

## **London Flu Pandemic Contingency Plan Prompt Document**

This document has been developed to help organisations review and develop their existing business contingency plans, in light of the potential impact of a flu pandemic. For many organisations there will have been useful learning from scenario planning such as ICARUS and the responses to 9/11 and across industries it would be useful to share and develop this learning. This document should prompt a gap analysis of existing business contingency plans or prompt the development of relevant plans.

A pandemic is a worldwide spread of a disease, with outbreaks or epidemics occurring in many countries and in most regions of the world. Several previous pandemics have been caused by Influenza (Flu) viruses – Spanish Flu 1918/19, Asian Flu 1957/58 and Hong Kong Flu in 1968/69. In pandemics affecting the UK up to a quarter of the UK population have been affected with thousands dying and huge social and economic disruption.

The UK Influenza Pandemic Contingency Plan<sup>1</sup> presents options on how best to respond to the next Flu Pandemic. Building on this plan, the London Resilience Group are drawing together a London Influenza Pandemic Contingency Plan which will help support and co-ordinate efforts during such outbreaks and minimize, where possible, the social and economic disruption, both short and long term, for the population of London.

This prompt document, based on the 5 staged model of pandemic alert set out by the Department of Health, provides a basis on which organisations and institutions can assess their internal responses and planning prior to an outbreak occurring.

### **Four Point UK-Specific Alert Mechanisms<sup>2</sup>**

<b>Alert Level</b>	<b>Indicator</b>
Level 0	No cases anywhere in the world
Level 1	Cases only outside the UK
Level 2	New virus isolated in the UK
Level 3	Outbreak(s) in the UK
Level 4	Widespread activity across the UK

The questions raised are generic across industries/sectors but, where relevant, organisational specific issues are highlighted. For some sectors a pandemic may lead to an increased demand for services and this should be considered.

This document is a prompt & may raise further questions which should feed back through the London Resilience Team to inform development of a London Influenza Pandemic Contingency Plan. Some questions will need to be directed to the relevant government body to link into national plans, e.g. school closure and DfES. Questions are welcomed as they will help stimulate thought and discussion from which the whole of the London Resilience Team can benefit.

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<sup>1</sup> UK Influenza Pandemic Contingency Plan. March 2005. Department of Health.  
[http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPAMPGBrowsableDocument/fs/en?CONTENT\\_ID=4106153&chk=fjxTWs](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPAMPGBrowsableDocument/fs/en?CONTENT_ID=4106153&chk=fjxTWs)

<sup>2</sup> UK Influenza Pandemic Contingency Plan. March 2005. p17

## Alert Level Zero

### Background:

This is resting state in which there are no cases identified worldwide. i.e. this is the current state. During this phase organisations should be consolidating and maintaining business continuity plans which can respond to a flu pandemic.

The questions in this section should be considered now, prior to a pandemic occurring. These questions are prompts with which to review your organisational business continuity structures and plans. There are substantial contingency planning tool kits and advice on the London Resilience website which may be of assistance if you wish to develop your plan further following these prompts.

### Questions to be considered:

1: Does your organisation have an existing business continuity plan?

*If yes:*

At what organisational level is your continuity plan?

i.e. Individual teams, local boroughs/units, sectors (e.g. south east London), regional (pan London) or national?

Who leads within the organisation on its update and maintenance?

When was the plan last updated?

What is the trigger for its implementation and would a flu pandemic be an appropriate trigger?

Does your continuity plan cover supply chains, etc, and how long can you continue functioning without supplies from outside of London?

Have you considered integrated industry plans with mutual co-operation?

Have you calculated your critical staff mass below which business continuity is unsustainable?

Have key personnel been identified in the organisation?

What constitutes non-essential work & how will staff be transferred and trained for essential pathways?

Does the plan include the ability for remote access/home working for key personnel?

Are there contingencies for transportation and power disruption?

Is the current plan appropriate in the context of a pandemic flu outbreak?

Will you need to resource additional equipment or staff to maintain services in the event of the plan being used?

How does your organisation provide occupational health and have contracted/in house OH agencies been involved in the continuity planning process?

Have you consulted with the local statutory sector agencies (Primary Care Trusts, Police, Local Authority) about your continuity strategy?

*If no:* Do you have plans to develop a business continuity plan?  
If not, why is this not appropriate?

2: Where would you get information on the current level of alert and who do you expect to inform you of an escalation of alert? Is there clear responsibility for this within your organisation?

3. Is your organisation involved in the transportation of individuals or goods from outside of the UK?

*If yes:*

How does your current pandemic/business contingency plan consider the implication of a respiratory virus in transit? (You may have had some previous experience of this during the SARS outbreaks)

Have you considered the implications of quarantine on goods/livestock or people?

Where would you expect to receive information regarding precautions for the transport of goods/individuals travelling from infected regions?

Who within your organisation takes the responsibility for gathering this information?

Do you have a communication strategy for informing the public and staff of these changes and to field questions?

*If no:*

Would your supply chain be affected by restrictions on international travel?

Within your organisation have you agreed a lead individual to link with the London Resilience Team?

Has the lead individual got an up to date list contacts and companies?

Who within your organisation takes responsibility for keeping that contact information updated with the lead individual?

Do you have an internal mechanism monitoring real-time sick leave?

## Alert Level One

### Background

At this level of alert, cases have been identified outside of the UK, we are assuming that person to person transmission has occurred and there is a credible threat of a global pandemic. This may have been preceded by an outbreak in livestock or animals and for industries involved in import/export of animals there may be restrictions.

Information would be communicated from the World Health Organisation to the Department of Health and cascaded through internal and external communications.

At this level of alert it is unlikely that there will be detailed information on the level of infectiousness, death rates and projected impact on the workforce, these will be being developed as quickly as possible from national and international experiences. In the absence of such information, organisations should base scenarios on previous 20<sup>th</sup> Century Pandemics with a cumulative attack rate of 25%<sup>3</sup> of the population over one or more waves of around 12 weeks each.

During this phase there is unlikely to be a specific vaccine, however high-risk groups already identified for influenza & pneumococcal vaccine should be encouraged to take up the offer.

During this phase preparation becomes crucial as the acceleration through alert levels one, two and three may be very rapid.

### Questions to be considered:

1. Do you have staff that travel internationally on a regular basis?

If yes:

Who takes responsibility for making decisions regarding international travel within your organisation and where would they expect to get information about precautions?

Does your business continuity plan include the impact of restrictions on international travel?

If No:

Have you considered staff returning from holidays abroad?

2. How will your internal communication system disseminate information?
3. Will you need to provide and train staff to handle internal & external enquiries about precautionary changes?
4. At this level of alert where will you be looking for guidance and information on the London response?

### Organisational Questions:

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<sup>3</sup> UK Influenza Pandemic Contingency Plan. March 2005. p23

**Education:**

Who will you expect to be providing information on how to handle children returning from holidays?

Who would this information be provided too and how would it be disseminated?

Who has responsibility for providing information to private schools?

Have general organisations considered the impact on workforce of extended school breaks or schools being closed?

**Home Office:**

How will detention and deportation be managed for individuals from affected regions?

How will

**Transport:**

How do the private sector companies interface around contingency planning?

Is there a complete list of transport portals (including helipads) across London?

**Food/Livestock:**

If you are involved in the import/export of livestock or food products from the affected areas, where are you expecting to receive updates on quarantine or exclusion criteria?

## Alert Level 2

### Background

During this level of alert new viruses will have been isolated within the UK. Information will be coming from the Health Protection Agency through the Department of Health and London Regional Public Health Group to the London Resilience Group.

At this stage the outbreaks may be small and localized and short term interventions may be being used, which would not be appropriate to a pandemic scale, to limit the spread of the infection.

### Questions to be considered:

1. How will you be aware of the escalation in alert level?
2. At what stage will you implement your pandemic/business continuity response plan?
3. How will you respond to staff becoming unwell during this alert phase?
4. How will information be disseminated across the organisation?
5. Is there a mechanism to cross-reference information across organisations within your industry, and other partners in London Resilience, to ensure common messages?
6. At what stage will you communicate downsizing of services to:
  - a) staff
  - b) other organisations within your industry
  - c) the London Resilience Group
  - d) the public
7. If the outbreak occurs in a setting specific to your industry/sector such as a prison or school, which partners will you expect help and mutual aid from in managing the response and are they aware of this expectation?
8. If the outbreak involves staff in your command office do you have a secondary command post and deputies to initiate and maintain the continuity plans? How will this transfer be initiated and managed?
9. Do you need to establish supply reserves/ stockpile?

### Organisational Specific Questions:

**Institutional Organisations** (e.g. Prisons, Hospitals, Hotels, MOD Barracks, Care Homes)

1. Consider how you will manage cleaning & waste disposal and infected residents

## Alert Level 3

### Background

Although UK Alert Level 3 and 4 may progress rapidly from one to another there are some key differences in the organisational response. At Alert Level 3 there may be multiple small outbreaks of flu, these are likely to be limited in terms of geographic regions, for example in London there may be outbreaks in Lambeth, Southwark & Lewisham and in Barnet and Brent. However many, if not all, of the outbreaks may be outside of the capital. During this phase the advice and action taken will be focused on limiting the spread of these outbreaks and trying to prevent progression to Alert Level 4. At this stage also consider staff leaving work to act as carers for relatives, etc.

Organisations will need to consider how their business continuity plans will function if an element of their structure/function or supply chain is affected in one of the isolated outbreaks. In some cases where the organisation is based in an area where there is an outbreak the impact will be substantially larger and some of the responses considered at Alert Level 4 will come into effect.

During this phase of the pandemic there are likely to be increasing levels of anxiety in the general population and an enhanced risk of social disruption. This may be exacerbated by large scale outbreaks outside of the UK.

### Questions to be considered:

1. How does the business continuity plan respond to the main base of operations/management for your organisation being compromised in a local outbreak?
2. Do you have a function for home-working for individuals in affected areas?
3. If the supply chain is interrupted are there relationships for mutual aid established?
4. Who will you be looking to for information on escalation to Alert Level 4?

## Alert Level 4

At this Level there will be widespread infection across the UK, with several waves of infection expected to last approximately 12 weeks each. The infectivity of the organism may vary and so it is difficult to predict the impact on workforce levels as well as the demand for services, however it is reasonable to estimate 25% of the workforce affected at any one time, with the majority taking between 5-8 working days off. Those affected may vary between organisms but active, healthy young adults may be considered at high risk of infection due to inherent socialization and mobility across the Capital, although the risk of death and severe illness is highest at the extremes of age. Although many people may take time off to care for dependants.

Although there may be national guidance, organisations should have a business continuity plan which can respond to a flu pandemic and reflects the inter-dependence of structures in the capital and the reliance on external supply chains.

### Questions to be considered:

1. What is an essential level of service to be maintained in the event of widespread illness?
2. How much will your continuity plans be affected by changes in wider support services such as transport & education?
3. What are your key relationships to maintain delivery in this context?
4. Would you be willing to redefine your market role to deliver a targeted service through mutual agreement across your industry?
5. Have you considered whether your organisational sector should have a single person communicating in the media? (For example a lead individual representing the oil industry)
6. Which organisation do you see as taking the lead in communication with the mass media from the London Resilience Group?
7. How often and from whom will you expect to be updated on the progress of the pandemic?

### Organisational Questions to be considered:

#### Treasury/Bank of England/Business

1. How will financial stability be maintained?
2. Will the stock market close to trading?
3. What international links are needed to prevent prolonged economic instability?

#### Local Authorities:

1. How do you decide whether public venues are restricted or closed, such as clubs, libraries, and leisure centers and who is responsible for the decision?
2. How will benefits continue to be distributed?
3. How will the social care responsibilities be carried out?
4. How will refuse collection be maintained?
5. How will you decide whether schools should be closed and who is responsible for the decision?

#### Faith Communities:

1. How will you decide whether to close religious meeting places and who is responsible for the decisions? Will the same position be taken by all faith communities?
2. How will you decided when outreach to the community is impractical?
3. What is the critical mass of staff needed to maintain end of life rites?
4. What mechanism is there for communication between faiths to help promote a common message?

**Water/Gas/Electricity:**

1. At what critical mass of staff is supply system to the capital threatened?
2. If the outbreak has spread beyond London does this affect access to utilities?
3. What contingency/Stockpile capacity is there?
4. How will faults in distribution be prioritized and repaired?

**Waste & Sewage:**

1. How will these services be maintained?
2. How will you decide if there need to be additional treatments added during decontamination of waste?

**Transport:**

1. How will mass transportation (buses/planes/trains/cabs) be cleaned?
2. How will mass transit points be controlled?
3. Will there be a system to prioritize the use of fuel if supply is threatened?
4. Are the identified leads for each transport system in London and how will they communicate during these levels of alert?

**Telephone/Internet Providers:**

1. What is the critical mass needed to maintain mobile and land telephone communication?
2. Does ACON need to be activated and if so at what point?
3. How will non-priority systems be downgraded and how will users know?
4. Will the internet be a viable structure for communication?

**Mass Media:**

1. Which media is the appropriate vehicle for the communication of information?
2. Which staff are the appropriate faces for continuity during the pandemic?
3. If there is a pan-London outbreak are there mechanisms which are London specific that can be used?

**Food:**

1. If supply from outside of London is restricted, how will supplies and prices be maintained?
2. What stockpile capacity is there?
3. Is there a capacity to ration or prioritize supply?

**Voluntary Sector:**

1. Is it appropriate to continue functioning at this time?
2. Does your volunteer/staff workforce have cross over skills that could be used by other organisations to maintain services?
3. Do you have information databases that could be used to disseminate information?

**Crime & Justice**

1. How will the prosecution & penal system work in light of a 25% drop in workforce and potentially unwell offenders?
2. Who will take the lead in decisions regarding the prosecution and sentencing of infected offenders?

## End of Pandemic Step Down

### Background

Although a pandemic may have two or more waves, lasting up to 12 weeks each, it will eventually end and this will be signaled through communication from the Health Protection Agency. At this stage the number of new cases will show a sustained decrease.

During this phase organisations will need to consider how they re-establish 'normal' service and review and evaluate their response to the pandemic.

### Questions to be considered:

1. How will you communicate the change in alert status to staff?
2. How will you communicate this and manage expectation in the public?
3. Will you need to phase re-introduction of normal service?
4. How will you communicate with your supply chain around this?
5. Who will lead the evaluation of the effectiveness of your business continuity plan?
6. Who will report back on behalf of your sector to the London Resilience Group?
7. How will learning from the pandemic experience be disseminated and taken forward?

## Further Information

There are substantial resources on business continuity plans at :

London Prepared

<http://www.londonprepared.gov.uk/business/businesscont/index.htm>

MI5 Security Advice

<http://www.mi5.gov.uk/output/Page267.html>

The Business Continuity Institute

<http://www.thebci.org/>

The Contingency Planning Guide

<http://www.contingency-planning-disaster-recovery-guide.co.uk/>

Draft Business Continuity Plans from Canadian Centre for Emergency Preparedness

<http://www.ccep.ca/ccepbc6.html>

Information on the UK NHS Flu Pandemic Contingency Plan can be found at

[http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPAndGBrowsableDocument/fs/en?CONTENT\\_ID=4106153&chk=fjxTWs](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPAndGBrowsableDocument/fs/en?CONTENT_ID=4106153&chk=fjxTWs)