



North Yorkshire Local Resilience Forum

North Yorkshire Multi-agency Pandemic Influenza Contingency Plan

Plan Approved by:

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On behalf of North Yorkshire LRF Chair John Marsden

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PLAN CONTROL AND STATUS

Title North Yorkshire Multi-agency Pandemic Influenza Plan

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This plan is based on:

- National Framework for Responding to an influenza pandemic (and accompanying operational guidance) November 2007
- Preparing for Pandemic Influenza, Guidance for Local Planners. Civil Contingencies Secretariat Cabinet office December 2007
- World Health Organisation Global Influenza Preparedness Plan August 2005

Document Status Restricted draft

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NOTE

This Plan establishes the framework for the response of member organisations of the North Yorkshire Local Resilience Forum in the event of an influenza pandemic and to ensure preparedness for such a response. The Plan will be regularly reviewed and backed up by Major Incident planning exercises in collaboration with other agencies. This plan is valid until Sept 2009.

Each organisation has the responsibility to update their section of the plan and to ensure you are working from the most up to date plan.

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Background to the Plan

This plan has been produced by the Human Infectious Diseases (HID) Subgroup of the North Yorkshire Local Resilience Forum (NYLRF). The HID subgroup has representative membership from the following: Health Protection Agency, North Yorkshire and York Primary Care Trust, Local Acute Hospitals, Yorkshire Ambulance Service, North Yorkshire Police, Independent Care Sector, Local Authority Emergency Planning (City Of York, Harrogate Borough Council, North Yorkshire County Council), Local Authority Environmental Health Officers, Local Authority Adult Social Care and Children's Services Teams and the North Yorkshire Forum of Voluntary Organisations. Through the work of specific subgroups representation has also included Coroners Officers, Crematoria and Funeral Directors, and Faith groups. The process of adoption of the plan by NYLRF ensures that representatives of Category 1 and 2 responders under the Civil Contingencies Act 2004 are fully engaged in its preparation and implementation. The development of the plan has also taken into account views and suggestions from other parts of the Voluntary sector, via the NYLRF Voluntary Services Network, as well as the North Yorkshire Forum for Voluntary Organisations

The development of this plan has been informed by other relevant planning guidance including : The National Framework for responding to an influenza pandemic, Home Office Guidance for planners preparing to manage excess deaths, Department of Children's, Schools and Families guidance, Cabinet Office Business Continuity Guidance, Preparing for Pandemic Influenza – Guidance to Local Planners, Preparing for Pandemic Influenza – Supplementary Guidance for Local Resilience Forum Planners, the Yorkshire and Humber Regional Concept of Operations for Pandemic Influenza, and North Yorkshire and York PCT Pandemic Influenza Plan.

This plan must be read in conjunction with the UK national guidance on pandemic influenza preparedness, the Yorkshire and Humber Regional Concept of Operations for Pandemic Influenza, North Yorkshire and York PCT Pandemic Influenza Plan and local NHS Trust and other agency plans.

There are separate annexes dealing with specific aspect of multi-agency pandemic flu preparedness: Communication Strategy Managing excess Mortality

Introduction

Although seasonal influenza is a familiar, annual, winter event, the unstable nature of the virus leads it to undergo frequent, but usually subtle, changes in its surface proteins. The human immune system copes well with this gradual evolution of the virus. However, at irregular and unpredictable intervals, the influenza virus undergoes a significant, step change in surface proteins, resulting in a virus unlike its predecessors, and unfamiliar to the human immune system. If this new virus is capable of causing illness in humans, and is readily transmissible from person to person, then, faced with a global population with universal susceptibility, the virus will rapidly spread throughout the world. This is Pandemic Influenza.

Consequences

By definition, an influenza virus that spreads in pandemic fashion will spread rapidly from person to person, demonstrating a much higher attack rate than normal seasonal influenza. Both the morbidity (degree of illness) and mortality (number of deaths) are likely to be higher than with seasonal flu, and there is likely to be significant social and economic disruption. A full description of the possible scenario, the potential impact on the UK, and the modelling and planning assumptions used for different phases of a pandemic can be found in the Department of Health document, "Pandemic Flu: A national framework for responding to an influenza pandemic" (Nov 2007) ¹.

¹ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080734

Purpose of the Document

An influenza pandemic will have implications for:

1. Managing ill health and deaths
2. Consequence management (the broader social disruption)
3. Business continuity (maintaining essential services)

This plan deals with the first two issues. It describes the local structures, relationships and command and control arrangements for North Yorkshire. It does not duplicate the content of national and regional plans and guidance, but provides cross reference to them. This plan does not replace the need for detailed pandemic flu planning and business continuity planning for each of the organisations mentioned.

This plan must be read in conjunction with the National Framework for Responding to an Influenza pandemic and the Yorkshire and the Humber Regional Concept of Operation for an Influenza Pandemic.

Who is this Plan for?

- All member organisations of the North Yorkshire Local Resilience Forum
- All agencies and organisations operating within North Yorkshire identified as Category 1 responders within the Civil Contingency Act 2004
- This plan also contains information for other organisations to assist in their internal business continuity planning

Aims

The aims of this Plan are to:

- Co-ordinate the response to Pandemic Flu including by providing details of the relevant decision-making processes and management arrangements.
- Minimize the disruption to the community as a result of a major outbreak of infectious disease in the county.
- Minimize the adverse impact on the health and safety of the people of North Yorkshire and City of York.
- Promote recovery from a Pandemic Influenza and the rapid return to normality.

Objectives

The objectives of this Plan are to:

- Set up a system for flexible response to unpredictable events
- Minimise the spread of the new pandemic influenza virus
- Reduce morbidity and mortality from influenza illness among residents of North Yorkshire and City of York
- Cope with large numbers of people ill and dying, both at home, in care centres and in hospitals
- Ensure that essential services are maintained for residents of North Yorkshire and City of York
- Provide timely, authoritative and up-to-date information for professionals, public and the media.
- Describe the pandemic alerting systems between the World Health Organisation (WHO), UK Government, NHS healthcare organisations, CPRF multi-agency partners and the general public
- Outline the mechanism for convening a Strategic Co-ordinating Group of NYLRF
- Outline the media response framework to an influenza pandemic
- Provide advice and guidance on the response to an influenza pandemic in areas such as closed communities

- Ensure that there is joint training and exercising for the plan / liaison with the NYLRF Exercise and Training sub group
- Provide scientific modelling guidance of the impact of an outbreak in order to assist individual organisations' Pandemic Flu preparations
- Provide information for arrangements to review and test the Plan
- Provide guidance for post-pandemic recovery strategies

The key challenges of an influenza pandemic

The main implications of an influenza pandemic are likely to be:

- The management of a considerable amount of illness, and deaths, with the inevitable burdens upon health and social care services.
- The maintenance of essential services, and business continuity, throughout the community
- The broader social disruption which could develop as a consequence.

In all sectors: Staff sickness and other workforce issues
 Potential disruption to supplies, utilities and transport systems
 The need to continue working as per each statutory organisation's Business Continuity Plan
 Workforce premises may see enhanced transmission

Workforce issues: Staff falling ill with flu
 Staff being at higher personal risk than if not at work
 Organisations/staff having to work in different ways
 Working with volunteers
 Domestic pressures on staff, especially if schools/nurseries close

Family illness: Logistics of getting to work and domestic commitments
 Agency colleagues may be being paid at a high premium

Acute care: Increased workload from new and existing patients with influenza and its complications
 Increased attendances at A&E
 Increased pressure on ITU and for ventilation
 Need for high dependency care
 More complex procedures to avoid cross infection
 Quarantine into clean and infected areas/wards
 Difficulties in discharging into the community
 All the usual emergencies continuing
 Pressure on laboratories
 Communicating with staff, patients and clients
 Pressure on mortuary facilities

Intermediate care: Increased workload from new and existing patients with influenza and its complications
 Pressure to receive more patients
 Difficulty in getting patients admitted to hospital
 Residential settings may see increased transmission
 Communicating with staff, patients and clients

Primary and Community Care:

- Increased workload from new and existing patients with influenza and its complications
- Many falling ill at home and dying there
- More difficult to arrange hospital admission
- Receiving patients discharged prematurely from hospital
- Front line to solve problems for patients denied their usual or expected services
- Staff sickness especially problematic in single handed practices
- Community staff and practice premises may contribute to an increase in transmission
- Increased consultations due to anxiety and coping with bereavement
- Communicating with staff, patients and clients

Social Care:

- Clients and their usual carers ill
- Residential homes may see enhanced transmission
- Some clients may not be able to understand what is happening to them
- More children whose parents can no longer care for them
- Visitors who become ill and are unable to return home

Key planning assumptions

National planning assumptions are outlined in **the** UK Government National Framework for Responding to An Influenza Pandemic².

Risk and Impact across North Yorkshire and City of York

The NYLRF Community Risk group has conducted a risk assessment for the county and scored the probability and impact of an influenza pandemic as 16 – Very High³.

HH2	Human health	Influenza type disease (pandemic)	Pandemic likely to occur in two waves, about 3-9 months apart. Each wave likely to last 12 weeks. A quarter of the population could be affected. High number of cases and consultations (greater than 500 GP consultations per 100,000 population per week at peak) overwhelming health and other services. Clinical attack rate of 25% with mortality assumption of 1-3% of those infected. Age range vulnerability – all ages, including children, likely to be affected	4	4	Very High 16
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This indicates a high score for probability, based on predictions by the WHO that a pandemic is inevitable; and the highest possible score for consequences based on the potential socio-economic impact of an event that may last for many months affecting every stratum of society and every organisation on a local, national and international level.

Local Impact

Applying the results of the Health Protection Agency's (HPA) mathematical modelling to local population statistics, it is possible to gain a broad understanding of the likely impact of the next pandemic. The following tables and graphs summarises the number of additional events that might be expected during a 15-week period across North Yorkshire & City of York

To inform planning, the following tables and figures shows the potential impacts of a 25%, 35% and 50% clinical attack rate and overall case fatality rates of 0.4%, 1%, 1.5% and 2.5% of those with influenza symptoms. **Vaccination or mass treatment with antiviral medicines can be expected to modify this profile, assuming their efficacy is similar to that against seasonal influenza.**

² http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080734

³ http://www.nysp.org.uk/downloads/Riskregister_1.pdf

Table 1: Range of possible excess deaths for various permutations of case fatality and clinical attack rates, based on population of North Yorkshire and City of York

Local Authority areas	Population	Range of possible clinically ill residents		
		25% Clinical attack rate	35% Clinical attack rate	50% Clinical attack rate
York UA	191782	47946	67124	95891
Craven	55475	13869	19416	27738
Hambleton	86261	21565	30191	43131
Harrogate	157760	39440	55216	78880
Richmondshire	50972	12743	17840	25486
Ryedale	52942	13236	18530	26471
Scarborough	108345	27086	37921	54173
North Yorkshire & York	783337	195834	274168	391668

Table 2: Excess mortality

Overall case fatality rate	Range of possible excess deaths across North Yorkshire & City of York (population 783, 337)		
	25% Clinical attack rate	35% Clinical attack rate	50% Clinical attack rate
0.4%	783	1097	1567
1.0%	1958	2742	3917
1.5%	2938	4112	5875
2.5%	4896	6854	9792

Table 3: Weekly Pandemic flu cases by local authority at 50% clinical attack rate based on single wave pandemic model

PANDEMIC WEEK	LOCAL AUTHORITIES ACROSS NORTH YORKSHIRE & CITY OF YORK								ALL North Yorkshire & City of York (pop 783337)	SPECIAL LARGE POPULATION CLUSTERS*** (pop 12,785)
	City of York (pop 191782)	Craven (pop 55475)	Hambleton (pop 86261)	Harrogate (pop 157760)	Richmondshire (pop 50972)	Ryedale (pop 52942)	Scarborough (pop 108345)	Selby		
Week 1	96	28	43	79	25	26	54	40	392	6
Week 2	192	55	86	158	51	53	108	80	783	13
Week 3	767	222	345	631	204	212	433	319	3133	51
Week 4	2973	860	1337	2445	790	821	1679	1237	12142	198
Week 5	10164	2940	4572	8361	2702	2806	5742	4229	41517	678
Week 6	20712	5991	9316	17038	5505	5718	11701	8618	84600	1381
Week 7	20329	5880	9144	16723	5403	5612	11485	8459	83034	1355
Week 8	13712	3966	6168	11280	3644	3785	7747	5706	56009	914
Week 9	9301	2691	4184	7651	2472	2568	5255	3870	37992	620
Week 10	7192	2080	3235	5916	1911	1985	4063	2993	29375	479
Week 11	4986	1442	2243	4102	1325	1376	2817	2075	20367	332
Week 12	2493	721	1121	2051	663	688	1408	1037	10183	166
Week 13	1534	444	690	1262	408	424	867	638	6267	102
Week 14	863	250	388	710	229	238	488	359	3525	58
Week 15	671	194	302	552	178	185	379	279	2742	45
All Weeks	95,891	27,738	43,131	78,880	25,486	26,471	54,173	39,900	391,669	6,393

Vaccination or mass treatment with antiviral medicines can be expected to modify this profile, assuming their efficacy is similar to that against seasonal influenza.

*** Represents military populations based at York, Catterick garrison, Topcliffe, Dishforth, Ripon and Harrogate

Table 4: Pandemic flu deaths by local authority at 50% clinical attack rate and 2.5% mortality rate based on single wave pandemic model

PANDEMIC WEEK	LOCAL AUTHORITIES ACROSS NORTH YORKSHIRE & CITY OF YORK								North Yorkshire & York (pop 783337)	SPECIAL LARGE POPULATION CLUSTERS*** (pop 12,785)
	City of York (pop 191782)	Craven (pop 55475)	Hambleton (pop 86261)	Harrogate (pop 157760)	Richmondshire (pop 50972)	Ryedale (pop 52942)	Scarborough (pop 108345)	Selby		
Week 1	2	1	1	2	1	1	1	1	10	0
Week 2	5	1	2	4	1	1	3	2	20	0
Week 3	19	6	9	16	5	5	11	8	78	1
Week 4	74	21	33	61	20	21	42	31	304	5
Week 5	254	74	114	209	68	70	144	106	1038	17
Week 6	518	150	233	426	138	143	293	215	2115	35
Week 7	508	147	229	418	135	140	287	211	2076	34
Week 8	343	99	154	282	91	95	194	143	1400	23
Week 9	233	67	105	191	62	64	131	97	950	16
Week 10	180	52	81	148	48	50	102	75	734	12
Week 11	125	36	56	103	33	34	70	52	509	8
Week 12	62	18	28	51	17	17	35	26	255	4
Week 13	38	11	17	32	10	11	22	16	157	3
Week 14	22	6	10	18	6	6	12	9	88	1
Week 15	17	5	8	14	4	5	9	7	69	1
All Weeks	2397	693	1078	1972	637	662	1354	998	9792	160

Vaccination or mass treatment with antiviral medicines can be expected to modify this profile, assuming their efficacy is similar to that against seasonal influenza.

*** Represents military populations based at York, Catterick garrison, Topcliffe, Dishforth, Ripon and Harrogate

Table 5: Health service impact

Period	North Yorkshire and City of York (pop 783337)			Per 100,000 population			Per average GP list (2000)		
	Symptomatic cases @50% attack rate	GP consultations	hospitalisations @ 4% of symptomatic	Symptomatic cases @50% attack rate	GP consultations	hospitalisations @ 4% of symptomatic	Symptomatic cases @ 50% attack rate	GP consultations	hospitalisations @ 4% of symptomatic
Week 1	392	112	16	50	14	2	1	0	0
Week 2	783	223	31	100	29	4	2	1	0
Week 3	3133	893	125	400	114	16	8	2	0
Week 4	12142	3460	486	1550	442	62	31	9	1
Week 5	41517	11832	1,661	5300	1511	212	106	30	4
Week 6	84600	24111	3,384	10800	3078	432	216	62	9
Week 7	83034	23665	3,321	10600	3021	424	212	60	8
Week 8	56009	15962	2,240	7150	2038	286	143	41	6
Week 9	37992	10828	1,520	4850	1382	194	97	28	4
Week 10	29375	8372	1,175	3750	1069	150	75	21	3
Week 11	20367	5805	815	2600	741	104	52	15	2
Week 12	10183	2902	407	1300	371	52	26	7	1
Week 13	6267	1786	251	800	228	32	16	5	1
Week 14	3525	1005	141	450	128	18	9	3	0
Week 15	2742	781	110	350	100	14	7	2	0
All Weeks	391,669	111626	15,667	50,000	14250	2,000	1,000	285	40

Community Impact

The level of staff absence from work, and the impact on the community, during a pandemic will depend significantly on the nature of the pandemic virus when it emerges. The planning assumptions are based on current knowledge, analysis of past pandemics, published evidence and scientific modelling. Given the inevitable uncertainties, a range of figures is given in some areas. Organisations should ensure that their Business Continuity Plans have flexibility to accommodate these ranges.

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

- They are ill with Flu. If the attack rate is 50%, half of staff **in total** will be sick (and hence absent from work for a period). If a pandemic occurs over one wave, employers could experience this level of cumulative absence over a period of around 3-4 months. But there may well be more than one wave, with absence from work being spread across those waves.
- People need to care for children or other family members who are ill with flu.
- People have non-flu medical problems.
- Their employers have advised them to work from home.
- They decide to absent themselves for other reasons.

Business Continuity planning against Pandemic Flu should have at its heart an estimate, through aggregation of data of the number of staff likely to be absent from work **at the peak of the pandemic**, in each of the following categories above.

Estimates of likely levels of absence caused by Flu or by the need to care for family members with Flu are set out in Table 6 against a range of assumptions on the clinical attack rate of the pandemic virus. Table 6 so reflects the results of scientific modelling which suggests that small organisations, and small teams within larger organisations, may experience higher rates of staff absence at the peak of a pandemic than would larger teams. As a working guide, organisations employing large numbers of people, with the flexibility of staff redeployment, should ensure that their plans are capable of handling staff absence rates of up to 15% over 2 – 3 week peak of pandemic (in addition to usual absenteeism levels). Small businesses, or larger organisations with small critical teams, should plan for levels of absence rising to 30% at peak, perhaps higher for very small businesses with only a handful of employees.

TABLE 6 – Estimated Levels of Staff Absence

LARGE ORGANISATION	CLINICAL ATTACK RATE	
	25%	50%
% of people ill at peak	5%	10%
% of people ill and carers taking time off at peak	7%	15%

SMALL ORGANISATION OR UNIT	CLINICAL ATTACK RATE	
	25%	50%
% of people ill and carers taking time off at peak	14%	30%
TOTAL Cumulative % total of those ill over whole period of pandemic	25%	50%

Further background information on the likely impact of an influenza pandemic is available in the UK government national framework for responding to an influenza pandemic available at:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080734

Table 7: Roles and responsibilities of key organisations in an influenza pandemic

(Detailed sector-specific guidance is available from <http://www.dh.gov.uk/en/PublicHealth/Flu/PandemicFlu/Resources/index.htm>)

Organisation/Group	Planning phase	Response phase	Key ref materials
<p>North Yorkshire Local Resilience Forum (NYLRF)</p>	<p>Coordination of multi-agency planning across North Yorkshire Support key businesses, agencies and organisation in implementing business continuity planning, so that relevant organisations can continue delivering their essential services during a pandemic, Work with critical sectors to ensure support to pandemic flu planning across North Yorkshire Co-ordinated multi-agency planning with the health service (e.g. storage and distribution of antivirals and delivering mass vaccination) Co-ordinated multi-agency planning for handling excess deaths</p>	<p>Convene the SCG who will take overall responsibility for the multi-agency management of the pandemic across North Yorkshire Coordinate the communication of public messages in collaboration with central regional government and the local NHS Support central Government in communicating public messages, implementing possible social measures and preparing for the wider impacts of a pandemic. Work with the local NHS to manage the handling of excess deaths</p>	<p>National framework for responding to an influenza pandemic available at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080734</p> <p>Preparing For Pandemic Influenza Guidance To Local Planners http://www.ukresilience.info/pandemicflu/guidance/~/_media/assets/www.ukresilience.info/flu_lrf_guidance1%20pdf.ashx</p> <p>Pandemic Flu - Workplace Guidance April 2008 http://www.hse.gov.uk/biosafety/diseases/pandflu.htm</p>
<p>North Yorkshire district, borough and county council and unitary authorities</p>	<p>Local Authority social services, adult and children’s services should work closely with NYYPCT to plan for effective shared health and social care during the pandemic LA social services should work with the PCT to develop integrated health and social care plans ensuring support for vulnerable residents and residents of care homes Support local schools, colleges to plan for an influenza pandemic. Assist with identifying of vulnerable people. Identify high risk individuals who may become vulnerable following an outbreak.</p>	<p>Contribute to SCG as required, including management of public information and awareness Support health service is caring for the vulnerable Ensure essential services are maintained and that surge capacity is in place when required Support schools in responding to influenza pandemic</p>	<p>Social services: An operational and strategic framework: planning for pandemic influenza in adult social care http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_073174</p> <p>Schools: http://www.teachernet.gov.uk/wholeschool/healthandsafety/Influenza/</p>
<p>Critical sectors: Communications, Energy, Finance Food, Transport Water</p>	<p>Ensure robust business continuity plans are in place that can respond to the potential impact of an influenza pandemic. Engage through NYLRF with local category 1 and 2 organisations to ensure ability to support pandemic flu plans of key responders – health and social services</p>	<p>Support response to pandemic by maintaining essential / critical services and where necessary prioritising service provision to critical sectors such as health and social care. Contribute to situation reports collated by SCG</p>	<p>UK resilience- critical sectors http://www.ukresilience.info/pandemicflu/plans/critical_sectors.aspx</p>

Organisation / Group	Planning phase	Response phase	Key ref materials
North Yorkshire Police	<ul style="list-style-type: none"> Support local and regional emergency planning and response through membership of the NYLRF Member of Management of Mortality Tactical Group to deal with excess deaths as a result of a flu Pandemic Senior Officers briefed on the potential impact both internally and externally of a flu Pandemic. 	<ul style="list-style-type: none"> Provide resilient policing response during and after a Flu Pandemic Saving of life in conjunction with the other emergency Services Contribute to SCG when required Respond effectively to potential Incidents of disorder arising out of the impact of a Flu Pandemic Where appropriate have responsibility for the identification of the deceased on behalf of the Coroner. Protection and Preservation of property. Contribute to situation reports collated by the SCG 	<p>North Yorkshire Police Major Incident Policy.</p> <p>ACPO Keeping the Peace Manual.</p>
MIRT (Major Incident Response Team)		<p>The team offers practical and emotional support to individuals in the aftermath of an incident.</p>	
NY Health Protection Unit	<p>NYHPU will support local and regional emergency planning and response arrangements, through working with NYYPCT, NHS Trusts, Y&H SHA, NYLRF (through the Human Infectious Disease subgroup) and Government Offices regarding pandemic preparedness.</p>	<p>NYHPU will have a major role in gathering local epidemiological information. NYHPU will work closely with the SCG, the NHS and directly with professional colleagues in primary care and acute trusts; assisting with control measures including outbreak investigation and management and use of antivirals and vaccine;</p>	<p>Health Protection Agency Pandemic Influenza Contingency Plan http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1194947380783</p>

Organisation/ Group	Planning phase	Response phase	Key ref materials
Adult Social Care Services	<ul style="list-style-type: none"> • Planning and co-ordinating social care response for adults at a local level. • Ensuring pandemic response plans and business continuity plans include all actual and potential service users. • Working closely with emergency planners, NHS organisations and independent social care providers to integrate social care planning with health and other local-level contingency planning. • Promoting community and individual responsibility to support arrangements for vulnerable / at risk groups and / or self-care in the community where possible. 	<ul style="list-style-type: none"> • Communicating pandemic alert stages and key messages to local social care providers. • Support the delivery of health and social care services in the community • Ensure close co-ordination and liaison with the PCT's Coordination Centre. • Contribute to the SCG as appropriate 	
Children (and Young People) Services	<ul style="list-style-type: none"> • Planning and co-ordinating social care response for children at a local level. • Working closely with emergency planners, NHS organisations and independent social care providers to integrate social care planning with health and other local-level contingency planning. 	<ul style="list-style-type: none"> • Communicating pandemic alert stages and key messages to schools and childcare facilities. • Communicating advice on school closures and openings • Ensure close co-ordination and liaison with the PCT's Coordination Centre. • Contribute to the SCG as appropriate 	

Organisation /Group	Planning phase	Response phase	Key ref materials
North Yorkshire NHS Acute & Foundation Trusts	<ul style="list-style-type: none"> • working with key stakeholders, in particular North Yorkshire and York PCT and local health and social care organisations, to develop an integrated response that uses combined health resources to best effect • developing flexible plans to maintain critical health and critical non-clinical functions throughout a pandemic • developing assessment/admission criteria/bed management plans with local partners, taking into account national guidance • having clear arrangements for command and control within the Trust, which are integrated with the command and control arrangements of the PCT and LRF • developing communications strategies in conjunction with the PCT • establish robust surveillance systems to enable the rapid identification, diagnoses, isolation and management of cases of avian influenza in humans in conjunction with the HPA 	<ul style="list-style-type: none"> • liaising with key partners (both health and non-health) to ensure a coordinated response • putting measures in place to maintain critical health and critical non-clinical functions during the pandemic • the provision of information to inform local and national control measures and response arrangements • the provision of appropriate representation within the NYYPCT command and control structure • ensuring that national messages are cascaded and reinforced and that the public is well informed and advised of local response arrangements (in conjunction with NYLRF Joint Media, Warning and Informing Group) • ensuring robust systems are in place capable of the rapid identification of potential pandemic influenza cases 	<p>Pandemic influenza: Guidance on preparing acute hospitals in England http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080754</p>

Organisation /Group	Planning phase	Response phase	Key ref materials
Yorkshire Ambulance Service	<ul style="list-style-type: none"> • working with key stakeholders, in particular North Yorkshire and York PCT and local health and social care organisations, to develop an integrated response that uses combined health resources to best effect • developing flexible plans to maintain critical health and critical non-clinical functions throughout a pandemic • developing plans to support the treatment of patients at home, including supporting ambulance staff to work differently • ensuring appropriate call prioritisation software, for use in a pandemic, is available in control rooms • developing communications strategies in conjunction with the PCT • having clear arrangements for command and control within the Trust, which are integrated with the command and control arrangements of the PCT and LRF 	<ul style="list-style-type: none"> • maintaining critical health and critical non-clinical functions throughout the pandemic • ensuring limited resources are targeted at those most in need through the implementation of call prioritisation systems • supporting the treatment of patients at home by adopting the principles of ‘assess, treat and leave at home’ and triage, as appropriate • providing consistent and accurate advice and information from control centres • the provision of information to inform local and national control measures and response arrangements • the provision of appropriate representation within the PCT command and control structure 	<p>Pandemic influenza: Guidance for ambulance services and their staff in England http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080756</p>

Organisation /Group	Planning phase	Response phase	Key ref materials
<p>North Yorkshire and York PCT</p>	<ul style="list-style-type: none"> • assessing local needs and risks and defining the health services that the local population will need during an influenza pandemic • ensuring that robust commissioning arrangements are in place to support the continued provision of key services • ensuring that all local health and social care organisations work together to develop an integrated response that uses their combined resources to best effect • working with Local Authorities to ensure that social support is available to maintain patients in their community setting • making arrangements for the supply of antiviral medicines at local collection points and planning for the delivery of pre-pandemic and pandemic-specific vaccination programmes • developing a command and control structure that allows appropriate linkages to, membership of, and communication with local and regional resilience arrangements • the provision of advice and information to members of the public to support them in preparing for a pandemic 	<ul style="list-style-type: none"> • acting as a focal point, providing a link to and oversight of the local health and social care response • monitoring and coordinating the overall health response on an integrated, pan-organisational, whole-systems basis • supporting the continuity of general practice, community pharmacy and other primary care services both in and out of hours • the collection, collation and dissemination of information on the local health situation to inform local and national control measures and response arrangements • liaising with key partners (both health and non-health) to ensure a coordinated response • linking with social care and other agencies and sectors to support the delivery of care and maintain patients at home • the provision of a health input to NYLRF and representing health organisations on the SCG • ensuring that national messages are cascaded and reinforced and that the public is well informed and advised of local response arrangements (in conjunction with NYLRF Joint Media, Warning and Informing Group) • coordinating the supply of antiviral medicines in the locality • ensuring that a pandemic-specific vaccine programme, if and when it becomes available, is coordinated, monitored and effectively delivered across North Yorkshire and York 	<p>Pandemic influenza: guidance for primary care trusts and primary care professionals on the provision of healthcare in a community setting in England</p> <p>http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080757</p>

Command & control structures for North Yorkshire, Local Resilience Forum and links into Regional & national structures

WHO International Pandemic Influenza Phases and UK Alert Levels

The WHO has defined phases in the evolution of an influenza pandemic which allow a step-wise escalating approach to preparedness planning and response leading up to a declaration of the onset of a pandemic. Once a pandemic has been declared, UK action will depend on whether cases have been identified in the UK, and how extensively it has spread. For UK purposes, therefore, additional UK Alert Levels are included within the WHO Pandemic Phases (Phase 6).

Table 8 sets out the international Pandemic Flu Phases and UK Alert levels.

	International Phases	Significance for UK
Inter-pandemic Period		
1	No new influenza virus subtypes detected in humans	UK not affected
2	Animal influenza virus subtype poses substantial risk	UK has strong travel / trade connections with affected country UK affected
Pandemic Alert Period		
3	Human infections with new subtype, but no new human-to-human spread to a close contact	UK not affected
4	Small clusters with limited human to human transmission but spread is highly localised, suggesting that the virus is not well adapted to human	UK has strong travel / trade connections with affected country
5	Large clusters but human to human spread still localised, suggesting that the virus is becoming increasingly better adapted to humans	UK affected
Pandemic Period		
6	Increased and sustained transmission in general population	UK Alert level: 1. Virus/cases only outside the UK 2. Virus isolated in the UK 3. Outbreak (s) in the UK 4. Widespread activity across the UK
Post Pandemic Period		
End of pandemic. Return to inter-pandemic period		

Regional Concept of Operations for an influenza pandemic

The Command and Control structures described in this plan are based on the Yorkshire & Humber Regional Concept of Operations for an influenza Pandemic

See Appendix 1 for Yorkshire and Humber Regional Concept of Operations

All trigger levels in this document correspond with those detailed in the WHO Global Influenza Preparedness Plan for International Alert Phases (2005) and UK Alert Levels described in the UK Government National Framework for Responding to an influenza pandemic (November 2007).

For planning purposes, Regional activity will be triggered on the declaration of WHO Phase 6. It should be noted that if sufficient intelligence is available at WHO Phase 5, the GOYH, in consultation with the Regional Director of Public Health (RDPH) and the Regional Director, Health Protection Agency (RDHPA), may decide to activate the Regional Concept of Operations before WHO Phase 6.

Mechanism for declaring an influenza pandemic - action in North Yorkshire & City of York

Strategic Coordination Group (SCG)

On receipt of a change to a WHO Pandemic Phase, or UK Pandemic Alert Level, North Yorkshire Health Protection Unit (NYHPU), will immediately cascade this information to all NHS organisations in the county and to the NYLRF secretariat for cascade to all members of the NYLRF, both Category 1 and 2 Responders.

NYLRF members will immediately cascade this information to all their partner agencies and stakeholders as well as internally.

At the declaration of **WHO Phase 6/UK Alert Level 1**, the Chief Executive Officer (CEO), NYYPCT and the Unit Director of NYHPU will jointly lead discussion with the NYLRF Chair regarding the raised level and take appropriate strategic decisions. This may include; the activation of this plan, the declaration of a major incident and/or the establishment of the SCG.

At the declaration of **WHO Phase 6/UK Alert Level 2 (or above)**, the SCG will be activated and consideration given to declaring a major incident.'

At the declaration of **WHO Phase 6/UK Alert Level 3**, a major incident will be declared, if not done earlier, and the plan fully activated.'

Should a potential pandemic subsequently fail to evolve, the UKNIPC will be stood down and other bodies informed as described above.

The NYLRF Major Incident Command and Control structure includes a multi-agency SCG, which co-ordinates the response, management and recovery arrangements of NYLRF organisations in the event of a Major Incident. In the event of a pandemic, responsibility for the establishment and Chairmanship of multi-agency SCG lies with the chair of the NYLRF Executive group.

Upon the activation of the SCG, two multi-agency support groups will be established:

- Media Support Group
- Intelligence Support Group.

The SCG will be hosted by North Yorkshire County Council and the primary location will be at NYCC offices, Northallerton. The Chair of the SCG is responsible for providing an Alternate SCG location.

Objectives

The objectives of the SCG are:

- To minimize the adverse impact on the health and safety of the people of North Yorkshire & City of York.
- To minimize the disruption to the community as a result of a major outbreak of infectious disease in the county.
- To promote recovery from Pandemic Flu outbreak and assist the rapid return to normality.

SCG Terms of Reference

1. Agree and assign individual responsibilities and co-opt further members as necessary
2. Co-ordinate and manage the response to an outbreak.
3. Review and ensure capacity and allocation of resources.
4. Liaise and communicate with the Strategic Health Authority (SHA) and Local NHS leadership.
5. Liaise and communicate with Regional Government Office/RCCC.
6. Consider whether Regional or national assistance is required.
7. Agree requirements for public information and statements for the media as per the Govt/DH/SHA/PCT communications strategy.

8. Decide who is to be kept informed of the progress of the outbreak and circulate regular reports as appropriate.
9. Decide upon the frequency of reports.
10. Agree the criteria for deciding when the immediate crisis is over
11. Ensure learning from first wave is captured for any subsequent wave.
12. Agree and manage de-escalation procedures.
13. Support the recovery phase as required.
14. Meet regularly during the outbreak and ensure that a written record of each meeting is made to record decisions, actions taken and outcome.
15. Convene post-incident debrief.
16. Audit incident response and produce and circulate a final report.

SCG - Membership

Core Members

CEO, NYCC
 CEO CYC
 CEO NYYPCT
 NY Police
 NY Fire and Rescue Service.
 NYLRF Media Lead Officer.
 Administrative support (from the NYLRF secretariat)

Regional Office Representative
 NYLRF EP Lead Officer.
 NYYPCT Director of Public Health
 NYHPU
 Yorkshire Ambulance Service
 Military representative
 Environment Agency

It is essential deputies are nominated early in the pandemic to ensure full representation.

Potential additional members

Adult and Children Services representatives (NYCC and CYC).
 Category 2 Responders representatives (eg public utilities)
 Voluntary Sector representatives.
 Business sector representatives.
 Church/Faith leaders/ representatives.
 District/Borough Councils CEO

SCG Initial Agenda

1. MEETING OBJECTIVES:

- 1.1. Co-ordinate the response to Pandemic Flu by providing the necessary background information, details of the relevant decision-making processes and management arrangements.
- 1.2. Minimise the disruption to the community as a result of an influenza pandemic
- 1.3. Minimise the adverse impact on the health and safety of the people of North Yorkshire and City of York
- 1.4. Mutual aid arrangements (no formal agreements as at 01.12.08 between LA's)
- 1.5. Promote the recovery from a Pandemic Influenza and return to normality.

2. UPDATE ON THE OUTBREAK

- 2.1. SITREPs (see Annex 2)
- 2.2. Key concerns

3. DECISIONS REQUIRED

4. SCG (GOLD) MEMBERSHIP

- 4.1. Are additional members to be co-opted?

5. ARRANGEMENTS FOR RCCC

- 5.1. When will it meet.
- 5.2. Who will attend.
- 5.3. Reporting arrangements
- 5.4. Consider activation of LRF Recovery Workstream

6. ALLOCATION OF KEY ROLES

- 6.1. RCCC rep
- 6.2. Category 1/2 contact arrangements
- 6.3. Chair reserves
- 6.4. Media and public information arrangements
- 6.5. SHA/NHS Strategic Command link

7. ACTIVATION OF SCG GOLD CENTRE

- 7.1. Operational hours
- 7.2. Staffing
- 7.3. Gold representation
- 7.4. Equipment / resources required
- 7.5. Staff welfare

8. COMMUNICATION & MEDIA ARRANGEMENTS

- 8.1. Internal
- 8.2. Public
- 8.3. Government
- 8.4. Other agencies
- 8.5. Circulation list for SITREPS
- 8.6. Media issues
 - 8.6.1. Govt/DH/SHA/HPA messages
 - 8.6.2. Our message
 - 8.6.3. Our strategy
 - 8.6.4. Spokespersons

9. ISSUES TO BE REFERRED TO RCCC

Possible Areas for SCG Consideration / Request:

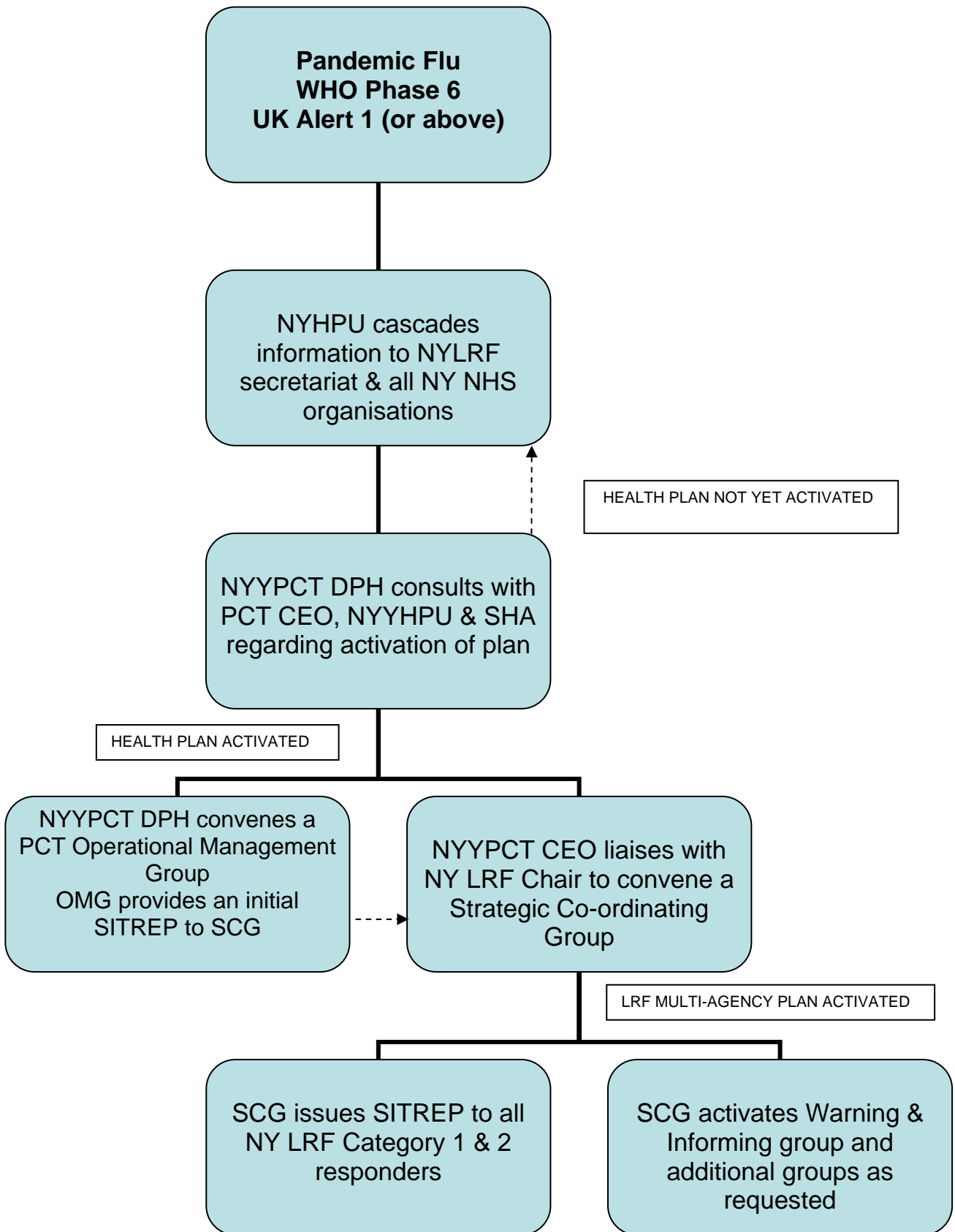
- Relaxation of drivers' hours, Criminal Records Bureau (CRB) checks, inspection/performance targets.
- Court procedures (care orders etc).
- Emergency funding.
- Military assistance.
- Requisitioning powers (land for burials, supplies).
- Relaxation of planning permission (temporary mortuary, body-holding facilities).
- Closure of schools

10. CONFIRM DECISIONS MADE

11. NEXT MEETING DATE AND INFORMATION REQUIRED

NB: A record of all decisions is required; any disagreements should also be recorded.

STRATEGIC CO-ORDINATING GROUP (SCG) - ACTIVATION



HEALTH AND SOCIAL CARE

There is a separate Health and Social Care Plan for North Yorkshire and City of York. It details the expectations and arrangements for providing care for people with the new strain of influenza. Health and social care will be coordinated through the North Yorkshire and York PCT Operational Management Group. The group will be led by The Director of Public Health from the PCT (or their deputy) and will have representation from all key health and social care partners. There will be a direct link to the SCG through the NHS representatives sitting on the SCG.

North Yorkshire and York PCT Operational Management Group

The PCT Director of Public Health will convene an Operational Management Group once the decision has been made to activate the PCT Pandemic Influenza Plan (UK Alert Level 2 or earlier if appropriate).

Role of the PCT Operational Management Group

The PCT Operational Management Group will oversee the day-to-day response by the local health economy to the pandemic influenza outbreak. The Group will monitor and co-ordinate the overall response of health and social care agencies operating in North Yorkshire and York.

PCT Operational Management Group Terms of Reference

- oversee and co-ordinate the response of health and social care providers in North Yorkshire and York
- make strategic decisions for the local NHS, giving due consideration to the ethical framework
- ensure the implementation of national and regional guidance at a local level
- maintain effective links with partners to facilitate co-ordinated responses
- liaise with NHS regional structures
- receive updates from national, regional and local levels
- provide advice and information to health and social care partners and to the Local Resilience Forum
- formulate advice on health for dissemination to the public in North Yorkshire
- contribute to the media response to the pandemic
- provide regular updates and situation reports to the PCT Board, the PCT Clinical Executive and the Strategic Health Authority
- escalate any issues, which cannot be resolved at sub-regional level to the Strategic Health Authority
- establish Locality Response Management Groups as required
- establish a Clinical Management Group as required
- establish a Recovery Working Group as required
- establish and determine the work of task and finish groups as required

Membership of the Operational Management Group

Membership of the Operational Management Group will be drawn from the following;

- Director of Public Health (Chair)
- Clinical Executive representative
- Service Leads – Primary Care, Community Service, Mental Health
- Pharmacy Lead
- Infection Control Lead
- Health Protection Lead

- Communications Lead
- Commissioning and Contracting Lead
- Human Resources Lead
- Finance Lead
- Facilities Management Lead
- Legal Services Manager
- Acute / Foundation / Mental Health Trusts
- Ambulance Service
- Health Protection Unit
- Local Medical Committee
- Local Pharmaceutical Committee
- NHS Direct
- Local Authority Adult Social Care Services (NYCC & CYC)
- Local Authority Children and Young People Services (NYCC & CYC)
- Military Medical Services
- Representative from any other relevant organisation. This may include voluntary sector / independent sector providers, hospices, local authorities.

Where appropriate, non-health partner agencies (e.g. police, local authority, voluntary and community sector) may be invited to participate.

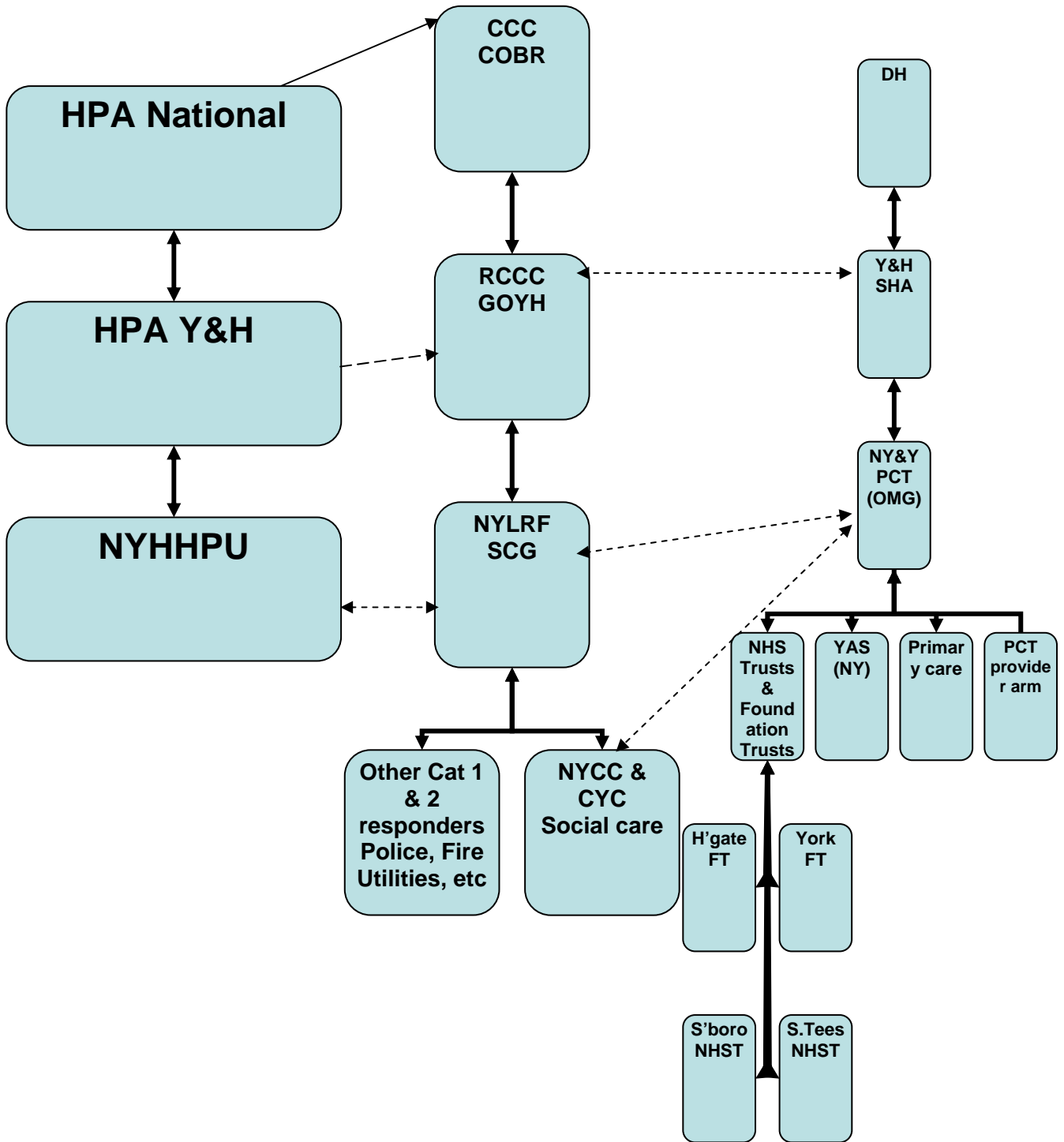
PCT Pandemic Influenza Co-ordination Centre

The group will establish a Pandemic Influenza Co-ordination Centre to assist in managing the health and social care response. This will include;

- Collection and dissemination of information
- Co-ordination and monitoring of supplies and resources
- Facilitating effective communication and decision making

Further details of the role of the PCT Pandemic Influenza Co-ordination Centre can be found in section 2.7 of the North Yorkshire and York PCT Pandemic Influenza Plan V.1, December 2008.

ORGANISATIONAL COMMAND & CONTROL LINKS



COMMUNICATION

Establishment of SCG Communication group (Media, Warning & Informing response group)

The Chair of NYLRF SCG is responsible for the activating the communication group. This group will, ideally, be co-located with the SCG. The primary aims of the communication group are to:

- Convey accurate, timely and consistent advice, warnings and information to the public and NYLRF partner organisations.
- Link the NYLRF partners' communications organisations with the Regional and wider media channels.
- Monitor media coverage and inform the SCG of any issues.
- Manage media requirements.
- Aid understanding of the pandemic amongst the general population.
- Explain the role of the NYLRF to mitigate the impact of the pandemic.
- Assist recovery from the pandemic and to aid a return to normality.

NYLRF Pandemic Influenza Communication Strategy

Introduction

In the event of a flu pandemic, members of the NYLRF Media, Warning & Informing sub-group will be required to support the management of communications via the SCG Multi-agency Communications Group to ensure the provision of:

- Accurate and timely public information.
- Regular reviews and updates on key issues throughout the phases of the pandemic.
- Appropriate levels of reassurance.
- Consistency and uniformity of media policy across all agencies involved in the pandemic response.
- Effective management of the media and staff and public information communication processes.

Membership of the communication group

Membership of the Multi-agency Communications Group will include communications representatives of all member organisations of the SCG. Other members will be included as necessary / appropriate.

During the pandemic, the health communications lead (NYYPCT Communications lead) will chair the group. The chair of the Multi-agency Communications Group may transfer in line with the ongoing activities. For example, if during the flu pandemic there is a flood the lead could move to the Environment Agency or NYCC, or in the event of public unrest the lead could move to the Police.

Each member of the Multi-agency Communications Group will agree 'cabinet' responsibility for media decisions and direction; internal co-ordination and communication within their respective organisations and will provide relevant media spokespersons and points of contact.

The chair of the Multi-agency Communications Group will attend Strategic Gold Command.

The Multi-agency Communications Group will link with the any regional media networks.

The underlying principle for the activation of the Multi-agency Communications Group is that it will be convened as soon as the SCG is called

In cases where one agency represents a number of other organisations - eg NYCC representing district councils, NYYPCT representing NY NHS Trusts - it will be responsibility of the "representing agency" to act as the liaison point for the agencies it represents and contact/convene them accordingly.

The Multi-agency Communications Group may also request the support of any other organisations that it considers appropriate within the context of the incident

Resourcing the Multi-agency Communications Group

Given the duration and nature of the pandemic, all NYLRF member organisations will be required to provide support to the Media Gold Group communications activities, taking part in staffing rotas which could at peak times be for a 24/7 communications function.

Media Gold Staff Welfare

It will be essential to ensure the safety and welfare of staff supporting the Multi-agency Communications Group. This is likely to be a very stressful and intensive environment, particularly during peaks of activity and it is important to ensure that staff rotas are established and maintained which allow a reasonable rest period for all those staffing the group

Supervision capacity needs to be built into the staffing arrangements along with briefing and debriefing arrangements.

Other facilities such as refreshments – food, drink, and health and safety aspects of the working environment need to be organised to ensure that staff needs are met.

Important links for the Multi-agency Communications Group

It is essential that the Multi-agency Communications Group supports national and regional communications messages, supplementing these with local specific information. The group will need to establish and maintain close links with:

- Health Protection Agency Yorkshire & the Humber Communications lead
- Yorkshire & the Humber Strategic Health Authority
- GNN
- Regional Civil Contingencies Committee

Communication Objectives

Communications managed by Multi-agency Communications Group will support the objectives of the Government's response to an influenza pandemic which are to:

- Limit illness and death arising from infection.
- Provide treatment and care for those who become ill.
- Minimise disruption to health and other essential services.
- Maintain business continuity as far as possible.
- Reduce as far as possible disruption to society.
- Support the early return to normality.

Communication Principles

In all communications with staff, partners and the public, the multi-agency Communications Group will aim to communicate in the following way:

- **Advise, warn and inform** – fulfilling our duties under Civil Contingencies Act
- **Trust** – communicate to build, maintain or restore public trust
- **Announcing early** – to prevent potentially frightening rumours and misinformation (timing of such announcements will be determined at national level by the Department of Health)
- **Transparency** – helps inspire trust. Communication must be honest, easily understood, complete and factually accurate
- **Allaying concerns of the public** – accurate and timely information helps the public overcome concerns and to understand what they can do to protect themselves and their families
- **Planned** – NYLRF members aim to be prepared to answer questions.

A phase-by-phase detailed pandemic flu communications plan is attached in Annex 3

Situation Reporting

A template for situation reports to SCG is included in Annex 2a. The draft template for SCG situation reports to Regional Government Office is included in Annexe 2 b

Regional Resilience Directors will be required to report by 19:00 on the situation in their region as of 17:00 that day.

SCG reports to region will need to be prepared to forward to region in advance of that (timing to be agreed) Reports to SCG will need to be made between 17:00 and the time advised by the SCG that will suffice to prepare the SCG report to Government Office.

Antiviral distribution strategy

The UK has established a stockpile of Oseltamivir (Tamiflu) antiviral medicine that allows the treatment of all symptomatic patients at clinical attack rates of up to 25%. Work is underway to increase this stockpile to cover 50%.

A National Flu Line service will be available at U K Alert Level 2, to provide symptomatic members of the public with rapid access to assessment, advice, triage and if appropriate, authorisation of antiviral medicine treatment.

The PCT will receive an initial allocation of antivirals and will be responsible for ensuring that pre-identified collection points are activated, to facilitate the collection of antivirals by those authorised via the National Flu Line.

The PCT will also be responsible for monitoring the consumption of antivirals across the locality and co-ordinating the re-supplying of collection points.

Further information regarding the antiviral distribution strategy can be found in the PCT Pandemic Influenza Plan.

Influenza Vaccination strategy

A pandemic-specific vaccine cannot be made until the virus has been identified. It is likely to be at least four to six months before the vaccine is available. The UK will secure sufficient pandemic-specific vaccine to protect the population as soon as it is available. However it is likely to take over twelve months to receive delivery of the full quantity of vaccine.

Initial clinical prioritisation will be unavoidable, and responsibility for the choice of priority groups lies at national level.

The PCT is responsible for the delivery of the pandemic specific vaccine. Further information can be found in the PCT Pandemic Influenza Plan.

THE ROLE OF ADULT AND CHILDRENS SERVICES (SOCIAL SERVICES AND EDUCATION)

North Yorkshire Local Resilience Forum (NYLRF) covers the North Yorkshire County Council (NYCC) area and the City of York unitary authority area. The directorates with responsibility for adult social services in the two authorities, whilst having the same responsibilities, have slightly different titles. In NYCC it is Adult & Community Services (ACS), in the City of York, Housing and Adult Social Services (HASS).

To avoid unnecessary complication in the text the phrase Adult Social Care (ASC) will be used to mean both directorates. Where text refers specifically to one or other directorate the appropriate title will be used.

The primary role of ASC in a pandemic situation will be to maintain critical services and support frontline staff in the delivery of those activities. Within the NYCC Adult and Community Services (A&CS) Directorate Emergency Plan there is provision for a Directorate Emergency Management Team (DEMT) to be activated. The role of this team is to oversee the A&CS response in any emergency situation. In the event of pandemic influenza the DEMT would be activated at WHO phase 4.

During an influenza pandemic there will be potentially vulnerable groups who require additional support. With the information that is held on current service users within the ASC directorates, and taking note of the document *Pandemic Influenza – Guidance on Planning for Vulnerable Groups*, a comprehensive list of potentially vulnerable people has been established. This is incorporated within the NYLRF pandemic plan, section ‘Vulnerable Groups report.’

Those social care services deemed to be critical have already been identified through Business Continuity Planning (BCP). BCP will be activated during a disruptive event, such as Pandemic Influenza. This process allows for the prioritisation of services with the flexibility to adjust if and when there is a known change to a service provision requirement. One example might be the identification of a vulnerable group who are not currently in receipt of ASC support. Re-assessment of service priorities will take place as the pandemic progresses and adjustments to care provision made as necessary with regards to the needs of the user and the availability of care providers.

ASC have well established links with lead agencies working within the voluntary and independent care sectors, providing support and services to vulnerable people. As part of the BCP process those agencies who are contracted to ASC are required to have BCPs in place. Those organisations who have links with ASC but do not provide contracted services are being encouraged to put their own BCP’s in place in order that a robust service is provided to the community.

In addition to BCP the core responsibilities of ASC are:

- Planning and co-ordinating the social care response for adults at a local level,
- Ensuring pandemic response plans and BCPs include actual and potential users,
- Working closely with emergency planners, NHS organisations and independent social care providers to integrate social care planning with health and other local-level contingency planning. This is referenced within the ‘locality response management groups section of the North Yorkshire and York Primary Care Trust Pandemic Influenza Plan; and
- Promoting community and individual responsibility to support arrangements for vulnerable / at risk groups and / or self care, referenced within the ‘flu friends and network support groups’ section of the North Yorkshire and York Primary Care Trust Pandemic Influenza Plan.

To undertake the above core responsibilities ASC requires information on the community they support. Estimates held regarding the number and type of *currently* vulnerable people is a matter of record within ASC. Health colleagues also hold information which will be shared in an appropriate manner, complying with data protection issues. In addition to the records held by social care, contingency planning has taken place to identify and support *potentially* vulnerable groups and is referenced within the *NYLRF HID Pandemic Plan Vulnerable Groups report*. Notwithstanding the above contingency planning which has been set in place, it is acknowledged that staff shortage, due to a pandemic, will significantly disrupt service provision.

The main challenges for a social care response are therefore:

- Overload on residential care facilities - *Whilst there is spare capacity in some residential homes the system for monitoring bed space will be invoked and care homes will be encouraged to share resources through the 'cluster' model. In York there is such an arrangement in place administered weekly through the local panel.*
- Service users and their carers are ill – *Negotiations are currently taking place with the voluntary sector who may be able to provide CRB checked personnel who can, with training, provide some domiciliary care. There is a carer emergency card scheme in place and although this is not universally adopted we would encourage carers to register within the system.*
- Increased pressure on social care staff when normal hospital admissions are delayed, Department of Health surge planning is invoked resulting in early discharge from hospital and support has to be offered in a domiciliary setting – *HR will produce a plan to re-deploy staff to support critical services within the Local Authority (LA). The contingency is generally to work with agencies to both supplement ASC staff when there is a shortage and to enable the early transfer of clients to independent services, thereby increasing capacity to take new clients due to early discharge from hospital.*
- Social care staff are affected either directly or indirectly by the pandemic – *LA BCPs are in place for a variety of disruptive events. Specific regard to staff shortages and potential supply difficulties will be considered within the testing phase of the pandemic plan, where a prediction of 35% staff absence has been modelled for weeks 4-6. BCPs allow for the identification of clients most in need so resources can be focused appropriately.*
- Rural area – *With the responsibility for support to the community within a large rural area A&CS will continue to strengthen links with parish councils, faith groups and voluntary organisations. This will facilitate the identification of potentially vulnerable groups and develop further community resilience. In addition, community emergency schemes are being developed with the NYCC emergency planning unit.*

CHILDREN AND YOUNG PEOPLES SERVICES

Current guidance from the government is that people should try to continue their everyday (essential) activities as normal during a pandemic. However, there are some specific issues to consider concerning children. There is evidence from seasonal flu, that children secrete larger quantities of the virus and for longer periods than adults, which can lead to a rapid spread of infection when they are together in school. At the same time the spread has been found to be less during school holidays. This indicates that closing schools and similar settings could reduce the spread of pandemic flu among children.

Therefore, there may be circumstances in which the Government would advise the closure of schools and group childcare settings during a pandemic. These establishments should therefore plan for both staying open and for closure, for some or all of a pandemic. Closure could be either very localised and brief (e.g. a school with too few staff to operate safely) or for a longer period (at worst, closures could last up to a term during a pandemic wave) in order to reduce the spread of the infection among children.

During an outbreak, if there is no advice to close schools, they should remain open as long as sufficient staff are available, provide as near to normal classes and curriculum as resources permit, and follow advice to minimise the spread of infection.

If a school were to close to pupils for child welfare reasons, school employers should still ask staff to work, though headteachers would decide whether staff needed to come into school or could work from home. Headteachers should, in consultation with governors, staff, trade unions and professional associates, take into account how / where staff could best support the school's approach to remote learning.

In the event of a flu pandemic, a principle decision will be taken by the Ministerial Committee in Civil Contingency as to whether or not schools / childcare facilities should close, based on medical evidence. This decision will be passed down, via Government Offices and Children's Services Departments in Local Authorities, to schools and childcare providers who will make the final decision as to whether and when they will close. It is assumed that all concerned will want to comply with advice based on children's welfare.

Plans to communicate with schools and parents will be based on the Local Authorities existing arrangements, e.g. closures during severe weather.

North Yorkshire County Council Children & Young Peoples Services has taken the following steps:

- A) Collated contact details from schools, early years and childcare settings.
- B) Have robust plans in place for communicating with parents (e.g. winter weather school closure).
- C) Have plans in place to support schools with remote learning.

Guidance recommends that local authorities make preliminary plans with community schools, and discuss with foundation and aided schools how they individually, or working together in clusters, could provide support remotely for students working from home. For voluntary aided schools, diocesan bodies may also be able to play a role in co-ordinating their schools planning.

It would be useful for schools to review the proportion of students with IT facilities at home and the extent to which students with such facilities could access school IT systems from home. It would be useful for local authorities to consider possible (non-IT) systems for getting work to and from students in the event of lengthy school closures.

Further information on remote learning can be found at:

<http://www.teachernet.gov.uk/hun=manflupandemic>

Boarding schools will need to put in place contingency plans for closure including dispersal of pupils at WHO alert level 4 and revise these urgently when a pandemic is imminent. Where a pupil from an overseas family has no guardian arrangement in the UK, the school should ask the parents whether they wish immediately to repatriate the pupil. Any pupil remaining in the UK into phase 4 would risk being unable to travel overseas at phase 5 or 6, due to possible disruption to international travel. In these circumstances the school should continue to accommodate those pupils and should split them into small groups to limit social mixing.

In general, special schools should follow guidance for other day schools or boarding schools. However, it may be in the interest of pupils for their school to remain open even if other schools have been advised to close. Residential special schools should consult social and healthcare professionals and continue to care for pupils while taking infection control measures, if the Headteacher decides that is in the pupils' best interest.

DfES is working with QCA, the awarding bodies and others to ensure that they have contingency arrangements in place ready to be implemented if and when required, particularly if the timing of a pandemic would affect public examinations. If pupils lose eight to ten weeks schooling in Y10 or Y11, it is up to the school to flag this with awarding bodies and apply for special consideration. This currently happens in the case of sick/bereaved pupils.

In the case of schools with sixth forms, it is likely that any advice to close to pupils would apply up to year 11 only. The advice to the Further Education sector, including sixth form colleges, is likely to be to continue operating. Without the younger pupils, students in school sixth forms should be at no greater risk than the students in other settings.

North Yorkshire County Council Children & Young Peoples Services will also provide the following support to schools in addition to the support they usually provide:

- A) Remind schools to review their own contingency plans, and in particular, actions to be taken when a pupil has died.
- B) Remind schools of appropriate policies, procedures and reporting mechanisms.
- C) Advice on infection control if schools remain open.
- D) Advice on supporting employees and staff who are ill or need some time off as carers.
- E) Advice on providing a reasonable level of education at home if children are not in school (e.g. through remote learning).
- F) Advice to schools planning to re-open for pupils who have recovered from the virus.

VOLUNTARY AND COMMUNITY SECTOR

It is recognised that the Voluntary and Community Sector may be able to assist the local community in maintaining resilience in the face of a pandemic. It is however also recognised that some of these services are currently deeply embedded in the care package of many individuals and that their work will be subject to the same challenges as other care providers in maintaining business continuity. It is clear that voluntary organisations contribution to the Pandemic response is voluntary rather than statutory.

Engagement with voluntary services for the purposes of Pandemic Influenza planning in North Yorkshire includes membership of the relevant LRF Group of the North Yorkshire Forum of Voluntary Organisations and liaison with the LRF Voluntary Services Network.

When considering the needs of voluntary and community organisations throughout a pandemic it may be helpful to consider the sector in a number of categories. It is important to note that the types of group listed below are for indicative purposes only and that this is not a definitive or comprehensive list. Groups may fit into more than one category.

One

Those groups who provide a service deemed as critical during a pandemic. This would include groups involved in

- 1) non-pandemic incident responses – Red Cross, St John Ambulance, WRVS, Salvation Army, Mountain/Cave Rescue, RAYNET and
- 2) groups who provide services that remain critical/important during a pandemic – those providing ‘front line’ care services, direct support services and in-direct support services. This could include hospices, voluntary society care homes and institutions, carers associations,

Two

Those groups who provide services which may be necessary to maintain during a pandemic. This could include groups involved in community transport schemes, telephone advice lines, advocacy schemes, respite schemes. Some sector activity may remain important throughout a pandemic or there may be value in redeploying the skills and resources of particular groups to support a focused pandemic response. For example it may be appropriate to commission a telephone advice service to proactively provide advice to, and check on the status of, specified individuals.

Three

Those groups who provide services which it may be necessary to suspend during a pandemic. This could include nurseries and playgroups and providers of social, training and leisure activities and some befriending/visiting schemes. It would be appropriate to discuss before a pandemic the alternative roles that these groups could contribute to and the commissioning arrangements that may be required.

Four

Those groups and individuals who may volunteer to assist during a pandemic.

It is recognised that beyond those groups who are commissioned, contracted or funded to provide specific services there is no requirement for any organisation or individual to respond during a pandemic. However it is also recognised that many groups and individuals will wish to assist at either an organisational or local community level. It is important that such volunteers are able to access comprehensive and accurate advice in a timely fashion. Any initiatives to promote volunteer involvement should be co-ordinated with locality based responses wherever possible. The Department of Health’s concept of promoting ‘Flu Friends’, where neighbours and relatives support those in the community affected by influenza, may best be considered within this assumed pool of individual volunteers and agencies.

MANAGING EXCESS MORTALITY

Introduction

Under normal procedures, deaths in North Yorkshire & City of York are reported, documented and the funeral services held in a relatively routine manner, in accordance with legal requirements and the wishes of the deceased or their family and their cultural, religious or ethnic beliefs. Under certain circumstances, deaths must be reported to the Coroner for further examination.

Pandemic flu issues

An influenza Pandemic raises the prospect of an excess of deaths in the county that will put strain upon the existing death process. More deaths will be reported, Coroner and Registrar staffing levels will be affected and undertakers, doctors (including Pathologists), mortuary space and burial/cremation resources will be severely stretched.

It must be remembered that it will not only be survivors, casualties, deceased victims and bereaved families who will be affected by a Major Incident; the needs of workers, responders and affected communities should also be taken into account. It is likely that a Major Incident will involve people from differing faith, religious and cultural backgrounds. Responsible agencies must ensure, wherever it is possible to do so, that due consideration is given to the specific associated needs at the time.

Where it is possible to do so, attention should be given to concerns of those individuals and communities for whom post-mortem investigations are unwelcome and when there is a requirement for prompt burial. However, it needs to be acknowledged that there will be some incidents where such considerations will not be assisted by the condition of the bodies of the deceased victims.

In addition to deaths from Pandemic Flu, 'normal' deaths will still occur and the deceased and the bereaved will still require a death process

The detailed plan for managing excess mortality is in Annex 4. This plan will be reviewed by the NYLRF Managing Excess Deaths Group on an annual basis or when guidance or circumstances dictate.

Appendices

Annex 1 – GOYH Regional Concept of operations for pandemic influenza

Annex 2A – Template for situation reports to SCG

Annexe 2B – Template for situation reports from SCG to Government Office

Annex 3 – Communication plan

Annex 4 – Managing deaths due to pandemic influenza

Annex 5 Summary of national guidance reviewed in development of the LRF Plan

Annex 1 – GOYH Regional Concept of operations for pandemic influenza

To be inserted

Annex 2A – Template for situation reports to SCG

SITREP SUMMARY SHEET – TO BE COMPLETED BY ALL SERVICES AT SCG MEETINGS

Date ____ / ____ / 20 ____

EMERGENCY SERVICES

SERVICE	ACTIVITY LEVELS	IMPACT OF LOSS OF STAFF	DOMINO IMPACT	NOTES
Police				
Fire				
Ambulance				

WASTE MANAGEMENT

SERVICE	ACTIVITY LEVELS	IMPACT OF LOSS OF STAFF	DOMINO IMPACT	NOTES
Drainage & Sewerage treatment				
Refuse collection				

UTILITIES

SERVICE	ACTIVITY LEVELS	IMPACT OF LOSS OF STAFF	DOMINO IMPACT	NOTES
Electricity				
Gas				
Heating Oil				
Water				
Mobile Phones				
Phone network				
TV/Radio				
Postal Service				

EDUCATION

SERVICE	ACTIVITY LEVELS	IMPACT OF LOSS OF STAFF	DOMINO IMPACT	NOTES
Schools (including child care, nurseries, play groups, residential schools etc)				
Learning Disability Day Centres				
Secondary schools, universities and FE colleges				

FINANCE

SERVICE	ACTIVITY LEVELS	IMPACT OF LOSS OF STAFF	DOMINO IMPACT	NOTES
Banking				
Benefits				

TRANSPORT

SERVICE	ACTIVITY LEVELS	IMPACT OF LOSS OF STAFF	DOMINO IMPACT	NOTES
Fuel supply/deliveries				
Petrol Stations				
Rail				
Road Freight				
Buses				
Home to school transport				
Airports				
Road contractors				

FOOD MANUFACTURE & SUPPLY

SERVICE	ACTIVITY LEVELS	IMPACT OF LOSS OF STAFF	DOMINO IMPACT	NOTES
Farming				
Slaughterhouses				
School Meals				
Meals on Wheels				
Supermarkets etc				

ANIMAL WELFARE

SERVICE	ACTIVITY LEVELS	IMPACT OF LOSS OF STAFF	DOMINO IMPACT	NOTES
Veterinary Services				

HEALTH CARE SERVICES

SERVICE	ACTIVITY LEVELS	IMPACT OF LOSS OF STAFF	DOMINO IMPACT	NOTES
NHS Trusts				
GP surgeries				
Community Hospitals				
Community nursing services (district nurses, midwives, health visitors etc)				
Pharmacies				
Dentistry				
Mental Health Services				
HPA				

SOCIAL CARE SERVICES

SERVICE	ACTIVITY LEVELS	IMPACT OF LOSS OF STAFF	DOMINO IMPACT	NOTES
Child protection				
Children's Homes				
Secure Children's Unit				
Home day care				
Care homes				

JUSTICE

SERVICE	ACTIVITY LEVELS	IMPACT OF LOSS OF STAFF	DOMINO IMPACT	NOTES
Prisons				
Courts				
Youth Offending Services				
Probation Service				

MANAGING THE DEAD

SERVICE	ACTIVITY LEVELS	IMPACT OF LOSS OF STAFF	DOMINO IMPACT	NOTES
Mortuaries				
Body Storage				
Undertakers Priority Group				
Crematoria				
Graveyards				

OTHER

SERVICE	ACTIVITY LEVELS	IMPACT OF LOSS OF STAFF	DOMINO IMPACT	NOTES
Military				
Environmental Health				
Environment Agency Flood warning & prevention				
Environment Agency response to pollution incidents				
Call Centres				
WRVS				
St Johns Ambulance				

Situation Reports
(From Cabinet Office Guidance to Local Resilience Forums on
Pandemic Planning (2008)

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

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

2 Key Issues for CRIP

3 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 / I 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.

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	
Post 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						

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	
	Schools	Pupils	Schools	Pupils	Schools	Pupils
Primary						
Secondary						
Academy						
Special						
Indep't						

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

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

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

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 delivery 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

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

14. Contacts

Departmental Operations Centre

Telephone:

Fax:

E-mail:

Other Key Contacts

(a)

Telephone:

Fax:

E-mail:

(b)

Telephone:

Fax:

E-mail:

(c)

Telephone:

Fax:

E-mail:

Annex 3 – Communication Plan – to be inserted.

Annex 4 – Managing mortality due to Pandemic Influenza

To be added

MANAGEMENT OF MORTALITY
DURING A PANDEMIC



Version 5 - August 2008

INTRODUCTION

The purpose of this plan is to provide clear guidance and a co-ordinated response throughout the North Yorkshire area in dealing with excess deaths due to pandemic influenza over and above what any single authority could reasonably cope with.

This plan sets out the contingency arrangements within North Yorkshire for the Management of Mortality during and immediately following a pandemic. Its primary objective is to deal with large numbers of excess deaths within North Yorkshire in a caring and compassionate way but also it recognises that the Government may introduce emergency powers that may influence or give guidance in their provision.

It will provide a high level command and control structure across all of North Yorkshire enabling all the resources available to be used in a co-ordinated way in dealing with excess deaths which may stretch the resources of one or more authorities and will report to the SCG.

During its preparation other service providers such as Funeral Directors, Crematoria Operators, the NHS, and Faith Leaders have been consulted.

This plan should be read in conjunction with other responders Business Continuity Plans within the North Yorkshire area and with the Health Protection Agency Plan.

RISK ASSESSMENT

The possibility of a pandemic occurring has been rated as very high within the North Yorkshire Local Resilience Forum's Risk Register with a likelihood rating of 4 (Possible) and an impact rating of 4 (Significant). The impact on individual organisations will vary from organisation to organisation but the likelihood of some partner organisations being badly affected has been taken into account when writing this plan. Each partner organisation is recommended to have plans in place to deal with the impact on key services and to be able to maintain them.

AIMS OF THE PLAN

1. To provide a co-ordinated response within North Yorkshire in dealing with large numbers of fatalities as a result of a pandemic influenza outbreak.
2. To provide tactical leadership with a single point of contact that enables a multi agency response and the gathering of statistics to feed up to strategic group.

The tactical team (excess mortality) will:

- (i) mount a three-phased response escalating it as necessary to deal with the situation;
- (ii) take key decisions on resource availability and maximise any spare capacity;
- (iii) work with all stakeholders throughout the area to ensure equality of service;
- (iv) receive and act upon guidance from central government and or other agencies.

3. To make the process as sensitive as possible for the bereaved families.
4. To take into account the needs of all members of the community, including faith groups, stakeholders and bereaved families.
5. To keep all those involved and affected fully informed of any issues and concerns as soon as is practicable.
6. To determine and mitigate the pressure points that may arise during a pandemic.
7. To identify possible methods and capacity of body storage for a protracted period.

MEMBERSHIP OF THE TACTICAL TEAM (Excess Mortality)

The Tactical Team (Excess Mortality) will be the co-ordinating body for North Yorkshire in dealing with the management of large numbers of fatalities.

The team will consist of:

1. Roy Firth, Harrogate Borough Council (Chair)
2. Jim Breen, City of York (Deputy Chair)
3. Simon Hodges, North Yorkshire County Council
4. Paddy Chapman, MIRT
5. Lesley Willets, NYCC Registrar Services
6. Paul Ferguson, Arch Deacon of Cleveland
7. Eric Kendall, Hambleton District Council

Contact details of the group can be found in Appendix E of this plan. (To be confirmed).

The Tactical Team (Excess Mortality) will be formed once a pandemic is declared to exist within the United Kingdom and following an initial meeting communications will normally be through email or conference calls. The frequency of meetings/conference calls will be determined by the Chair according to need.

The Tactical Team (Excess Mortality) will be supported by Harrogate Borough Council. The Civil Contingencies and Resilience Officer is the contact point.

The duties of the Tactical Team (Excess Mortality) will be:

1. To collate daily the numbers of deaths for North Yorkshire. This will be achieved through contact with the Registrars and the figures will be agreed with HPA daily prior to them being circulated.
2. To forward this information onto the strategic group and any other official body as appropriate.
3. To act as a single point of contact for all stakeholders.
4. To establish a single point of information for stakeholders on the availability of resources.
5. To work with MIRT to assist bereaved families in a sympathetic and controlled manner.
6. To organise etc storage and disposal of bodies in a dignified and sympathetic manner.
7. To keep the Public informed, through the warning and informing group of key messages.

8. To initiate and manage a system of recording the movement of the dead from the point of death to internment having due regard to other legal requirements ie the registration of a death.

9. To activate key stages of this plan when the situation deteriorates and to implement a recovery process at the end of the pandemic.

10. This will be achieved through a 3 phased approach:

Phase (i)

- Recommending that each of the individual businesses involved in the management of the dead process have BCPs in place and that they can increase their capacity.
- Preparation of identified sites for the storage of Bodies.
- Activation of the Tactical Team/Excess Deaths.
- Monitor the situation.
- Work with stakeholder to try to prevent intervention.
- Offer as many alternative methods of disposal as possible.
- Consider forward planning for the implementation of Phase II.

Phase (ii)

- Co-operation when the pandemic reaches a situation where individual organisations cannot cope with demand.
- Implementation of Body storage.
- Intervention by Local Authorities.
- Implement Phase II of Coroners and Registrars different way of working.

Phase (iii)

- Measures which require changes to primary or secondary regulation which need to be implemented by Ministers. These changes may affect only a single business or have consequences for more than one organisation.

11. To consider cross border issues as they arise.

12. To maintain a daily log of issues arising and discussions taken.

CAPACITY/PLANNING ASSUMPTIONS

The draft guidance “Planning for a Possible Influenza Pandemic – A Framework for Planners Preparing to Manage Deaths” provides three projected scenarios but any plan needs to be flexible in its approach.

For the purpose of this plan the worst case scenario (which is based on a 50% clinical attack rate and a 2.5% mortality rate) has been used to calculate capacities but it should be noted that they can be scaled down when implementing the plan. When calculating the maximum number of bodies, deaths which are unrelated to a pandemic has been factored in (see

Table 3) and it should be noted that these deaths would remain fairly constant throughout the pandemic.

TABLE 1 – Projected Infection Rates at worst case scenario across Local Authorities.

Pandemic week	Local Authorities across North Yorkshire and City of York								North Yorkshire & York (pop 783337)
	City of York (pop 191782)	Craven (pop 55475)	Hambleton (pop 86261)	Harrogate (pop 157760)	Richmondshire (pop 52942)	Ryedale (pop 52942)	Scarborough (pop 108345)	Selby (pop 79800)	
Week 1	96	28	43	79	25	26	54	40	392
Week 2	192	55	86	158	51	53	108	80	783
Week 3	767	222	345	631	204	212	433	319	3133
Week 4	2973	860	1337	2445	790	821	1679	1237	12142
Week 5	10164	2940	4572	8361	2702	2806	5742	4229	41517
Week 6	20712	5991	9316	17038	5505	5718	11701	8618	84600
Week 7	20329	5880	9144	16723	5403	5612	11485	8459	83034
Week 8	13712	3966	6168	11280	3644	3785	7747	5706	56009
Week 9	9301	2691	4184	7651	2472	2568	5255	3870	37992
Week 10	7192	2080	3235	5916	1911	1985	4063	2993	29375
Week 11	4986	1442	2243	4106	1325	1376	2817	2075	20367
Week 12	2493	721	1121	2051	663	688	1408	1037	10183
Week 13	1534	444	690	1262	408	424	867	638	6267
Week 14	863	250	388	710	229	238	488	359	3525
Week 15	671	194	302	552	178	185	379	279	2742
All Weeks	95891	27738	43131	78880	25486	26471	54173	39900	391669

These figures may be affected at different times of the year by tourists and that may compact on provision of services.

TABLE 2 - Weekly Pandemic flu deaths by local authority at 50% clinical attack rate and 2.5% mortality rate based on single wave pandemic model.

P A N D E M I C W E E K	LOCAL AUTHORITIES ACROSS NORTH YORKSHIRE & CITY OF YORK								ALL NY & CY	SPECIAL LARGE POPULATION CLUSTERS		
	Per - iod of York (pop 19 17 82)	Cit y of Yor k (pop 19 17 82)	Crav en (pop 5547 5)	Hamb leton (pop 86261)	Harro gate (pop 15776 0)	Richm ond- shire (pop 50972)	Rye dale (pop 5294 2)	Scar - boro ugh (pop 1083 45)		Sel by	North Yorks hire & York (pop 78333 7)	Catt erick Garri son (pop)
1	2	1	1	2	1	1	1	1	10			
2	5	1	2	4	1	1	3	2	20			
3	19	6	9	16	5	5	11	8	78			
4	74	21	33	61	20	21	42	31	304			
5	25	4	74	114	209	68	70	144	6	1038		
6	51	8	150	233	426	138	143	293	5	2115		
7	50	8	147	229	418	135	140	287	1	2076		
8	34	3	99	154	282	91	95	194	14	1400		
9	23	3	67	105	191	62	64	131	3	950		
10	18	0	52	81	148	48	50	102	97	734		
11	12	5	36	56	103	33	34	70	75	509		
12	62	18	28	51	17	17	35	26	52	255		
13	38	11	17	32	10	11	22	16	26	157		
	22	6	10	18	6	6	12	9	88			

1									
4									
1									
5	17	5	8	14	4	5	9	7	69
AI	23							99	
I	97	693	1078	1972	637	662	1354	8	9792

TABLE 3 – Projected deaths for North Yorkshire at the worst case scenario during a pandemic, based upon “Planning for a Possible Influenza Pandemic” (figures have been rounded to the nearest 100).

Pandemic week	Projected % by week	Excess deaths from pandemic	Deaths which are unrelated to a pandemic	Total deaths
1	0	0	100	100
2	0	0	100	100
3	1	100	100	200
4	3	300	100	400
5	11	1,100	100	1,200
6	22	2,200	100	2,300
7	21	2,100	100	2,200
8	14	1,400	100	1,500
9	10	1,000	100	1,100
10	8	800	100	900
11	5	500	100	600
12	2	200	100	300
13	1	100	100	200
14	1	100	100	200
15	1	100	100	200
TOTAL	100	10,000	1,500	11,500

During a pandemic it has been calculated that between weeks 5-10, 86% of the excess deaths would occur within North Yorkshire. This is in the region of 8,600 and if we factor in deaths which are unrelated to a pandemic we have a total of 9,200 over a six week period. Over the 15 weeks of the Pandemic there is likely to be a total 11,500 deaths.

It should be noted that currently between 70-75% of all deaths result in cremation with the balance being burials.

A survey of Coroners, Registrars, Undertakers, Crematoria and Burial Grounds has been undertaken to assess capacity and identify pinch points.

Within the boundaries of North Yorkshire there is an average of between 5,000-6,000 deaths per year through **natural causes** with the figures being slightly higher during the winter months. However for this plan we have assumed an average of 100 deaths which are unrelated to a pandemic per week.

The current act of burial/cremation is a commercial operation with the Funeral Director taking the responsibility for the organisation of the funeral arrangements. The local authority normally provides crematoria/burial grounds and the registration services. Therefore any intervention/alterations that are made to these processes would require the cooperation of the Funeral Directors and other stakeholders.

Summary of Capacity

NHS (acute) Hospitals

Each NHS (acute) hospital has limited mortuary capacity which is likely to be overwhelmed during a pandemic. Whilst hospitals have contingency arrangements designed to expand mortuary capacity it needs to be recognised that these are largely dependent on resources

and equipment that may be in great demand. The (ten) community hospitals in North Yorkshire and York have very small, or no, mortuary capacity.

All hospitals are dependent on a fully functioning undertakers service to regularly remove the deceased from the hospital. If, during a pandemic, this process of transfer falters or fails contingency arrangements will need to be activated in order to maintain the functionality of the hospital.

There is an assumed continuing need to provide hospital mortuary capacity for Coroner purposes and there will be a need to increase capacity wherever possible in the event that the Coroner requires additional storage for post mortems. The TTEM will acquire suitable premises and, should it be necessary, the TTEM will activate the NYLRF Temporary Mortuary Plan.

Cemeteries

A survey of Local Authority and other cemeteries within North Yorkshire indicates that there is limited but sufficient capacity in the event of a pandemic. However, Local Authorities are advised to have plans in place for additional burial space in the longer term.

There are no body/refrigeration storage facilities at any of the cemeteries and the management of burials would be coordinated through the Tactical Teams for excess mortality.

The number of burials that could currently be undertaken in a week is in the region of 75 but this would only be achievable at the expense of undertaking fewer cremations as the capacity of the funeral directors is a limiting factor. To increase this capacity would require a change in methodology which would necessitate the closure of the graveyard to members of the public and the adoption of a production line process. Working in teams of two, each team would require a small digging machine and one or two sets of shoring. The method would simply be to dig a hole, shore it, place a coffin inside, remove the shoring and backfill which would take approximately 2½ hours. Each team could therefore complete three burials a day. Assuming that 12 teams could be equipped, between 250 and 300 burials a week could be maintained. Alternatively a trench could be excavated using a JCB or similar plant and coffins placed within the trench at the normal distance apart as if singular graves were being dug. It is estimated that by using this method up to 200 burials a day may be achieved. It should be noted that after back filling the graves would be marked out as a normal grave.

If permanent communal burials were introduced, it is possible that a mix of crematorium and communal burials would result in there being little or no demand for cold storage. However, this assumes that the next of kin have little or no choice in the method of disposal.

Current trends suggests that between 25 and 30% of all deaths result in a burial with another 25-30% of people wishing to have cremated remains buried on consecrated ground. These percentages may change depending on resource availability and the desire by bereaved families to have a quick resolution to the bereavement.

Appendix C gives a break down of burial plot capacity within each District and the City of York. Information regarding individual graveyards is available from the relevant district.

Appendix F gives a list of suitable green land including glebe land that can be used for temporary trench burials.

Crematoria

In the event of a pandemic occurring, additional demand will be placed upon the Crematorium/Burial authorities to deal with the additional deaths. These demands may exceed capacity even when operating 24/7.

A survey of the Crematoria that operate within North Yorkshire (Craven, Harrogate, Scarborough and York – see Appendix A) has been undertaken and indicates that working at full capacity combined a maximum of 500 cremations a week could be achieved. However, Craven could only sustain this for a two week period, after which there would be a combined maximum total cremations of between 400 and 450 a week.

In the event of a pandemic that resulted in the number of excess deaths exceeding 200 per week, all crematoria would suspend the use of the chapel and services. At the onset of a pandemic, each crematorium would increase their refrigerated storage capacity to 24/26 places (which is equivalent to the maximum number of cremations that could be undertaken in a day). Alternatively, the Tactical Team for excess deaths may make arrangements for coffins to be delivered in refrigerated containers.

Normal arrangements for the cremation/burial of the dead (ie Funeral Directors making the arrangements) will continue until the Tactical Team for Excess Mortality considers that the number of excess deaths is likely to be above normal operating capacities.

Point of Death

For the purpose of this plan the point of death would be in hospital or within the persons normal residence.

At the time of death the responsibility for arranging the collection registration of the death and disposal of the body would normally be the responsibility of the bereaved family. However in the event of a pandemic outbreak the situation may be beyond the resources of the normal service providers. This plan therefore assumes that in such a situation all stakeholders service providers and emergency responders would work together to maximise available resources so as to minimise any distress to the bereaved families and that the Tactical Teams for excess mortality would be that focal point.

Appendix G identifies the process for registering a death, collection of the body through to the organisation of the funeral.

These duties would be carried out under the Public Health Act 1936 (s198).

The Coroners Service

The legal requirement is that a death must be referred to the Coroner if the patient had not been seen by a doctor within 14 days prior to their death. This requirement may be relaxed to 28 days.

The Coroners service for North Yorkshire County Council and the City of York consists of a total of three coroners and three deputies. They operate in three areas East of the County, West of the County and the City of York. In the event of the Coroner or his deputy being unable to cope for whatever reason cover from the other areas could be provided. It is anticipated that the Coroner's service could cope and that any impact of a pandemic would be manageable.

Registrars Service

The Registrars Service is operated by North Yorkshire County Council and the City of York and have indicated that they would be able to maintain a service during the peak period of an outbreak. Some other registration services such as Births and Marriages would be suspended to maintain the Registration of Deaths if necessary. Business Continuity Plans exist for these service.

Local registration services have received detailed advice on suggested different ways of working from the Central Registry Office for England and Wales.

Funeral Directors

The funeral director is the link between the deceased, the burial or cremation of the body and the deceased's family. This is the area that is outside local authority control and will impact heavily on our ability to manage the process to maximum efficiency.

They have responsibility for:

- Transporting the body to a chapel of rest.
- Arrangements for the funeral/cremation and the provision of the coffin.
- Liaising with other stakeholders and the bereaved family.
- Organising the service.

Many of the Funeral Directors do not have their own vehicles and share them with several other Funeral Directors. They also have limited cold storage facilities and carry minimum stocks of coffins.

Appendix B summarises the capacities of all Funeral Directors within North Yorkshire.

The place of burial/cremation is not always in the same district as the place of death and on the fringes of the County there is a natural migration to the nearest crematorium. In the event of a pandemic the Tactical Team needs to make contact with neighbouring authorities and agree arrangements.

During a pandemic it is likely that Funeral Directors will suffer like any other business and up to 25% of staff resources may be affected by the pandemic. In addition it is likely that the number of excess deaths will overwhelm the combined resources of all North Yorkshire Funeral Directors. Therefore in the event of a pandemic outbreak there needs to be a mechanism in place to provide assistance in this eventuality. There is no statutory obligation on any public body to undertake this other than that covered by the Public Health Control of Diseases Act 1984 pauper's funerals. It is therefore proposed that each district council and the City of York and North Yorkshire County Council puts in place arrangements to be able to assist with the movement of bodies ie identify suitable vehicles/staff/voluntary organisations.

At the point of intervention, Funeral Directors may only have the capacity to collect the deceased and transport them to storage facilities. This Plan assumes that the Funeral Directors will continue to be the link with the bereaved's family. In the event of intervention, the Funeral Directors would concentrate their resources on the collection of the deceased,

placing them in a coffin and transporting them either to a designated storage facility or a collective pick-up point or the site designated for collective burial.

Intervention by Local Authorities

In the event that the number of deaths during a pandemic is greater than available capacity of the existing resources the Tactical Team for Excess Mortality will intervene.

Intervention will only be undertaken as a last option and is covered under this. The Tactical Team for Excess Mortality will work with stakeholders to try to prevent intervention as far as is reasonably possible by offering as many alternative methods of disposal as is possible.

This intervention for Phase II could be triggered by one or more of:-

1. insufficient coffins/body bags (FD's to report this to Tactical Team for Excess Mortality);
2. insufficient storage capacity at the Funeral Directors;
3. insufficient cremation/cemetery capacity (this will be monitored by the Tactical Team for Excess Mortality);
4. breakdown of services provided by Funeral Directors (this will be monitored by the Tactical Team for Excess Mortality).
5. Government intervention.

The Tactical Team for Excess Mortality will only intervene if the normal level of service cannot be delivered and/or there is a danger to public health.

Once intervention takes place the Tactical Team for Excess Mortality will implement one of the outlined methods or a combination of methods to introduce and assume responsibility.

1. The storage of bodies and for the allocation of a body to a specific cremation/funeral time slot.
2. Arranging for temporary trench/collective burials.
3. Making arrangements for permanent collective burials or trench burials.

The Tactical Team for Excess Mortality and stakeholders will work together to achieve these objectives.

The release of the body and notification of an allocated time slot will be notified to the appropriate Funeral Director who will liaise with the bereaved family.

In the event of local authority intervention it will not always be possible for the family to attend a memorial service at the time of the cremation and or burial. Local authority crematoriums/cemeteries may be closed to the public during this time or access times restricted.

It may be possible to dig a number of graves at the onset of the pandemic and offer these to bereaved families as an alternative to cremation and without the normal service. This could free space in the Funeral Director's cold storage units and delay the intervention by the Tactical Teams.

There are two alternative methods of medium to long term storage which are outlined in Appendix D.

All of these methods have associated problems and it may be that a combination of them are required to meet the needs of medium to long term storage. Trench burials or temporary collective burial is seen as a medium to long term solution and could be considered as both a temporary or permanent solution. Bodies that are stored in this way would remain in the trench until after the end of a pandemic, when a more considered approach to the final act could be undertaken.

The only practical short to medium term solution would be the use of cold storage facilities and it would be the responsibility of the Tactical Team for Excess Mortality to arrange suitable storage at the onset of the pandemic.

During the intervention period, the Tactical Team for Excess Mortality will make the decision as to which method of storage any particular body is directed to. Alternatively, the Tactical Team may consider permanent collective burial as a suitable alternative to long-term storage or as an additional method.

Coffins/Body Bags

Coffin manufacturers have indicated that they have in place a plan to suspend production of their range of coffins and concentrate on producing a standard coffin in several sizes. This will increase capacity significantly and there should not be a shortfall in availability. In the event of a shortfall, body bags should be used for storage purposes until a coffin becomes available. All coffins that are being placed in cold storage should have all internal joints sealed with silicone.

Body bags used should be of the type which can be safely cremated. In the event of a shortage of coffins, facilities for the manufacture of a basic coffin have been identified at Harrogate International Centre who have the ability to produce 50 coffins a day. Contact details for this facility are included in Appendix E.

Commencement of Intervention

On intervention the Tactical Team for Excess Mortality will contact all crematoria/cemeteries and advise them that Funeral Directors will no longer be able to book a time slot. All time slots will be coordinated through the Tactical Team for Excess Mortality.

Crematoria and burial grounds will provide the Tactical Team for Excess Mortality with a list of availability for 10 days in advance.

Funeral Directors will be informed of the release of the deceased by the Tactical Team for Excess Mortality. Transport to crematoriums/cemeteries will be arranged by the Tactical Team for Excess Mortality. However if committal is to be at a private cemetery transport will be arranged by Funeral Directors.

Transitional Arrangements

Once the Tactical Teams for excess mortality decide that intervention is necessary the following transitional arrangements will apply:-

1. All stakeholders will be notified by telephone and or email that the Management of Mortality Plan has been implemented (see Appendix H for a list of stakeholders and contact details).

2. Local Authority Crematoria and Cemeteries will accept no further bookings from Funeral Directors for cremations or burials (private facilities are outside the control of the Tactical Team for Excess Mortality).
3. Existing funeral arrangements that have already been made will be allowed to continue including services at the crematoria or graveside.
4. Local Authority crematoria and cemeteries to notify the Tactical Team for Excess Mortality immediately of existing bookings and availability.
5. Crematoria and burial authorities to implement their BCPs in order to meet increased demand. It is recommended that each authority establish an Operational Team with strong links into the Tactical Team for Excess Mortality.
6. Funeral Directors to contact the Tactical Team for Excess Mortality to make arrangements for bodies to go into storage until they are allocated time of cremation or burial, or are taken to a site for collective burial.
7. The Tactical Team for Excess Mortality to issue a press release informing the public of the situation and that further press releases will be issued on a regular basis (this will be coordinated through strategic group).
8. If the service cannot be provided Gold Command will be informed and will ask Government Office to introduce Phase III legislation.

Continuous Arrangement

Once the transitional arrangements have been completed the following will apply:

1. Once a funeral director has been contracted by the bereaved family to undertake the funeral, he will as soon as possible, contact the Tactical Team for Excess Mortality to make the necessary arrangements to transport the body to the designated storage facilities or collective burial site.
2. The funeral director will brief the family on the arrangements that have been put in place and the possible time before committal can be undertaken (see Appendix E Guidance to funeral directors) including the restriction on memorial services at the time of committal.
3. The Tactical Team for Excess Mortality will keep a database of the number of bodies in storage, the date the body went into storage, whether it is a cremation or a burial and the date the body was committed for cremation or burial. They will also keep a database of available capacity dates and times available at each cremation/graveyard.
4. Local authority crematoria and cemeteries will notify the Tactical Team for Excess Mortality daily of the number of cremations/burials that they can undertake for the week commencing on the following Saturday. If, for any reason the Cremation/Burial Authority determine they cannot meet their target (ie breakdown of equipment, staff shortage etc) they must contact the Tactical Team for Excess Mortality immediately and keep them informed of the situation.
5. The Tactical Team for Excess Mortality will allocate the deceased for cremation on a first in first out basis to the nearest crematoria to their last address. In some

instances this may not be possible for example in Selby where York, Pontefract and Leeds are regularly used. (The issue of cross border arrangements has yet to be resolved).

6. Transportation of the deceased from storage to the crematoria will be undertaken by contractors employed by the Tactical Team for Excess Mortality on a daily basis.
7. The funeral director will be notified in advance and once the cremation has taken place the remains will be available for collection.
8. Services at the time of committal will be suspended but an ordained member of the deceased's faith will be invited to say the a short service at the time of burial or cremation and to make a note of the words and pass them on to the bereaved family (nb, the bereaved family will not be able to attend).
9. The date and time of the committal will be communicated to the Funeral Director who is representing the family so that the bereaved family can, if they consider it appropriate, observe a period of reflection.

Restoration of Normal Arrangements

The Tactical Team for Excess Mortality will be responsible for the decision to terminate the emergency arrangements and the following guidance will apply:

1. The Tactical Team for Excess Mortality will monitor all available statistics and when the number of bodies stored falls to less than one weeks capacity at the crematoria they will commence the restoration of normal arrangements or the number of deaths is less than the capacity of Funeral Directors and burial authorities.
2. The Tactical Team for Excess Mortality will advise the warning and informing group to issue a press release advising that normal arrangements will resume from a given date.
3. They will notify all stakeholders of the date for the restoration of normal arrangements and close down the storage and management facilities.
4. A helpline will be maintained for as long as it is required to assist members of the public who may be traumatised or need assistance. This will be a dedicated number and will be advertised across the North Yorkshire areas and will be managed by the Major Incident Response Team.

Financial Implications

Each authority will record its expenditure on providing the additional service and at the end of the emergency will pass details to the Chair of the Tactical Team for Excess Mortality. The Chair of the Tactical Team for Excess Mortality will collate the total cost of undertaking the additional service and submit a report to strategic group with recommendations on how to cover the cost.

Counselling of Staff by MIRT

The role of North Yorkshire County Council and City of York Councils Major Incident Response Team (MIRT) will be to provide emotional and practical support to front line staff. The team can be contacted 24 hours, 7 days a week through the Emergency Planning Units.

Faith, religious, cultural and minority ethnic communities

Any emergency occurring in the UK is likely to involve members of different faith, religious, cultural and ethnic minority communities. Emergency services, local authorities and other responding agencies should bear their needs in mind. Responders should identify which organisations can provide help and maintain advice on how to engage them.

Particular faith, religious, cultural and minority ethnic requirements may relate to medical treatment, gender issues, hygiene, diet, clothing, accommodation and places for prayer. Depending on the faith, religion, culture and ethnicity of the deceased or bereaved, there may also be concern about how the deceased are managed, and the timing of funeral arrangements.

Sections of faith communities may have well established emergency arrangements. It is therefore important to integrate their requirements into general contingency planning as far as possible.

Meeting the needs of Vulnerable People

The care and support needs of a range of groups require special consideration. The general definition of vulnerable persons is:

People present or resident within an area known to local responders who, because of dependency or disability, need particular attention during emergencies.

Vulnerable persons are defined as those:

- Under the age of 16
- Inhibited in physical movement, whether by reason of age, illness (including mental illness), disability, pregnancy or other reason
- Deaf, blind and visually impaired or hearing impaired.

The most appropriate method of communicating with vulnerable individuals should be adopted. This may be the use of versions of documents produced for specific communities (older people, ethnic groups) or the delivery of information via the management of schools or day centres.

Vulnerable persons who live in residential homes or sheltered accommodation or attend schools, organised activities or day centres are relatively easy to warn during an emergency because the establishment will be known to local authorities and other responders.

Vulnerable persons living in the community are more difficult to contact. Local Authorities and NHS Trusts maintain registers of vulnerable people for whom they are responsible or provide care and support. However such registers may not include all vulnerable individuals effected by an incident.

Children and Young People

The families of children and young people caught up in a tragedy need full and accurate information as quickly as possible.

Formal debriefing meetings for children, young people and adults can be an important part of the rehabilitation process.

Further information on the special arrangements needed when children and young people are caught up in traumatic events is contained in the booklet *Wise Before the Event – Coping with Crises in Schools*.

Plans need to reflect procedures for providing the necessary support and assistance to children who have experienced trauma or other problems following an emergency.

Media Issues

All press releases and information will be managed by the warning and informing group and no individual member of the Tactical Team for Excess Mortality will speak to the media.

Faith Issues

Meeting the needs of vulnerable people.

All matters relating to a person's faith will be co-ordinated by the Arch Deacon for Cleveland in consultation with the Yorkshire & Humber Faiths Forum.

Debriefing of Stakeholders

Following the Restoration of Normal Arrangements the Tactical Team for Excess Mortality will arrange a debriefing(s) of stakeholders and prepare a report for the Strategic Group.

Data Collection Form (see Appendix)

Complete on a daily form and forward to SCG in accordance with the agreed timescale.

Report to Strategic

At the end of the emergency (which will probably be several months after the end of the pandemic) the chair of the tactical group will prepare and submit a report to strategic group.

Management of Mortality

Survey of Crematorium

	CITY OF YORK	CRAVEN	HARROGATE	SCARBOROUGH
1. What are the current opening hours of the Crematorium?	08.30 – 16.00	09.00 – 15.40	09.00 – 15.40	08.30 – 17.00
2. What are the maximum opening hours you could work during a period of relatively high demand?	24	18	24	24 (subject to staffing)
3. What is the maximum number of cremations you could undertake (disregarding services) during normal opening hours?	17 (85)	11 (55)	11 (55)	10 (50)
4. What is the maximum number of cremations you could undertake if you were to open the maximum hours as indicated in question 2.	26 (156)	16 (96)	25 (150)	24 (144)
5. How many refrigeration units do you have at the Crematorium?	0	0	0	0
6. Do you have a Business Continuity Plan in place? If yes, does it cover pandemic influenza?	No Target completion date 31/10/08	Yes	Yes	Yes

	CITY OF YORK	CRAVEN	HARROGATE	SCARBOROUGH
7. What is the maximum operational hours you could sustain over several weeks? 24 hours a day; 18 hours a day; 12 hours a day; less than 12 hours a day?	24 hours as long as needed	18 hours 6 days per week	24 hours	24 hours for 2 weeks 12 hours thereafter
8. Personnel Total number of staff working for this crematorium?	4 qualified 3 unqualified Admin staff are included in unqualified 3 other additional personnel who could be drafted in	3 qualified 1 admin 1 other who could be drafted in	4 qualified 3 unqualified staff who form part of our BCP 3 admin who also cover burials	4 qualified 1 unqualified Not sure how many additional personnel could be drafted in
Normal staffing levels in the crematorium each day?	2 qualified 3 unqualified Admin staff are included in unqualified	2 qualified 0 unqualified 1 admin	2 qualified 0 unqualified 1 admin	4 qualified 1 unqualified Not sure how many additional personnel could be drafted in
Minimum staff required to run the crematorium?	2 qualified 1 unqualified Admin staff are included in unqualified	2 qualified 1 admin	2 qualified 0 unqualified 1 admin	2 qualified 2 unqualified Not sure how many additional personnel could be drafted in
Minimum number of staff required to cremate a body?	1 qualified	1 qualified 1 unqualified	1 qualified 1 unqualified 1 admin	1 qualified 1 unqualified Not sure how many additional personnel could be drafted in
9. Equipment – number of cremation machines What is the maximum time a machine can operate for in a 24-hour period?	Machine 1 - 24 hrs Machine 2 - 24 hrs	Machine 1 – 18 hrs Machine 2 – 18 hrs	Machine 1 – 24 hrs Machine 2 – 24 hrs	Machine 1 – 24 hours for 2 weeks Machine 2 – 24 hours thereafter 12 hours
How regularly does the machine require maintenance?	Once every 3 months (normally once a month if running 24 hrs per day)	Once every 3 months	Machines 1 and 2 – 6 days ops/1 day maintenance	Every 300 cremations
How long does the routine maintenance take?	Machine 1 – 1 day Machine 2 – 1 day	Machine 1 and 2 2 days per quarter	Machine 1 – 1 day Machine 2 – 1 day	Machine 1 – 1 day

	CITY OF YORK	CRAVEN	HARROGATE	SCARBOROUGH
What is the minimum time required to cremate a body?	Machine 1 – 90 mins Machine 2 – 90 mins	Machine 1 – 75 mins Machine 2 – 75 mins	Machine 1 – 90 mins Machine 2 – 90 mins	Machine 1 – 75 minutes
10. Please list any equipment required for the cremation process (this is just a brief overview to work out levels needed).	None	<ul style="list-style-type: none"> • Thermocouples 10 overnight replacement • Various filters 10 overnight replacement • Polyainers caskets 200 time to order 1 week 	<ul style="list-style-type: none"> • Electrodes – 6 kept in stock – time to order replacement depends on demand • 24” thermocouples – 6 kept in stock - time to order replacement depends on demand • 26” thermocouples – 6 kept in stock - time to order replacement depends on demand • 48” thermocouples – 6 kept in stock - time to order replacement depends on demand • Containers for ashes – 1 required per cremation – 1,500 kept in stock - time to order replacement depends on demand 	<ul style="list-style-type: none"> • Thermocouples (3 types) – 3 of each kept in stock – time to order replacement is 2 days • Cremated remains containers – 1 required per cremation – 300 kept in stock – time to order replacement is several weeks
11. Are there any additional pieces of equipment that you would need to purchase during an emergency? If yes, please indicate what you would require?	Refrigeration units – hold some essential parts in stock for cremators (eg thermocouples) otherwise parts are ordered on an as needed basis from manufacturers. NB, manufacturer is a specialist company and probably supplies entire region, if not county.	Limited storage at the crematorium considering the purchase of a racking system for the storage of coffins.	Temporary storage – unknown.	No

	CITY OF YORK	CRAVEN	HARROGATE	SCARBOROUGH
12. Please state/list any other relevant issues.	Concerns regarding public perception regarding cancellation of services and the possible long term issues it may create.	Both machines require a re-line within the next 12 months which is closedown for 2 weeks per machine.	-----	-----
Average cremations per normal year	2100	910	1450	1260
Average per day (per week)	8.4 (40)	3.6 (175)	5.8 (28)	5.0 (24)

Cremations as a percentage of deaths as at March 2002 for England/Wales and Scotland

72:2%

**APPENDIX B
MANAGEMENT OF MORTALITY
SURVEY OF FUNERAL DIRECTORS**

			CYC	Craven DC	Hambleton DC	Harrogate BC	Richmond DC	Ryedale DC	Scarborough BC	Selby DC	Total
1a	The maximum number of funerals in a week during normal opening hours		90	80	60	100		15	124	35	504
1b	The maximum number of funerals in a week during extended opening hours		130	115	115	180		26	201	45	812
2	The number of funeral directors who own vehicles		4	3	6	8		1	8	1	31
	The number of funeral directors who share vehicles		2	1	0	3			4		10
3	Who do you share vehicles with?		OLFD	OLFD		OLFD			OLFD		0
4	Do you carry a stock of coffins?	Yes	5	3	6	7			12	1	34
		No	1	1	0	4			n/a		6
	If so, how many?		500	110	120	250		50	600	150	1780
5	Do you have a cold storage facility?	Yes	4	3	6	10		1	10	1	35
		No	2	1	0	1			2	7	13
	If you have a cold storage facility, what is the capacity?		80	20	40	80		8	66	30	324
6	The number of full time employees		33	9	10	30		4	64	4	154
7	The number of part time employees		23	22	20	20		10	28		123
8	Do you share staff with another Funeral Director?	Yes	1	3	3	6			4	1	18
		No	5	1	3	5		1	7		22
9	Have you ever considered what an affect a pandemic may have on your business?	Yes			2	4			2	1	9
		No		4	4	7		1	10	1	27

Abbreviations: OLFD – Other Local Funeral Directors

**APPENDIX C
MANAGEMENT OF MORTALITY
SURVEY OF CEMETERIES**

	Harrogate	Craven	Hambleton	Richmond	Ryedale	Scarborough	Selby	<i>York</i>
1. How many plots available?	2310		405	196 single	1333	2000	900	2000
2. Any additional land available?	Yes, pending		No-3	No-1	No-8	Yes	No	Yes 150 graves
			Yes-1	Yes-1	Yes-6		Yes-1	
3. Trench burials?	No		No-3 Yes-1		Possible- 4	No		No
4. If yes to trench burials, how many bodies?	---		50		680	---		---
5. Maximum no of burials per day, normal working day standard service?	10		30	3	41 No Staff on site-4	6		10
6. Extended working day reduced service times.	10		23	5	66 No staff on site-4	10		10
7. Extended working day direct service (service held elsewhere).	15		7	7	54 No staff on site-4	12		15

**APPENDIX D
TEMPORARY STORAGE OPTIONS
PANDEMIC INFLUENZA EXCESS DEATHS**

OPTIONS	PROS	CONS
<p>Option 1 – Central Storage Facility Description: Provision of a central large scale temporary storage facility at one location within the County (may also be scaleable to regional options).</p>	<ul style="list-style-type: none"> • Reduced staffing requirement (relative to option 2) • Single stock control system • Less resources intensive (relative to option 2) • Capacity management easier to handle 	<ul style="list-style-type: none"> • Travel issues/increased cost for peripheral areas (staff/dependencies/bodies) • Requires very large scale site • Staffing issues (where will staff be provided from) • Time – process will be lengthened due to increased travel arrangement issues • Family access/relatives funeral directors • Family/Faith issues
<p>Option 2 – Multiple Storage Facilities Description: Provision of temporary storage facilities at multiple locations across the County. Consideration to the proximity to existing crematoria/cemeteries/hospitals could be factored into consideration.</p>	<ul style="list-style-type: none"> • Closer to locality for process end (burial/cremation) • Minimal travel issues (staff/dependencies/bodies) • Family access/relatives' funeral directors • Process more closely aligned with current practices (ie travel arrangements, point of delivery) 	<ul style="list-style-type: none"> • Increased staffing resources (relative to option 1) • Identify locations for suitable sites close to crematoria/cemeteries/hospitals, limited availability of space, suitable locations possible • Management of capacity between sites • Family/Faith issues

<p>Option 3 – Cold Storage</p> <p>Description: Provision of temporary cold storage facility either at a central location as option 1 or multiple sites as option 2. This option could utilise existing facilities, or rely on a bespoke purpose built facility or current mobile storage units adapted for this purpose. The feasibility of these issues would need to be considered in further detail and would lead to a range of other issues for deliberation.</p>	<ul style="list-style-type: none"> • Public perception may be more positive (relative to option 4) • Easier body handling • Stacking capability minimising space requirements and scale of site (appropriate infrastructure required) • Identification of bodies • Administration continuity issues easier manager and discrepancies easier to rectify (relative to option 4) • Easier to co-ordinate arrangements (timings) with Funeral Directors 	<ul style="list-style-type: none"> • Availability of premise • Availability of critical equipment infrastructure (refrigeration units, racking) • Site suitability/location • Utilities access • Post event re-use (perception) • Costs potentially extensive relative to demand – eg size of facility and associated utilities • Staffing • Security of facility • Thawing of bodies required for purposes of cremation would need to be factored into planning arrangements and time frame • Capacity of Funeral Directors/coordination (pick up and drop off) • Resilience to disruption (eg power outages, back up supplies, generators etc) • Family/Faith issues
<p>Option 4 – Temporary Trench Storage</p> <p>Description: Provision of a temporary trench storage facility either at a central location as option 1 or multiple sites as option 2. This option would involve utilising temporary burial as a means of storage of bodies. Once capacity existed for final committal bodies could be extracted from the temporary burial location for cremation/ burial.</p>	<ul style="list-style-type: none"> • Reduced costs (relative to option 3) • Reduced staffing requirements • Infrastructure requirements minimal • Health issues minimised (handling dead bodies) • Security (less resource intensive depending on site) • Easier to locate sites, providing these can be utilised in the first instance • Post event use of site may be less of an issue 	<ul style="list-style-type: none"> • Public Perception • Extraction of body (difficult/sensitive process) • Identification of bodies (integrity of labelling and bodies) • Flood risk/water course proximity • Funeral arrangements/coordination • Transport arrangements (mass/single body transport) • Family/Faith issues

APPENDIX E

CONTACT DETAILS OF TACTICAL TEAM (EXCESS MORTALITY)

Name	Organisation	Email address	Office tel	Mobile
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APPENDIX F

LAND SUITABLE FOR TEMPORARY TRENCH BURIALS INCLUDING GLEBE LAND

To be confirmed.

APPENDIX G

A SCHEDULE OF STAKEHOLDERS AND CONTACT DETAILS

<u>Hambleton</u>
<u>Selby</u>
<u>Harrogate</u>
<u>Craven</u>
<u>Scarborough</u>
<u>Ryedale</u>
<u>Richmondshire</u>
<u>York</u>
<u>Outside NYCC</u>

APPENDIX H - FIRST DRAFT

Temporary Storage of Excess Bodies During an Influenza Pandemic

Based on preliminary calculations from previous investigatory work and assuming a worst scenario as projected in "Planning for a Possible Influenza Pandemic" it is estimated that up to 7000 bodies within North Yorkshire may require temporary storage, as capacity of crematoria and cemeteries services become saturated at the height of an influenza pandemic.

Based on initial calculations as depicted in Figure 1 'Pandemic Influenza Excess Deaths Storage' a total storage floor area required for the North Yorkshire region would amount to **?????**m² (this would equate to **?????**m² per district authority / City of York).

These are only provisional figures and are subject to a range of variables, including nature and types of facilities, densities of population, and the nature of a pandemic, how bodies are stored etc. However they are intended to be used as a guide in determining specification criteria for suitable sites.

Temporary Storage Options

In order to assess North Yorkshires preparedness and improves its resilience in dealing with excess deaths, the viability of temporary storage options are being investigated. Based on an initial appraisal 4 broad options have been identified as possible options for storage:

Option 1 - Central Storage Facility

Option 2 – Multiple Storage Facilities

Option 3 – Cold Storage

Option 4 – Temporary Trench Storage

These are documented with additional detail in Appendix D of the draft Management of Mortality Plan.

Preliminary Site Specifications

As part of this work stream site surveys could be undertaken to assess suitable locations and storage capability at possible sites across the region, giving further indication of which options may be viable. The following preliminary specifications have been drawn up to look specifically at the requirements of sites / facilities / resource and are designed to standardise the approach being taken to the identification of suitable sites across the region.

Specification A - Identification of sites at or in close proximity to existing cemetery and crematorium facilities (suitable for conversion to cold storage)

Specification B - Identification of regional storage facilities (suitable for conversion to cold storage)

Specification C - Identification of temporary collective burial sites within the region

Specification D - Identification of existing industrial cold storage units / facilities within the Yorkshire & Humber region

Specification E - Identification of suitable mobile refrigeration units / resources

Specification A:

Identification of sites at or in close proximity to existing cemetery and crematorium facilities (suitable for conversion to cold storage)

Essential Criteria:

- A minimum of two sites are to be identified per district / city area.
- To be located within 5 miles of a crematorium / cemetery.
- To have either existing storage capacity available through the use of existing buildings/premises with a minimum floor area of XX m2 (and be appropriate in design to integrate cold storage infrastructure/capability).

or

- To have a suitable area of open space on level ground (preferable hard standing) with a minimum floor area of XX m2 suitable for the erection of modular storage facilities / trailers (with capability to integrate cold storage infrastructure).
- To allow suitable access and egress to be maintained for a flat bed lorry(s) or trailer platform(s) with capacity for positioning modular structures with a lorry mounted crane (Hiab).
- To have existing utilities service provisions available on site or have provision for these to be connectable to the site (electricity, water, sanitary facilities etc).
- Located so as to avoid areas of known risk (ie flood risk).
- To be located sympathetically, be ethically viable and secure.
- To have available space to accommodate offices for administration purposes.

Specification B:

Identification of regional storage facilities (suitable for conversion to cold storage)

Essential Criteria

- A minimum of two sites to be identified for the North Yorkshire region.
- To be located so as to be a viable option for central storage of excess deaths for the region with viable transport links / infrastructure.
- To have either existing storage capacity available through the use of existing buildings/premises with a minimum floor area of XX m2 (and be appropriate in design to integrate cold storage infrastructure/capability).

or

- To have a suitable area of open space on level ground (preferable hard standing) with a minimum floor area of XX m2 suitable for the erection of modular storage facilities / trailers (with capability to integrate cold storage infrastructure).
- To allow suitable access and egress to be maintained for a flat bed lorry(s) or trailer platform(s) with capacity for positioning modular structures with a lorry mounted crane (Hiab).
- To have existing utilities service provisions available on site or have provision for these to be connectable to the site (electricity, water, sanitary facilities etc).
- Located so as to avoid areas of known risk (ie flood risk).
- To be located sympathetically, be ethically viable and secure.
- To have available space to accommodate offices for administration purposes.

**Specification C:
Identification of temporary collective burial sites within the region**

Essential Criteria

- A minimum of sites to be identified within the North Yorkshire region.
- To be located so as to be a viable option for storage of excess deaths with viable transport links / infrastructure.
- To have a suitable area of open space of virgin ground (preferable level ground) with a minimum area of XX m2.
- To have existing utilities service provisions available on site or have provision for these to be connectable to the site (electricity, water, sanitary facilities etc).
- To allow suitable access and egress to be maintained for Plant Equipment including excavating vehicles, flat bed lorry(s) and trailer platform(s), lorry mounted crane (Hiab) etc.
- Located so as to avoid areas of known risk (ie flood risk).
- To be located sympathetically, be ethically viable and secure.
- To have available space to accommodate offices for administration purposes or suitable office accommodation available in close proximity.

**Specification D:
Identification of existing industrial cold storage units / facilities within the Yorkshire & Humber region.**

Essential Criteria

- To have sufficient storage capacity with a minimum floor area / storage capacity of XX m2.
- To be fit for purpose with pre-existing industrial cold storage provision, with capability integrated into the facility sufficient for the safe storage of bodies.
- To be located so as to be a viable option for storage of excess deaths with viable transport links / infrastructure.
- To allow suitable access and egress to be maintained for a flat bed lorry(s) or trailer platform(s), and other appropriate means of transportation.
- Located so as to avoid areas of known risk (ie flood risk).
- To be commercially viable and available.
- To met all legal / regulatory requirements (ie health & safety / environmental emissions etc).
- To be located sympathetically, be ethically viable and secure.
- To have available space to accommodate offices for administration purposes.

**Specification E:
Identification of suitable mobile refrigeration units / resources**

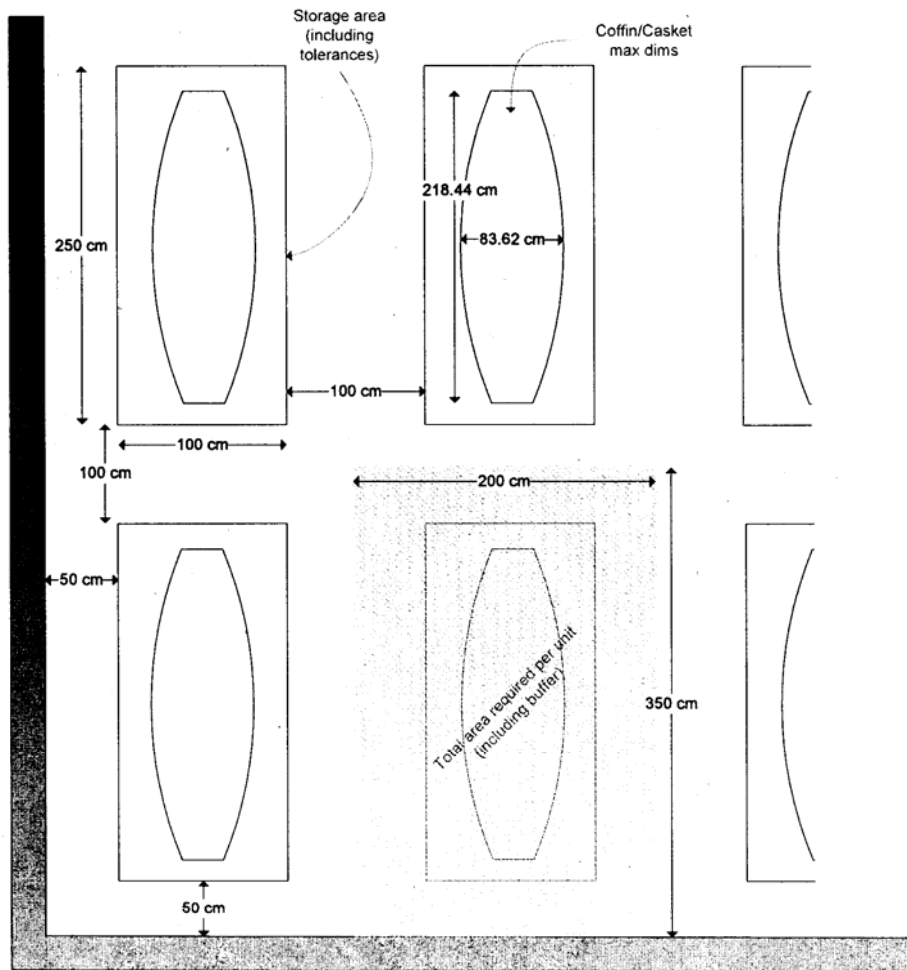
Essential Criteria

- To be sufficient in design so as to be mobile, and compatible for operating on UK highways.
- To have sufficient storage capacity with a minimum volume of XXm3 per unit.
- To be fit for purpose with pre-existing cold storage provision integrated into the units, with sufficient capability for the safe storage of bodies.
- To met all legal / regulatory requirements (ie health & safety / environmental emissions etc).
- To be sympathetically designed, ethically viable and secure.

Pandemic Influenza Excess Deaths Storage

Figure 1

Diagram A
Possible Layout of Temporary Storage (Basic Floor Area Calculations)



Note: diagrams are not to scale, and are primarily intended to be a means of calculating possible floor areas required for temporary storage of excess deaths within North Yorkshire in the event of Pandemic Influenza

Preliminary calculations of body storage across the region

These preliminary calculations are very general and are intended to be a broad estimate of what capacity of storage may be required for excess deaths. To a large extent the degree the nature and type of facility / storage option will define capacity and how bodies will be stored.

Dimensions presented are designed to accommodate the maximum coffin/casket requirements as depicted in Diagram B below.

$350 \text{ cm} \times 200 \text{ cm} = 7 \text{ m}^2$ area required per unit (coffin/casket)

Based on approximate measurements presented in Diagram A if coffins/caskets were to be stored at floor level. It is estimated that a total area of 7 m^2 would be required per coffin/casket. This would incorporate some tolerance where coffins/caskets may exceed maximum dimensions (see Diagram B). The dimensions also include available space to move in and amongst stored coffins making identification, logistics and movement of the deceased easier (buffer).

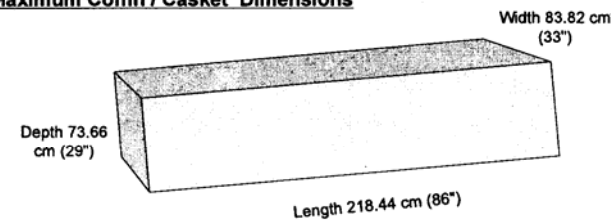
Based on current estimates/planning assumptions for North Yorkshire it is assumed that in a worst case scenario up to 7000 bodies may require storage the height of the pandemic.

$7 \text{ m}^2 \times 7000 = 49000 \text{ m}^2$ total storage area required for North Yorkshire (if bodies were to be stored in this manner)

Total floor area required could be further reduced if coffins / caskets were to be stacked, although whether this is viable option would require further investigation. Equally reductions in dimensions / tolerance and space required between coffins (buffer) could be reduced to maximise capacity further.

Diagram B

Maximum Coffin / Casket Dimensions



Coffins/ Caskets can vary in size, depending on the size of a body. Cemeteries & Crematorium Services often apply maximum coffin/casket dimensions to what they can physically cremate. This is largely due to the capacity of the Crematoriums the site operates. Dimensions are based on those applied by Scarborough Borough Council which operates FT II crematoriums (these are also widely used at other facilities across North Yorkshire). Coffins in excess of these maximum dimensions have to be cremated at other sites outside North Yorkshire.

Why we are giving you this leaflet

We are experiencing the effects of Pandemic Influenza

Sadly, a member of your family, or your friend, has died. You are making the necessary arrangements.

You have probably heard in the news that the number of people in our area who have died recently has gone up.

In some households, tragically, more than one person has died.

Arrangements for funerals are therefore different from normal at present. This leaflet tells you what differences might possibly affect you.

It is important that you get the best possible help and support in the circumstances. A number of agencies have been working together to make this happen. We include, health professionals, religious and voluntary groups, funeral directors and the North Yorkshire Local Resilience Forum.

We promise

...that we will give you as much information as possible through your funeral director.

...that we will do our best to deliver our usual services to you and to other people.

How our services are affected

Due to the current circumstances we are having to put emergency arrangements in place.

In the normal course of events, it is possible to manage an increase in the number of funerals, burials and cremations.

At the moment, though, the increase in the number of deaths is unusually big. It has used up the extra capacity.

A lot of people are off sick and unable to do their normal work. Our own staff have been affected, like everyone else.

It is important to avoid spreading infection. For the time being, people are being advised not to gather together, especially indoors. This has affected our normal way of holding funerals.

So we need to have a plan for funerals, burials and cremations that keeps things as normal as possible, and

- is as *fair* as possible to everyone
- is as *safe* possible for everyone
- is able to give up to date information to everyone

What is happening

Some special arrangements have had to be put in place. They will last only for as long as necessary. The wishes of the person who has died, as well as yours, will be respected as far as possible.

Please understand, though, that it might not be possible for funerals to take place in quite the same way as they normally would. We are very sorry if this affects you.

How your loved one's funeral arrangements may be affected

This will depend on the circumstances, but may include any of the following.

You might not have as much *choice* as would normally be the case. This may affect the date or place of your loved one's burial or cremation or the style of coffin used.

If the burial or cremation is *delayed*, the body will be stored in a decent and reverent way, which will be explained to you.

Every effort will be made to give you the normal *opportunity to view the body* in a chapel of rest, if you wish to do so. However, owing to the increased demand on their services, funeral directors may be unable to offer this facility.

For the same reasons it may be necessary on occasions for the body to be transported in vehicles other than hearses. However, these will always be appropriate vehicles and the body of your loved one will always be treated decently and respectfully.

Throughout the period of the emergency it may be that *normal* religious/faith services may be suspended.

However, if you want a *religious service* when your loved one is buried or cremated, this can still happen. If the emergency measures do not permit even closest family and friends to attend, the service may be taken by a minister alone, without a congregation present. If closest family or friends cannot attend, the minister will contact you before and after it takes place.

Every effort will be made to *respect the wishes* of those who said that they prefer their body to be cremated. But if it is impossible to manage the number of cremations, bodies will need to be buried.

If you wish to have a *memorial service or event* at a later event, you can discuss that with a minister, faith or community leader, or anyone else you choose.

What you can do

Do ask the funeral director about what will happen concerning your loved one's funeral arrangements. But please remember that the funeral director can only offer what is possible in the present unusual circumstances. The arrangements should be within the guidelines issued by national and local government.

If you wish, contact your minister of religion or faith leader, especially about what they can do to support you at the time of the burial and cremation.

Your own health and wellbeing are important. Contact your GP surgery if you need advice or treatment.

Other organisations that can be contacted include:

Cruse Bereavement Care

www.crusebereavementcare.org.uk
0844 477 9400

Samaritans

www.samaritans.org
08457 90 90 90

Compassionate Friends

for parents of a person who has died
www.tcf.org.uk
0845 123 2304

Other information

This leaflet is available in [[language] [big print]: contact [details]

You can get up-to-date information about funeral, burial and cremation services from our helplines and websites:

North Yorkshire Local Resilience Forum

Information, advice and support

A leaflet about current arrangements for funerals, burials and cremations for families and friends of people who have died

Publication details

Published on behalf of the North Yorkshire Local Resilience Forum, by the Human Infectious Diseases group



Annex 5 - Summary of national guidance reviewed in development of the LRF Plan Table

Below is summary information relating to the various plans and publication which have been consulted and considered in the development of the North Yorkshire LRF Plan

	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, provide 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 bespoke 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. RCC will provide the regional communications link between SCG's and Central Government which will instigate the move to Phase 3 ways of working.
3	Department for Children, Schools and Families: guidance to held schools and other bodies July 2006	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 flu and its implications for schools and children's services (including schools, childcare, early years settings, childminders, children's homes and secure units among other settings). 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.
4	Cabinet Office Business Continuity Guidance	A checklist formatted guide specifically aimed at business continuity (BC) during a Pandemic

	(Pandemic Influenza Checklist for Business) 30 April 2007	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. LRF's are obliged to encourage Category 2 responders and local businesses to develop BC plans. All Category 1 responders are working in consideration of the principles set out in this checklist.
5	Preparing for Pandemic Influenza – Guidance to Local Planners 3 December 2007	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 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.
6	Preparing for Pandemic Influenza: Supplementary Guidance for Local Resilience Forum Planners 19 May 2008	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.

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

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

	<ul style="list-style-type: none"> • <u>Infection control guidance for the police service.</u> Department of Health. • <u>Infection control guidance for day school and early years/child care settings.</u> Department for Children, Schools and Families. • <u>Infection control guidance for childminders.</u> Department for Children, Schools and Families. • <u>Infection control guidance in residential settings.</u> Department for Children, Schools and Families. • <u>Infection control guidance for higher education and further education.</u> Department of Children, Schools and Families/Department for Innovation, Universities and Skills.
	Ethics
	<ul style="list-style-type: none"> • <u>The ethical framework for the response to pandemic influenza.</u> Department of Health
	Management of Death
	<ul style="list-style-type: none"> • <u>Planning for a possible influenza pandemic – A framework for planners preparing to manage deaths.</u> • The department of Health has published for further comment an interim update of draft guidance (first issued for public comment last November). The "<u>Guidance on the management of death certification and cremation certification.</u> • <u>Pandemic Influenza: Draft guidance on the operations of the coroner system in England and Wales.</u>
	Education and Childcare
	<ul style="list-style-type: none"> • <u>Full guidance for schools, providers of childcare, early years and other children's services and Local Authority children service departments.</u> Department for Children, Schools and Families. • <u>Summary version of guidance for schools.</u> Department for Children, Schools and Families. • <u>Summary version of guidance for childcare and early years providers.</u> Department for Children, Schools and Families. • <u>Model pandemic flu plan for schools.</u> Department for Children, Schools and Families. • <u>Model pandemic flu plan for further education colleges.</u> Department for Children, Schools and Families/Department for Innovation, Universities and skills. • <u>Guidance for further education colleges.</u> Department for Children, Schools and Families/Department for Innovation, Universities and skills. • <u>Guidance for higher education institutes.</u> Department for Children, Schools and Families/Department for Innovation, Universities and skills. • <u>Information for parents.</u> Department for Children, Schools and Families/Department for Innovation, Universities and skills. • <u>Infection control guidance for day school and early years/child care settings.</u> Department for Children, Schools and Families/Department for Innovation, Universities and skills. • <u>Infection control guidance for childminders.</u> Department for Children, Schools and Families. • <u>Infection control guidance for higher education and further education.</u> Department for Children, Schools and Families.

GLOSSARY OF EMERGENCY RESPONSE TERMS

This glossary gives the meaning of many technical words and terms peculiar to the worlds of integrated emergency management, and local multi-agency planning. It should assist in decoding the many acronyms and abbreviations used, particularly during busy periods or when an incident is ongoing.

ACCOLC Access Overload Control. Gives preference to essential users on the four main mobile networks in the UK. Can be invoked by the Police Incident Officer at the scene.

AIO Ambulance Incident Officer

BRC British Red Cross

BRIT Body Recovery Identification Trained Officers now known as Victim Recovery Identification Trained Officers

CBRN Chemical, Biological, Radiological and Nuclear incident. Also known as NBC (Nuclear, Biological, Chemical).

CCDC Consultant in communicable Disease Control

CHEMET A scheme administered by the PMS (Meteorological Office) providing information and predictions on weather conditions as they may affect an incident

COMAH Control of Major Accident Hazards. Regulations that ensure safety at hazardous industrial sites.

DPH Director of Public Health

EMAS East Midlands Ambulance Service

ETA Estimated Time of Arrival

EPIC Emergency Procedures Information Centre

EPO/EPA Emergency Planning Officer/Emergency Planning Assistant, employed by the Local Authority.

FSA Food Standards Agency

HFRS Humberside Fire & Rescue Service

HPA Health Protection Agency

HAT Health Advisory Team. A group of Health Specialists that will advise on matters relating to public health. Will normally be situated at the PMBS/SCC.

MDAT Major Disaster Advisory Team. A police team available at short notice to give advice on certain issues related to major incidents. SYP has three members of MDAT to give advice on body recovery, temporary mortuaries and scene risk management.

MIO	Medical Incident Officer. Member of the medical staff with overall responsibility, in liaison with the Ambulance Incident Officer, for the management of medical resources at the scene of an incident.
PCT	Primary Care Trust
PMBS	Police Main Base Station. The co-ordination centre for any major terrorist incident. Now known as a SCC.
RVP	Rendezvous Point
SCC	Strategic Co-ordination Centre (see PMBS)
SHA	Strategic Health Authority
SIO	Senior Investigating Officer. The senior CID Officer investigates the incident/accident.
SIM	Senior Identification Manager. A senior CID Officer responsible for victim identification, recovery and temporary mortuary.
YAS	Yorkshire Ambulance Service
VRIT	Victim Recovery Identification Trained Officers formerly BRIT Officers
WRVS	Women's Royal Voluntary Service