

# **GLA GROUP Pandemic Flu Response Plan**

## Introduction

This document details contingency arrangements that are to be implemented in the event of an influenza (flu) pandemic to ensure the continued operation of services provided by the Greater London Authority and its associated bodies – the GLA Group.

For the purposes of this plan the term GLA Group encompasses:

### A) GLA Group Organisations

- The Greater London Authority (GLA)
- The London Development Agency (LDA)
- The London Fire and Emergency Planning Authority (LFEPA)
- Transport for London (TfL) including:
  - the Infracos (BCV, JNP, and Sub-surface)
  - the Bus Companies
  - other contractors
- The Metropolitan Police Authority's (MPA)
- The Metropolitan Police Service (MPS)
- The London Pension Fund Authority
- London TravelWatch
- Nominated contractors

### B) Strategic Partners

- The British Transport Police in London
- The Corporation of London including the City of London Police Service.
- The Environment Agency (Thames Barrier Operations Team)

The details in this plan have been developed in close consultation with the Department of Health and the London Regional Director for Public Health.

The plan is based on the phases and stages identified in the [UK National Framework for responding to an influenza pandemic](#), which can be found at the [Department of Health pandemic flu web page](#).

## Purpose of this plan

The purpose of this plan is to provide a response to the specific threat of a flu pandemic. The arrangements are designed to ensure that:

- The GLA Group (including strategic partners) continue to provide essential services to Londoners under pandemic conditions;
- Continuation of services is pre-planned, as far as possible;
- The health, safety and welfare of staff is promoted; and
- Normality is restored in the capital as soon as is possible by supporting other stakeholders and service providers wherever resources allow.

The plan will have been successful if, by the conclusion of the Pandemic:

- the plan was appropriately triggered and implemented in a timely fashion;
- effective health management had been implemented across the GLA Group;
- staff shortages had been managed, services had continued at an acceptable level and been matched to the circumstances;
- staff confidence had been maintained and the plan fully supported;
- requests for assistance from other agencies had been appropriately met;
- the public had been appropriately informed and reassured.

The plan is designed to be simple and flexible so as to ensure that it can be readily adapted to the particular elements of the pandemic situation. As such, it provides robust arrangements for management, logistics and communications that can be implemented to fit the characteristics of the particular pandemic.

## Scope of plan

The aim of this plan is to ensure continuation of services provided by the GLA Group under these conditions. To ensure that there is an appropriate response to the effects of the pandemic in London it is recognised that at times, this may include a reduced level of service in non-essential areas.

Each member of the GLA Group has in place business continuity plans that detail their essential services. This is good practice and is part of the requirements of the *Civil Contingencies Act 2004*. These plans also include management arrangements for how each GLA Group member will operate in a crisis situation (potentially over an extended period) and maintain its essential services. All GLA Group members are putting in place plans that contain strategies that would be effective in dealing with a significant loss of staff during a pandemic.

The plan provides specific arrangements for dealing with a pandemic situation which draws upon generic contingency plans held by each GLA Group member. It is intended to complement, rather than supersede, existing arrangements.

## Main Elements of the plan

The plan has three parts:

### Part A - Strategic Overview

This part provides an overview of key strategies contained in this plan. It is aimed at providing stakeholders and key decision-makers with a précis of structures, issues and processes that are detailed in Part B. [Click here to go straight to Part A](#)

### Part B - Detailed plan and strategies

Part B contains detailed strategies. It is aimed at providing further detail to management and stakeholders. It is also aimed at those who are required to implement the plan once it is triggered. It contains the following elements:

**[Pandemic Identification](#)** – outlines who is responsible for monitoring the likelihood of an outbreak and its potential severity and deciding whether this plan should be implemented in full, or in part.

**[Command and Control Structure](#)** – describes the multi-level management arrangements that will be used to gather information, make decisions, communicate them and evaluate their success.

**[Business Continuity arrangements](#)** – identifies the requirements for each GLA Group member to ensure their Business Continuity plans are in place

**[Health and distribution arrangements](#)** – describes the preparatory work that has been done to prepare for a potential outbreak. These arrangements should be considered as key information for decision makers and should be adopted in a way that is appropriate to the nature of the Pandemic.

**[Resources](#)** – identifies how those responsible will access the resources that they need to deploy and their powers to use them to implement the plan. This will incorporate agreement by GLA Group members to use their staff and other resources collectively and collaboratively.

**[Communications](#)** – details both internal and external communications arrangements and the co-ordination between GLA Group members and interaction with other communication plans.

**[Maintenance and testing of the plan](#)** – describes who is responsible for keeping the plan, and all of its elements up to date and how the effectiveness of the plan will be tested and any resultant learning fed back into it.

[Click here to go straight to Part B.](#)

## **Part C - Supporting information**

Part C contains information that is required by those implementing key strategies and maintaining the plan.

[Click here to go straight to Part C.](#)

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## **Part A: Strategic Overview**

## **A1. Pandemic Overview**

A pandemic is the worldwide spread of a disease, with outbreaks or epidemics occurring in many countries and in most regions of the world.

Key facts:

- A flu pandemic usually occurs every 20-30 years
- The last flu pandemic occurred in 1968
- A pandemic happens when there is little or no immunity to a new strain of virus
- A new strain of flu virus develops when there is a dramatic change in the make-up of an existing virus (including viruses that currently only affect animals)
- Each virus is individual and a vaccine that fits the virus can only be developed once the virus exists
- It takes approximately 4 to 6 months to develop a vaccine
- Antiviral drugs may reduce the duration and the severity of the illness associated with pandemic flu but do not provide immunity.

The GLA Group has purchased 100,000 packs of the anti-viral drug Tamiflu each containing 10 x 75mg capsules, to be held as an emergency stock as part of a plan to maintain key public services in the event of a 'flu pandemic.

## **A2. Impacts for the GLA Group**

The Department of Health National Framework for responding to an influenza pandemic recommends that response plans should recognise the possibility of a clinical attack rate of up to 50% in a single-wave pandemic. This scenario has informed this plan, although it is recognised that the figures are based on past pandemics, to which a new outbreak may not conform.

Once a flu pandemic starts, everyone is at risk of getting pandemic flu. Some people will be more at risk than others, although it is not possible to identify those that will be most at risk in advance of a pandemic. It is possible that a pandemic will affect mainly the young and healthy, as opposed to those most affected by traditional flu such as the elderly or infirm.

The strategies contained in this plan are designed to provide the basis for a response which can be tailored to fit the nature of the pandemic. The plan's focus is on the period of time during which a vaccine is not available and the steps which can be taken to minimise the effects of the pandemic on services.

## **A3. Organisation and decision making**

This plan will operate under a GOLD/SILVER/BRONZE command structure. GOLD will provide strategic oversight and trigger activity under the plan. SILVER will develop the specific actions needed, will oversee implementation and report to GOLD. BRONZE leads will invoke and carry out the actions required by this plan.



## **A4. Strategies**

### **A4.1 Business Continuity**

Each GLA Group member has developed business continuity plans that identify key services that must be maintained in the event of a serious disruption to service, such as a flu pandemic. These continuity plans, informed by this response plan, have been reviewed and updated as necessary.

### **A4.2 Assessment**

Key features:

- Tamiflu is a prescription only drug and, subject to the assessment process, will be made available to GLA Group staff when they become ill. It must be taken within 48 hours of the onset of symptoms. For more information see [TAMIFLU | Home](#).
- The GLA Group process for assessment of staff will work within a formal protocol.
- It is assumed that the protocol will allow occupational health nurses to conduct the assessment process over the telephone. Access to the service is filtered by way of an identity check and a unique identification number is used to assure security of distribution to GLA Group staff members.
- To cope with the projected peak demands of the pandemic we propose to pool the GLA Group occupational health resources. Additional, external health resources may be required to deal with the peaks in demand.
- Once the national is finalised it is possible that GLA Group staff may be assessed through the NHS system, therefore reducing the load on this plan or the need for it to be implemented.

### **A4.3 Distribution**

Key features:

- Drugs are held at a central medical store and released in accordance with agreed protocol and daily assessment of demand
- A number of hubs will be established to distribute the drugs to GLA Group staff members
- Initial stocks will be established at each of the hubs
- Following the assessment process a representative of the GLA Group staff member or identified representative picks up the drugs from one of the hubs
- A system of supply chain management is established to replenish the stocks at each of the hubs in line with actual demand
- GLA Group resources will be pooled to provide the resources to manage the process

#### **A4.4 Communications**

- The communications strategy for this plan is to anticipate both internal and external communication and respond to Frequently Asked Questions (FAQs) as far as possible.
- The strategy is to:
  - Communicate with internal staff before messages appear in the press
  - Provide consistent communications to both internal and external sources
  - Involve all GLA Group members in planning messages and to work together to ensure consistency across the GLA Group
- The Mayor's press office will work in conjunction with the press office representative from each of the GLA Group members in implementing an external communications response both before and during a pandemic.
- Internal communications will also include all members of the GLA Group, even though messages may be tailored for a particular audience.

## **A5. Actions by WHO Phase (2005)**

The World Health Organisation (WHO) has defined a number of phases to communicate the status of pandemic flu to medical practitioners, contingency planners and the wider population.

### **A5.1 The Phases**

#### **Inter-pandemic period**

**Phase 1:** No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals the risk of human infection or disease is considered to be low

**Phase 2:** No new influenza virus subtypes have been detected in humans. However a circulation animal influenza virus subtype poses a risk of human disease.

#### **Pandemic alert period**

**Phase 3:** Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.

**We are currently in Phase 3.**

**Phase 4:** Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.

**Phase 5:** Larger cluster(s) but human-to-human transmission still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk)

#### **Pandemic period**

**Phase 6:** Pandemic phase: increased and sustained transmission in the general population.

A number of UK Alert levels would be activated having reached Phase 6:

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

A move to a higher alert level may be triggered by the UK National Influenza Pandemic Committee if influenza due to a pandemic strain is affecting another country geographically close to the UK, although technically it is still 'outside the UK'.

The first wave is expected to have a duration of 3-5 months (we are assuming

15 weeks). We are also assuming that second or later waves would occur 3-9 months after the first and that there will be enough time to develop a vaccine before the second wave occurs.

## A5.2 High level actions

The high level actions that we would take in relation to these Phases and Alert Levels are as follows:

### **Pre-phase 6: Plan is dormant**

**The Steering Group and Project Team that developed this plan continue to carry out preparatory work**

<b>Activity</b>	<b>Lead/role title</b>
Review of existing group Business Continuity plans	All FBs
Maintain the plan	GLA
Test the plan	GLA/TfL
Monitor shelf-life of anti-virals	TfL
Monitor World Health Organisation (WHO) announcements and news articles	GLA Head of Social Inclusion & Health (Pandemic Monitoring Officer)
Initiate preparatory work on assessment and distribution strategy	Project team

### **Phase 6 UK Alert level 1 Cases only outside the UK: Plan is now on "Pre-Alert Status"**

<b>Activity</b>	<b>Lead/role title</b>
Carry out first 5 actions as per pre-phase 6	
Monitor pandemic progress, including Department of Health position	GLA
Respond to external queries	GLA
Initiate further preparatory work on assessment and distribution strategy	Project team
Communicate with stakeholders	GLA
Implement command structure (including putting all involved in implementation on call)	GLA/TfL
Brief GOLD chair and Director of Finance and Performance (GLA)	GLA
Decide whether to convene GOLD	Chair of GOLD

**Phase 6 UK Alert level 2 - New virus isolated in the UK:**

**Plan is now on "Alert Status"**

**UK Alert Levels 2 and 3 may be very close together in London, as the pandemic is likely to arrive and spread faster than in the rest of the UK. In practice may go directly to Standby Status at this point.**

<b>Activity</b>	<b>Lead/Role title</b>
All actions as per Alert Level 1	
Review of preparedness, including London Resilience Team position	GLA
Decision to trigger plan (if GOLD convened)	GOLD

**Phase 6 UK Alert level 3 - Outbreak(s) in the UK:**

**Plan is in "Standby Status" or "Active" (Outbreak may not be in London)**

**If these outbreaks are in London, then move straight to Alert Level 4.**

<b>Activity</b>	<b>Lead/role title</b>
Carry out actions as per Alert Level 2	
Hold regular update meetings	SILVER/GOLD
Liaise with LRRF/RCCC (London Regional Resilience Forum/Regional Civil Contingencies Committee) operational plans	GLA
Initiate external background briefings (if required)	GLA
Initiate joint press conference	GLA
Brief senior managers across GLA Group	GOLD

**Phase 6 UK Alert level 4 - Widespread outbreaks across the UK**

**Plan is activated ("Active status")**

If the plan is activated the following activities will occur:

<b>Activity</b>	<b>Lead/role title</b>
All above activities	
Activate business continuity plans	GOLD
Mobilise and brief BRONZE	SILVER
Activate assessment centres	TfL
Mobilise identified personnel including volunteers for admin duties	GOLD/SILVER
Activate Distribution hubs	TfL

**If clusters develop in the UK - rather than in Asia as is currently anticipated - it is possible that the plan is activated earlier than Phase 6 – at Phase 4 or 5. In this case we would move immediately to Alert Level 2/3 above, depending on the circumstances.**

## **Part B: Detailed plan and strategies**

## B1 Pandemic Identification

### B1.1 Role of the Pandemic Monitoring Officer

The GLA Head of Social Inclusion and Health, is the designated Pandemic Monitoring Officer for the purposes of this plan. The role of the Pandemic Monitoring Officer is to:

- identify and report a pandemic situation;
- monitor the Health Protection Agency (HPA) website both before and during a pandemic;
- liaise with the Regional Director of Public Health, and through them, the Department of Health;
- provide advice as to the likelihood and severity of a pandemic flu outbreak
- advise that a response is required to a potential pandemic situation; and
- brief the chair of GOLD and the GLA Director of Finance & Performance.

The Pandemic Monitoring officer will act as an essential information provider to those operating within the command structure outlined in this plan.

<b>Table 1: Pandemic monitoring structure</b>		
<b>Scope</b>	<b>Monitoring Body</b>	<b>Informed</b>
Worldwide	WHO	Department of Health
National	HPA (through Department of Health)	Public and government
Regional	Department of Health Regional Public Health Groups	Public and government
GLA	Monitoring Officer	Chair of GOLD

## B2. Pandemic management structures

### B2.1 Command and Control Structure

The command and control structure under this plan is similar to that used under the London Resilience Strategic Emergency Plan.

<b>Role</b>	<b>Function</b>	<b>Membership</b>
GOLD Strategic	<ul style="list-style-type: none"> <li>Strategic management and liaison</li> <li>Invoking of plan</li> <li>Command of overall resources</li> </ul>	Chair: Mayor of London Members: GLA Group Senior Management and GLA Group staff members
SILVER Tactical	<ul style="list-style-type: none"> <li>Situational assessment</li> <li>Identifying and Managing actions relating to health and distribution aspects of this plan</li> <li>Advising GOLD</li> </ul>	Chair: Safety and Contingency Officer (TfL) Members: Implementation leaders
BRONZE Operational	<ul style="list-style-type: none"> <li>Invoking and carrying out functions required by this plan.</li> </ul>	Chair: Implementation leaders Members: To be advised

### B2.2 Membership

<b>Name</b>	<b>Organisation</b>	<b>Deputy</b>	<b>Organisation</b>
Mayor of London	GLA (Chair)	Deputy Mayor	GLA
Director of Finance and Performance	GLA	Head of Strategic Finance & Performance	GLA
Director of Policy and Partnerships	GLA	Head of Social Inclusion and Health	GLA
Director of Media and Marketing	GLA	Senior Press Officer	GLA
Director of Corporate Services	GLA	Head of HR	GLA
Head of Legal	GLA	Senior Legal Adviser	GLA
Head of Risk	LFEPA	Strategic Risk Group Officer	LFEPA
Group Director Corporate Services	LDA	Head of HRD	LDA
Chief Superintendent (Emergency Preparedness)	MPS	Head of Corporate Business Continuity & Logistical Coordination	MPS
Director Group Health & Safety	TfL	Network Coordination Manager	TfL
Chief Executive	MPA	Head of Secretariat	MPA



Senior Project Manager Business Development Team	GLA	Project Manager Business Development Team	GLA
Director	Regional Public Health Authority	Director – London	HPA
Head of Occupational Health	TfL	Chief Medical Officer	MPS

<b>Table 4: SILVER membership</b>			
<b>Name</b>	<b>Organisation</b>	<b>Deputy</b>	<b>Organisation</b>
Head of Social Inclusion and Health	GLA	Policy Manager (Health)	GLA
Network Coordination Manager	TfL (Chair)	Safety and Contingency Officer	TfL
Internal communications manager	GLA	Head of Group Internal Comms	TfL
Project manager Business Development team	GLA	Senior Projects Officer Business Development Team	GLA
Director of Risk & Assurance	LDA		
Strategic Risk Group Officer	LFEPA	Divisional Officer, Special Operations	TfL
Head of Nursing and Counselling	MPS	CMO deputy	MPS
CO11 Resourcing Officer	MPS	Emergency Planning Team Officer	MPS
Head of Facilities Management	GLA		
Senior Press Officer	GLA		
Contingency Planning Officer	Corporation of London		
Contingency Planning Officer	City of London Police	Contingency Planning Officer	City of London Police
Inspector	British Transport Police		
Officer	Travelwatch		

BRONZE Member ship will be determined by SILVER should this plan be activated.

## **B2.3 Links to other command structures**

### **London Resilience**

A pandemic situation is considered a “rising tide” event under the [London Resilience Strategic Emergency Plan](#).

Members of the GLA Group will be involved in London Resilience initiatives. Some GLA Group organisations may set up their own Gold and Silver groups to feed into the London Resilience command structure. Each of these Gold groups may receive information from relevant parties sitting on local Influenza Planning Committees. The Mayor is also the Deputy Chair of the London Regional Resilience Forum and the London Regional Civil Contingencies Committee. The Mayor is likely to be designated LRCCC’s figurehead for communication with the public in the event of a pandemic.

It is recognised that the command and control structure in place for London Resilience purposes has a different remit to that under this plan. Information sharing channels will link the two structures. Details of the national, regional and local command and control structures are available on the [Department of Health website](#).

## **B3. Activation of the plan**

### **B3.1 Pre Alert Status**

The Pandemic Monitoring Officer will declare “Pre Alert Status” at Phase 6: UK Alert Level 1 - Cases only outside the UK. The Pandemic Monitoring Officer will brief GOLD Chair and the GLA Director of Finance and Performance who will take appropriate action and may convene GOLD. Preparatory activities will be carried out.

### **B3.2 Alert status**

The Pandemic Monitoring Officer will declare “Alert Status” at Phase 6: UK Alert Level 2 - New virus isolated in the UK. The Pandemic Monitoring Officer will brief the GOLD Chair and the Director of Finance and Performance and inform the rest of the GOLD Team. The Chair and the Director of Finance will take appropriate action and may convene GOLD.

All members of SILVER will be notified of “Alert status” and meet to consider the currency of the plan. Whilst the plan remains in Alert, SILVER will re-convene at fortnightly intervals to consider information becoming available from the Department of Health and London Resilience.

GOLD will receive updates from the Pandemic Monitoring Officer following each meeting of SILVER.

Preparatory activities will continue to be carried out.

### **B3.3 Standby status**

The Pandemic Monitoring Officer will declare “Standby Status” at Phase 6: UK Alert Level 3: Outbreak(s) in the UK and inform the Chair of GOLD and the GLA Director of Finance and Performance that a response is required.

GOLD will convene to determine whether the plan should be moved to “Active Status” and will receive briefings from SILVER for this purpose. GOLD will also record a strategy statement at this time.

GOLD will be reconvened at regular intervals, as deemed appropriate by the Chair on advice from the Pandemic Monitoring Officer, whilst the plan remains in “Standby Status”.

UK Alert Levels 2 and 3 may be very close together in London, as the pandemic is likely to arrive and spread faster than in the rest of the UK. Alert Status and Standby Status may in practice happen at the same time.

### **B3.4 Active**

If not activated before, the Pandemic Monitoring Officer will declare “Active Status” at Phase 6: UK Alert Level 4: Widespread Outbreak(s) across the UK, and inform the Chair of GOLD and the GLA Director of Finance and Performance that a response is required.

Once the plan is active, ongoing GOLD decisions will be informed by Department of Health and London Resilience information so that a consistent response is secured. SILVER will be responsible for the provision of information to GOLD, through SILVER Chair or as directed by GOLD.

SILVER will brief GOLD at weekly intervals or as required by GOLD to enable GOLD to monitor its strategy statement. Where GOLD is satisfied that it is appropriate to scale-down or de-activate the plan, the plan will revert to "Alert Status" (Virus Isolated in UK) until such time as the National Alert Level returns to Alert Level 1: Cases outside the UK.

### B3.5 Summary of Activities by Phase 6: UK Alert Level

Plan status	UK Alert Level	GOLD activities	SILVER activities	BRONZE
Dormant	Pre-Phase 6	Steering group oversees development of the plan	Project team oversees: - Complete of plan - Monitor the plan - Maintain the plan - Test of plan	
Pre Alert	Phase 6 UK Alert Level 1  Cases only outside the UK	Consider convening GOLD  Review staffing requirements	Brief GOLD chair Brief GOLD (if convened); Start to develop specific actions; Hold regular update meetings	
Alert	Phase 6 UK Alert Level 2  New virus isolated in the UK	Consider convening GOLD to consider whether to trigger  Review staffing requirements	Brief GOLD chair Brief GOLD (if convened); Develop specific actions; Hold regular update meetings	
Standby/ Active	Phase 6 UK Alert Level 3  Outbreaks in the UK	Convene GOLD to consider whether to trigger (if not yet triggered)  Monitor plan (if triggered)  Agree staffing requirements	Brief GOLD chair Brief GOLD (if convened); Develop specific actions; Hold regular update meetings; Brief BRONZE (if triggered)	Implement actions (if plan triggered)
Active	Phase 6 UK Alert Level 4  Widespread outbreaks across the UK	Convene GOLD to trigger (if not yet triggered)  Monitor plan (if triggered)	Regular update meetings  Brief BRONZE (if triggered)	Implement actions (if plan triggered)

## **B4. Key strategies**

### **B4.1 Maintaining Essential Services**

The key aim of this plan is to ensure that the GLA Group can maintain its essential services in the event of a pandemic.

Essential services are identified within the Business Continuity plans across the individual organisations making up the GLA Group. The existing plans detail the internal management arrangements across the group.

A review of individual Business Continuity plans across the GLA Group was carried out as the response plan was being developed using the checklist contained in [Section C](#). Each member of the GLA Group is expected to have in place plans containing strategies that would be effective in dealing with staff absence peaking at 20% for two to three weeks. Staff who are ill are expected to be out of work for 10 days. Small teams may have local absence peaks of up to 35%. Each member should also have a Human Resources policy addressing the concerns that might arise during a pandemic, in particular:

- Attendance at work for those in high risk groups
- Attendance at work for those with caring responsibilities (especially if schools close)
- Travel arrangements
- Alternative working arrangements
- Returning to work

In addition, each member of the GLA Group is expected to plan for costs that relate to business continuity - for example costs relating to GLA Group volunteers for the administration resources needed to implement the plan ([see section B4.6](#))

This plan addresses specific risks associated with a pandemic situation, thereby supporting the operation of individual continuity plans across the group.

This plan should be seen as being separate from but complementary to the group business continuity plans.

### **B4.2 Counter-measures**

Counter-measures to reduce the impact of the pandemic will depend on the specific nature of the virus causing the pandemic and hence specific advice will be developed and communicated to staff once a pandemic strain is identified.

Research suggests that the Pandemic flu virus will be spread by large droplet and direct (skin to skin) and indirect (surface to skin) contact.

## Personal and respiratory hygiene

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

- covering their nose and mouth when coughing or sneezing, using a tissue when possible; disposing of dirty tissues promptly and carefully – bagging and binning them
- regular hand washing with soap and water or alcohol gels to reduce the spread of the virus from their hands to their face, or to other people will reduce the infection risk and is likely to be the most effective counter-measure
- cleaning hard surfaces (e.g. kitchen worktops, door handles) frequently, using a usual cleaning product
- avoiding non-essential travel and large crowds whenever possible
- making sure all the family, especially children follow this advice

If someone catches flu, they should stay at home and rest, drink plenty of fluids, 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.***

## Staff rostering

Minimising interchange of staff between teams may help to reduce the impact on staffing.

## Face Masks

Current evidence suggests that face masks are of no use for the general public as Pandemic Flu is transmitted by large droplets rather than aerosol spread. Face masks require training on how to be used and removed correctly to eliminate contamination. Face masks will be used in hospital settings where there is close, repeated intimate contact between healthcare staff and infected cases and where aerosol-producing procedures such as bronchoscopy are being undertaken.

NB: In the Far East individuals use face masks rather than tissues or handkerchiefs when they have a cold, this is not an indication for their use in the UK in the context of pandemic flu.

## B4.3 Drugs and Vaccines

A key strategy under this plan is to offer GLA Group staff access to anti-virals when they become ill, subject to medical assessment. The strategy depends on staff being able to access the GLA Group distribution hubs. If distance precludes such access, staff will be directed to their own GPs/NHS Direct for treatment.

It is unlikely that there will be a vaccine available at the onset of a pandemic, as its development is likely to take 4-6 months from the time the virus is first identified.

At present, the only available medical intervention is anti-virals that reduce the duration and severity of the illness. Staff who have been infected with the virus once should thereafter be immune.

The GLA Group has procured 100,000 packs of Oseltamivir (Tamiflu). Each pack contains one course of 10 capsules to be taken over five days. Tamiflu is a prescription drug and this has significant implications for the assessment and distribution strategy. [Information on antivirals is contained in Part C.](#)

Staff will also be offered appropriate guidance in the work place as to actions that can be taken to reduce the chances of becoming infected with the virus. See Part C for link to Department of Health information.

#### **B4.4 Assessment process for the antiviral drugs**

Because the drugs are only effective if taken by the infected person within 48 hours of their becoming ill, a highly effective assessment and distribution approach is required.

The mechanics of the assessment and distribution process are being developed with the Department of Health taking account of national planning considerations.

A detailed action plan will be developed by SILVER if a pandemic occurs. The process that we intend to use is as follows:

##### **Assessment process**

<b>Activity</b>	<b>Working assumptions and comments</b>
Staff member gets pandemic flu symptoms and phones the assessment call centre	Staff member has previously been provided with: <ul style="list-style-type: none"> <li>• an indication of likely symptoms for self-diagnosis</li> <li>• information about non- pharmaceutical interventions (how to contain the flu and relieve symptoms)</li> <li>• details of assessment and distribution process</li> <li>• the call centre number</li> </ul> The call centre will be at an existing TfL facility. The resources needed to operate the call centre will be agreed by GOLD.

Activity	Working assumptions and comments
<p>Caller goes through an automated filtering system to provide information and determine their status</p>	<p>There will be pre-recorded messages for people just seeking advice; pre-recorded messages will refer non-employees to their GPs, NHS Direct or the national flu line – as advised by the DH at the time.</p> <p>Messages will be:</p> <ul style="list-style-type: none"> <li>➤ are you a member of the GLA 'Group' (message would list the organisations included including any contractors); if yes press..., if no hang up</li> <li>➤ if yes caller would hear a message re Flu symptoms; then 'if you believe you have Flu you will need the following information before speaking to an administrator - staff number, details of place of employment, name and address of the caller and of the person who will collect the drugs..., telephone details'. 'If you do not have this information please hang up and ring back later'.</li> <li>➤ If you do have this information press... to speak to an administrator; the system should record the time of the call and we should aim to answer all calls inside 2 hours (worse case 4 hours)</li> </ul> <p>There will be a data collection/assessment IT system working alongside the telephone system.</p>
<p>Caller is put through to an administrator</p>	<p>We then envisage 3 possible scenarios:</p> <ul style="list-style-type: none"> <li>○ the administrator speaks to the caller, collects all the required data and passes the caller through to a nurse for assessment</li> <li>○ the administrator rejects the caller and, using a pre-prepared script to help with difficult callers, asks the caller to hang up</li> <li>○ the administrator speaks to the caller, collects all the required data but can't put the caller through to the nurses because they are busy with other calls; this will require the nurse to call the patient back later with the caveat that if you don't receive a call within x hours please contact your GP/NHS Direct/national flu line</li> </ul> <p>The numbers of callbacks will have to be monitored and, if excessive, more resources will need to be allocated – a 'throughput controller' will do this.</p> <p>We will need to assess the costs of callbacks.</p> <p>We would operate a centralised call centre for both the administrators and the nurses. We would use London Underground facilities near 55 Broadway. We are assuming that the administrators would be volunteers from the GLA Group.</p>
<p>Occupational Health (OH) nurse assesses caller over the telephone</p>	<p>GLA Group Occupational Health resources will be pooled</p> <p>Nurse uses an assessment algorithm and records the results of the assessment on the system</p> <p>Training is provided to nursing staff about the use of the assessment protocol prior to this stage.</p>



Activity	Working assumptions and comments
<p>Nurse decides whether caller has flu or not.</p> <p>- if they are assessed as having pandemic flu a Unique Authorisation Number (UAN) is issued</p>	<p>If in doubt – we will not supply antivirals – if appropriate person will be referred to GP/NHS Direct/national flu line</p> <p>If person is not eligible for drugs (they have contra-indications e.g. pregnancy) they are referred to their GP/NHS Direct/national flu line and they are informed that this is the decision (which will be recorded).</p> <p>A 'placebo' script will be made available to the nurse to deal with difficult callers and to end the call quickly</p> <p>If caller has allergies, onus is on them to inform the nurse; nurse facilitates the assessment with a list of common allergies</p> <p>The UAN is recorded on the system along with the caller's details</p>
<p>Nurse tells successful callers:</p> <ul style="list-style-type: none"> <li>• Details of the distribution hub</li> <li>• Information to bring – ID and UAN</li> <li>• How to take the drugs</li> <li>• Possible side effects and what to do if these happen (go to GP/NHS Direct)</li> </ul>	<p>Caller has a nominated person to collect the drugs</p> <p>Callers will have been provided with travel details such as maps and directions to distribution hubs as part of preparatory activities</p>
<p>Nurse confirms notification of supply for anti-virals which includes the UAN</p>	<p>This will be controlled within clear protocols and processes.</p> <p>The nurse can supply without the need for a pharmacist to dispense; the product should be available pre-pack and the caller's name is added at the point of collection</p> <p>The data collection and assessment system will allocate a specific code to successful callers that can be recalled using the IT system by the administrators working in the distribution hubs</p>

## B4.5 Distribution process

Based on the DoH information, up to 50% of the workforce is expected to become ill during a pandemic. This would require up to 50,000 packs of the drugs to be distributed at designated hubs in and around London.

A review was carried out of potential hub locations and five locations have been agreed at this stage, details of which are included in a separate confidential document. The location and number of hubs will be kept under review.

Because of the risk of theft we plan to use a lean supply chain approach to stock replenishment. We plan to hold minimal stocks at the hubs with a responsive replenishment process. The MPS will provide 24/7 security at the hubs.

PANDEMIC PLAN July 2007

The GLA Group stock of Tamiflu is stored in a secure warehouse in London. There are a number of signatories in TfL to authorise the release of Tamiflu. They are:

Richard Stephenson  
 Andy Barr  
 Olivia Carlton

The proposed distribution process is shown below.

Activity	Working Assumptions
Admin staff at the hub check the data collection and assessment system for details of successful callers	Admin personnel at the hubs are trained in the system and processes and are supervised by a site manager who would also be responsible for the general maintenance of the hubs. Police officers will be deployed to protect the stocks of Tamiflu. We are assuming that the admin personnel would be volunteers from the GLA Group
A nominated person arrives on behalf of the caller	The distribution staff have checked the system and know who should be coming
ID and UAN checks are carried out by admin staff	The nominated person arrives with ID for themselves and the UAN
Anti-virals are handed to nominated person and they are asked to sign that they have received the anti-virals	<p>The name of the successful caller and UAN is added to the label of the anti-virals at the point of collection (to avoid wastage).</p> <p>The standard letter for the caller's GP, to confirm supply of the drugs, is printed off and handed to the caller's representative. He/she is responsible for ensuring it is given to their GP.</p> <p>The Patient's representative is given a receipt.</p>
Distribution hub member of staff records that drugs have been collected	They would update the data collection and assessment system
The stock records are updated	<p>The distribution staff do a stock-take at the beginning of each day and update stock records at the end of each day</p> <p>The stock information is sent at the end of the day to the nominated re-stocking person</p>
The drugs are re-stocked	<p>A nominated re-stocker is provided with an up-to date record of stock at each of the hubs at the end of each day.</p> <p>The re-stocker has to organise the transport needed to replenish the stocks in the hubs</p> <p>There would not be any restrictions on transporting the drugs as they are not controlled drugs</p>
Post-prescribing follow up process	The onus is on the GLA Group staff member to go to their GP/NHS Direct/national flu line if there have been any side effects

### B4.6 Summary of activities by Alert Level (Assessment & Distribution)

<b>Alert Level</b>	<b>Activity</b>
Pre Phase 6	Achieve broad consensus for the proposed process from GLA Group members and potential suppliers on logistical arrangements
	Check remaining shelf life of the antivirals
	Identify personnel who will operate the processes
	Agree with managers how these personnel will be released and rewarded
	Develop agreed training approach
	Develop call centre, telephony arrangements and hub arrangements; identify/procure any long lead time items
	Maintain and test the plan
Phase 6 UK Alert Level 1	Start to get nominated buildings prepared for use as assessment centres and hubs
	Procure required materials and equipment
Phase 6 UK Alert Level 2	Set up the call centre and the telephony arrangements
	Get volunteers for admin duties and mobilise specified personnel and put them on 24 hours notice
	Mobilise the hub arrangements
Phase 6 UK Alert Levels 3/4	Activate the full process

## B4.7 Work-in-progress

We have identified a number of further preparatory activities that may need to be undertaken to implement the plan. Cost implications are noted against each activity.

These should be updated when the plan has been monitored as part of the planned testing and maintenance programme.

### Pre-phase 6 Preparatory Activities

Activity	Cost Implication?
Agree assessment algorithm with input from the DH	
Provide training to Occupational Health staff	Training costs
Clarify legal issues – including medical indemnity and insurance	Specialist legal and insurance advice
Agree testing schedule and maintenance responsibilities for the response plan	Costs associated with maintenance and testing
Liase with Department of Health on communication messages and changes to Health Regulations	Possible information and publications costs
Maintain contact lists for communication channels	

### Preparatory Activities for Phase 6 – UK Alert Level 1

#### Cases only outside the UK

Activity	Cost Implication
Initiate approval processes	
Initiate agreed set-up of all assessment and distribution infrastructure	Assessment centre, call centre and hub set-up costs
Provide further training to Occupational Health staff & assessment centre staff	Training costs
Trigger business continuity plans	These costs would be borne by members of the GLA Group
Liase with Department of Health on communication messages	Possible information and publications costs
Maintain contact lists for communication channels	

## Preparatory Activities for Phase 6 – UK Alert Level 2

### New virus isolated in the UK

Activity	Cost Implication
Provide further training to Occupational Health staff and assessment staff	Training costs
Mobilise assessment and distribution infrastructure (If directed by GOLD)	Hub services and materials; logistical movement costs
Liaise with Department of Health on communication messages	Possible information and publications costs
Maintain contact lists for communication channels	

## B5. Resource strategy

We accept that each GLA Group member, and the GLA itself, have different statutory duties and responsibilities. Under the circumstances of a pandemic, however, each GLA Group member will be dealing with a situation that is similar in many ways. It is therefore agreed by all signatories to this plan, that existing resources (staff, property, infrastructure, IT etc) will be pooled to best meet the needs of all.

In the event of contingency funding being needed to implement elements of the plan the GOLD team will have responsibility for reaching agreement on the pooling of resources and securing approval for both financial and non financial decisions from the GLA, GLA Group members and the Metropolitan Police Service to ensure the supply and distribution of Tamiflu.

An initial analysis of resources, required to deliver the assessment and distribution process, has been carried out. This is a sensitivity analysis and it is not prescriptive about the precise numbers required. The exact number required will be determined (using the analysis spreadsheet held by the GOLD Senior Project Manager), with guidance from the GOLD team, should a pandemic occur.

The DoH recommends that response plans should recognise the possibility of a clinical attack rate of up to 50% in a single-wave pandemic. We have assumed that the first wave would last 15 weeks.

In carrying out the sensitivity analysis for best case, mid-point, and worse case scenarios, we have varied the time of the call to the call centre, the time taken to do the assessment and the time needed to pick-up the drugs from the hubs.

The main conclusions of this sensitivity analysis are:

- There is likely to be a peak of calls from 'worried wells' at the start of the pandemic; we will try to deal with this peak using recorded messages
- Using volunteers from the GLA Group we should be able to provide resources for the administration duties in the call centre and in the hubs; in order to attract volunteers to work in the hubs we will have to provide acceptable protection against contracting the virus from hub visitors and implement an incentive scheme

- The key resource concern lies with the number of nurses needed to carry out the assessment process. Lay people may have to be used if not enough nurses are available.

## **B6. Communications strategy**

### **B6.1 External Communications**

The external communications strategy has been developed in consultation with the Cabinet Office communications Group, who are responsible for central government plans, and it is consistent with the internal communication strategy.

The Mayor's press office will work in conjunction with press office representatives from each of the GLA Group members in implementing an external communications response both before and during the pandemic. There will also be liaison with internal communications representatives to ensure key messages are relayed to staff and that the press office has overview of planned internal communications.

As with other aspects of this plan, external communications will work closely with central government and the London Resilience Team to ensure consistency of message and actions.

The external communications strategy is comprised of:

- Structures for press team and interplay with other working groups internally and external agencies and identified spokespeople for each of the key GLA Group members in event of a pandemic and contact details
- List of anticipated press queries to be considered at each Alert Level
- Information on the service levels being provided by functional bodies
- Internet usage
- Overview of activities to be undertaken at each pandemic Alert Level.

### **B6.2 Activities by Alert Level – external communications**

<b>Alert Level</b>	<b>Activity</b>
Pre-Phase 6	<ul style="list-style-type: none"> <li>• Media plan in place and structure for press activity agreed</li> <li>• Proactive press work to promote plan</li> <li>• Substantive Q&amp;A and key messages prepared</li> <li>• Joint work in monitoring relevant news stories</li> <li>• Regular updating of contact lists</li> <li>• All internal communications and correspondence with external bodies reviewed by press office</li> </ul>
Phase 6 UK Alert Level 1  Cases only outside of	<ul style="list-style-type: none"> <li>• Liaise via London Resilience with Department of Health and Health Protection Agency on lines to take</li> <li>• Update Q&amp;A in light of scenario</li> <li>• Set up regular media team meetings – alternatively by conference call/group email</li> </ul>

the UK	<ul style="list-style-type: none"> <li>• Ensure key information being released to media</li> <li>• Ensure all Functional Bodies websites have updates of public information</li> <li>• Ensure key spokespeople from each of the Functional Bodies are briefed</li> </ul>
Phase 6 UK Alert Level 2  New virus isolated in the UK	<ul style="list-style-type: none"> <li>• All actions of Level 1</li> <li>• Consideration of media appearances from the Mayor to outline important information for Londoners</li> <li>• Set up joint press conference with experts</li> <li>• Consideration of background briefings to specialist press reinforcing action we are taking</li> <li>• Functional Bodies to consider specialist briefing to their core media</li> <li>• Additional community liaison work</li> <li>• Ensure necessary information is given to PLU and web team for public information</li> </ul>
Phase 6 UK Alert Level 3  Outbreaks in the UK	<ul style="list-style-type: none"> <li>• All previous actions</li> <li>• UKNIPC and COBR activated and NCC operational (this may occur earlier) - GLA involvement</li> <li>• Expect alerts through Chief Medical Officer and Health Protection Agency</li> <li>• Consideration of drafting back up staff from LDA to Mayor's Press Office</li> <li>• MPA to liaise with MPS over any possible need for staff back up</li> <li>• Liaise with London Resilience and Regional Public Health Group - London re key messages</li> </ul>
Phase 6 UK Alert Level 4  Widespread outbreaks across the UK	<ul style="list-style-type: none"> <li>• All previous actions</li> <li>• Regular media updates</li> <li>• Regular media appearances for Mayor as voice of London</li> <li>• Consideration of 12 hour shift pattern implementation</li> <li>• In lull between phases – communication of availability of vaccine which may be being developed or available</li> </ul>
Aftermath	<ul style="list-style-type: none"> <li>• Media work reviewing aftermath of pandemic</li> <li>• Mayoral statements</li> <li>• Work should continue to be in liaison with London Resilience and national government responses.</li> </ul>

### B6.3 Internal communications strategy

The internal communications strategy is comprised of:

- Overview of activities to be taken at each pandemic Alert Level
- Key principles for dealing with staff communications
- Identifying communications information required to allow assessment and distribution process to operate effectively

- A comprehensive set of staff focussed (particularly human resources issues) FAQs to sit alongside the more general press queries
- Identifying and utilising the existing channels for internal communications

The following key principles underpin the internal communications strategy:

- Messages to go to internal staff first before they appear in the media
- Internal communications to be informed of any external messages
- Messages should be tailored according to audience
- Work together across the GLA Group to ensure that messages are clear, consistent and accurate
- Need to be clear about the context in which information is sent out e.g. what people are expected to do with it
- Recognise that people will be under pressure and confirm instructions to them
- Information needs to be clear according to what is happening on the ground
- Customer call centres and switchboards will need up-to-date information for both public and staff on:
  - what is happening
  - who and how to contact
- Aim to deal with calls at point of contact
- Messages must come from one, internal trusted source.

The sign-off procedure for internal communications is as follows:

1. GOLD makes decision



2. SILVER Internal and external comms reps draft wording of messages in consultation with other members of SILVER as appropriate



3. Resubmit to Gold representatives (GLA Director of Finance and Performance and GLA Director of Media and Marketing)



4. GLA Internal Communications Manager to disseminate to internal communications contacts throughout GLA group, specifying which messages can be changed locally, and which cannot\*.



5. Non-changeable central messages can be circulated to all staff immediately in all organisations. Local messages will require sign off through local GOLD structure prior to circulation (with a maximum of one working day delay)



\* Non changeable messages are likely to be around: the overall London/UK situation, the GLA group response plan, and some attendance at work and medical issues

Messages which can be adapted locally are likely to be around communications, and some attendance at work and medical issues.

**This procedure should be kept under review in the context of national and regional developments.**

## B6.4 Activities by Alert Level – internal communications

Alert Level	Action
Pre-Phase 6	<p><b>Contacts and means of communication</b></p> <ul style="list-style-type: none"> <li>• Produce summary of internal communications systems for each organisation in GLA Group</li> <li>• Compile internal communications contact list for GLA group</li> <li>• Agree process for updating contacts</li> </ul> <p><b>Staff information</b></p> <ul style="list-style-type: none"> <li>• Agree with supply and distribution and health group what key messages are and means of communication</li> <li>• Produce further communiqué with key messages</li> <li>• Develop FAQs with external communications team and post on intranets with communiqué</li> <li>• Meet with Trade Union representatives and Occupational Health staff</li> <li>• Make public the response plan</li> <li>• Agree which communications activities are required at GLA Group level and which should take place at a local level in relation to business continuity plans</li> <li>• Advise staff to contact their media teams if questioned by press</li> </ul> <p><b>Sign off for messages</b></p> <ul style="list-style-type: none"> <li>• Agree message protocols relating to timing, writing of messages and sign-off</li> <li>• Agree clearly established rollout process for internal messages e.g. one internal communications person links to all others</li> </ul>
<p>Phase 6 UK Alert Level 1</p> <p>Cases only outside of the UK</p>	<p><b>Contacts and means of communication</b></p> <ul style="list-style-type: none"> <li>• Set- up communications channels including HR representation</li> <li>• Update contacts list as required and identify back-up resources</li> </ul> <p><b>Staff information</b></p> <ul style="list-style-type: none"> <li>• Work with External Communications to identify likely key messages for phase 6 alert level 1 and communicate to Gold</li> <li>• Agree other key messages with supply and distribution and health group, eg how to deal with “worried wells”</li> <li>• Draft and disseminate messages through agreed channels</li> <li>• Update Trade Union representatives and Occupational Health staff</li> <li>• Update FAQs in light of scenario</li> </ul> <p><b>Command and control</b></p> <ul style="list-style-type: none"> <li>• Brief GOLD on internal communications</li> <li>• Confirm who is the public face of command and control structure</li> </ul>

	<p><b>Key messages at this stage may be:</b></p> <ul style="list-style-type: none"> <li>- this is the situation, advice from WHO and key definitions</li> <li>- GLA group has a response plan (link) and some FAQs for staff</li> <li>- There is a GLA group command and control structure which will monitor and respond to alert levels</li> <li>- You will be kept informed via...</li> <li>- Please review your Business Continuity plans in the meantime (for line managers)</li> <li>- Please refamiliarise yourself with local emergency procedures (all staff)</li> </ul>
<p>Phase 6 UK Alert Level 2</p> <p>New virus isolated in the UK</p>	<ul style="list-style-type: none"> <li>• Work with External Communications to identify likely key messages for phase 6 alert level 2 and communicate to Gold</li> <li>• Agree with supply and distribution and health group the key messages</li> <li>• Draft and issue new key messages for phase 6 alert level 2 as agreed by GOLD</li> <li>• Update Trade Union representatives and Occupational Health staff</li> <li>• Produce briefings to staff</li> <li>• Advise on pre-recorded messages for the call centre for staff just seeking advice/"worried wells"</li> <li>• Brief SILVER on internal communication</li> </ul>
	<p><b>Key messages at this stage may be:</b></p> <ul style="list-style-type: none"> <li>- this is the situation, advice from WHO, HPA, government</li> <li>- Response plan may be activated (link)</li> <li>- These are the groups who are considered to be at higher risk. If you consider yourself to be at higher risk of infection, please let your Line Manager know</li> <li>- Please refer to staff FAQs and your local emergency plans</li> <li>- you will be kept informed via...</li> </ul> <p>PLUS Start regular updates – see proposed template below</p>
<p>Phase 6 UK Alert Level 3</p> <p>Outbreaks in the UK</p>	<ul style="list-style-type: none"> <li>• Work with External Communications to identify likely key messages for phase 6 alert level 3 and communicate to Gold</li> <li>• Agree with supply and distribution and health group what key messages</li> <li>• Draft and issue new key messages for phase 6 alert level 3 as agreed by GOLD</li> <li>• Update Trade Union representatives and Occupational Health staff</li> <li>• Each organisation to confirm working protocol during pandemic with staff</li> <li>• Organise regular staff updates</li> <li>• Brief BRONZE</li> </ul>
	<p><b>Key messages at this stage may be:</b></p> <ul style="list-style-type: none"> <li>- this is the situation, advice from WHO, HPA, government</li> <li>- Response plan has been activated (link)</li> <li>- The bottom line is to keep London running – Business as usual</li> <li>- Details of assessment and distribution methods</li> <li>- New staff FAQs</li> </ul>

	<ul style="list-style-type: none"> <li>- Personal Hygiene tips</li> <li>- Attendance requirements</li> <li>- you will be kept informed via...</li> </ul>
<p>Phase 6 UK Alert Level 4</p> <p>Widespread outbreaks across the UK</p>	<ul style="list-style-type: none"> <li>• Work with External Communications to identify likely key messages for phase 6 alert level 4 and communicate to Gold</li> <li>• Agree with supply and distribution and health group what key messages</li> <li>• Draft and issue new key messages for phase 6 alert level 4 as agreed by GOLD</li> <li>• Update Trade Union representatives and Occupational Health staff</li> <li>• Organise regular staff updates</li> <li>• Brief BRONZE</li> </ul>
	<p><b>Key messages at this stage may be:</b></p> <ul style="list-style-type: none"> <li>- this is the situation, advice from WHO, HPA, government</li> <li>- update on plan rollout, sickness numbers, services running/suspended, attendance requirements</li> <li>- Link to details of assessment and distribution methods, new FAQs, Personal Hygiene tips</li> <li>- you will be kept informed via...</li> </ul>
Aftermath	<ul style="list-style-type: none"> <li>• Formally announce end of pandemic when agreed by GOLD</li> <li>• Draft and issue new key messages for post pandemic phase</li> </ul>

## Proposed template for regular staff updates

### FLU PANDEMIC – GLA GROUP INTERNAL UPDATE

#### Issue x – Date

#### The situation

*Pandemic alert level* – Situation in London in the context of situation in UK

#### You

*Attendance at work* – national advice, alternative arrangements, return to work, leave arrangements, travel arrangements

*Medical* - Symptoms, assessment line and access to drugs, personal hygiene and prevention, protective equipment

#### GLA Group response

*Plan* – dormant or activated, progress, command and control structure

*GLA group operations and services* – suspended, ongoing, advice for staff, colleagues and customers

#### Keeping you updated

*Communications* – further email updates, FAQs and useful links on intranet, [fluresponse@london.gov.uk](mailto:fluresponse@london.gov.uk), assessment helpline, line managers

## Useful Links

External websites

Internal policies

Flu line number in footer

## Audiences

(high level – these may need to be segmented further in some organisations)

office-based staff

non office-based staff – in contact with public (local msgs)

line managers

staff at call centre and distribution centre

trade unions and occupational health

staff currently not working eg maternity leave, long term sickness, career breaks and secondments

The template above will be the basis of communication to all audiences.

## Channels

(some or all may apply – local internal communications team to select in function of audiences)

Email/blackberries

Recorded phone message

Print

Face to Face

## B7. Testing and Maintenance

Maintenance and monitoring are key to the success of this plan.

A test of the strategic and tactical elements of the plan took place on 11 January 2007. A test of the operational elements of the plan took place on 26 April 2007. Lessons learnt from both tests have been included in this plan.

This plan, including all working assumptions, will be reviewed every 6 months for currency.

## **Part C: Supporting information**

## **C1 Implementation**

### **C1.1 Self Assessment Questionnaire for Business Continuity Plans**

#### **SECTION 1: BASIC QUESTIONS**

1. Do you have a Business Continuity Plan (BCP) and Programme?
2. Is it based on PAS 56:2003?
3. Is it in the public domain?
4. Has it been audited?

#### **SECTION 2: SCOPE OF EXISTING PLANS**

5. Have you identified activities that are critical to your organisation's objectives (MCAs or essential services)?
6. Have you identified who does these activities (essential staff)?
7. Have you identified the locations from where essential services are conducted?
8. Do you have strategies/policies to ensure the reliance of essential services (please specify):
  - Alternative site
  - Alternative working arrangements (eg, home)
  - Alternative suppliers
  - Enforced leave arrangements
  - Recall
  - Other

#### **SECTION 3: RISK ASSESSMENT**

9. Do you conduct a risk assessment into factors affecting your ability to continue essential services?
10. Have you identified the dependencies associated with essential services including:
  - Key suppliers
  - Technology
  - Data
  - Other
11. Have you identified single points of failure?
12. Do you have staff concentration issues?

#### **SECTION 4: IMPACT ANALYSIS**

13. Have you considered:
- a. How far activities can be scaled back in the case of an emergency (LBC)
  - b. How many people will be required to conduct the scaled back activities?
  - c. Which activities will be prioritised in an emergency or disruption (RPO)?
  - d. Acceptable time frames for restoring activities (RTO)?
  - e. The quality of information or data required to support essential services (RPO)?

#### **SECTION 5: MANAGEMENT STRUCTURES**

14. Does your business continuity plan set out accountabilities, authorities and responsibilities for managing:
- A crisis
  - The business continuity programme
  - Maintenance and testing of the plan
15. Do you have a predetermined decision making structure for managing any emergency or disruption affecting the whole organisation?
16. Do you have a Business Continuity function within your organisation?  
If not, which department is responsible for the production and maintenance of the overall BCP?

#### **SECTION 6: ASSURANCE AND MAINTENANCE**

17. Has your BCP been audited or externally verified?
18. Have you tested your BCP or arrangements for managing a major incident?
19. If so, how often?
20. What scenarios did you use?
21. Of the following, please specify whether your organisation has conducted any of the following tests:
- Desk checks
  - Walk through
  - Simulation
  - Part or full plan test

22. If you have conducted any of the above, please specify the form that the testing took:

- Scenario
- Controlled test
- Timelapse
- Unannounced
- Live
- Tabletop
- Individual component
- Integrated

23. Are there documented results?

24. How often do you update your BCP?

25. Do you use action plans to address issues arising from testing results or BCP reviews?

## **SECTION 7: PANDEMIC SPECIFIC (Based on BCP Asia documentation)**

### **Management**

26. Can your existing plans withstand 25% loss of staff?

27. Do you have a process for dealing with directives of relevant agencies? Eg, isolation of staff

### **Staff**

28. Have you considered the possibility of splitting staff to other locations (eg, police, fire stations)

29. Have you considered leave arrangements eg, special leave for ill children?

30. Have you considered measures that will advance early identification of illness whilst at work?

31. Have you considered your duty of care to staff working from home?

### **Communications**

32. Do you have a communications strategy addressing the following:

- Corporate decisions (e.g., plan activation)
- Coordination of activities
- Line managers (escalating issues, isolating staff)
- Excluded staff



- Families

## **Equipment and Services**

33. Do you have arrangements for sourcing additional protective equipment (such as masks) at a time of high demand?

34. Have you considered the need for increased services including:

- Cleaning
- Medical advisory
- Other

From the above, please identify areas of concern and the appropriate forum for dealing with the issues (can be more than one):

**SECTION 1: BASIC QUESTIONS**

**SECTION 2: SCOPE OF EXISTING PLANS**

**SECTION 3: RISK ASSESSMENT**

**SECTION 4: IMPACT ANALYSIS**

**SECTION 5: MANAGEMENT STRUCTURES**

**SECTION 6: ASSURANCE AND MAINTENANCE**

**SECTION 7: PANDEMIC SPECIFIC**

## **C2 Health**

### **C2.1 Vaccines**

Vaccines are biological agents that stimulate the body to produce an immune reaction to the strains of the virus contained in the vaccine. On exposure to the 'flu virus, this reaction helps prevent infection and reduce the severity of illness.

Vaccination is the mainstay of seasonal flu control. However, vaccines may not be available during the early stages of a pandemic.

For further information on vaccines see [Health Protection Agency](#) and [UK health departments' multiphase contingency plan for pandemic influenza : The Department of Health - Pubs and stats: Publications](#)

### **C2.2 Anti-virals**

The GLA Group has purchased 100,000 packs of the anti-viral drug Oseltamivir (proprietary name Tamiflu), each containing 10 x 75mg capsules, to be held as an emergency stock by TfL on behalf of the GLA Group as part of a plan to maintain key public services in the event of a 'flu pandemic.

Tamiflu is a prescription only medicine and is intended to be taken, subject to the assessment process, by GLA Group staff members when they become ill. The dose to be taken will be advised at the end of the assessment process. If your child becomes ill you should go and see your GP/NHS Direct.

For further information see [TAMIFLU | Home](#)

### **C2.3 Non-pharmaceutical interventions - non-medical guidance for fighting infection**

For non-medical guidance from the Department of Health see <http://www.dh.gov.uk/en/PandemicFlu/Resources/index.htm>

### **C2.4 What is influenza?**

Sudden onset of:

Fever – high temperature, sweating and chills / shivering

Headache

Extreme physical weakness and fatigue

Muscle and joint pains

These symptoms are usually accompanied by:

- Dry cough
- Sore throat
- Stuffy nose