Version 1.0: November 2017



Plan Version	Reviewer	Consultees/ Consultation Area (full action plan available for audit)
	Reviewer	<ul> <li>Membership of Corporate Risk and Resilience Group (full plan)</li> <li>Public Health Team: Alice Wiseman &amp; Gerald Tompkins (full plan)</li> <li>Resilience &amp; Emergency Planning Manager (full plan)</li> <li>Rachel Mitchel (Public Health England) &amp; Val Bowman (NHS): (sections 2.1.1, 2.2.1, 2.3.1, 2.4.1 &amp; 3.1.1)</li> <li>Appendix 1, 7, 8: Chairs of the Risk &amp; Resilience Group, Resilience &amp; Emergency Planning Manager)</li> <li>Appendix 5: Kevin Ingledew, Democratic Services</li> <li>Appendix 5: Kevin Ingledew, Democratic Services</li> <li>Appendix 6: David Patterson, Emergency Planning Manager, Steph Downey, Director of Adult Social Care</li> <li>Appendices 9 &amp; 10: Jane Wright, Audit &amp; Risk Manager, Northumbria local authorities</li> <li>Appendices 11, 12, : Human Resources (Caroline Judson &amp; Alison Smith)</li> <li>Appendix 13: Tim Godson (DCLG), Richard Hall (CEXs) &amp; Jane Wright, Audit &amp; Risk Manager</li> <li>Appendix 14: Elaine Barclay, Communications &amp; Steve Horne, Director of Learning and Schools</li> <li>Appendix 15: Chairs of Risk &amp; Resilience Group, Resilience &amp; Emergency Planning Manager) &amp; Public Health Team</li> <li>Appendix 16, 21: Jackie Woodward &amp; Marie Slater, Adult Social Care &amp; Independent Living &amp; Government Guidance</li> <li>Appendix 17 &amp; 18: Susan Smith, Occupational Health &amp; Safety Manager</li> <li>Appendix 20: Government Guidance, Jeanne Pratt, Service Manager, Education Support</li> <li>Appendix 22: Jacky McDonnell, Business Development Lead, Commissioning</li> <li>Appendix 23: Susan Butler, Service Director, Looked After Children's Service</li> <li>Appendix 24: Elaine Devaney, Service Director, Looked After Children's Service</li> <li>Appendix 25: Marc Hopkinson, CCG</li> <li>Appendix 26: Peter Wright, EH &amp; TS Manager</li> <li>Appendix 27: Peter Wright, EH &amp; TS Manager</li> <li>Appendix 28: Jean Eggleston &amp; Lynne Lancaster, Registrars</li> <li>Appendix 27: Peter Wright, EH &amp; TS Manager</li> <li>Appendix 30: Heather Tarvit, Bereavement Services &amp; Environmental Manager</li> <li>Appendix</li></ul>
		Appendix 31, 35, 36, 37 & 38: Resilience & Emergency Planning Manager

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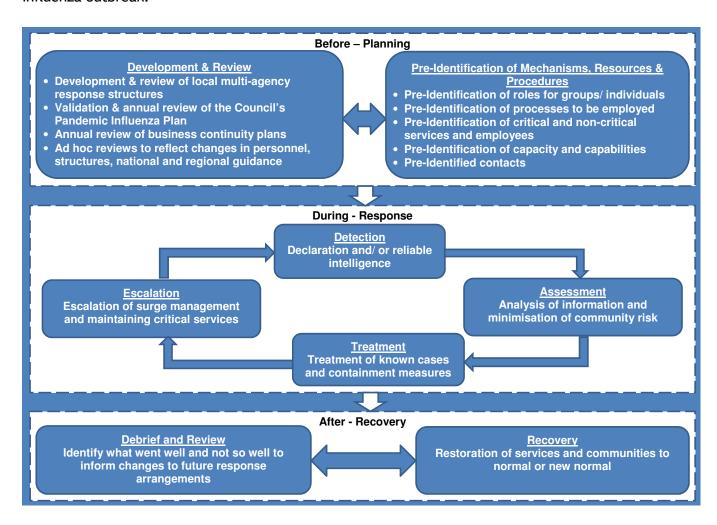
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#### Introduction

An influenza pandemic occurs when a new influenza virus appears against which the human population has no immunity, resulting in several simultaneous epidemics worldwide with enormous numbers of deaths and illness. A pandemic exists when the new virus has been confirmed to cause clinical illness at epidemic levels involving the population of more than one country. In the event of a pandemic Influenza (flu) outbreak there could be severe impacts on public health and services. All public sector bodies are therefore required to prepare and plan for a pandemic to mitigate the impacts on critical service provision.

#### **Aim**

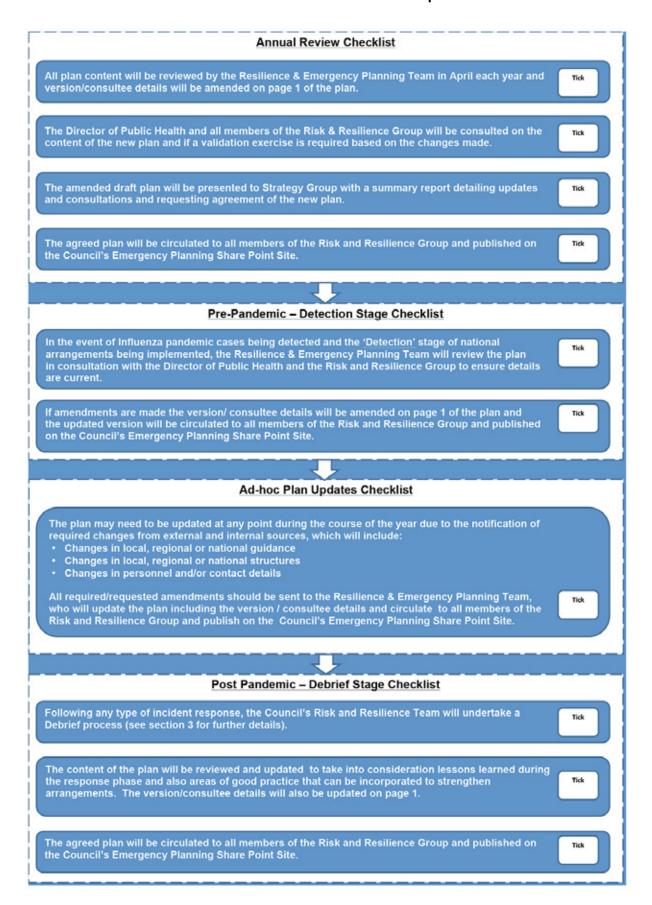
The purpose of this plan is to provide the appropriate guidance and templates to provide a clear framework to be used before (planning), during (responding) and after (recovering) a pandemic Influenza outbreak.



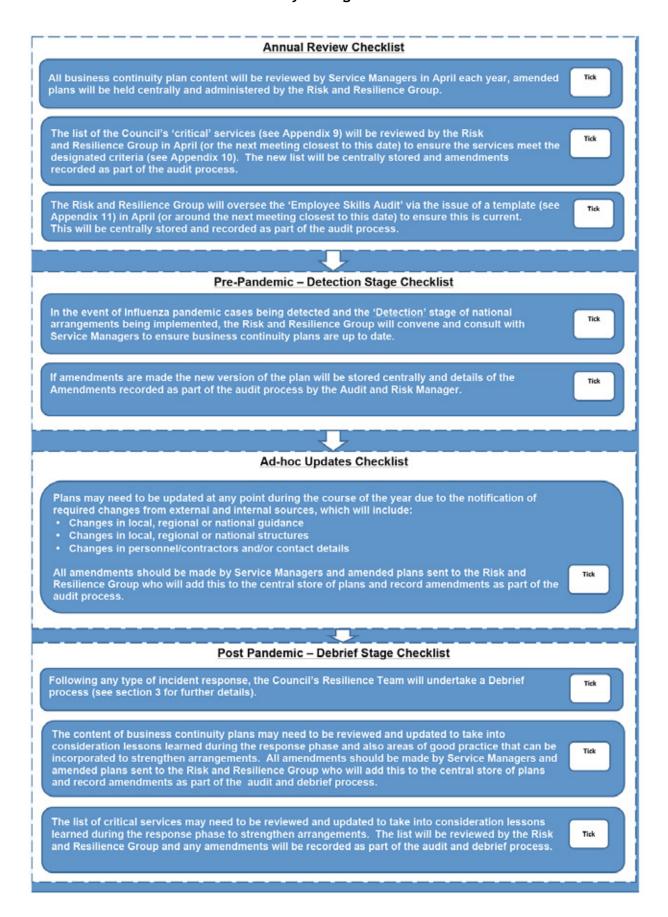
It's likely that initial notification of a pandemic influenza outbreak will be initiated by the World Health Organisation (WHO). They will issue alerts to reflect the severity of an outbreak, with the least severe being 1 and the most severe being 6. These alerts and subsequent information updates will be issued to the UK Government and filtered down through health and resilience structures via official bulletins. These bulletins will correspond with the Response Phases shown in the figure above, which are fully explained along with expected responses, from pages 7 to 17 of this plan.

#### **Before: Planning (Pre-Detection Stage)**

#### Section 1.1: Review of the Council's Pandemic Influenza Plan process

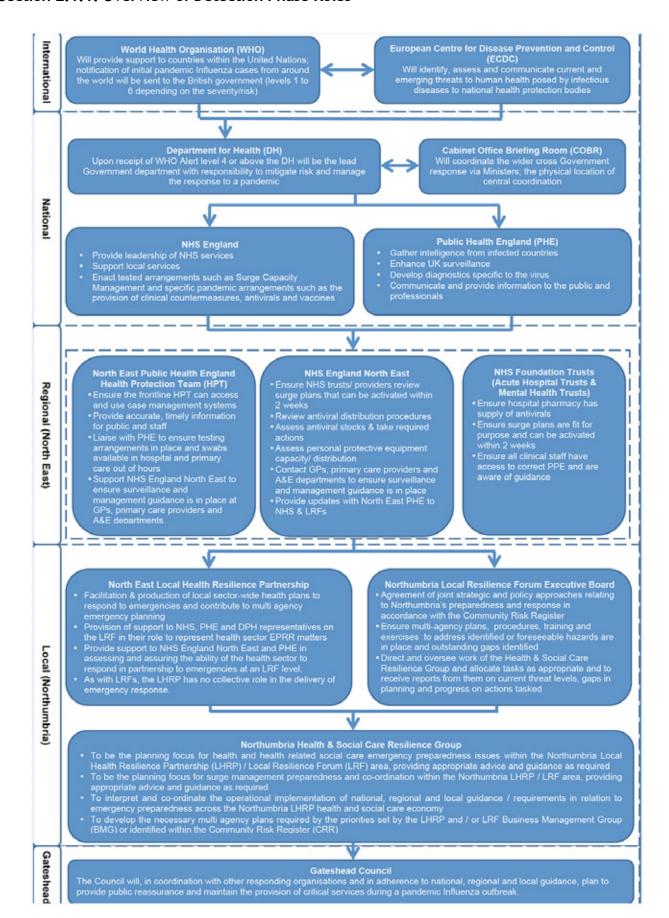


#### Section 1.2: Review of Business Continuity Arrangements

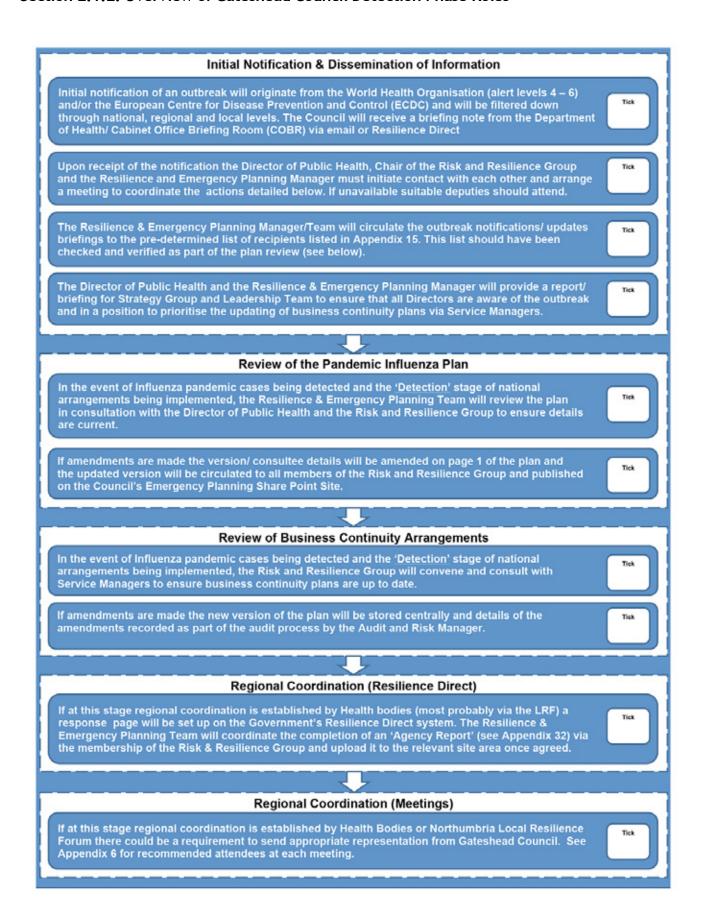


#### **During: Preparation & Response**

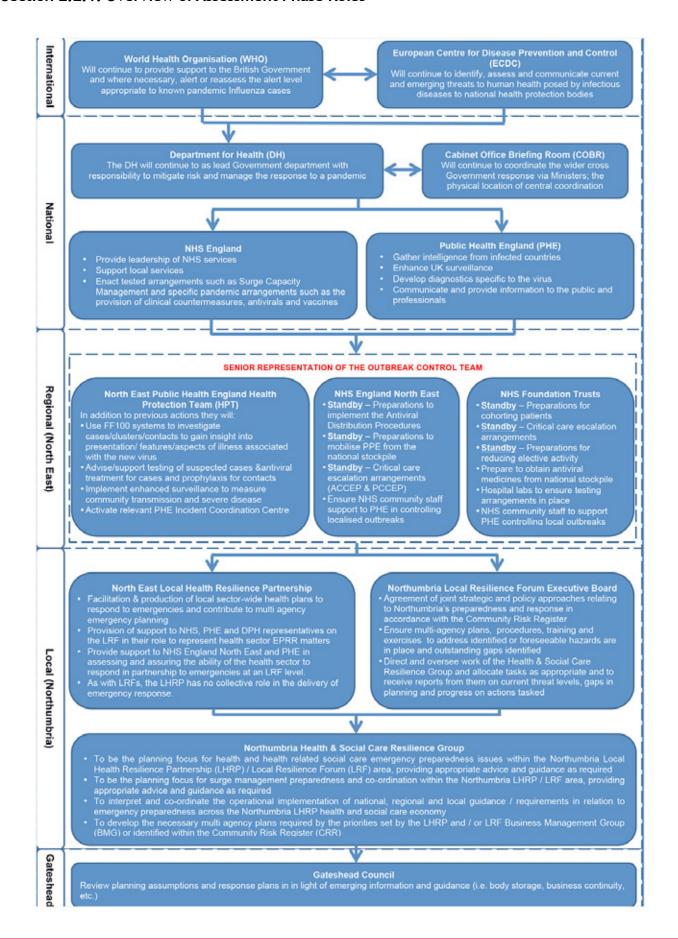
#### Section 2.1.1: Overview of Detection Phase Roles



#### Section 2.1.2: Overview of Gateshead Council Detection Phase Roles



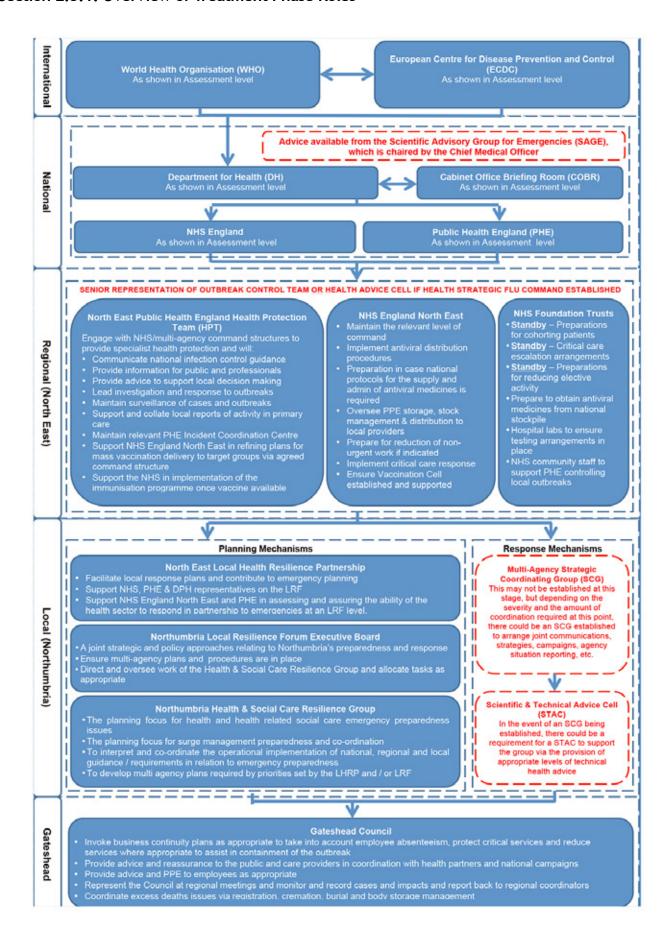
#### Section 2.2.1: Overview of Assessment Phase Roles



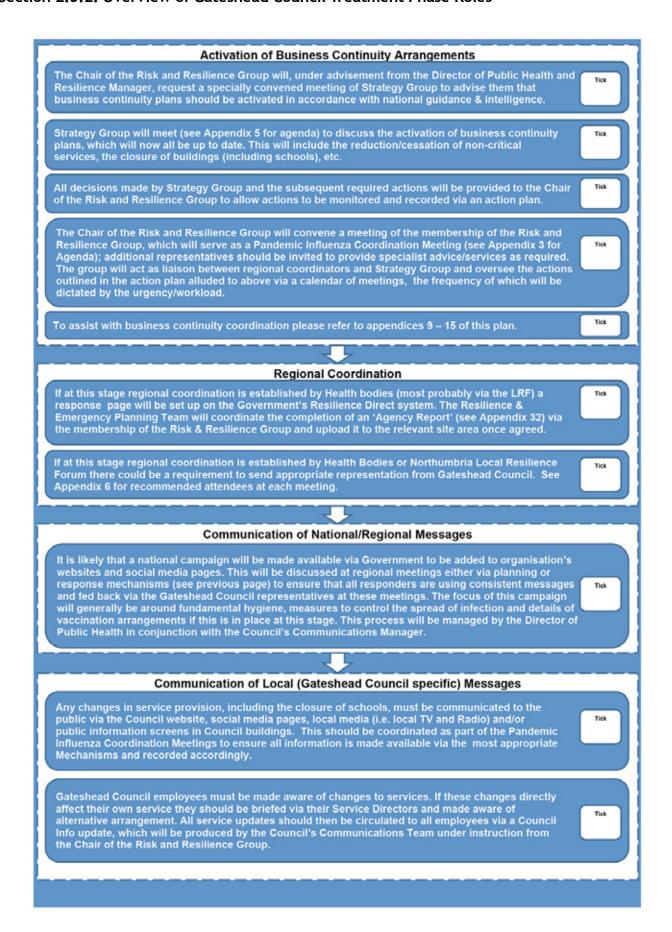
## Section 2.2.2: Overview of Gateshead Council Assessment Phase Roles (Repeat of 2.1.2 process)

Initial Notification & Dissemination of Information	
Initial notification of an outbreak will originate from the World Health Organisation (alert levels 4 – 6) and/or the European Centre for Disease Prevention and Control (ECDC) and will be filtered down through national, regional and local levels. The Council will receive a briefing note from the Department of Health/ Cabinet Office Briefing Room (COBR) via email or Resilience Direct	Tick
Upon receipt of the notification the Director of Public Health, Chair of the Risk and Resilience Group and the Resilience and Emergency Planning Manager must initiate contact with each other and arrange a meeting to coordinate the actions detailed below. If unavailable suitable deputies should attend.	Tick
The Resilience & Emergency Planning Manager/Team will circulate the outbreak notifications/ updates briefings to the pre-determined list of recipients listed in Appendix 15. This list should have been checked and verified as part of the plan review (see below).	Tick
The Director of Public Health and the Resilience & Emergency Planning Manager will provide a report/ briefing for Strategy Group and Leadership Team to ensure that all Directors are aware of the outbreak and in a position to prioritise the updating of business continuity plans via Service Managers.	Tick
Review of the Pandemic Influenza Plan	
In the event of Influenza pandemic cases being detected and the <u>'Detection'</u> stage of national arrangements being implemented, the Resilience & Emergency Planning Team will review the plan in consultation with the Director of Public Health and the Risk and Resilience Group to ensure details are current.	Tick
If amendments are made the version/ consultee details will be amended on page 1 of the plan and the updated version will be circulated to all members of the Risk and Resilience Group and published on the Council's Emergency Planning Share Point Site.	Tick
Review of Business Continuity Arrangements	
In the event of Influenza pandemic cases being detected and the <u>'Detection'</u> stage of national arrangements being implemented, the Risk and Resilience Group will convene and consult with Service Managers to ensure business continuity plans are up to date.	Tick
If amendments are made the new version of the plan will be stored centrally and details of the amendments recorded as part of the audit process by the Audit and Risk Manager.	Tick
Regional Coordination (Resilience Direct)	
If at this stage regional coordination is established by Health bodies (most probably via the LRF) a response page will be set up on the Government's Resilience Direct system. The Resilience & Emergency Planning Team will coordinate the completion of an 'Agency Report' (see Appendix 32) via the membership of the Risk & Resilience Group and upload it to the relevant site area once agreed.	Tick
Regional Coordination (Meetings)	
If at this stage regional coordination is established by Health Bodies or Northumbria Local Resilience Forum there could be a requirement to send appropriate representation from Gateshead Council. See Appendix 6 for recommended attendees at each meeting.	Tick

#### Section 2.3.1: Overview of Treatment Phase Roles



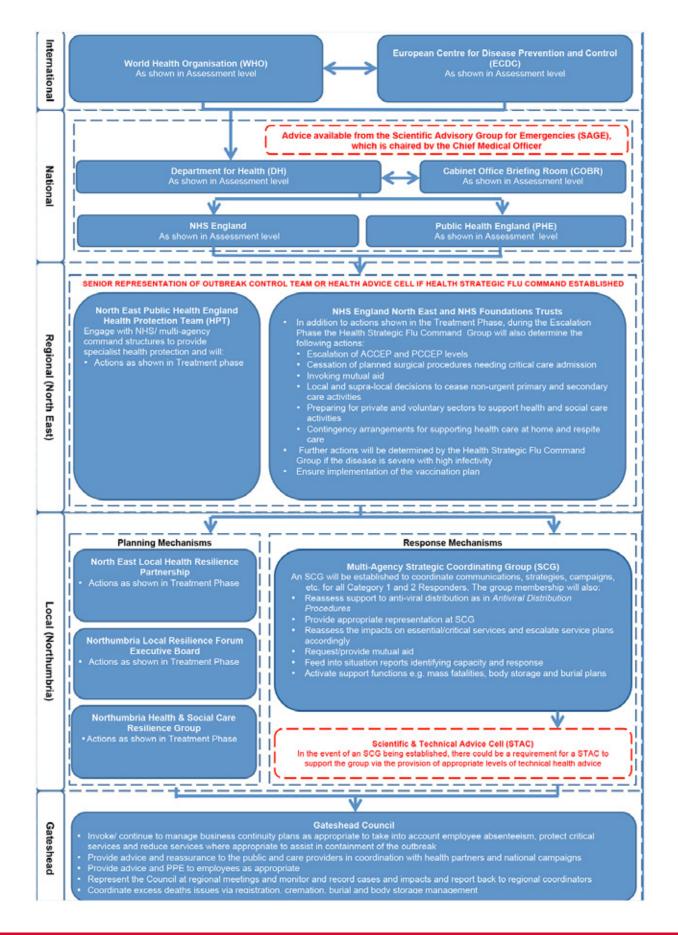
#### Section 2.3.2: Overview of Gateshead Council Treatment Phase Roles



#### Section 2.3.2: Overview of Gateshead Council Treatment Phase Roles (continued)

Anti-Viral Medication	
If anti-viral medication stockpiles have been distributed at this point, they should have been delivered to the locations listed in Appendix 22 of this plan. Although this will be coordinated by NHS England for the North East there may be a requirement to assist in publicising locations and procedures, which would be requested/ agreed at Regional Meetings and manged by the Director of Public Health in conjunction with the Council's Communications Manager.	Tick
000000000000000 <del>.</del> 000000000000000	
Vaccinations	
If a vaccine has been developed and made available at this point, government guidance will be provided to target specific sections of the community (i.e. age based, those with existing conditions, pregnant women, etc.). National advice provided should be made available (see the Communication of National/Regional Messages on previous page) to the public, which should publicise the locations of Vaccination Centres if available (see Appendix 22). This process will be managed by the Director of Public Health in conjunction with the Council's Communications Manager.	Tick
If a vaccine is available and a supply has been provided for employees, this should be offered to the pre-determined list of employees with roles to play in the delivery of critical services, which is held by the Occupational Health Team.	Tick
Personal Protection Equipment (PPE)	
To reduce the spread of infection some employees, particularly those working in close proximity with service users (i.e. care workers, etc.) should be issued with PPE. The list of recommended equipment can be found in Appendix 16 and should be issued by, but not funded by Adult Social Care.	Tick
Excess Deaths	
In the event of a Pandemic Influenza outbreak there is likely to be more deaths than usual capacity for facilities managing body storage can cope with. Even if capacity is being managed at this point, Funeral Directors should be contacted and asked the questions in Appendix 24 of this plan (contact details can be found in external contacts in Appendix 38). The details for our usual morgue facilities, maximum capacity levels and those of cold storage suppliers can be found in Appendix 23 of this plan.	Tick
Excess deaths, coupled with increased employee sickness levels, will also put additional pressures on the Council's Registrars service to register deaths to allow burials and cremations to take place.  Management of the capacity of this service is the responsibility of the Superintendent Registrar, who should be consulted as part of the Council's Influenza Group. Further details of this service's responsibilities can be found in Appendix 25 of this plan.	Tick
The Council's Cemeteries and Crematoria service will also be facing pressures due to excess deaths and as such will be working very closely with Funeral Directors to maximise the number of services to meet demand. Management of this area will be the responsibility of the Bereavement Services and Environmental Manager, who should be consulted as part of the Council's Influenza Group. Further details of this service's responsibilities can be found in Appendix 27 of this plan.	Tick

#### Section 2.4.1: Overview of Escalation Phase Roles



#### Section 2.4.2: Overview of Gateshead Council Escalation Phase Roles

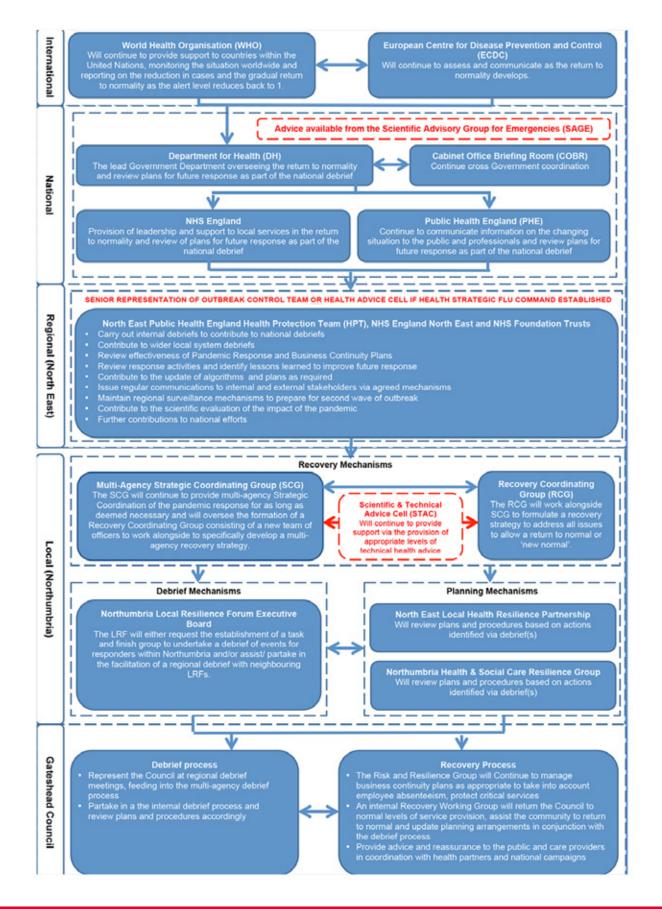
Activation/ Continuation of Business Continuity Arrangements
The Chair of the Risk and Resilience Group will, under advisement from the Director of Public Health and Resilience Manager, request a specially convened meeting of Strategy Group to advise them that business continuity plans should be activated in accordance with national guidance & intelligence.
Strategy Group will meet (see Appendix 5 for agenda) to discuss the activation or continued usage of business continuity plans, which will now all be up to date. This will include the reduction/cessation of non-critical services, the closure of buildings (including schools), etc.
All decisions made by Strategy Group and the subsequent required actions will be provided to the Chair of the Risk and Resilience Group to allow actions to be monitored and recorded via an action plan.
The Chair of the Risk and Resilience Group will convene a meeting of the membership of the Risk and Resilience Group, which will serve as a Pandemic Influenza Coordination Meeting (see Appendix 3 for Agenda); additional representatives should be invited to provide specialist advice/services as required. The group will act as liaison between regional coordinators and Strategy Group and oversee the actions outlined in the action plan alluded to above via a calendar of meetings, the frequency of which will be dictated by the urgency/workload.
To assist with business continuity coordination please refer to appendices 9 - 15 of this plan.
Regional Coordination
If at this stage regional coordination is established by Health bodies (most probably via the LRF) a response page will be set up on the Government's Resilience Direct system. The Resilience & Emergency Planning Team will coordinate the completion of an 'Agency Report' (see Appendix 31) via the membership of the Risk & Resilience Group and upload it to the relevant site area once agreed.
If at this stage regional coordination is established by Health Bodies or Northumbria Local Resilience Forum there could be a requirement to send appropriate representation from Gateshead Council. See Appendix 6 for recommended attendees at each meeting.
Communication of National/Regional Messages
It is likely that a national campaign will be made available via Government to be added to organisation's websites and social media pages. This will be discussed at regional meetings either via planning or response mechanisms (see previous page) to ensure that all responders are using consistent messages and fed back via the Gateshead Council representatives at these meetings. The focus of this campaign will generally be around fundamental hygiene, measures to control the spread of infection and details of vaccination arrangements if this is in place at this stage. This process will be managed by the Director of Public Health in conjunction with the Council's Communications Manager.
Communication of Local (Gateshead Council specific) Messages
Any changes in service provision, including the closure of schools, must be communicated to the public via the Council website, social media pages, local media (i.e. local TV and Radio) and/or public information screens in Council buildings. This should be coordinated as part of the Pandemic Influenza Coordination Meetings to ensure all information is made available via the most appropriate Mechanisms and recorded accordingly.
Gateshead Council employees must be made aware of changes to services. If these changes directly affect their own service they should be briefed via their Service Directors and made aware of alternative arrangement. All service updates should then be circulated to all employees via a Council Info update, which will be produced by the Council's Communications Team under instruction from the Chair of the Risk and Resilience Group.

#### Section 2.4.2: Overview of Gateshead Council Escalation Phase Roles (continued)

Anti-Viral Medication
If anti-viral medication stockpiles have been distributed at this point, they should have been delivered to the locations listed in Appendix 22 of this plan. Although this will be coordinated by NHS England for the North East there may be a requirement to assist in publicising locations and procedures, which would be requested/ agreed at Regional Meetings and manged by the Director of Public Health in conjunction with the Council's Communications Manager.
Vaccinations
If a vaccine has been developed and made available at this point, government guidance will be provided to target specific sections of the community (i.e. age based, those with existing conditions, pregnant women, etc.). National advice provided should be made available (see the Communication of National/Regional Messages on previous page) to the public, which should publicise the locations of Vaccination Centres if available (see Appendix 22). This process will be managed by the Director of Public Health in conjunction with the Council's Communications Manager.
If a vaccine is available and a supply has been provided for employees, this should be offered to the pre-determined list of employees with roles to play in the delivery of critical services, which is held by the Occupational Health Team.
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In the event of a Pandemic Influenza outbreak there is likely to be more deaths than usual capacity for facilities managing body storage can cope with. Even if capacity is being managed at this point, Funeral Directors should be contacted and asked the questions in Appendix 24 of this plan (contact details can be found in external contacts in Appendix 38). The details for our usual morgue facilities, maximum capacity levels and those of cold storage suppliers can be found in Appendix 23 of this plan.
Excess deaths, coupled with increased employee sickness levels, will also put additional pressures on the Council's Registrars service to register deaths to allow burials and cremations to take place.  Management of the capacity of this service is the responsibility of the Superintendent Registrar, who should be consulted as part of the Council's Influenza Group . Further details of this service's responsibilities can be found in Appendix 25 of this plan.
The Council's Cemeteries and Crematoria service will also be facing pressures due to excess deaths and as such will be working very closely with Funeral Directors to maximise the number of services to meet demand. Management of this area will be the responsibility of the Bereavement Services and Environmental Manager, who should be consulted as part of the Council's Influenza Group. Further details of this service's responsibilities can be found in Appendix 27 of this plan.

#### After: Recovery and Review (Debrief Process)

#### Section 3.1.1: Overview of Recovery and Debrief Process



#### **Section 3.1.2:**

### **Overview of Gateshead Council Recovery Process**

#### Appointment of a Recovery Working Group (RWG) Chair Person

Strategy Group should consider appointing a Service Director to chair this group from an early stage (i.e. while response activities are still ongoing) to ensure this can begin quickly when required. Ideally this officer will not be involved heavily in response activities to reduce the chances of conflicting responsibilities.

Where multi-agency strategic levels of command have directed this response, this group could be put in place to oversee the operational work required to achieve the strategic aims and objectives of the recovery plan formulated by the Multi-Agency Recovery Coordinating Group (RCG).

#### **Additional Attendees**

The chair of the Group will appoint an administrator/minute taker for the meetings, but other attendees and the frequency of meetings will be determined by the amount of work to be done and the severity of the situation.

All attendees of the Group should have the authority to represent their service and make decisions to enable recovery work to commence/continue.

#### **Purpose of the Group**

The internal Recovery Working Group (RWG) will establish:

- The work required to return service provision and community life to normal or 'new normal'
- Who will undertake the work (internal and external services)
- Set realistic, achievable timescales for completion via a RAG rated action plan

The meetings will be structured around a pre-agreed agenda (see Appendix 7) and the terms of reference for the group (see Appendix 8) are based on the 8 guiding principles as documented in national to aid effective recovery and response.

Progress reports will be made at each meeting of the group and officially recorded within the action plan and circulated to all relevant groups, services and partners.

#### **Section 3.1.3:**

#### **Overview of Gateshead Council Debrief Process**

#### Step 1: Incident Log Scrutiny

As soon as an incident is declared to be over, or as soon as possible thereafter, the Resilience and Emergency Planning Team will scrutinise the Council's official log of events to identify issues for improvement/progression and areas of good practice.

#### Step 2: Debrief Questionnaire

The Resilience and Emergency Planning Team will issue a debrief form (see Appendix 33) to all officers who've played a role in responding to the incident, which will ask them all to confirm the following:

- Their name
- Their role in the incident
- From their own perspective, what did not go well and needs further development?
- From their own perspective, what aspects of the incident went well and should be highlighted as good practice for future incident response?
- What would be your key recommendations for improving the future response to this type of operation/incident?

#### Step 3: Debrief Report and Action Plan

The Resilience and Emergency Planning Team will produce a Debrief Report, which will consist of a full log of events, all responses to the debrief forms and an action plan to progress issues identified for further action. This will be sent to all officers involved in the response and also those identified to undertake actions within the action plan within 3 weeks of the incident being declared over to agree content.

#### **Step 4: Debrief Report Agreement**

The Resilience and Emergency Planning Manager will, in consultation with the Director of Public Health and Risk and Resilience Group Chair(s), produce a covering report for Strategy Group and present the final draft of the Debrief Report to them for agreement. Further progress reports will be provided periodically as appropriate.

STRATEGIC

[GOCD]

COORDINATION

[SILVER]

TACTICAL

To provide strategic direction during an Influenza pandemic, usually with an impact on the Council's reputation or ability to continue to provide critical services Resilience Group and to liaise with Strategy Group in relation to the probable impacts on service provision The Group's membership oversees the business continuity review process, which includes categorising critical services and ensuring Service Managers review their continuity plans periodically To oversee the coordination of business continuity preparedness via the membership of the Risk and Risk & Resilience Group (representing all Strategic Groups) (In consultation with the Director of Public Health & Chair of the Risk & Resilience Group) Chair of the Risk & Resilience Group Appendix 1: Gateshead Council Pandemic Influenza Management Structures from perceived or known risks STRATEGY GROUP Appendices - Structures and Attendance coordinate Public Health Assurance in validate arrangements via training and Forum on multi-agency coordination, reports as and when required and to regional and local Health bodies to To liaise with partner organisations within Northumbria Local Resilience including the provision of situation Director of Public Health To liaise with Strategy Group and Resilience & Emergency Planning Manager Gateshead exercising

Service Managers will ensure business continuity plans for their service areas are current and will undertake actions necessary during a pandemic to meet the directives of Strategy Group Service Managers and Operational Services

OPERATIONAL

SUPPORT (BRONZE)

## **Appendix 2: Influenza Group Attendees**

Corporate Risk & Resilience Group (in black) and potential Influenza Group Members (in red).

Keith Purvis (Chair) Deputy Strategic Director, Corporate Finance	0191 433 3630	keithpurvis@gateshead.gov.uk
Tony Alder (Chair) Service Director, Communities & Environment	0191 433 3880	anthonyalder@gateshead.gov.uk
Craig Oakes (Vice Chair) Chief Internal Auditor	0191 433 3711	craigoakes@gateshead.gov.uk
David Patterson (Core Member) Resilience & Emergency Planning Manager	0191 433 2807	davidpatterson@gateshead.gov.uk
Jane Wright (Core Member) Audit & Risk Manager	0191 433 3801	janewright@gateshead.gov.uk
Anna Buckingham (Core Member) Audit & Risk Manager	0191 433 3694	annabuckingham@gateshead.gov.uk
Neil Porteous (Core Member) Corporate Risk Officer	0191 433 3608	neilporteous@gateshead.gov.uk
Jacky McDonnell (Care, Wellbeing & Learning) Business Development Lead, Commissioning	0191 433 2605	jackymcdonnell@gateshead.gov.uk
Gerald Tompkins (Care, Wellbeing & Learning) Speciality Registrar in Public Health	0191 433 2914	geraldtompkins@gateshead.gov.uk
Keith Hogan (Care, Wellbeing & Learning) Service Manager, Adult Social Care & Independent Living	0191 433 2455	keithhogan@gateshead.gov.uk
Jackie Woodward (Care, Wellbeing & Learning) Service Manager, Social Care & Independent Living	0191 433 2477	jackiewoodward@gateshead.gov.uk
Steve Horne (Care, Wellbeing & Learning) Service Director, Learning & Schools	0191 433 8604	stevehorne@gateshead.gov.uk
Paul Fairless (Communities & Environment) Highways Service Manager	0191 433 7222	paulfairless@gateshead.gov.uk
Christine Stephenson (Communities & Environment) Business Support Group Development Officer	0191 433 2562	christinestephenson@gateshead.gov.uk
Michael Reynard (Communities & Environment) Resilience & Emergency Planning Officer	0191 433 3986	michaelreynard@gateshead.gov.uk
Brian Kielty (Communities & Environment) Community Engagement Officer	0191 433 3024	briankielty@gateshead.gov.uk
Heather Tarvit (Communities & Environment) Bereavement Services & Environmental Manager	0191 433 7448	heathertarvit@gateshead.gov.uk
Peter Wright (Communities & Environment) Environmental Health & Trading Standards Manager	0191 433 3910	peterwright@gateshead.gov.uk
Gary Simpson (Corporate Resources) Senior Development Officer	0191 433 3101	garysimpson@gateshead.gov.uk
Paul Waggott (Corporate Resources) IT Manager, Technical Solutions	0191 433 3767	paulwaggott@gateshead.gov.uk

#### Corporate Risk & Resilience Group (in black) and potential Influenza Group Members (in red).

Peter Davies (Corporate Resources) Business Solutions Team Leader	0191 433 3275	peterdavies@gateshead.gov.uk
Dawn Parker (CS&G) Business & Improvement Officer	0191 433 2170	dawnparker@gateshead.gov.uk
Zoe Sharratt (CS&G) Team Leader, Corporate Asset Strategy Team	0191 433 3503	zoesharratt@gateshead.gov.uk
Jean Eggleston (CS&G) Superintendent Registrar	0191 433 2200	jeaneggleston@gateshead.uk
Lynne Lancaster (CS&G) Deputy Superintendent Registrar	0191 433 2205	lynnelancaster@gateshead.gov.uk
Susan Smith (CS&G) Occupational Health & Safety Manager	0191 433 2272	susansmith@gateshead.gov.uk
Alison Smith (CS&G) HR Manager	0191 433 2326	alisonsmith@gateshead.gov.uk
Caroline Judson (CS&G) HR Manager	0191 433 2226	carolinejudson@gateshead.gov.uk
Jane Bench (CEXs) Policy & Service Improvement Team Leader	0191 433 2058	janebench@gateshead.gov.uk
Elaine Barclay (CEXs) Policy & Communications Team Leader	0191 433 3544	elainebarclay@gateshead.gov.uk
Jon Mallen Beadle Managing Director, Gateshead Housing Company	0191 433 5306	jonmallenbeadle@gatesheadhousing.co.uk
Dave Smith (Unison) Learning Rep Coordinator	0191 477 6638	davesmith@gatesheadunison.co.uk
Susan Butler YOT and Fanily Interventions Service Manager	0191 433 4596	susanbutler@gateshead.gov.uk
Gavin Bradshaw Early Help Service Manager	0191 433 2663	gavinbradshaw@gateshead.gov.uk
Elaine Devaney Looked Afetr Children Service Director	0191 433 2704	elainedevaney@gateshead.gov.uk

## Appendix 3: Risk and Resilience Group Agenda

## Corporate Risk and Resilience Group Pandemic Influenza Coordination Meeting

(Add date) (Add time) (Add venue)

- 1. Welcome, Introductions and apologies for absence (Chair)
- 2. Overview of group, role and responsibility (Chair)
- 3. Business Continuity
  - Service Updates
  - Employee Sickness Absence Reporting
  - Staff needed for Critical Services
  - Requests for Change (i.e. IT Policy updates, etc.)
- 4. Pandemic Influenza Planning
  - National/ Regional Updates
  - Coordination
- 5. Employee Welfare
  - Employee Communications
  - Personal Protective Equipment (PPE)
  - Employee Vaccinations/ Priority Groups for Vaccination
- 6. Public Welfare
  - Communications / Public Advice and Reassurance
  - Antivirals/ Vaccination Centres
- 7. Excess Deaths
  - Cemeteries/Crematoria/Body Storage Capacity Updates
  - Registrars Updates
- 8. Recovery & Debrief
  - Recovery Working Group Updates
  - Debrief Report Updates
- 9. Any Other Business (ALL)
- 10. Date and time of next meetings (ALL)
  - (Add dates)

(Note: this is a standard agenda format to provide guidance to group membership, which can be changed as appropriate)

### Appendix 4:

## Terms of Reference for Risk and Resilience Influenza Group

#### **Terms of Reference**

#### **Aim**

The overall aim of the Group is to provide tactical coordination of the Council's response to a Pandemic Influenza outbreak, including the continuation of critical service provision in compliance with the Council's Financial Regulations and the Civil Contingencies Act 2004, which outlines the Council's statutory requirements in relation to resilience and business continuity.

#### **Purpose**

The purpose of the Group is to:

- Engage with Strategic Groups during a pandemic Influenza outbreak in relation to business continuity and resilience to ensure effective response and preparedness.
- Co-ordinate and oversee the implementation of the Council's Pandemic Influenza planning arrangements.
- Coordinate and oversee the invocation of business continuity arrangements, particularly in relation to pre-identified critical services.
- Ensure there are robust internal control arrangements in place to anticipate, assess, prevent, prepare for, respond to and recover from a Pandemic Influenza outbreak, ensuring a resilient Gateshead.
- Contribute to the achievement of the key strategic priorities of Resilience and Emergency Planning.
- Consider key corporate learning points from incident and exercise debriefs.
- Health and Safety.
- Identify opportunities for improvements and best practice in relation to risk management and resilience.

#### **Roles and Responsibilities**

Membership of the Group should reflect all the Strategic Groups of the Council. Group participation for members will range from personal attendance to 'virtual team' roles and completion of tasks via task and finish groups. The Group will be committed to supporting and embedding resilience and business continuity arrangements throughout the duration of a Pandemic Influenza outbreak.

#### Membership

The Group will be jointly chaired by the Deputy Strategic Director, Corporate Finance and the Service Director, Commissioning and Business Support. In the absence of the Chairs, the Deputy Chair will undertake the role of Chair.

A standardised agenda has been created to assist group members, but items should be added or removed to reflect required discussions. Group members can add agenda items by contacting one of the Group coordinators. The Group Support will be responsible for taking the minutes of the meeting. The minutes will have clear actions and will be circulated promptly following each meeting.

Appendix 5: Strategy Group Agenda

# STRATEGY GROUP PANDEMIC INFLUENZA AGENDA

Add Date
Add Location and Time

- 1. UPDATES
  - BUSINESS CONTINUITY ISSUES
  - NATIONAL/REGIONAL INFORMATION AND COORDINATION
  - EMPLOYEE WELFARE
  - PUBLIC WELFARE
  - EXCESS DEATHS
  - RECOVERY AND DEBRIEF
- 2. DISCUSSION ITEMS
  - ADD ISSUES AS APPROPRIATE
- 3. FOR APPROVAL
  - ADD ISSUES AS APPROPRIATE
- 4. FOR INFORMATION
  - ADD ISSUES AS APPROPRIATE
- 5. AGREED ACTION AND INFORMATION POINTS:
- 6. NEXT MEETING

(Note: this is a standard agenda format, which can be changed as appropriate for meeting(s) specifically convened to provide the Council with strategic direction to a Pandemic Influenza outbreak)

Contact Kevin Ingledew, Team Leader in Democratic Services on 0191 433 2142 or via email at keviningledew@gateshead.gov.uk

### **Appendix 6: Recommended Command Meeting Attendees**

#### **Planning Meetings**

#### Northumbria Local Resilience Forum (LRF) Executive Board

The Resilience and Emergency Planning Manager or their Service Director attend LRF meetings. Its overall purpose is to ensure that there is an appropriate level of preparedness to enable an effective multi-agency response to emergencies which may have a significant impact on the communities in the Northumbria LRF area.

#### North East Local Health Resilience Partnership (LHRP)

The Director of Public Health/ member of their team should attend the LHRP, which will provide a strategic forum for local organisations in the North East of England to facilitate health sector preparedness and planning for emergencies at LRF level.

#### Health and Social Care Resilience Group (H&SCRG)

A member of the Resilience & Emergency Planning Team attends the H&SCRG, a practitioner level group responsible for co-ordinating the development of health and health related social care resilience arrangements, capability and capacity to respond to emergencies and major incidents as part of a multi-agency response.

#### **Response Meetings**

#### Strategic Coordinating Group Meetings (SCG)

A Service Director/Strategic Director with authority to make decisions, provide organisational updates and commit Council resources to the Multi-Agency Strategic Plan should attend. The attendee will receive a pre-briefing from Strategy Group to ensure they are fully aware of the actions undertaken, the expectations on the Council and the likely decisions that will be required. The attendee will be provided with officer support in the form of a loggist to record decisions and additional officer support to provide specialist knowledge and advice as required/appropriate.

#### Tactical Coordinating Group Meetings (TCG)

A Service Director/Strategic Director with authority to make decisions, provide organisational updates and commit Council resources to the Multi-Agency Tactical Plan should attend. The attendee will receive a pre-briefing from the Chair of the Risk and Resilience Group and/or the Resilience & Emergency Planning Manager and/or the Director of Public Health to ensure awareness of actions undertaken, expectations on the Council and likely decisions required. The attendee will be provided with officer support in the form of a loggist to record decisions and additional officer support to provide knowledge and advice as required/appropriate.

#### Recovery Coordinating Group Meetings (RCG)

A Service Director/Strategic Director with authority to make decisions, provide organisational updates and commit Council resources to the Multi-Agency Recovery Plan should attend. The attendee will receive a pre-briefing from Strategy Group to ensure they are fully aware of the actions undertaken, the expectations on the Council and the likely decisions that will be required. The attendee will be provided with officer support in the form of a loggist to record decisions and additional officer support to provide specialist knowledge and advice as required/appropriate.

#### **Teleconferences**

Any multi-agency teleconference called should request specific roles to be involved, if not the Resilience & Emergency Planning Team will clarify and advise attendees.

## Appendix 7: Recovery Working Group Agenda

## **Gateshead Recovery Working Group**

Add Date
Add Location and Time

## Agenda

- 1. Welcome and apologies
- 2. Notes from previous meeting
- 3. Update from services/Action Plan updates
  - Chair of the Risk and Resilience Group
  - Updates from RWG members
- 4. Recovery Coordinating Group Updates
  - Finance and Legal Issues
  - Communications (Media/Public Reassurance)
  - Environment & Infrastructure
  - Business and Economic Issues
  - Health and Welfare
  - Community Recovery
- 5. Any Other Business
- 6. Date and Time of Next Meeting
  - Add date/time/location

(Note: this is a standard agenda format, which can be changed as appropriate for meeting(s) specifically convened to provide the Council with strategic direction to a Pandemic Influenza outbreak)

## Appendix 8:

### **Recovery Working Group Terms of Reference**

#### **Terms of Reference**

#### **Aim**

The overall aim of the Group is to provide tactical coordination of the Council's recovery from a Pandemic Influenza outbreak, including the recommencement of suspended services (most critical first) and the return to normal or 'new normal' for affected communities.

#### **Purpose**

The purpose of the Group is to:

- Engage with Strategic Groups during and after a pandemic Influenza outbreak in relation to business continuity issues.
- Engage with the Risk and Resilience Group, Resilience & Emergency Planning Manager and the Director of Public Health to determine the known impacts of the outbreak to form the basis of the Recovery Action Plan.
- Coordinate and oversee the invocation of business continuity arrangements, particularly in relation to pre-identified critical services.
- Ensure there are robust internal control arrangements in place to monitor recovery progress.
- Consider key corporate learning points from incident and exercise debriefs.
- Health and Safety.
- Identify opportunities for improvements and best practice in relation to risk management and resilience.

#### **Roles and Responsibilities**

Membership of the Group should reflect all the Strategic Groups of the Council. Group participation for members will range from personal attendance to 'virtual team' roles and completion of tasks via task and finish groups. The Group will be committed to supporting and embedding recovery arrangements during and after a Pandemic Influenza outbreak.

The group should consider the following principles:

Anticipation: Identify and analyse ongoing risk to help manage consequences

• Preparedness: All group participants need to be clear about roles and responsibilities

• Subsidiarity: Local decisions are key to recovery from any emergency

• Direction: Clarity of purpose will be determined by the strategic aim and objectives

• Information: Accurate information is key to inform decisions

• Integration: Effective coordination produces a coherent, integrated effort

• Cooperation: Flexibility and effectiveness depends on positive engagement and information

sharing

• Continuity: Recovery is grounded in existing functions and familiar ways of working

#### Membership

The Group will be chaired by a Service Director, nominated by Strategy Group and preferably with little or no conflicting duties (i.e. Strategy Group or Pandemic Influenza Coordination Group).

A standardised agenda has been created to assist group members, but items should be added or removed to reflect required discussions. Group members can add agenda items by contacting one of the Group coordinators. The Group Support will be responsible for taking the minutes of the meeting. The minutes will have clear actions and will be circulated promptly following each meeting.

## **Appendix 9: Pre-Identified Critical Services**

A full list of pre-identified critical services can be obtained via the Council's Internal Audit and Risk Team. These services have been categorised via specific criteria (see Appendix 10) in consultation with Service Directors/Managers.

Contact the following officers for further information:

- Jane Wright, Group Accountant on 0191 433 3617 or via email at janewright@gateshead.gov.uk
- Neil Porteous, Corporate Risk Officer on 0191 433 3608 or via email at neilporteous@gateshead.gov.uk

## Appendix 10: Critical Services Criteria

The definition of 'critical' is determined by the following criteria:

1. Under Business Continuity, functions which must be available and operational either constantly or at the earliest possible time after an incident are classified as critical and as such detailed within Critical Functions Lists. In order to establish a consistent approach across all organisations it is necessary to ensure that in order for a function to be deemed as critical it meets certain criteria.

#### 2. Criticality Criteria:-

Emergency Response The function has a role to play in the council's response to an emergency	Only relevant if the Emergency Response Plan has been activated
Human Welfare Failure to deliver the function would lead to serious injury / loss of life. This could be to staff or members of the public.	Self-explanatory
Environment Failure to deliver the function would lead to medium to long term damage within the environment	Water pollution / land contamination / damage to biodiversity
Impact on Security Failure to deliver the function would cause medium to long term damage to the security of the council or the Borough	Self-explanatory
Litigation Failure to deliver the function would lead to the council being prosecuted. Regulatory requirements not being met.	In most instances of emergency or disruption, mitigation would remove or reduce the possibility of litigation - negligence would need to be a factor
Financial Implications Failure to deliver the function would lead to a loss of council income in excess of £250K or the council having to pay significant penalties or fines.	The calculated loss of income would need to be determined at the point of failure rather than over a prolonged period
Reputation Failure to deliver the function would lead to a serious loss of credibility and public perception of the council. Serious adverse publicity in national media.	In most instances of emergency or disruption mitigation would remove the possibility of reputational damage - negligence would need to be a factor

NB A function may meet more than one of the Criteria

## Appendix 11: Employee Skills Audit

The Employee Skills Audit will provide the Council with the flexibility to provide additional cover to pre-identified critical services in the event of an outbreak of pandemic Influenza. The desired skillsets relate specifically to the business continuity requirements of these critical services and will be held by the Council's Resilience and Emergency Planning Team.

Information will be requested by the Resilience and Emergency Planning Team via the circulation of a questionnaire to all employees when a pandemic outbreak occurs. The information received will be collated by the team and provided to the membership of the Council's Influenza Group to assist in the coordination of business continuity arrangements.

#### **Contacts:**

- David Patterson, Resilience and Emergency Planning Manager, 0191 433 2807 or via email at davidpatterson@gateshead.gov.uk
- Michael Reynard, Resilience and Emergency Planning Officer, 0191 433 3986 or via email at michaelreynard@gateshead.gov.uk

## Appendix 12: Employee Sickness Absence Recording Template

The specific sickness category of 'Pandemic Influenza' has been added to the iTrent system to allow data to be easily compiled during a pandemic outbreak.

The overall number of sickness cases and the services affected will be a vital tool in business continuity management during an outbreak.

The number of sickness absence cases specifically due to pandemic Influenza is likely to be information that the Council is requested to provide at regional and national levels as part of the overall 'Agency Report' (see appendix 35).

Sickness reports can be obtained from the Human Resources and Litigation Service and should be requested in the first instance via the HR representatives of the Influenza Group membership:

#### Contacts:

- Alison Smith, HR Manager on 0191 433 2326 or via email at alisonsmith@gateshead.gov.uk
- Caroline Judson, HR Manager on 0191 433 2226 or via email at carolinejudson@gateshead.gov.uk

## Appendix 13: Deferral of Statutory Duties and Inspections

The Department of Communities and Local Government were consulted in December 2016 with regard to this matter.

It was agreed that the deferral of statutory duties and inspections would be a sensible approach and had actually been broached via previous Exercises.

Current advice is that during a pandemic national advice would be provided by Government as to what could be deferred based on the circumstances.

There are currently well in excess of 1400 statutory duties placed on local authorities by DCLG and other bodies, which should be reflected in Business Continuity planning.

## Appendix 14: Building/School Closures

#### **School Closures**

The Department for Education (DfE) will advise local authorities who are responsible for ensuring that all maintained schools and settings are told of the decision. The DfE will inform independent schools, academies and free schools directly.

The Department for Communities and Local Government (DCLG) Resilience and Emergencies Division (RED) team will advise Strategic Coordinating Groups (SCGs) of the decision so they can consider the wider implications locally.

The DfE policy is that advice to close would be activated on the basis of Local Resilience Forum (LRF) areas, with all schools, early years and child care settings being advised to close when the pandemic reached that area following Public Health England (PHE) advice, which would likely affect multiple LRF areas at a time.

All schools within the Gateshead area notify the Council of planned and unplanned closures via an email link with the Council's Communications Team. The Communications Team publish these closures on the Council website and social media pages and advise local media of the closures to enable wider publication via television and radio.

A checklist for schools can be found in Appendix 19 to assist them in preparing for a pandemic

#### **Re-opening Schools**

Once PHE has decided that infection rates in the area have fallen sufficiently, advice will be provided to SCGs that re-opening can be carried out in 'relative safety' and they should communicate this decision appropriately.

#### **Local Authority Building Closures**

Decisions could be taken under advice from the DCLG to close some public buildings to assist efforts in preventing the spread of infection. This may also occur as a result of reducing/ceasing non-critical services to maintain the business continuity of critical services.

All closures will be communicated to the public via the Council website, social media pages and internal information screens within the Civic Centre and other Council buildings.

#### Re-opening Local Authority Buildings

All reopened buildings will be communicated to the public via the Council website, social media pages and internal information screens within the Civic Centre and other Council buildings

#### Contact:

- Elaine Barclay, Policy & Communications Team Leader on 0191 433 3544 or via email at elainebarclay@gateshead.gov.uk
- Steve Horne, Service Director of Learning and Schools on 0191 433 8604 or via email at stevehorne@gateshead.gov.uk

### Appendix 15: Circulation List for Outbreak Notifications/ Updates

The Council's Resilience & Emergency Planning Team will, upon receipt of National and Regional alerts and updates circulate via email to the following groups and individuals:

- Strategy Group
- · Leadership Team
- Public Health Team
- Emergency Response Team members
- Risk and Resilience Group members (including pre-agreed additional membership for Pandemic Influenza Coordination Meetings named within this plan)

It will be the responsibility of these officers to further disseminate information as appropriate within their service areas.

#### Contact:

- David Patterson, Resilience & Emergency Planning Manager on 0191 433 2807 or via email at davidpatterson@gateshead.gov.uk or
- Michael Reynard, Resilience & Emergency Planning Officer on 0191 433 3986 or via email at michaelreynard@gateshead.gov.uk

#### **Appendices - Employee Welfare**

### **Appendix 16: Personal Protective Equipment (PPE)**

FFP3 Face Masks should be worn by employees in close contact with patients/ vulnerable individuals (within 1 metre) to provide a physical barrier and minimize contamination of facial mucosa by large particle droplets; principle way influenza is transmitted. Masks should:

- Cover nose and mouth and not be allowed to dangle around the neck after usage
- Not be touched once put on
- Be changed when they become moist
- Be worn once and discarded in an appropriate receptacle as clinical waste
- Hand hygiene must be maintained
- Protective Eyewear may be requested by employees in close contact with patients/vulnerable individuals (generally within 1 metre). This will provide a physical barrier and minimise contamination through mucosa entering the eyes.
- Gloves offer a physical barrier to infection, similarly to the face masks they must be disposed of as clinical waste and hand hygiene must be maintained as normal.
- Protective suits offer full body protection. This will only be used in extreme cases and should be disposed of as clinical waste.
- Hand hygiene is the single most important practice to reduce the transmission of infectious agents. During
  outbreaks of pandemic influenza strict adherence to hand hygiene recommendations should be enforced.
  Infection control posters detailing hygiene will be provided in all council washrooms.

#### Who Should Receive Equipment?

Employees requiring PPE will generally be those in close physical contact with potentially symptomatic clients. The general rule of thumb would be a proximity of less than 1 metre, which would normally indicate those working in care positions where close contact is unavoidable as part of an employee's daily workload.

During a pandemic guidance will be provided to employees via the Occupational Health Team via staff briefings and global emails. Training would be made available for the correct usage of PPE once the relevant employees have been identified. Distribution to employees will be prioritised using the process shown on page 39.

#### How Will Equipment Be Distributed?

Some services already have limited stocks of certain PPE available to be used as part of the everyday service. In the event of a pandemic the Government will make stockpiles of PPE available for distribution to cope with demand. These stockpiles will be made available to local authorities via NHS England for the North East. Should equipment be required during a pandemic from a private contractor (i.e. stockpile reserves have been depleted), they should be ordered and distributed via Adult Social Care and paid for via corporate funding.

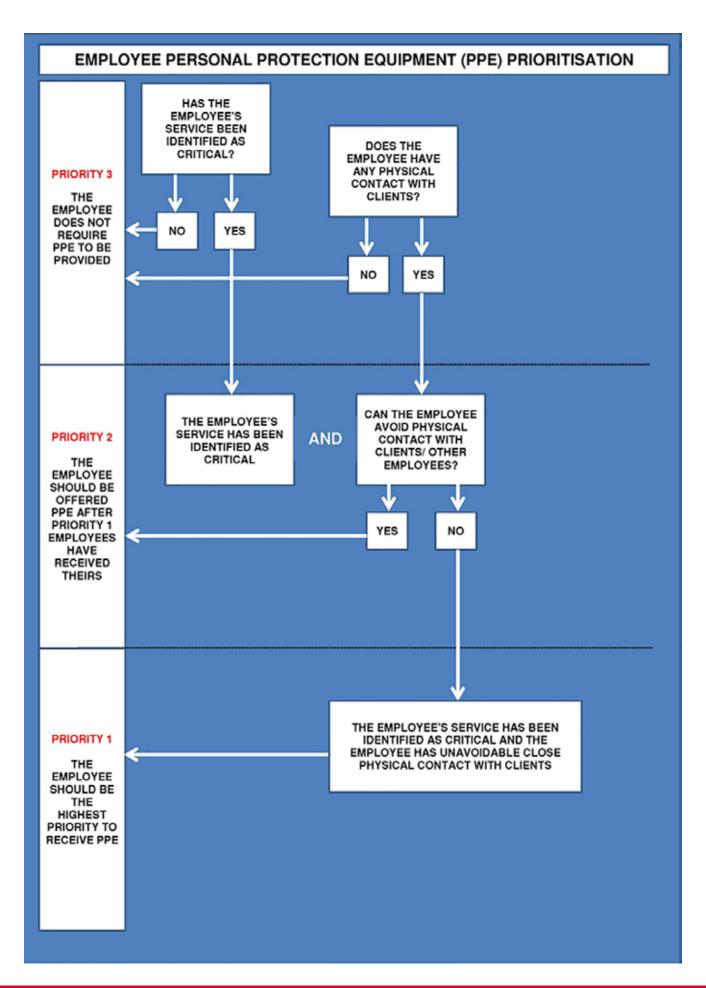
#### **PPE For Private Facilities**

Independent care facilities are responsible for providing and paying for PPE for staff. They should only be contacting the Council for supplies is in the event of a pandemic when they have depleted their own supplies and are unable to obtain further equipment. Only then will the Council intervene (if contacted) and make an order from emergency stockpiles.

#### Contact:

- Susan Smith, Occupational Health & Safety Manager on 0191 433 2272 or via email at susansmith2@gateshead.gov.uk
- Jackie Woodward, Operational Service Manager, Adult Social Care and Independent Living on 0191 433 2477
   or via email at jackiewoodward@gateshead.gov.uk

Employee Personal Protective Equipment (PPE) Distribution Record					
Equipment Issued	Issued to (print)	Recipient Signature	Issued by (print)	Issuer Signature	Date



### Appendix 17: Employee Anti-viral Medication and Vaccinations

#### What Are Antivirals?

Antiviral medication doesn't prevent contraction of the virus and is not a cure, but will generally lessen the sufferer's symptoms. The results and side effects may vary from person to person, but the antiviral is thought to reduce the period of illness by approximately 24 hours and relieve some of the symptoms.

#### **Antiviral Centres & Distribution**

Once a pandemic has been declared NHS England for the North East will set up Antiviral Centres to distribute the stockpile. The locations of centres will be determined once a pandemic has been declared but they will generally be located in existing health facilities (see Appendix 22).

This will prevent the majority of sufferers consulting their GP or local Accident and Emergency Department directly and putting others at risk of infection. Those prescribed the antiviral will be advised to collect their medication via a 'flu friend' who will be a non-symptomatic friend or relative or carer who will collect the medication on their behalf. To do this the 'flu friend' will be required to provide the unique reference number, identification for the symptomatic person they are collecting for and identification for themselves.

#### **Antivirals For Staff**

Any manager receiving enquiries from staff regarding antiviral medication should advise the employee(s) to contact the government helpline or website or consult their GP via telephone. The nature of a pandemic may vary and different groups of people may be more at risk than others depending on the influenza type. Managers should however carry out risk assessments for members of staff who are pregnant, particularly if their post requires contact with the public.

#### Which Staff Should Be Vaccinated?

Each service has completed a proforma identifying critical functions within their service area. Within this the number of critical service employees will be identified and prioritised using the process shown on page 42. All of these details have been recorded in a central point in the Council's Occupational Health Team to ensure that once a vaccine has been developed and is made available, the vaccinations can be carried out as quickly as possible.

Due to the high numbers of staff involved, the Occupational Health Team also have a record of registered nurses currently employed by the Council, who have volunteered their services to assist with vaccinations should they be required. Records for these individuals would need to be updated at initial detection stages.

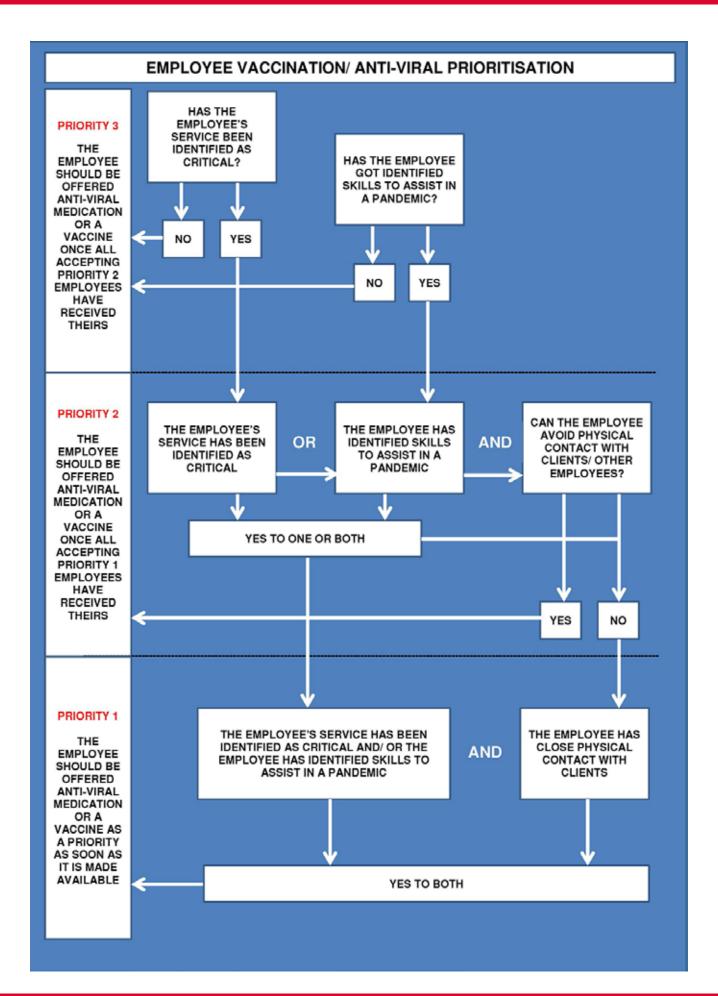
#### Contact:

 Susan Smith, Occupational Health & Safety Manager on 0191 433 2272 or via email at susansmith2@gateshead.gov.uk

#### **Public Vaccination Centres**

Similarly to antiviral centres, public vaccination centres will be established once a pandemic has been declared. The difference would be that depending on the influenza type a vaccine may need to be developed (i.e. if it is a new strain of virus). When a vaccine is made available in suitable quantities the government will arrange for distribution in a similar way via NHS England for the North East.

Employee Vaccination Record				
Employee Name Employee Occupational Health OHO Date o Officer (OHO) Name Signature				



### Appendix 18: Employee Welfare

The Council has a Health and Safety Policy which sets out the Council's commitment to managing health and safety effectively and what we want to achieve. It also sets out who is responsible for specific actions and includes an implementation of risk control measures (arrangements) which contain the details of what you need to do in practice.

When the Council is in the planning and response phases of a pandemic (i.e. before and during an outbreak) advice will be provided to employees via regular face to face employee briefings, Team Brief publications, team meetings, Council Info emails, etc.

Employee welfare advice will be coordinated by the Council's Occupational Health and Safety Manager based on national advice and campaigns, which will include information on basic hygiene, Personal Protective Equipment (PPE), antiviral medication and vaccinations.

Generic risk assessments will be available for health care workers and cleaning staff covering personal care, stringent hygiene precautions and use of PPE to provide the best protection available.

The importance of hand washing and good personal hygiene cannot be overemphasised. If adequate hand washing facilities are not available hand-hygiene products will have to be provided.

Posters will be displayed to remind employees of personal hygiene, coughing / sneezing etiquette and tissue disposal.

We will encourage employees to adopt a common sense approach to ensure that if they are feeling unwell with flu-like symptoms and particularly if they are coughing and sneezing and have a raised temperature to stay at home. This will help to prevent the disease being passed on to colleagues (and also fellow passengers on your way to and from work, if you travel by public transport).

If employees are issued with FFP3 masks they should be fitted with care to ensure that they fit as well as possible onto the face especially around the nose and mouth, particularly taking account of the manufacturer's instructions. It may be advisable to have more than one make of mask available as some masks may provide a better fit for some people than others.

Masks should only be worn once. The frequency with which they are changed will depend on the nature of the duties being undertaken as well as taking account of the manufacturer's instructions. In the healthcare setting, the replacement of masks will be governed by the requirements of infection control procedures.

#### Contact:

• Susan Smith, Occupational Health & Safety Manager on 0191 433 2272 or via email at susansmith2@gateshead.gov.uk

### **Appendices - Public Information**

### **Appendix 19: Checklist for Schools**

Befo	Before: Pre Planning During Pre Detection Stage				
Ref	Issue	Progress/ Comments	Status (complete/ outstanding)		
1	Read all available guidance at https://www.gov.uk/guidance/pandemic-flu and share it with others in your school including staff and governors.				
2	Identify who would close and reopen the school on receipt of government advice, during staff absence periods and to prevent the spread of infection.				
3	Determine who is the local authority liaison on this issue.				
4	Read DfES infection control guidance: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/522337/Guidance_on_infection_control_in_schools.pdf				
5	Make sure your school is equipped with materials to implement infection control measures (i.e. tissues and tissue disposal, hot water and soap).				
6	Check cleaning arrangements/ contracts and if special provision could be provided during a pandemic				
7	Develop communication and dissemination plans for staff, students and families including information about possible closures, timetable changes, transport changes, etc.				
8	Consider allocating some curriculum time to pandemic influenza.				
Befo	ore: Pre Planning During Pre Detection	n Stage			
9	Compile a list of key contacts including local authority liaison.				
10	Check and update pupil/ parent contact details including email addresses.				
11	Consider how you might operate in the event of staff absence and review cover arrangements for all roles.				

Ref	Issue	Progress/ Comments	Status (complete/ outstanding)
12	Consider the allocation of responsibilities, duty and cover arrangements for leadership roles.		
13	Review all communication arrangements.		
14	Consider pastoral needs of students and staff during a pandemic and address training needs if possible.		
15	Identify languages spoken by students and families (include needs of blind and deaf students) and discuss with local authority how information can be made available in these languages.		
16	Develop template letters for closing and reopening.		
17	Consider developing and testing communications mechanisms in the possible event of a school closure.		
18	Consider compiling a pool of parents/volunteers (CRB checked) who could be used to supervise children in times of significant absence.		
19	Investigate options with your local authority about how students might work from home during a pandemic.		

#### Contact:

• Steve Horne, Service Director of Learning and Schools on 0191 433 8604 or via email at stevehorne@gateshead.gov.uk

# Appendix 20: Information for Child Minders

Main Points	What to do
1.Remember to wash your hands and remind children to wash their hands with soap and water, or use hand cleansers <sup>1</sup> , and make sure supplies are available	<ul> <li>You and children in your care must use soap and water to wash soiled hands. You may use a hand cleanser to wash your hands if they are not visibly soiled.</li> <li>Wash your hands to the extent possible between contacts with infants and children such as before meals or feedings, after wiping the child's nose or mouth, and after touching objects such as tissues or surfaces soiled with saliva or nasal secretions.</li> <li>Wash the hands of infants and toddlers with soap and water as soon as possible when their hands become soiled.</li> <li>Strongly encourage children to wash their hands with soap and water when their hands have become soiled - teach them to wash their hands for 15-20 seconds. Children with medical conditions may need assistance, as they may be at greater risk if careful hygiene procedures are not followed.</li> <li>Ensure that hand-washing areas are stocked with soap and paper towels.</li> <li>Follow the manufacturers' guidance on the use of any hand cleansers.</li> </ul>
2.Keep your environment clean and make sure that supplies are available	<ul> <li>Clean frequently touched surfaces such as toys and commonly shared items at least daily and when visibly soiled.</li> <li>Use warm water and detergent or commonly available household disinfectants/cleaning products, and follow instructions.</li> <li>Keep detergents, disinfectants and cleaning products out of reach and sight of children.</li> </ul>
3.Remind children (depending on their age) to cover their noses and mouths when sneezing or coughing and to wash their hands afterwards - and make sure you do the same	<ul> <li>Remind children to cover their noses and mouths with a tissue when sneezing and coughing and to dispose of the tissue in a bag in a closed bin, which should be emptied before it becomes full.</li> <li>Ensure tissues are available in all rooms you use for looking after children, including where meals are provided.</li> </ul>

Main Points	What to do
	Encourage children to wash their hands as soon as possible, if they have sneezed or coughed in their hands - wash the hands of those too young to do it for themselves.
4.Observe all children for symptoms of fever and respiratory illness, especially when there is increased	Observe closely all children with respiratory illness or any of the symptoms given in paragraph 6 of the Infection Control Guidance for childminders.
influenza in the community	<ul> <li>If a child should fall ill whilst in your care, arrange (wherever possible) for the child to use a separate sick room to rest, away from other children to help prevent spread of the infection.</li> </ul>
	Notify parent(s) immediately for child to be taken home and advise parents to seek advice from the child's doctor.
5.Strongly encourage parents of sick children to keep their children home. If a child you normally look after is ill, do not accept them until they are fully better	Parents of sick children should keep them at home and away from the setting until they no longer have symptoms, to prevent spreading the infection to others.
6.If you or your own children are ill, suspend your childminding work until fully better	If you are unwell with symptoms of flu in a pandemic, you should not look after any children until you have recovered
work until fully better	If your own children are ill, you should not look after other children until they have fully recovered.
	<ul> <li>Before starting to care for children again, clean your home using warm water and detergent (or a commonly available disinfectant/cleaning product), paying particular attention to hard surfaces.</li> </ul>

<sup>&</sup>lt;sup>1</sup>The term 'hand cleansers' is used here for a range of cleansers and sanitisers available as gels, handrubs, wipes and sprays

# Appendix 21: Adult Social Care Provider Services

Area	Action	Responsible Person
Facilities	<ul> <li>Review feasibility of day services remaining open. If day services to close, staff to be used to support any service users in the community who would usually attend and needs would be deemed as critical. Staffing from these services would also support domiciliary services if required.</li> <li>Daily review of admissions/discharges into PIC's</li> </ul>	<ul> <li>Service Managers to determine if services to close.</li> <li>Managers of service to allocate staff to support in the community where appropriate.</li> <li>Registered Mangers to liaise with CQC/Public Health regarding any cases within their services</li> </ul>
Staff Support	<ul> <li>All staff to ensure that they have a current infection control qualification.</li> <li>Service to ensure a comprehensive risk assessment is completed</li> <li>Staff to be provided with any Personal Protective Equipment (PPE)</li> <li>Support from management to be available 7 days per week</li> <li>Staff to be provided with regular updates via managers/area supervisors/enablement officers. The frequency would depend upon the severity of the outbreak. This may be in the form of face to face meetings or 'toolbox talks'.</li> <li>Consideration to be given to the need for more support into rapid response.</li> <li>Enforcement of good practice around good hygiene to be enforced.</li> </ul>	<ul> <li>Mangers of services to monitor and ensure attendance at training in a timely manner</li> <li>Identified staff member (business support?) to be allocated to ensure sufficient stocks of PPE maintained at all times.</li> <li>Designated collection areas to be provided for PPE across the borough for staff to access when required</li> <li>Team Managers/Service Managers to oversee 'control centre'</li> <li>'Control Centre' to be staffed daily be 2 x staff (one minimum from domiciliary care service) of I grade</li> <li>Team Managers to coordinate any responses to Public Health regarding requests for anti viral medication or vaccinations</li> <li>Mangers within services to ensure all staff personal details are up to date and details of GP's available.</li> <li>Service Managers to liaise with Public Health and cascade any relevant information down through line management arrangements.</li> </ul>
Carer Support	<ul> <li>Information and updates to be provided to carers. Carers to be notified of any service closures.</li> <li>Staff attending a service user's home to provide updates and report back any concerns to line manager.</li> <li>Carers to be provided with information on best practice regarding good hygiene/keeping safe.</li> </ul>	<ul> <li>Managers of services to ensure carers kept up to date.</li> <li>All staff to monitor situations and advise line manager of any issues/concerns</li> </ul>

# Appendix 22: Commissioned Services Providers

Information and advice will be provided to the Council via a national communications strategy, which will provide specific local information via regional LHRP and H&SCRG meetings (see Appendix 6 and the health structures outlined in sections 2.1.1, 2.2.1, 2.3.1 and 2.4.1 within this plan). The Commissioning Team will in turn pass information as appropriate to health and social care providers that are commissioned by the Council to deliver services on its behalf.

The aim of the national communication strategy will be to instil and maintain trust and confidence by ensuring that the public and professionals know:

- What is going on, both nationally and in their local area;
- Where they can find reliable answers to guestions they may have, and
- How to access relevant information on self-care and medical support if required.

The impacts and scale of an outbreak are likely to result in pressures on services including those commissioned by the Council, which will only become clear at the time, but all care providers should prepare for:

- An increase in demand
- Lack of hospital capacity resulting in home care requirements
- Lack of capacity within Council provided services
- Informal carers becoming ill
- A higher than average proportion of the workforce with personal caring responsibilities
- Business continuity issues due to employee sickness

Commissioned providers are regularly invited to attend provider forums with the Council's Commissioning Team as part of their contract and receive information relevant to the service they provide via email. Provider forums and email will be used in the event of a Pandemic Influenza outbreak as appropriate to advise providers that they should regularly brief their staff with specific information around:

- Personal Protective Equipment (PPE)
- Anti-viral medication and vaccinations; it will be advised that frontline health and social care workers are vaccinated as soon as a vaccine is made available
- Enforcement of current good practice around good hygiene
- · Any other relevant information and advice being disseminated from national and regional sources

Although regular contract monitoring visits may be suspended during Pandemic Influenza outbreak providers will be closely monitored on a regular basis via email and telephone by Contract Management and Commissioning Officers for updates on their ability to manage the service and will be expected to raise any issues or concerns with the relevant Contract Management or Commissioning Officer. This will include the ongoing ability to assess and accept referrals. Day care facilities may be advised to close to reduce the spread of infection.

### Appendix 22:

Care homes should as part of their Business Continuity Plan be planning for and regularly testing:

- Protocols for admitting people with influenza to hospital
- Communication with staff, residents and visitors about infection control
- Minimising infection via isolation or cohort grouping
- Use of PPE
- Procedures for managing deaths

Information for Carers will be provided on National websites (i.e. NHS England and Public Health England) and via national campaigns. This will provide advice on good hygiene (respiratory and hand hygiene), access to further information and medical support where appropriate.

http://www.carersuk.org/

Further information can be found in the Department of Health's 'Health and Social Care Influenza Pandemic Preparedness and Response' Guidance.

https://www.gov.uk/government/collections/annual-flu-programme Contact Behnam Khazaeli, Service Manager Commissioning, Health and Social Care Commissioning and Quality Assurance on 0191 4333879 or via email at behnamkhazaeli@gateshead.gov.uk

# Appendix 23: Early Help Service (which includes Children with Disabilities Team)

Area	Action	Responsible Person
Facilities	<ul> <li>Review opening hours of Children's Centres regularly based on available staff numbers, strategic decisions and national guidance in relation to reducing the spread of infection and advising service users accordingly</li> </ul>	Facilities Management
Staff Support	<ul> <li>Managers and staff to attend any specific training that has been identified.</li> <li>Service to ensure comprehensive risk assessments are completed.</li> <li>Staff to be provided with any Personal Protective Equipment (PPE).</li> <li>Staff to be provided with regular updates via Managers/Assistant Team Managers. The frequency would depend upon the severity of the outbreak. This may be in the form of face to face meetings or email communication (all staff have access to iPads).</li> <li>Early Help duty system would need to continue. There are 12 managers who would need to be on a rota to staff this.</li> <li>Enforcement of good practice around good hygiene to be enforced.</li> <li>Managers to enforce sickness absence policy and agile working would be encouraged during any period of risk.</li> <li>Staff would need to risk assess prior to any visit to a family home or school.</li> <li>Stocks of anti-bacterial wipes to be given out to all staff with advice and guidance.</li> </ul>	<ul> <li>Managers of services to monitor and ensure attendance at training in a timely manner</li> <li>Service Managers to develop risk assessment.</li> <li>Identified staff member (business support) to be allocated to ensure sufficient stocks of PPE maintained at all times. Designated collection areas to be provided for PPE across the borough for staff to access when required. Team Managers to coordinate any responses to Public Health regarding requests for anti- viral medication or vaccinations</li> <li>Team Managers/ Service Managers to oversee. Managers within services to ensure all staff personal details are up to date and details of GP's available.</li> <li>All Managers to provide updates.</li> <li>Service Managers to liaise with Public Health and cascade any relevant information down through line management arrangements.</li> <li>Assistant Team Managers/Team Managers/Service Managers</li> <li>Assistant Team Managers/Team Managers/Service Managers</li> <li>Identified staff member (business support).</li> </ul>

# Appendix 24: Social Work - Children & Families (including Children's Homes)

Area	Action	Responsible Person
Facilities	<ul> <li>Review opening hours of Civic Centre regularly based on available staff numbers, strategic decisions and national guidance in relation to reducing the spread of infection and advising service users accordingly</li> <li>Review access to Blaydon Children's Home and Grove House by service users and visitors, based on available staff numbers, strategic decisions and national guidance in relation to reducing the spread of infection and advising service users appropriately.</li> </ul>	Facilities Management     Registered Manager & Service Manager
Staff Support	<ul> <li>Managers and staff to attend any specific training that has been identified.</li> <li>Service to ensure comprehensive risk assessments are completed.</li> <li>Staff to be provided with any Personal Protective Equipment (PPE) required.</li> <li>Staff to be encouraged to have flu vaccinations each year as part of Council wide campaign.</li> <li>Support from management to be available to all staff for core hours.</li> <li>Staff to be provided with regular updates via Managers/Assistant Team Managers. The frequency would depend upon the severity of the outbreak. This may be in the form of face to face meetings or email communication (all staff have access to iPads).</li> <li>The following areas would need to continue: o Emergency Duty Team o Referral and Assessment o Safeguarding &amp; Care Planning o Fostering Duty o LAC Duty</li> <li>There are 18 managers and assistant team</li> </ul>	<ul> <li>Managers of service areas to monitor and ensure attendance at training in a timely manner</li> <li>Service Managers to develop risk assessment.</li> <li>Identified staff members (business support) to be allocated to ensure sufficient stocks of PPE maintained as required. Team Managers to coordinate any responses to Public Health regarding requests for anti-viral medication or vaccinations.</li> <li>Team Managers/ Service Managers to oversee. Managers within services to ensure all staff personal details are up to date and details of GP's available.</li> <li>All Managers to provide updates.</li> <li>Service Managers x 4</li> </ul>
	<ul> <li>managers who would need to be on a rota to staff this.</li> <li>Enforcement of good practice around good hygiene to be enforced.</li> <li>Managers to enforce sickness absence policy and agile working would be encouraged during any period of risk.</li> </ul>	<ul> <li>Service Managers to liaise with Public Health and cascade any relevant information down through line management arrangements.</li> <li>Assistant Team Managers/Team Managers/Service Managers</li> </ul>
	<ul> <li>Staff would need to risk assess prior to any visit to a family home or school.</li> <li>Stocks of anti-bacterial wipes to be given out to all staff with advice and guidance.</li> </ul>	<ul> <li>Assistant Team Managers/Team Managers/ Service Managers</li> <li>Identified staff members (business support).</li> </ul>

### **Appendices: Public Vaccinations**

### **Appendix 25: Pre-Identified Vaccination Centres**

The following locations have been identified by the Newcastle Gateshead Clinical Commissioning Group (CCG). Contact must be made with the CCG to coordinate these arrangements prior to their publication/agreement.

	Location	Opening	Comments
1	Gateshead Health Centre Prince Consort Road Gateshead NE8 1NB 0191 477 2243 www.cgmg.co.uk	Monday - Wednesday 8am - 7pm Thursday & Friday 8am - 6pm	
2	Blaydon Leisure & Primary Care Centre Shibdon Road Blaydon on Tyne NE21 5NW 0191 283 4600 www.blaydongp.nhs.uk/	Monday - Friday 8am - 6pm	

**Contact:** Marc Hopkinson, Service Reform Manager, Newcastle Gateshead CCG 0191 217 2987 or via email at marc.hopkinson@nhs.net

#### **Appendices: Excess Deaths**

### Appendix 26: Body Storage Capacity

**Queen Elizabeth Hospital:** Trudy Johnson

Departmental Manager (BMS 4) Cellular Pathology Department

Queen Elizabeth Hospital NHS Foundation Trust

Gateshead, Tyne & Wear NE9 6SX Tel: 0191 445 2526 Fax: 0191 445 6183 E-mail: trudy.johnson@ghnt.nhs.uk

Capacity: 90 (Additional 30 can be made available if required -

not part of day to day operation)

Saltwell Crematorium: Heather Tarvit

Gateshead Bereavement Services & Environmental Manager

Communities and Environment Central Depot, Park Road

Gateshead, Tyne and Wear NE8 3HN Tel: 0191 433 7448 Fax: 0191 478 1138 E-mail: heathertarvit@gateshead.gov.uk

Website: www.gateshead.gov.uk

Capacity: 3

**Funeral Directors:** It's anticipated that overall capacity in Gateshead is somewhere around 20-30, which would be confirmed closer to the time via the process detailed in **Appendix 24**.

Body Cold Storage Facilities Suppliers (Contacts only - no contracts in place):

**LEEC:** Tel: 0115 961 6222

Email: sales@leec.co.uk

Web: http://www.leec.co.uk/products/mortuary/cooling-

hospital/temporary-body-storage

Capacity: Up to 40 bodies per refrigerated unit

Red House Funeral Supplies: Tel: 01283 819922

Email: martin@rosehousegroup.co.uk

Web: www.funeral-supplies.co.uk/coldrooms-and-mortuary-

equipment/temporary-coldroom-mortuary.html

Capacity: Temporary cold rooms to be fitted in mortuary/

funeral directors - not specific on numbers

Andrew Sykes Group PLC: Tel: 0800 211 611

Web: https://www.andrews-sykes.com/chillers/environment/

body-storage/

Capacity: not stated but provide purpose built facilities

Flexmort: Tel: 08455 333 561

Email: info@flexmort.com
Web: http://flexmort.com/

Capacity: a range of portable/demountable products

### **Appendix 27: Consultation Questions for Funeral Directors**

Funeral Director				
Ref	Question	Response		
1	Have they made plans to cope with Pandemic Flu?			
2	Have they seen the guidance for businesses and funeral directors from the HPA?  PANDEMIC FLU  GUIDANCE FOR FUNERAL DIRECTORS  PANDEMIC FLU  FUNERAL DIRECTORS  PANDEMIC FLU  GUIDANCE FOR FUNERAL DIRECTORS  PANDEMIC FLU  FUNERAL DIRECTORS  PANDEMIC FLU			
3	If they've seen it, have they made the necessary preparations?			
4	What body storage facilities do they have?			
5	What is their maximum capacity to store bodies?			
6	Assuming there are no other issues, what is the maximum number of funerals they can support in a 7 day period?			
7	Do they manufacture their own coffins? If yes, what is their maximum production capacity/ week?			
8	Are there any questions that we haven't asked that they think we should have asked?			
9	Would they find it useful to attend a meeting about body disposal plans for Pandemic Flu?			
Sign	Signature			
Date	Date			

#### Contact:

- Peter Wright, Environmental Health and Trading Standards Manager on 0191 433 3910 or via email at peterwright@gateshead.gov.uk
- Paul Christer, Assistant Manager, Private Sector Housing on 0191 433 3922 or via email at paulchrister@gateshead.gov.uk
- Elaine Rudman, Environmental Health, Licensing & Enforcement Manager on 0191 433 3911 or via email at elainerudman@gateshead.gov.uk
- Adam Lindridge, Business Manager, Community Safety on 0191 433 3243 or via email at adamlindridge@gateshead.gov.uk
- Nicola Johnson, Safer Communities Coordinator on 0191 433 3541 or via email at nicolajohnson3@gateshead.gov.uk
- Gemma Thompson, Analyst/Researcher on 0191 433 2168 or via email at gemmathompson@gateshead.gov.uk

# Appendix 28: Registration of Deaths

A death should normally be registered within five days (unless a coroner is investigating the circumstances leading to a death) and must be registered in the district where the death occurred.

People who have a legal responsibility to register a death include:

- A relative
- A person present at the death
- The occupier of premises where a death occurred
- The person arranging the funeral (not the undertaker or funeral director)

Full details of the process can be found at:

http://www.gateshead.gov.uk/People%20and%20Living/Births-Deaths-and-Marriages/Deaths/Arrangements/Register-a-death.aspx

To ensure the critical service provided by Local Authority Registrars can continue to meet demand; Registrars can provide a training package to allow members of staff from other services to provide a death registration service.

#### Contact:

- Jean Eggleston, Superintendent Registrar, on 0191 433 2200 or via email at jeaneggleston@gateshead.gov.uk or
- Lynne Lancaster, Deputy Superintendent Registrar, on 0191 433 2205 or via email at lynnelancaster@gateshead.gov.uk

# Appendix 29: Coroner's Office

The registrar of births and deaths will issue the death certificate but has a statutory duty to refer certain cases to the coroner if:

- The deceased had not been seen by the certifying doctor within 14 days of the death or the certifying doctor had not seen the body after death.
- the cause of death is unknown
- the death was violent or unnatural or suspicious,
- the death was due to an accident (whenever it occurred), self-neglect or neglect by others, an industrial disease or related to the deceased's employment, an abortion or death occurred during an operation or before recovery from the effects of an anaesthetic
- the death may be a suicide or occurred during or shortly after detention in police or prison custody.

However, in respect of deaths from pandemic influenza occurring within 24 hours of admission to hospital an exception to the rule concerning referral to the coroner will be introduced. Under normal circumstances, coroners strongly encourage that all deaths which occur within 24 hours of admission to hospital (unless purely for terminal care) are reported to them. This is not a statutory requirement. At local level, LRFs (and SCGs during the response to the pandemic), in discussion with the local coroner, will be able to agree to cease the common (non-statutory) practice of reporting all deaths which occur within 24 hours of admission to hospital to the coroner insofar as it concerns deaths caused by pandemic flu or complications thereof. The aim of this is to reduce pressure on hospital doctors, coroners and, potentially, pathologists. The statutory requirement to report all deaths that occur during an operation or before recovery from the effects of an anaesthetic will not be changed.

Normally, when a doctor attends a patient during their final illness, the death must be referred to the coroner if the doctor who certified the cause of death has seen neither the body after death nor the patient within 14 days of their death. To alleviate the pressure of excess deaths, one or more SCGs may request Ministers to introduce legislation to relax the limit from 14 to 28 days. This would bring England and Wales into line with current practice in Northern Ireland. Where a patient has a chronic condition and death is not unexpected, this will decrease the need for doctors to make visits for the purpose of seeing the body, reduce the need for doctors to contact the coroner, and reduce pressure on coroners and possibly on pathologists for post-mortems. This will require legislative change that will be introduced at national level.

The implementation of this change will be announced centrally and the information cascaded to SCGs, registrars and coroners

Office of the Coroner for Gateshead & South Tyneside, Mr Terence Carney:

- Tel: 0191 483 8771 (Office)
- Tel: 0191 388 5687 (Home)
- Mob: 07801 198 376
- Email: t.carney@terence-carney.co.uk

### Appendix 30: Cemeteries and Crematoria

#### **Funeral Services/Memorials**

Under normal circumstances working to normal capacity, the majority of funeral services are arranged using the services of funeral directors, including religious and non-religious services. Funeral directors would receive local authority guidance regarding any enforced changes to funeral services. Funerals may also be allocated to funeral directors by the local authority depending on demand and capacity issues. Funeral services and memorials may need to take place at different times to burials and cremations due to time restrictions or in other locations such as community centres etc. A staffing plan is to be developed between the Council and funeral directors to ensure that capacity can be met (i.e. during a pandemic funeral director staff and council staff may be incapacitated). A full list of funeral directors can be found in the 'Managing Excess Deaths Plan for Gateshead'.

#### **Burials & Cremations**

The signature of 3 doctors must be obtained prior to a cremation. Items such as pacemakers and GTN patches must be removed prior to cremation for health and safety reasons. Contingency plans may be put into place to allow burials and cremations to continue, this may however require changes to service provision. The local authority and its partners will:

- •Increase operational staff capacity by training and using Communities and Environment employees to dig graves and if possible operate the cremator to allow a longer working day/week.
- •Increase admin staff capacity from Street Scene to take bookings for services and process paperwork.
- Funeral directors will also increase their capacity at short notice via the employment of casual staff.
- •The local authority may employ the use of cremators in areas outside of the borough depending on capacity issues (i.e. a pandemic or cross border event may have already filled existing capacity).

Although the capacity may be made available, depending on the demand for burials and cremations, the following changes may be made to the service:

- Electronic booking system for cremations may be suspended to allow the Council to organise services.
- Graveside services may not be possible due to the stability of the surrounding ground if a large number of graves have been excavated to manage demand.
- Alternatives to wooden coffins may be employed should demand outweigh the supply available. This may include the use of cardboard coffins or boards and shrouds etc.
- Individual graves may be replaced by family graves in extreme circumstances to ensure grave-digging capacity can meet demand.
- Faith communities with specific needs may face disruptions to arrangements (i.e. burials within 24 hours may not be possible etc.).
- The provision of headstones for graves may be delayed but records will be maintained regarding the burial details for each plot.
- Family searches for graves for purposes of genealogy would be suspended.
- Applications for memorials (headstones, Book of Remembrances, plaques, benches, etc.) may be delayed.

#### Contact:

- Heather Tarvit, Bereavement Services and Environmental Manager on 0191 433 7448 or via email at heathertarvit@gateshead.gov.uk
- Marc Morley, Waste, Recycling and Contract Manager on 0191 433 7420 or via email at marcmorley@gateshead.gov.uk
- Peter Davis, Bereavement Supervisor on 0191 433 7489 or via email at peterdavis@gateshead.gov.uk

### Appendix 31:

### Kenyon International Emergency Mortuary Contract

The Council, along with most other local authorities in the UK, pays an annual retainer to Kenyon International for emergency mortuary services. Full details of these arrangements can be found in the 'Gateshead Council Emergency Mortuary Plan'.

This contract is for the purpose of a 'mass fatalities' incident, which is generally caused by something like an explosion, a passenger train crash or an aeroplane accident. This will generally result in a large number of deaths or body parts greater than the capacity of local mortuary services with a requirement for large scale post mortems.

This is different to an 'excess deaths' type of incident such as a pandemic Influenza outbreak, resulting in more people dying than normally expected due to illness.

In the event of a pandemic Influenza outbreak it is very unlikely that the contractors would be available due to national pressures (i.e. numerous organisations could be looking at simultaneously invoking their contracts) and the actual amount of body storage provided under this contract is minimal anyway.

The contact details for Kenyon international and the agreed Council officers to invoke the contract are as follows, please refer to the Council's Emergency Mortuary Plan for full details:

#### Kenyon International:

Tel: 01344 316 650

http://www.kenyoninternational.com/

#### Contact the agreed Contacting Officers:

- Paul Dowling, Strategic Director, Communities and Environment on 0191 433 3402 or via email at pauldowling@gateshead.gov.uk
- Peter Wright, Environmental Health and Trading Standards Manager on 0191 433 3910 or via email at peterwright@gateshead.gov.uk
- Elaine Rudman, Environmental Health, Licensing and Enforcement Manager on 0191 433 3911 or via email at elainerudman@gateshead.gov.uk
- Paul Christer, Assistant Manager Private Sector Housing on 0191 433 3922 or via email at paulchrister@gateshead.gov.uk

### **Appendices: Communications**

### Appendix 32: Communicating with the Public

# Council Website, Information Screens and Social and Local Media Dissemination of National/Regional Information

Public advice will generally be provided from Government via a national campaign advising on preventing the spread of infection (hygiene information) and providing information on what to do if becoming infected. This campaign will be publicised and signposted on the Council website, information screens and also via social media pages. Local media will receive information and advice directly from Government but will also relate to the national campaign/advice.

Similarly there may be a requirement for more regional/local information (i.e. publicising antiviral/vaccination centres), which will be disseminated via the same routes but local media will need to be informed by the Council or local health providers using internal Communication Protocols.

#### Contact:

- Elaine Barclay, Policy & Communications Team Leader on 0191 433 3544 or via email at elainebarclay@gateshead.gov.uk
- Alice Wiseman, Director of Public Health on 0191 433 2777 or via email at alicewiseman@gateshead.gov.uk
- Gerald Tompkins, Specialty Registrar in Public Health on 0191 433 2914 or via email at geraldtompkins@gateshead.gov.uk

#### **Council Service Information**

Any changes to Council services will be publicised by the Communications Team via the methods listed above, which will include school/building closures, service reductions/suspensions and changes in operating hours.

#### Contact:

• Elaine Barclay, Policy & Communications Team Leader on 0191 433 3544 or via email at elainebarclay@gateshead.gov.uk

#### **Scripts for Customer Services**

To ensure that consistent information is available from all call handlers, information can be scripted. Although the information provided will differ depending on the nature of the incident, the following should be considered:

- Nature of the Incident location and type of incident
- Status of Incident who is responding, who is affected and the likely duration
- Availability of Further Information How, when and where further information will be provided (i.e. website updates, local media, emergency telephone numbers, etc.)

#### Contact:

- Joanna Carslake, Customer Services Manager on 0191 433 4701 or via email at joannacarslake@gateshead.gov.uk
- Heather Marshall, Assistant Customer Services Manager on 0191 433 4702 or via email at heathermarshall@gateshead.gov.uk
- Or the **Duty Team Leader** on 0191 433 4812.

### **Appendix 33: Communicating with Councillors**

#### **Pandemic Influenza Updates for Councillors**

From an early stage of a pandemic it is important to provide clear, relevant information to councillors. When the 'Detection' phase begins and local and regional coordination mechanisms commence, emails will be issued to councillors by the Council's Resilience and Emergency Planning Team.

These emails will reflect information received from national sources such as 'Top Line Briefings' from Cabinet Office and decisions being made at regional and local levels, including any impacts on Gateshead services and residents. The frequency of these emails will be determined by the circumstances and severity of the pandemic, but to provide consistency all emails will be issued using the following format:

#### Title: Pandemic Influenza Update for Councillors (add date)

Dear Councillors,

The following update has been produced in conjunction with Emergency Response Guidance for Councillors using the most up to date information available on the current Influenza Pandemic:

#### **National Information**

Add as appropriate

#### Regional Multi-Agency Coordination

Add as appropriate

#### **Gateshead**

Add anything appropriate to the local area (Include updates on service changes, building/school closures, any appropriate contact details, information relating to anti-viral or vaccination centres, etc.)

#### **Guidance and Information**

Signpost to information on Council website/external websites, links to national information, public guidance (i.e. hygiene advice, national campaigns, etc.)

#### **Media Enquiries to Councillors**

Councillors are advised as part of the Communications Protocol to consult with the Councils Communications Team upon receipt of any enquiries from the media.

#### Social Media

Councillors are advised to re-post information on their own social media pages to reflect national guidance and guidance statements issued on the Council's social media pages. All updates to the Council's social media pages will be made by the Council's Communications Team.

#### Contact:

- David Patterson, Resilience & Emergency Planning Manager on 0191 433 2807 or via email at davidpatterson@gateshead.gov.uk or
- Michael Reynard, Resilience & Emergency Planning Officer on 0191 433 3986 or via email at michaelreynard@gateshead.gov.uk
- Jane Bench, Policy and Service Improvement Team Leader on 0191 433 2058 or via email at janebench@gateshead.gov.uk

# Appendix 34: Communicating with Employees

There are a number of issues around staff communication that should be considered, due to the varying levels of information required at different levels and for different services.

#### **General Advice**

National campaign information around basic hygiene will be disseminated to employees when made available. This could be in the form of hand wash posters in all Council building toilet facilities or posters and leaflets to be displayed on notice boards. Information should also be made available via 'Council Info' emails, team meetings and publications such as Team Brief.

Additional advice with regard to identifying the symptoms of flu, advised treatment and preventing the spread of flu can be found at:

https://beta.nhs.uk/conditions/flu

#### Personal Protective Equipment (PPE)

Many staff may also have enquiries regarding the use of Personal Protective Equipment (PPE) due to the nature of the jobs they carry out. This would include the use of masks, goggles, gloves or suits and would normally be a concern for those working in close contact (within one metre) of potentially contagious individuals. Employees should raise concerns with their managers should they feel that PPE is required for them to carry out their role and advice should be sought via Human Resources. However, advice will also be available in relation to the use of this equipment via official sources such as the Government or health agencies.

#### Impacts on roles and services

Any service or role that is to be directly impacted as a result of the pandemic (i.e. service suspensions, changes in conditions, facility closures, etc.) should be briefed personally by service managers/ directors and made aware of alternative arrangements. It would be advisable to also include Human Resources and Union representation at these meetings as appropriate. (Links into Skills Audit - to revise policy/protocol and present to Strategy Group).

### Appendix 35:

### **Agency Situation Reports and Resilience Direct**

In the event of an emergency or incident requiring multi-agency coordination such as an Influenza Pandemic, there will be a dedicated response page established on the Government's Resilience Direct secure web based system.

For the purposes of an Influenza Pandemic the system will allow a simple sharing of Agency Situation Reports (see next page for template), which is used by all organisations. It is likely that during a large scale event these Agency Reports would be asked for on a regular basis (severity of pandemic would likely dictate the frequency that they would be requested).

It is recommended for the purposes of an Influenza Pandemic that the content is agreed by the Chair(s) of the Corporate Risk and Resilience Group prior to submission.

Once these reports are submitted to Resilience Direct, the salient points from each will be placed into an overall Situation Report reflecting the whole of Northumbria or the North East, which would be discussed by attendees at mulit-agency Strategic Coordination Groups (SCGs).

The system also has a GIS mapping system that can be easily updated with Gateshead GIS layers, including vulnerable people data.

This system is well established and already used by all emergency responders, including Gateshead Council. The following officers from within the Emergency Response Team have received training and would assist in uploading and downloading information to and from Resilience Direct:

David Patterson Michael Reynard Peter Wright Paul Christer Elaine Rudman Garry Haynes Jacky McDonnell

Alasdair Tose

Jane Robson

**lain Burns** 

Kathryn Bolton

Yvonne Hands

Nicola Johnson

Claire Stewart

Victoria Holliday

Helen Howat

Sonia Stewart

### Appendix 35:

### **Agency Situation Reports and Resilience Direct**

#### **DESCRIPTION**

This report is organised in such a way to assist in the creation of the summary SCG SITREP document. Please complete the details and update specifically prior to the TCG/SCG meetings

#### **AGENCY DETAILS**

AGENCY NAME:	REPORT NO:	001
COMPLETED BY:	TIME OF ISSUE	
CONTACT DETAILS:		

#### AGENCY SITUATION REPORTS TO INCLUDE SUMMARIES OF:

- Direct and wider impacts
- The operational response
- Significant risks, emerging issues
- Assumptions and critical uncertainties
- Forward look
- Other resilience issues arising
- RAG status explanation
- Point of contact and time/date of last update/check of the information

RAG Status	RAG	UPDATE
SITUATION		
RESPONSE		
FORWARD LOOK		

#### **RAG** status

- The RAG status is an honest and defensible appraisal of three dimensions of the emergency: a) the situation, b) the response to it and c) foreseeable developments.
- The three dimensions are separated but are combined into a single indicator, and in the absence of a prescribed method of doing so, the RAG status will reflect the collective judgement of the Agency. This will be reflected on the SCG SITREP.
- There is no merit in 'talking up' or taking an unrealistically optimistic view of where things stand and how they are projected to develop.
- The relevant text entry should adequately explain the RAG status given.
- Indicators of the three levels are defined as follows:

RED	SITUATION: The incident is having a strategically significant impact; normal community business has been significantly affected.  RESPONSE: The response is at or has exceeded the limits of capacity or capability, and further resources are required.  FORWARD LOOK: The situation is expected to either get worse or remain at this level for the short to medium term.
AMBER	SITUATION: The incident is having a moderate impact with issues of strategic concern; normal community business has been affected, but the situation is being effectively managed.  RESPONSE: The response is being managed, at this time, within current resources and through the activation of local contingency plans and/or coordinated corrective action; mutual aid might be required in the short to medium term.  FORWARD LOOK: The situation is not expected to get any worse in the short to medium term although some disruption will continue.
GREEN	SITUATION: There is limited or no strategic impact from the incident; normal community business has largely returned or is continuing.  RESPONSE: Ongoing response is being managed locally, and within the capacity of pre-planned resources.  FORWARD LOOK: The situation is expected to improve with residual disruption being managed.

#### Reporting provenance and quality

- The source/time and assessed quality of information should be clearly and prominently reported.
- Where critical uncertainties (i.e. factors that are unknown, but which have the potential to strategically alter the situation if they become known) exist they should be clearly identified and associated risks set out.

#### Defining concepts and terms for common understanding

- Where common understanding of a concept or term is necessary for shared situational awareness it should be clearly explained.
- Common understanding of terms cannot be assumed terms should be defined.
- Where agreed definitions exist these should normally be adopted and explained (e.g. there is a definition of 'flood' in the Water Flood and Water Management Act 2010).
- Acronyms and abbreviations should be minimised, and always explained at their first use in every issue
  of the SITREP.

**Examples of content** for each of the template sections, including nature and severity of impacts and other details as required. **Note** that this is an indicative list, not a comprehensive checklist to report against:

<b>Key locations</b> (incl. grid reference and/or postcode)	Relevant timings (e.g. timescale to mobilise assets or shut down a facility)
<ul> <li>Impact on health and humanitarian assistance</li> <li>Casualties/fatalities/missing persons</li> <li>Public Health/primary and secondary healthcare/welfare</li> <li>Mortuary capacity and operations</li> <li>Humanitarian assistance - Rest Centre and other facilities occupancy</li> <li>Social care</li> </ul>	Impact on essential services  • Electricity, gas, water, telecoms, fuel  • Sanitation, waste management, sewage  • Burials/cremations  • Transport: aviation, maritime, rail, road, bus  • Postal services  • Status of reserves or alternative supplies
<ul> <li>Economic impact</li> <li>Businesses directly and/or indirectly affected (numbers or range if estimate)</li> <li>Supply chain consequences</li> <li>Impact on workforce</li> <li>Impact on tourism</li> <li>Rural economy: farms, food production sector, etc.</li> </ul>	<ul> <li>Environmental impact</li> <li>Water or land contamination, air pollution</li> <li>Waste management issues which may be associated with the response</li> <li>Impact on agriculture</li> <li>Food availability/supplies</li> <li>Animal welfare</li> </ul>
Impact on communities  • Private dwellings, public premises/assets  • Vulnerable people/groups, homecare  • Evacuation  • Housing and temporary accommodation  • Community transport  • Education  • Community response; nature and extent  • Engagement by the voluntary sector	Response and capability issues  • Specified, implied, essential, and potential tasks  • Weather: forecast and associated risks  • Current status of resources/capabilities (dispositions and availability)  • Mutual aid including military support  • Key considerations and assumptions  • Constraints on the operation (e.g. time, resources, sustainment, demand)  • Contingency planning  • Capacity of local tier to respond/requests for support from national tier/central government  • Finance, Bellwin Scheme
<ul> <li>Emerging recovery issues</li> <li>Infrastructure and essential services repair and/or reconnection</li> <li>Financial assistance (e.g. business rates or council tax relief)</li> <li>Insurance issues</li> <li>Any bureaucracy or "red tape" challenges</li> <li>Future resilience investment</li> <li>Lessons (to be) identified</li> </ul>	Criminal justice issues  • Public order/crime  • Prisons and probation  • Courts  • Protection of property  • Community safety/community cohesion issues

### **Appendices: Debrief Process**

### Appendix 36: Internal Debrief Form

(Add title of incident/exercise and date) - Debrief Questionnaire

1. Personal details				
Name:	Role / Rank:			
Organisation:	Contact details (Telephone / e-mail):			
2. Please outline your role in the incident:				
·				
3 From your own role perspective, what did	I not go well and needs further development?			
3. From your own role perspective, what did	not go well and needs further development:			
(Highlight the key areas that need to improve)				
4. From your own role perspective, what asp	pects of the incident went well and should be			
highlighted as good practice for future incidents?				
(Highlight the key areas that need to improve)				
5. What would be your key recommendations for improving the future response to this type				
of operation / incident?				

Thank you for your involvement in this debrief process

### Appendices: Mutual Aid/Assistance from others

### **Appendix 37: Mutual Aid Protocol**

In certain circumstances the response required from a local authority may be in excess of the capacity available; this would generally be based on the scale or length of an incident. Gateshead Council has signed up to the Northumbria Local Resilience Forum (LRF) Local Authority Mutual Aid Protocol. This is not a legally binding document, but a formalised arrangement that states that each local authority:

Will endeavour to provide assistance in the form of provision of personnel and/or equipment, following, or in anticipation of, an emergency or business continuity disruption affecting the area of another of the Councils which is party to this protocol, in accordance with the following guidelines:

- A formal request for aid shall only be made by the Chief Executive/Head of Paid Service of the affected Council, or other Authorised Person acting on behalf of that Officer, to the Chief Executive/Head of Paid Service or other Authorised Person acting for the Council providing assistance ("the assisting Council").
- A Chief Executive/Head of Paid Service or Authorised Person who receives a request for assistance shall take the appropriate action to respond to the request without delay and, in the case of an Authorised Person, shall inform their Chief Executive/Head of Paid Service (or such other person as may be nominated for that purpose by the Chief Executive/Head of Paid Service) at the soonest opportunity.
- "Authorised Person" means those Officers identified to undertake this role in the Major Incident Plans of the Councils.
- The responsibility for co ordinating aid, supervisory control and the financial arrangements rests with the affected Council or, where more than one Council area has been affected by the emergency, by the Council that requested the aid.
- An affected Council requesting aid agrees to reimburse the assisting Council on a cost recovery basis
  upon the termination of the aid and within 28 days of the submission to the affected Council by the
  assisting Council of a fully documented account for settlement.
- The assisting Council will undertake to provide assistance in the form of suitably trained staff for the task(s) to be performed and/or equipment, so far as is it is reasonably practicable for it to do so.
- It is intended that each of the Councils will, for the duration of their participation in this Protocol, maintain suitable insurance arrangements to cover any loss, claims, proceedings, actions, damages, legal costs, expenses or other liabilities arising from the deployment of resources outside its area. However, an affected Council shall not hold liable an assisting Council in respect of any claims arising from any loss injury or damage suffered by the affected Council or any third party as a result of providing assistance under this Protocol unless such loss injury or damage arises from the negligence of the assisting Council or any of its employees or agents.
- All parties to this Protocol shall endeavour to amicably resolve any dispute through discussions and
  negotiations between the Authorised Persons. Any failure to resolve a dispute shall be referred to a
  meeting of the Chief Executives/ Heads of Paid Service of the Councils concerned with a view to early
  resolution. If still unresolved, then the matter shall be referred to an independent Chief Executive/
  Head of Paid Service (that is, the Chief Executive/Head of Paid Service of a Council not involved in the
  dispute or, if all of the Councils are involved, the Chief Executive/Head of Paid Service of another local
  authority which is not a party to this Protocol), who shall suggest a solution to the dispute within 14
  days of the referral.
- This Protocol is not intended by the Councils to be a legally binding contract.

(Note: May not be available if other authorities experiencing the same pressures).

# Appendix 38: Voluntary Organisations

Responding organisations can obtain a wide range of support during emergencies.

#### The Salvation Army

Salvation Army Chaplains can provide pastoral and spiritual guidance during difficult times, including during and after emergencies. The Chaplains can also liaise with other faith groups and act as a central contact point to provide coordination for all affected.

Contact: Major Mark Dooley

The Salvation Army Gateshead Community Church

Tennyson Court Sunderland Rd, Gateshead Tyne & Wear NE8 3EY

Tel: (0191) 478 1314 Mobile: 07533 831 929

Email: mark.dooley@salvationarmy.org.uk

#### The British Red Cross North East

The British Red Cross provides a wide range of services throughout the County Durham and Teesside, Northumbria and Cumbria area.

Contact: Sam Samwell, Senior Emergency Response Officer for the North East

British Red Cross Unit C, Adelaide Court

Belmont Durham DH1 1TW

Tel: (0191) 332 4192 Mobile: 07841 532 371

Email: samsamwell@redcross.org.uk Website: www.redcross.org.uk

#### **Newcastle Council for Voluntary Service (CVS)**

A wide range of services can be obtained from a number of groups within the area.

Contact: Newcastle Council for Voluntary Service (CVS)

Higham House Higham Place

Newcastle Upon Tyne

NE1 8AF

Tel: (0191) 232 7445

Email: ncvs@cvsnewcastle.org.uk Website: www.cvsnewcastle.org.uk

#### **Jewish Community Council of Gateshead (JCCG)**

The JCCG manages a range of projects including a community centre, an economic development centre, children services' development workers, a social housing project and a healthy living centre. It also provides key support to vocational training projects, youth groups, and work with handicapped children and the elderly.

Contact: Shlomi Isaacson, Business Development & Project Manager

Jewish Community Council of Gateshead

Tel: (0191) 478 2226

Email: shlomi@jccg.org.uk

