

Llywodraeth Cymru  
Welsh Government

# **Wales Framework for Managing Major Infectious Disease Emergencies**

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**Issued by:  
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## LIST OF ACRONYMS

CCC	Civil Contingencies Committee
CCC(O)	Civil Contingencies Committee (Officials)
CCS	Civil Contingencies Secretariat
CMO	Chief Medical Officer
COBR	Cabinet Office Briefing Room
DH	Department of Health
DHSS	Department of Health and Social Services
DHP	Directorate of Health Policy
ECC(W)	Emergency Co-ordination Centre (Wales)
EPAG	Wales NHS Health Emergency Planning Advisory Group
GCN	Government Communications Network
GP	General Practitioner
HART	Ambulance Service Hazardous Area Response Team
HAT	Health Advisory Team
HECC	Health Emergency Co-ordination Centre
HOWIS	Health of Wales Information Service
JCVI	Joint Committee on Vaccination and Immunisation
HB(s)	Health Board(s)
LRF	Local Resilience Fora/Forum
NAfW	National Assembly for Wales
NHSBT	NHS Blood and Transplant
NCC	News Co-ordination Centre
NHS	National Health Service
NHSDW	NHS Direct Wales
PHE	Public Health England
PHW	Public Health Wales
CDSC	Communicable Disease Surveillance Centre
OCT	Outbreak Control Team
SCC	Strategic Co-ordination Centre
SCG	Strategic Co-ordinating Group
SORT	Specialist Operational Response Teams
STAC	Scientific & Technical Advice Cell
UK Blood Services	describes four countries' bodies
UKPFIG	United Kingdom Pandemic Flu Implementation Group
WG	Welsh Government
WAST	Welsh Ambulance Services NHS Trust
WBS	Welsh Blood Service
WCCC	Wales Civil Contingencies Committee
WHO	World Health Organization
WRF	Wales Resilience Forum
WRPT	Wales Resilience Partnership Team

## 1. INTRODUCTION

1.1 This Framework sets out generic arrangements for the management of major infectious disease emergencies by health services in Wales and should be considered within the context of the principles set out in:

- NHS Wales Emergency Planning Guidance
- Cabinet Office statutory guidance *Emergency Preparedness*
- Cabinet Office non-statutory guidance *Emergency Response and Recovery*
- The Pan-Wales Response Plan

1.2 The Framework is supported by the following guidance documents that must be used to inform planning for specific diseases or aspects of the response:

- The Communicable Disease Outbreak Plan for Wales  
<http://wales.gov.uk/topics/health/protection/communicabledisease/publications/outbreakplan/?lang=en&ts=4>
- The UK National Framework for responding to an influenza pandemic  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_130903](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_130903)
- Guidelines for Smallpox Response & Management in the Post-Eradication Era  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4070830](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4070830)
- Wales Health and Social Care Influenza Pandemic Preparedness & Response Guidance  
<http://extranet.wales.nhs.uk/howis/sites3/page.cfm?orgid=331&pid=53492>
- NHS Wales Guidance Mass Casualties Incidents – A Framework for Planning  
<http://howis.wales.nhs.uk/sites3/page.cfm?orgId=331&pid=25292>

1.3 The Framework reflects the role of the Welsh Government's Department of Health and Social Services in managing major infectious disease outbreaks in Wales and the role of the Department of Health (DH) as lead central government department for infectious diseases.

1.4 The Framework has been developed in consultation with Health Boards and NHS Trusts in Wales and with other partners through the Wales Resilience Partnership Team. It will be updated as necessary to take account of lessons learned from infectious disease outbreaks and exercises.

## 2. AIM OF THE FRAMEWORK

2.1 The aim is to provide generic guidance for the co-ordination and management of major infectious disease emergencies in Wales and a framework within which detailed operational planning for specific diseases can be undertaken.

## 3. SCOPE OF THE FRAMEWORK

- 3.1 Disease outbreaks are usually handled at a local level by the public health and local authority infrastructure for the prevention and control of infectious disease outbreaks, in accordance with the Communicable Disease Outbreak Plan for Wales. Where the scale of an incident puts it beyond the capacity of local resources, the first recourse is usually to seek help from the surrounding area through mutual aid. In a major infectious disease outbreak these routine arrangements, including mutual aid, will be insufficient to deal with the impacts on health and health services in Wales.
- 3.2 This Framework sets out additional measures needed to manage a major infectious disease emergency, integrates planning and response arrangements with existing emergency planning structures for dealing with major emergencies and clarifies organisational responsibilities for an effective health response.
- 3.3 Managing the wider social and economic impacts of a major outbreak and potential disruption to services such as education, social care, transport, industry/business and power/fuel/water or food production generally fall outside the scope of the Framework. These wider impacts are the responsibility of all organisations both individually and collectively, through Local Resilience Fora (LRF).

#### **4. DEFINITION OF MAJOR INFECTIOUS DISEASE EMERGENCY**

4.1 The term outbreak is used for a situation when diseases or health events occur at a greater than normal rate in a specific period and place. A major infectious disease emergency is defined as an outbreak that overwhelms or has the potential to overwhelm normal arrangements and requires implementation of extra-ordinary control measures. This could arise from a disease that:

- infects humans
- spreads from person to person
- causes illness in a high proportion of the people infected, and
- spreads widely because a high proportion of the population is susceptible, with little or no immunity from previous infection or immunisation.

#### **5. PLANNING ASSUMPTIONS**

5.1 In a major infectious disease emergency all resources are likely to be fully stretched and the impact on health and social care is likely to be intense, sustained and nationwide, resulting from:

- the increased workload of patients with the disease and its direct complications
- a secondary burden on health caused by anxiety and bereavement

- depletion of the workforce and numbers of informal carers, due to the direct or indirect effects of the disease on themselves and their families
- delays in dealing with other medical conditions
- patients needing more intense care at home than is normally possible
- a high level of public, media and political concern
- problems arising from the general disruption caused by the outbreak, for example disruption of supplies and utilities, movement restrictions, constraints on public gatherings
- the longer term macro effects of the outbreak on the national and world economy and the structure of society.

5.2 The scale of such an emergency will require national co-ordination. WG will implement the *Pan-Wales Response Plan*, which includes activating the Emergency Co-ordination Centre (Wales) (ECC(W)) and establishing the Wales Civil Contingencies Committee (WCCC). At UK level the Cabinet Office Briefing Room (COBR) will be established.

5.3 DH will provide the health lead into COBR, co-ordinating with the other UK Health Departments. DH will also lead on international issues and liaise with the World Health Organisation (WHO) and the European Community Communicable Disease Network.

5.4 WHO will co-ordinate the international response in relation to surveillance, information, investigation and advice on control measures. They will provide expert field assistance and international response teams on request.

## 6. **ALERT CASCADE** (See Figure 1)

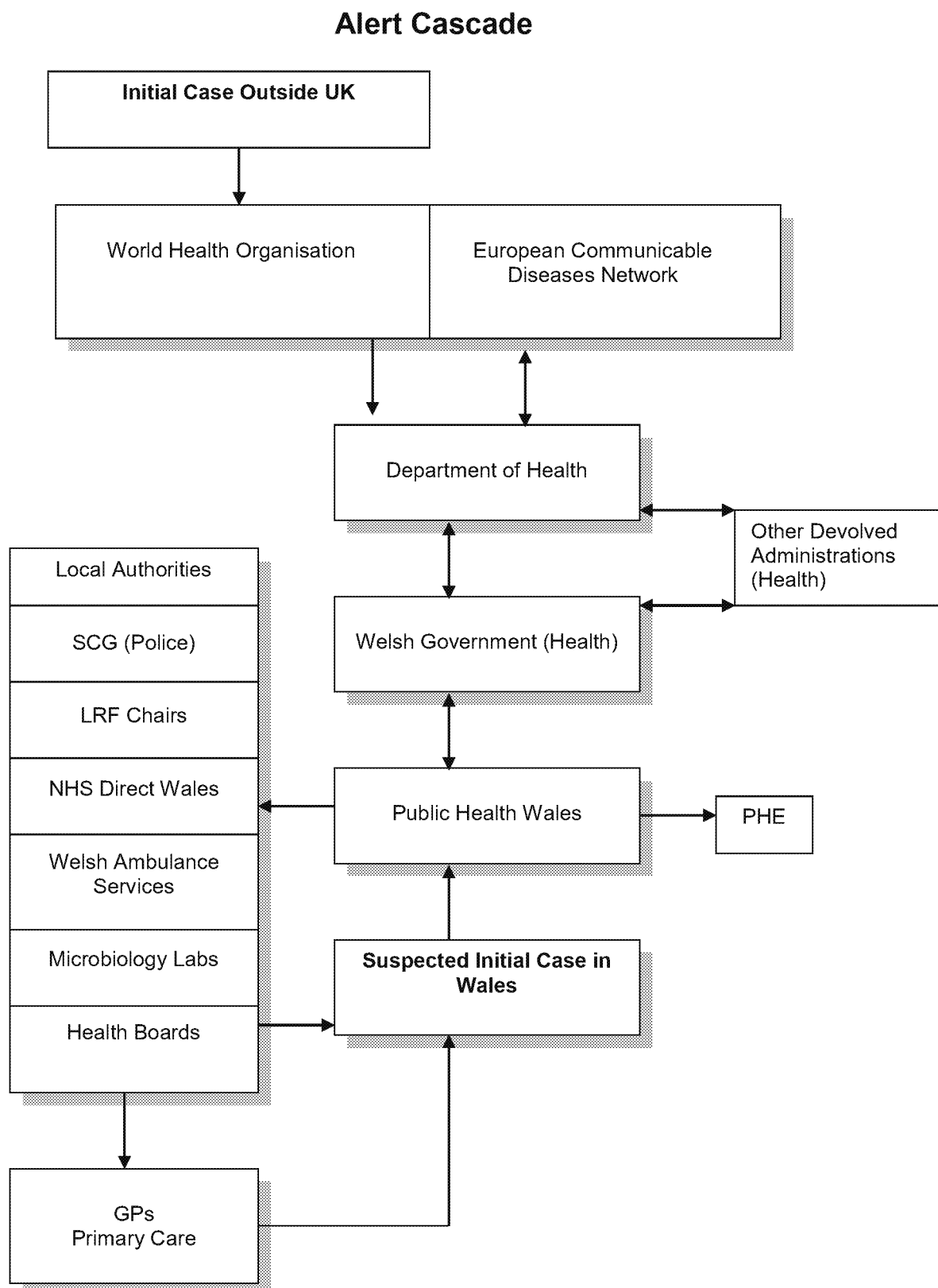
### **Cases only outside UK**

6.1 The WHO will consult and inform national authorities who are expected to be prepared to activate their national preparedness plans.

6.2 On receipt of an alert from WHO, DH will immediately cascade information to WG DHSS and other Devolved Administrations and make arrangements for UK health co-ordination.

6.3 In exceptional circumstances DH may act upon advice from UK experts in the absence of, or where this differs from, advice from WHO, on the grounds of national interest. After consultation with other European Member States through the European Communicable Diseases Network Committee, the UK may implement its communicable disease plans in the absence of a WHO declaration.

Figure 1 – Alert cascade in the event of a major infectious disease notification



6.4 A case may be isolated in the UK due to spread of disease from outside the UK or from an initial case arising in the UK. The relevant UK Health department will notify other UK health departments of any case or



suspected case/s of disease with the potential to result in a major infectious disease emergency in the UK or part of the UK.

- 6.5 Should the initial case occur in Wales, Public Health Wales will be informed, in accordance with routine procedures for communicable disease.
- 6.6 Public Health Wales will be responsible for notifying WG, NHS organisations, WAST, PHE, microbiology laboratories, NHSDW, local authorities and the police of any case or suspected case/s of disease with the potential to result in a major infectious disease emergency.
- 6.7 WG DHSS will inform the other UK Health Departments.
- 6.8 Health Boards will be responsible for confirming that health organisations within their area are informed, including General Practitioners and other primary/community care services.

## **7. CO-ORDINATION**

### **UK Co-ordination**

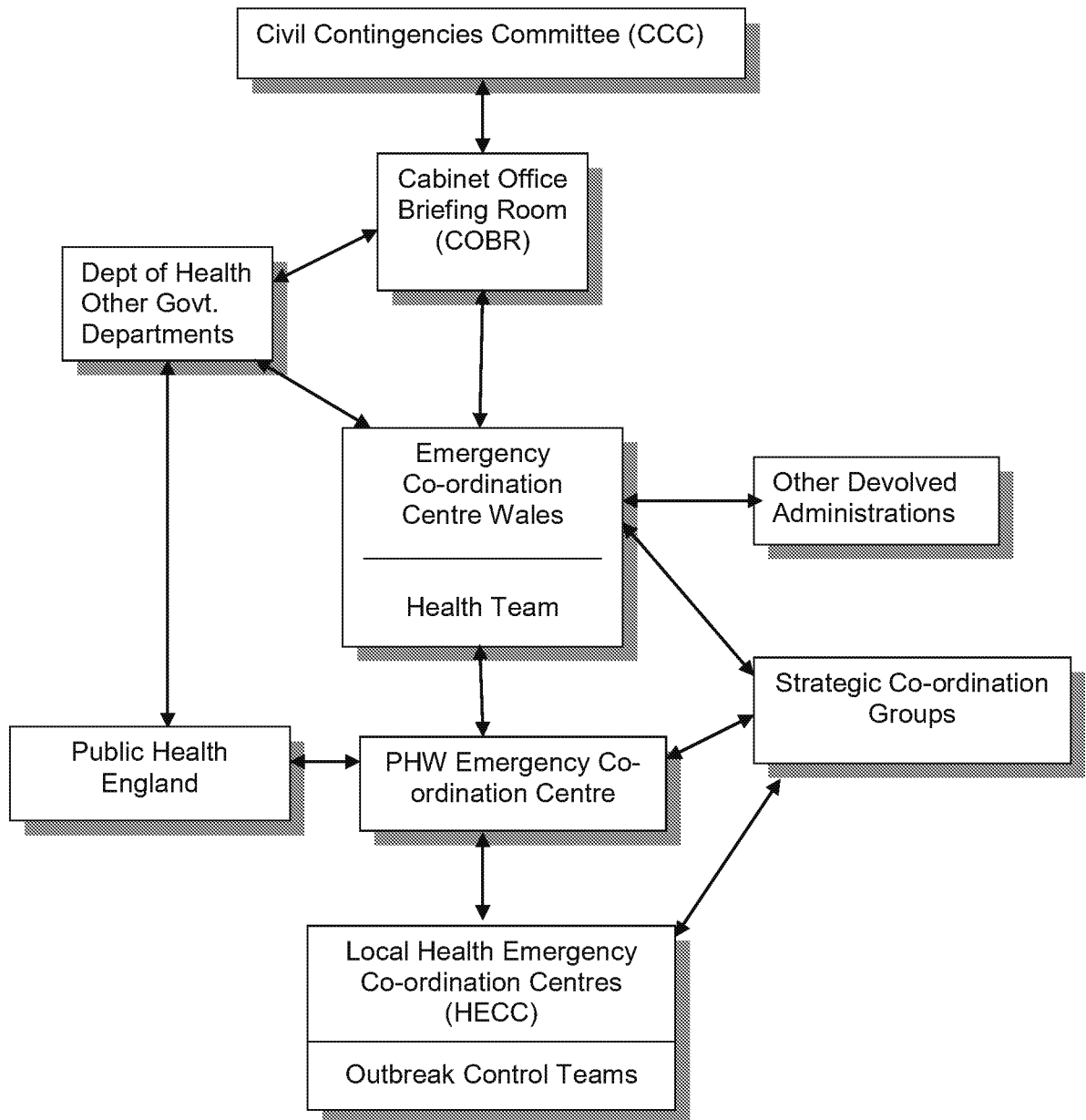
- 7.1 In the event of a major outbreak threatening or affecting the UK, COBR would be established to provide for cross-departmental co-ordination at UK Government level. There would be regular meetings of the CCC (Ministers)(M) and the Civil Contingencies Committee (Officials) (CCC(O)).
- 7.2 WG will normally be invited to attend meetings of CCC at ministerial level and CCC(O) at official level. A video link will be made available where possible and it is likely that the Minister would participate via video link or teleconference, together with Senior Officials.
- 7.3 DH will be the lead central government department and will establish arrangements for co-ordination and monitoring of the UK health response. DH will provide input to COBR and international liaison through WHO and the European Union.
- 7.4 DH will activate its emergency room and co-ordinate health communications with the NHS England, the PHE and UK Health Departments. The Civil Contingencies Secretariat (CCS) will ensure that information and advice from DH is co-ordinated with other government information and circulated to central government departments and WG.

### **Wales Co-ordination**

- 7.5 Co-ordination of the multi-agency response in Wales will be in accordance with the *Pan-Wales Response Plan*. WG's Emergencies Branch will implement arrangements for establishment of the ECC(W) to co-ordinate the emergency across Wales.

7.6 The health lead for WG will be DHSS who will establish a Health Team within the ECC(W) to provide national co-ordination of the health response. The Health Team will provide a conduit for liaison with DH and other UK Health Departments and will establish arrangements for providing health briefings for Welsh Ministers and COBR.

Figure 2: Co-ordination for Major Infectious Disease Emergency in Wales



7.7 Public Health Wales in conjunction with Health Boards and local authorities, will implement outbreak control arrangements. Health Boards will consider the need to establish local Health Emergency Co-ordination Centre/s (HECC), to provide for management and co-

ordination of the health impacts on NHS services and support the public health response.

- 7.8 Public Health Wales will establish its national Emergency Co-ordination Centre to co-ordinate the response of local outbreak control teams across Wales. If requested, Public Health Wales will provide a liaison officer to provide a link between their Co-ordination Centre and the Health Team based in ECC(W).
- 7.9 The Police will convene Strategic Co-ordination Group meetings to address multi-agency response arrangements. Health representatives within the SCG will keep HECCs informed of the issues being addressed by the SCG.
- 7.10 The Wales CCC will convene to support to the health response and to consider the wider social/economic effects of the outbreak.

## **8. ASSESSMENT AND DIAGNOSIS**

- 8.1 Early recognition and appropriate management of initial cases is key to rapid implementation of outbreak containment measures. Public Health Wales, in consultation with the PHE and WG (DHSS), will ensure that information is made available to raise awareness of hospital and primary care physicians in Wales of the symptoms of new or rare diseases that may threaten the UK.
- 8.2 Public Health Wales provides routine support to GPs and hospital clinicians in identification of diseases, with support from Tertiary Referral Services infectious disease specialists, particularly the Infectious Diseases Unit at University Hospital Wales (UHW).
- 8.3 In the event of heightened threat of a new or rare disease spreading to the UK, it may be necessary to train Diagnostic Experts and/or Management and Response Teams to facilitate accurate assessment and initial treatment of patients with suspicious illnesses. If appropriate, Public Health Wales will provide the mechanism for identification of volunteers to undertake training and any necessary vaccination.

### **8.4 Case definitions**

Suspected case - a case with symptoms consistent with the clinical case definition, without laboratory confirmation or an epidemiological link to other cases. Initial cases or unrelated cases in a new geographical area are likely to present as suspected cases.

Probable case - a case with symptoms consistent with the clinical case definition, plus an epidemiological link to a confirmed case or initial laboratory tests consistent with the case definition.

Confirmed case - a case with symptoms consistent with the clinical case definition, plus:

- for initial or unrelated cases in a new geographical area, laboratory confirmation; or
- an epidemiological link to a confirmed case and initial laboratory tests consistent with the case definition.

### **Laboratory testing facilities**

- 8.5 Microbiology laboratories are responsible for development of procedures for handling diagnostic specimens, taking account of guidance relating to specific diseases issued by DH. Where appropriate, pre-exposure vaccination must be given to staff who might be involved in handling clinical specimens from suspected cases.
- 8.6 Local laboratories within Wales will refer samples for specialist analysis in accordance with their internal procedures and the Public Health Wales Directory.
- 8.7 If a major outbreak occurs, laboratory capacity may be overwhelmed. In these circumstances, specimens will be triaged and priority for laboratory resources will include:
- testing of clinical specimens from cases with unclear clinical presentations following expert assessment
  - testing of clinical or environmental specimens that will provide information about a potential source of exposure to facilitate case detection and law enforcement activities.

## **9. MANAGEMENT OF INITIAL CASES**

- 9.1 Patients with suspicious illnesses may present at a variety of different sites, for example at a:
- patient's home
  - GP Surgery
  - hospital
  - Port Health Control Unit.
- 9.2 Clinicians should assess the patient and if they are unable to exclude the diagnosis of disease relating to an outbreak existing in or threatening the UK, they should, if appropriate to the disease, request a further assessment by a diagnostic expert. Whilst waiting for further assessment, the referring clinician should:
- remain at the scene
  - isolate the patient as well as possible
  - implement infection control measures
  - ensure that close contacts of the patient remain close by and details are recorded of those who have left

- establish the date from which the patient should be regarded as potentially infectious
  - obtain a detailed account of the patient's movements while potentially infectious and during the incubation period. This is both in order to identify primary contacts, and to investigate potential sources of infection
  - use this information to begin drawing up a list of primary contacts.
- 9.3 If the patient is considered a suspected or probable case they should be managed in accordance with specific guidance for the disease.
- 9.4 If a patient with a suspicious illness is recognised in hospital, the Hospital Infection Control Team and Hospital Management should be informed as early as possible. If possible, hospital air conditioning systems should be turned off immediately. The hospital should have plans appropriate to their hospital layout and ventilation systems. This may necessitate deployment of alternative cooling facilities.

## **10. CONTACT TRACING AND MANAGEMENT**

- 10.1 Public Health Wales will provide the local lead for and co-ordination of contact tracing within Wales. If necessary, support will be sought from local authorities, Health Boards and the Police. Public Health Wales will establish appropriate links to the PHE to ensure co-ordination with UK and international tracing arrangements.

## **11. ISOLATION AND TREATMENT FACILITIES**

- 11.1 The arrangements for isolation and treatment of patients will be dependent upon the nature of the disease and the location of the patient at the time of diagnosis. The following general principles will apply:
- Public Health Wales will advise on arrangements for management of suspected cases
  - Consideration should be given to isolation and treatment of patients at home
  - If hospitalisation is necessary, and where capacity exists, patients should be transferred to an appropriate facility. Where this will be is dependent upon the nature of the infectious disease agent and the alert level
  - Dependent upon the nature of the infectious disease, it may be necessary for designated infectious disease hospitals to be prepared for receipt of suspected, probable and confirmed cases
  - If the initial case occurs in hospital, consideration should be given to whether that hospital should be designated for receipt of further suspected, probable and confirmed cases
  - All hospitals need to establish ways of caring for large numbers of infectious patients on a scale outside their normal experience, including those requiring high dependency care.

## **Transfer to Isolation Facility**

- 11.2 Patients will be transferred in an ambulance, using standard procedures for a Containment 3 infectious removal. The ambulance crew should have minimal contact with the patient. A police escort may be required.

## **12. TREATMENT IN THE COMMUNITY**

- 12.1 A major infectious disease emergency is likely to result in potentially large numbers of patients needing more intense care at home than is normally possible.
- 12.2 Health Boards will lead the planning for and co-ordination of care and treatment of patients in the community, involving Public Health Wales, GPs, pharmacies, NHSDW and Social Services.
- 12.3 In the event that GPs are unable to cope with the level of demand for consultations, Health Boards, working with partners, should plan to manage periods of exceptional demand for health care contact within their area and develop support arrangements to provide advice and assess the need for treatment.

## **13. DATA COLLECTION AND REPORTING**

- 13.1 Two general categories of information will be sought from the NHS in Wales:
- public health data needed to inform management of the outbreak, and
  - information on the health impact of the outbreak on services, to ensure effective management of the situation across NHS Wales and to provide briefings for Welsh Ministers, the media and the WCCC/CCC, that reflect the situation in Wales as accurately as possible.

A third category of information will be that relating to the wider impacts of the emergency on other services.

- 13.2 The precise detail and timing of information needed will be dependent upon the nature of the outbreak, however arrangements will need to be in place to gather information from all sectors of the NHS. It is anticipated that health information will include:
- Percentage/numbers of hospital visits arising from the outbreak
  - Percentage/numbers of hospital admissions arising from the outbreak
  - Number of new cases since last report
  - Total number of cases

- Age specific impact
- Number of deaths
- Bed availability
- Pressure points – numbers turned away because of lack of capacity
- Number of hospitals/GPs reporting serious operational difficulties and action taken
- Number of treatments given e.g. antivirals distributed in a pandemic
- Major or newsworthy issues
- Percentage/number of calls to NHSDW relating to outbreak
- Type of call to NHSDW (to inform public information provision)
- The state of the blood supply.

13.3 DHSS will co-ordinate the collection of NHS data from hospitals and primary care in order to monitor the impact on the health services. Public Health Wales will collate laboratory and GP surveillance data on behalf of WG and report this to DHSS Public Health and Health Professions Group. Existing arrangements for collecting and reporting data will be used as far as possible.

13.4 Public Health Wales will require public health information to manage the outbreak, including weekly summaries. This data would generally come from three main sources:

- reports from all NHS and NPHS diagnostic laboratories via CoSurv
- statutory notifications from clinicians
- the GP Surveillance of Infection in Wales Scheme.

This data would be supplemented by *ad hoc* field investigations where appropriate.

13.5 If necessary the health emergency co-ordination arrangements established by Health Boards may need to assist co-ordination of the gathering and collation of public health and NHS impact data, taking account of the need to avoid gaps or dual counting across boundaries.

13.6 Individual posts should be designated within plans to be responsible for collation and submission of data, as appropriate, to the HECC, Public Health Wales Co-ordination Centre, WG or other co-ordination centre as specified at the time of the outbreak.

13.7 DH will co-ordinate UK data on cases, deaths and impacts on the NHS and provide UK health situation reports for CCC and CCC(O).

13.8 The Civil Contingencies Secretariat will liaise with the ECC(W) and the WG Emergencies Branch to arrange collation of wider impact data from services.

## 14. COUNTERMEASURES

### Infection Control and PPE

- 14.1 Public Health Wales, all hospitals and primary care services should maintain a stock of FFP3 respirators and standard facemasks to protect staff dealing with infectious patients in a major infectious disease emergency.
- 14.2 To ensure some availability in the event of national shortage, UK Health Departments maintain a stockpile of FFP3 respirators, facemasks, gloves, aprons and other essential consumable items. If necessary, stock held in Wales would be distributed locally to the NHS to supplement supplies during a major infectious disease emergency.

### **Vaccination**

- 14.3 When vaccine is available, DHSS will liaise with DH concerning any decision to undertake mass vaccination of the public and will be responsible for the prioritisation of use of vaccine supplies in Wales.
- 14.4 Planning for vaccination of contacts and wider/mass vaccination of the public should be led by Health Boards working jointly with the CCDC (Public Health Wales) and supported by Local Resilience Forum partners including local authorities and the police.
- 14.5 Generic guidance to assist planning for emergency vaccination is under development. Guidance on the specific arrangements for mass vaccination against smallpox is available in the *Guidelines for Smallpox Response & Management in the Post-Eradication Era*.
- 14.6 WBS will issue advice to hospitals if it is necessary to conserve blood supplies as a result of a mass vaccination programme.

### **Antibiotics/Antivirals**

- 14.7 UK Health Departments maintain a national stockpile of antivirals and antibiotics that would be used as necessary in the event of national shortage during a major infectious disease emergency in the UK.
- 14.8 Detailed local planning for distribution of stockpiled medicines will be led by Health Boards working closely with Public Health Wales and supported by Local Resilience Forum partners including local authorities and the police. This planning should take account of any national guidance issued in relation to specific medicines.

## **15. FATALITIES**

- 15.1 Major infectious disease emergencies will result in increased fatality rates that may require special arrangements to enhance capacity for body storage, mortuary provision and registration of death. Account should be taken of the Home Office *Guidance on Dealing with Fatalities in Emergencies* and any additional Government guidance or planning assumptions relating to specific diseases.



## **16. OCCUPATIONAL HEALTH**

- 16.1 Occupational health services within employing organisations can provide advice about fitness for work for individual staff and will facilitate preventative and protective measures including the use of antimicrobial medication and immunisation where appropriate.

## **17. INFORMATION MANAGEMENT**

### **Public and Media**

- 17.1 To ensure provision of accurate, timely and consistent advice to the public across the UK in emergencies, a national communications strategy has been developed, led by central government. A combined press and information News Co-ordination Centre (NCC) will be established within the Cabinet Office, to work closely with the DH Press Office.
- 17.2 NCC will provide a 24hour capability to co-ordinate public communications and prepare and circulate top line briefings to departments, WG and other devolved administrations.
- 17.3 The WG Communications Division (Strategic Planning, Finance and Performance) will co-ordinate public and media information in Wales, working with DHSS, Public Health Wales and strategic co-ordination centres (SCC). Working from the ECC(W), liaison will also be established with NCC and DH Press Office.
- 17.4 DHSS will nominate key health spokespersons and the Communications Division will ensure they are briefed on the latest media issues.
- 17.5 Key communication channels for DHSS will be to:
- DH including on international issues
  - the WG Press Office and other divisions
  - Public Health Wales and PHE
  - the NHS and Health Emergency Co-ordination Centres; and
  - health professionals.
- 17.6 The Communications Division, working with DHSS and in consultation with Public Health Wales and PHE, will prepare and arrange distribution of public health advice via the most appropriate channels (for example, through media releases, social media activity, relevant websites, information leaflets, posters and NHSDW). This advice will also be circulated to NHS Wales and to police led, strategic joint agency co-ordination centres. Where appropriate the Communications Division

will also liaise with DH and NCC about TV, radio and ambient advertising including the production of Welsh language versions.

- 17.7 Public Health Wales and Health Boards must work together with LRF partners to develop co-ordinated arrangements for dissemination of public health information within the local community. They should ensure that the lead organisation for informing and advising the public is agreed with LRF partners, that arrangements are integrated with those of other services and that they are in accordance with national strategies. They should agree key spokespeople for giving interviews and briefing the media locally and take account of the potential need to give interviews in the Welsh language.
- 17.8 Public awareness messages should, where possible, include details of actions that the public are expected to take to complement response arrangements and mitigate pressure on health services.
- 17.9 Public information on the wider social impacts and response in Wales will be co-ordinated nationally through WG Communications Division and locally through the police led SCG.

#### **Health Care Professionals and NHS Organisations**

- 17.10 It is important that the information WG issues is consistent across the range of health organisations, professions and disciplines, is streamlined as far as possible through a single communications route and is logged for future reference. Welsh Government health professionals will work closely with the Department's Communications Team to achieve this.
- 17.11 There are likely to be two types of communication from WG health professionals to colleagues in the service:
- 'Non-urgent' but important information
  - 'Urgent' material that the health professional wishes to issue without undue delay.
- 17.12 Non-urgent communication will be reserved, as far as possible, for a regular e-newsletter compiled by the Communications Team guided by WG health professionals, and in consultation with Public Health Wales. The newsletter will be sent to communication leads and Chief Executives in Health Boards and Trusts for onward dissemination as appropriate. The newsletter will also be published on the WG website.
- 17.13 Arrangements for the issue of 'Urgent' information or advice should, whenever possible, be discussed with the DHSS Communications Team prior to release through the WG Public Health link system.

## 18. DECONTAMINATION

- 18.1 Public Health Wales supported by the PHE and the Government Decontamination and Recovery Service will advise on decontamination requirements in respect of exposed persons, facilities and equipment.

## 19. PLANNING CONSIDERATIONS

### **Business Continuity Management**

- 19.1 Category 1 responders have a duty to produce Business Continuity Plans under the Civil Contingencies Act 2004. Chapter 6 of *Emergency Preparedness, HM Government's statutory guidance to the Civil Contingencies Act 2004*, provides detailed planning information for local responders on business continuity management.  
<http://webarchive.nationalarchives.gov.uk/+http://www.cabinetoffice.gov.uk/ukresilience/preparedness/ccact/eppdfs.aspx>

*NHS Resilience and Business Continuity Management Guidance* is also available on the Health of Wales Information Service (HOWIS) website.  
<http://howis.wales.nhs.uk/sites3/page.cfm?orgId=331&pid=27521>

- 19.2 The consequences of a major infectious disease outbreak are likely to place considerable pressure on organisations including local authorities and educational establishments, emergency and essential services and the business sector. Robust business continuity management will help organisations to mitigate the impact of a major outbreak on services.
- 19.3 It may be necessary to maintain core business activities and key services for several weeks at high levels of absenteeism. Plans must identify and address key services and supplies that must be maintained, services that could be cut back or closed during the most intense period of the emergency and the essential posts, and where necessary individuals, whose absence would place business continuity at particular risk.
- 19.4 Organisations will need to be aware of and plan for the consequences of measures that government may recommend to control or delay the spread of an infectious disease such as travel restrictions or school closures.

### **Response Planning**

- 19.5 Local planning must ensure that integrated arrangements are in place to:
- co-ordinate the health service and multi-agency response to a major infectious disease emergency

- use all available resources effectively to cope with the challenges to capacity and capability posed at each phase of the response
- access specialist advice on management of the outbreak
- designate hospital/s to receive infected patients where appropriate for management of the disease
- provide information and advice to the local population and media that is consistent with the national communications strategy
- have resilient arrangements in place to deal with significantly greater than normal enquiries for a protracted period
- provide advice to the local population on how to seek medical assistance
- provide information and advice locally to practitioners that is consistent across Wales
- strengthen surveillance and gather and provide information
- sustain patients in the community
- undertake the distribution of antibiotics, antiviral drugs or mass vaccination for the whole community, should it be recommended, including enclosed communities e.g. residential care homes, prisons etc.
- manage significant acute sector surge capacity and increased demand for specialist beds
- provide for staff protection and strict infection control
- manage fatalities, including provision of additional mortuary capacity in hospitals
- provide for transport of infected patients.

## **20. RESPONSIBILITIES**

### **Welsh Government**

#### **20.1 The Welsh Government Department for Health and Social Services will:**

- Provide information and guidance to enable other organisations to make plans
- Work with Department of Health and other UK health departments to secure, if available, supplies of vaccine, antiviral agents, antimicrobials and other pharmaceutical products
- Establish the Health Team in the ECC(W) to provide overall strategic direction, central co-ordination of the NHS response in Wales, liaison with UK health departments and briefings for Ministers
- Lead the WG public health policy response in consultation with Public Health Wales
- Co-ordinate provision of consistent, accurate advice to health professionals, managers, the public and the media
- Work with the WG Emergencies Branch to ensure linkages to other WG Departments, the Cabinet Office Briefing Room (COBR) and LRFs

- If necessary, consider the need to request emergency powers under Part 2 of the Civil Contingencies Act 2004, to aid containment and management of the outbreak and its consequences
- Have arrangements to manage increased staff absenteeism and maintain essential services.

## **Public Health Wales**

### 20.2 Public Health Wales, working with the Public Health England (PHE) and Welsh Government DHSS, will:

- Alert WG, local authorities and police of case/s with the potential to result in a major infectious disease emergency in the UK
- Establish and promote a national strategy for management and co-ordination of the public health response
- Co-ordinate development of national guidelines for health professionals, as appropriate
- Implement outbreak control arrangements at national and local levels
- Lead contact identification, tracing and monitoring of contacts
- Lead the laboratory investigation of samples, arrangements for laboratory testing and development of a strategy for escalation
- Ensure access to specialist and reference microbiology services
- Obtain, analyse and distribute public health advice and information on national and international activity
- Provide specialist health advice together with operational and investigative support to WG and the NHS
- Advise and support public health port health arrangements
- Provide public health advice and information to the public and media
- Support NHSDW in the development of procedures and templates to be used in infectious disease emergencies
- Advise NHSDW on implementation of 'sleeping scripts'
- Advise and work with the NHS and LRFs on planning to mobilise resources to protect public health
- Manage vaccination programmes and monitor vaccine uptake
- Identify essential Public Health Wales staff for priority treatment/vaccination, if available, in accordance with UK policy
- Undertake health surveillance, including contributing to virological surveillance and monitoring new consultations for respiratory infections in primary care, through sentinel practice reporting schemes
- Investigate disease outbreaks, epidemics and risk to health
- Liaise with PHE, WHO and other agencies, as appropriate
- Have arrangements to manage increased staff absenteeism and maintain essential services
- Support the Strategic Co-ordinating Group (SCG) including establishing a Health Advisory Team (HAT) or chairing a Scientific & Technical Advice Cell (STAC) if requested by police

- Support the WG response by being represented on the WCCC and attending the ECC(W) when required.

## **Health Boards**

### 20.3 Health Boards will:

- Lead development and testing of integrated local joint agency planning for managing the health response to major infectious disease emergencies
- Have agreed systems in place to co-ordinate the health response with NHS organisations and other partners, including facilities and arrangements for establishment of a Health Emergency Co-ordination Centre (HECC)
- Ensure that local outbreak control teams and health protection contingency arrangements are in place
- Have arrangements in place for appropriate hospitals to assume the role of local infectious diseases hospital if necessary for effective management of the emergency
- Lead planning for delivery of mass countermeasures (vaccination/antibiotics/antivirals etc.) in consultation with Public Health Wales
- Mobilise and direct health care resources to support local hospitals and to sustain patients in the community
- Develop contingency arrangements to create significant additional capacity to provide acute care and expansion of specialist care
- Mobilise local resources flexibly and to the maximum extent consistent with maintaining essential care
- Respond to advice from Welsh Blood Service (WBS) or NHS Blood and Transplant concerning conservation of blood stocks
- Investigate and test antimicrobial susceptibility of secondary bacterial infections and report findings for local and national surveillance
- Lead arrangements for supporting community assessment, self care and family support
- Work across and outside organisational boundaries to support home and primary care, as far as practicable
- Ensure arrangements are established between the Health Board and local authority Social Services to co-ordinate the health and social care response
- Ensure the local population is advised on self care and how to seek medical assistance
- Ensure NHS Direct Wales is advised as necessary to support provision of local information and advice for the public
- Co-ordinate monitoring and reporting on local progress and development of the disease and the local health response
- Identify essential health staff for priority treatment/vaccination, if available, in accordance with WG/UK policy
- Have arrangements to manage increased staff absenteeism and maintain essential services.

- Offer support to any neighbouring service that is substantially affected, as far as practicable

### **Welsh Ambulance Services NHS Trust**

20.4 The Welsh Ambulance Service Trust (WAST) will undertake its emergency services role and will:

- Have arrangements, developed in consultation with partner agencies, to respond to major infectious disease emergencies
- Deploy appropriately equipped vehicles and crews to transfer patients and response team members to a receiving unit
- Support the vehicle with an escort vehicle and officer for continuity of purpose
- After hand over, manage the decontamination process of crew and equipment
- Mobilise either the Hazardous Area Response Teams (HARTs) or Specialist Operational Response Teams (SORTs), if appropriate
- Identify essential Ambulance Service staff for priority treatment/vaccination, if available, in accordance with WG/UK policy
- Have arrangements to manage increased staff absenteeism and maintain essential services
- Support the WG response by being represented on the WCCC and attending the ECC(W) when required.

### **NHS Direct Wales**

20.5 NHSDW will:

- Have arrangements, developed in consultation with partner agencies, to respond to major infectious disease emergencies
- In consultation with Public Health Wales, develop and maintain protocols and templates for use in major infectious disease emergencies
- Implement use of 'sleeping scripts' and follow agreed management protocols for patients, giving locally appropriate guidance
- Provide feedback to WG DHSS and NHS organisations on information needed to meet the requirements of the public
- Have arrangements to manage increased staff absenteeism and maintain essential services.

### **Welsh Blood Service**

20.6 WBS will:

- Work with NHSBT to maintain supplies in circumstances that impact on the blood supply
- Advise hospitals of any need to reduce usage of blood or blood products

- Provide daily reports on the state of the blood supply circumstances that impact on the blood supply
- Have arrangements to manage increased staff absenteeism and maintain essential services.

### **Local Authorities**

#### 20.7 Local Authorities will:

- Have arrangements, developed in consultation with partner agencies, to respond to major infectious disease emergencies
- Ensure arrangements are established between social services and the Health Board to co-ordinate the health and social care response
- Participate in outbreak control teams (OCT)
- Through the OCT, agree provision of personnel to assist with contact tracing, working in collaboration with the Public Health Wales
- Help with investigation of the outbreak
- Be a source of timely legal advice in relation to the Public Health (Control of Disease) Act 1984 (amended), as appropriate
- Whenever possible, provide premises with staff to support the public health management of the outbreak
- Working in partnership, support provision of public information/advice
- Address issues relating to increased pressure on registration/ burial/ cremation services, including establishment of temporary body holding/ mortuary facilities if needed
- Provide environmental health services
- Have arrangements to manage increased staff absenteeism and maintain essential services
- Support the WG response by being represented on the WCCC and attending the ECC(W) when required.

### **Port Health Authorities**

#### 20.8 Port Health Authorities, in conjunction with Public Health Wales, will:

- Have arrangements, developed in consultation with partner agencies, to respond to major infectious disease emergencies
- Implement public health measures within the port area
- In the event of a case of infectious disease presenting at a port, the Port Medical Officer (PMO) will advise the immigration authorities, if necessary, that passengers should not be allowed to enter the country and, if there is prior notification of a case, arrange for diagnosis to be confirmed or excluded prior to passengers leaving the aircraft or ship
- Have arrangements to manage increased staff absenteeism and maintain essential services.



## **Police**

### 20.9 The Police will:

- Establish a Strategic Co-ordinating Group (SCG) to support the management and co-ordination of the multi-agency response
- Advise on security arrangements if required and as appropriate
- In cases of public disorder or criminal threat, support arrangements for NHS security of staff, premises and supplies and security of samples during transportation
- Support the WG response by being represented on the WCCC and attending the ECC(W) when required.

## **Local Resilience Fora**

### 20.10 LRF organisations need to work together to:

- Support multi-agency planning, including participation in an LRF sub group established to develop joint agency response arrangements for major infectious disease emergencies
- Facilitate multi-agency co-ordination of the response including supporting police arrangements for establishing an SCG.

## **21. TRAINING AND EXERCISES**

21.1 All organisations are responsible for ensuring that members of their staff are trained to fulfil their role in an emergency. In addition to general awareness training for major infectious disease emergencies, specific training will be required for staff that may be required to operate under Patient Group Directions (PGDs) or be re-deployed to work in unfamiliar roles or environments.

21.2 Exercises to validate infectious disease response planning need to be undertaken within organisations and jointly with response partners. Health emergency planning co-ordination groups and the LRF should identify and address multi-agency training and exercise needs within their areas. Communications channels for local dissemination of alerts, information and advice to the NHS should also be tested regularly.