

South Yorkshire Local Resilience Forum

PANDEMIC INFLUENZA PLAN

April 2009

Version 3.8A

**South Yorkshire Local Resilience Forum
MULTI-AGENCY PANDEMIC INFLUENZA PLAN**

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Details held by the South Yorkshire Local Resilience Forum Secretariat

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Amendments

Amendment No.	Date	Section/Page Amended	Name	Signature

All the information in this plan is believed to be correct as at (date) or later as indicated by the date at the foot of each page.

Any changes or amendments should be notified as soon as possible to:

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South Yorkshire Local Resilience Forum MULTI-AGENCY PANDEMIC INFLUENZA PLAN

Foreword

This document has been published on behalf of the South Yorkshire Local Resilience Forum (LRF) by the Pandemic Influenza Working Group. This group is one of several multi-agency groups working, under the banner of the LRF, to ensure that the appropriate response plans and resources are in place to protect and inform the people of South Yorkshire before and during an emergency, and to provide them with appropriate assistance to help them to return to a state of normality following an emergency.

By working together in multi-agency teams, we will be in a stronger position to prevent and deal with major emergencies within our communities, including an influenza pandemic.

Meredydd Hughes

Chief Constable
South Yorkshire Local Resilience Forum Chair

South Yorkshire Local Resilience Forum

MULTI-AGENCY PANDEMIC INFLUENZA PLAN

1. Background

- 1.1. The SY Local Resilience Forum Multi-Agency Pandemic Influenza Plan has been designed and developed as a practical Strategic/Tactical level document to provide greater clarity in respect of the LRF multi-agency emergency response to an outbreak of pandemic influenza in South Yorkshire.
- 1.2. It should be read in conjunction with the '*National Framework for Responding to an Influenza Pandemic*' (Nov 2007) which details the Government's strategic approach to and preparations for an influenza pandemic and sets out the UK planning assumptions for the different phases of the pandemic and other relevant LRF plans as listed at Appendix 1.
- 1.3. The Government judges that one of the highest current risks to the UK is the possible emergence of an influenza pandemic – that is the rapid worldwide spread of influenza caused by a novel virus strain to which people would have no immunity, resulting in more serious illness than caused by seasonal influenza.
- 1.4. The South Yorkshire Community Risk Register (SY38) identifies the risk of pandemic influenza as 'Very High'.
- 1.5. Influenza pandemics are natural phenomena which have occurred three times in the last century and although it is highly likely that another influenza pandemic will occur at some time, it is impossible to forecast its exact timing or the precise nature of the impact.
- 1.6. The contents of this plan relate specifically to an influenza pandemic. They do not cover planning for, or response to, seasonal influenza outbreaks or the prevention or control of avian influenza or other animal influenza virus infection in birds or humans. However aspects of this plan are equally relevant to other large scale outbreaks of infectious disease which could have a similar impact on the community and require the use of resources beyond the scope of normal day to day operations.
- 1.7. The underlying principle is that civil contingency planning arrangements need to be integrated between organisations and that in developing responses they must be able to deal with the 'common consequences' of incidents and events.
- 1.8. It is recognised that established joint Major Incident arrangements, roles and responsibilities will continue to apply. However, due to the anticipated requirements of an influenza pandemic, adaptations of the multi-agency response may be implemented.

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- 1.9.** The purpose of defining the roles and responsibilities of the key agencies is to ensure that in the event of an incident the most effective, efficient and co-ordinated response is achieved within the South Yorkshire area.

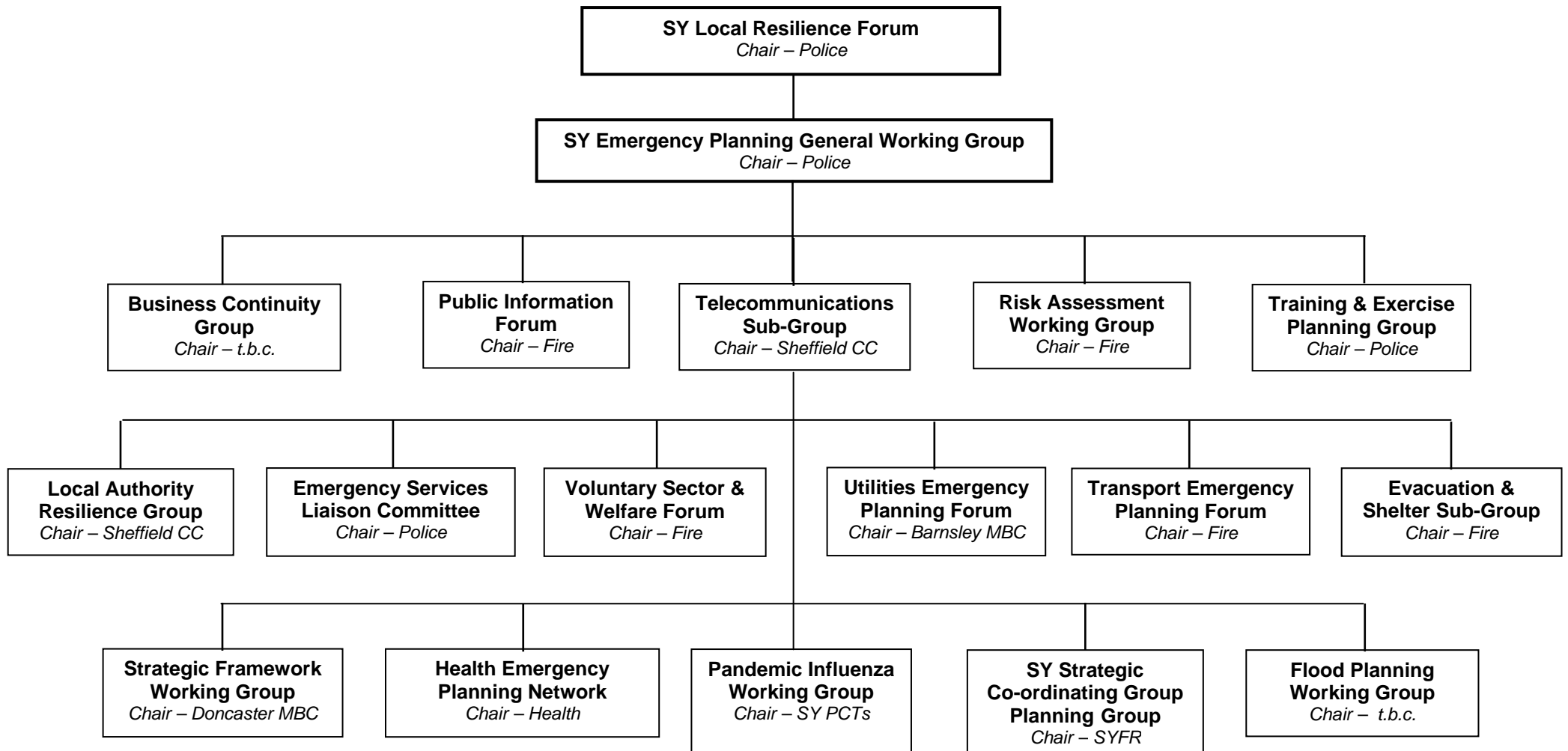
- 1.10.** A common understanding of the command structure employed for an influenza pandemic must be understood by all agencies and all agencies must have contingency plans that are focused on achieving this structure.

- 1.11.** The importance of joint working cannot be over emphasised. The initial response must be to contain and manage the incident while maintaining essential services.

- 1.12.** The format of the LRF in normality is shown on the following page:

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South Yorkshire Local Resilience Forum Structure



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2. South Yorkshire Multi-Agency Pandemic Influenza Planning Process

2.1. Pandemic Influenza Working Group

2.1.1. The South Yorkshire Local Resilience Forum has established a Pandemic Influenza Working Group that is specifically charged with the development of the SY LRF Multi-Agency Pandemic Influenza Plan. This group reports to the multi-disciplinary planning committee which is the LRF General Working Group and in turn to the LRF and links into the LRF Training and Exercise Group to address both pandemic influenza preparedness planning and preparedness testing. See diagram overleaf which outlines the specific groups involved in the SY LRF Pandemic Influenza planning process.

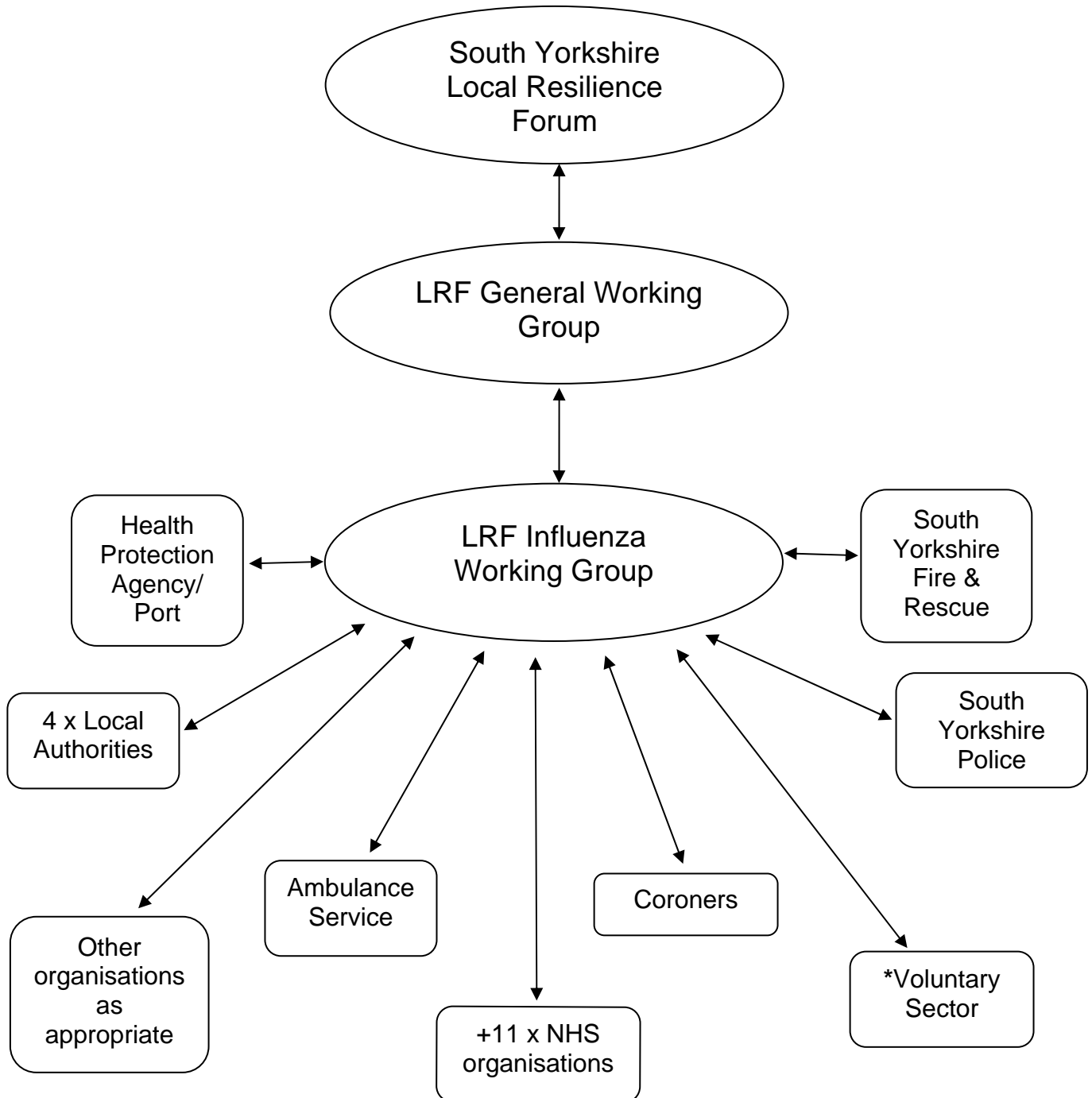
2.1.2. The SY LRF Multi-Agency Pandemic Influenza Working Group consists of representatives from the following areas:

- a. Health Protection Agency
- b. Strategic Health Authority
- c. Coroners – (linkages via LA membership)
- d. Crematoria and Funeral Services - (linkages via LA membership)
- e. Neighbouring LRFs - (linkages via GO membership)
- f. Government Office
- g. Primary Care Trusts
- h. NHS organisations – (linkages via lead PCT membership)
- i. Ambulance Service
- j. Police
- k. Fire Service
- l. Prisons – (linkages via Doncaster MBC membership and police membership of SYCJB)
- m. Court Service – (linkages via Police membership of SYCJB)
- n. Local Authority Environmental Health
- o. Local Authority Children's Services
- p. Local Authority Adult Services
- q. Voluntary Sector
- r. Other relevant Category 2 responders
- s. Port Health (linkage via HPA)

(SYCJB South Yorkshire Criminal Justice Board)

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Multi-Disciplinary Planning Process for Pandemic Influenza Preparedness in South Yorkshire



+ Encompasses 4 Primary Care Trusts and 7 Foundation Trusts

*The sub-group is also supported by input from GOYH, YHSHA, NHS Direct, the Voluntary Sector, the Coroners Office

South Yorkshire Local Resilience Forum

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2.2.1. The South Yorkshire Multi-Agency Pandemic Influenza Plan aims to ensure that the SY LRF is prepared to minimise the impact of pandemic influenza and provides guidance to enable the SY LRF to respond effectively to pandemic influenza.

2.3. Objectives

2.3.1. The objectives are to:

- Provide strategic leadership as part of a multi-agency response
- Document local area plans for dealing with pandemic influenza
- Identify key areas of responsibility
- Provide a framework for communications between LRF members and other responding agencies to ensure a co-ordinated response.
- Detail procedures for determining and mitigating pressure points that may arise during a pandemic
- Identify trigger points for move to SCG

2.3.2. The SY LRF Pandemic Influenza Plan has been prepared in accordance with the definition provided in the Cabinet Office guidance.

2.3.3. The plan references all relevant local and regional plans and can be read as a stand alone document.

2.4. Guidance

2.4.1. This plan has been developed utilising a number of relevant plans and guidance documents. See Appendices 1 and 2 for full lists of supporting local pandemic influenza plans and guidance documents.

2.5. Monitoring

2.5.1. Unlike other circumstances when emergencies are declared locally, in the case of an influenza pandemic, the alert is likely to come from national level. Health will be responsible for the continuous monitoring of national alert levels and for notifying the LRF and partner organisations in South Yorkshire.

- WHO will inform the Department of Health of changes in alert levels.
- The Department of Health will communicate to all stakeholders in UK.
- UK National Influenza Pandemic Committee (UKNIPC) convened
- Civil Contingencies Committee (CCC) likely to be convened
- At onset of pandemic (Phase 6) Department of health will cascade to NHS, HPA etc
- Regional Civil Contingencies Committees convened and LRF Strategic, Tactical, Operational Local Groups convened.
- The Health Community notified and outbreak declared.

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2.5.2. World Health Organisation (WHO) Alert Scale

The World Health Organisation (WHO) has produced a Global Influenza Preparedness Plan, where response activities are linked to designated phases. When the designation of phase is subject to change, appropriate activities are triggered.

Inter-pandemic phase	Low risk of human cases	1
New virus in animals, no human cases	Higher risk of human cases	2
Pandemic Alert	No or very limited human-to-human transmission	3
New virus causes human cases	Evidence of increased human-to-human transmission	4
	Evidence of significant human-to-human transmission	5
Pandemic	Efficient and sustained human-to-human transmission	6

2.5.3. Current WHO Alert Status

The WHO has determined that the presence of human cases of Avian Influenza (H5N1) warrants declaration of Pandemic Alert (WHO Level 3).

2.5.4. UK Alert Scale

When the WHO determines that Pandemic (WHO Level 6) has been reached, the UK will use its own Alert Scale as follows:

UK Alert Level 1	Cases only outside UK (in countries with or without extensive UK travel/trade links)
UK Alert Level 2	New virus isolated in UK
UK Alert Level 3	Outbreak(s) in the UK
UK Alert Level 4	Widespread activity across the UK

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2.6. Planning Assumptions

- 2.6.1. This plan is aligned to the planning assumptions detailed in 'A National Framework for responding to an influenza pandemic'.
- 2.6.2. For planning purposes a range of Case Attack Rates of 25%, 35% and 50% have been assessed at a local level. (See Table 1 overleaf, data taken from mid-year population estimates 2001-2005). Table 2 shows the demographic profile of the County from the 2001 Census data.
- 2.6.3. Local planning assumptions have been generated using national planning assumptions extrapolated to local demographics. Case rates and death rates are included in the plans for each constituent organisation of the LRF.
- 2.6.4. However it cannot be assumed that actual pandemic influenza will behave in exactly the way suggested by these planning assumptions and developments will be carefully monitored to enable an appropriate response.
- 2.6.5. Modelling suggests that from the time a pandemic begins in the country of origin it may take as little as two to four weeks to increase from just a few cases to around 1,000 cases and the pandemic could reach the UK within another two to four weeks.
- 2.6.6. From the arrival of the pandemic in the UK, it will probably be a further one to two weeks until sporadic cases and small clusters, that will act as initiators of local epidemics, are occurring across the whole country – i.e. once in the UK, it is likely to spread to all major population centres within one to two weeks. It is possible that the peak will be only 50 days after initial entry into the UK.
- 2.6.7. An influenza pandemic can occur either in one wave, or in a series of waves, weeks or months apart. Figure 1 is based on the three pandemics that occurred in the last century and current models of disease transmission.
- 2.6.8. The planning profile reflects what we might expect to happen nationally – i.e. that plans should assume a wavelength of 12-15 weeks. However, it is not a forecast of what will happen in every region or locality. Local epidemics may be over faster and be more highly peaked than the national average. Local epidemics may only last for 6-8 weeks, or they may last longer.

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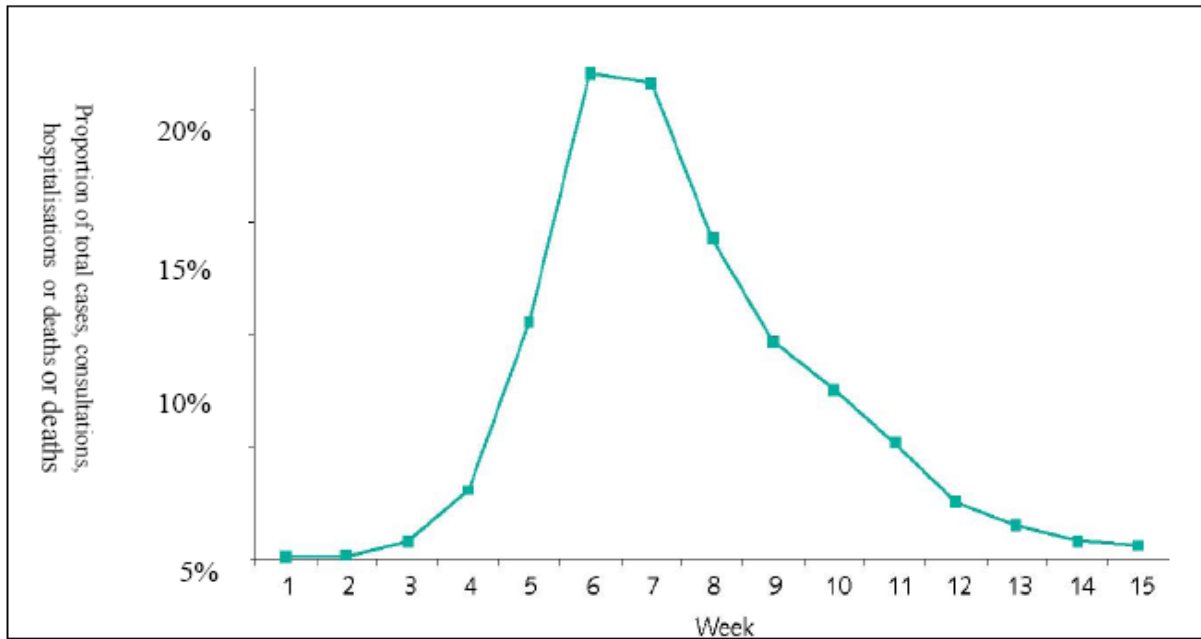


Figure 1: Single wave national profile showing proportion of new clinical cases by week. Note – more than one wave may be expected.

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Table 1: Attack and Excess Death Rates for the South Yorkshire LRF Population

	Barnsley population 222,100			Doncaster population 287,000			Rotherham population 253,400			Sheffield population 525,800			Total SY LRF population 1,288,300		
	Clinical Attack Rate			Clinical Attack Rate			Clinical Attack Rate			Clinical Attack Rate			Clinical Attack Rate		
	25%	35%	50%	25%	35%	50%	25%	35%	50%	25%	35%	50%	25%	35%	50%
Number of cases throughout pandemic	55,525	77,735	111,050	71,750	100,450	143,500	63,350	88,690	126,700	131,450	184,030	262,900	322,075	450,905	644,150
Number likely to develop complications (25%)	13,881	19,434	27,763	17,938	25,113	35,875	15,838	22,173	31,675	32,863	46,008	65,725	80,519	112,726	161,038
Number requiring hospital admission (4%)	2,221	3,109	4,442	2,870	4,018	5,740	2,534	3,548	5,068	5,258	7,361	10,516	12,883	18,036	25,766
Number of excess deaths (2.5%)	1,388	1,943	2,776	1,794	2,511	3,588	1,584	2,217	3,168	3,286	4,601	6,573	8,052	11,273	16,104
Number of cases expected in 'peak week' (22%)	12,216	17,102	24,431	15,785	22,099	31,570	13,937	19,512	27,874	28,919	40,487	57,838	70,857	99,199	141,713
Hospital admissions during 'peak week'	489	684	977	631	884	1,263	557	780	1,115	1,157	1,619	2,314	2,834	3,968	5,669
Excess deaths during 'peak week'	305	428	611	395	552	789	348	488	697	723	1,012	1,446	1,771	2,480	3,543

Source: Population – ONS, Population Estimates Unit – Mid-Year Population Estimates 2001-2005, Planning assumptions – A National Framework for Responding to an Influenza Pandemic, Nov 2007

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Table 2: 2001 Census of Population – South Yorkshire Profile

Demography Profile	Barnsley		Doncaster		Rotherham		Sheffield	
	Number	Rate (%)	Number	Rate (%)	Number	Rate (%)	Number	Rate (%)
All People	218063	-	286,866	-	248,176	-	513,234	-
Male	106096	48.7	140,114	48.8	120,697	48.6	250,630	48.8
Female	111967	51.3	146,752	51.5	127,493	51.4	262,604	51.2
People Aged: 0-4	12516	5.7	16,876	5.9	15,003	6.0	29,232	5.7
5-15	29096	13.3	43,096	15.0	37,224	14.9	68,707	13.4
16-19	13222	6.1	14,267	5.0	12,065	4.9	27,328	5.3
20-29	23695	10.9	31,524	11.0	27,334	11.0	75,903	14.8
30-44	50076	23.0	64,179	22.4	56,193	22.6	112,382	21.9
45-59	42864	19.7	55,289	19.3	48,714	19.6	90,415	17.6
60-64	12286	5.2	14,694	5.1	12,998	5.2	25,181	4.9
65-74	19146	8.8	26,058	9.1	21,040	8.5	42,934	8.4
75-84	12414	5.7	16,251	5.7	13,531	5.5	30,483	5.9
85-89	2525	1.2	3,199	1.1	2,837	1.1	7,206	1.4
90 and over	1223	0.6	1,433	0.5	1,213	0.5	3,433	0.7

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Ethnicity Profile	Barnsley		Doncaster		Rotherham		Sheffield	
	Number	Rate (%)	Number	Rate (%)	Number	Rate (%)	Number	Rate (%)
White	216,069	99	280,239	97.7	240,463	96.9	468,217	91.2
British	213,954	98	276,828	96.5	238,095	95.9	457,728	89.2
Irish	764	0.4	1,491	0.5	1,063	0.4	3,337	0.7
Other White	1,351	0.6	1,920	0.7	1,305	0.5	7,152	1.4
Mixed	756	0.3	1,759	6.1	1210	0.5	8,228	1.6
White & Black Caribbean	279	0.1	827	0.3	352	0.1	3,704	0.7
White & Black African	84	0.04	203	0.07	104	0.1	711	0.1
White & Asian	236	0.1	444	0.15	488	0.2	2,085	0.4
Other Mixed	157	0.07	285	0.01	266	0.1	1,728	0.3
Asian or Asian British	676	0.3	3,072	1.1	5,530	2.3	23,382	4.5
Indian	412	0.2	1,247	0.4	497	0.2	3,030	0.6
Pakistani	136	0.06	1,503	0.5	4,704	1.9	15,844	3.1
Bangladeshi	29	0.01	60	0.02	26	0.1	1,910	0.4
Other Asian	99	0.05	262	0.1	303	0.1	2,598	0.5
Black or Black British	164	0.08	1,049	0.4	400	0.3	9,142	1.8
Caribbean	69	0.03	736	0.3	180	0.1	5,171	1.0
African	67	0.03	229	0.08	180	0.1	3,294	0.6
Other Black	28	0.01	84	0.01	40	0.1	677	0.1
Chinese or other Ethnic Group	398	0.2	747	0.3	572	0.2	4,265	0.8
Chinese	246	0.1	523	0.2	303	0.1	2,201	0.4
Other ethnic group	152	0.07	224	0.08	269	0.1	2,064	0.4

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Lifelong Learning	Barnsley		Doncaster		Rotherham		Sheffield	
	Number	Rate (%)	Number	Rate (%)	Number	Rate (%)	Number	Rate (%)
Full-time students and school children (post 16)	7,234	3.3	9,572	3.3	12,439	6.9	41,535	11.1
Aged 16-17	3,807	1.7	5,457	1.9	4,739	2.7	8,432	2.3
Aged 18-74	3,427	1.6	4,115	1.4	7,700	4.3	33,103	8.8

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2.6.9. Each constituent organisation of the LRF has ensured they have extrapolated the national planning assumptions to their own catchment populations taking into account local demographics.

2.7. Maintenance and Review

2.7.1. Ownership of the plan falls to the LRF Pandemic Influenza Working Group chaired by the South Yorkshire lead Primary Care Trust (PCT) (NHS Sheffield).

2.7.2. The LRF Pandemic Influenza Working Group will be responsible for the production and regular maintenance of the plan, reporting through the LRF General Working Group and subsequently to the LRF itself.

2.7.3. This plan and other associated plans are reviewed annually, or when significant new guidance is produced or following incidents or exercises.

2.7.4. The first review date for this plan is March 2010.

2.7.5. Other individual agency plans which are referred to throughout the document are also subject to regular review and update and are the responsibility of the organisations themselves.

2.8. Training

2.8.1. Appropriate training has been planned and delivered to all staff that have roles in the SY LRF Pandemic Influenza Plan. A number of influenza-related exercises, events and training seminars have taken place in South Yorkshire. There is a comprehensive, ongoing programme of training and exercising in South Yorkshire which includes plans to carry out further, training and exercising for appropriate personnel who have been identified as deputies in the event of staff shortages to ensure resilience.

2.8.2. Each constituent organisation of the LRF has considered the need to identify personnel who will serve as deputies in the event of staff shortages and incorporated this into the formulation of their own plans. Each constituent organisation is responsible for updating its own plan.

2.8.3. The need to ensure that identified deputies are provided with the appropriate training and exercises has also been taken into account. This includes on-going training for additional deputy registrars, executor service officers, crematoria operators and other support staff.

2.8.4. The SY LRF has also highlighted the need for suitably trained Gold level deputies for all organisations, to be available to ensure resilience during any long running major incident. An on-going programme of training and exercising at Gold level led by the SY Training and Exercising Sub-Group

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provides training for appropriate Gold level deputies to ensure the resilience at SY LRF/SCG level.

2.9. Business Continuity Plans

2.9.1. Each constituent organisation has reassured the LRF that appropriate business continuity plans are in place that take account of the planning assumptions as in 2.6 and each organisation is responsible for the continued update of relevant plans.

2.10. Mutual Aid

2.10.1. A formal agreement between all South Yorkshire Local Authorities is in place. Formal agreements are also in place with neighbouring and cross-border authorities to assist with mutual aid and other cross-border needs in the event of an influenza pandemic – for example between Sheffield City Council and Derbyshire County Council. Work to finalise a Mutual Aid Agreement between the South Yorkshire Local Authorities and West Yorkshire Local Authorities is well advanced.

2.10.2. Other agencies, for example Emergency Services have appropriate and well-established mutual aid agreements in place – e.g. Fire Service (National Mutual Aid Protocol for Serious Incidents) Police (PNICC) and Health are currently developing mutual aid strategies.

2.10.3. Government Office will have appropriate arrangements in place with their neighbouring LRF regions.

2.10.4. However, it is important to note that despite having the appropriate mutual aid agreements in place, it is considered to be highly unlikely that assistance would be available from other areas during a pandemic influenza.

2.11. Key Challenges

2.11.1. The key challenges of an influenza pandemic are likely to include

- Management of illness and deaths, with the inevitable burdens on health, social care and bereavement services
- Maintenance of public services and business continuity throughout the community in the face of increased absence from work
- Communicating with the public; reinforcing national messages at a local level
- The broader social disruption that may develop as a consequence

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2.12. Publication

- 2.12.1. Elements of this plan will be published on the South Yorkshire resilience website www.southyorkshireemergencies.co.uk and nationally by the Civil Contingencies Secretariat.

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3. COMMAND, CONTROL AND ACTIVATION

3.1. Trigger Points

- 3.1.1. The SY LRF Pandemic Influenza Plan details clear trigger points for the transition from LRF to an SCG. South Yorkshire Police is responsible for initiating the transition of the LRF to an SCG after discussing the necessity for this action with partners. In the event of an influenza pandemic the trigger is likely to be a national decision. SYP is initially responsible for the chairing and co-ordination of the SCG in accordance with national guidance and ensuring that the strategic decision making process is documented.
- 3.1.2. The procedures for activation of the SY LRF/SCG and the SYLRF Pandemic Influenza Plan during a pandemic influenza in South Yorkshire are detailed below.
- 3.1.3. On notification of a change to the WHO Pandemic Alert or UK Alert Level, the Yorkshire and Humber Strategic Health Authority, working with NHS Sheffield, will notify the LRF secretariat, who will cascade the information to all LRF members (Cat 1 and Cat 2) in the county.
- 3.1.4. The receipt of a change in alert level will trigger the following action.

3.2. Action by the SYLRF

- 3.2.1. On receipt of any change to Alert Levels, the LRF secretariat will be responsible for calling the first (or special) meeting of the LRF/SCG (see Table 3).

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Table 3: Actions by the LRF/SCG

Alert level	Description	Action	Comment
WHO Phase 3 and below		<ol style="list-style-type: none"> 1. Comprehensive planning undertaken in relation to Business Continuity and specifically to Pandemic Influenza response and recovery. 2. Training and Exercising needs identified and undertaken. 	LRF not likely to sit in special session, but mention made at LRF meetings.
WHO Phase 4	Small cluster of cases overseas with limited person to person transmission	<ol style="list-style-type: none"> 1. The LRF will monitor information circulated to regional partners by GOYH and DoH/NHS and forward to partners. 2. The LRF will provide a representative to the RCCC to consider implications and to review regional plans and to promulgate policy decisions/advice and maintain an overview of the regional response. 	<p>LRF not likely to sit.</p> <p>Planning will continue for the arrival of the pandemic in the UK including plans for dealing with the additional deaths expected to occur (scale will depend on the nature of the virus).</p> <p>COBR will sit to monitor and co-ordinate the UK response.</p>
WHO Phase 5	Large clusters of cases overseas but person-to-person spread still localised	<ol style="list-style-type: none"> 1. The LRF and member organisations will be ready to implement plans as required at short notice. 2. LRF will sit in special session. 	Plans must be ready for instant implementation. National and local co-ordination and communication arrangements may be activated, the National Flu Line service established; arrangements for development and supply of a specific vaccine reviewed.
WHO Phase 6 UK Alert level 1	Increased and sustained transmission in the general population (pandemic confirmed) No cases in the UK	<ol style="list-style-type: none"> 1. The LRF will meet as a Strategic Co-ordinating Group (consider virtual meetings to avoid unnecessary meetings). 2. The LRF will co-ordinate the provision of information to the ROC and to member organisations. 3. The LRF will provide a representative to the RCCC 4. The LRF will ensure that member organisations are at a state of readiness to implement their plans. Any identified gaps are documented and managed. 	<p>Regional Operations Centre (ROC) will supplement the normal Resilience Team arrangements and will ensure that clear communication lines are established with LRFs/SCGs.</p> <p>RCCC will meet at least twice a week during alert level 1, consideration given to virtual meetings. This stage could last between 2 and 4 weeks.</p> <p>CCC will sit and regional situation reports will be prepared to give an overview of issues/concerns</p>

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UK Alert level 2	Virus isolated in UK	<ol style="list-style-type: none"> 1. SCG will meet to review preparedness (consider virtual meetings). 2. The LRF and member organisation's plans will be implemented. 3. Public health messages shared with all members. 	This level could last about two weeks so measures to maintain core services will be implemented.
UK Alert level 3	Outbreaks in UK	<ol style="list-style-type: none"> 1. SCG will review the frequency of their meetings. 2. SCG will monitor and manage the response across the county. 3. SCG will provide a daily situation report to the ROC daily at 5pm and will receive a regional/national situation report from ROC 	National response measures implemented. ROC operational 24/7
UK Alert level 4	Widespread activity across UK	<ol style="list-style-type: none"> 1. SCG will review the frequency of their meetings, possibly meeting twice a day. 2. SCG will co-ordinate resource issues with ROC 3. SCG will ensure consistent health messages are issued locally 	Epidemic peak, likely to last around 7 weeks.
State of Emergency Declared	Special legislative measures taken including a Regional Nominated Co-ordinator	<ol style="list-style-type: none"> 1. SCG will act as directed by Regional Nominated Co-ordinator 	
Inter Pandemic Period	End of First or subsequent waves	<ol style="list-style-type: none"> 1. Debrief and identify lessons learnt in preparation for second or subsequent waves 	Second or subsequent wave of pandemic can be expected
End of Pandemic Period	WHO declares end of pandemic outbreak	<ol style="list-style-type: none"> 1. Full debrief and identify lessons learnt for inclusion in revised plan 	

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3.2.2. Further details regarding the operation of and command and control structures of the SY SCG/LRF are available on the South Yorkshire Emergencies website.

3.3. Regional Resilience Team Action Plan for Management of Regional Civil Contingencies Committee

3.3.1 An RCCC will include relevant representation of key organisations that regularly attend the Regional Resilience Forum (RRF) and other organisations/agencies as required. Secretariat support is provided by the Regional Resilience Team. The current membership is:

- Regional Director of the Health Protection Agency,
- Regional Director of Public Health of the SHA (RDPH)
- Chief Executive of the Yorkshire Ambulance Service.
- Deputy Regional Director Regional Resilience Government Office Yorkshire and the Humber
- Chief Executive from a Local Authority from each LRF area (Barnsley MBC usually represent the 4 South Yorkshire Local Authorities on the RRF)
- West Yorkshire Police (representing 4 Y&H police forces)
- HQ 15 (North East) Brigade
- South Yorkshire Fire and Rescue (representing 4 Y&H fire services)
- Regional Director Health and Safety Executive
- Director, Yorkshire Forward
- British Red Cross
- Maritime and Coastguard Agency
- Government News Network
- Regional Director Environment Agency

3.3.2. The RDPH, as lead Executive Director for NHS Yorkshire and the Humber, will be able to bring both DoH public health leadership and NHS strategic management responsibilities to the RCCC. For practical support purposes the RDPH may elect to invite another NHS Y&H Director colleague to join them. It may also be necessary to invite representation of the Regional Health Communications Cell to the RCCC meetings.

3.3.3. The chair of the RCCC will be decided at the time and is likely to change through the pandemic period. Exercises have shown that it is feasible and effective for the chair of the RCCC to come from any organisation – i.e. not necessarily Health, providing they are experienced and skilled in undertaking that role. Freeing up the Health representatives on the RCCC from the onerous chairing role allows them to concentrate on their own critical responsibilities.

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- 3.3.4. Table 4 illustrates when activation of the RCCC is likely to be triggered in line with the World Health Organisation (WHO) pandemic phases and UK alert levels.

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Table 4: RRT Action Plan for Management of RCCC and LRF Response

Alert level	Description	Action	Comment
WHO Phase 4	Small cluster of cases overseas with limited person to person transmission	<ol style="list-style-type: none"> 1. CCC (COBR) will sit to monitor and co-ordinate the UK response. 2. Regional Resilience Team (RRT) will circulate information to regional partners. 3. RRF will be called as the RCCC to consider implications and to review regional plans and to promulgate policy decisions/advice and maintain an overview of the regional response. 	Planning will continue for the arrival of the pandemic in the UK including plans for dealing with the additional deaths expected to occur (scale will depend on the nature of the virus)
WHO Phase 5	Large clusters of cases overseas but person-to-person spread still localised	As above	Plans must be ready for instant implementation. National and local co-ordination and communication arrangements may be activated, the National Flu Line service established and arrangements for the development and supply of a specific vaccine reviewed.
WHO Phase 6 UK Alert level 1	Increased and sustained transmission in the general population (pandemic confirmed) No cases in the UK	<ol style="list-style-type: none"> 1. RRT will establish a Regional Operations Centre (ROC) to manage information flows to and from Central Government. 2. Regional Resilience Team (RRT) will circulate information to regional partners including regional and national situation reports. 3. RCCC will meet to: <ul style="list-style-type: none"> • review regional and local plans and preparedness; • Agree public information messages. • Identify key issues for Central Government. • Agree meeting schedule and 'virtual' arrangements 4. LRF SCGs will be established 	<ol style="list-style-type: none"> 1. The ROC will supplement the normal Resilience Team arrangements and will ensure clear communication lines are established with LRFs/SCGs. 2. The RCCC will meet at least twice a week during alert level 1. This stage could last between 2 and 4 weeks. 3. CCC will be sitting and regional situation reports will be prepared to give an overview of issues/concerns 4. Once the pandemic arrives, advice may be issued to avoid public events. Meetings of the RCCC may therefore be 'virtual' via a teleconference facility. Details are included in the Generic Regional Response Plan

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Alert level	Description	Action	Comment
UK Alert level 2	Virus isolated in the UK	<ol style="list-style-type: none"> 1. RCCC will meet as soon as is practicable after the declaration of alert level 2 to review preparedness and identify key gaps. 2. GOYH response plan fully activated with logistics, transport, utilities and communications cells established as necessary. 3. ROC will prepare for 24/7 operation 4. Public health messages will be shared with all local and regional partners. 	This level could last about two weeks so measures to maintain core services will be implemented.
UK Alert level 3	Outbreaks in the UK	<ol style="list-style-type: none"> 1. RCCC Level 1 will meet at least twice weekly (probably by means of a teleconference). 2. RCCC will maintain an overview of the regional impacts, identify resource issues (including requests for revised methods of working to deal with excess deaths.) and ensure consistent public health messages are issued. 3. ROC will maintain daily contact with SCGs in the region 4. ROC operational 24/7 5. Daily sitreps prepared and shared with regional partners. 	<ol style="list-style-type: none"> 1. National and local response measures will be implemented proportionately as the pandemic spreads 2. Resilience Teams will submit situation reports daily reporting the regional picture at 17:00 each day – dependent on Battle Rhythm established by COBR
UK Alert level 4	Widespread activity across the UK	<ol style="list-style-type: none"> 1. RCCC Level 2 will meet at least twice weekly (probably by means of a teleconference). 2. RCCC will maintain an overview of the regional impacts, identify resource issues (including requests for revised methods of working to deal with excess deaths.) and ensure consistent public health messages are issued. 3. ROC will maintain daily contact with SCGs in the region 4. ROC operational 24/7 5. Daily sitreps prepared and shared with regional partners. 	<ol style="list-style-type: none"> 1. This will be the peak of the pandemic and may take approximately 7 weeks from the first identification of cases. 2. Issues are likely to arise around maintenance of continuity of cover for both RCCC and SCGs.
State of Emergency Declared	Special legislative measures taken including Secretary of State appointing a Regional Nominated Co-ordinator	RCCC Level 3 which will work with the Regional Nominated Co-ordinator to put into action measures.	

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3.4. Downgrade/Stand down

- 3.4.1. On notification of a pandemic alert downgrade, the Yorkshire and Humber Strategic Health Authority will notify the LRF Secretariat who will be responsible for cascading this information to the SY LRF/SCG Members and notifying members that the LRF/SCG will be stood down.

3.5. Recovery

- 3.5.1. A SY Recovery Group will be activated at an early stage and will be co-located within the SCG

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4. **ROLES AND RESPONSIBILITIES**

The SY LRF Pandemic Influenza Plan identifies clear responsibilities for the following functions:

4.1. **Dealing with Excess Deaths**

4.1 1. It is recognised that an influenza pandemic will raise the prospect of excess deaths, which will put immense strain on existing death processes. The LRF has detailed plans in place which accord with the latest guidance available from the Home Office.

4.1 2. The overall responsibility for the Management of Excess Deaths lies with the relevant Local Authority and each authority has a comprehensive contingency plan to manage the increased pressures of dealing with excess deaths during an influenza pandemic. Each authority's plans comply with the latest guidance available from the Home Office and incorporate mechanisms by which different ways of working processes will be dealt with.

4.1 3. The Local Authority planning for the management of excess deaths includes consultation and liaison with a range of internal and partner organisations. These include:

- Specific Local Authority departments
- Coroner (or Coroner's representative)
- Medico-Legal
- Registration Births, Marriages, Deaths
- Executor Services
- Bereavement Services
- Partner organisations
- Private Sector delivering burial cremation services where appropriate
- Funeral Directors
- Faith Groups

4.1 4. Planning for the management of excess deaths takes into account the capacity of current mortuary and burial and cremation facilities within each district. The plans also identify any potential gaps that may arise during the response to a Pandemic Influenza.

4.2. **Management of Excess Deaths**

4.2.1. The LRF plan for dealing with excess deaths co-ordinates the response in South Yorkshire and includes details of:

- strategic leadership as part of a multi-agency response
- local area plans for dealing with excess deaths
- information on the 'Different Ways of Working' documented in local plans

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- identification of key areas of responsibility – e.g. Coroner
 - the framework for communications between LRF members and other responding agencies to ensure a co-ordinated response.
 - procedures for determining and mitigating pressure points that may arise during a pandemic
- 4.2.2. The move from normality to phase 1 of the ‘Different Ways of Working’ involves Local Authorities implementing business continuity measures. The move to phase 2 marks the move from a single agency response to one based on the LRF as a whole. The move to phase 3 introduces measures that require changes to primary or secondary legislation. The movement between phases will be agreed by the SCG on request from the Chair of the Pandemic Influenza Fatalities Group.
- 4.2.3. Training is provided for staff identified in the plans for dealing with the management of excess deaths. These include a number of Local Authority staff currently being trained to carry out cremation duties, identified and pre-trained deputy registrars, bereavement services support staff etc.
- 4.2.4. Each Local Authority will be responsible for providing detailed information regarding the management of excess deaths to the SY Pandemic Influenza Fatalities Group when convened and have arrangements in place to provide situation reports on specific local capacity and to identify any pressure points regarding the management of excess deaths.
- 4.2.5. Each Local Authority plan will include the planning assumptions for their own area including population breakdown, the likely number of deaths over the time period of the outbreak as well as cemetery and crematoria capacity.
- 4.2.6. This information will be provided as required to the LRF/SCG via the Pandemic Influenza Fatalities Group dependent on the current stage of the Pandemic in the required format following national guidelines and battle rhythms.
- 4.2.7. Local Authorities and other organisations involved in the management of the excess deaths process have robust Business Continuity and Pandemic Influenza Plans in place. Local level planning groups continue to be actively involved in the preparation for, the response to, and the recovery phases of a pandemic influenza.
- 4.2.8. It is important that plans for the management of excess deaths are not prepared in isolation and the SY Local Authorities work with a range of partners including the health community, local businesses and faith groups as part of their ongoing planning arrangements. The planning groups typically include representatives from Register Office, Coroner, Medico-Legal, Bereavement Services, Executor Services, Partner Agencies, and Funeral Directors, Health partners. Plans are regularly updated to take account of all new guidance.

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4.3. Data Reporting and Collection

- 4.3.1. The Data Collection Sub-Group will be responsible for collating all information received, including that on excess deaths, and will forward on and cascade as required.
- 4.3.2. At the first meeting of the LRF/SCG the Chair of the LRF will request the establishment of a Data Collection Sub-Group of the LRF/SCG that will be responsible for collecting data for the SCG situation reports for onward transmission to the relevant bodies using the template at Appendix 4.
- 4.3.3. The members of the sub-group will be determined at the first meeting of the LRF/SCG and will be based on resources available at the time.
- 4.3.4. A situation report/data collection process and responsibilities will be determined at the initial meeting of the LRF/SCG.
- 4.3.5. The timescale for provision of information will be determined at the time and linked to the requirements of COBR. All members of the SCG/LRF will be required to provide the information requested by the sub-group following the agreed template provided at 4.3.2.
- 4.3.6. Meetings of the Data Collection Sub-Group (or telephone conferences) will be aligned to the meetings of the LRF/SCG to take account of the data collection requirements and battle rhythms.
- 4.3.7. South Yorkshire SCG will ensure via the Data Collection Sub-group that the data collected is forwarded to GOYH by 5pm each day in order that GOYH can ensure that the regional data is with the Cabinet Office by 7pm each day. The Health Department and other Government departments are required to have their information with the Cabinet Office by 7am each day. These inputs will be fed into meetings of the Civil Contingencies Committee, which are likely to take place every day in the mornings.
- 4.3.8. The methods for the collection of data have been established as follows:

Impact on Coroners and Funeral Services

Arrangements are in place via Local Authorities, to collect relevant data regarding the impact on coroners and funeral directors on an agreed schedule as determined by the level of the pandemic. The data may be collected by methods such as daily e-mail situation report, telephone conferences, telephone, or meetings. This information will be reported to SCG via the Chair of the Pandemic Influenza Fatalities Sub-Group.

Local Authorities will forward details to the LRF/SCG Data Collection Sub-Group using the agreed template in line with the appropriate battle rhythm for onward transmission.

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Impact on the Emergency Services – YAS/Police/Fire & Rescue

Each of the three Emergency Services will collect data as required nationally for submission and will be represented on the data collection sub-group.

Impact on NHS Organisations

The 11 NHS organisations in South Yorkshire will collect data as required nationally for submission to the SCG. Health will be represented by the Lead PCT on the Data Collection Sub-Group.

Impact on the Essential Services (Utilities and Food Industry)

The data collection sub-group will endeavour to provide relevant information as requested where possible.

Impact on Schools and Services for Children, Young People and Families

Well-established arrangements are in place via Local Authorities to collect relevant data regarding the impact on schools and services for children, young people and families. These existing mechanisms will be utilised if a Headteacher or Governors or other guidance determine that Health and Safety regulations require a school to close during a pandemic influenza outbreak.

Local Authorities will support schools as far as practicable during an outbreak and pre-planning by Local Authorities as part of their wider Pandemic Influenza planning has incorporated issues such as:

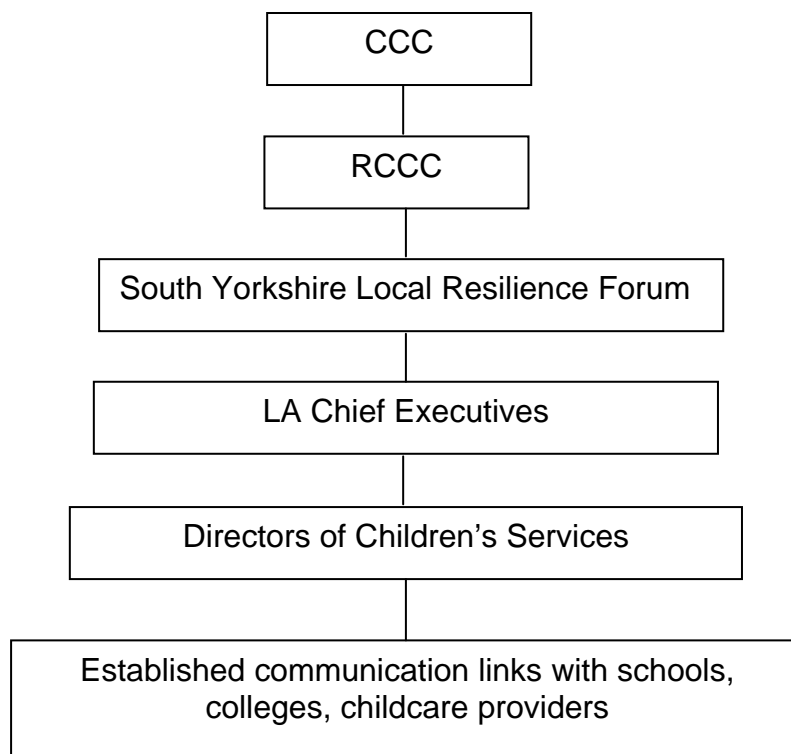
- Contingency/business continuity planning
- Support and action required on pupil fatalities
- Policies, procedures
- Infection control
- Support employees and staff who are ill or have care responsibilities
- Remote learning
- Return to normality and recovery

Data will be collected to the agreed schedule as determined by the level of the pandemic. The data may be collected by methods such as daily e-mail situation report, telephone conferences, telephone, or meetings and supplied to the appropriate Local Authority representative.

Local Authorities will forward details to the LRF/SCG in line with the appropriate battle rhythm for onward transmission.

If Government guidance recommends schools in a particular area should close during an outbreak to reduce the spread, the Department for Children, Schools and Families will contact schools directly. This information will be cascaded via the following links:

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Animal Welfare Issues

Arrangements are in place via Local Authorities to collect relevant data regarding the impact on animal welfare issues on an agreed schedule as determined by the level of the pandemic. The data may be collected by methods such as daily e-mail situation report, telephone conferences, telephone, or meetings. This data will be forwarded to the LRF/SCG on the agreed template and in line with the appropriate battle rhythm for onward transmission.

Voluntary Partners

The established Voluntary Sector and Welfare Forum has put arrangements in place to gather information from the various voluntary partner organisations in the event of an influenza pandemic. This information will be provided to the relevant Local Authority representative for onward transmission to the Data Collection Sub-Group.

Local Pressure Points

The LRF in SCG mode will assess all available information and make decisions regarding identification of local pressure points.

Any Major/Newsworthy Issues

The LRF in SCG mode will assess all available information and make decisions regarding press releases via the SCG Media Cell (see SYMAG Gold protocol).

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Judicial Processes

South Yorkshire Police is represented on the South Yorkshire Criminal Justice Board (SYCJB), along with the Courts, Crown Prosecution Service, Probation Service and the Prisons. The SYCJB has its own influenza pandemic contingency plan. The SYCJB will meet according to the UK alert level and feed data/information into the LRF via the SYP representative on the SYCJB.

Businesses

The Local Authorities will endeavour to collate information from a wide range of business organisations within each Local Authority district. This would be via the established links such as Business Emergency Resilience Groups (or equivalent) in each district and would include a wide range of partner organisations. For example:

- Chamber of Commerce
- Federation of Small Businesses
- Business Link/Yorkshire Forward
- SME organisations

Information requested would include details of:

- Staff absence
- Capacity

The relevant Local Authority would forward information received to the SCG in the agreed format and battle rhythm.

Transport Providers

The established SY Transport Emergency Planning Forum has put arrangements in place to gather information from the various transport partners in the event of an influenza pandemic. This information will then be forwarded to the Data Collection Sub-Group.

Vulnerable Groups

Social Care and Health will be able to provide relevant information about the impact on the vulnerable people that receive services from them. The data will be collected directly from staff in contact with the service users, by telephone, e-mail and daily situation reports. This information will be forwarded to the relevant LA for onward transmission etc.

Community Cohesion

The South Yorkshire Police mission critical function in this area is to respond to incidents which impact on community cohesion. The police approach will be one of working in partnership with local Crime and Disorder Reduction Partnerships and reporting back to the SCG.

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Local Authorities

Arrangements are in place via Local Authorities, to collect relevant data regarding the impact on community cohesion to an agreed schedule as determined by the level of the pandemic. The data may be collected by methods such as daily e-mail situation reports, telephone conferences, telephone or meetings.

Existing Community Impact assessment arrangements will be utilised to measure the effect of the pandemic and predict future impacts. Information will be collated from partners and Local Authorities before being recorded in the community tension assessment and forwarded to GOYH. Existing mechanisms such as SNAs will be utilised. During a pandemic influenza these details will also be forwarded to the LRF/SCG for onward transmission using the agreed template and battle rhythms.

Mass Gatherings

SY Police will capture data via police districts in regard to any planned events notified to SYP and requiring police presence. Established communication channels will be utilised to gather and report information to SCG.

Arrangements are in place to collect data from Council Departments responsible for licensing and/organising public events regarding any events to be held in South Yorkshire, which would result in a mass gathering, to an agreed schedule as determined by the level of the pandemic. The data may be collected by methods such as daily e-mail situation reports, telephone conferences, telephone or meetings.

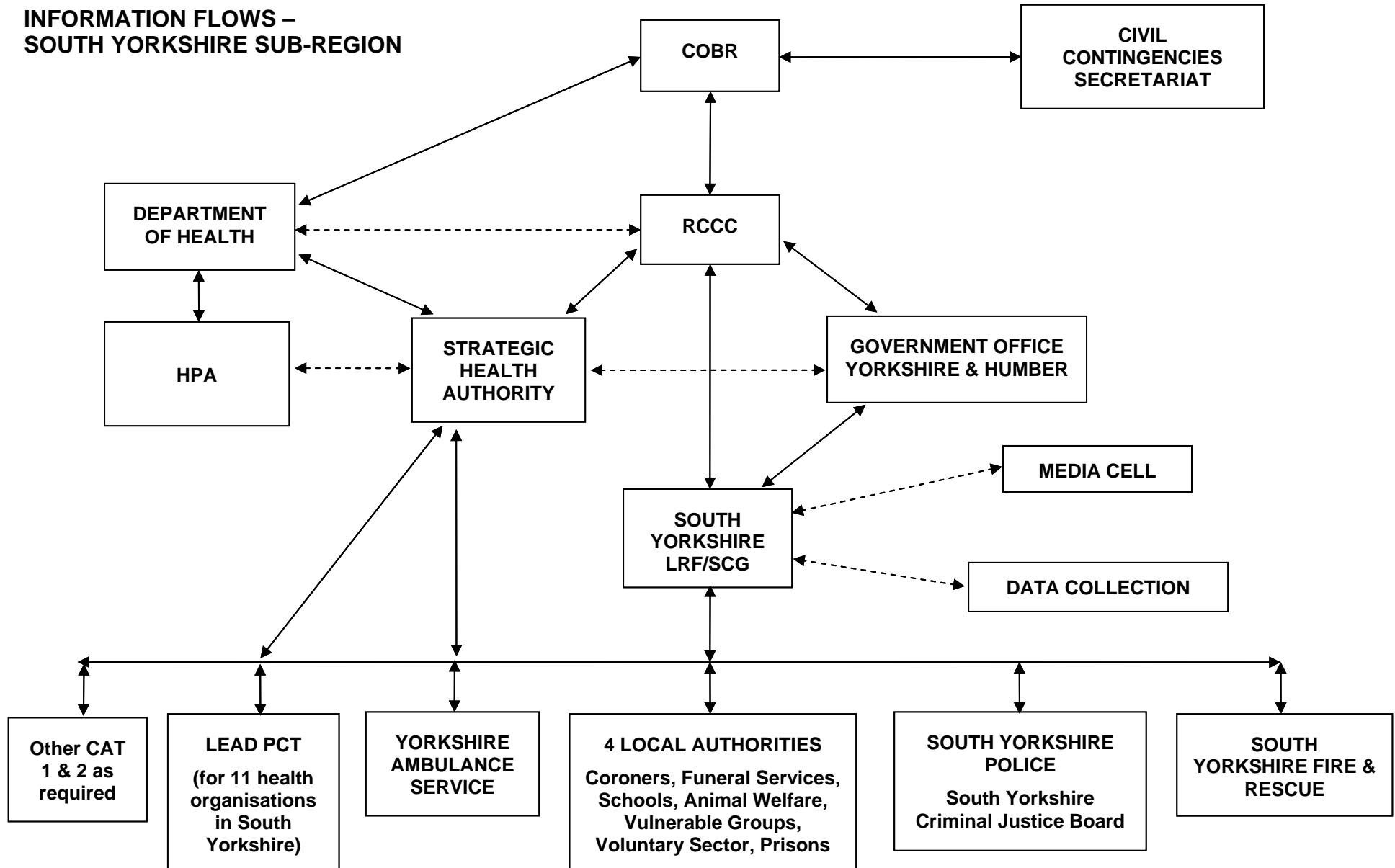
Staffing Issues

All organisations will be responsible for providing information to the LRF Secretariat via the Data Collection Sub-Group with data, which will then be forwarded to the appropriate body.

- 4.3.9. The relevant information flows have been agreed as detailed in the flowchart overleaf:

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INFORMATION FLOWS – SOUTH YORKSHIRE SUB-REGION



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4.3.10. Reporting to RRFs and nationally will be through the South Yorkshire LRF/SCG via the Data Management Sub-Group who will report information as per national and regional instructions once battle rhythms are known.

4.4. Communications

4.4.1. The SY communications pandemic influenza response forms part of the SY Public Information Forum ongoing work and will link into the South Yorkshire SCG when activated and be co-located within the SYMAG facility.

4.4.2. The aims of the SY PIF is to:

- Provide accurate, timely and consistent advice
- Warning and informing the public and partner organisations
- Link the SY communications with regional and national media channels
- Monitor media coverage and update SCG on issues
- Manage media requirements
- Assist recovery and return to normality
- Co-ordinating communications at local, regional and national level

4.4.3. The Chair of the SY LRF/SCG will be responsible for activating the Gold Media Cell. This group will be co-located within the SY SCG.

4.4.4. Messages will be co-ordinated by LRF/SCG members wherever possible and adapted if appropriate by individual organisations. Once agreed messages will be issued either through the Gold Media Cell or by individual LRF members to their usual South Yorkshire contacts and will be issued frequently to keep the public updated on the latest status and advice.

4.4.5. This process will be managed by a LRF Gold Media Cell if SCG is convened. National inputs will be obtained through Gold and Government Office

4.4.6. Local arrangements are in place to support central Government in communicating advice to the local population and public messages have been established.

4.4.7. Target audiences have been identified and include:

- the public
- the business community of South Yorkshire,
- vulnerable people identified by PCTs and Local Authorities
- staff of Category 1 responders
- others as appropriate and detailed in individual plans

4.4.8. Health and Social Care Organisations have included within their plans initiatives for communication with a wide range of vulnerable groups of people.

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- 4.4.9. In the event of a pandemic influenza national communications will be led by the Department of Health. As part of the South Yorkshire planning PCTs have been identified as the lead Health responders locally for an influenza pandemic emergency.
- 4.4.10. PCTs will lead on ensuring that antiviral medication is distributed to the public within their district and publicise the relevant information and advice to the public.

4.5. Roles of Individual Organisations

- 4.5.1. It is an important element of SY Multi-Agency Pandemic Influenza planning to ensure that individual plans are not prepared in isolation and that important linkages between other organisation's plans are identified. This is carried out as part of established multi-agency working groups and through joint multi-agency exercises. For example the SY Gold Standard Pandemic Influenza exercise which took place on 21 January 2009.
- 4.5.2. The primary roles and responsibilities between the responding organisations during a pandemic influenza are detailed below:

Health Protection Agency

The Health Protection Agency is the lead agency responsible for providing public health advice to the Department of Health, and supporting all aspects of the public health response to an influenza pandemic. The key roles of the HPA are in:

- international and national surveillance and intelligence gathering,
- informing public health policy development,
- contributing to global efforts to prevent or detect the emergence of a new virus, and,
- supporting NHS and inter-agency planning and response at all levels

As a pandemic develops, the HPA will provide the following specialist health protection functions:

- Reference virological and microbiological services
- Co-ordination of, and advice on, the investigation and management of early cases and contacts
- Detailed epidemiological data on the emerging virus
- Expertise, advice and support to the NHS, local government and other partners through local and regional teams
- Co-ordination of the collection and publication of UK wide influenza surveillance data

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- Support to the Department of Health and the NHS to develop and deliver clear and consistent health advice messages to the public
- Real time modelling capability

Regional Civil Contingencies Committee

Pandemic influenza is likely to stretch the capabilities and capacity of local responders and have widespread impact. In this respect it is likely that there will be a role for a Regional Civil Contingencies Committee (RCCC). This role should not be to exert any executive command and control in the response. It will primarily be to support the work of the four SCGs in Yorkshire and the Humber by taking a Regional overview and co-ordinating a Regional level response where this is appropriate. It needs to be responsive to Central Government and local responders. Dependent on the severity of the outbreak and extent, advance RCCC meetings may be 'virtual', negating the need for travel.

The areas it should focus on include:

- ensure co-ordinated communication of public health advice and actions across Health and outwards to other organisations
- assist the four SCGs by marshalling resources and helping to prioritise use of scarce resources
- act as a mechanism for sharing information about the impact of the incident between central government and local responders and also protect operational staff from "bureaucracy"
- enable good practice to be shared and ensure its consistency thus allowing economy of effort
- be responsible for strategic consideration of the recovery and long-term restoration of the Region following the pandemic
- Sharing and dissemination of advice from central Government.

Yorkshire & the Humber Strategic Health Authority

SHAs act as the regional headquarters of the NHS. In the event of an influenza pandemic, it is anticipated that some central decision-making powers – including decisions on service priorities and suspension of targets – will be delegated to them. SHA decisions will need confirmation by the Department of Health, which will also discuss any effect on annual health checks with the Healthcare Commission and liaise with Monitor where there is an impact on foundation trusts.

SHAs provide a critical link to their respective regional Government Offices and, through designated pandemic influenza co-ordinators, ensure the development, maintenance and testing of effective and integrated health response plans across their areas.

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During a pandemic, Yorkshire and the Humber SHA will:

- co-ordinate the strategic response across its Health community
- be responsible for the general oversight and coordination of the delivery of healthcare
- ensure the most effective deployment of available resources
- provide health advice and information to the RCCC
- act as reporting links to the Department of Health
- collate and forward monitoring information
- provide a communications link and support media handling and the provision of public information.

Primary Care Trusts

NHS Sheffield
NHS Barnsley
NHS Doncaster
NHS Rotherham

Primary Care Trusts (PCTs) are responsible for:

- assessing local risk
- commissioning, supporting and monitoring the development of integrated health response plans
- developing arrangements to maintain and support patients in a community setting
- ensuring that health plans take account of the needs of military bases, prisons or other establishments that may require specific planning in their area.

In the event of a pandemic, PCTs will:

- co-ordinate and oversee the local health response
- mobilise general practice and primary care resources
- provide advice and public information
- collate and report operational information to the SHA and or the SCG via the lead PCT
- make contingency arrangements for the distribution or collection of antiviral medicines and delivering population-wide vaccination if required.

Lead Primary Care Trust – NHS Sheffield

Lead PCTs act on behalf of NHS organisations within their Local Resilience Forum (LRF) boundary to ensure a health input to the LRF.

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In the event of a pandemic, NHS Sheffield will:

- provide the health input to the LRF in SCG mode (and with the RCCC via YHSHA)
- work with South Yorkshire NHS organisations to collate and report operational information to the SHA and/or SCG
- working with YHSHA, co-ordinate the Health response across South Yorkshire, ensuring NHS organisations are kept informed
- co-ordinate local NHS communications across the LRF area

Foundation and Other Hospitals and Specialist Health Trusts

Barnsley Hospital NHS Foundation Trust
Doncaster & Bassetlaw Hospitals NHS Foundation Trust
Rotherham, Doncaster & South Humber Mental Health NHS Foundation Trust
Rotherham NHS Foundation Trust
Sheffield Children's Hospital NHS Foundation Trust
Sheffield Health & Social Care NHS Foundation Trust
Sheffield Teaching Hospitals NHS Foundation Trust

Foundation and other hospital trusts, and specialist health trusts are responsible for a wide range of health services. These organisations support local planning and develop their internal contingency arrangements for responding to the additional demands whilst maintaining essential healthcare throughout an influenza pandemic.

Plans should pay particular attention to:

- projected requirement for significant surge capacity,
- increased demand for specialist beds,
- patient transport,
- support to maintain patients in community settings,
- re-deployment of staff at short notice,
- staff protection
- strict infection control.

See DH guidance 'Pandemic Influenza: Guidance on preparing acute hospitals in England'. (Nov 2007) and DH draft guidance 'Pandemic Influenza: Guidance on preparing mental health services in England'.

Yorkshire Ambulance Service (YAS)

In the event of a pandemic influenza outbreak, the focus for YAS would be very much around business continuity issues to ensure critical functions keep operating, such as:

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- Ambulance Control Centres
- Accident & Emergency service
- PTS service (all be it a reduced level, however certain elements have to be maintained such as renal/chemotherapy etc)
- Command teams

In addition YAS will ensure:

- Controlled shut down of non-essential departments to support the maintenance of critical functions
- Staff welfare is considered at all times
- The activation of the Voluntary Aid Societies (VAS) in support.

NHS Direct

In the event of an influenza pandemic, NHS Direct will have a specific national role in running the National Fluline. The clinical pathway and algorithm has been developed in conjunction with the Department of Health and the Royal Colleges.

- Fluline Process:
 - Assessment of callers using a national clinical algorithm and antiviral authorisation
 - Advice for homecare
 - Refer on where necessary

Local Authorities

Within South Yorkshire there are four Local Authorities. These are:

Barnsley Metropolitan Borough Council
Doncaster Metropolitan Borough Council
Rotherham Metropolitan Borough Council
Sheffield City Council

The primary responsibilities of the South Yorkshire Local Authorities during an influenza pandemic are to:

- Support and care for the local and wider community.
- Support the emergency services and other organisations involved in the response.
- Co-ordinate the response of the Voluntary Agencies
- Restoration of normality at the earliest opportunity.

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Local Authority preparation and response involves a wide range of areas including:

- Training officers to interface with partner agencies
- Involvement in preparing generic and specific pandemic influenza-related plans
- Preparation of Local Authority plans for responding to a pandemic influenza
- Preparation of Local Authority business continuity plans to ensure Local Authorities can continue to provide critical services during an influenza pandemic
- Participating in the preparation and development of multi-agency plans, including pandemic influenza plans, and ensuring appropriate links are in place
- Training and briefing staff and elected members on influenza pandemic plans and preparation
- Participating in South Yorkshire and Regional Pandemic Influenza Forums
- Identifying and implementing new and innovative ways of delivering emergency planning and business continuity services during an influenza pandemic
- Awareness of all new pandemic influenza and associated guidance and plans
- Participation in multi-agency exercises and training
- Supporting the needs of the public and providing additional assistance for vulnerable people with special needs
- Supporting the delivery of public information and warning and informing and involvement with media
- Supporting Health Partners including support at vaccination centres dependent on availability of resources

The four Local Authorities within South Yorkshire each have comprehensive and detailed pandemic influenza plans in place. These plans remain live, developing documents that are continuously reviewed. Each Local Authority continues its work on planning for pandemic influenza to ensure that any changes to guidance are incorporated.

South Yorkshire Police

In the event of an influenza pandemic, SYP would focus on maintaining essential services, specifically:

- To maintain effective communications with the public
- To answer all 999 calls
- To provide an appropriate response to immediate priority calls
- Maintain the ability to deal with:
 - major, critical and emergency incidents
 - serious crime

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- firearms incidents
- serious public order
- fatal and serious road traffic collisions
- Provide custody facilities
- To respond to incidents which impact on community cohesion, or the credibility and reputation of the police
- To provide effective Command and Control of incidents
- To maintain a Force Victim Recovery and Identification Team capacity

Coroners

In the event of a pandemic, Coroners' offices will:

- With the assistance of Local Authorities put into operation existing plans to re-deploy staff (including appointing additional assistant deputy coroners)
- Prioritise acute work (i.e. disposal certificates) over inquests
- Liaise with partner agencies
- Maintain surveillance of all reported deaths in order to avoid untoward deaths going undetected.

Voluntary Organisations, including WRVS, British Red Cross Society, St John's Ambulance

WRVS

WRVS in South Yorkshire works in partnership to build resilience and provides trained teams of volunteers to support the welfare needs of the Community and Statutory services at times of emergency.

While WRVS has business continuity plans it is unclear at this time how an influenza pandemic would affect the functioning of the organisation. It is difficult to predict what would be available at the time, but it is expected that there would be significant resilience to help partners with some of the following:

- Provide emergency feeding in clinics and centres as needed
- Provide emergency feeding to staff in the above.
- Help with registration or reception at centres.
- Open up hospital shops as needed.
- In certain areas, provide a meals-on-wheels service to individuals.
- Help deliver leaflets.
- Staff help-lines.
- Assess and support other requests made.

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British Red Cross

In the event of a pandemic influenza situation the British Red Cross (BRC) would respond within its capability to whatever request is made by the statutory services or the Local Authorities.

The BRC in Yorkshire has signed agreements (Memorandum of Understanding or 'MoU') with most LA Emergency Planning Departments. The MoU details the types of support that the BRC could contribute in terms of workforce competencies and material resources.

Support would come from within resources in Yorkshire or, if required, from across the country using the Society's mutual aid resources. Clearly, in a national pandemic, how much aid from outside the county would be available would depend on the specific circumstances at the time. We also are able to access our international resources or to launch our Disaster Appeal Scheme if that is required.

Our capability to respond would be subject to:

- Dynamic risk assessment conducted by our Emergency Response Management Team (BRC staff) based on information provided to us by the leading agency,
- Availability of staff and volunteers whose training is consistent with the ask,
- Provision of protective attire and/or medication for individuals deployed, in line with that provided to other active partner agencies.

St John Ambulance

In the event of a pandemic influenza situation St John Ambulance would respond within its capability to whatever request is made by the statutory services or the Local Authorities.

St John Ambulance has a resilience plan for an influenza pandemic and may help with some of the following:

- First aid personnel (rest centre work)
- Transport:
 - ambulances (if not assisting YAS)
 - mini-buses to transport public or staff.

Port Health: South Yorkshire HPU

The Consultants in Communicable Disease Control from the South Yorkshire Health Protection Unit are the designated Port Medical Officers for Robin Hood Airport. A Department of Health document describing the actions expected of ports and their Medical Officers during an influenza pandemic is

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currently out for consultation and further details will be added to this plan once agreements are reached at national level.

Government Office Yorkshire and the Humber (GOYH)

The GOYH role during a pandemic will be to set up a Regional Operations Centre (ROC) to provide the information links between the Cabinet Office and Lead Department on the issues and current situation within the Region through Situation Reports (Sitreps). It will do this by gathering information from SCGs and the RCCC. It will also be the conduit for disseminating information out from Central Government.

It will provide the secretariat function to the RCCC (RRF Members) which will provide a strategic planning and assurance function to ensure that structures and processes are in place across Yorkshire and the Humber to deal effectively with an influenza pandemic.

In the event that the ROC cannot sit, it may be that Members of the RCCC and SCGs will have to liaise direct with Central Government.

Independent Health and Social Care Sector

All organisations are encouraged to have business continuity plans in place to deal with emergency situations. Under the CCA 2004 Local Authorities have a duty to provide advice and assistance to businesses and voluntary organisations about business continuity management. NHS commissioners also strive to ensure contingency plans are integral to their contracts with service providers.

Fire & Rescue Service

The main objectives of the SYFR Pandemic Influenza Plan are to establish a dynamic and flexible response to the unpredictable effects of pandemic influenza, which would:

- ensure that SYFR core functions are maintained, as is reasonably practicable, and continue to fulfil SYFR duties under the Fire Rescue Services Act 2004 and the Civil Contingencies Act 2004
- reduce general disruptive impact on all SYFR functions
- activate dynamic procedures for establishing availability of all staff
- activate alternative call handling and response arrangements to fit reduced operational provision due to sickness or staff absence.
- activate alternative deployment arrangements to fit reduced operational provision due to sickness or staff absence
- keep SYFR Authority Members, other Emergency Services, partner agencies, the public, Local Resilience Forum, Cabinet Office, staff and the media fully informed of changes to SYFR response and deployment arrangements

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5. SOCIAL SERVICES

5.1. Vulnerable People

5.1.1. The needs of a range of specific patient populations that may be disproportionately affected during a pandemic have been addressed in the preparation of plans. These include:

- Children and families
- Frail/elderly
- Young adults
- Patients with chronic diseases or pre-existing medical conditions
- Physically disabled or with learning difficulties
- Immuno-compromised children and adults
- Those in need of bereavement support

5.1.2. Joint working between a range of partners – e.g. Adult Social Care, Children's' Social Care, Primary Care Trust and the Mental Health Trust – ensures that appropriate arrangements and links between organisations are in place to provide service users with support (which may be a basic minimum) in a pandemic. Plans take account of the fact that there will be an increase in demand for services from people currently not receiving them.

5.1.3. Local Authorities in South Yorkshire lead the work on the 'Support to Vulnerable People in an Emergency' plan or equivalent plans, which are in the process of being agreed by a range of Health, Social Care and other organisations

5.1.4. Estimates are based on current service users and their needs. The increase in demand will mean 'more of the same' as people who normally do not require services need them.

5.1.5. Plans are in place to provide support within the limits of staff and resources available. It may be that at times we are only able to provide a very basic minimum level of support.

5.1.6. It is the intention that Adult Social Care, Children's' Social Care, Primary Care Trusts and the private sector will work together to endeavour to ensure that all clients and vulnerable people receive at least one visit per day from at least one of the responding agencies.

5.1.7. The South Yorkshire Local Authorities all lead the work to support vulnerable people in an emergency and have Plans that are currently in development. These plans include identification of vulnerable groups, which is a contentious issue in itself, and are based on estimates of current service users and their needs. Plans also take account of those who may become

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vulnerable due to an outbreak and consider the identification of priority groups for possible medical counter-measures.

- 5.1.8. NHS organisations in South Yorkshire will ensure that the Department of Health draft Guidance on Surge Capacity and Prioritisation in Health Services is incorporated into their plans and also that plans are revised when the final version is published. This guidance is intended for operational use in the UK once WHO declares Phase 6 and the Department of Health in England declares UK Alert level 1.

5.2. Social Measures

- 5.2.1. Local arrangements are in place to support the implementation of possible social measures or to reduce social impacts, including:

5.2.2. Closure of schools and group early years and childcare settings

Local Authorities will take a lead from national guidance issued at the time of a pandemic. Schools have business continuity plans and emergency plans in place that could be activated during a pandemic. In addition a number of schools have their own individual pandemic influenza plan.

The SY LRF has ascertained that Local Authorities have taken steps to ensure that well-established contact details and communication systems are in place across all Local Authorities in South Yorkshire for communicating with schools, early years and childcare settings and parents and carers which will be utilised during a pandemic influenza. These existing plans and procedures will be utilised during a pandemic influenza.

All schools also have robust business continuity plans in place which consider a range of support options including remote learning. These plans include guidance on communicating with parents.

Each Local Authority holds comprehensive details of parents/guardians and means of contacting in situations such as a pandemic which are utilised on a regular basis. These systems will be utilised in the event of a pandemic influenza.

Well-established arrangements across all districts are in place to communicate any decisions on school closures and school openings and these will be utilised during an influenza pandemic. A variety of methods of communications will be utilised, including using local radio, central e-mail addresses, websites, etc.

Where possible schools will support remote learning; the provision will vary from school to school and will additionally be dependent on staff availability. The Department for Children, Schools and Families has produced guidance on this matter.

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5.2.3. Voluntary Isolation/Quarantine

National publicity campaigns will advise the public to remain at home if they believe they have influenza symptoms and will advocate the use of 'flu friends' to obtain anti-viral medicines for symptomatic patients (see section 6.3 on Anti-virals). Local publicity should highlight the benefits of being a good neighbour.

5.2.4. Support to Prisoner Handling and the Judicial Process

The South Yorkshire Criminal Justice Board (SYCJB) will convene its Crisis Management Team (CMT) at UK Alert level 1 and will ensure that all partners are at an advanced level of preparation. South Yorkshire Police will chair the Crisis Management Team. The Criminal Justice Board is made up of a diverse number of partners and there is little ability for partners to provide mutual aid to each other. Essential functions have been identified by partners and agreements reached over working practices.

The South Yorkshire Police mission critical function is to provide custody facilities. South Yorkshire Police will support the South Yorkshire Criminal Justice Board in prisoner handling and the wider judicial process.

5.2.5. Maintenance of Public Order

The South Yorkshire Police mission critical function is to maintain the ability to deal with serious public order. South Yorkshire Police will work with its partners in Crime and Disorder Reduction Partnerships in all Local Authority areas to maintain all public order. This will include police attendance at Mass Vaccination Centres if required, but will not stretch to preventative security.

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6. SUPPORTING THE HEALTH RESPONSE

6.1. Local Arrangements

6.1.1. A range of local arrangements is in place to support the Health Service in South Yorkshire. Each PCT has worked in conjunction with partner organisations in the planning processes and further details are available in each PCT Pandemic Influenza Plan. In the event of a pandemic influenza outbreak, the SYLRF will sit as a Strategic Co-ordinating Group and consider the emergent situation. Dependent on the circumstances at the time, the SCG may re-deploy resources from certain agencies to further support the Health Services.

6.2. Sustaining Patients in the Community

6.2.1. Each of the four PCTs and four Local Authorities in South Yorkshire has considered the need to ensure patients continue to be supported within the community. The exact process differs from district to district and is detailed in individual plans; however the following gives a brief outline of certain processes.

6.2.2. Delivery of Medicines

Most community pharmacists have a home delivery service and PCTs have discussed with individual pharmacies how business continuity will be maintained in the event of an influenza pandemic, including the possibility of managing the service in the event of a shortage of fuel.

6.2.3. Meals-on-Wheels

The provision of meals-on-wheels varies from Local Authority district to district. Barnsley, Doncaster and Sheffield buy in the service from private suppliers who have business continuity plans in place. Rotherham's Meals-on-Wheels service is still delivered in-house and business continuity plans are in place.

6.2.4. Community Nursing

All four PCTs have worked with their 'provider' arms to ensure that there are business continuity plans in place for community nursing. Barnsley PCT has held awareness sessions for community nurses to reinforce their role in the event of a pandemic.

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6.3. Access to Medicines

6.3.1. Identification of Anti-Viral Collection Points

Following national guidance, each of the four PCTs has identified collection points for the supply of anti-viral medication to symptomatic patients within their district. In the main, collection points are based in community pharmacies, as they fulfil the criteria for accessibility, security and expertise. However, some collection points have been identified in other areas such as GP surgeries and hospital locations.

6.3.2. Arrangements for Issuing Anti-Virals

Arrangements will follow the national guidance "*Pandemic Influenza 'How to' Guide for Primary Care Trusts on Local Arrangements for Antiviral Collection Points*". Patients will access the system via the national Flu Line and their designated 'influenza friend' will collect the medication from the most convenient collection point based on individual circumstances.

6.3.3. Delivery of the Pre-Pandemic Vaccine

Each PCT plan includes details of distribution of pre-pandemic vaccine to staff. By way of example, in Barnsley, plans are in place to divert the training department resources to refreshing nursing skills once warning has been received, to enable the speedy delivery of the vaccine to healthcare staff. In the event of a second wave and an appropriate vaccine, the PCT has a Mass Treatment Plan which will be followed.

APPENDICES

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APPENDIX 1

Summary Guidance Table

Below is summary information relating to the various plans and publication which have been consulted, considered and incorporated into the Yorkshire and the Humber Regional Concept of Operations.

	Guidance	Summary of aim of document and general content
1	A National Framework for Responding to an Influenza Pandemic 27 November 2007	The National Framework was published in November 2007 and describes in detail the Government's strategic approach to and preparations for an influenza pandemic. It sets out the UK planning assumptions for the different phases of a pandemic which incorporates the WHO planning assumptions and phases.
2	Home Office Guidance for Planners Preparing to Manage Excess Deaths 19 May 2008	This document aims to assist Local Authorities in making plans for dealing with additional deaths arising from an influenza pandemic. It indicates the steps that Local Authorities should take in order to build effective plans, provides a toolkit of different ways of working for the consideration of local service providers involved in processing the dead, and summarises the communication issues involved in dealing with the consequences of an influenza pandemic. The plan provides tools to allow co-ordinated and be-spoke methods to change legislation to assist in different ways of working for the bereavement services organisations in a way that allows individuals to retain dignity and respect for the dead. RCCC will provide the regional communications link between SCGs and Central government which will instigate the move to Phase 3 ways of working.

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	Guidance	Summary of aim of document and general content
3	<p>Department for Children, Schools and Families: guidance to help schools and other bodies</p> <p>July 2006</p>	<p>This guidance aims to encourage and support schools and children’s services in planning for a human influenza pandemic. It provides brief background on pandemic influenza and its implications for schools and children’s services (including schools, childcare, early years settings, childminders, children’s homes and secure units among other services). It explains why, for child welfare reasons, schools and childcare might be an exception to the general ‘business as normal’ message that underpins Government guidance to other sectors. It recommends that schools and childcare providers should plan both for operating during a pandemic and for the possible closure to children of schools and childcare services if the Government proposes such closure for child welfare reasons which supports ‘remote learning’ options.</p>
4	<p>Cabinet Office Business Continuity Guidance (Pandemic Influenza checklist for Businesses)</p> <p>30 April 2007</p>	<p>A checklist formatted guide specifically aimed at business continuity (BC) during a Pandemic Influenza outbreak. All Category 1 responders are obliged to have well developed BC plans in general and specific escalation plans in the event of a PI outbreak. LRFs are obliged to encourage Category 2 responders and local businesses to develop BC plans. All Cat 1 responders are working in consideration of the principles set out in this checklist.</p>
5	<p>Preparing for Pandemic Influenza – Guidance to Local Planners</p> <p>3 December 2007</p>	<p>The primary aim of this document is to provide local and regional planners with additional guidance and information to support the development of local and regional level multi-agency plans. This document in particular describes the role of the local resilience tier and Category 1 responders given their duties under the Civil Contingencies Act 2004. It offers guidance on the content and scope of Local Resilience Forum (LRF) pandemic plans.</p>

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	Guidance	Summary of aim of document and general content
6	<p>Preparing for Pandemic Influenza: Supplementary Guidance for Local resilience Forum Planners</p> <p>19 May 2008</p>	<p>Supplementary guidance to build on <i>Preparing for Pandemic Influenza – Guidance to Local Planners</i> including further information and sharing best practice, a tool for plan development and a tool for future validation of PI plans.</p>
7	<p>Pandemic Influenza 'How to' Guide for Primary Care Trusts on Local Arrangements for Antiviral Collection Points</p> <p>(Draft)</p>	<p>Draft guidance for PCTs on local arrangements for antiviral collection points.</p>

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A full list of planning Guidance documents relating to Pandemic Influenza is shown below. All documents can be found on the UK Resilience Website at http://www.ukresilience.gov.uk/pandemicflu/guidance/sector_specific.aspx

	<p>Health and Social Care</p> <ul style="list-style-type: none"> • Pandemic influenza: surge capacity and prioritisation health services provisional guidance. Department of Health. • Pandemic influenza: guidance on preparing mental health services in England. Department of Health. • Pandemic influenza: Human resources guidance for the NHS. Department of Health. • Guidance on preparing acute hospitals in England. Department of Health. • Guidance on the provision of healthcare in a community setting in England. Department of Health. • An operational and a strategic framework planning for pandemic influenza in adult social care. Department of Health. • Guidance for social care staff: planning for pandemic influenza in adult social care. Department of Health. • Pandemic influenza and ambulance services guidance for ambulance services and their staffing England. Department of Health.
	<p>Infection Control</p> <ul style="list-style-type: none"> • Infection control guidance for hospitals and primary care settings. Department of Health. • Infection Control Guidance for funeral directors. Department of Health. • Infection Control Guidance for cleaning staff and refuse collectors in non-health care settings. Department of Health. • Infection Control Guidance for the fire and rescue service. Department of Health. • Infection Control Guidance for the hospitality industry. Department of Health. • Infection Control Guidance for the police service. Department of Health. • Infection control guidance for day school and early years/ child care settings. Department for Children, Schools and Families. • Infection control guidance for child-minders. Department for Children, Schools and Families.

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	<ul style="list-style-type: none"> • Infection control guidance in residential settings. Department for Children, Schools and Families. • Infection control guidance for Higher Education and Further Education. Department for Children, Schools and Families/ Department for Innovation, University and Skills.
	Ethics
	<ul style="list-style-type: none"> • The Ethical framework for the response to pandemic influenza. Department of Health.
	Management of Deaths
	<ul style="list-style-type: none"> • Planning for a Possible Influenza Pandemic – A Framework for Planners Preparing to Manage Deaths • The Department of Health has published for further comment an interim update of draft guidance (first issued for public comment last November). The "Guidance on the management of death certification and cremation certification" • Pandemic Influenza: Draft Guidance on the Operation of the Coroner System in England and Wales
	Education and Childcare
	<ul style="list-style-type: none"> • Full guidance for schools, providers of childcare, early years and other children’s services and Local Authority Children service departments. Department for Children, Schools and Families. • Summary version of guidance for schools. Department for Children, Schools and Families. • Summary version of guidance for childcare and early years providers. Department for Children, Schools and Families. • Model pandemic flu plan for schools. Department for Children, Schools and Families. • Model pandemic flu plan for further education colleges. Department for Children, Schools and Families/ Department for Innovation, Universities and Skills. • Guidance for further education colleges. Department for Children, Schools and Families/ Department for Innovation, Universities and Skills. • Guidance for Higher Education institutes. Department for Children, Schools and Families/ Department for Innovation, Universities and Skills. • Information for parents. Department for Children, Schools and Families. Department for Children, Schools and Families.

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- [Infection control guidance for day school and early years/ child care settings.](#) Department for Children, Schools and Families.
- [Infection control guidance for child-minders.](#) Department for Children, Schools and Families.
- [Infection control guidance in residential settings.](#) Department for Children, Schools and Families.
- [Infection control guidance for Higher Education and Further Education.](#) Department for Children, Schools and Families.

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APPENDIX 2

Supporting Individual Agencies Pandemic Influenza Plans

- a. Barnsley Metropolitan Borough Council
- b. Doncaster Metropolitan Borough Council
- c. Rotherham Metropolitan Borough Council
- d. Sheffield City Council
- e. South Yorkshire Police
- f. South Yorkshire Fire & Rescue
- g. NHS Barnsley
- h. NHS Doncaster
- i. NHS Rotherham
- j. NHS Sheffield
- k. Barnsley Hospital NHS Foundation Trust
- l. Doncaster & Bassetlaw Hospitals NHS Foundation Trust
- m. Rotherham, Doncaster & South Humber Mental Health NHS Foundation Trust
- n. Rotherham NHS Foundation Trust
- o. Sheffield Children's Hospital NHS Foundation Trust
- p. Sheffield Health & Social Care NHS Foundation Trust
- q. Sheffield Teaching Hospitals NHS Foundation Trust
- r. Yorkshire Ambulance Service
- s. South Yorkshire Criminal Justice Board

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APPENDIX 3

SITREP Template

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

This Situation Report provides key information and data on the recent situation it has been validated by the relevant departmental / agency officials. The information contained herein can be disseminated to other agencies as necessary – where clarification is required the lead official should, in the first instance, be contacted.

New information is highlighted using [insert appropriate method]

1. Department / Government Office Key Issues

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2. Key Issues for CRIP

--

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Contents

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

3. Current situation

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

Essential Services

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

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

A = pandemic influenza having impact but managing within current resources

G = very small impact

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

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

Cremation and burial services

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

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

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Regional Picture

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

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

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

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

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

Community cohesion - Details of community Safety/Community Cohesion Issues

Business Issues - Businesses affected

Social care/welfare Homecare, Vulnerable People/Groups

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

4. Operational Response

Including specific data on:

Education

Still Open

Closed

Re-Opened

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Schools

Pupils

Schools

Pupils

Schools

Pupils

Primary

Secondary

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Academy

Special

Independent

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Notes:

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

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

3 PRUs should be recorded as 'secondary'.

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

5 This will require input from each LA and collation by the GO

Early years and childcare settings

LA Name

No. settings still open

No. settings closed

No. settings re-opened

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

- Transport
- Animal Health
- Judicial process
- Community cohesion
- Business Issues
- Social care/welfare Homecare, Vulnerable People/Groups

5. Resources and Readiness

6. Forward look

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7. Political/policy

8. Media and Communications

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

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9. Manpower and staffing issues

Provided on an exception only reporting basis.

Organisation

RAG Status

Issues/Impact inc changes

to priorities or other

counter measures

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

A = pandemic influenza having impact but managing within current resources

G = very small impact

10. Other information not covered elsewhere

- Point #1

- Point #2

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11. Information Requirements / Requested Clarification

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

12. Background / overview

13. The next Sitrep will be provided at

15. Contacts

Departmental Operations Centre

Telephone:

Fax:

Email:

Other Key Contacts

(a) []

Telephone:

Fax:

Email:

(b) []

Telephone:

Fax:

Email:

(c) []

Telephone:

Fax:

Email: