

Croydon Council

Pandemic Response Plan

v2.0, March 2020

This plan contains actions from when the World Health Organisation (WHO) declare a “Public Health Emergency of International Concern” (PHEIC).

Go to page 15, [council \(internal\) coordination arrangements](#), for guidance on steps to take.

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Ownership and Version Control

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Exercise Pandemic (November 2017)	Internal table top	The 2017 council pandemic influenza plan and service business continuity plans	Post exercise report
Exercise Corvus (January 2020)	Multi-agency table top	Local arrangements	

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Acronyms

BECC	Borough Emergency Control Centre
CCG	Clinical Commissioning Group
CGG	Council Gold Group
COP	Common Operating Picture
CSG	Council Silver Group
CSU	Commissioning Support Unit
DHSC	Department of Health and Social Care
DPH	Director of Public Health
DRA	Duty Resilience Advisor [one of the resilience team]
LA	Local Authority
LLACC	London Local Authority Coordination Centre
LLAG	London Local Authority Gold
LLAG	London Local Authority Gold
LRG	London Resilience Group <i>The body that coordinates the London Resilience Partnership and London Local Authority emergency planning teams</i>
NHS	National Health Service
NPFS	National Pandemic Flu Service
PHE	Public Health England
PPE	Personal Protective Equipment
RCG	Recovery Coordination Group
SCG	Strategic Coordinating Group
SitRep	Situation Report

1 Introduction

This Croydon Council Pandemic Response Plan is based on national pandemic influenza planning assumptions. However, this plan is designed to be adaptable to any new infectious disease, such as the 2003 severe acute respiratory syndrome (SARS), the 2009 Swine Flu, or the 2014-2016 Ebola outbreak.

1.1 Aim

To provide a framework for Croydon Council to be prepared for, and able to respond to and recover from a pandemic.

1.2 Objectives

- Enable a precautionary, proportional, and flexible approach to respond to a range of pandemic scenarios;
- Outline roles and responsibilities of individuals and council services;
- Ensure the continuation of critical council services through effective service business continuity arrangements;
- Signpost to existing systems and processes wherever possible, augmenting, adapting and complementing them as necessary to meet the unique challenges of a pandemic;
- Minimise and mitigate the impact of a pandemic on the health of the local community, businesses and staff;
- Provide a coordinated media and public information response with timely and accurate information, in conjunction with partner agencies and led by Public Health England;
- Outline a response framework that is adaptable to other threats, to the extent that this is practicable without compromising its effectiveness for pandemic influenza.

2 Background

The Government judges that one of the highest current risks to the UK is the possible emergence of an influenza pandemic – that is, the rapid worldwide spread of influenza ('flu') caused by a novel virus strain to which people would have no immunity, resulting in more serious illness than caused by seasonal influenza.

Flu pandemics are natural events that happen when a unique flu virus evolves that few people (if any) are immune to. There are important differences between 'ordinary' seasonal flu of the kind that happens in winter, and pandemic flu. In a pandemic, the new virus will spread quickly and cause more serious illness in a large proportion of the population, due to the lack of immunity. There is a high probability of a flu pandemic occurring, but it is impossible to predict when, or exactly what it would be like.

Emerging infectious diseases could also cause large numbers of people to fall ill. These are diseases which have recently been recognised or where cases have increased over the last 20 years in a specific place or among a specific population (e.g. the Zika virus). The likelihood of an emerging infectious disease spreading within the UK is assessed to be lower than that of a flu pandemic.

The most recent pandemic flu outbreak was an H1N1 strain ('Swine flu') in 2009 which caused at least 18,500 deaths worldwide. In 1918 another variant of the same H1N1 strain ('Spanish flu') killed over 50 million people globally. However, other flu strains exist with pandemic potential, such as H5N1 ('avian or bird flu'). This strain caused several hundred human deaths in South East Asia in 1996.

Over the past 25 years more than 30 new (or newly recognised) emerging infectious diseases have been identified around the world, such as Severe Acute Respiratory Syndrome (SARS), Ebola, Zika and Middle East Respiratory Syndrome (MERS). The latter emerged recently in 2012 and poses a global health threat.

3 Planning and preparedness

Principles of Pandemic Response

Many important features of a pandemic will not become apparent until after it has started (i.e. when person-to-person transmission has become sustained). Given the uncertainty about the scale, severity and pattern of development of any future pandemic, three key principles should underpin all pandemic preparedness and response activity:

- **Precautionary:** the response to any new virus should take into account the risk that it could be severe in nature. Plans must therefore be in place for a pandemic with the potential to cause severe symptoms in individuals and widespread disruption to society.
- **Proportionality:** the response to a pandemic should be no more and no less than that necessary in relation to the known risks. Plans therefore need to be in place not only for high impact pandemics, but also for milder scenarios, with the ability to adapt them as new evidence emerges.
- **Flexibility:** there will need to be local flexibility and agility in the timing of transition from one phase of response to another to take account of local patterns of spread of infection, within a consistent UK wide approach to the response to a new pandemic, and accounting for the different healthcare systems in the four countries that make up the United Kingdom.

Five Phases of Pandemic Response

The overall strategy to the management of a pandemic is to minimise, where possible,

- the potential health impact of a future influenza pandemic
- the potential impact of a pandemic on society and the economy, and
- instil and maintain trust and confidence.

The five pandemic response stages (DATER) listed below are not numbered as they are not linear, may not follow in strict order, and it is possible to move back and forth or jump stages. Transition between stages will be determined at the time, considering regional variation and epidemiological evidence. See the *Local* multi-agency coordination

Responding to the health, social care and wider challenges of a pandemic requires the combined and coordinated effort, experience and expertise of all levels of government, public authorities/agencies and a wide range of private and voluntary organisations.

A separate plan, the **Croydon Multi-Agency Pandemic Response Plan**, provides the framework for Croydon Resilience Forum to be prepared for, and able to respond to and recover from a pandemic, and should be read in conjunction with this plan.

This multi-agency plan details:

- Roles and responsibilities of key responding organisations within Croydon.
- Activation procedure.
- Coordination structures, to ensure an effective response to the local population which fits in with national and regional strategies and coordination structures.
- Situational awareness processes, so that potential problems can be identified early and addressed or, where necessary, raised at a London level.
- Communication arrangements, both between organisations and with the public and media.

It does not detail business continuity arrangements for contributing organisations – each agency is responsible for maintaining an appropriate level of service, which includes being able to actively participate in local response and coordination arrangements.

3.1 Regional (London) multi-agency coordination

London's strategic coordination arrangements are set out in the Strategic Coordination Protocol available on the London Prepared website. The Protocol details the arrangements for the coordinated strategic response and recovery to any emergency, as defined by the Civil Contingencies Act 2004, in London; including a pandemic.

Response section for Croydon Council-specific considerations and activities at each stage.

Phase	Lead Organisation	Pandemic Response Phase Description
“Public Health Emergency of International Concern” (PHEIC) is declared by the WHO, or the WHO declaring a Pandemic Alert Phase.		
Detection	Public Health England	<ul style="list-style-type: none"> This would result in increased surveillance and intelligence gathering, developing virus-specific diagnostics, and communicating with the public and partners.
Identification of the novel (influenza) virus in patients in the UK.		
Assessment	Public Health England	<ul style="list-style-type: none"> The focus at this stage would be collection and analysis of detailed clinical and epidemiological information on which to base early estimates of impact and severity in the UK. Also, reducing the risk of transmission and infection with the virus within the local community by actively finding cases; advising community voluntary self-isolation of cases and suspected cases; and advising on the treatment of cases/suspected cases and use of antiviral prophylaxis for close/vulnerable contacts, based on a risk assessment of the possible impact of the disease.
Evidence of sustained community transmission, i.e. cases not linked to any known or previously identified cases.		
Treatment	NHS England	<ul style="list-style-type: none"> Actions at this stage would be the treatment of individual cases and population treatment, if necessary, using the National Pandemic Flu Service (NPFS); enhancing services to handle larger numbers of cases; and consideration of enhancing public health measures to disrupt local transmission of the virus as appropriate, such as localised school closures based on public health risk assessment.
Demands for services start to exceed the capacity available.		
Escalation	NHS England	<ul style="list-style-type: none"> This would trigger the escalation of surge management arrangements in health and social care, the prioritisation of service delivery and the introduction of resilience measures.
Influenza activity is either significantly reduced compared to the peak or the activity is considered to be within acceptable parameters.		
Recovery	Local Authorities	<ul style="list-style-type: none"> This focuses on the normalisation and restoration of services; evaluating the response to the pandemic; taking steps to address staff exhaustion; and planning and preparing for a resurgence of the virus.

3.2 Pandemic flu planning assumptions

- One of the main challenges faced by those planning against a pandemic is that the nature and impact of the pandemic cannot be known until it emerges. It is therefore important to emphasise that all impact predictions are estimates – not forecasts – made to manage the risks of a pandemic, and that the actual shape and impact may turn out to be very different.

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- Regardless of where or when an influenza pandemic emerges, it is likely to reach the UK very quickly. From the time of arrival in the UK, it will probably be a further one to two weeks until sporadic cases and small clusters of disease are occurring across the country
- As the H1N1 Swine Flu (2009) pandemic showed, the demands of the pandemic are unlikely to be uniform, but different areas will be under pressure at different times (and some not at all), requiring flexibility of approach.
- During a pandemic, the assumptions on which to base the response will be updated in the light of emerging evidence about the range of likely scenarios at the time. Until then, planning is based on the assumptions set out in The UK Influenza Preparedness Strategy 2011 (and National Resilience Planning Assumptions), as summarised below. These assumptions draw on the best information currently available on the potential impact of a pandemic virus and on the feasibility and merits of specific response options. The assumptions have been derived from a combination of current virological and clinical knowledge, expert analysis, extrapolations from previous pandemics and mathematical modelling and follow from the reasonable worst case which states:
 - **Cumulative clinical attack rates of up to 50% of the population in total, spread over one or more waves each of around 12-15 weeks, each some weeks or months apart. If they occur, a second or subsequent wave could be more severe than the first. Response plans should recognise the possibility of a clinical attack rate of up to 50% in a single-wave pandemic;**
 - **Up to 4% of those who are symptomatic may require hospital admission; and**
 - **Up to 2.5% of those who are symptomatic may die.**
- A case fatality rate of 2.5% is similar to that of the 1918/19 “Spanish flu” pandemic, and higher than both the 2009 H1N1 pandemic, with a case fatality rate of 0.02%, and seasonal influenza, where the average case fatality rate is estimated to be around 0.06%. The case fatality rates for the coronaviruses SARS and MERS were much higher at 10% and 30% respectively.
- As a rough working guide, organisations employing large numbers of people, with flexibility of staff redeployment, should ensure that their plans are capable of handling **staff absence rates of up to 15-20%** set out above (in addition to usual absenteeism levels).
 - Absence is likely to be 7 working days for those without complications, and 10 for those with.

Reasonable Worst Case Scenario Pandemic Influenza Planning Assumptions		LB Croydon Modelling
<i>During a pandemic, the assumptions on which to base the response will be updated in the light of emerging evidence about the range of likely scenarios at the time.</i>		
Population	London Borough of Croydon population (ONS population estimate 2018)	385,346
Clinical attack rate	50% of the local population displaying symptoms (ranging from mild to severe)	192,673
	70% of those with symptoms who self-care	134,871
	30% of those with symptoms needing primary care	57,802
	1% – 4% of those with symptoms requiring hospital admission	1,927 – 7,707
Peak clinical attack rate	10% - 12% of the local population becoming ill each week	38,535 – 46,242
Pandemic deaths (assuming no effective countermeasure e.g. vaccine)	0.5% of symptomatic	963
	1.5% of symptomatic	2,890
	2.5% of symptomatic	4,817
Peak absence rate	Croydon Council permanent employees as of February 2020 (aka those on the monthly payroll, including fixed term posts)	3500

Reasonable Worst Case Scenario Pandemic Influenza Planning Assumptions		LB Croydon Modelling
<i>During a pandemic, the assumptions on which to base the response will be updated in the light of emerging evidence about the range of likely scenarios at the time.</i>		
	Up to 50% of staff may become ill over the period of the pandemic	1750
	Between 15% and 20% of staff may be absent on any given day	525 - 700

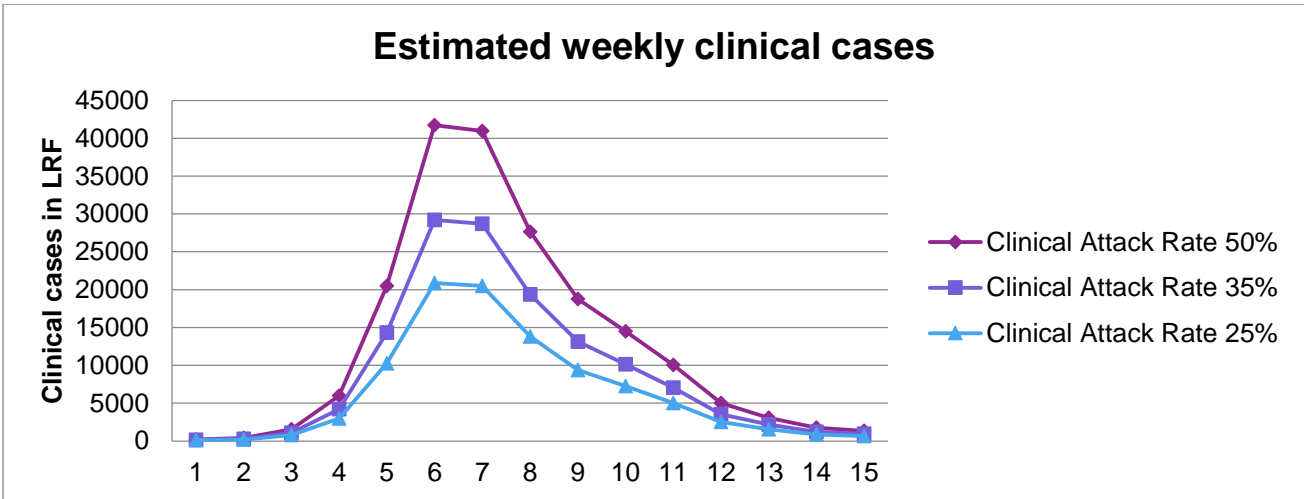


Figure 1 - Estimated number of clinical cases of influenza in the London Borough of Croydon over a 15 week wave

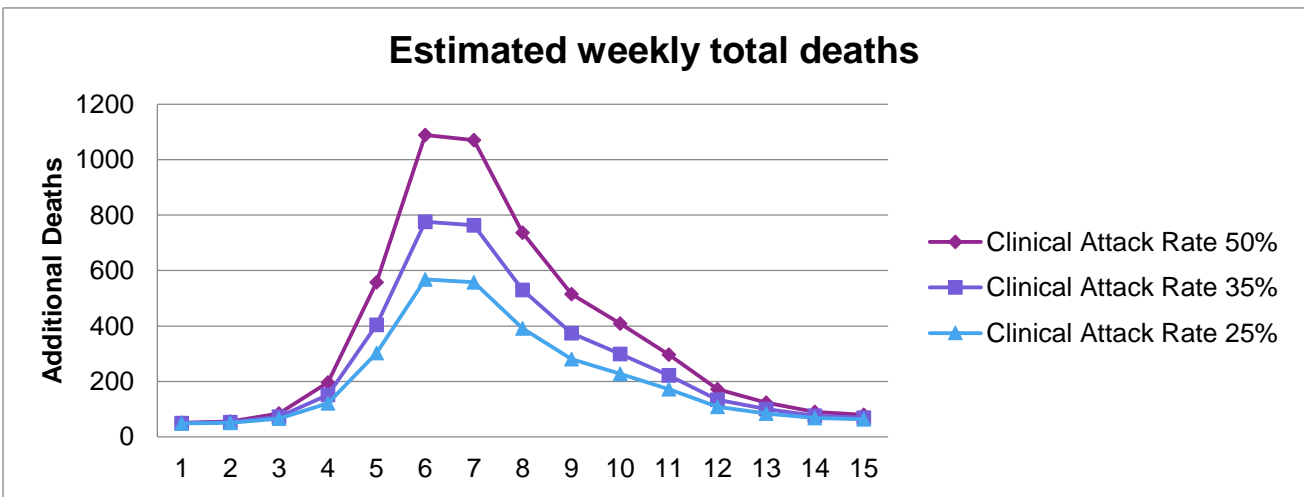


Figure 2 - Estimated number of deaths [pandemic influenza-caused deaths + normally occurring deaths] in the London Borough of Croydon over a 15 week wave

3.3 Roles and responsibilities of key council staff

Generic emergency response roles and responsibilities for teams and individuals in Croydon Council can be found in the [Corporate Emergency Response Plan](#). Below are the roles and responsibilities specific to a pandemic influenza.

Local multi-agency roles and responsibilities can be found in the [Croydon Resilience Forum Pandemic Response Plan](#).

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Role	Pandemic Response Specific Responsibilities (in addition to those listed in the Corporate Emergency Response Plan)
Director of Public Health	<ul style="list-style-type: none"> • Activate this plan, the Croydon Council Pandemic Response Plan. • Obtain assurance that local plans are in place and have been tested • Attend and chair relevant coordinating groups and participate in response meetings / teleconferences, as required. • Ensure the provision of non-clinical staff to support the response by making available staff from within the Public Health team(s), as required. • Ensure the dissemination of pandemic communications to relevant service areas within the local authority and support media activity.
Public Health Team	<ul style="list-style-type: none"> • Attend and act as secretariat to relevant coordinating groups and participate in response meetings / teleconferences, as required. • Liaise with Occupational Health Service in providing specialist public health advice to the Council to assist Managers, especially in relation to staff exposure and returning to work after absence.
Human Resources & Occupational Health Services	<ul style="list-style-type: none"> • HR will have a key role in the monitoring the levels of reported staff absence to enhance the planning of actions involving the availability and redeployment of staff. <ul style="list-style-type: none"> ○ Tempo of reporting of staff absence levels may be dictated regionally, if not nationally. ○ Current sickness absence policies and procedures may be required to be reviewed or relaxed in light of the situation. Module 20, chapter 1 of the HR Handbook (available on the intranet), 'Deployment of staff in emergency situations', should be referred to. ○ Central 'hotlines' could be set up for staff to report absence daily, rather than reporting to individual line managers. • Communicating to staff any changes to policies or procedures • Collaborate with Occupational Health Service to ensure a joined up approach • Endorsing the possible need for staff redeployment to support critical services • Chair pandemic coordinating groups relating to absence, staff welfare etc. • Attend relevant coordinating groups and participate in response meetings / teleconferences, as required • Through occupational health services, the Council is normally responsible for the provision of seasonal influenza vaccinations to health and social care staff that work directly with vulnerable residents. The Council's seasonal influenza vaccination provision process will be an important element of the Council focused response to a pandemic outbreak.
Managers of Staff	<ul style="list-style-type: none"> • Managers of staff are responsible for recording reported absence on My Resources as soon as they are informed by the member of staff
All Staff	<p>Half of staff in total could be sick (and hence absent from work for a period) at some point during the course of the pandemic, and 20% of staff could be absent at any one time. Therefore those staff who are available may be directed towards the critical services that the Council must maintain to ensure that the community and the council does not unduly suffer.</p>

Role	Pandemic Response Specific Responsibilities (in addition to those listed in the Corporate Emergency Response Plan)
	<p>The plan also reflects that services may have to be delivered in a different way to help reduce the spread of infection. This includes finding ways to reduce face-to-face encounters, and the use of appropriate hygiene procedures.</p> <p>The basic assumptions are that during a pandemic the Council expects staff to:</p> <ul style="list-style-type: none"> • Report for work if they are not ill and do not have vulnerable dependants at home <ul style="list-style-type: none"> ○ 'Reporting for work' includes working remotely as appropriate • Report absence daily, either to line manager in line with the council's sickness absence management policy, or to a pandemic-specific absence monitoring process • Follow infection control and personal respiratory and hand hygiene procedures • Work flexibly, covering for the absence of colleagues • Be prepared to be re-deployed to maintain critical services if necessary • It is vital that health and social care staff not only protect themselves against the novel virus, but recognise the importance of infection prevention and control and protecting residents and service users in their care. <p>Staff may be asked to delay taking holidays and annual leave where possible.</p> <p>As an employer, the Council undertakes to:</p> <ul style="list-style-type: none"> • Take reasonable steps to protect the health and well-being of staff • Allow staff to take sick or carer leave if required • Assess the risks of re-deploying staff • Not expect staff to undertake work beyond their competence <p>See Module 20 of the HR Handbook 'Deployment of Staff in Emergency Situations' for further guidance.</p>

3.4 Corporate business continuity

Business continuity is an organisation's ability to maintain essential functions during and after a disaster has occurred. Business continuity planning establishes processes and procedures that aim to prevent interruptions to critical services, and reestablish full function to the organisation as quickly and smoothly as possible.

Each service (Tier 3 manager) is required to undertake a business impact assessment (BIA) for the teams within their service area. Impact assessment of team high-level core deliverables indicate whether the team is rated a Priority 1 (most critical), 2 or 3 – building a corporate picture of those which should take priority for continuation and restoration. All teams will then complete a business continuity plan which includes immediate/ short term considerations for disruption. All BIAs and plans are held centrally in the business continuity collaboration site within [SharePoint](#), maintained by the Corporate Resilience Team. Each service (at Tier 3) is permission protected, with access only given to those require it to view/update.

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Croydon council business continuity plans are not written specifically for different scenarios, but more generically for the impacts and consequences that result from them, for example significant staff absence or failure of IT.

Business Continuity Plan owners should invoke business continuity plans when their trigger points are reached. If the pandemic starts to impact on service provision, the Corporate Resilience Team will activate the Corporate SitRep Process. This is a Microsoft Form that services are required to complete when requested, to report the impacts the incident is having on their service. These reports are then collated to provide a council-wide picture of the impact of the pandemic.

Key pandemic-related business continuity issues:		Potential mitigations
Human aspects	<ul style="list-style-type: none"> • The direct impact to council staff is that they may be absent from work due to themselves becoming ill or experiencing an exposure to potential/confirmed pathogen or to care for a family member. • The impact to the wider community may result in reduced service or loss of services throughout the pandemic which may necessitate staff absence. • An indirect impact may be closure of schools and children’s nurseries, resulting in staff unavailability for childcare reasons. • There may be transport disruptions due to industrial action, and staff sickness/fear. 	<ul style="list-style-type: none"> • Working remotely • Staff redeployment • Reassignment of activities • Cross-training • Multi-tasking • See Module 20 of the HR Handbook ‘Deployment of Staff in Emergency Situations’ for further guidance
Supply chain disruption	<ul style="list-style-type: none"> • While Croydon council can implement its own plans to manage continuity of business, it is also dependent on its end-to-end supply chain management for both outsourced services and equipment, and internal processes. 	<ul style="list-style-type: none"> • Team BCPs should list the internal and external stakeholder dependencies on their operations • Verifying the robustness of stakeholder’s (internal and external) business continuity plans • Regular communication to understand stakeholder’s position

3.4.1 Business continuity review checklist

In the early stages of a novel contagious illness, the Corporate Resilience Team will advise when managers should review their business impact assessments and business continuity plans.

When prompting this review, the following considerations should be provided so managers are prompted to think in more detail about the potential impact a pandemic specifically could have on their service.

1. How many people work in each team?
 - Include a summary of what each role does.
 - Might any of these roles require Personal Protective Equipment (PPE)?
 - Can these roles work remotely while still maintaining service continuity?
 - What is the absolute minimum staffing levels needed to maintain a 'bare bones' service?
2. Are specialist skills or qualifications required to carry out roles in your service?
 - Include details of training that would be required for someone else to take over this role.
3. List the critical activities that your service performs, including the impact if these cease.
4. Do you perform any income earning activities?
5. What is the impact on the council / community if the service ceases to function?
6. What IT systems do you use (excluding the Microsoft suite), and what is the impact if these aren't available?
7. Do you have an up to date key suppliers/contractors/providers list, including contact details?
8. Ensure you have personal and work contact details for everyone in your service, and share the SharePoint location link with all senior team members.

3.5 Excess deaths

Croydon Council is the organisation responsible for leading on the planning for excess deaths within the London Borough of Croydon.

Within Croydon, there are three plans that support this capability:

- The [Croydon Council Excess Deaths Plan](#) details the council's actions and arrangements required to respond to an excess deaths event.
- The [South London Area Coroner's Consortium Excess Deaths Capability](#) details how death management practitioners in the London Boroughs of Bexley, Bromley, Croydon and Sutton will monitor any unusual increases in each stage of the death management process.
- The [Croydon Multi-Agency Pandemic Response Plan](#) details how the Excess Deaths Working Group fits into the local multi-agency response.

4 Council (internal) coordination arrangements

The response to any incident should reflect the command and control structure detailed in the [corporate emergency response plan](#), and the impact and demand seen locally.

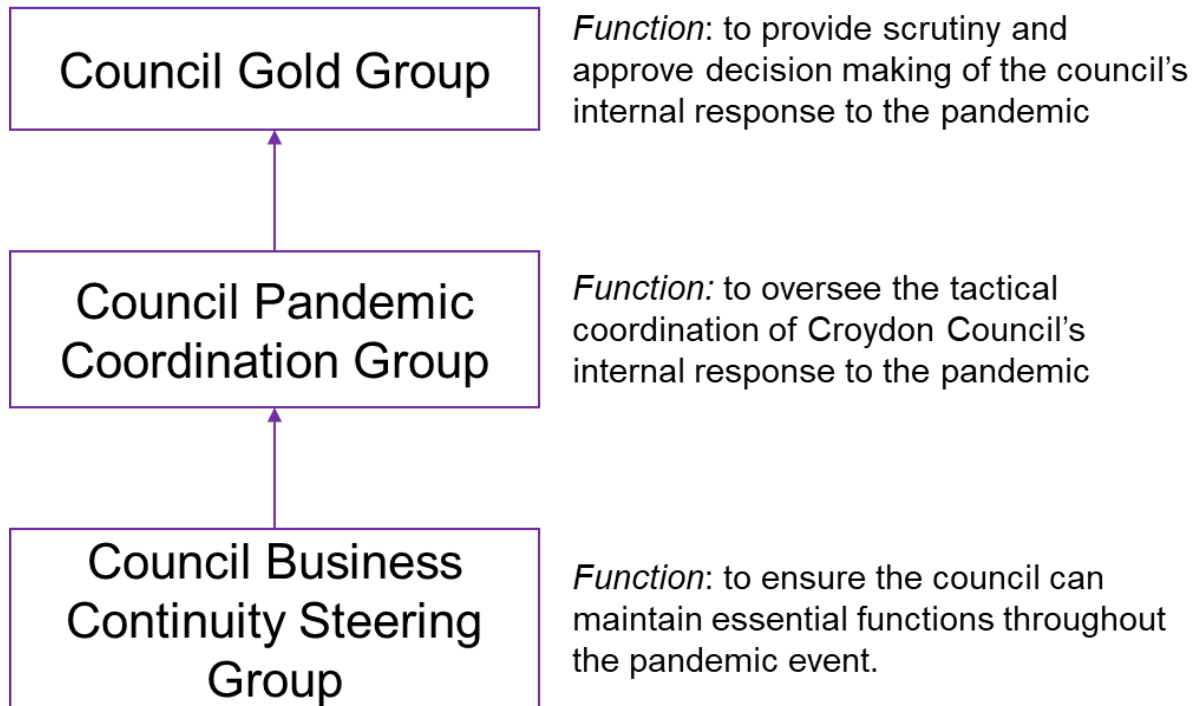


Figure 3 - Suggested council pandemic coordination group structure

4.1 Escalation and activation principles

- The response to an emerging infectious disease should start well in advance of a pandemic being declared (if it even becomes one).
 - An emerging infectious disease is unlikely to originate in the United Kingdom, and so there will be lots of stories circulating in the media about such an illness probably before anyone in the UK is diagnosed with it.
 - Being on top of the response, including being proactive with communications, will lay a good foundation for an effective, proportionate response.
- The table of actions in

- *Council activities at each stage* of DATER should be followed as it provides guidance at each stage, including in the “shadow phase” before any national or regional pandemic plans are activated.
- A proportionate escalation approach is advised; reviewing the approach as the situation progresses and more information becomes available.
 - The initial response should be led by the Director of Public Health, with input from the public health and communications teams, with support and coordination advice provided by the resilience team.
 - This pandemic response plan should be activated by the Director of Public Health when response activity is sustained and requires structured coordination and resource to ensure effectiveness; or on notification from London Resilience that a pandemic response is required.
 - The [corporate emergency response plan](#) (CERP) should then be activated by the Chief Executive when the emerging infectious disease starts to affect the borough or council operations.
 - The CERP is designed to guide Croydon Council officers through the expected response to an incident and outline the internal coordinating structure, key roles, responsibilities and actions.

4.2 Prior to activation of this Council Pandemic Response Plan

It is suggested that **when the World Health Organisation (WHO) declare a “Public Health Emergency of International Concern” (PHEIC)** or a Pandemic Alert Phase [Detection phase], a small group of key council officers should convene to establish initial communication and coordination channels.

- Chaired by the Director of Public Health, attendees should include representatives from:
 - Public Health team (in addition to the Director of Public Health)
 - Corporate Resilience Team
 - Communications team

After identification of the novel virus in patients anywhere in the UK [Assessment phase], key council leads should meet to review and reflect on internal council preparedness for the emerging risk.

- The table in

- *Council activities at each stage* of DATER provides suggested membership and agenda for this group.
- This group should be suitably named to remain applicable if this plan is activated, and if the Corporate Emergency Response Plan is then activated.
- Meeting notes, actions, and associated documents should be stored in a central repository (for example Microsoft SharePoint, or Teams) for all representatives to be able to access.
 - This will reduce the number of emails, and the likelihood of information being missed, or the viewing and sharing of out of date information.
- The Public Health team are responsible for the secretariat (administrative support: organising meetings, contacting members, taking and sharing notes etc.) of any relevant coordinating groups.

When there is evidence of sustained community transmission, i.e. cases not linked to any known or previously identified cases [Treatment phase], and council response activity is sustained and requires structured coordination and resource to ensure effectiveness, formal activation of this plan should be considered. This plan may also be activated on notification from London Resilience that a pandemic response is required.

4.3 After activation of this Council Pandemic Response Plan

The group of key council leads should continue to meet, reviewing the following (not an exhaustive list):

- Membership of the group
- The current situation
- The impact of the current situation on the council and its operations
- Response actions happening internally
 - Have any business continuity plans been activated?
- What do representatives need to do for their service area and the wider council preparedness
- Review of actions coming out of the meetings, who is leading on each, and when it is to be completed.
- Outstanding actions
- Resource requirements

4.4 After Corporate Emergency Response Plan activation

When the emerging infectious disease starts to affect the borough or council operations, the [corporate emergency response plan](#) (CERP) and arrangements should be activated. Refer to the CERP for further detail on the coordinating groups listed below, how to activate them, and how the council's response to an incident should be managed. The information below provides a summary of the key council coordinating groups.

Council Gold Group (CGG)

- The CGG are be responsible for the strategic co-ordination and monitoring of Council resources.
- It is chaired by Council Gold.
- The CGG, alongside Council Silver and Resilience Advisor, will be responsible for the overall management, co-ordination, control, and monitoring of the emergency situation and disaster recovery actions.
- A CGG meeting is likely to focus closely on:
 - The impact of the incident on the local community;
 - Continuity of local public services;
 - The resourcing needs of the local authority and other local partners; and

- Local stakeholder management.

Council Silver Group (CSG)

- The CSG are responsible for the tactical identification and deployment of Council resources.
 - In a pandemic response, the group that has been sitting to coordinate the council's response so far will become this group.
 - The name of the existing group could be extended to include "CSG". For example, "Swine Flu Coordinating Group (CSG)".
- It is chaired by Council Silver.
- A CSG meeting is likely to focus closely on:
 - Reviewing the tactical plan
 - Management of resources
 - Outstanding actions & issues
 - Agreeing priorities
- The CSG should be supportive in:
 - ensuring that service areas required as part of the emergency response undertake desired tasks as requested by the Borough Emergency Control Centre (BECC) / Council Silver;
 - timely updates are provided on tasks allocated to them;
 - and that Service Link Officers (SLOs) identified for each responding services have made contact with the designated BECC Officer responsible for their service area.

Business Continuity Steering Group

Business Continuity Plan owners should invoke business continuity plans when their trigger points are reached, however a business continuity-focused sub group is likely to be needed to coordinate the impacts of the pandemic on council operations.

This group will coordinate the tactical response for business continuity management activities to ensure that critical council services can be maintained. Responsibilities for this group may include:

- Arranging for the identification and continuation of activities within each directorate which are critical to the community on health, social and economic grounds and services that are required by statutory law.
- Assessment of impact on service provision due to reduced / non supplies of services provided by external agencies during a pandemic.
- An assessment of the impact the reduction in staffing levels is/ would have on departments who provide critical services and determining minimum staffing levels and resourcing during a pandemic for those critical services.
- The identification of alternative staff resources, particularly concentrating on where critical functions could be staffed by those from non-critical areas which have the necessary skills and knowledge (there is unlikely to be any capacity available from outside temporary or staffing agencies). This aspect includes the potential lead-in and training time needs of such deployed staff.
- The identification of staff that would be able to work from home without significant impact on their normal activities. This would help reduce the spread of infection, allow for potential transport disruptions or controls on public gatherings, and would allow staff to look after sick relatives or children away from school.
- The assessment of the reliability of supply chains, etc., and how long critical services could continue functioning without those supplies.

Recovery Coordinating Group (RCG)

- The RCG is the strategic decision making body for the recovery phase, able to hold the broad overview and represent each agency's interests and statutory responsibilities.
- The group is a multi-agency group, Chaired by a Croydon Council Executive Director.

Borough Emergency Control Centre (BECC)

- The Borough Emergency Control Centre (BECC) is the coordination hub of the local authority emergency response.
- All key incident information should go through the BECC to be able to be input into the Incident Log.
- The BECC will be opened upon the decision of Council Silver and the Resilience Advisor.

4.5 De-escalation and Stand down

See the council's [Corporate Emergency Response Plan](#) for further information on stand-down and debriefing arrangements.

- Council Silver (likely the Director of Public Health), with agreement from Council Gold, will determine when the use of this plan may be stood down.
 - These events will need to be formally communicated and documented.
 - This will follow receipt of notification from NHS England, and London Resilience that the significant impacts of the pandemic are over and regional and national reporting structures are being closed down.
- There may be a continuing need for a Recovery Coordinating Group.
 - Alternatively, it may be that the community and council operational needs have been satisfied to a point in which further activity may be absorbed into "business as usual".
- It should also be noted that it is likely that at least one investigation will be taking place into the incident at this stage.
 - Copies of notes and logs of actions and decisions should be saved securely, and made available when / if requested.
- Part of the stand down process should be a formal debrief and evaluation of the incident and the council's actions, decisions and activities which were undertaken in response to, and recovery from, the emergency.
 - This evaluation should be used to enhance plans for future incidents.

4.6 Local multi-agency coordination

Responding to the health, social care and wider challenges of a pandemic requires the combined and coordinated effort, experience and expertise of all levels of government, public authorities/agencies and a wide range of private and voluntary organisations.

A separate plan, the [Croydon Multi-Agency Pandemic Response Plan](#), provides the framework for Croydon Resilience Forum to be prepared for, and able to respond to and recover from a pandemic, and should be read in conjunction with this plan.

This multi-agency plan details:

- Roles and responsibilities of key responding organisations within Croydon.
- Activation procedure.

- Coordination structures, to ensure an effective response to the local population which fits in with national and regional strategies and coordination structures.
- Situational awareness processes, so that potential problems can be identified early and addressed or, where necessary, raised at a London level.
- Communication arrangements, both between organisations and with the public and media.

It does not detail business continuity arrangements for contributing organisations – each agency is responsible for maintaining an appropriate level of service, which includes being able to actively participate in local response and coordination arrangements.

4.7 Regional (London) multi-agency coordination

London's strategic coordination arrangements are set out in the Strategic Coordination Protocol available on the [London Prepared](#) website. The Protocol details the arrangements for the coordinated strategic response and recovery to any emergency, as defined by the Civil Contingencies Act 2004, in London; including a pandemic.

5 Response

The response to an emerging infectious disease should start well in advance of a pandemic being declared (if it even becomes one).

The council's response to any emerging infectious illness should always be precautionary, proportional, and flexible based on the risk at the time.

5.1 Situational Awareness

Information is crucial to the understanding and response to any major incident. For a pandemic this is particularly important, as the inter-dependencies of agencies on each other's' continued resilience over potentially several months will become crucial.

5.1.1 Situation Reports

When the London response arrangements have been activated, Croydon Council will be required to supply situation reports to the London Local Authority Coordination Centre (LLACC), which will be collated with those from the other London local authorities and fed into the London Strategic Coordination Group and COBR.

Croydon Council's situation report will be collated and sent by the officers in the Borough Emergency Control Centre (BECC) according to the operational rhythm set by the LLACC. Frequency (or operational rhythm) will be determined by the severity of the pandemic, the scale of the challenges arising, and available resources.

Council teams asked to contribute to this must provide their situation report within the set deadlines, otherwise it will not be included in the return – this is not flexible as there are deadlines that the LLACC has to meet.

Croydon council may be expected to report on the following

- Impacts on local critical services
- Social care provision
- Impacts on cremation and burial services and mortuary capacity – to Excess Deaths Steering Group
- Local support to the health service/voluntary and community inputs and mutual aid issues and solutions
- Community concerns
- Business issues

5.1.2 Common Operating Picture (COP)

Sustaining a clear information picture across the council, and amongst partners, during an incident is essential. When the [Corporate Emergency Response Plan](#) has been activated, a Common Operating Picture (COP) will be used by the resilience team to regularly share the most pertinent information relating to an incident with CGG, CSG, key staff, Members and partners. This assists in shared knowledge, efficiencies in information sharing and a reduced need to read minutes and reports to source key pieces of information.

5.2 Council activities at each stage of DATER

There are five, non-linear, phases of a pandemic response: DATER – **D**etection; **A**ssessment; **T**reatment; **E**scalation; **R**ecovery.

The following table details practical actions and considerations for the council at each of the five stages. The actions and considerations listed below are not exhaustive, and should be precautionary, proportionally, and flexibly applied to the specific risk presented.

With each DATER phase, the actions of the previous stage should also be considered and actioned.

Each stage may last days, weeks, or months depending on the emerging infectious disease, and so all listed actions may not be relevant in the earlier stages of a phase. But the council’s response activities should be regularly reviewed to ensure they are proportionate and appropriate.

Action / Consideration	Additional Information / Suggestions	Responsible
Detection “Public Health Emergency of International Concern” (PHEIC) is declared by the WHO, or the WHO declare a Pandemic Alert Phase.		
Establish initial communication and coordination channels	<ul style="list-style-type: none"> • Determine proportionate initial actions • Pooling and sharing of situational reports (sitreps) – public health and resilience teams are likely to get sitreps via different channels • Identify and establish key points of contact in public health, resilience, and communications teams • Determine staff communication requirements, for example, sharing information about the virus and steps we can take to protect ourselves and others • Create an online shared repository for meeting notes/ actions/ key updates etc. accessible by key council leads 	<ul style="list-style-type: none"> • Public Health team • Resilience team • Communications team
Review this plan and referred-to emergency plans	<ul style="list-style-type: none"> • Key contacts / leads in service areas • Updating contact details 	<ul style="list-style-type: none"> • Resilience team • Public health team • Key named contributors in emergency plans
Communication with council staff	<ul style="list-style-type: none"> • Publicising normal respiratory illness advice (e.g. catch it, bin it, kill it) • Raising awareness of where to find latest information (PHE / government website) • Consider all council buildings, not just the civic centre • Consider council staff who do not have access to emails or the intranet 	<ul style="list-style-type: none"> • Communications team
Assessment Identification of the novel (influenza) virus in patients in the UK.		

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Action / Consideration	Additional Information / Suggestions	Responsible
Meeting of key council leads to review and reflect on internal council preparedness for the emerging risk	<ul style="list-style-type: none"> • Proposed agenda: update on the current situation / what is currently happening internally / what do attendees need to do for their service area and the council preparedness / review of actions coming out of the meeting, who is leading on each, and when it is to be completed. • Suggested attendees, representatives from: Public Health (chair and secretariat) / Duty Council Silver / Emergency Planning / Communications / Facilities Management / Schools / Children’s Social Care / Adults Social Care / Access Croydon / Housing / Businesses / Human Resources / Violence Reduction Unit / CDS / Bereavement Services / Events & licensing / Chair of Council Business Continuity Steering Group / Democratic Services (note / action taker) • Use the created online shared repository for meeting notes/ actions/ key updates etc. accessible by key council leads 	<ul style="list-style-type: none"> • Public Health team
Communication with council staff	<ul style="list-style-type: none"> • See the Communicating in an Incident Plan • Publicising normal respiratory illness advice (e.g. catch it, bin it, kill it) • Raising awareness of where to find latest information (PHE / government website) • Consideration of how to target front line staff • Consider a dedicated email address for internal staff to contact with queries. <ul style="list-style-type: none"> ○ The incident could go on for a long time and it is better to have a central contact point for internal queries, rather than contacting individuals. ○ The Public Health team could manage the inbox, and monitor if there is commonality in queries to update information on the intranet 	<ul style="list-style-type: none"> • Communications team
Communication with the public	<ul style="list-style-type: none"> • See the Communicating in an Incident Plan • Reiterate messages from NHS and PHE • Support targeted communications to different population groups in Croydon, e.g. non-English speakers, people with learning disabilities etc. • Coordinate with other local responding organisations to ensure consistent and effective public communications 	<ul style="list-style-type: none"> • Communications team
Review staff absence policy and procedures	<ul style="list-style-type: none"> • Are they fit for purpose for a pandemic? • Review triggers, protocols, return to work procedures etc. • Implement and communicate enhanced absence reporting arrangements 	<ul style="list-style-type: none"> • Human Resources team

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Action / Consideration	Additional Information / Suggestions	Responsible
<p>Treatment Evidence of sustained community transmission, i.e. cases not linked to any known or previously identified cases.</p>		
<p>Review of all business continuity plans (BCPs)</p>	<ul style="list-style-type: none"> • Circulate the prompting questions in <i>Business continuity review checklist</i> to business continuity plan owners • Directors are responsible to ensure that all plans in their area have been updated appropriately • Assurance should be sought by BCP owners from key suppliers and providers about the robustness of their business continuity measures • Update / reconfirm SitRep reporting mechanisms, including actions for when BCPs are invoked • Services should ensure that plans in place to support vulnerable population groups (see <i>Vulnerable people</i>) are fit for purpose and robust • Ensure that contact details are up to date for establishments such as care homes, day centres, schools etc. 	<ul style="list-style-type: none"> • Resilience team • Business continuity plan owners (usually team managers) • All Directors
<p>Activation of this pandemic response plan</p>	<ul style="list-style-type: none"> • This should be considered when response activity is sustained and requires structured coordination and resource to ensure effectiveness • This plan will also be activated on notification from London Resilience that a pandemic response is required • It is best practice to stand up emergency response arrangements early, rather than be on the “back foot” • It is unlikely to be necessary to activate the Corporate Emergency Response Plan at this stage. 	<ul style="list-style-type: none"> • Director of Public Health
<p>Ensure the resilience of key IT systems</p>	<ul style="list-style-type: none"> • Ensuring server capacity for increased numbers of remote workers • Review the resilience of IT systems used by priority one services • Review of disaster recovery plans 	<ul style="list-style-type: none"> • IT teams
<p>Council emergency response arrangements</p>	<ul style="list-style-type: none"> • Place Borough Emergency Control Centre (BECC) staff are on standby and have advised their line management of their potential absence for BECC duty over the course of the pandemic 	<ul style="list-style-type: none"> • Resilience team
<p>Communication with council staff</p>	<ul style="list-style-type: none"> • New or enhanced Council procedures • Pandemic impact on Croydon • Remind about illness / absence procedures • Reinforcement of personal respiratory and hand hygiene message 	<ul style="list-style-type: none"> • Communications team

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Action / Consideration	Additional Information / Suggestions	Responsible
Communication with the public	<ul style="list-style-type: none"> • Any changes about how to access council services (e.g. Access Croydon) • Coordinate with other local responding organisations to ensure consistent, effective public communications • Provision of a consistent message (following the national messages) to promote community cohesion and ensure that the public are kept informed 	<ul style="list-style-type: none"> • Communications team
The following actions / considerations are more relevant when the emerging infectious illness is affecting higher numbers of people, closer to, or within Croydon.		
Provision of PPE to staff (for example, face masks, hand sanitiser), following national specialist guidance about what is appropriate in different environments	<ul style="list-style-type: none"> • Particular focus on front line services • Remember all council buildings, not just the civic centre 	<ul style="list-style-type: none"> • Facilities Management team
Staff redeployment needs and re-training for key pandemic-related activities requiring potential enhancement	<ul style="list-style-type: none"> • See those services listed in <i>Pandemic-specific activities for key council services</i> • Consider training needs assessment for cross-training of staff to fulfil key roles • Consider other roles with transferrable skills • Who will facilitate the training required? • Consultation with Trade Unions on potential redeployment of staff to critical services • Ensure all staff are aware of the likely impact of the pandemic and the changes to working practices that will be employed 	<ul style="list-style-type: none"> • Business Continuity Steering Group
Monitoring of staff absence	<ul style="list-style-type: none"> • This is likely to be a required daily reporting line for London Resilience • Confirmation of recorded sickness, annual and compassionate leave arrangements during the pandemic period • Decide upon staff segregation or isolation policies for those who come to work while apparently ill 	<ul style="list-style-type: none"> • Human Resources team
CRF Multi-Agency Pandemic Response Plan will be activated	<ul style="list-style-type: none"> • This should be considered when response activity is sustained and requires structured local multi-agency coordination and resource to ensure effectiveness. • It is best practice to stand up emergency response arrangements early, rather than be on the “back foot” • Pandemic command and control arrangements will be invoked, which requires attendance at multi-agency meetings (e.g. PICG and Strategic Group) 	<ul style="list-style-type: none"> • Director of Public Health

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Action / Consideration	Additional Information / Suggestions	Responsible
Activation of the Corporate Emergency Response Plan	<ul style="list-style-type: none"> When the emerging infectious disease starts to affect the borough or council operations, the CERP and arrangements should be activated. This will include activation of the Borough Emergency Control Centre (BECC) arrangements, and Council Gold Group and Council Silver Group meetings. 	<ul style="list-style-type: none"> Chief Executive
Escalation Demands for services start to exceed the capacity available.		
Strategic direction about which services can be suspended	<ul style="list-style-type: none"> Depending on resource availability, some services may be required to suspend activity to focus resources on critical services. Use the council business continuity situation report summary to guide this decision. 	<ul style="list-style-type: none"> Business Continuity Steering Group Final decisions to be approved by Council Gold Group
Critical service assessment and forward planning	<ul style="list-style-type: none"> Linking in with staff absence figures 	<ul style="list-style-type: none"> Business Continuity Steering Group
Communication with the public	<ul style="list-style-type: none"> Ensure that residents, local business, community group and partners expectations of Council services are appropriately managed, including through the media. This message should emphasise that should the pandemic have a severe impact on the populace the Council have plans in place to ensure that the critical activities will be maintained, though potentially at a less intense level. Encourage community cohesion, resilience and self-help measures 	<ul style="list-style-type: none"> Communications team
Communication with council staff	<ul style="list-style-type: none"> Clear communication on the impact the pandemic is having on the council and the actions the council is taking to maintain critical services Emphasise the importance of every staff member's role and effort in the response 	<ul style="list-style-type: none"> Communications team
Voluntary sector support	<ul style="list-style-type: none"> Depending on the severity of the pandemic, as well as pre-existing commitments, the Voluntary Sector may be able to provide additional support services. Assistance should be sought as per the methods described in the London Voluntary Sector Capabilities Document. 	<ul style="list-style-type: none"> Council Silver Group
Recovery Influenza activity is either significantly reduced compared to the peak or the activity is considered to be within acceptable parameters.		
Although a pandemic may have two or more waves, each lasting for many weeks, it will eventually end and this will be signalled through communication from the London Resilience Partnership via the London Local Authority Coordination Centre (LLACC). At this stage the number of new cases will show a sustained decrease.		

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Action / Consideration	Additional Information / Suggestions	Responsible
<p>Prioritise the restoration of services and to phase the return to 'new-normal' in a managed and sustained way.</p> <p>The pace of recovery will depend on the residual impact of the pandemic, on-going demands, backlogs, staff and organisational fatigue and continuing supply difficulties</p>	<ul style="list-style-type: none"> • Refer to the Recovery Management Framework • DHSC will issue information to inform plans following a review of the first wave and the availability of countermeasures. • Manage the expectations of the media, public and staff – there will only be an incremental approach to returning to “business as usual” as there will be potentially less staff available (through fatalities and complications from the pandemic), less fully trained staff, bereaved and traumatised staff, added to a large backlog of work in areas that have been given a low priority rating and therefore not treated as a critical task. • Activities should be brought back “on-line” according to priority and timescales as set out in Business Continuity Plans as staff and resources become available 	<ul style="list-style-type: none"> • Recovery Coordinating Group
<p>Recruitment activities</p>	<ul style="list-style-type: none"> • Prioritise the recruitment activities on critical tasks at first 	<ul style="list-style-type: none"> • Human Resources team • Business Continuity Steering Group
<p>Staff welfare</p>	<ul style="list-style-type: none"> • Acknowledge staff efforts by some form of recognition, though ensuring that those who have been ill from the pandemic are not adversely treated, or vice versa. Particular efforts “beyond the call of duty” should be rewarded. • Consider a memorial service for those staff members who have died in the pandemic – their colleagues may not have had an adequate opportunity to mourn them yet. • Make counselling and bereavement support available to those staff members who need it and ensure that management allow staff time to make use of these offers. Resources are available from the Employee Assistance Service, Occupational Health, private providers and the voluntary and faith sectors. 	<ul style="list-style-type: none"> • Recovery Coordinating Group

5.3 Pandemic-specific activities for key council services

Certain areas of the Council will have specific issues and concerns for which some pre-planning is appropriate, and which will mitigate the impact of the pandemic on critical services. In addition to the considerations listed in the table below (not exclusive), every service should ensure their business continuity plan is fit for purpose.

As well as having less staff available, the Council will have to cope with additional demands on it in particular work areas. These will include providing:

- Enhanced social care and support to sectors of the community and individuals found to be particularly susceptible to the infection or who become vulnerable due to the failure of independently arranged care either through their normal formal or informal arrangements
- Greater capacity for the registration of deaths, the storage of bodies and funeral arrangements – see the [Excess Deaths Plan](#)
- Specific guidance and advice to the community, especially vulnerable groups, e.g. schools and residential nursing homes
- Council transport may be asked to augment or replace critical supply deliveries, e.g. food or pharmaceuticals
- Cash may become difficult to obtain, due to lack of bank staff to move money around the system, so cash-based transactions will have to be moved to cards or electronic payments
- This shortage of cash may have adverse effects on those in the community who do not have credit or debit cards, so there might be a call to the Council to pay benefits in cash rather than into designated accounts
- The logistical hub for the distribution of facemasks (provided by NHS Supply Chain), in line with national guidance, locally within the borough to staff, commissioned services and partner organisations – see Facemask Distribution Proposal
- The Coroner may ask the Council to provide staff to fulfil roles as Coroner’s Officers or Administrators (and would provide training in these roles) in case of need, mainly to assist with the efficient issuing of body disposal certificates. Note that coroner’s duty requirements could be relaxed by central government if pressures upon the system become too great – see the [Excess Deaths Plan](#).

Service Area	Enhanced Service Considerations
Bereavement Services	<ul style="list-style-type: none"> • Review, and consider the triggers for, the Excess Deaths Plan to mitigate the impact of excess deaths across the death management process.
Education	<ul style="list-style-type: none"> • See the section on <i>School closures</i> below for additional information • Provide advice to education providers and childcare settings to ensure a coordinated approach • Ensure that education providers have procedures for closure / re-opening of their establishments during / following a pandemic; ensure that there are methods for providing a reasonable level of education service should schools be forced to close • Promotion of personal respiratory and hand hygiene message to help to limit the spread of any virus • Ensure that education and childcare providers have procedures for segregation of infected children and that parental / guardian contact details are up to date to ensure a rapid and appropriate response

Service Area	Enhanced Service Considerations
Communications	<ul style="list-style-type: none"> • Produce pandemic preparedness web pages to provide latest advice and guidance to local residents, businesses and communities, including school and other closures • Decide who will be the Council public-facing lead on pandemic for interviews, and ensure that there are deputies appointed as well. Ensure that they are fully briefed. • Determine methods for maintaining communications to all staff, whether they have access to the Council intranet or not. • Promote the Council's social media activity to local residents and businesses for receiving critical health messages • Work with Facilities Management to promote the message of personal respiratory and hand hygiene to help to limit the spread of any virus. • See the Communicating in an Incident Plan for the full range of responsibilities.
Democratic Services	<ul style="list-style-type: none"> • Review all committee meetings and panels, identifying those which may be postponed or cancelled (due to non-criticality), which may be conducted by telephone, and which could be impacted due to a potential lack of a quorum (adding further members to ensure a large enough pool of members exist). • Due to the potential number of coordination meetings taking place on a regular basis (CGG, CSG, Business Continuity Steering Group, Pandemic Coordinating Group), rostering of staff to minute/ action log the meetings.
Facilities Management	<ul style="list-style-type: none"> • Promotion of personal respiratory and hand hygiene messages to help to limit the spread of any virus across all council buildings • Ensure that soap dispensers are regularly refilled and taps work across all council buildings • Consider preparations for enhanced cleaning as recommended by the health authorities as and when required to limit spread of infection. <ul style="list-style-type: none"> ○ All hard surfaces should be subjected to a "wet clean" daily. ○ Cleaning should include all taps, sinks and door handles. ○ Prepare to ensure that public rooms and premises, including elevators, lifts and stairwells, as well as reception areas, are cleaned daily ○ Gloves should be sufficient protection against surface infection • Ensure that all buildings maintenance is up-to-date, to limit the potential for failures during the period of the pandemic when response to problems may be limited • Ensure that emergency generators have been tested and that there is maximum provision of diesel for them in the event of power cuts due to pandemic-related failures of the electricity supply network
Access Croydon & Contact Centre	<ul style="list-style-type: none"> • Prepare public and staff for changes to processes in the service centres to limit the spread of the pandemic virus in the face-to-face environment. • The changes could include promoting: <ul style="list-style-type: none"> ○ Increased use of the website for information ○ Using email or the telephone for enquiries rather than face-to-face, via courtesy phones or an external free-phone number, backed by front-end recorded messages on the switchboard and contact centre numbers ○ Letter boxes / drop off zones for documents and letters • Expand the capacity of the Contact Centre to handle the increased volumes of telephone calls expected

Service Area	Enhanced Service Considerations
Social Care	<ul style="list-style-type: none"> • Consider formation of a single social care function to pool resources from both adults and children’s services, taking into consideration similar resources from local partner organisations • Maintain a priority list of clients, considering: <ul style="list-style-type: none"> ○ those for whom care levels could be reduced for the period of the pandemic ○ those for whom the number of visits could be reduced ○ where home visits could be replaced by care via the telephone or email, potentially opening a helpline for clients ○ sharing / combining visits to clients or areas (e.g. car sharing in a fuel shortage), or only a nurse or a social care worker visiting, not both ○ identify potential vulnerable clients as details of the pandemic are announced, e.g. that it is disproportionately impacting particular elements of society ○ where outreach would be able to replace day care centres should they be closed ○ the personalisation programme of social care • Begin the process of managing the expectations of clients in a pandemic, communicating with them in ways applicable to their needs, and seeking advice from the communication team where necessary; <ul style="list-style-type: none"> ○ This should also cover the needs of home carers, and those on whom greater responsibility could fall in a pandemic (due to reduced resources being available from normal providers). ○ Ensure that clients are aware of the potential use of personal protective equipment by officers (especially important for clients with learning or other disabilities that could mean an adverse reaction to those wearing, for example, a face mask). • Be prepared for higher level of patient discharges from hospitals as they prepare for an increased intake of those impacted by the pandemic and requiring hospitalisation; <ul style="list-style-type: none"> ○ Undertake survey of current bed capacity, including residential care and nursing homes, and rehabilitation units. ○ Maintain an ability to regularly obtain and update information on the day-to-day capacity of domiciliary care and care home providers to accept, assess and provide services to new referrals • Establish plans to sustain patients in the community, including community care such as: <ul style="list-style-type: none"> ○ Delivery of medicines ○ Meals on wheels ○ Community Nursing • Health and social care services may experience persistent secondary effects for some time after the pandemic has entered the Recovery phase. There may be increased demand for continuing care from: <ul style="list-style-type: none"> ○ Patients whose existing illnesses have been exacerbated by the virus. ○ Those who may continue to suffer potential medium or long term health complications. ○ A backlog of work resulting from the postponement of treatment for less urgent conditions.

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Service Area	Enhanced Service Considerations
Waste Services	<ul style="list-style-type: none"> • Determine protocols and procedures for the public to report dead birds (in an avian influenza scenario) for safe collection by staff. The Department for the Environment Food and Rural Affairs (DEFRA) will provide advice in these circumstances. • Manage expectations of the public for potentially less-frequent recycling/waste collections, emphasising the collection of refuse and food waste as a priority to mitigate impact on public health. • Reassure staff that no additional risks to street cleaning and refuse collection exists from the virus so long as gloves are worn and personal respiratory and hand hygiene protocols are followed.
Fleet / Transport resources	<ul style="list-style-type: none"> • Ensure that all critical vehicle maintenance is up-to-date, to limit the potential for failures during the period of the pandemic when response to problems may be limited; maximise fuel and spares supplies • Identify potential resources for use in alternative ways to maintain critical transport utilities, e.g. if schools and other mass-gatherings are prohibited, the vehicles / drivers normally providing transport could be used for local food distribution, or for essential supplies such as anti-viral medication • Consider ability to provide resources to aid funeral directors in moving bodies, either through the provision of closed-sided vans, drivers or fuel
Human Resources	<ul style="list-style-type: none"> • Daily absence reporting will likely be a required report into London Resilience. • A method will need to be developed for staff to report absence, bearing in mind the line managers may also be absent.
Housing	<ul style="list-style-type: none"> • Ensure that all buildings maintenance is up-to-date, to limit the potential for failures during the period of the pandemic when response to problems may be limited • Begin the process of managing the expectations of clients in a pandemic, providing them with handouts / documentation applicable to their needs
IT	<ul style="list-style-type: none"> • Prioritise efforts on critical systems and applications, along with maximising the opportunities for home-working during a pandemic to reduce the risk of infection and to allow staff to work from home while caring for sick dependents • Seek to provide web-based discussion boards e.g. Microsoft Teams to facilitate a reduction in face to face meetings • Ensure that IT providers have invoked their own pandemic and business continuity management plans to maintain critical Council services • Consider ceasing all non-essential development work so that available resources may be used to facilitate the maintenance of critical systems
Events	<ul style="list-style-type: none"> • Review arrangements for cancelling public events should central government advice be to cease mass gatherings to limit the spread of the pandemic

5.4 Infection control

Advice on infection control in the workplace, in hospitals and healthcare facilities and laboratories is available on the Health and Safety Executive website at:

<http://www.hse.gov.uk/biosafety/diseases/pandemic.htm>

HSE's general advice is to encourage each individual employee to **adopt a common sense approach**.

- *If you are feeling unwell with flu-like symptoms and particularly if you are coughing and sneezing – then stay at home.*
- *This will help to prevent the disease being passed on to colleagues (and also fellow passengers on your way to and from work, if you travel by public transport).*
- *In the workplace, practice good personal hygiene measures – use a disposable tissue to control coughs/sneezes, dispose of it appropriately and wash your hands before eating, drinking etc.*
- *Further advice is given regarding what employers should consider in respect of sending staff home, working with the public, whether masks should be worn and adopting alternative ways of working.*

The importance of hand washing and good personal hygiene cannot be overemphasised.

5.4.1 PPE procurement and disposal arrangements

- There will not be central stockpiles of Personal Protective Equipment (PPE) or cleaning products for councils to buy from.
- Procurement will need to be via existing routes, noting that these may become out of stock rapidly, or delivery disrupted.
- Disposal of PPE should be as normal, unless otherwise directed by Public Health England or NHS England.

5.5 Social Measures

The impact a pandemic has on the population and wider society will be determined by three interdependent factors:

- **Disease characteristics:** the number of cases and deaths, the proportion of severe disease in the population, the clinical groups most affected and the rate of onward transmission. This will only become possible to assess once sufficient data are available.
- **Service capacity:** the number of patients presenting at primary care services and / or admitted to hospital and intensive care and specialist treatment (e.g. extracorporeal membrane oxygenation (ECMO)), and the capacity of public services, utilities and businesses to cope with increased demands and staff absence.
- **Behavioural response:** the levels of concern experienced by the population, positive reactions to good respiratory and hand hygiene campaigns, the likely uptake of antiviral medicines and vaccination and the way health services are accessed and used

So, for example:

- A highly transmissible virus producing relatively mild symptoms may still cause significant disruption to businesses and individuals as well as to health and social care services, due to the high incidence of sickness and staff absence over an extended period.
- A concentrated wave of infection, where a large number of people are infected over a short period with a more severe illness is likely to have a greater impact on society and service capacity than the same number of cases spread over a longer period.

- Uncertainty about the severity of a new pandemic, and any alarmist reporting in the media, may drive large numbers of people to seek reassurance from health providers, placing strain upon primary and secondary care services.

5.5.1 Self-isolation

Members of the public who have been at risk of catching the emerging infectious disease may be asked to self-isolate to restrict the spread of the illness, either while they are currently well or while they are awaiting the results of diagnostic testing.

Public Health England (PHE) will provide guidance on home isolation specific to the infection, and members of the public will be advised to call NHS 111 if they meet the criteria set by PHE.

NOTE: Where a situation does not fall under the Public Health (Control of Disease) Act 1984, unless lawful regulations are implemented, such as The Health Protection (Coronavirus) regulations 2020, self-isolation cannot be enforced.

5.5.2 Vulnerable people

Vulnerable people are defined as those “that are less able to help themselves in the circumstances of an emergency”. In the event of a pandemic, these may include:

- children (the situation may be exacerbated by school closures)
- older people
- mobility impaired
- mental/cognitive function impaired
- sensory impaired
- individuals supported within the community
- immuno-compromised children and adults
- those with underlying health conditions
- individuals cared for by relatives
- homeless
- pregnant women
- those in need of bereavement support.

See the [Croydon Multi-agency Identification of Vulnerable Person’s Plan](#) for further guidance.

5.5.3 School closures

The impact of closure of schools and similar settings would have substantial economic and social consequences and have a disproportionately large effect on health and social care because of the demographic profile of those employed in these sectors.

Such a step would therefore only be taken in a pandemic with a very high impact and so although school closures cannot be ruled out, it is unlikely to be a major feature of local planning.

Guidance for the education sector is likely to be developed in the early stages of an emerging infectious disease and made available on the GOV.UK website.

Optional Closures

Under some circumstances the decision may be made by head teachers (and their Board of Governors where relevant) to close establishments temporarily. Such closures should be guided by the following planning principles:

- using a precautionary approach in the early stages of a pandemic and depending on the public health risk assessment, public health may advise localised closures (individual schools or catchment areas). The purpose would be to reduce the initial spread of infection locally while gathering more information about the spread of the virus; and

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- once the virus is more established in the country, the general policy would be that schools should not close – unless there are specific local business continuity reasons (staff shortages or particularly vulnerable children). This policy will be reviewed in light of information about how the pandemic is unfolding at the time.

Mandatory Closures

If the Government considers the pandemic severe enough to advise schools and group early years and childcare settings to close, then the following procedure is likely to be followed.

- The Department for Education (DfE) will advise local authorities whose **education teams are responsible for ensuring that all maintained schools and settings are told of the decision.**
 - The DfE will inform Independent schools, academies and free schools directly.
- The DfE policy is that advice to close would be activated on the basis of Local Resilience Forum areas (for Croydon Council, this is Greater London), with all schools and group early years and childcare settings being **advised to close when the pandemic reached their area.**
- It would be expected schools and settings to **close at the end of the day** when they get the message and remain closed until advised that it is judged safe to reopen.
- Based on evidence from the local Health Protection Unit, Public Health England would decide when the infection rate in an area has fallen to a level where schools and early years and childcare settings could be advised to re-open in relative safety (it can never be “safe” in absolute terms as it is possible that there will be further cases).

5.5.4 Transport and travel

Travel may be affected through:

- Any explicit restrictions by central government on travel and public gatherings
- People opting not to travel (e.g. because of cancellation of work / school etc., fear of acquiring infection through travel or fear of leaving home)
- Availability of fuel and transport workers and spares for repairs

The frequency of face-to-face meetings is likely to decrease during a pandemic due to these issues, and also to reduce the potential spread of the infection. Telephones, conference calls, bulletin boards on web-sites and video conferencing should be encouraged.

Impacts on travelling may be addressed by using measures detailed in the [Croydon Council Fuel Disruption Plan](#).

5.6 Communications (pandemic specific)

- Public Health England (PHE) will lead on communicating with the public and will utilise the London Resilience Gold Communications Group to deliver a consistent London message.
- The Department of Health and Social Care (DHSC) will be the primary source of health-related messages.
- See the Croydon Council [Communicating in an Incident Plan](#) for communication team roles, responsibilities and actions.
- The council’s communication strategy should consider communication methods for different communities, including staff, residents, suppliers and contractors
- See the [Croydon Multi-Agency Pandemic Response Plan](#) for details of a Croydon Pandemic Communications Working Group.

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During any period of increased alert and throughout the response phase, the communication objectives are to **promote and reinforce individual and collective actions that reduce the spread of the novel virus and minimise its health and wider impact on the UK.**

Lessons identified from the 2009 Swine Flu Pandemic acknowledge:

- Openness and transparency is central to an effective pandemic response.
 - People are likely to respond better and are more likely to take effective and appropriate action if they trust both the advice given and the person or organisation offering it.
- People are more likely to take up recommended behaviours when they clearly understand the risk the pandemic poses to them (e.g. understanding they could become infected with the novel virus themselves).
- Alongside this understanding of the risk, people need to have access to the tools and information to respond to it.
 - Communications are likely to be most effective when they explain clearly why certain actions are protective and why people are being asked to take them.
 - If individuals understand the risk but do not know how to mitigate it, then this is likely to increase the uptake of non-recommended behaviours, e.g. presenting at a GP surgery for assessment and treatment – with the attendant strain that this may place upon services.

5.6.1 Suggested key public messages during a pandemic

- Follow public health advice and consider how you and your family might prepare for disruption to schools or childcare facilities due to staff absence or shortages.
- Do your best to minimise the spread of infection by maintaining a hand hygiene routine.
- Make sure you have supplies of over-the-counter cold and 'flu' medicines and other basic necessities and that you can care for any existing health conditions.
- Familiarise yourselves with local arrangements for accessing health and social care support early should you need them, including getting antiviral medicines if needed.
- Support friends and family who are ill. They might need you to pick up medicines for them or help in other practical ways.
- Be a good neighbour - you may know of those in your community who are vulnerable or could be made vulnerable due to a pandemic. You can help them by checking if they are all right or need help.
- If infected, stay at home, keep warm and drink plenty of fluids.
- If you are ill and your symptoms are getting worse, or you have a long-term medical condition, you should contact your GP or other health professional for assessment and advice immediately.

6 Training, exercise and validation

This plan should be validated via exercise or other appropriate testing event with relevant stakeholders.

The following evidence is required to prove this validation:

- Post exercise report including actions, recommendations, and record of attendees.
 - Summaries of these should be noted in the *Document information panel*
- Incident reports (after a real plan activation).

Once validated, training requirements (i.e. content, skills, frequency, etc.) should be identified and an appropriate training package designed.

Training and exercises should be scheduled and conducted on a regular basis for all staff necessary to activate this plan. This plan can be exercised alongside other council and multi-agency plans.

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