



Forest of Dean
— DISTRICT COUNCIL —

Pandemic Influenza Plan

May 2009 – Version 0



Foreword

Pandemic influenza is different from ordinary seasonal flu. Seasonal flu for most people is an unpleasant illness, which will run its natural course, and is not life endangering in the majority of the population.

Pandemic flu can occur when a new influenza virus emerges which is markedly different from recently circulated strains and to which humans have little or no immunity. Because of this lack of immunity the virus is able to:

- Infect more humans over a large geographical area.
- Spread rapidly and efficiently from person to person.
- Cause clinical illness and death in a much higher proportion of those infected.

There is currently rising concern that a new influenza virus with pandemic potential will emerge and spread, and a further pandemic can be expected. When or where it will originate is not known, but the consequences, when it does, will be serious.

National risk assessments have identified the potential of an influenza virus, with pandemic potential to emerge in the near future.

It is estimated that up to half of the population could be affected and a mortality rate of up to 2.5%, which would put a great demand upon the health service.

In the event of a pandemic it will be the local authorities responsibility to support the health response, continue social care and other essential local services and potentially manage large numbers of deaths.

A great deal of work has been done during the Business Continuity planning process, which will be essential in responding to a pandemic. However, as an influenza pandemic would affect more than one site and has wider ramifications for services and the community, the Council has developed this Pandemic Flu Response Plan to enhance existing Business Continuity arrangements.

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Version Control, Amendments and Distribution

The Forest of Dean Pandemic Influenza Plan was available as a draft for consultation until April 2009. The final version (Version 0) was published on 1 May 2009 and the document is managed and circulated by the District Emergency Planning Liaison Officer (DEPLO) at the Forest of Dean Council. The plan will be reviewed and amended as appropriate. Document holders should inform the DEPLO (in writing) of any changes relating to their group that would affect the plan. Any amendments will be issued by the DEPLO and should be actioned immediately and recorded in the table below.

Amendment number	Date	Name (Block Capitals)	Signature

Plan Distribution List

Corporate Leadership Team	2
Group Managers	6
DEPLO	2
Gloucestershire County Emergency Management Service	2

Plan Maintenance and Exercising

This plan should be reviewed annually in conjunction with the Business Continuity Plan with the contacts being updated quarterly.

The plan should be exercised every three years with a tabletop exercise.

Section 1 Background

This plan has been prepared to comply with the statutory duties of the Civil Contingencies Act 2004.

1.1 Risk Assessment

1.1.1 The Gloucestershire Local Resilience Forum (LRF) Risk Assessment Subgroup has assessed the potential Impact and Likelihood of a Pandemic Influenza type disease affecting Gloucestershire as follows:

Human Health	(H23) Influenza type disease (pandemic)		
Outcome Description	Likelihood	Impact	Overall Risk
H23 – Pandemic likely to occur in two waves, about 3 to 9 months apart. Each wave likely to last 12 weeks. A quarter of the population could be affected. High numbers of cases and consultations (greater than 500 GP consultations per 100,000 population per week) overwhelming health and other services. Clinical attack rate of 50% with mortality assumption of 0.37-2.5% of those infected. Age range vulnerability – all ages, including children, likely to be affected.	Possible (4)	Significant (4)	VERY HIGH

1.2 Aim

1.2.1 The aim of this plan is to provide guidance to Gloucestershire's local authorities to plan for maintaining continuity of their critical services in the event of a Pandemic Influenza outbreak in the United Kingdom.

1.3 Objectives

1.3.1 The objectives of this plan are to:

- Ensure that critical services continue to be provided to the community.
- Identify non-critical services for temporary closure and redeployment of staff in other areas.
- Ensure communication is provided in an accurate and timely manner.
- Identify changes in working patterns / processes to avoid potential risks
- Coincide with the national and regional plans.
- Set up a system for a flexible response to unpredictable events

1.4 Supporting Emergency Plans

1.4.1 Local responders maintain a number of plans, which may also be activated in support, including:

- **Emergency Response Guides**

The Gloucestershire Local Authorities generic Emergency Response Guide details the activation, command and control arrangements for mobilising local Authority and voluntary sector support.

- **Business Continuity Plans**

These County and District plans detail the contingency arrangements in place for the authorities different services areas.

- **Local Resilience Forum – Gloucestershire Pandemic Flu Plan**

This plan has been compiled to provide structure to multi-agency support during a pandemic.

- **County Temporary Mortuary Plan and Mass Fatalities Plan**

In the event of multiple fatalities, the Temporary Mortuary Guide may be activated at the request of the HM Coroner. The Mass Fatalities plan would be activated if additional body storage facilities were required.

Section 2

Planning Assumptions

2.1 Pandemic Alert systems

2.1.1 The World Health Organisation (WHO) tracks the development of infectious diseases. Information about outbreaks changes rapidly and the WHO have developed an international alert system to help global preparedness by providing information that requires action in a systematic way.

2.1.2 There are 6 distinct phases to the WHO alert system:

- Phase 1 Low risk of human cases
- Phase 2 Higher risk of human cases
- Phase 3 No, or very limited, human-to-human transmission
- Phase 4 Evidence of increased human-to-human transmission
- Phase 5 Evidence of significant human-to-human transmission
- Phase 6 Efficient and sustained human-to-human transmission

2.1.3 When the international situation reaches WHO Phase 6 the UK alert system commences. There are 4 alert levels in the UK:

- UK alert level 1 No cases in the UK
- UK alert level 2 Virus isolated in the UK
- UK alert level 3 Outbreak(s) in the UK
- UK alert level 4 Widespread activity across the UK

Further detail on the UK alert levels can be found in Appendix A

2.2 Duration and Timing

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

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

2.2.3 An influenza pandemic can occur either in one wave, or in a series of waves, weeks or months apart.

2.2.4 People are highly infectious for four to five days from the onset of symptoms (longer in children and those whose immune systems are not working effectively) and may be absent from work for up to ten days.

2.2.5 National Guidance recommends that planning should be for the peak of the national profile, which assumes a 50% clinical attack rate sustained over a period of 2-3 weeks.

2.3 Attack and Death rate

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

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

2.3.2 Mortality rates are likely to vary considerably between different age groups. At least a third of the total excess deaths may be in people under 65 years compared with less than 5% in inter-pandemic years (years without pandemics).

2.3.3 In Gloucestershire, assuming a 50% clinical attack rate, we could expect 288,000 people to have clinical symptoms of Pandemic Flu and with a 2.5% case fatality rate we could expect over 7,000 additional deaths during a 15 week pandemic period.

2.3.4 The situation will also be complicated by other staff being unavailable to work as they are acting as carers for sick members of their family or children if the schools have been closed.

2.4 Staff Absenteeism

2.4.1 The level of staff absence from work during a pandemic will depend significantly on the nature of the pandemic virus when it emerges. The Council should ensure that they have the flexibility to accommodate these ranges.

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

- They are ill with flu. Numbers in this category will depend on the clinical attack rate. If the attack rate is 50%, half of all staff will be sick (and hence absent from work for a period) over the whole course of the pandemic. If a pandemic occurs over one wave, employers could experience this level of cumulative absence over a period of around 3-4 months. But there may well be more than one wave, with absence from work being spread across those waves.
- They need to care for children or other family members who are ill with flu.
- They need to care for (well) children because of the closure of schools and group early years and childcare settings.
- They have non-flu medical problems.
- Their employers have advised them to work from home.

2.4.3 For business continuity purposes, at UK Alert Level 1 Group Managers should estimate the number of staff likely to be absent from work at the peak of a pandemic through aggregation of data in each of the categories above (see para 4.2.3). Full details of the Alert Levels are detailed at Annex A.

2.4.4 Human Resources should consider their staff absenteeism policy in relation to pandemic periods. They should be developed to identify when paid / unpaid leave is entitled for example.

2.4.5 As a rough guide the Council should ensure that its plans are capable of handling staff absence rates of up to 50%.

Section 3

Contingency Planning

3.1 Existing Contingency Plans

- 3.1.1 The Council has already developed its Business Continuity Plans to respond to any disruptions that may affect the Council. Details of the Councils critical services and response arrangements to a disruption are listed in the Corporate Business Continuity Management (BCM) Recovery Plan.
- 3.1.2 However, an influenza pandemic would affect more than one site and has wider ramifications for services and the community due to the unavailability of large numbers of staff. In view of this, additional measures listed in Section 4 and Appendix D will be put in place to enhance the existing BCM arrangements.

3.2 Pandemic Coordinators

- 3.2.1 In the event of a pandemic outbreak each Group should have a nominated Pandemic Co-ordinator and a deputy who will be responsible for supplying updated information to the Group Manager/Team Leaders on staff availability by collating relevant data for their group.
- 3.2.2 The Pandemic Co-ordinators are listed in Appendix B.

3.3 Identifying Services

- 3.3.1 As previously mentioned the Council may not be able to function at 100% capacity during a pandemic, however, critical services must be maintained.
- 3.3.2 Therefore, it may be necessary to redeploy staff from non critical areas to support the critical services. The level of support will be dependent upon the skills and training of the staff available.
- 3.3.3 Critical Services are those that should continue in order to maintain public health, provide essential business support, provide financial support to the community and exercise community leadership.
- 3.3.4 During an Influenza Pandemic it is essential that every effort be made to keep these services operational. Critical services can be 'front line' where vulnerable members of the community are reliant upon them or 'backroom' functions that are key support for these functions.
- 3.3.4 The Business Continuity Process will have identified critical processes and service areas within the authority. This will act as a good starting point in identifying services, however, the list will need to be reviewed and developed as interdependencies between teams are identified. There may be services classed as non-critical under BCM, however, if they were unavailable for a prolonged period (BCM plans for short term disruption /

quick relocation) there would be a major effect on the authorities stakeholders. Basic information of the critical and non-critical services in a pandemic should be listed in Appendices C and D.

- 3.3.5 The planning process for this plan allows Group Managers to identify staff with skills or qualifications, which would enable them to provide support to other functions or roles within the council. It will also help identify training needs so that processes do not become dependant upon individuals who may not be available in a pandemic.
- 3.3.6 In order to keep critical services operating it may be necessary to reduce capacity or close some non-essential services.
- 3.3.7 Appendix H contains a template which identifies Critical and Non Critical services within the council. The Appendix also contains forms for each Group Manager to complete. The forms will help identify any potential issues the service might have whilst recording key information.
- 3.3.8 If any of the critical services are run by contractors the Group Manager should ensure that the contractor has sufficient plans in place to deliver the service.

3.4 Safeguards for staff

- 3.4.1 Corporate Leadership Team and Group Managers will ensure that staff have sufficient training prior to being asked to carry out another role as there may be Health and Safety issues e.g. manual handling or lone working.
- 3.4.2 For general advice for employees and team managers during a pandemic, please see Appendices E and F.

3.5 Changing Practice

- 3.5.1 Corporate Leadership Team and Group Managers will identify and implement any procedural changes necessary such as reducing the amount of face-to-face contact, both with the general public and internally.
- 3.5.2 Policies to introduce flexibility of work locations and flexible work hours may also be applicable. This may result in off site or home working.

3.6 Command and Control

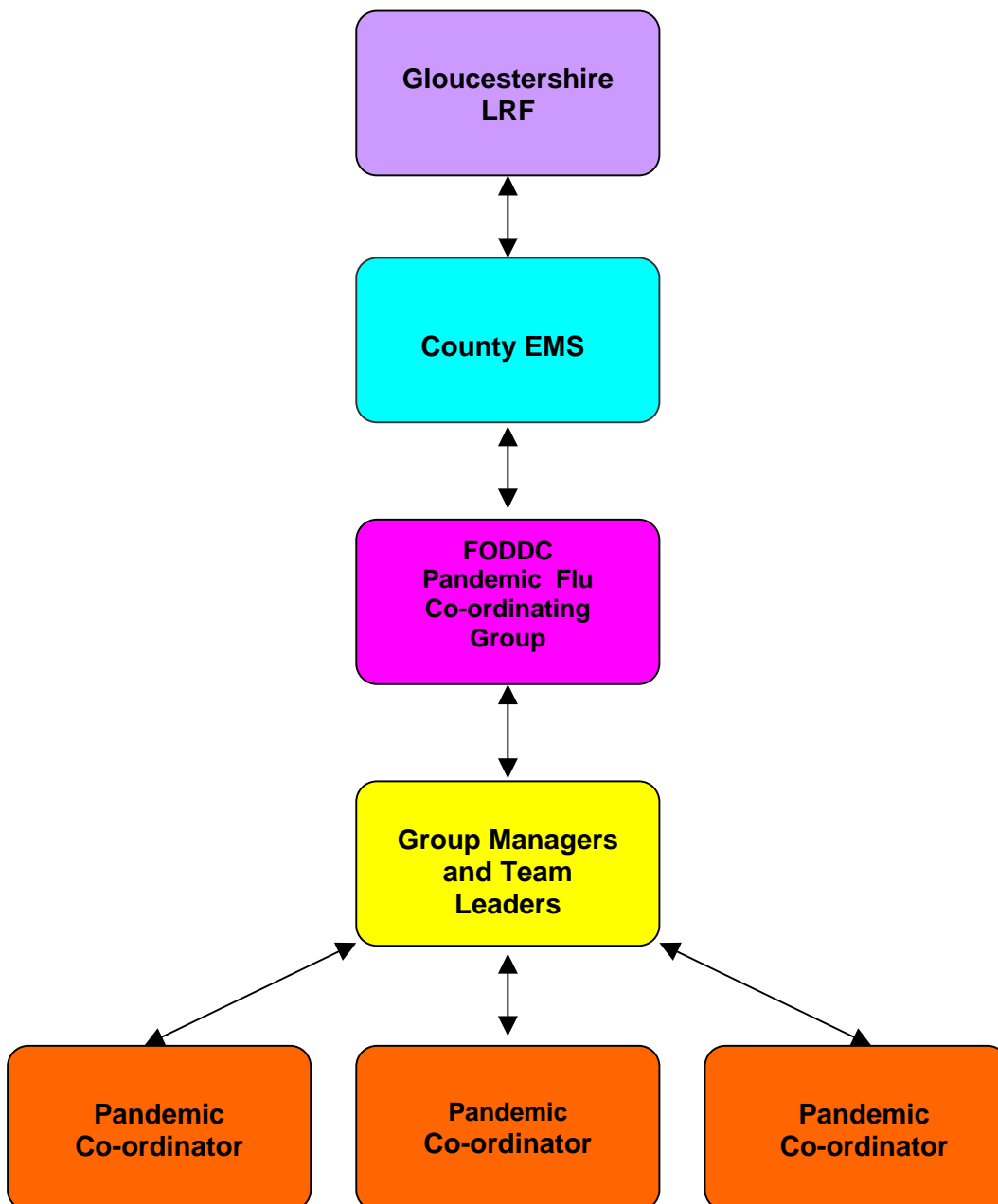
- 3.6.1 Command and control will be in accordance with the Local Resilience Forum (LRF) Joint Incident Procedures Manual. Membership of the LRF includes representatives of all Category 1 responders under the Civil Contingencies Act. The LRF will co-ordinate Gloucestershire's response to any pandemic influenza outbreak, and through the County Council's Emergency Management Service will liaise directly with the council over any action that needs to be taken.

3.6.2 The Corporate Leadership Team will be the strategic decision making group and will establish a pandemic influenza co-ordinating group. Group Managers will be the tactical level.

3.6.3 The Group Manager/Team Leaders for each group will be responsible for analysing the information provided by the Pandemic Co-ordinators and redeploying resources as required.

3.6.4 The Group Manager/Team Leaders for each group will be responsible for ensuring the Council's critical services continue. This will be done by reducing or closing non-critical services.

3.7 Command and Control Flow Chart



Section 4

Plan Activation

The plan activation should follow the UK Alert levels as outlined in Section 2 and in more detail in Appendix A.

4.1 Alert Level 0

4.1.1 The definition of UK Alert Level 0 is 'No cases identified'.

4.1.2 During this period the plan should have been developed, maintained and adapted to reflect changes within the organisation, that affect the critical services.

4.2 Alert Level 1

4.2.1 The definition of UK Alert Level 1 is 'Viruses/cases only outside the UK'.

4.2.2 In the event of UK Alert Level 1 being declared Pandemic Flu plan should be reviewed.

4.2.3 The Pandemic Coordinators should be liaising with Group Managers to ensure that changes to their situations have been reflected in the plan. Group Managers should also estimate the number of staff that could be absent from work at the peak of a pandemic outbreak based on the assumptions listed at Para 2.3.1.

4.2.4 Contact details should be checked and updated.

4.2.5 Training for support staff for critical services should begin.

4.3 Alert Level 2

4.3.1 The definition of UK Alert Level 2 is 'Virus isolated in the UK'.

4.3.2 In the event of UK Alert Level 2 being declared the plan should be activated and the Pandemic Flu co-ordinating group will be established. A first meeting template agenda can be found in Appendix G. Regular update meetings should follow to discuss the UK situation and any relevant issues.

4.3.3 The co-ordinating group will brief Group Managers, Human Resources, Media liaison and Pandemic Co-ordinators. Regular briefings should follow to discuss the UK situation and any relevant issues.

4.3.4 Issue advice to Managers and Employees (see Appendices E and F).

4.3.5 Different ways of working should be promoted such as home working using remote access and staff leave arrangements should be monitored.

4.3.6 Human Resources should activate any relevant staff absence policies.

4.3.7 Support central government in communicating public message.

4.4 Alert Level 3

4.4.1 The definition of UK Alert Level 3 is 'Outbreak(s) in the UK'.

4.4.2 In the event of UK Alert Level 3 being declared it is feasible that Gloucestershire will be affected. Corporate Leadership Team and Group Managers will be looking to ensure continuity through reducing/closing services to support the critical services.

4.4.3 Support central government in communicating public message.

4.5 Alert Level 4

4.5.1 The definition of UK Alert Level 4 is 'Widespread activity across the UK'

4.5.2 In the event of UK Alert Level 4 the Council's multiple aspects of the Councils activities will be affected.

4.5.3 Pandemic Co-ordinators should monitor sickness absence levels including carers' absences. This information should be regularly fed to the Group Managers and Corporate Leadership Team.

4.5.4 Monitor outbreaks e.g. hotspots, to inform decisions on staff deployment.

Further actions to be taken at each UK Alert Level can be found in Appendix A.

Appendix A

UK Pandemic Alert Levels

UK Alert Level	Definition	Actions
0	No cases identified	<ul style="list-style-type: none"> • Contingency plans in place. Key workers and services identified. • Plans reviewed twice yearly and updated. • Develop staff skill base by training support staff for front line roles
1	Virus / cases only outside the UK	<ul style="list-style-type: none"> • Contingency plans in place. Key workers and services identified. • Update staff contact details • Continue to train support staff
2	Virus isolated in the UK	<ul style="list-style-type: none"> • Implement Emergency Plan as appropriate • Implement Pandemic Influenza Plan as appropriate • Implement Business Continuity Plan as appropriate • Limit non-essential travel: stop courses, conferences. Promote home working. • Group Managers to assess to review planned leave arrangements. • Ensure priority staff lists and contact details are up-to-date • Conduct risk assessments for 'at risk' clients likely to be affected by service closures / reductions • Implement service reductions / closures & redeploy staff to critical service areas as required to ensure continuity of critical services • Support central Government in communicating public messages • LRF - Advise community on self-care and how to access medical support.
3	Outbreak(s) in the UK	<ul style="list-style-type: none"> • Ensure effective communication is taking place both internally and externally. • Provide support to health and other essential services. • Provide support to staff. • Review public transport arrangements and follow central Government guidance on school closures and other mass gatherings. • GCC - Activate Accredited Volunteers to provide support • Attend daily briefings with lead PCT • LRF Strategic Coordinating Groups / District liaison • Support central Government in communicating public messages
4	Widespread activity across the UK	<ul style="list-style-type: none"> • Attend GOLD control if required • Monitor sickness absence levels (& carer absences). • Monitor & review critical service delivery. • Monitor outbreaks e.g. hotspots, to inform decisions on staff deployments. • LRF - Use intelligence from health economy to obtain predicted patterns & nature of infection & implications for Gloucestershire • GCC - Liaise with HM coroner regarding activating the Emergency Mortuary and Mass Fatalities Plans. • Support central Government in communicating public messages

**NAMES AND CONTACT DETAILS INTENTIONALLY DELETED
FOR REASONS OF PRIVACY**

Appendix B Pandemic Coordinators

Group Co-ordinator		
Name	Email	
Work Tel.	Home Tel.	Mobile Tel.
Deputy Group Co-ordinator		
Name	Email	
Work Tel.	Home Tel.	Mobile Tel.

Group Co-ordinator		
Name	Email	
Work Tel.	Home Tel.	Mobile Tel.
Deputy Group Co-ordinator		
Name	Email	
Work Tel.	Home Tel.	Mobile Tel.

Group Co-ordinator		
Name	Email	
Work Tel.	Home Tel.	Mobile Tel.
Deputy Group Co-ordinator		
Name	Email	
Work Tel.	Home Tel.	Mobile Tel.

Group Co-ordinator		
Name	Email	
Work Tel.	Home Tel.	Mobile Tel.
Deputy Group Co-ordinator		
Name	Email	
Work Tel.	Home Tel.	Mobile Tel.

Group Co-ordinator		
Name	Email	
Work Tel.	Home Tel.	Mobile Tel.
Deputy Group Co-ordinator		
Name	Email	
Work Tel.	Home Tel.	Mobile Tel.

Group Co-ordinator		
Name	Email	
Work Tel.	Home Tel.	Mobile Tel.
Deputy Group Co-ordinator		
Name	Email	
Work Tel.	Home Tel.	Mobile Tel.

Group Co-ordinator		
Name		Email
Work Tel.	Home Tel.	Mobile Tel.
Deputy Group Co-ordinator		
Name		Email
Work Tel.	Home Tel.	Mobile Tel.

Appendix C

Critical Services

The critical / essential processes of the Council are listed below.

Service	Key Process	Minimum Staff required	Support Staff Identified
Pest Control			
Waste Collection (Biffa)			
Health & Safety			
Street Cleaning			
Food Safety			
Mail Room			
Dangerous Buildings (Gloucester City)			
IT Support			
Housing Advice			
Advice to Businesses (BC incl. Tourism)			
Phone's (CRM / TIC / Linkline)			
HR			
Legal			
Electoral Services (Due to EU Election)			
Revs & Bens			
Finance			
Payroll			
Communications			
Risk			
Press Officer			

Service	Key Process	Minimum Staff required	Support Staff Identified
Emergency Planning			
Opening the building			

Each service area manager should have staff contact details available 24hrs a day with confidential lists of skills and qualifications, including information such as if they have been CRB checked.

Appendix D

Non-Critical Services

Service	Processes	Staff Skills Identified	Service users affected
Development Control			
Building Control			
Conservation			
Economic Development			
Tourism Promotion			
Local Strategic Partnership			
Forward Plan			
Land & Property			
Licensing			
CDRP			
Leisure Centres			
Young People / Play			
IT Development			
Restaurant			
Performance Reporting			
Consultation			
Audit			
DSO/Street Wardens – Redeploy			
Private Sector Housing (HMO)			
Democratic Services			

Service	Processes	Staff Skills Identified	Service users affected
Land Charges			

Each service area manager should have staff contact details available 24hrs a day with confidential lists of skills and qualifications, including information such as if they have been CRB checked.

Appendix E

Advice for Employees

The Health and Safety Executive general advice is to encourage each individual employee to adopt a common sense approach. If they are feeling unwell with flu-like symptoms and particularly if they are coughing and sneezing – then they should stay at home. This will help to prevent the disease being passed on to their colleagues (and also fellow passengers on their way to and from work, if they travel by public transport).

In the workplace, practice good personal hygiene measures – use a disposable tissue to control coughs/sneezes, dispose of it appropriately and wash your hands before eating, drinking etc.

The Cabinet Office has suggested that the advice given to the public if they catch flu will be as follows:

If you do catch flu:

- Stay at home and rest
- Take medicines such as aspirin, ibuprofen or paracetamol to relieve the symptoms (following the instructions with the medicines). Children under 16 must not be given aspirin or ready made flu remedies containing aspirin.

- Drink plenty of fluids

You can reduce, but not eliminate the risk of catching or spreading influenza during a pandemic by:

- Covering your nose and mouth when coughing or sneezing, using a tissue when possible
- Disposing of dirty tissues promptly and carefully – bag and bin them
- Avoiding non-essential travel and large crowds wherever possible
- Maintaining good basic hygiene, for example washing your hands frequently with soap and water to reduce the spread of the virus from your hands to your face, or to other people.
- Cleaning hard surfaces (e.g. kitchen worktops, door handles) frequently, using a normal cleaning product
- Making sure your children follow this advice.

These measures are for your own health and to avoid spreading the illness to others.

Appendix F

General Advice for Managers

Advise your staff to stay at home if they are unwell. It would be a wise precaution to send home, at the earliest opportunity, any employees who are displaying flu-like signs/symptoms since retaining sick employees in the confines of a workplace will increase the likelihood of further spread of the disease to the workforce.

This general precaution applies in educational and similar establishments to people other than employees e.g. children/students/attendees who are unwell and are coughing and sneezing.

In the event of an Influenza Pandemic outbreak, Central Government and the Health Authorities will issue regular advice updates.

If you have employees who can safely work from home then this should be identified and encouraged. Opting for video-conferencing or tele-conferencing where possible instead of holding meetings is a practical precaution. Remote electronic working, where feasible, will reduce face-to-face meetings.

Throughout the duration of a pandemic, it is likely that your workforce will be depleted. In these circumstances, it is important to ensure that appropriate training is given to any remaining workers who may be required to carry out unfamiliar tasks. You may also need to review risk assessments and apply the necessary control measures to take account of the reduced workforce and the remaining pool of skills available to maintain your business. Young workers and pregnant workers are particular categories of employee to be borne in mind in any temporary reorganisation of this sort and should not be substituted into inappropriate work.

You may need to think about extra precautions if workers, who normally work in a group, are required to work alone or in a remote location – such a scenario might even need to be suspended until you have a sufficient compliment of staff. Certainly, the risks should be reassessed and appropriate control measures put in place.

Appendix G

1st Meeting Agenda

- 1. Introductions**
 - 2. Current Situation overview**
 - a. Nationally**
 - b. Locally**
 - 3. Latest advice from Central Government / Health Authorities**
 - 4. Current / predicted effects on the County**
 - 5. Employee Absence situation report**
 - 6. Advice to issue to managers**
 - 7. Advice to issue to employees**
- AOB**
- Next meeting**

Appendix H Pandemic Flu

1

Group Overview

Strategic Director

Group

Group Manager

All staff contact details collated and updated? Yes/No |

Work Tel:	Home Tel:	Mobile Tel:

Deputy:

Work Tel:	Home Tel:	Mobile Tel:

Critical Services identified:

Service

Non-Critical Services for reduction or closure:

Service

Pandemic Flu- Service provision –**Critical Services**

2

Name of Group:

Strategic Director:

Group Manager	Work Tel:	Home Tel:	Mobile Tel:
Deputy	Work Tel:	Home Tel:	Mobile Tel:

Key Processes / Critical Activities	Minimum staff Req.	Priority Staff List	Skills / Qualifications Required / CRB	Support Staff Identified	Training required / In Place / Timescale

What actions / decisions would need to be taken if 25% of your staff were unable to attend work?	What actions / decisions would need to be taken if 50% of your staff were unable to attend work?

What issues have been identified?	Actions required	Timescale for completion

What inter team / service or contractor dependencies are there?	
---	--

Pandemic Flu- Service provision – **Non Critical Services**

Name of Group:

Strategic Director:

Group Manager	Work Tel:	Home Tel:	Mobile Tel:
Deputy	Work Tel:	Home Tel:	Mobile Tel:

Service Area Identified for Reduction / Closure	Service Users Affected	Alternative Arrangements (if any)

How will this be communicated to service users and staff?

Alternative Arrangements: Staff Redeployment

Staff List	Skills and Qualifications (including expiry dates if relevant)

Appendix I

Completed forms alphabetically by Group