ul style="list-style-type: none"> • Attend RCCC2. RCCC2 will meet regularly. Once RCCC Level 2/3 is established LA Gold will: create and monitor the delivery of a regional local authority strategy; coordinate and present regular Sitrep on Local Authorities in London; assess and communicate risks to RCCC; oversee continuity of delivery of Local Authority functions in London boroughs; and communicate information from

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UK ALERT LEVELS NOW APPLY

Organisation	Lead Implementer	UK Alert Level	Response Trigger	Key Actions & Outputs, in addition to those established in Phases 1 to 5
				Recovery Management Cell.
	LLAG		LRT Notification of Govt advice to close schools in areas affected by pandemic by LRT	<ul style="list-style-type: none"> Notify LA Chief Executives of Government advice to close schools in areas affected by pandemic.
			LRT Notification of CCC principle decision	<ul style="list-style-type: none"> Notify LA Chief Executives of CCC principle decision to place restrictions on social gatherings such as sporting and arts events and conferences.
			Notification from LLAG re school closures	<ul style="list-style-type: none"> Notify Directors of Children's Services of Government advice to close schools in areas affected by pandemic.
			Notification from LA CE re school closures	<ul style="list-style-type: none"> Children's Services Departments inform schools and childcare providers about Government advice to close schools in areas affected by pandemic.
	LLAGG & London Councils Rep	3 & 4	If RCCC3 meetings convened by LRT	<ul style="list-style-type: none"> RCCC Level 3 may be called following the formal declaration of a decision to take special legislative measures (emergency powers) under part 2 of the Civil Contingencies Act 2004. Level 3 meetings would be chaired by the Regional Nominated Coordinator.
London Coroners	Nominated Coroners Rep	1	RCCC1 meetings convened by LRT	<ul style="list-style-type: none"> Attend RCCC1. RCCC1 will meet regularly to maintain overview of the regional impacts in London, identify resource issues and promulgate policy and information to the public. RCCC1 will oversee implementation of mitigating actions prior to pandemic being declared in the UK in line with previous contingency planning; review situation, update local stakeholders and establish the state of preparedness across the region; and provide regional Sitreps to CCS/ CCC.
	Individual Coroner's Offices	1- 4	Notification of UK Alert level change by LRT	<ul style="list-style-type: none"> Implement organisations' business continuity plans.
	Nominated Coroners Rep	2 - 4	PCT convenes meetings of IPC (Response)	<ul style="list-style-type: none"> Convene IPC (Response) meeting. IPCs (Response) will initially meet weekly with an escalation of the frequency of the meetings as the UK Alert level rises.
			RCCC2 meetings convened by LRT	<ul style="list-style-type: none"> Attend RCCC2. RCCC2 will meet regularly to maintain overview of the regional impacts in London, identify resource issues and promulgate policy and information to the public. RCCC2 will oversee implementation of mitigating actions; review situation, update local stakeholders and establish the state of preparedness across the region; and provide regional Sitreps to CCS/ CCC.
		3 & 4	If RCCC3 meetings convened by LRT	<ul style="list-style-type: none"> RCCC Level 3 may be called following the formal declaration of a decision to take special legislative measures (emergency powers) under part 2 of the Civil Contingencies Act 2004. Level 3 meetings would be chaired by the Regional Nominated Coordinator.
All London Schools and Childcare Providers	Individual London Schools and Childcare Providers.	1- 4	Notification of UK Alert level change by LA Children's Services Departments	<ul style="list-style-type: none"> Implement organisations' business continuity plans.
		2- 4	Notification from LA Children's Services Departments re school closures	<ul style="list-style-type: none"> Schools and childcare deciders to make final decision on whether to close.
	The Mayor of London or Nominated GLA Rep	1- 4	RCCC1 /2 meetings convened by LRT	<ul style="list-style-type: none"> Attend RCCC1/2. RCCC1/2 will meet regularly to maintain overview of the regional impacts in London, identify resource issues and promulgate policy and information to the public. RCCC1/2 will oversee

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UK ALERT LEVELS NOW APPLY

Organisation	Lead Implementer	UK Alert Level	Response Trigger	Key Actions & Outputs, in addition to those established in Phases 1 to 5
Greater London Authority				<p>implementation of mitigating actions in line with previous contingency planning; review situation, update local stakeholders and establish the state of preparedness across the region; and provide regional Sitreps to CCS/ CCC.</p> <ul style="list-style-type: none"> • Provide support and deputisation for the Minister at RCCC level 1 & 2. • Provide leadership for GLA Family. • Act as communication spokesperson for RCCC with the general public across London.
	GLA Group	1	Notification of UK Alert level change by LRT	<ul style="list-style-type: none"> • Implement organisations' business continuity plans. • Monitor pandemic progress, including Department of Health position • Respond to external queries • Communicate with stakeholders • GLA Group to convene internal Gold meeting. • Brief GLA GOLD chair and Director of Finance and Performance (GLA) • Implement command structure (including putting all involved in implementation on call)
	Project team			<ul style="list-style-type: none"> • Initiate further work on assessment and distribution strategy
	GLA Group	2		<ul style="list-style-type: none"> • Review of preparedness.
	GLA (Internal) GOLD			<ul style="list-style-type: none"> • Decision to trigger business continuity plan (if GOLD convened).
	GLA (Internal) SILVER/ GOLD	3		<ul style="list-style-type: none"> • Hold regular update meetings
	GLA Group			<ul style="list-style-type: none"> • Liaise with LRRF/RCCC (London Regional Resilience Forum/Regional Civil Contingencies Committee) • Initiate external background briefings (if required) • Initiate joint press conference
	GLA GOLD (Internal)			<ul style="list-style-type: none"> • Brief senior managers across GLA Group • Activate business continuity plans GOLD
	GLA SILVER (Internal)	4		<ul style="list-style-type: none"> • Mobilise and brief BRONZE
	GLA GOLD/SILVER (Internal)			<ul style="list-style-type: none"> • Mobilise identified personnel including volunteers for admin duties
	The Mayor of London or Nominated GLA Rep	3 & 4		If RCCC3 meetings convened by LRT
Individual Police Forces	Nominated Police Reps	1	RCCC1 meetings convened by LRT	<ul style="list-style-type: none"> • Attend RCCC1. RCCC1 will meet regularly to maintain overview of the regional impacts in London, identify resource issues and promulgate policy and information to the public. RCCC1 will oversee implementation of mitigating actions prior to pandemic being declared in the UK in line with previous contingency planning; review situation, update local stakeholders and establish the state of preparedness across the region; and provide regional Sitreps to CCS/ CCC.
	Individual Police Forces	1- 4	Notification of UK Alert level change by LRT	<ul style="list-style-type: none"> • Implement organisations' business continuity plans.

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UK ALERT LEVELS NOW APPLY

Organisation	Lead Implementer	UK Alert Level	Response Trigger	Key Actions & Outputs, in addition to those established in Phases 1 to 5	
	Nominated Local Borough Police Reps		PCT convenes meetings of IPC (Response)	<ul style="list-style-type: none"> Attend IPC (Response) meetings. IPCs (Response) will initially meet weekly with an escalation of the frequency of the meetings as the UK Alert level rises. 	
	Nominated Police Reps	2- 4	RCCC2 meetings convened by LRT	<ul style="list-style-type: none"> Attend RCCC2. RCCC2 will meet regularly. At RCCC2 level, Police Gold will: Coordinate and present regular Sitrep on Police in London; assess and communicate risks to RCCC; and oversee continuity of delivery of police function in London. 	
	Nominated Police Reps	3 & 4	If RCCC3 meetings convened by LRT	<ul style="list-style-type: none"> RCCC Level 3 may be called following the formal declaration of a decision to take special legislative measures (emergency powers) under part 2 of the Civil Contingencies Act 2004. Level 3 meetings would be chaired by the Regional Nominated Coordinator. 	
London Fire Brigade	Nominated LFB Representative	1	RCCC1 meetings convened by LRT	<ul style="list-style-type: none"> Attend RCCC1. RCCC1 will meet regularly to maintain overview of the regional impacts in London, identify resource issues and promulgate policy and information to the public. RCCC1 will oversee implementation of mitigating actions prior to pandemic being declared in the UK in line with previous contingency planning; review situation, update local stakeholders and establish the state of preparedness across the region; and provide regional Sitreps to CCS/ CCC. 	
	London Fire Brigade		Notification of UK Alert level change by LRT	<ul style="list-style-type: none"> Implement LFB's business continuity plans. 	
	Local Nominated LFB Reps		1- 4	PCT convenes meetings of IPC (Response)	<ul style="list-style-type: none"> Attend IPC (Response) meetings. IPCs (Response) will initially meet weekly with an escalation of the frequency of the meetings as the UK Alert level rises.
			2- 4	RCCC2 meetings convened by LRT	<ul style="list-style-type: none"> Attend RCCC2. RCCC2 will meet regularly. At RCCC2 level, Fire Gold will: coordinate and present regular Sitreps on Fire services in London; assess and communicate risks to RCCC; and oversee continuity of delivery of fire services in London.
			3 & 4	If RCCC3 meetings convened by LRT	<ul style="list-style-type: none"> RCCC Level 3 may be called following the formal declaration of a decision to take special legislative measures (emergency powers) under part 2 of the Civil Contingencies Act 2004. Level 3 meetings would be chaired by the Regional Nominated Coordinator.
London Fire Brigade, Emergency Planning	Nominated Emergency Planning Department Representative	1	RCCC1 meetings convened by LRT	<ul style="list-style-type: none"> Attend RCCC1 in support of LAs and LLAG arrangements. RCCC1 will meet regularly to maintain overview of the regional impacts in London, identify resource issues and promulgate policy and information to the public. RCCC1 will oversee implementation of mitigating actions prior to pandemic being declared in the UK in line with previous contingency planning; review situation, update local stakeholders and establish the state of preparedness across the region; and provide regional Sitreps to CCS/ CCC. 	
	Gold Office Team		Notification of UK Alert level change by LRT	<ul style="list-style-type: none"> In conjunction with duty LLAG, consider activation of LLACC for information dissemination and collation. 	
		1 - 4		<ul style="list-style-type: none"> Facilitate LA Gold structures and procedure. 	
	Nominated Emergency Planning Unit Representative	2 - 4	RCCC2 meetings convened by LRT	<ul style="list-style-type: none"> Attend RCCC2 in support of LAs and LLAG arrangements. RCCC2 will meet regularly to maintain overview of the regional impacts in London, identify resource issues and promulgate policy and information 	

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UK ALERT LEVELS NOW APPLY

Organisation	Lead Implementer	UK Alert Level	Response Trigger	Key Actions & Outputs, in addition to those established in Phases 1 to 5	
				to the public. RCCC2 will oversee implementation of mitigating actions in line with previous contingency planning; review situation, update local stakeholders and establish the state of preparedness across the region; and Provide regional SITREPS to CCS/ CCC.	
		3 & 4	If RCCC3 meetings convened by LRT	<ul style="list-style-type: none"> Attend RCCC3 in support of LAs and LLAG arrangements. RCCC Level 3 may be called following the formal declaration of a decision to take special legislative measures (emergency powers) under part 2 of the Civil Contingencies Act 2004. Level 3 meetings would be chaired by the Regional Nominated Coordinator. 	
Transport Cell	Nominated Transport Representative	1	RCCC1 meetings convened by LRT	<ul style="list-style-type: none"> Attend RCCC1. RCCC1 will meet regularly to maintain overview of the regional impacts in London, identify resource issues and promulgate policy and information to the public. RCCC1 will oversee implementation of mitigating actions prior to pandemic being declared in the UK in line with previous contingency planning; review situation, update local stakeholders and establish the state of preparedness across the region; and provide regional Sitreps to CCS/ CCC. 	
	TfL		Direction from GLA	<ul style="list-style-type: none"> Implement GLA command structure (including putting all involved in implementation on call) 	
	Transport Cell	1- 4	Notification of UK Alert level change by LRT	<ul style="list-style-type: none"> Implement organisations' business continuity plans. Work with Transport Gold to remain informed of and develop strategy to implement RCCC decisions. Implement Pandemic resilience/continuity plans. Provide regular Sitreps to Transport Gold. Track areas with implications for post-pandemic recovery. 	
	Nominated Transport Representative		2	RCCC2 meetings convened by LRT	<ul style="list-style-type: none"> Attend RCCC2. RCCC2 will meet regularly. Once RCCC Level 2 is established Transport Gold will: coordinate and present regular Sitrep on Transport in London; assess and communicate risks to RCCC; and oversee continuity of delivery of transport functions across London.
			3 & 4	If RCCC3 meetings convened by LRT	<ul style="list-style-type: none"> RCCC Level 3 may be called following the formal declaration of a decision to take special legislative measures (emergency powers) under part 2 of the Civil Contingencies Act 2004. Level 3 meetings would be chaired by the Regional Nominated Coordinator.
	TfL	4	Direction from GLA	<ul style="list-style-type: none"> Activate GLA assessment centres Activate GLA distribution hubs 	
Utilities Cell	Nominated Utilities Representative	1	RCCC1 meetings convened by LRT	<ul style="list-style-type: none"> Attend RCCC1. RCCC1 will meet regularly to maintain overview of the regional impacts in London, identify resource issues and promulgate policy and information to the public. RCCC1 will oversee implementation of mitigating actions prior to pandemic being declared in the UK in line with previous contingency planning; review situation, update local stakeholders and establish the state of preparedness across the region; and provide regional Sitreps to CCS/ CCC. 	
	Utilities Cell		1- 4	Notification of UK Alert level change by LRT	<ul style="list-style-type: none"> Implement organisations' business continuity plans. Work with Utilities Gold to remain informed of and develop strategy to implement RCCC decisions. Provide regular Sitreps to Utilities Gold. Track areas with implication for post-pandemic recovery.
	Nominated Utilities Representative	2- 4		RCCC2 meetings convened by LRT	<ul style="list-style-type: none"> Attend RCCC2. RCCC2 will meet regularly to maintain overview of the regional impacts in London, identify resource issues and promulgate policy and information to the public. RCCC2 will oversee implementation of

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UK ALERT LEVELS NOW APPLY

Organisation	Lead Implementer	UK Alert Level	Response Trigger	Key Actions & Outputs, in addition to those established in Phases 1 to 5
				mitigating actions in line with previous contingency planning; review situation, update local stakeholders and establish the state of preparedness across the region; and provide regional Sitreps to CCS/ CCC.
		3 & 4	If RCCC3 meetings convened by LRT	<ul style="list-style-type: none"> RCCC Level 3 may be called following the formal declaration of a decision to take special legislative measures (emergency powers) under part 2 of the Civil Contingencies Act 2004. Level 3 meetings would be chaired by the Regional Nominated Coordinator.
Military Cell	Nominated Military Representative	1	RCCC1 meetings convened by LRT	<ul style="list-style-type: none"> Attend RCCC1. RCCC1 will meet regularly to maintain overview of the regional impacts in London, identify resource issues and promulgate policy and information to the public. RCCC1 will oversee implementation of mitigating actions in line with previous contingency planning; review situation, update local stakeholders and establish the state of preparedness across the region; and provide regional S to CCS/ CCC.
	Military Cell	1- 4	Notification of UK Alert level change by LRT	<ul style="list-style-type: none"> Implement organisations' business continuity plans.
	Nominated Military Representative	2- 4	RCCC2 meetings convened by LRT	<ul style="list-style-type: none"> Attend RCCC2. RCCC2 will meet regularly to maintain overview of the regional impacts in London, identify resource issues and promulgate policy and information to the public. RCCC2 will oversee implementation of mitigating actions in line with previous contingency planning; review situation, update local stakeholders and establish the state of preparedness across the region; and provide regional Sitreps to CCS/ CCC.
		3 & 4	If RCCC3 meetings convened by LRT	<ul style="list-style-type: none"> RCCC Level 3 may be called following the formal declaration of a decision to take special legislative measures (emergency powers) under part 2 of the Civil Contingencies Act 2004. Level 3 meetings would be chaired by the Regional Nominated Coordinator.
Media Cell	Nominated Media Representative	1	RCCC1 meetings convened by LRT	<ul style="list-style-type: none"> Attend RCCC1. RCCC1 will meet regularly to maintain overview of the regional impacts in London, identify resource issues and promulgate policy and information to the public. RCCC1 will oversee implementation of mitigating actions prior to pandemic being declared in the UK in line with previous contingency planning; review situation, update local stakeholders and establish the state of preparedness across the region; and provide regional Sitreps to CCS/ CCC.
	Media Cell	1- 4	Notification of UK Alert level change by LRT	<ul style="list-style-type: none"> Ensure a co-ordinated strategy for media handling and communicating with the public (respond to media queries; handle requests for media interviews (regional level); brief media on a regular basis). Provide co-ordination between frontline responders and Government Provide regular Sitrep to Media Gold on communications in London, reviewing media outputs. Work with Media Gold to remain informed of and develop strategy to implement RCCC decisions. Provide accurate timely and consistent information, messages and lines to take to partner organisations for the media and public information, consistent with the messages being disseminated by DH or News Co-ordination Centre

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UK ALERT LEVELS NOW APPLY

Organisation	Lead Implementer	UK Alert Level	Response Trigger	Key Actions & Outputs, in addition to those established in Phases 1 to 5	
				<ul style="list-style-type: none"> Support Mayor and other key spokespersons for London. 	
	Nominated Media Representative	2- 4	RCCC2 meetings convened by LRT	<ul style="list-style-type: none"> Attend RCCC2. RCCC2 will meet regularly to maintain overview of the regional impacts in London, identify resource issues and promulgate policy and information to the public. RCCC2 will oversee implementation of mitigating actions in line with previous contingency planning; review situation, update local stakeholders and establish the state of preparedness across the region; and provide regional Sitreps to CCS/ CCC. 	
		3 & 4	If RCCC3 meetings convened by LRT	<ul style="list-style-type: none"> RCCC Level 3 may be called following the formal declaration of a decision to take special legislative measures (emergency powers) under part 2 of the Civil Contingencies Act 2004. Level 3 meetings would be chaired by the Regional Nominated Coordinator. 	
Voluntary Organisations	Nominated Voluntary Organisation Rep	1	RCCC1 meetings convened by LRT	<ul style="list-style-type: none"> Attend RCCC1. RCCC1 will meet regularly to maintain overview of the regional impacts in London, identify resource issues and promulgate policy and information to the public. RCCC1 will oversee implementation of mitigating actions prior to pandemic being declared in the UK in line with previous contingency planning; review situation, update local stakeholders and establish the state of preparedness across the region; and provide regional Sitreps to CCS/ CCC. 	
	Voluntary Organisations	1- 4	Notification of UK Alert level change by LRT	<ul style="list-style-type: none"> Implement organisations' business continuity plans. 	
	Vol Org Reps		PCT convenes meetings of IPC (Response)	<ul style="list-style-type: none"> Attend IPC (Response) meeting. IPCs (Response) will initially meet weekly with an escalation of the frequency of the meetings as the UK Alert level rises. 	
		Nominated Voluntary Organisation Rep	2- 4	RCCC2 meetings convened by LRT	<ul style="list-style-type: none"> Attend RCCC2. RCCC2 will meet regularly to maintain overview of the regional impacts in London, identify resource issues and promulgate policy and information to the public. RCCC2 will oversee implementation of mitigating actions in line with previous contingency planning; review situation, update local stakeholders and establish the state of preparedness across the region; and provide regional Sitreps to CCS/ CCC.
			3 & 4	If RCCC3 meetings convened by LRT	<ul style="list-style-type: none"> RCCC Level 3 may be called following the formal declaration of a decision to take special legislative measures (emergency powers) under part 2 of the Civil Contingencies Act 2004. Level 3 meetings would be chaired by the Regional Nominated Coordinator.

SECTION 7 – REPORTS AND RETURNS

- 7.1 Information is crucial to the understanding, surveillance and response to any rising tide scenario and for pandemic flu this is particularly important, as the inter-dependencies of agencies on each others continued resilience over potentially several months will become crucial.
- 7.2 London is divided by organisations in many different ways and it is important that information is collated and delivered to the Gold Command representatives at RCCC in a timely and co-ordinated fashion, so that it can be reviewed at a regional level to identify potential issues and strategic weaknesses. The RCCC will then be enabled to make effective and informed decisions.
- 7.3 Organisations may wish to consider how their Bronze, Silver and Gold command and control relationships would function in this pan-London rising tide scenario for information collation and co-ordination.
- 7.4 During a pandemic each organisation will be required to supply situation reports to the RCCC to be fed up to CCC. These reports will be summarised by the secretariat to the RCCC to produce an overall London Sitrep, which the ROC will distribute to the Cabinet Office and other Government Departments. The London Sitrep will provide key information and data on the present situation in London.
- 7.5 Cabinet Office are currently producing guidance on the non-health data requirements from each region during an influenza pandemic (i.e. what information needs to be included in the regional Sitrep). At a minimum, regions will be expected to provide information on the regional impact on essential services; burial, cremation and funeral services; children, young people and families (schools and childcare settings); and transport.
- 7.6 During UK Alert Levels 2-4, CCS will be requesting regional Sitreps on a daily basis, in line with a pre-agreed battle rhythm.
- 7.7 Regional Sitreps will be used to populate a national situation report and the Common Recognised Information Picture (CRIP), which are used by CCC and CCC(O) to make informed decisions.

SECTION 8 – RECONSTITUTION AND RECOVERY

Additional Waves and Reconstitution

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

Central Government Actions in the Reconstitution Phases

- Prepare report.
- Continue to monitor UK and international situation. Maintain vigilance.
- Review policies for second wave in light of experience and resources.
- Activate recovery plans.
- Review policies for second wave - or subsequent seasonal influenza - due to the pandemic strain - in light of experience and resources.
- Review antiviral/other pharmaceutical needs/supplies.
- Review vaccine suitability/supply/options.

Recovery

- 8.5 The UK will move into the recovery phase once the pandemic wave subsides and it is considered that there is no threat of further waves occurring. Recovery can be characterised as the process of rebuilding, restoring and rehabilitating the community following an emergency. It is an integral part of the combined response from the very beginning, as decisions and actions taken at all times can influence the longer term recovery outcomes. Both response and recovery must be fully integrated and co-ordinated from the start of an emergency.

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

Central Government Actions in the Recovery Phase

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

London Regional Resilience Forum Actions in the Recovery Phase

- Use the London Regional Recovery Protocol to develop and implement an agreed recovery strategy (this process will begin during the response phase). The protocol draws on the National Recovery Guidance.
(http://www.ukresilience.info/response/recovery_guidance.aspx)
- Establish regional debrief with feedback to members of LRRF and Central Government.

ANNEX 1 – SUMMARY OF KEY PLANNING & GUIDANCE DOCUMENTS

Core Plans and Guidance

All organisations are responsible for having read and implemented national guidance and recommendations related to pandemic influenza:

- UK National Framework for Responding to An Influenza Pandemic published by the Department of Health in November 2007 (DH) – This framework sets out the strategic approach to achieving the Government’s aims of ensuring the UK is prepared to limit the internal spread of a pandemic and to minimise health, economic and social harm as far as possible. It builds upon and supersedes the most recent version of the Department of Health’s UK Influenza Pandemic Contingency Plan (published in October 2005) expanding it to cover a more comprehensive range of impacts and responses. The plan sets out work to be done before a pandemic emerges, followed by a step-wise escalating response as a pandemic evolves. The plan includes planning assumptions organisations and agencies should be considering when drawing up their own business continuity and flu response plan; information on the public health response, with an explanation of the measures to reduce the health impact. The guidance can be found at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080734

Further information for pandemic influenza is also available at:

- The Department of Health Pandemic Influenza Information <http://www.dh.gov.uk/en/PublicHealth/Flu/PandemicFlu/index.htm>
- The World Health Organization Pandemic Influenza Information <http://www.who.int/csr/disease/influenza/en/>
- Current WHO Phase of Alert http://www.who.int/csr/disease/avian_influenza/phase/en/index.html
- European Centre for Disease Prevention & Control http://ecdc.europa.eu/Health_topics/influenza/Index.html
- Health Protection Agency (UK) Influenza Information http://www.hpa.org.uk/infections/topics_az/influenza/pandemic/default.htm
- London Prepared Influenza Information <http://www.londonprepared.gov.uk/protectingyourself/diseases/pandemicflu.jsp>
- Cabinet Office information/resource for civil protection practitioners. <http://www.ukresilience.info/>
- Health and Safety Executive, general guidance for employers and employees to use if the Chief Medical Officer declares a pandemic flu within the UK. <http://www.hse.gov.uk/biosafety/diseases/pandemic.pdf>
- DfES documentation, including guidance for parents <http://www.teachernet.gov.uk/emergencies/planning/flupandemic/>

ANNEX 2 – LONDON GUIDANCE FOR MULTI-AGENCY ‘INFLUENZA PANDEMIC COMMITTEES’ (IPCS)

(Please be advised that this section is currently under review by NHS London)

For further information about this document please contact:
Pandemic Flu Co-ordinator, NHS London.

Aim

To provide guidance to the chair and other members of the IPC regarding the multi-agency approach during planning and response to pandemic influenza.

Objectives

- Promote effective inter-agency cooperation on pandemic flu planning.
- Promote consistency of local command, control, communications and information arrangements across London.
- Allay uncertainties over previous interpretations of guidance.
- Present justification for recommendations where necessary.

Introduction

This document provides guidance to PCTs and local partners to promote consistent approaches to pandemic flu planning and response. It is essential for the effective and robust management of the response in each PCT area, that NHS arrangements link with those of other organisations and that multi-agency working is embedded at all levels to ensure an effective response to pandemic influenza.

Throughout this document, the multi-agency planning committee will be referred to as the Influenza Pandemic Committee (IPC) for both planning and response. It is understood that most boroughs will already be meeting in a multi-agency environment, and a key recommendation of this document is that all PCTs and partner agencies adopt the IPC title for these local groups.

The IPC is the forum through which the local (PCT area) multi-agency response is planned before a pandemic, where its impacts are managed and through which situation updates are discussed during a pandemic.

Implications of Guidance

- Amendments may be required to organisation’s plans to reflect the role of the IPC in both planning and response.
- Members of the IPC, in both planning and response, should understand their role within the wider context of each member’s emergency and business continuity plans.

Appendixes

A – Background B – Lead Agency Role C – Example ToRs for IPC (Planning) D - Example ToRs for IPC (Response) E – Example of an agenda for IPC (Response) meetings

The document deals with the pandemic in two stages – Planning and Response.

PART 1: Planning

Organisational Operational Planning

The Civil Contingencies Act 2004 lists the civil protection duties of Category 1 and 2 organisations, e.g. Business Continuity Management and public information responsibilities, which must form the basis of organisational operational planning for an influenza pandemic. All organisations need to develop and maintain their own plans, covering their part of the flu pandemic response, consistent with both national and regional level plans, and their own plans for other relevant emergencies.

- **It is recommended that organisations have an internal operational planning group which progresses the organisation's internal preparedness for an influenza pandemic.**

Purpose of the IPC (Planning)

The IPC should be a forum through which local PCT area partners can facilitate the flow of information on current preparedness, provide support and, where appropriate, make joint decisions, providing a coherent approach with each organisation knowing its role in relation to others. It should not replace an organisation's operational planning groups or committees, as these have a vital business continuity and response role.

In order to ensure that meetings are useful to all partners, they should focus on joint areas of work and provide progress on an agreed multi-agency work plan. It is recognised that not all local organisations may be involved in all planning work, as in some organisations this may be undertaken at a regional level. However, these organisations have a role in providing information to the group on the status and detail of current regional planning (e.g. Emergency Services).

- **The IPC (Planning) should monitor actions identified within the work plan and report progress at each meeting.**

Terms of Reference

The main aim of the IPC (Planning) is to develop and maintain working relationships with key partners and to establish and monitor the agreed work plan facilitating multi-agency health economy planning. Suggested terms of reference are detailed within Appendix C.

IPC (Planning) Membership

Membership should consist of representation from all key partner agencies operating within the PCT's boundaries. As the consequences of a flu pandemic are wide ranging, the IPC (Planning) should include senior representative from one of the organisation's HR, Finance and Legal departments who can provide guidance on issues arising. The core membership should be a single representative drawn from the Executive of each of the member organisations. It is important that all members have at least one delegated representative, who has the authority to make key decisions for their organisations in the absence of the primary member.

A fuller suggested IPC (Planning) membership for the planning stages is shown in appendix C.

▪ PCT

The suggested PCT representatives on the IPC (Planning) would include the named pandemic influenza co-ordinator (often the Director of Public Health), Chief Executive, Communications Lead, Emergency Planning Officer, Director of Operations and/or provider services, representatives from GP and Pharmacy, Director of Nursing, Infection Control Nurse and dedicated secretarial support.

▪ Wider Multi-agency Representation

The wider representation for the IPC (Planning) would include Category 1 and 2 responder representatives from other health organisations e.g. acute and mental health trusts, HPA, Local Authorities and Social Services, Coroners, London Ambulance Service, Metropolitan Police and Fire Brigade. Other agencies that should be considered are the independent health sector and voluntary groups.

Meeting Frequency

During the planning phases for an influenza pandemic, the committee should meet frequently enough to achieve its stated aim. It is suggested that this should be at a minimum of once every three months. This should be a face to face meeting, with representation from as many partners as possible. Frequent email correspondence should be maintained in between meetings via the dedicated secretariat support.

Work Plan

There is a need to share organisational plans within the IPC (Planning) to ensure that all plans are harmonised, for example that terminology is consistent, actions at different phases are consistent and that all plans cross relate to each other. An agreed work plan by the IPC (Planning) can help to ensure that all partners are aware of the detailed planning work being undertaken within each organisation. It can also help to tailor planning to an agreed timetable and provide a consistency approach in areas such as business continuity. Work plans need to be updated as new guidance or planning assumptions are published.

Suggested Agenda for IPC (Planning) Meeting

Meetings should be a forum to discuss:

- Progress against the work plan
- Published or consultation national guidance which effects multiple agency planning
- Revisions to the work plan as required by published guidance or updated epidemiology

PART 2: Response

Organisational Operational Response

Each organisation is responsible for managing the day to day operational response to the pandemic and to ensure the escalation of appropriate information to both internally and to IPC (Response) members.

Purpose of the IPC (Response)

The IPC (Response) does not replace the organisations response. It provides a forum for PCTs and their local partners to assess the impact and consequences of the pandemic in the community and to guide the response to the pandemic, based on strategic advice and local experience, providing support where required. Individual organisations will compile their own situation reports on the impact of the pandemic. Relevant aspects of these reports should be presented to the IPC in order to give all local agencies a common picture of the situation in its area. Highlighted aspects should concentrate on areas of mutual concern. The IPC (Response) will not produce a single situation report (Sitrep) for all relevant organisations, or communicate information upwards directly. Note: the DH and CCS are currently developing Situation Report (Sitrep) templates, which each organisation will feed up through agreed channels.

Terms of Reference

The main aim of the IPC (Response) is to coordinate and support a local strategic response to an influenza pandemic. Suggested terms of reference are detailed within appendix D

IPC (Response) Membership

The IPC (Response) membership during the response to an influenza pandemic will be different to the planning phases. Where possible though, primary members should be the same as during planning although due to the nature of an influenza pandemic, it is important that all members have at least one delegated representative who has the authority to make key organisational decisions in the absence of the primary member. Membership should include representatives from all of the key partner agencies.

A fuller suggested IPC (Response) membership for the response stage is shown in appendix D.

▪ PCT

The suggested PCT representatives on the IPC (Response) would include the named pandemic influenza co-ordinator (often Director of Public Health), Communications Lead, Emergency Planning Officer and dedicated secretarial support.

▪ Wider Representation

The wider representation for the IPC (Response) would include category 1 and 2 responder representatives from other health organisations e.g. acute and mental health trusts, HPA, and Local Authorities, London Ambulance Service, Metropolitan Police and Fire Brigade together with the independent health sector, voluntary groups and others.

Meeting Frequency

During the response phase for an influenza pandemic, the committee should meet frequently enough to achieve its stated aim. It is suggested that this should be at a minimum of once a

week with an escalation of the frequency of meetings as we move through the UK alert levels. This could be a virtual meeting where possible.

Suggested Agenda for IPC (Response) Meeting during the response phase

An example agenda for an IPC (Response) meeting is show in appendix E.

Appendix A: Background

The SARS outbreaks of 2003 demonstrated the importance, in the event of an incident on the likely scale of an influenza pandemic, of strong national leadership and co-ordination, and a clear national 'command and control' structure. The appropriate people at all levels must have authority to make key decisions and act on them, with a clear chain of accountability, again, at all levels. The response to pandemic influenza in the UK will require collaboration between the Department of Health, the Health Protection Agency, and NHS organisations at all levels together with Local Authorities, other local organisations and the public.

An effective response will require the co-operation of a wide range of organisations and the active support of the public. As there may be very little time to develop or finalise preparations, effective pre-planning is essential. Many important features of a pandemic will not become apparent until human-to-human transmission begins, so plans must be:

- constructed to deal with a wide range of possibilities
- based on an integrated multi-sector approach
- built on effective service and business continuity arrangements
- supported by strong local, regional and national leadership

Primary care trusts (PCTs) in England - and their equivalents in the devolved administrations – are responsible for assessing local risk and for commissioning, supporting and monitoring the development of integrated health response plans. They are also responsible for developing specific arrangements to maintain and support patients in a community setting. Through designated pandemic influenza co-ordinators, PCTs provide a health input to local resilience forums, co-ordinate plans with those of neighbouring authorities and ensure that social care and other key partners – including private sector care or support service providers – are fully involved.

Appendix B: Lead Agency Role

The 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's contingency preparedness for the health and social care response, establishing national stockpiles of medical countermeasures to support that response, maintaining liaison with international health organisations and providing the information and guidance other government departments, organisations and agencies need to develop their own plans and responses.

The responsibilities of lead agency at the borough level will lie with the agency most competent to manage the different phases of the pandemic. For example the NHS looks to the Health Protection Agency to lead planning and preparedness in the inter-pandemic period. In the flu pandemic the coordination of the response to the emergency is the responsibility of the health community. In this case the lead responder at the local level would be the PCT. The consequences of the flu pandemic may cause pressure on the community through failure of utility services or essential supplies which may result in social disruption and disorder. In this case the police may well take over as lead agency.

As defined in the regulations applying the Civil Contingencies Act 2004, the lead agency should:

- Consult the other category 1 responders in the performance of the PCT duties
- Keep the other category 1 responders informed on what the PCT is doing
- If practicable, obtain approval of the other category 1 and 2 responders for the way that the PCT is performing its duty.

Appendix C: Example Terms of Reference for IPC (Planning)

Aim

This committee will facilitate PCT area multi-agency planning and coordination. It will act as both the planning committee prior to a pandemic and a response committee during a pandemic.

Accountability

The PCT is the lead agency and as such the Influenza Pandemic Committee (Planning) will report to The PCT Board of Directors. As the IPC (Planning) is a multi-agency forum it is the responsibility of the representatives of category 1 and 2 responders and other agencies to provide appropriate reports to their respective boards or chief executives and bring back to the IPC (Planning) any resulting views or issues.

Terms of Reference

Produce, agree and establish a work plan or planning checklist.
Monitor progress of established work plan or planning checklist.
Facilitate PCT area multi-agency planning.
Develop and maintain working relationships between all local partners.

Frequency of Meetings

The committee will meet at a minimum of once every three months or more frequently if necessary. Frequent email correspondence should be maintained in between meetings by the dedicated secretariat support.

Suggested Membership

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

PCT

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

Wider Representation

Director from Acute Trust (for each Acute Trust) Director from Mental Health Trust (if applicable) Director from Independent health Sector HPA Consultant in

Communicable Diseases CCDC Lead Director – Adult Social Services Lead Director
– Children’s Services Local Authority Emergency Planning Officer
Local Authority Communications Lead **
Local Authority Volunteers Fund Manager / CVS representative Coroners Office
representative London Ambulance Service – local Operations Manager Metropolitan
Police
Fire Brigade Representative *

* as and when required ** if PCT comms lead is not available

Note:

The specialist support functions of Media/Public Info, HR, Finance, Legal and ICT should be represented by the lead in each of these areas from either PCT, Acute Trust or Local Authority at each meeting.

Chair

Who chairs the IPC (Planning) is a matter for local decision, but should be, where possible, Director level of the PCT.

Appendix D: Example Terms of Reference for IPC (Response)

Aim

The main aim of the IPC (Response) is to coordinate and support a local strategic response to an influenza pandemic.

Accountability

The PCT is the lead agency and as such the Influenza Pandemic Committee (Response) will report to The PCT Board of Directors. As the IPC (Response) is a multi-agency forum it is the responsibility of the representatives of category 1 and 2 responders and other agencies to provide appropriate reports to their respective boards or chief executives and bring back to the IPC (Response) any resulting views or issues.

Terms of Reference

- Co-ordinate the local health economy multi-agency response – including invoking recovery plans.
- Assess the impact and consequences of the pandemic in the community and to guide the response to the pandemic, based on strategic advice and local experience, providing support where required
- Share information on current impact of the pandemic in the community.
- Monitor capacity against projected impact and assess the need for mutual support.
- Adjust plans according to epidemiological data.

Frequency of Meetings

The committee will meet weekly with an escalation of the frequency of the meetings as required by the UK Alert levels. This meeting may be virtual, through a conference call.

Membership

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

PCT

Director of Public Health

Communications Lead Emergency
Planning Officer Secretarial support

Wider Representation

Director from Acute Trust (for each Acute Trust) Director from Mental Health Trust (if applicable) Director from Independent health Sector HPA Consultant in Communicable Diseases CCDC Local Authority Chief Executive or nominated representative, e.g. Director of Adult Social Services, or Director of Children's Services Local Authority Emergency Planning Officer London Ambulance Service – local operations Manager Metropolitan Police Fire Brigade Representative * Local Elected Member

* as and when required

Chair

Who chairs the IPC (Response) is a matter for local decision, but should be, where possible, Director level of the PCT.

Appendix E: Example of an agenda for IPC meetings (Response)

The following is a suggestion of business to discuss at an IPC (Response) meeting during the response phases.

- Situation
- Media
- DH/HPA updated guidance and instructions
- Updates from: Primary Care, Acute Care, Mental Health Care, London Ambulance Service, Mortality
- Partner Reports
- Joint Working
- AOB

ANNEX 3 - THE ETHICAL DIMENSION

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

Respect

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

Working together

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

Fairness

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

Good decision making

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

Records

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

For further information regarding any of the above, refer to the Cabinet Office/ Department of Health document – Responding to pandemic flu, the ethical framework for policy and planning.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080751

ANNEX 4 - COMMUNICATIONS

Preparing for, responding to and recovering from an influenza pandemic will depend significantly on cooperation between the Government, public authorities, business, non-governmental organisations, the voluntary sector and individuals. An effective two-way communication strategy that positively engages each of these key groups prior to and during a pandemic is therefore a major strand of the Government's preparations. An emergency of this scale needs strong national direction of public information from the outset.

As influenza will affect a large population over a long period of time, a strong coordinated and proactive information campaign is needed for the public to provide timely, accurate information using the media, websites and information phone lines.

Government News Co-ordination Centre

The Government's News Co-ordination Centre (NCC) is set up to manage the communications aspects of a crisis, major emergency or other disruptive challenge. In any period of increased alert and during a pandemic, the NCC will become operational in support of the Department of Health as the lead government department. It will work to the policy direction of the Cabinet Office Briefing Room to ensure that messages from central government departments are consistent and coordinated at national and regional levels, and explain national or international differences in response. A government media centre will also be established.

Cascading information

The Department of Health will inform the Cabinet Office and the Health Protection Agency (HPA) should the World Health Organisation (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 NCC. The Department of Health will also alert health and social care organisations and professionals in England through strategic health authorities 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.

Health Communications

The Department of Health will be the primary source of health-related messages and will work closely with the Cabinet Office and 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. Strategic health authorities/boards will play a key part in linking to 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.

Public Information and Advice (National Flu Line Service)

From WHO Phase 5, the Government will make public information, advice, access to literature and updated situation reports available through the National Flu Line service.

Regional Communications

A robust communication strategy is an important part of the regional and sub-regional response to pandemic influenza. This will include professionals, the media, local responders and essential services. It will be important that the agencies are providing consistent coherent messages both for staff and the public. Each organization within their business continuity planning will have identified mechanisms for communicating with staff and customers/clients.

Communication between LRRF partners will take place through the RCCC or via the London Preparedness website which is updated on a regular basis. The Director of Public Health for London will communicate the core Department of Health messages to the RCCC.

A media cell will be established in support of the RCCC. A Media Gold will be responsible for media cell representation and co-ordination. The media cell will advise and assist in communicating with external news organisations through the NCC who will be linked directly to COBR. The media cell will be composed of representatives from all the London Resilience Partnership organisations.

During a pandemic, the presumption is that the Mayor (as the 'Voice of London') will be the chief spokesperson and lead on communication with the public. Prior to the RCCC formation, it is likely that a similar approach will be used in relation to pandemic threats.

A group of influential spokespeople have been identified to provide the different elements of a communication strategy in the event of a flu pandemic. As mentioned, the Mayor of London will take the lead in providing reassurance and general public information, and will be supported by nominated deputies. The Director of Public Health for London will address the health response, including precautions that the public can take and what to do if they become ill. The HPA Regional Epidemiologist will disseminate specialist messages relating to flu and the spread of the virus and the Chief Executive of NHS London will provide information on the NHS response and handling of the pandemic response.

ANNEX 5 – MEMBERSHIP OF THE LONDON REGIONAL RESILIENCE FORUM

ORGANISATIONS

Cabinet Office

CLG

Mayor's Office

CLG

Diocese of Westminster

City of London Police

Metropolitan Police Service

Army, Headquarters London District

GO - South East

London Fire Brigade

Corporation Of London

London Underground Limited

Shell Uk Ltd.

Metropolitan Police Service

GO - East

Health Protection Agency

Government Office for London

Transport for London

British Transport Police

St John Ambulance

CLG

CCS - Cabinet Office

Network Rail

Greater London Authority

GICS, Cabinet Office

London Councils

BAA plc

London Councils

Headquarters London District

London Underground Limited

Home Office

LFB - EP

London Coroner's Group

Environment Agency

London Ambulance Service

Port of London Authority

NHS London

TRANSEC (DfT)

BT

Metropolitan Police Service

Transport for London

ANNEX 6 – GLOSSARY OF ABBREVIATIONS & TERMS

A&E	Accident and Emergency
ABPI	Association of British Pharmaceutical Industry
ABTA	Association of British Travel Agents
ACDP	Advisory Committee on Dangerous Pathogens
BIS	British Infection Society
BTS	British Thoracic Society Civil Contingencies Committee
CCC	Civil Contingencies Committee
CCC (O)	Civil Contingencies Committee (Official Level)
CDSCNI	Communicable Disease Surveillance Centre, Northern Ireland
CCDC	Consultant in Communicable Disease Control
CCS	Civil Contingencies Secretariat
CDC (USA)	Centres for Disease Control
CE/CEO	Chief Executive/Chief Executive Officer
CEPR (HPA)	Centre for Emergency Preparedness and Response
Cfi (HPA)	Centre for Infections, Colindale
CLG	Communities and Local Government (The Department of)
CMC	Chief Medical Officer
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
DfID	Department for International Development
DH	Department of Health
DPH	Director of Public Health
ECDC	European Centre for Disease Prevention and Control
EISS	European Influenza Surveillance Scheme
EU	European Union
ENESCCD	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
GCG	Gold Co-ordinating Group
GCN	Government Communications Network
GLA	Greater London Authority
GP	General Practitioner
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
HSE	Health and Safety Executive
ICT	Infection Control Team
ILI	Influenza-like illness
IPC	Influenza Pandemic Committee
ITU	Intensive Therapy Unit

JCVI	Joint Committee on Vaccination and Immunisation
JHAC	Joint Health Advisory Cell
LA	Local Authority
LaRS (HPA)	Local and Regional Services
LHB	Local Health Board
LHI	Laboratory for Hospital Infection
LLACC	London Local Authority Co-ordination Centre
LFB-EP	London Fire Brigade, Emergency Planning
LLAG	London Local Authority Gold
LRRF	London Regional Resilience Forum
LRT	London Resilience Team
MHRA	Medicines and Healthcare Products Regulatory Agency
MRC	Medical Research Council
NaTHNaC	National Travel Health Network and Centre
NBS	National Blood Service
NAW	National Assembly for Wales
NCC	News Co-ordination Centre (Government)
NEPNEI	National Expert Panel on New and Emerging Infections
NHS	National Health Service
NHS LISMG	NHS London Influenza Strategic Mgt Group
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)
PASA (NHS)	Purchasing and Supply Agency
PCT	Primary Care Trust
PPE	Personal Protection Equipment
QA	Quality Assurance
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
RCPC	Royal College of Paediatrics and Child Health
RDPH	Regional Director of Public Health
ROC	Regional Operations Centre
SAG	Scientific Advisory Group
SARS	Severe Acute Respiratory Syndrome
SHA or StHA	Strategic Health Authority
SITREP	Situation Report
SOP	Standard Operating Procedure
TIDO(PRP)	Official level Government committee dealing with International and Domestic Terrorism and broader civil hazards – (Preparedness)
UK	United Kingdom
UKNIPC	United Kingdom National Influenza Pandemic Committee
UVIG	United Kingdom Vaccine Industry Group
VLA	Veterinary Laboratories Agency

WHO

World Health Organization