



## HIGHLAND COUNCIL BUSINESS CONTINUITY PLAN

### FOR DEALING WITH AN INFLUENZA PANDEMIC

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Status: Live  
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Distribution:

Internal:

Chief Executive  
Service Directors  
Corporate Managers  
Heads of Service  
Area Service Managers  
Public Relations Manager  
Customer Services Manager

External:

HISCG Members

References:

1. The Scottish Government's Framework for Responding to an Influenza Pandemic (Nov 2007):  
<http://www.scotland.gov.uk/Publications/2007/11/21141855/18>
2. The Scottish Government's Pandemic Flu Planning Site:  
<http://www.scotland.gov.uk/Topics/Health/health/AvianInfluenza/PandemicFlu/planning>
3. NHS Highland Contingency Plan for Pandemic Influenza:  
<http://www.nhshighland.scot.nhs.uk/Publications/Pages/NHSHContingencyPlanforPandemicInfluenza.aspx>
4. The Scottish Government's links to other sites for additional information, HPS, WHO, NHS 24, and the European Centre for Disease Control and Prevention:  
<http://www.scotland.gov.uk/Topics/Health/health/AvianInfluenza/PandemicFlu/linkspandemic/Q/editmode/on/forceupdate/on>

## FOREWORD

1. The World Health Organisation anticipated an influenza outbreak beginning in the Far East; possibly if a bird influenza virus was to mutate into a strain or sub-type that was transmissible directly between humans. It might then take two to four weeks for it to reach the UK, and seven to nine weeks thereafter for it to reach its peak of activity. Most of the influenza activity would occur in a period of six to eight weeks, but lower levels of infection would continue for three to four months thereafter. There may be two or more waves of infection, which are likely to occur within three to nine months of the first wave.
2. Individuals who are infected will incubate the disease for one to three days, followed by two to seven days of illness characterised by fever, headache, muscle pains, sore throat, cold symptoms and cough. They will be highly infectious from the onset of symptoms for the next three to five days. It is expected that this will cause high levels of absence from work, either caused directly by the illness or by the need to provide care to dependents.
3. There is a world-wide expectation that an outbreak of highly infectious influenza leading to a pandemic. Is overdue. Such a pandemic is expected to cause widespread illness, high numbers of deaths and huge societal disruption over a period of several weeks or months. The current incidence of Influenza A H1N1 (Swine Flu) has been relatively low although there is concern that we may yet see a change in the infectivity and lethality of the virus. It is essential therefore to plan for how to deal with such an eventuality, and this plan lays down how the Highland Council in co-operation with other Category 1 responders will respond to an influenza pandemic in order to continue to deliver its critical services to the public.
4. Current UK planning assumptions, as at 03 Sep 2009, envisage up to 30% of the population catching the virus, of whom a proportion will require hospitalisation. Of these, a proportion will develop complications and may die. The current planning assumptions suggest that we may experience up to 65 deaths over the norm. The current UK Planning Assumptions are attached at Annex F although these may change as more becomes known about this particular strain. In addition, guidance that the Scottish Government will issue on wider community issues such as closure of schools, will be based on an analysis of the potential impacts, advantages and disadvantages of such an approach.
5. This plan lays out how we shall manage those aspects of our business that we must sustain. A pandemic is also expected rapidly to overwhelm normal services, resulting in the resources of the Council, and of other Category 1 responders such as the NHS, being severely stretched. Flexibility and alternative models of service delivery will be required. It will be necessary to concentrate our available resources on our most critical services and activities, and this plan lays out the arrangements for ensuring that this is done effectively.
6. As we have already seen, a pandemic does not necessarily evolve in quite the way envisaged. It will therefore be necessary to be flexible in our responses, and this plan provides a framework within which the use of initiative can make a positive contribution. It is likely to be progressively updated as national understanding and policy develops. It is important that staff at all levels understand the framework, and Service managers are asked to communicate it widely.

Alistair Dodds  
Chief Executive

21<sup>st</sup> September 2009

## 1. THE STRUCTURE OF THIS PLAN

- 1.1. This document defines the framework within which detailed Area plans for sustaining critical services during an influenza pandemic are contained and implemented. These Area implementation plans are produced as annexes to this plan but not for general publication.
- 1.2. The plan is based on continuing services which have been assessed and agreed as being the most critical to the community we serve. These have been defined as 'critical activities' and the plan is built around safeguarding these activities and functions.
- 1.3. The Area implementation section specifies what steps will be taken in the event of a threat to the continuity of our business. They include our reliance on suppliers of services to the Council. Other important sections of the plan cover UK and Highland co-ordination, executive control, responsibilities, decision making and communication.
- 1.4. The full list of topics that are covered by this plan is as follows:

SECTION 2: National Arrangements for Notification. There is a cascade of pandemic contingency plans from UK level downward as well as agreed pandemic levels and alerting arrangements. These are referenced in this section and related to the Council's arrangements. However it should be noted that the current outbreak of A H1N1 (Swine Flu) has not followed the anticipated disease pattern. Flexibility is therefore required rather than a rigid application of our arrangements.

SECTION 3: Scottish response structures. This section describes the structures in place in Scotland for co-ordinating the response on a national through to local basis.

SECTION 4: Executive Control. This section describes how executive management of the responses to a pandemic situation will be conducted within the Highlands and the Council.

SECTION 5: Local Arrangements for Notification. The response to a pandemic will vary with the UK alert level. This section deals with how the required levels of response identified in this plan will be notified down to those who deliver critical services.

SECTION 6: Responsibilities. This section defines the responsibilities of Council managers at the different UK alert levels. It also describes the arrangements for deputising.

SECTION 7: Planning Assumptions. To plan effectively it is necessary to understand the situation that the plan must anticipate. A realistic scenario is described in this section although reference must be made to Annex F which defines the latest planning assumptions for the current pandemic based on the know science.

SECTION 8: Critical Activities. This section describes the critical activities and the length of time they can be interrupted without causing serious harm.

SECTION 9: Framework for Strategic Decision Making. The framework for strategic decision making at the different UK alert levels is defined here. A baseline influenza pandemic business continuity plan is also defined, and a number of general preparations and precautions are listed.

SECTION 10: Area Implementation Plans. The baseline plan must be tailored to local circumstances. This section describes how this is done and makes reference to Area implementation plans. These plans are internal operational documents and will not be published.

SECTION 11: Testing. This section describes how testing and validation of the plan will be conducted.

SECTION 12: Change Control and Formal Review. This section describes how configuration control will be applied to this document. It also describes how amendments can be suggested, and how they will be managed. Finally it lists the arrangements for periodic review of the plan.

ANNEXES:

- A. Influenza Pandemic Plan Triggers.
- B. Listing of Critical Activities and Generic Measures.
- C. Responses by the Council’s Corporate Emergency Management Team (CEMT)
- D. Template and Area Implementation Plans.
- E. Examples of Derogations in the Event of an Influenza Pandemic.
- F. UK Planning Assumptions for the Current A(H1N1) Influenza Pandemic.

## 2. NATIONAL ARRANGEMENTS FOR NOTIFICATION AND RESPONSE

2.1. The World Health Organisation (WHO) has defined a number of clinical phases of the development of an influenza pandemic. These Phases run from Phase 1 to Phase 6. Based on these, the Department of Health (DH) has generated a five-level UK model of pandemic alert as follows:

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

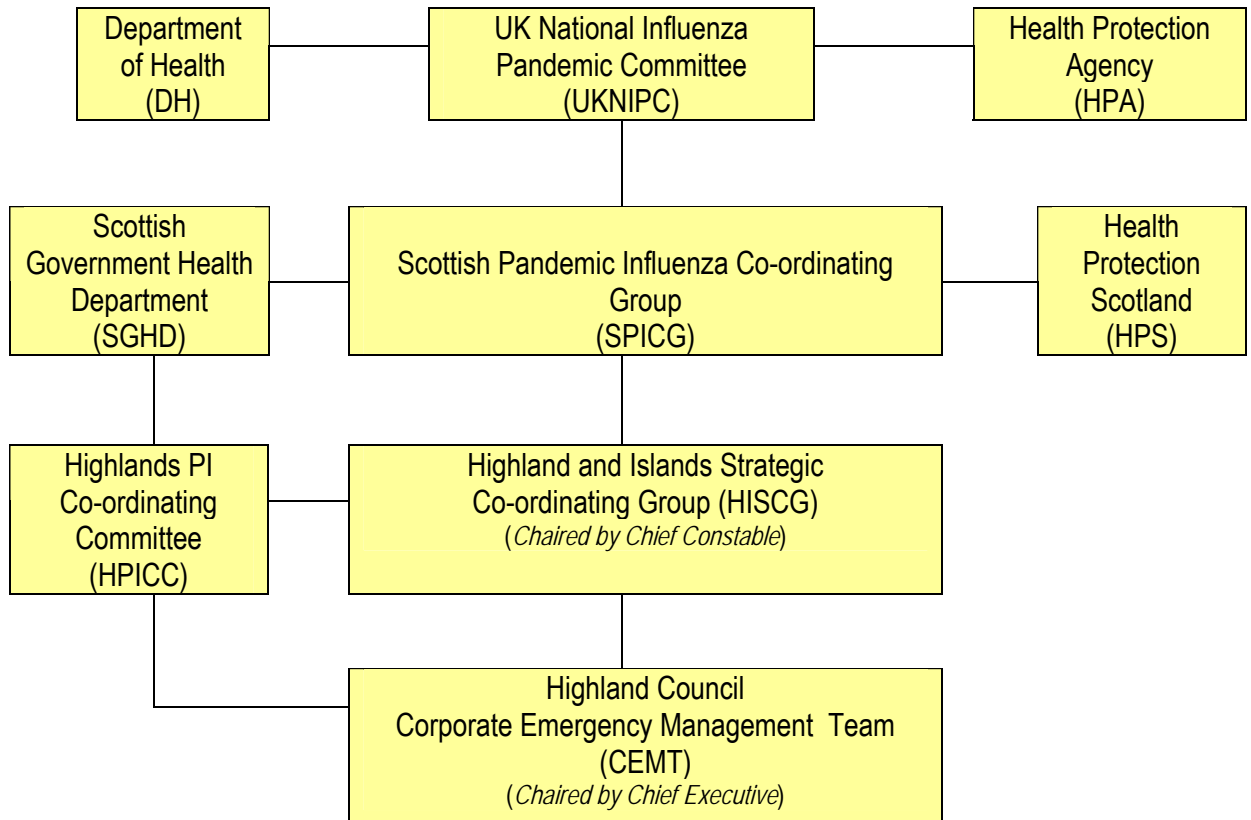
2.2. National contingency plans relate to these levels, and the measures taken are graduated accordingly. They vary from preparation and planning at Level 0, through to full implementation at Level 4. There are also arrangements in place for notifying that the pandemic is over. Since implementation of the measures at each level have significant resource implications, it is necessary that notification of a level change is considered, and is formal. Changes in level will be decided nationally and communicated through the SCG.

## 3. SCOTTISH RESPONSE STRUCTURES

3.1. Cabinet Sub-Committee on Civil Contingencies (SEER-CSC) will take the Ministerial lead for the response in Scotland on behalf of the Scottish Cabinet. Its responsibilities will include ensuring that Scottish Government directorates and, where appropriate, other organisations work to meet the overall objectives set by the UK Government. SEER-CSC will also take the lead on prioritising the

allocation of limited national resources and set the strategy for communicating with the public and media. This committee will be involved in regular dialogue with Ministerial colleagues and officials at UK level to maintain a coherent approach to the emergency response.

- 3.2. Scottish Emergencies Co-ordinating Committee (SECC) is the senior multi-agency committee involved in the Scottish Government's emergency response. Its membership during a pandemic will consist of senior civil servants from relevant Scottish Government directorates, and non-executive members drawn from the most senior officers in each of the main responding agencies (the emergency services, Local Authorities, NHS, Scottish Environment Protection Agency, military, etc). Its functions include advising the Government on how best to respond to the emergency; setting the strategic direction of the Scottish Government's response and taking responsibility for long-term recovery issues at a national level.
- 3.3. Scottish Government Resilience Room (SGoRR) will be activated following direction from senior officials within the Health and Justice Directorates. SGoRR encompasses the corporate Scottish Government emergency response and acts as a focal point for the coordination of government response activity. It performs its role through a number of integrated groups; such as the Emergency Action Team and the Emergency Support Team. It will analyse information received from the Scottish Government directorates and the Strategic Co-ordinating Groups; provide advice to SEER-CSC and SECC; oversee implementation of decisions taken by the UK Government; and, ensure overall co-ordination of Scottish Government activity. SEER will also liaise with COBR as required for both UK and Scottish interests.
- 3.4. The Emergency Action Team (EAT) comprises senior Scottish Government officials who are responsible for ensuring that the emergency response is effective, co-ordinated and timely. They will provide advice to Scottish Ministers, colleagues and to the SECC on options for handling the consequences of the emergency. They will also be responsible for overseeing implementation of decisions taken by the Government and the SECC.
- 3.5. The Emergency Support Team (EST) directly supports emergency response activity in the SGRR. The EST is directly responsible for gathering, processing and sharing information about the emergency to advise the Government and stakeholders of key aspects requiring attention. This information will be shared with co-ordinating committees across the UK in order to support both national and local decision making processes.
- 3.6. The Scottish Health Emergency Response Team (SHERT) will co-ordinate the Health Directorates' input into the Scottish Government's overall emergency response. This includes providing Health representation for the Scottish Government's emergency arrangements described above, and providing additional support to the Health Directorates by acting as the "health emergency room". This will allow efficient co-ordination of the Health Directorates' response, providing more detailed health information to senior officials and to the Cabinet Secretary for Health and Wellbeing and the Minister for Public Health. SHERT will work with the Emergency Support Team and Emergency Action Team.
- 3.7. The Civil Contingencies Division has responsibility for liaison with the eight multi-agency Strategic Co-ordinating Groups in Scotland. In Highland Council's case this is the Highland and Islands Strategic Co-ordinating Group (HISCG).



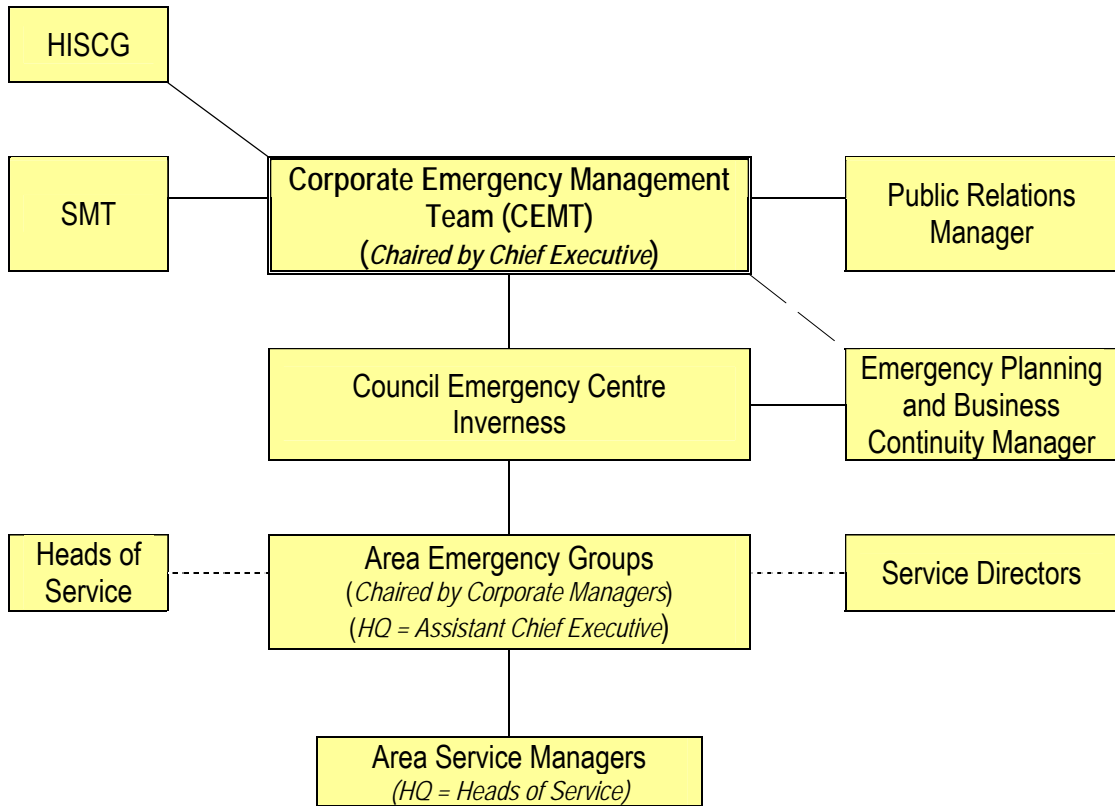
3.8. Derogations. The Scottish Government is drawing up a list of pre-planned derogations of statutory obligations that may be implemented during an influenza pandemic. This list will grow as the consultation proceeds, but in the meantime, examples of the legislation that may be considered is shown at Annex E.

#### 4. EXECUTIVE CONTROL

- 4.1. A situation such as an influenza pandemic affects all sectors of society, and potentially affects simultaneously all agencies which have a responsibility for providing essential services. Co-operation between the various agencies is therefore essential.
- 4.2. There is a well-developed and well-practised mechanism for working with the other Category 1 responders, and this is the HISCG. All members of HISCG have agreed that this forum will be the mechanism through which we will co-ordinate our activities and exchange information at the strategic level. At the higher levels of UK alert a joint decision may be made to activate the Council's Emergency Centre for command and control.
- 4.3. Notwithstanding these co-operative arrangements, executive control of all Highland Council activities remains with the Council's Corporate Emergency Management Team (CEMT) which is chaired by the Chief Executive and consists of the Senior Management Team, or their representatives, and the Public Relations Manager. Operational control will be through the Area Emergency Teams. This structure has been developed for Emergency Planning, and is well recognised.

- 4.4. The Council's Corporate Emergency Management Team (CEMT) is responsible for:
- Providing the policy-making and corporate management function for the duration of an emergency.
  - Policy and Structuring arrangements to deal with any long term consequences of an emergency.
  - Financial control of all expenditure incurred, by the Highland Council.
  - Providing spokesmen to respond to requests from the media for interviews and information.
  - Keeping Elected Members and Council staff fully informed.
- 4.5. The CEMT will assess how the decisions of the HISCG will be implemented within the Council. The CEMT will recognise that guidance from bodies such as the NHS and Scottish Government will change and develop as knowledge grows and the pandemic spreads, and that consequently it will be necessary to decide implementation within the Council. Such matters will include the application of NHS guidance on health in the workplace and Scottish Government guidance on the management of the closure of schools , and concerning restriction of public assemblies.
- 4.6. Effective implementation of the Council's influenza pandemic business continuity plans demands cross-Service working. This document provides a generic plan for the Council. Local implementation of this plan is then organised on an Area basis through the Corporate Managers. (The Assistant Chief Executive will take responsibility for HQ and the Service Centre). Service Directors will give support and advice to the Corporate Managers, in addition to their role on the CEMT.
- 4.7. There are some operational activities that are managed from Headquarters rather than on an Area basis. In these instances the Corporate Manager in whose Area the relevant staff are based will control the activities of those staff to allow critical services to be safeguarded. The Corporate Managers are to have due regard to out-of-Area commitments and are to liaise with their Corporate Manager colleagues as required. Heads of Service who have responsibility for this kind of operational activity are to give support and advice to the Corporate Managers.
- 4.8. Normal deputising arrangements apply as presently defined in the Council's emergency plans, and Corporate Managers are to include these in their Area implementation plans.
- 4.9. The Chief Executive will ensure that Members are informed of the measures being taken across the Council. Corporate Managers are to brief local Members on the Area implementation plans through their Ward Managers. If Members have any particular concerns over the measures being taken that cannot be answered locally, the Members are to be referred to the Chief Executive for advice.
- 4.10. An important aspect of management of the response to an influenza pandemic is communication with the public. This plan includes specific response at each alert level. All public notifications will be managed through the Public Relations Manager. Managers and staff are to refer all media enquiries to the Public Relations Manager. Day-to-day contact from the public will be through the Service Centre and Service Points in the first instance.
- 4.11. Guidance on infection control in the workplace is available on the Council's intra-net for staff and managers. A considerable volume of specific and specialist advice is now available on the internet (See References on page 2 above).
- 4.12. Full implementation of the plans will mean changes to work patterns and roles of Council staff, which will be carried out in consultation with the Trade Unions. The Assistant Chief Executive will inform Union officials at the stage when such changes are being introduced. Staff are expected to co-

operate with these changes. Wherever possible, these changes will be pre-planned, on the basis of previous identification of suitable relief staff by the Corporate Managers and Area Service Managers.



## 5. LOCAL ARRANGEMENTS FOR NOTIFICATION

- 5.1. Any change in the UK alert level will be communicated within the Council by the Chief Executive, after consultation with the HISCG and the Council's CEMT. The CEMT will also take the advice of the relevant Corporate Managers.
- 5.2. Once a level change has been announced by the Chief Executive, Corporate Managers are to implement the additional preparedness measures outlined in the Area implementation plans for that alert level. At the higher alert levels Corporate Managers are expected to implement the plans for sustaining critical services as and when the local situation demands. Corporate Managers are to keep the CEMT informed of the measures that they have actioned.
- 5.3. Corporate Managers are responsible for communicating the change in alert level to Area Service Managers, and for consulting with them as it becomes necessary to implement the Area Influenza Pandemic business continuity plans.
- 5.4. It is self-evident that the Council will not be alone in being affected by a pandemic, and that its ability to react to the situation may well be hampered by the effects of illness and absenteeism on fellow Category 1 responders and on key suppliers. Flexibility of response will therefore be essential.
- 5.5. As it is likely that a pandemic will quickly spread across Area boundaries, Corporate Managers are responsible for co-ordinating and co-operating with adjacent Corporate Managers. The CEMT will be alert to any cross-region issues that require wider co-ordination.

- 5.6. Certain regional measures for limiting the spread of the pandemic, such as the closure of schools and other public buildings, will be discussed in the HISCG forum. The Chief Executive will communicate any agreed decisions through the CEMT to Corporate Managers. Service Directors are responsible for ensuring that notwithstanding the closure of such facilities to the public, they and their staff remain available to the Council as a resource during the implementation of the business continuity plans.

## 6. RESPONSIBILITIES

- 6.1. As explained above, the Chief Executive retains executive authority for the management and deployment of Council resources at all influenza pandemic alert levels. The Chief Executive will exercise this authority through the CEMT.
- 6.2. At UK Level 4 the Chief Executive will seek agreement to the suspension of normal Council committee functions. Council Members will be invited to form an Emergency Committee, comprising 15 Members (including the Convenor and Leader of the Council's Administration) and would be politically balanced. This Emergency Committee will convene on an ad hoc basis to make decisions regarding the influenza pandemic emergency and to deal with urgent items of Council business. The Committee may be convened virtually, using on-line means and/or video conferencing. In all cases, the meetings will be minuted.
- 6.3. It is likely that Council managers will also be affected by the influenza outbreak, and for this reason deputies are identified who will have full executive authority should the lead officer be incapacitated.
- 6.4. It is the duty of all Service Managers to safeguard the delivery of critical services and activities as far as is feasible. Each critical activity has a lead Service identified against it, but co-operation and back-up from other Services is expected. Where there is a conflict of priorities, the Corporate Manager will arbitrate.
- 6.5. UK Alert Level 0/1 - No cases anywhere in the world/Cases only outside the UK

Lead Officer	Depute	Responsibilities
Chief Executive	Deputy Chief Executive/Director of Finance	<ul style="list-style-type: none"> <li>Liaison with HISCG members.</li> <li>Chair of the Council's Corporate Emergency management Team.</li> <li>Ownership and authorisation of this plan and the subsidiary Area implementation plans.</li> <li>Briefing of Corporate Managers and Service Directors.</li> <li>Provision of budget cover for the preparedness measures.</li> <li>Informing Members of the arrangements in place.</li> </ul>
Corporate Managers. Assistant Chief Executive for HQ and Service Centre.	As defined in the Emergency Plan	<ul style="list-style-type: none"> <li>Membership of the CEMT.</li> <li>Implementing the preparedness measures identified within the plan for this alert level.</li> <li>Ensuring that Area Service Managers understand their roles and responsibilities within the local implementation plan.</li> <li>Ensuring that, if required, the Area Emergency Centre is</li> </ul>

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		<p>established and is functioning satisfactorily.</p> <ul style="list-style-type: none"> <li>• Maintaining a record of expenditure specific to the implementation of this plan.</li> <li>• Co-operation and co-ordination with other Corporate Managers.</li> </ul>
Service Directors	Nominated Head of Service	<ul style="list-style-type: none"> <li>• Membership of the CEMT.</li> <li>• Briefing of Heads of Service and Area Service Managers, with emphasis on the local implementation of the generic plan.</li> <li>• Providing support to Corporate Managers as required.</li> <li>• Ensuring that all Service staff are aware of the plan, and that they understand the flexible working arrangements that have been agreed.</li> <li>• Authorising cross training where that has been identified in the plan for this alert level.</li> </ul>
Assistant Chief Executive	Head of Personnel	<ul style="list-style-type: none"> <li>• Consulting with the Trade Unions to agree flexible working arrangements.</li> <li>• Communicating the agreements that have been reached.</li> </ul>
Area Service Managers.	As defined in the Emergency Plan	<ul style="list-style-type: none"> <li>• Co-operation with the Corporate Managers in implementing the preparedness measures that have been identified within the plan for this alert level.</li> <li>• Working with colleague Area Service Managers to develop co-operation in support of the Area arrangements.</li> <li>• Ensuring that arrangements are in place for contacting staff when they are away from work.</li> <li>• Ensuring that arrangements are in place for accessing all Council buildings and facilities when required by the plan.</li> <li>• Implementing training where that has been identified in the plan.</li> <li>• Increasing stock levels where that has been identified within the plan as necessary at this alert level.</li> <li>• Contributing to the record of expenditure specific to the implementation of this plan.</li> </ul>
Heads of Service (for operational activities that are directly managed from Headquarters)	As defined in the Emergency Plan	<ul style="list-style-type: none"> <li>• Co-operation with the Corporate Managers in implementing the preparedness measures that have been identified within the plan for this alert level.</li> <li>• Working with colleague Service Managers to develop co-operation in support of the Area implementation arrangements.</li> <li>• Ensuring that arrangements are in place for contacting staff when they are away from work.</li> <li>• Ensuring that arrangements are in place for accessing all Council buildings and facilities when required by the plan.</li> <li>• Implementing training where that has been identified in the plan.</li> <li>• Increasing stock levels where that has been identified within the plan as necessary at this alert level.</li> </ul>

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		<ul style="list-style-type: none"> <li>Contributing to the record of expenditure specific to the implementation of this plan.</li> </ul>
Emergency Planning and Business Continuity Manager	Depute CEPM	<ul style="list-style-type: none"> <li>Provision of advice on the current emergency planning arrangements.</li> <li>Provision of facilities and support for the meetings and operations of the HISCG.</li> <li>Readiness of the facilities of the Council Emergency Centre for command and control purposes.</li> </ul>
Public Relations Manager	Senior Public Relations Officer	<ul style="list-style-type: none"> <li>Membership of the CEMT.</li> <li>Preparing and issuing appropriate communications to staff and the public for this alert level.</li> <li>Vetting of the communication for the next levels.</li> <li>Responding to media enquiries about the Council's preparations.</li> <li>Commissioning and distributing building signage appropriate to the subsequent levels.</li> </ul>
Head of E-Government	Customer Services Manager	<ul style="list-style-type: none"> <li>Ensuring Service Point and Service Centre staff are aware of their role and the arrangements within this plan.</li> <li>Ensuring that staff have available the necessary back-office contact details.</li> </ul>

**6.6. UK Alert Level 2/3 - New virus isolated in the UK/Outbreak(s) in the UK**

Lead Officer	Depute	Responsibilities
Chief Executive	Deputy Chief Executive/Director of Finance	<ul style="list-style-type: none"> <li>Liaison with HISCG members.</li> <li>Chair of the CEMT.</li> <li>Notification of the level change to Corporate Managers.</li> <li>Informing Members of the level change.</li> </ul>
Corporate Managers	As defined in the Emergency Plan	<ul style="list-style-type: none"> <li>Implementing the preparedness measures identified within the plan for this alert level.</li> <li>Maintaining the record of expenditure specific to the implementation of this plan.</li> <li>Informing the Area Service managers of the change of alert level.</li> </ul>
Service Directors	Nominated Head of Service	<ul style="list-style-type: none"> <li>Membership of the CEMT.</li> <li>Informing the Heads of Service of the change of alert level.</li> <li>Providing support to Corporate Managers as required.</li> </ul>
Area Service Managers	As defined in the Emergency Plan	<ul style="list-style-type: none"> <li>Co-operation with the Corporate Managers in implementing the preparedness measures that have been identified within the plan for this alert level.</li> <li>Increasing stock levels further where that has been identified within the plan as necessary at this alert level.</li> <li>Informing staff of the change in alert level.</li> <li>Increasing the frequency of planned maintenance of important equipment and plant as listed in the Area</li> </ul>

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		<p>plans.</p> <ul style="list-style-type: none"> <li>• Contributing to the record of expenditure specific to the implementation of this plan.</li> </ul>
Heads of Service (for operational activities that are directly managed from Headquarters)	As defined in the Emergency Plan	<ul style="list-style-type: none"> <li>• Co-operation with the Corporate Managers in implementing the preparedness measures that have been identified within the plan for this alert level.</li> <li>• Increasing stock levels further where that has been identified within the plan as necessary at this alert level.</li> <li>• Informing staff of the change in alert level.</li> <li>• Contributing to the record of expenditure specific to the implementation of this plan.</li> </ul>
Emergency Planning and Business Continuity Manager	Depute CEPM	<ul style="list-style-type: none"> <li>• Provision for Council participation in the meetings and operations of the HISCG.</li> <li>• Support to the CEMT.</li> </ul>
Public Relations Manager	Senior Public Relations Officer	<ul style="list-style-type: none"> <li>• Preparing and issuing appropriate general communications to staff and the public for this alert level.</li> <li>• Issue of communications.</li> <li>• Responding to media enquiries about the Council's preparations.</li> </ul>
Head of E-Government	Customer Services Manager	<ul style="list-style-type: none"> <li>• First-line response to enquiries from the public.</li> </ul>

6.7. UK Alert Level 4 - Widespread activity across the UK (including the Highland Council area)

Lead Officer	Depute	Responsibilities
Chief Executive	Deputy Chief Executive/Director of Finance	<ul style="list-style-type: none"> <li>• Liaison with HISCG members.</li> <li>• Chair of the CEMT.</li> <li>• Notification of the level change to Corporate Managers and Service Directors.</li> <li>• Informing Members of the level change, and seeking the suspension of normal Council committee functions.</li> <li>• Inviting Members to convene the Emergency Committee.</li> <li>• Authorising the planned reductions in the levels of service delivery.</li> <li>• Authorising the use of the planned policy for restricting travel by Council employees.</li> <li>• Activating the Council Emergency Centre.</li> <li>• Command and control as required.</li> </ul>

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<p>Corporate Managers ( Assistant Chief Executive for HQ)</p>	<p>As defined in the Emergency Plan</p>	<ul style="list-style-type: none"> <li>• Membership of the Council Strategic Group.</li> <li>• Ensuring the business continuity measures identified within the plan for sustaining critical services are implemented.</li> <li>• Ensuring the planned reductions in the levels of service delivery are implemented.</li> <li>• Activating the Area Emergency Centres, if appropriate.</li> <li>• Maintaining the record of expenditure specific to the implementation of this plan.</li> <li>• Informing the Area Service Managers of the change of alert level.</li> <li>• Informing Area based staff that are managed from Headquarters of the change in alert level and that they have now become part of the Area resource.</li> </ul>
<p>Service Directors</p>	<p>Nominated Head of Service</p>	<ul style="list-style-type: none"> <li>• Membership of the CEMT.</li> <li>• Informing the Heads of Service of the change of alert level.</li> <li>• Providing support to Corporate Managers as required.</li> </ul>
<p>Assistant Chief Executive</p>	<p>Head of Personnel</p>	<ul style="list-style-type: none"> <li>• Notifying the Trade Unions that flexible working arrangements are being implemented.</li> </ul>
<p>Area Service Managers</p>	<p>As defined in the Emergency Plan</p>	<ul style="list-style-type: none"> <li>• Co-operation with the Corporate Managers in implementing the business continuity measures that have been identified within the plan for this alert level.</li> <li>• Curtailing or cessation of non-critical activities not listed within the plan.</li> <li>• Sustaining stock levels at maximum capacity.</li> <li>• Informing staff of the change in alert level, and implementing work pattern changes when instructed.</li> <li>• Further increasing the frequency of planned maintenance of important equipment and plant as listed in the Area plans.</li> <li>• Contributing to the record of expenditure specific to the implementation of this plan.</li> </ul>
<p>Heads of Service (for operational activities that are directly managed from Headquarters)</p>	<p>As defined in the Emergency Plan</p>	<ul style="list-style-type: none"> <li>• Co-operation with the Corporate Managers in implementing the business continuity measures that have been identified within the plan for this alert level.</li> <li>• Curtailing or cessation of non-critical activities not listed within the plan.</li> <li>• Sustaining stock levels at maximum capacity.</li> <li>• Informing staff of the change in alert level, and implementing work pattern changes when instructed.</li> <li>• Contributing to the record of expenditure specific to the implementation of this plan.</li> </ul>
<p>Emergency Planning and Business Continuity Manager</p>	<p>Depute CEPM</p>	<ul style="list-style-type: none"> <li>• Provision for Council participation in the meetings and operations of the HISCG.</li> <li>• Provision of facilities and support for both the operation of the Council Emergency Centre and the command</li> </ul>

		<p>and control of the Council response.</p> <ul style="list-style-type: none"> <li>• Implementation and Operation of the Emergency Centre communications systems as required.</li> <li>• Support to the Council Strategic Group.</li> </ul>
Public Relations Manager	Senior Public Relations Officer	<ul style="list-style-type: none"> <li>• Preparing and issuing appropriate general communications to staff and the public for this alert level, and particularly in respect of planned reductions in service levels.</li> <li>• Issuing communications.</li> <li>• Responding to media enquiries about the Council's activities.</li> </ul>
Head of E-Government	Customer Services Manager	<ul style="list-style-type: none"> <li>• First-line response to enquiries from the public.</li> </ul>

## 7. PLANNING ASSUMPTIONS

- 7.1. The timescales anticipated for the spread of any influenza pandemic have been significantly foreshortened by our recent experience of the spread of the A(H1N1) virus. However, the relatively low lethality of the current virus must not allow us to become complacent since future developments are unpredictable.
- 7.2. Planning assumptions will vary according to both the infectivity and lethality of the current and any future virus. These assumptions will be revised in the light of experience and those which relate to the current A(H1N1) influenza pandemic are attached at Annex F. We should not therefore assume that we will enjoy several weeks in which to implement appropriate business continuity measures for sustaining critical services. Rather, we need to consider continuously the implementation of planned preparatory measures, such as reviewing staffing demands (including changed training needs) and raising stock levels, as events unfold.
- 7.3. The Area implementation plans are founded on the general business continuity plans that are being prepared across the Council. As part of the development of these general plans, the critical activities that the Council must sustain whatever the cause of disruption have been identified. The critical activities have then been matched against a standard set of criteria that could trigger the need to implement the business continuity plans, either singly or in combination.
- 7.4. This business continuity implementation plan has been drawn up to cope with a worst case scenario for a pandemic, in the middle of Alert Level 4, which gives the opportunity to scale implementation to the local circumstances on the day. This plan for an influenza pandemic uses the principal triggers of:
- Extensive staff absence, including staff with specialist skills.
  - Medium to long-term shortage of energy supplies.
  - Breakdown or delay in supply chains.
- 7.5. What cannot be forecast is the timing of a local outbreak, or who will be affected on any given day. It will be necessary to be flexible in our response, and to vary our response from day to day. Notwithstanding our efforts, it is likely that for short periods of time the demands upon our services will exceed our ability to sustain all of the critical activities simultaneously. The Council's Corporate Emergency Management Team (CEMT) will make decisions on which critical activities will be given priority and Corporate Managers, in consultation with local Service managers, will arrange for their implementation.

## 8. CRITICAL ACTIVITIES

- 8.1. A cross-Service group has identified critical activities/services within the Council, and grouped them according to how long they can be interrupted without causing serious harm:
- Must be sustained 24/7.
  - Can be interrupted for up to 1 working day.
  - Can be interrupted for up to 3 working days.
  - Up to 7 days.
  - Up to 28 days.

In addition a number of enabling activities have been identified, which support the critical activities. They have also been classified by how long they can be interrupted for.

- 8.2. The lists of critical and enabling activities in the first three time categories (*i.e. up to 3 days*) that must be safeguarded is included in Annex B. This information will be kept up to date by re-issue of the Annex when required. It will also be supplemented by including the longer-timescale critical activities and the enabling activities.
- 8.3. Identification of an activity against a particular timescale does not imply that it is more important than those with longer timescales. The timescale merely serves to illustrate how speedy the initial response must be if the activity or service is likely to be interrupted.
- 8.4. It follows that if an activity or service is not included in these lists, then delivery of that activity may be suspended to allow the critical activities and enablers to be sustained.

## 9. FRAMEWORK FOR STRATEGIC DECISION MAKING

- 9.1. Whilst a myriad of local decisions will be taken as the local plans are implemented, it is also necessary to establish the framework by which decisions will be taken at the strategic level. These will be necessary to determine what is to be done on the larger issues, such as the closure of schools.
- 9.2. Annex B lists the critical activities / services that must be sustained. It is envisaged that the Council will keep its remaining activities and services going for as long as it can, but that there will come a point where the Council will have to close down the non-critical activities because:
- There are insufficient staff.
  - The staff have been diverted to critical activities.
  - The Council wants to reduce the number of public assemblies, to limit infection.

These decisions will often be best made at a strategic level. Furthermore, the decisions may well be coloured by advice from a national level.

- 9.3. Decisions will also have to be made about when and how activities and services should be re-started.
- 9.4. As described in Section 4, certain regional measures, such as the closure of schools and other public buildings, will be discussed in the HISCG forum, and the Chief Executive will communicate any agreed decisions through the CEMT to Corporate Managers. However, as far as Council responsibilities are concerned, the Chief Executive, acting through the CEMT, is the executive authority. Acting on advice from the HISCG and national authorities, the CEMT will make and communicate to managers any necessary decisions and measures.

9.5. Those decisions and measures will be related to the national alert levels:

UK Alert Level	Considerations
0	<ul style="list-style-type: none"> <li>• Liaison with HISCG members.</li> <li>• Preparation, communication and maintenance of plans.</li> <li>• Briefing of Members and Staff.</li> <li>• Training and authorisation of staff.</li> <li>• Review of stock levels.</li> <li>• Preparation and issue of communications.</li> </ul>
1	<ul style="list-style-type: none"> <li>• Review of plans.</li> <li>• Review of preparedness.</li> </ul>
2	<ul style="list-style-type: none"> <li>• Liaison with HISCG members.</li> <li>• Briefing of Members and Staff.</li> <li>• Training and authorisation of staff.</li> <li>• Increasing stock levels.</li> <li>• Increasing planned maintenance.</li> <li>• Preparation and issue of communications.</li> </ul>
3	<ul style="list-style-type: none"> <li>• As for Alert Level 2.</li> <li>• Preparation and issue of communications.</li> </ul>
4	<ul style="list-style-type: none"> <li>• Liaison with HISCG members.</li> <li>• Briefing of Members and Staff.</li> <li>• Formation of the Members Emergency Committee.</li> <li>• Suspension of normal Council committee business.</li> <li>• Suspension of routine meetings.</li> <li>• Introduction of travel restrictions.</li> <li>• Reducing, and if necessary closing, non-critical activities and services.</li> <li>• Redeployment of staff.</li> <li>• Implementation of work pattern changes.</li> <li>• Implementation of extended home-working arrangements.</li> <li>• Closure of schools.</li> <li>• Closure of public buildings.</li> <li>• Maintaining stock levels.</li> <li>• Preparation and issue of communications.</li> </ul>
Recovery	<ul style="list-style-type: none"> <li>• Liaison with HISCG members.</li> <li>• Briefing of Members and Staff.</li> <li>• Resumption of normal Council committee business.</li> <li>• Resumption of routine meetings.</li> <li>• Lifting of travel restrictions.</li> <li>• Re-starting non-critical activities and services.</li> <li>• Opening of schools.</li> </ul>

	<ul style="list-style-type: none"> <li>• Opening of public buildings.</li> <li>• Re-provisioning stock levels.</li> </ul>
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9.6. As far as is practicable, the strategic response to each of the alert levels will be pre-planned so as to provide the framework within which these strategic responses can be applied flexibly as the pandemic progresses.

9.7. General Measures. Some general measures, preparations and precautions are given in the remainder of this Section. However, the pre-planned responses are listed in more detail at Annex F.

9.8. In the right-hand column of the tables at Annex B are listed the 'generic' measures that specialist officers have devised to ensure that (as far as is practicable) we sustain the critical activities. These generic measures comprise the baseline plan for coping with an influenza pandemic. This baseline plan is then adapted to local circumstances through the Area implementation plans.

9.9. There are common themes that can be seen in the generic measures, and which arise from the scenario:

- Shortage of skilled staff. Measures are needed to substitute for missing staff who have critical skills. These may involve cross-training staff from other services; use of private-sector staff; use of voluntary agencies, etc.
- General shortage of staff. As above, but with the opportunity for greater flexibility in redeploying staff. There may well still be training requirements prior to redeployment.
- Loss of energy supplies. Measures are needed to cope with interruption to energy supplies, and these can include the use of alternative energies; stockpiling, etc.
- Breakdown of supply chains. Measures are needed that recognise that suppliers will also be affected by a pandemic. These might include the use of alternative suppliers; raising of stock levels; installation of additional capacity, etc.

9.10. General Preparations and Precautions. There are certain preparations and precautions that are general and should be applied across the range of critical activities where appropriate. These include:

- Reduction of Infection. Included at Annex G is guidance on reduction of infection in the workplace. This annex includes information on who will be offered anti-viral medication.
- Home Working. Area Service Managers are to make maximum use of the home working arrangements that are defined in the Area plans.
- Access to Buildings. Council buildings and other facilities may be required as a resource for other than their usual purposes. For this reason it is essential that Corporate Managers and Area Service Managers maintain arrangements to allow access to and operation of the buildings and facilities 24/7.
- Flexible Working. It is expected that during the influenza pandemic staff will respond positively to requests to undertake work outwith their normal range of duties. Trade Unions will be consulted on arrangements.

- Use of Previously-Employed or Retired Staff. The need for specialist skills may mandate that we ask previously-employed or retired staff whether they are prepared to re-enter employment with the Council to assist in sustaining critical services and activities. Guidance on such re-employment is given at Annex I.
- Voluntary Organisations. Where there is a likelihood of a shortage of caring staff, the use of voluntary organisations should be considered and incorporated into Area implementation plans where those organisations have agreed to provide support.
- Suppliers. It can be expected that suppliers will also suffer difficulties in maintaining supply chains. In the build up to UK Alert Level 4, Directors and Area Service Managers should establish where possible that suppliers also have contingency plans in place that will allow them to meet our needs.
- Travel Restrictions. Once UK Alert Level 4 has been declared, Corporate Managers and Service managers are to minimise travelling by staff as far as is practicable. Telephone conferencing and video conferencing are to be used for essential management meetings. Travelling on non-critical activities should be limited to that which is essential, and non-essential meetings are to be cancelled.

## 10. AREA IMPLEMENTATION PLANS

10.1. The Area implementation plans provide the detail of how this plan and the generic contingency measures are applied locally. They are detailed on an Area, cross-Service, basis and are maintained by the appropriate Corporate Manager. These are internal operational documents and will not be published.

10.2. The influenza pandemic section of the Council's business continuity plan has been developed through a series of steps:

- Identification of which of our activities are business critical, and which are supporting activities.
- Grouping these critical activities into those that must be sustained 24/7, or can be allowed to lapse for up to 1 day, 3 days, 7 days or 28 days.
- Identification of the hazards that might cause us to be unable to deliver these critical activities – hazards such as shortage of staff, loss of telephones, etc (*see Annex E*).
- Development of generic measures (*see Annex E*) that could be deployed to overcome the effects of these hazards if they occur.

10.3. For each of the principal levels identified in the plan (*Levels 0/1, Levels 2/3 and Level 4*), these generic measures are developed into an action plan for dealing with each of the relevant hazards. The Area action plans are detailed, with staff identified; contact details included; buildings identified; arrangements for access to buildings made and listed; suppliers contacted; and so forth. Bundled together, they form what is termed the "Area implementation plan".

10.4. The Area implementation plans will include support of Area-based staff dedicated to operational activities that are usually organised and managed direct from Headquarters. In these instances the

Corporate Manager in whose Area the relevant staff are based will control the activities of those staff to allow critical services to be safeguarded. Corporate Managers will have due regard for the need to provide support outwith their Area, and will liaise with colleague Corporate Managers accordingly. Heads of Service who have responsibility for this kind of operational activity will give support and advice to the Corporate Managers.

- 10.5. The Area implementation plans are based on a common template (see Annex D), and will be similar from Area to Area, varying only in the detail of how and where the critical activities will be sustained. They have been compared and rationalised by the Working Group. Any queries on the Area implementation plans should be referred to the appropriate Corporate Manager.
- 10.6. Financial Considerations Cover. The Director of Finance will identify cost codes and subjectives to be used when incurring expenses directly caused by implementing this plan. Corporate Managers are not to allow the maintenance of critical activities and services to be constrained on purely financial grounds. (Section 11 of the Council's Financial Regulations refers to the Chief Executive's powers to spend in an emergency).
- 10.7. Recovery. Given the potential length and multiple waves of an influenza pandemic, the formation of the Recovery Working Group may take place some time into the outbreak. Nevertheless, given the range of welfare and socio-economic issues that will occur, the Council will have a lead role to play in recovery planning and delivery. The Head of Environmental Health and Trading Standards is the officer nominated to co-ordinate recovery on behalf of the Chief executive. Reference in the first instance should be made to the HISCG Recovery Guidance Document which is currently in circulation for consultation. This document is "live" with effect from the end of September 2009.

## 11. TESTING

- 11.1. The Implementation Plans along with their contingency measures will be tested at regular intervals. The timing of tests will be at the discretion of the Corporate Managers, but the time intervals between tests is not to exceed 12 months.
- 11.2. In each case the responsibility for conducting the tests lies with each of the Corporate Managers. They will be required to show that the contingency measures are in place, and practicable, and that any necessary amendments have been made to keep them up to date. They may agree co-ordinated tests with their colleague Corporate Managers. They may also agree that tests should be limited to specific activities, provided that these restricted tests give a fair measure of the effectiveness of the overall Area plan.
- 11.3. Because of the nature of most of the critical activities, a physical test involving a reduction in service level will be impracticable. The expectation is therefore that tests will comprise a balanced mixture of table-top exercising and actual auditing. (For example, if a contingency measure requires that certain staff should be trained in a new activity, then this can be validated by examining the training records for these people).
- 11.4. To facilitate continuous improvement Corporate Managers will be expected to copy their test outcomes to the Chief Executive and the Senior Management Team, and to the plan authors. Naturally, Corporate Managers are to seek to resolve any issues that arise from their testing.

## 12. CHANGE CONTROL

12.1. This plan is owned by the Chief Executive.

12.2. The Council's Emergency Planning & Business Continuity Manager is the configuration manager for the plan, and only he may issue new versions of the plan. The configuration manager will ensure that all new versions are brought to the attention of all relevant staff.

12.3. As is the case with the Council's Emergency Plans, Corporate Managers own their local influenza pandemic business continuity implementation plans and are expected to maintain the detail of them to reflect changes in personnel, contact telephone numbers, etc.

12.4. Council managers who perceive a need for change should contact the Council's Emergency Planning & Business Continuity Manager. Changes that would affect the plan significantly will require the authorisation of the Chief Executive.

### ANNEXES:

- A. Influenza Pandemic Plan Triggers.
- B. Listing of Critical Activities and Generic Measures.
- C. Template and Area Implementation Plans.
- D. Responses by the Council's Corporate Emergency Management team (CEMT)
- E. Examples of Pre-planned Derogations in the Event of an Influenza Pandemic.

## INFLUENZA PANDEMIC PLAN TRIGGERS

The following list of plan heads has been used to generate this influenza pandemic section of the plan:

STAFF	}	> 25% Staff Absence
	}	> 25% Specialist/Skilled Staff Absence

*Our planning assumption is that 40% of staff will be absent for periods up to 5 days, either ill, or caring for ill dependents.*

ENERGY	}	Short Term, 1-3 days, loss of electricity supply
	}	Short Term, 1-3 days, loss of gas supply
	}	Long Term, 4+ days, loss of fuel supplies – heating oil, diesel, petrol.

SUPPLIERS	}	Long Term, 4+ days, loss of service/supplies
	}	Long Term, 4+ days, loss of manpower/staff provision

These heads are used to identify what principal hazards we have to cater for, and therefore they run right through our plans and contingency measures.

LIST OF CRITICAL ACTIVITIES AND GENERIC MEASURES.

24 Hour / 7 Day

Critical Activity	Why Critical	Dependencies	Hazards	Generic Response
<b>Chief Executives</b>				
Leadership of an emergency response	Leading the civil response to any emergency	Staff – HQ and each Area; Resources of other services; Communications with emergency services, Scotland Transerv, BEAR Scotland and the like; Electrical energy; telephones and radios	1. Loss of Personnel	Arrange a hierarchy of deputies for each position.
			2. Loss of IT System	1. Develop a contingency plan in conjunction with Fujitsu. 2. Return to manual records.
			3. Loss of Telephones (BT)	Use mobile phones and radio network.
			4. Loss of Power	Relocate staff as possible.
			5. Loss of Radio	Use mobile phones.
			6. Loss of Mobile Phones	Use radio and BT lines as best possible.
Maintenance of a PR service	Public information and reassurance	ICT, telephones and electrical energy, website	1. Interruption of Personnel	Seek support from fellow PROs with partner agencies, such as Cairngorm National Park, SNH to join the PR team in running the office. We would also seek to train members of staff within the Chief Executive's office in how to publish information on the intranet and internet.
			2. Interruption of IT	1. Develop a contingency plan in conjunction with Fujitsu. 2. Return to manual records.

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				3. Use fax.
			3. Interruption of Telephones (BT)	Use mobile phones.
			4. Interruption of Power	Depending on anticipated length of outage, relocate staff as possible.
A restricted service point/centre service	Public information and reassurance	ICT, telephones and electrical energy. Registrar's service.	1. Interruption of Personnel	Maintain appropriate level of availability for the Service Centre. Lower priority to next working day for specified critical SPN offices. Closure of remaining offices.
			2. Interruption of IT	1. Develop a contingency plan in conjunction with Fujitsu.
				2. Return to manual records
			3. Interruption of Telephones (BT)	Use mobile phones.
			4. Interruption of Power	Depending on anticipated length of outage, relocate staff as possible.
Providing legal advice & representation for child care services, mental health team and in relation to vulnerable adults, sex offenders and other community safety issues.	Children and vulnerable adults may be at risk if this service is not sustained	Private Solicitors for out of hours supply	1. Loss of Personnel	1. Contract private solicitors on standby to cover absences. 2. Make arrangements with other local authorities on a reciprocal basis.
			2. Loss of Admin Systems	Develop contingency systems to fall back on; handwritten court applications possible.
			3. Loss of Suppliers	1. Extend list of possible suppliers 2. Partnership arrangement with other councils.
Health and Safety – Investigation of serious work-related accident or fatality (in respect of employees and others affected by Council activities)	Evidence must be gathered as soon as possible after the incident. Risk of legal proceedings or civil claim.	Staff Telephones and Transport	1. Loss of Personnel	1. Arrange back-up from TECS EHOs and/or neighbouring local authority
			2. Loss of telephones	2. Use mobile phones or radio network
			3. Shortage of fuel	3. Use fleet or pooled vehicles plus public transport if available.

Education, Cultural & Sport				
Care in school hostels	If return to home impossible	In-house domestic and care and welfare. Catering and Cleaning section.	Catering and cleaning staff unable to reach the hostel	Ensure storage capacity for frozen/dry meals and on site laundry facilities for basic provision.
			Loss of the Hostel building	Explore bed space capacity with local hoteliers.
			Failure of water, electricity etc supplies	Provide generator and stores of bottled water.
Supervision of care and welfare of special needs children educated outwith the Highland Area	If return to home impossible	Private contractors/Financial Services	Contractor closes down	Explore alternative remote placement and/or care by local Social Work services.
			Transport links to Highlands broken	Ensure provider has emergency plans to hold children if return home was due during interruption.
			Communication links to Highlands broken	Ensure contractor is aware that normal service is expected until communications restored.
Housing and Property				
Emergency repairs to Council Housing	Emergency repairs are those which might cause a danger to life or limb if not repaired. As time progresses some routine and urgent repairs may develop into emergencies.	Private contractors where used to provide emergency response (incl gas contractors). Reporting methods, e.g. ICT; phones. Material supplies - where not held or own supplies run down.	1. Loss of contractors	Ensure list of contractors is up to date, explore potential to expand list of emergency providers and check as required in advance (e.g. insurance cover in place)
			2. Loss of phone lines	Liaise with police re potential for relay of the most urgent service requests
			3. Loss of access to stores	Ensure list of all sources of materials, parts is made up, consider making emergency arrangements for purchase
			4. loss of other access to materials	Ensure stores have as much of the most commonly required and most critical materials as can reasonably be achieved
			5. Loss of ICT	

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				ICT available again
			6. Loss of key staff	Identify staff who could be trained to provide standby call handling service, basic training package and trainers
Homelessness service	Lack of accommodation could cause health/safety issues – eg exposure to cold, risk of domestic abuse	Use of private accommodation (eg B&B) to provide accommodation. Dependencies increase over time, eg if empty houses require to be used – in these cases there is a dependency on power supplies to reconnect power. Over a longer period it might also be necessary to negotiate to avoid homelessness – e.g. with building society to delay repossession.	1. No access to B&Bs etc	Agree essential items needed to allow void houses to be occupied.
				Explore possibility of emergency starter packs being provided to emergency accommodation.
				Ensure up to date information on void houses available.
			2. No vacant houses	Defer allocation of void houses and hold for homeless accommodation.
			3. Inability to arrange energy supplies to vacant houses	Prioritise preferred fuel supplier agreement to ensure energy supply provided quickly in void houses
			4. Loss of phone lines	Ensure access to mobile phones
			5. Loss of ICT	Ensure staff aware of manual recording procedure and recovery procedure once ICT available again
	6. Loss of key staff	Identify staff who could be trained to provide emergency homeless response, basic training package and trainers		
Emergency response to sheltered housing	The warden service is not essential as it is backed up by Resource Centre emergency response, but if this was under pressure the warden service might become essential	Resource Centres, Health services, police etc	1. Loss of key staff	Identify key staff, initially from Resource centres who could provide cover where deemed to be essential and agree criteria for cases where visits are deemed essential, other contacts to be by phone only
			2. Loss of phones plus helpcall	Agree emergency procedure to contact clients in person in the morning to check request mobile phone contact numbers from service users where available to allow for contact checks to be made by mobile where landlines not available

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Emergency Property Management	Maintain Property Assets in safe operational condition	Building Maintenance/ Services Inspectors, Property Database, RERecorder	1. Inability to readily contact Area staff	1. Create a list of Prioritised Properties that are to be kept open.
			2. Area Office(s) not in use	2. Create an empowerment list of Instructions/Guidance to all staff for actions to be taken in event of emergency.
			3. Inability to redeploy staff resources	3. Pre-identify and list specific / critical operations / maintenance works / plant, etc that might be required to prevent closure for each of the key priority properties.
			4. Contractor non-availability or non-attendance or non-performance	4. Consider establishing collection points in areas to obtain key parts / materials, etc for sourcing / collecting items from the pre-identified list.
			Supplier non-availability or non-performance	5. Develop communications network / protocols for use where ICT fails i.e. assembly point (local and core), use of 'runners' to pass on messages, etc.
			5. Contractor/Supplier instruction / payment restriction	6. Establish ad hoc recording method/system to ensure audit trail of instructions/transactions can be demonstrated and assist with handovers where different staff take charge, etc in the event of non-availability of electronic systems.
				7. Carry out a review of what property information needs to be available/accessible on-line (e.g. from home dial up) that is not currently easily accessible.

				8. Produce an 'On-call Manual' containing lists of contractors, property telephone numbers, staff contacts, hazard information, etc so that staff throughout the Service have a resource to be able to respond to an enquiry outwith their current area.
				9. Create an 'Event Tree' diagram of Emergency Cover / Response Protocol so that any technical staff (i.e. Technician) can have guidance on how to respond to a maintenance / repair issue in the event of immediate non-availability of Property Section staff.
				10. Establish a communication protocol within Housing & Property that can inform key Public Information centres of any property-related status/progress reporting.
				11. Establish a 'Single Telephone Number' contact response to enable calls for maintenance repairs to be diverted / channelled to occupied / manned location. <i>[i.e. to ensure calls are answered and dealt with in the event of an area office becoming unavailable].</i>

				<p>12. Formalise arrangements/contacts with local contractors to confirm availability to attend to emergency call outs.</p> <ul style="list-style-type: none"> <li>- Consider preparing a specification setting out standards and protocols to be met when emergency instructions are issued</li> <li>- Prepare a common list of typical maintenance failure occurrences</li> <li>- Look at establishing a Preferred List of local / highland wide contractors who could attend to repairs needed during an emergency period</li> </ul>
				<p>13. Investigate links with other Services regarding emergency call out, out of hours resource sharing, etc.</p>
				<p>14. Consider creating a list of standard actions to be taken to re-open a closed facility.</p>
				<p>15. Consider the possibility of Preferred Emergency contractors having access to council resources (fuel, depots, etc).</p>
				<p>16. Consider the possibility of Preferred Emergency Contractors being able to receive cash payment for work invoices at Finance Centres.</p>

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Short-term Design and Construction Risk Control Review	To ensure High Risk / Critical Operational control requirements / strategies are in place / actually being met	Architect / Engineer, Planning Supervisor (if available), Clerk of Works, Building Services Inspector, Responsible Premises Officer	1. Loss or Lack of access to Planning Supervisor advice 2. Designer availability restricted to inexperienced or part qualified resource 3. Key design information unable to be determined	Carry out a review of how a list of all project High Risks highlighted by designers during the hazard / risk identification process could be collated with a view to: - a) Understanding what arrangements Principal Contractors have provided to manage these risks, and b) Assessing whether independent monitoring arrangements are required to ensure the risk reduction measures are actually effective/in place.
			2. Inoperable Contractor Health and Safety Management arrangements	
			3. Lack or Loss of information to assure that Risk Controls are in place/are being used	Investigate alternative methods of risk control using in-house staff.
Ensure the availability and monitor the use of Emergency Generation capacity	To allow organised shut down and evacuation of premises where Emergency back up Generators have limited capacity and effectiveness	Building Services Inspector, Responsible Premises Officer	1. No fuel / supply interrupted	1. Arrange for a list of all properties with Generators to be reviewed to ensure details of make / specification, fuel used, length of operating time, what the generator serves (light, power, etc) and other key information is recorded.
			2. Generator stops working	2. Carry out programme of enhanced maintenance checks on all Generators and fuel storage/supply pipes.
			3. Generator doesn't start	3. Consider the possibility of increasing fuel storage capacities of each Generator.
				4. Carry out a review of provisions for alternative means of heating to Key Priority Properties which must be kept open.

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				5. For those Key Priority Properties to be kept open, consider an increase in the cyclical maintenance frequencies for e.g. emergency lighting checks, etc.
				6. For Key Priority properties - ensure condition surveys have been carried out and regularly monitor progress to address / reduce any identified significant risks.
<b>Planning &amp; Development</b>				
Assessment of dangerous buildings	Potential danger to life and limb	Availability of experienced Building Standards Officers	1. Lack of availability of appropriately qualified Building Standards Officers (Senior or above)	1. Work with adjacent Areas and or further afield to identify appropriate officers.
				2. Look to skill-up in excess of 50% of BS Officers to be able to deal with dangerous buildings.
				3. Consider a protocol with other Authorities to bring in Officers if necessary.
				4. Review and keep up to date the protocol for dangerous buildings as a tool for the less experienced.
			2. Lack of availability of Structural Engineer to give advice	1. Compile & maintain a list of Structural Engineers based within an appropriate travel distance.
				2. Assess in consultation with TECS the ability (or otherwise) of TECS to provide emergency advice.
3. Inability to reach the scene of an incident either due to hazard or fuel shortage	3. Engage with the Institution of Structural Engineers to identify potential sources of advice if not available "locally".			
	1. Identify the spread of BSOs at home/in the office in relation to the location of any hazard.			

NOT PROTECTIVELY MARKED

				2. Establish a protocol with emergency services to gain access in the event of an emergency.
<b>Social Work</b>				
Provision of residential care for people with disabilities	Care/supervision required on 24hour basis	Independent care home providers. Catering and cleaning staff. External suppliers for provisions.	1. An independent care home provider closes their business.	1. Prioritise in-house clients to enable in house to provide service. 2. Purchase services from another supplier.
			2. Catering and cleaning staff unable to reach the care home.	1. Ensure care staff maintain minimal standards. 2. Involve managers in undertaking care duties.
			3. External supplier unable to reach the care home.	1. Staff bring in local supplies from wherever they can. 2. Have adequate stocks of food for emergencies
			4. Loss of the care home building.	Seek assistance from NHS and from other providers, family and from providers outwith Highland.
			5. Loss of heating fuel supply.	Ensure emergency heating/generators available.
			6. Insufficient care staff	1. Draft in staff from another resource. 2. Use volunteers to assist with appropriate tasks.
			7. Outbreak of illness in care home	1. Ensure infection control measures are in place. 2. Do not allow admissions or discharges.
			8. Lack of appropriate equipment to assist with moving and handling people	Undertake risk assessments re assisting people without equipment.
			9. Insufficient training of staff in moving and handling	1. Seek assistance from NHS colleagues. 2. Undertake risk assessments.

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Provision of residential care for older people	Care / nursing are required on a continuous basis	External providers of care homes. Catering & Cleaning for Council-operated homes.	1. An independent care home provider closes their business.	As above
			2. Catering and cleaning staff unable to reach the care home.	As above
			3. External supplier unable to reach the care home.	As above
			4. Loss of the care home building.	As above
			5. Loss of heating fuel supply.	As above
			6. Insufficient care staff	As above
			7. Outbreak of illness in care home	As above
Home care and housing support for older people and people with disabilities	People physically unable to attend to personal care needs and cook for themselves	External home care providers. External suppliers for provisions	1. Home care provider goes out of business	1. Prioritise in house clients to enable in house to provide service. 2. Purchase services from another supplier.
			2. Insufficient care staff	Prioritise clients. Ask for assistance from family and friends.
			3. Lack of appropriate equipment to assist with moving and handling people	1. Ask NHS colleagues to assist. Undertake risk assessments. 2. Use more staff. 3. Consider if family members or volunteers can assist.
			4. Insufficient training of staff in moving and handling	1. Ask NHS colleagues to assist. Undertake risk assessments. 2. Bring in someone to do training on site.
Community alarm	Older people may have fallen or taken ill unable to summon help in any other way	Staff to respond to alarm. Carers ability to travel to the person and offer assistance	1. Out of date technology	Telephone clients and alert carers.
			2. Lack of staff to respond to calls	Ask family/neighbours to assist.
			3. No carer identified to offer assistance	Ask family/neighbours to assist.
Residential care for children	care for children at risk who cannot return to their families	Catering and cleaning for care homes.	1. Insufficient staff	Draft in fieldwork staff/managers
			2. Insufficient placements	Place children outwith area. Consider if additional resources can support families
			3. Inability to purchase from external providers	Use staffed houses to care for children.

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Foster care for children	care for children at risk who cannot return to their families	Families able to provide foster homes	1. Insufficient foster placements	Provide more support to families to keep children at home.
			2. Breakdown of foster placement with no other resource available for child	Place with foster carers outwith the area.
Child abuse action	To protect children at risk from injury/harm	Work with police and health care staff	1. Insufficient qualified/experienced staff	Ask for assistance from another local authority. Purchase additional services from voluntary sector.
			2. Trained staff located distant from problem areas	Move staff. Managers undertake work.
Management of sex offenders	(Detail to follow?)	(Detail to follow?)	(Detail to follow?)	(Detail to follow?)
<b>TECS</b>				
Responding to Emergencies: <ul style="list-style-type: none"> <li>• Council Road Network</li> <li>• Flooding</li> <li>• Oil Pollution</li> </ul>	To protect public safety.  Maintain access for emergency services.	Trained Staff Communications Vehicles Fuel Supplies	1. Staff shortage.	Identify internal resources and external resources with appropriate skills.
			2. Communications breakdown.	Increased level of direct supervision and reporting in person to the Area control centres.
			3. Vehicle and plant shortage.	Identify alternative sources of vehicles, plant, and vehicle maintenance.
			4. Fuel shortage.	Identify alternative sources of fuel supplies.
Responding to critical public health incidents.	To protect public health.	Trained staff NHS Highland	1. Shortage of trained staff.	Ensure sufficient numbers of staff are trained to deal with these incidents.
Dealing with critical animal health incidents (e.g. Anthrax)	To protect public health.	Trained staff Animal Health (Agency)	1. Shortage of trained staff.	Ensure sufficient numbers of staff are trained to deal with these incidents.
Operation of "linkspan" at Uig ferry terminal.	Ferry from Western Isles unable to dock at Uig.	Trained staff Mechanical failure	1. Staff/workforce shortage	1. Train and authorise Ferry Staff and other Harbour staff, to operate Linkspan.
			2. Maintenance/engineer unavailable.	2. Identify alternative engineers.
Winter Maintenance  (October to April)  (Provide service every day 06:00 to 21:00 as opposed to 24/7)	To protect public safety, and maintain access on the local road network for emergency services.	Appropriate Staff Communications Vehicles and Plant Fuel supplies Salt supplies Weather forecasts	1. Staff/workforce shortage	Identify internal resources and external resources with appropriate skills.
			2. Communications breakdown	Identify alternative sources of vehicles, plant and vehicle maintenance.
			3. Vehicle and plant shortage	Identify alternative sources of vehicles,

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		Ice sensors		plant and vehicle maintenance.
			4. Fuel shortage	Identify alternative sources of fuel supplies.
			5. Salt shortage	Ensure availability of salt by other methods of transport; sea, rail, and road
			6. Lack of OpenRoad weather forecast service.	Increase the use of patrols to identify current conditions and make use of media weather forecasts.
			7. Lack of ice sensor data	As above but with the benefit of the "OpenRoad" weather forecasts currently provided by the Met Office.

1 Day

Critical Activity	Why Critical	Dependencies	Hazards	Generic Response
<b>Chief Executive's</b>				
Providing legal advice & representation on Mental Health issues.	Vulnerable people may be at risk if this service is not sustained	Private Solicitors for out of hours supply	1. Loss of Personnel	1. Contract private solicitors on standby to cover absences.
			2. Loss of Admin systems	1. Develop contingency systems to fall back on.
			3. Loss of Suppliers	1. Extend list of possible suppliers.
Obtaining Sex Offender Prevention Orders.	Vulnerable people and the community generally may be at risk if this service is not sustained.	Contingency arrangements with other local authorities.	1. Loss of Personnel	1. Contract private solicitors and Public Sector Partners on standby to cover absences.
			2. Loss of Admin systems	1. Develop contingency systems to fall back on.
			3. Loss of Suppliers	1. Extend list of possible suppliers.
Registration of deaths. (See additional comment)	Possible increase in incidence of death. Lack of mortuary space requires quicker through put. Registration required before cremation/internment	Service Point network when service is delivered through them (20 cases).	1. Loss of Personnel	1. Delay registration in line with advice from Registrar General.
			2. Loss of Admin Systems	2. Follow advice from GROS District Examiner re redeployment of staff and locations
			3. Loss of Accommodation	Develop contingency systems to fall back on. Plan to relocate to temporary accommodation.
<b>Education, Cultural &amp; Sport</b>				
PPP Payments	Heavy financial penalties	Financial Services	school provider - initiates penalty clauses/legal action	Ensure that any interest charged is set at a reasonable level.
<b>Housing &amp; Property</b>				
None?				
<b>Planning &amp; Development</b>				

<b>Social Work</b>				
None?				
<b>Finance</b>				
Payroll Administration	Payment of staff is essential to the continuity of labour	All services, Systems Admin Team, ResourceLink and BACS	1. Loss of Staff	Ensure sufficient number of in-house staff are trained to undertake basic payroll duties.
			2. Loss of Accommodation	Make arrangements for staff to work from home and/or from alternative office accommodation.
			3. Loss of I T System	Make arrangements for payments to be made in the short term.
			4. Loss of Suppliers	Liaise with bank to understand their contingency plans.
Treasury Management	Management of Council's loans portfolio and daily bank balance is essential to the financial functioning of the Council.	The Council's Bankers, (incl CHAPS/ BACS), loan Counterparties, money Brokers and Treasury Consultants.	1. Non availability of dependent parties	1. Ensure lists of dependencies are up to date.
				2. Liaise with external bodies involved in Service provision.
				3. Ensure sufficient numbers of in-house staff are trained to undertake treasury management transactions.
				4. Make arrangements for staff to work from home and/or from alternative office accommodation.
Payment of creditors	Payment of suppliers is essential to ensure continuity of provision of goods and services	All services, Systems Admin Team, Oracle 11i and BACS	1. Loss of Staff	1. Ensure sufficient number of in-house staff are trained to undertake basic payment duties. 2. Prioritise suppliers, key suppliers to be paid first.
			2. Loss of Accommodation	Make arrangements for staff to work from home and/or from alternative office accommodation.

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			3. Loss of I T System	Make arrangements for manual payments to be made in the short term.
			4. Loss of Suppliers	Liase with bank to understand their contingency plans.
<b>TECS</b>				
Burial service (High death Rate)	Timely burial of the dead to prevent storage	Trained Staff Vehicles and Plant Fuel	1. Staff/workforce shortage	Ensure back up staff trained.
			2. Vehicle and plant shortage	Identify alternative sources of vehicles, plant and vehicle maintenance.
			3. Fuel shortage	Identify alternative sources of fuel supplies.
Cremation Service (High Death Rate)	Timely cremation of the dead	Trained staff Electrical power	1. Staff/workforce shortage	Ensure back up staff trained.
			2. Electrical power cut	Identify alternatives for storing bodies and keeping records.

**3 Day**

Critical Activity	Why Critical	Dependencies	Hazards	Generic Response
<b>Chief Executive</b>				
None				
<b>Education, Cultural &amp; Sport</b>				
Children at significant risk if in full time care of parents.	Potential risk to child and/or community.	ECS and SW staff.	1. Loss of school building, transport or school staff	1. Ensure back-up educational and care packages are available.
<b>Finance</b>				
Housing and Council Tax Benefit Claim Administration	Some customers paid directly depend upon Benefit payments to survive. Private sector tenancies may be in jeopardy	Availability of IT, Area Finance staff in local offices, Service Points manned. LTB control arrangements and system administration, only limited manual claim preparatory work possible if staff and no IT and manual payment capability.	1. Loss of staff	1. Redeployment from other Area Finance Teams.
				2. Redeployment from other local services after training for basic functions.
				3. Redeployment from other staff, including HQ.
			2. Loss of Accommodation	Utilise alternatives (public halls, libraries etc)
			3. Loss of IT System	Implement manual "payments on account" system for "lifeline" service.
<b>Housing and Property</b>				
Priority Design Need	To enable response to request for delivery of Emergency / Short term Design Resource (e.g. for provision of Temporary Mortuary, Incident Facility, or Decant Accommodation)	Architect / Engineer, Planning Supervisor (if available), Clerk of Works, Building Services Inspector, Responsible Premises Officer	1. Lack of access to competent Designers	1. Create a list of scenarios where Priority Design Needs would be required and establish a range of competencies and strategies to address typical situations.
				1. Create a list of Prioritised Properties that are to be kept open.
			1. Designer availability restricted to inexperienced or part qualified resource	
			2. Key design information unable to be determined	

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Planning & Development				
Controlling access to the countryside	To prevent spread of pandemic (Govt. instruction to close off countryside as per Foot & Mouth Epidemic)	Staff to put up public notices at key access points	1. Lack of availability of Council Staff	Establish a List of a network of local contractors in consultation with Housing & Property.
			2. Difficulty of availability of external contractor	Consider re-deploying other staff with minimum training either within or across services, depending on priority.
			3. Availability of equipment	1. Develop & maintain an inventory of basic essential equipment & its location at Council level.
				2. Identify potential sources to buy or hire in equipment.
4. Inability to reach the scene of an incident either due to hazard or fuel shortage	Establish a protocol with emergency services to gain access in the event of an emergency.			
Some Enforcement (eg Trees; Health & Safety issues; Archaeology)	Protection of the Environment/Health & Safety	Access to IT systems. Qualified staff. Legal Services	1. Lack of availability of appropriately qualified staff	1. Identify a core of specialist staff & provide basic training to a proportion of other service staff to re-deploy as necessary.
			2. Difficulty in securing legal advice	2. Identify & list potential external contractors (eg tree specialists; archaeologists) to provide advice.
				Identify with Corporate Services other potential means of covering legal advice (eg electronically from other solicitors).
			3. Inability to reach the scene of an incident either due to hazard or fuel shortage	Establish a protocol with emergency services to gain access in the event of an emergency.
4. Non availability of IT	1. Prepare & hold back-up Notices & the like for completion by conventional means.			
	2. Ensure all information such as constraints are held as paper copies.			
Social Work				
Day care for people with disabilities	To provide respite for carers	Transport and staff.	1. Building out of action	1. Place people in other resources.

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and older people		Provisions.		2. Rent a building.
			2. External provider goes out of business	Council run resource till new buyer found.
			3. Lack of transport	1. Ask family to assist. 2. Provide support at home.
Assessments of people in hospital with community care needs	To ensure hospital beds are freed up for people who are sick and require a bed	Staff to undertake assessments. Beds in residential care	1. Insufficient staff	1. Remaining staff to prioritise this work. 2. Bring in agency staff.
			2. Clients choosing a care home with no vacancies	Clients to move to another home until place available in resource of choice.
			3. Lack of funding for care packages	1. Client remain in hospital bed. 2. Family assist with care of client till place available.
			4. No suitable housing/accommodation	1. Client remain in hospital or go for period of respite. 2. Client goes to live with family member.
Practical and professional support to vulnerable families	To ensure the safety of children and to enable them to remain in their own families.	Skilled staff who are able to travel	1. Insufficient qualified/experienced staff	1. Prioritise cases. 2. Purchase service from independent sector.
Assessing and supporting young offenders	Preventing young people from committing further offences	Ability of staff and young people to travel to meet. Services commissioned by independent providers.	1. Insufficient qualified/experienced staff	1. Ask the police to assist. 2. Seek assistance from volunteers/family members.
Through care and aftercare provision of care leavers	Local authority responsible for vulnerable young people	Young people financially dependent on Council	1.Lack of support staff	1. Purchase service from another provider. 2. Prioritise service.
			2.Inability of provider to provide staff	1. Provide support from in house resources. 2. Consider how young people can support each other.
			3. Inability to fund young people	1. Ensure young people had food and fuel supply. 2. Set up an account with a local shop.
Practical and professional support to vulnerable adults	To ensure the safety of these adults and to enable them to	Skilled staff who are able to travel	1.Lack of support staff	1. Assess risk. Consider community supports.

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	remain in their own homes.			2. Purchase services from voluntary organisations.
<b>TECS</b>				
Burial service (Low Death Rate)	Timely burial of the dead to prevent storage	Trained Staff Vehicles and Plant Fuel	1. Staff/workforce shortage	Ensure back up staff trained
			2. Vehicle and plant shortage	Identify alternative sources of vehicles, plant and vehicle maintenance.
			3. Fuel shortage	Identify alternative sources of fuel supplies.
Cremation service (Low Death Rate)	Timely cremation of the dead	Trained Staff Electrical power	1. Staff/workforce shortage	Ensure back up staff trained
			2. Electrical power cut	Identify alternatives for storing bodies and keeping records.
Refuse collection excluding recyclables collection	To protect public health	Trained Staff Vehicles and Plant Fuel	1. Staff/workforce shortage	Identify list of alternative internal resources and external providers of manpower with appropriate competencies.
			2. Vehicle and plant shortage	Identify alternative sources of vehicles, plant and vehicle maintenance.
			3. Fuel shortage	Identify alternative sources of fuel supplies.
Waste disposal	To protect public health	Trained Staff Landfill sites Waste Transfer Stations Waste Disposal Contractors	1. Staff shortage.	Request that the public continue to store waste at home until collections and disposal can take place.

LIST OF HQ CRITICAL ACTIVITIES AND CONTINGENCY MEASURES.

Service Areas (By Head of Service)	Main HQ Functions	Service Critical Activities	Management of Service Critical Activities	Contingency Measures
<b>Chief Executive's</b>				
Chief Executive	Strategic leadership	Leadership of an emergency response	Based at HQ – Chief Exec plus support staff	Move to another office/Emergency Operations Centre.
Public Relations Office	Media contacts, website, FOI and DPA	Maintenance of a PR service	Based at HQ.	Move to another office/Emergency Planning Centre. Seek support from fellow PROs with partner agencies, such as Cairngorm National Park, SNH to join the PR team in running the office. We would also seek to train members of staff within the Chief Executive's office in how to publish information on the intranet and internet.
E-Government	ICT Customer Services Modernising Government projects Registration	ICT provision. Management function for Customer Services Network and Registration.	Head of E-Government Based at HQ, Registration based in area offices.	Move to another office within the Customer Services Network.
Legal and Democratic Services	Legal Advice Licensing Conveyancing Committee services	Providing legal advice & representation for child care services, mental health team and in relation to vulnerable adults, obtaining Sex Offender Prevention Orders.	Based at HQ – Head of Service. Staff based at HQ and in the areas.	Move to an area office, use Area Solicitors. Contract private solicitors and Public Sector Partners on standby to cover absences. Hand-written applications are acceptable.
Personnel	HR policies Health and Safety policy Employee Development Occupational Health	Health & Safety – Investigation of serious work-related accident or fatality (in respect of employees and others affected by Council activities).	Based at Dochfour Drive – Health and Safety Manager.	Move to an area office.
Policy and Performance	Policy development: Equalities, sustainability, Europe etc Performance Management	No service critical activities identified.	No service critical activities identified.	n/a
Business Support	Budget oversight	Maintenance of HQ facilities.	Based at HQ – Support Services	If HQ no longer available, service no

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	Facilities management inc H&S duties Members services General Service admin		Manager.	longer required.
<b>TECS</b>				
Roads and Community Works	Policy & Strategy Committees Management Budgets Health and Safety	Responding to emergencies  Burial service  Cremations service  Winter maintenance service	Service critical activities managed by Area based staff.	Roads and Community Works Manager HQ (1) and Area RCW Managers (3) available to deputise for Head of RCW.
Transport and Infrastructure	Policy & Strategy Committees Management Budgets	Responding to emergencies  Operation of "linkspan" at Uig ferry terminal	Service critical activities managed by Area Street Lighting staff and Harbours Section based at Lochinver.	PDU Manager (1) and Integrated Transport Manager (1) available to deputise for Head of Transport and Infrastructure.
Waste Management	Policy & Strategy Committees Management Budgets	Refuse collection  Waste disposal	Service critical activities managed by Area based staff.	Principal Waste Management Officers (3) available to deputise for Head of Waste Management.
Environmental Health	Policy & Strategy Committees Management Budgets	Respond to critical public health incidents.  Respond to critical animal health incidents.	Service critical activities managed by Area based staff.	Principal Environmental Health Officers HQ (2) and Area EH Managers (3) available to deputise for Head of Environmental Health and Trading Standards.
Trading Standards	Policy & Strategy Committees Management Budgets	No service critical activities identified.	No service critical activities identified.	Principal Trading Standards Officers HQ (2) available to deputise for Head of Environmental Health and Trading Standards.
Business Support	Management	Support for vehicles and plant.  Support for stores.	Support for service critical activities managed by Area based staff.	Fleet Manager (1) and Stores and Purchasing Manager (1) available to deputise for Head of Business Support.
<b>Planning &amp; Development</b>				
Planning and Building Standards	Policy & Strategy Committees Management Budgets Health & Safety	Assessment of dangerous buildings.	Service critical activity managed by Area- based staff.	Building Standards Manager able to deputise for BS Team Leaders in Areas if required.
Countryside, Heritage and Natural	Policy & Strategy	Dealing with reports of dangerous	Service critical activity carried out by HQ-	Get support from TECS Area staff or

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Resources	Committees Management Budgets Health & Safety	trees.	based forestry staff.	outside tree consultants.
<b>Social Work</b>				
None?				
<b>Housing &amp; Property</b>				
Housing Repairs & Management	Policy & Strategy Committees Management Budgets Health & Safety	Provision of homeless accommodation  Provision of Emergency repairs to housing property	Service critical activity managed by Area-based staff.	Area Housing & Property Manager or Maintenance Manager (repairs) able to deputise for Head of Housing
Housing Development & Estates Management	Policy & Strategy Committees Management Budgets Health & Safety		Service critical activity carried out by HQ-based forestry staff.	
Construction	Policy & Strategy Committees Management Budgets Health & Safety	Emergency Repairs to Council property  Property Design and Consultancy	Service critical activity managed by Area-based staff.	Programme and Consultancy Managers available to deputise for Head of Construction.
Business Support	Management and I.T. systems	Housing & Repairs system support	No service critical activities identified. Paper based Works Orders system introduced and HIS updated at point in future.	Team Leader able to deputise for Business Support Manager.
<b>Education, Culture &amp; Sport</b>				
Senior Management Team	Strategic Leadership	Leadership of an emergency response	Clear delegation routes and alternative office base[s].	3 Area Managers and 2 Senior CLL Officers able to deputise for Head of Support Services and Head of CLL
<b>Finance</b>				
None?				

## RESPONSES BY THE COUNCIL'S CORPORATE EMERGENCY MANAGEMENT TEAM

1. The pre-planned strategic responses by the (CEMT) that are listed in this Annex are those appropriate to UK Alert Level 4. They may be implemented at an earlier alert level if the Council Strategic Group deems this necessary. They may also be implemented selectively at Alert Level 4: in part or as a whole, in some Areas or in all Areas. The CEMT will advise Corporate Managers of precisely what responses are in force at a given time.
2. The responses listed below will be developed through consultation and review.

Consideration	Influences	Planned Responses
Liaison with HISCG members.	<ul style="list-style-type: none"> <li>• National advice.</li> </ul>	<ul style="list-style-type: none"> <li>• Activate Council emergency centre.</li> <li>• Activate Council Strategic Group.</li> </ul>
Briefing of Members and Staff.	<ul style="list-style-type: none"> <li>• Restrictions on travel.</li> </ul>	<ul style="list-style-type: none"> <li>• Circulate daily briefings to Area emergency centres by email, and issue ad-hoc supplements as required.</li> <li>• Copy to Members and HISCG.</li> </ul>
Formation of the Members Emergency Committee.	<ul style="list-style-type: none"> <li>• Information on pandemic spread.</li> <li>• Restrictions on travel.</li> </ul>	<ul style="list-style-type: none"> <li>• Recommend suspension of normal Council committee business.</li> <li>• Activation of recess powers and emergency powers.</li> <li>• Implement arrangements for communicating with Members.</li> </ul>
Suspension of routine meetings, training, etc.	<ul style="list-style-type: none"> <li>• Information on pandemic spread.</li> <li>• Restrictions on travel.</li> </ul>	<ul style="list-style-type: none"> <li>• Communication of the suspension.</li> <li>• Use of video and telephone conferencing.</li> </ul>
Introduction of travel restrictions.	<ul style="list-style-type: none"> <li>• National advice.</li> <li>• Information on pandemic</li> </ul>	<ul style="list-style-type: none"> <li>• Introduction of working from home.</li> <li>• Implement sharing of tasks with partner agencies.</li> </ul>

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	spread.	
Reducing, and if necessary closing, non-critical activities and services.	<ul style="list-style-type: none"> <li>• Critical activities list.</li> <li>• Non-critical activities list.</li> <li>• Information on pandemic spread.</li> </ul>	<ul style="list-style-type: none"> <li>• CEMT to advise Areas.</li> <li>• Implement pre-planned redeployments.</li> <li>• Implement work pattern changes.</li> <li>• Implement working from home arrangements.</li> <li>• Link to introduction of travel restrictions.</li> </ul>
Closure of schools and public buildings.	<ul style="list-style-type: none"> <li>• National advice.</li> <li>• Information on pandemic spread.</li> </ul>	<ul style="list-style-type: none"> <li>• CEMT to make risk assessments, and close selected schools based on outcomes.</li> <li>• Use existing procedures to notify closures to parents, pupils, staff and customers.</li> <li>• School and other staff to be redeployed according to local implementation plans.</li> <li>• Only minimum number of administrators to attend for work at the school.</li> <li>• Staff not redeployed to remain on call at home.</li> </ul>
Maintaining essential stock levels.	<ul style="list-style-type: none"> <li>• National advice.</li> <li>• HISCG advice.</li> </ul>	<ul style="list-style-type: none"> <li>• Implement planned uplifts in stock levels and increase in frequencies.</li> <li>• Advise suppliers of single points of contact (Area emergency centres).</li> <li>• Implement revised procurement arrangements.</li> </ul>
Preparation and issue of communications.	<ul style="list-style-type: none"> <li>• National advice.</li> <li>• Information on pandemic spread.</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>

TEMPLATE AND AREA IMPLEMENTATION PLANS

1. The Area implementation plans comprise a series of action plans for dealing with the identified hazards to delivery of the critical services and activities; the action plans are consistent with the generic measures that have been developed by the Working Group. The template for each of the individual action plans is shown as a worked example, as follows:
2. Cover Sheet

<p><u>HIGHLAND COUNCIL</u> <u>BUSINESS CONTINUITY PLAN</u> <u>INFLUENZA PANDEMIC SECTION</u> <u>ANNEX I</u></p> <p><u>AREA IMPLEMENTATION PLAN FOR</u></p> <p><u>XXX AREA</u></p>	
Implementation Plan Owner:	XXX Corporate Manager
Release Date:	DD MM YYYY

3. Action Plan

<b>Critical Activity:</b>		Emergency repairs to Council housing.			
<b>Response Time:</b>		24/7			
<b>Lead Service:</b>		Housing & Property Service			
<b>Lead Officer:</b>		Alistair McNulty	W 01339 456654 M 07777 888666	H 01337 567765	alistair.mculty@highland.gov.uk
<b>Hazard:</b>		Loss of key staff.			
<b>Alert Level:</b>		0			
<u>Measure 1.a</u>	Staff identified who can provide standby call-handling service.	Brian Beeswax	Senior administrator, Housing Service	Dingwall House	W 01339 678876 H 01337 789987
		Charlotte Chapel	Administrator, Housing Service	Dingwall House	W 01339 678877 H 01339 443355
		Denise Dattel	Technician, TECS	Oban House	W 01336 333444 H 01337 789987
<u>Measure 1.b</u>	Training package generated, and refresh period decided.	Lead Officer	Y/ <del>N</del> Annual refresh.		
<u>Measure 1.c</u>	Trainers identified and informed.	Ethel Breeze	Housing officer	Dingwall House	W 01339 678856
		Fred Draughty	Housing Officer	Oban House	W 01336 443322
<u>Measure 1.d</u>	Training package delivered and competencies checked.	Brian Beeswax	Y/ <del>N</del>	29 May 2006	
		Charlotte Chapel	Y/ <del>N</del>	14 June 2006	
		Denise Dattel	Y/N		
<u>Measure 1.e</u>	Training package refreshed and competencies checked.	Brian Beeswax	Y/N	Due June 2007	
		Charlotte Chapel	Y/N	Due June 2007	
		Denise Dattel	Y/N		

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Critical Activity:	Emergency repairs to Council housing.		
Response Time:	24/7		
Lead Service:	Housing & Property Service		
Lead Officer:	Alistair McNulty	W 01339 456654 M 07777 888666	H 01337 567765 alistair.mcnulty@highland.gov.uk
Hazard:	Loss of key staff.		
Alert Level:	2		
<u>Measure 2.a</u>	Standby and other staff informed of level change and availability confirmed.	Lead Officer	Y/ <del>N</del>
<u>Measure 2.b</u>	Contact numbers checked.	Ethel Breeze	Y/ <del>N</del>
<u>Measure 2.c</u>	Transfer from normal public-call phone number to Area emergency centre - communications tested.	Ethel Breeze	Y/ <del>N</del>

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<b>Critical Activity:</b>		Emergency repairs to Council housing.	
<b>Response Time:</b>		24/7	
<b>Lead Service:</b>		Housing & Property Service	
<b>Lead Officer:</b>		Alistair McNulty	W 01339 456654 M 07777 888666
			H 01337 567765 alistair.mcnulty@highland.gov.uk
<b>Hazard:</b>		Loss of key staff.	
<b>Alert Level:</b>		4	
<u>Measure 3.a</u>	Standby and other staff informed of level change and availability confirmed.	Lead Officer	Y/ <del>N</del>
<u>Measure 3.b</u>	Standby staff deployed to the Area emergency centre.	Corporate Manager	<ul style="list-style-type: none"> <li>• Dependent on reports from Service managers as to absence rates.</li> <li>• Dependent on advice / instruction from the Council Strategic Group.</li> </ul>
<u>Measure 3.c</u>	Change in work pattern / shift working implemented.	Corporate Manager	<ul style="list-style-type: none"> <li>• Dependent on reports from Service managers as to absence rates.</li> <li>• Dependent on advice / instruction from the Council Strategic Group.</li> </ul>
<u>Measure 3.d</u>	Transfer from normal public-call phone number to Area emergency centre implemented.	Corporate Manager	<ul style="list-style-type: none"> <li>• On redeployment to emergency centre.</li> </ul>

4. This template can be adapted as required, as long as the information that provides the key links into the hazards and generic measures is sustained. These mandatory fields are the ones shaded in grey in the above examples.
5. The live implementation plans are listed below.

## EXAMPLES OF DEROGATIONS IN THE EVENT OF AN INFLUENZA PANDEMIC

The Scottish Government is presently consulting on a list of statutory obligations which they might want to derogate in the event of an influenza pandemic. We can therefore expect that the information given below will be updated periodically.

### FLU PANDEMIC – POTENTIAL DEROGATIONS

1. Pollution, Prevention & Control Act 1999 & Pollution, Prevention & Control (Scotland) Regs 2000
  - Emissions from crematoria
2. Secretary of State's Guidance for Crematoria - Process Guidance Note 5/2 (04) Section 5 (SEPA)
  - Relaxation of emission levels
3. Secretary of State's Guidance for Crematoria - Process Guidance Note 5/2 (04) Section 6.19 – 6.21 (SEPA)
  - Standby cremators
4. Planning Regulations
  - Relaxation of planning restrictions on the operational hours of work of crematoria and cemeteries
5. Registration of Births, Deaths and Marriages (Scotland) Act 1965 (Section 23)
  - Extension of the deadline of 8 days to attend the registration office to register a death
6. Burial and Cremation regulations
  - To include the handling of UK citizens from Scotland dying abroad and foreign nationals dying in Scotland;
  - The parameters for investigation by the Procurator Fiscal or for a Fatal Accident Inquiry;
  - Mass burials for public health reasons
7. Working Time Directive
  - To allow 24 hour operation if required
8. Transport
  - Relaxation of weight restrictions on transport carrying essential services and relaxation on hours drivers may have to work
9. Lease of Scottish Government Buildings
  - Override private law of contract
10. Planning and building regulations
  - Override warrant stipulations
11. Use of contractors
  - To allow contracts to be waived ie to permit non-competitive actions for reasons connected with an emergency for the duration of that emergency
12. The NHS (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2004
  - The prioritisation of treatment to be provided and relaxation of time limits
13. Scottish Ministers' statutory responsibilities under the Mental Health Act in respect of Mental Health Tribunals
  - In the event of a flu pandemic, the majority of professionals and statutory bodies would not be able to meet the statutory time limits contained in the Act

14. Regulation of Care (Scotland) Act 2001 Section 25 (1) to(5) (frequency of inspections by the Care Commission)
- Section 7 and Section 25 (requirement to register care services with the Commission and offences if not registered);
  - Sections 14-16, 18, 19 and 24(2)( c). (varying registration of a care service with the Care Commission)

SOME RESERVED HEALTH ISSUES

15. Medicines Act for the prescription of unlicensed medication
- Pharmacy only medication to be available over-the-counter
16. Medical Act 1983 as it relates to the regulation of doctors
- Using doctors in different roles/using retired doctors or medical students to deliver some aspects of care
17. Social Security Regulations
- The medical certification for benefits

SOME DEVOLVED HEALTH ISSUES

18. Primary Medical Services (Scotland) Act 2004
- This relates mainly to the GP Practice contract, negotiated on a UK basis but implemented in Scotland
19. Smoking Health and Social Care (Scotland) Act 2005, National Health Service (Scotland) Act 1978
- These cover contracts for other independent contractors in primary care
20. National Health Service (Scotland) Act 1978
- Prescription charges
21. Public Health issues
- E.g. making flu a notifiable disease
22. Regulation issues
- For some healthcare professionals
23. General indemnity issues
- eg as a result of prioritisation of people or services (postponement of regular blood pressure checks followed by a stroke, delay in investigation a lump which is cancerous)
24. Food Sector (Reserved)
- We would have to take up with the Food Standards Agency Scotland whether there may be regulatory forbearance from the governing legislation in the event of a pandemic eg a need to relax inspections to maintain the supply of food.
25. Security Industry Authority Regulations
- Allow unlicensed cash-in transit drivers to distribute cash in the event that there is a shortage of licensed drivers (SIA licensing only currently applies to England and Wales but is likely to come into force in Scotland next year).
26. Downstream Oil Emergency Response Tool
- This tool covers the procedure for selecting and relaxing Government regulations to improve the supply of petroleum products during periods of significant supply disruption in the UK.
27. Planning Regulations
- May need a bespoke piece of legislation or use of statutory powers (e.g. a direction) to derogate from all usual planning controls a particular development.

## PLANNING ASSUMPTIONS FOR THE CURRENT A(H1N1) INFLUENZA PANDEMIC

3 September 2009

### Purpose

These planning assumptions relate to the current A(H1N1) pandemic and are appropriate for use until the end of the 2009/10 “seasonal flu” season – i.e. until Mid-May 2010. They provide a common agreed basis for planning across all public and private sector organisations. Working to this common set of assumptions will avoid confusion and facilitate preparedness across the UK.

These planning assumptions are based on analysis and modelling of data from both inside and outside the UK. They supersede the previous planning assumptions (dated 16 July). Modifications reflect the latest evidence on the severity of the current A(H1N1) strain. While considerable uncertainties remain, this evidence is sufficient to exclude some of the most severe possibilities included before. The planning assumptions will be subject to further review and possible change as further new data become available on the current pandemic strain of influenza.

The assumptions contain a number of parameters, each taken at their ‘reasonable worst case’ value. In some cases, it has been possible to revise these values downward given the evidence now available. Even despite these reductions, when taken together they continue to represent a relatively unlikely scenario. They should therefore not be taken as a prediction of how the pandemic will develop. Planning against the reasonable worst case will ensure plans are robust against all likely scenarios. Response arrangements must be flexible enough to deal with the range of possible scenarios up to the reasonable worst case and be capable of adjustment as they are implemented.

Because they are based on the reasonable worst case, these Planning Assumptions take no account of the possible effect of vaccination against the pandemic strain until we can be more certain about the timing of delivery and licensing of the vaccine on order. The magnitude of any such effect also depends critically on timing: a large effect on total numbers of cases would only be expected if a substantial proportion of the population could be vaccinated before the pandemic has peaked. Nevertheless, targeted vaccination of at-risk groups may be highly beneficial in preventing more serious illness amongst vulnerable groups.

As further UK and international surveillance data emerge, we will be looking to develop and extend these planning assumptions. It is possible that the virus may mutate, becoming more virulent, and it is important to remain prepared for the full range of possibilities. Therefore, any planning for future periods beyond Spring 2010 should be based on the standard reasonable worst case assumptions promulgated in pre-pandemic planning as set out in the ‘National Framework for responding to an influenza pandemic’ Chapter 3<sup>1</sup>.

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<sup>1</sup> Located at: [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_080734](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080734)

## General: Timing, Duration and Geographic Spread of the Pandemic

The number of cases over the summer have been relatively small (with an estimated peak of the order of 100,000 clinical cases per week according to HPA calculations),<sup>2</sup> as compared with the numbers that could occur during the course of a full pandemic. It remains possible that case numbers could rise to many hundreds of thousands of cases per week.

Since the last week of July the rate of new cases has slowed considerably. Nevertheless, the exponential growth seen previously may resume, for example, when schools reopen. Transmission may also increase as we enter our normal 'flu season'. It is unclear whether the pandemic would thereafter unfold as a single extended 'wave' or multiple waves separated by periods of reduced case numbers. However, early, sustained exponential growth could lead to a substantial growth in the number of cases. A substantial peak could not, however, happen until October. Such a peak could be much higher than that seen in July. By the end of the planning period (May 2010), up to 30% of the population could have experienced symptoms of pandemic Swine Flu. These are potentially in addition to those experiencing the effects of seasonal flu.

As has already been seen, variations in how the pandemic unfolds from one local area to another is possible, therefore, where appropriate, planning assumptions are shown both across the UK and for local areas where different<sup>3</sup>.

## Summary of the Planning Assumptions

The table below summarises the key planning assumptions as regards infection with the current A(H1N1) pandemic strain of influenza. As noted above, this represents a "reasonable worst case" for which to plan for the period up to mid-May 2010, not a prediction. The figures shown are explained in more detail in the supporting text below. All apply both across the UK and to local areas except where specific local assumptions are shown.<sup>4</sup> The figures shown can be expected to vary for different age groups within the population: this is also explained in more detail below.

<i>Planning assumptions to mid-May 2010: potential effects of A(H1N1) infection for the general population</i>	
Clinical Attack Rate	up to 30% of population
Peak Clinical Attack Rate	nationally, up to 6.5% of population per week
	locally, 4.5%-8% of population per week
Case Complication Ratio	up to 15% of clinical cases
Case Hospitalisation Ratio	up to 1% of clinical cases, of whom up to 25% could require intensive care at any given time
Case Fatality Ratio	up to 0.1% of clinical cases
Peak Absence Rate	up to 12% of workforce

<sup>2</sup> Estimation of the number of A (H1N1) cases in the UK is subject to significant uncertainty and bias due to problems estimating a number of key parameters (such as proportion of those with symptoms accessing the different treatment routes and swab positivity rate).

<sup>3</sup> Throughout this document, a "local area" refers to a population of about 100,000 to 750,000. "National" refers to the UK population of about 62,300,000.

<sup>4</sup> At present, the local assumptions differ from those for the UK only as regards the peak clinical attack rate. However, this may change as more evidence becomes available.

## Clinical Attack Rate

*Description:* The proportion of the population who *become* ill with influenza, totalled over the period covered. (These are the *clinical cases*.)

*Assumption:*

In total, up to 30% of the population may experience influenza-like-illness following infection with the A(H1N1) strain within the planning period.

*Commentary:*

This is an average over all ages in the population. The final Clinical Attack Rate among children under 16 may reach 50% during this period, with significantly lower rates than 30% in older people (of the order of 15% in those over 65).

All the above figures refer to people experiencing symptoms. The proportion of the population infected with the A(H1N1) virus (the serological attack rate) may finally be as high as 60%. This is because in addition to those who develop clinical symptoms, a similar number may be infected but show no or insignificant symptoms.

## The Peak Clinical Attack Rate

*Description:* The proportion of the population who *become* ill in the peak week.

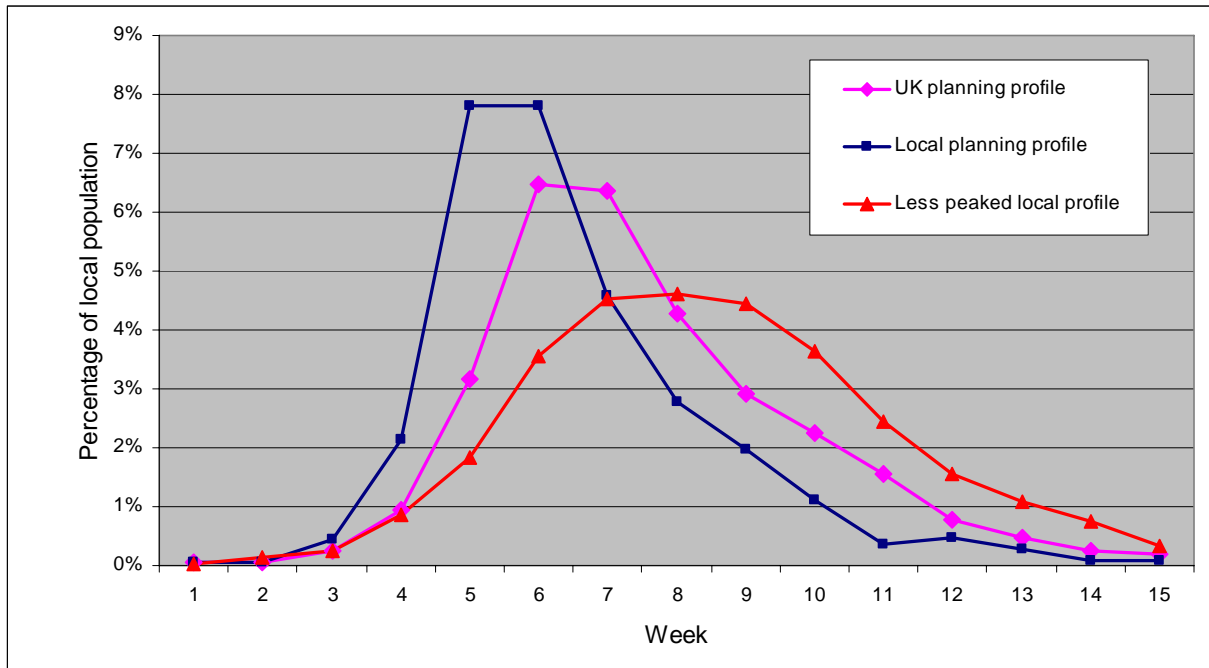
*Assumptions:*

- *Nationally*, up to 6.5% of the UK population may become ill with influenza in the peak week of the pandemic.
- Up to 8% of the population *in any given locality* may become ill with influenza per week in the peak week of a local epidemic.
- These peak rates might be sustained for a fortnight.

*Commentary:*

The maximum 8% figure for a *local area* is higher than the UK planning assumption of 6.5% because local outbreaks may not be synchronised. Indeed, if the UK epidemic is extended over a relatively long period, local epidemics may have peak Clinical Attack Rates substantially higher than the UK epidemic as a whole. This is due to the UK epidemic curve being a composite of the local curves, which may vary in profile (see below), timing, and to some extent Clinical Attack Rate. As both highly-peaked and more lengthy epidemics pose challenges, planning should take account of the full range of possibilities.

The graph below illustrates three possible profiles for local epidemics, one following the UK planning profile exactly and the others demonstrating possible local variations. Each has a total Clinical Attack Rate of 30% (represented by the area under each curve).



Once again, these should be regarded as illustrative curves to aid planning, not predictions. Forecasting the timing of ‘Week 1’ of the UK epidemic is not possible at present. Because of the low numbers in early weeks as compared to “background” levels of influenza-like-illness, it will not be possible to tell whether ‘Week 1’ has been reached from case data alone (except in retrospect).

However, a ‘reasonable worst case’ at present is that exponential growth in cases might resume when schools re-open (possibly augmented by effects of seasonality). In that case, ‘Week 1’ could be in early September. Based on the national profile shown, case numbers would then peak in mid to late October. It is also possible that the exponential growth could be more rapid than seen previously, leading to a peak at the start of October. However, ‘Week 1’ of the local epidemic curve may vary from local region to local region.

### Case Complication Ratio

*Description:* The proportion of those ill with influenza who are expected to require additional treatment, such as the prescription of antibiotics (but not necessarily hospitalisation, see below).

*Assumption:* The complication ratio may be up to 15% of clinical cases (as defined above) during the planning period.

*Commentary:*

Complication rates appear to be higher, as a proportion of those who become ill, in the children under 5, clinical at-risk groups and older people. Conversely, older people may be less likely to become ill with this infection, but are more likely to suffer from complications if they do become ill.

Although evidence on these points is still accumulating, it is reasonable at present to suggest that with the possible exception of the very young, age differentials in Clinical Attack Rates and Complication Ratios roughly cancel each other out. Thus:

- those over 65 will be about half as likely to become ill with this infection (Clinical Attack Rate of 15% rather than 30%), but have approximately double the complication ratio (30% of clinical cases rather than 15%).

- those under 16 may have a Clinical Attack Rate of up to 50%, but a correspondingly lower complication ratio.

The resulting proportions of all age groups suffering complications from A(H1N1) infection would therefore be comparable.

## Case Hospitalisation Ratio and Need for Intensive Care

### *Description:*

- the proportion of those ill with influenza who (if capacity exists) should be hospitalised, and
- the proportion of those hospitalised who would need intensive care<sup>5</sup> (if capacity exists).

*Assumption:* Up to 1% of clinical cases during the planning period may require hospitalisation. Of these, up to 25% could require intensive care at any given time.

### *Commentary:*

Whilst hospitalisation rates for seasonal influenza are typically in the range 0.5 - 1.0% of those who become ill, current experience in the UK with the A(H1N1) virus suggests that planning should continue on the basis of the assumption given above.

Similar comments apply to age groups as above for complications, *except that* there is some evidence of higher hospitalisation rates amongst children under 5. At present, it is unclear whether this reflects relative severity of symptoms, or a more precautionary approach to hospitalisation. This is a priority area for further investigation, and any further information will be incorporated into planning assumptions when available.

## Case Fatality Ratio

*Description:* The proportion of those ill (*clinical cases*) who die due to influenza, totalled over a complete outbreak of infection.

*Assumption:* For A(H1N1) infections during the planning period, the eventual Case Fatality Ratio (CFR) could be up to 0.1% of clinical cases.

### *Commentary:*

This may be regarded as precautionary in the light of what has been seen so far, but the Case Fatality Ratio may increase in the autumn (e.g. due to a higher incidence of bacterial co-infection, viral evolution or host susceptibility factors). The figure of 0.1% is therefore appropriate at present for planning purposes.

Case Fatality Ratios are particularly difficult to estimate. To do so requires knowledge of (a) the total number of cases, including those that are very mild, and (b) the number who die because of influenza but whose deaths have been recorded as due to an underlying condition made worse by influenza. Both these factors are difficult to ascertain. The delay between the onset of illness and report of death must also be taken into account when calculating this ratio. Simply comparing known cases with known fatalities at any given point in a pandemic can give a seriously misleading estimate of the CFR.

To date, the evidence suggests that similar comments with regard to age groups apply as for complication rates. That is, the effects of differing Clinical Attack Rates and Case Fatality Ratios roughly cancel each

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<sup>5</sup> In this context, "Intensive Care" refers to Level 3 Critical Care, with facilities for mechanical ventilation. To date, it appears that most UK patients requiring Critical Care have required ventilation at some point. Therefore, the assumption that up to 25% of patients hospitalised may require Intensive Care at any given time (rather than only Level 2 Critical Care) is a reasonable worst case. Like all other planning assumptions, this will be reviewed as more evidence becomes available.

other out. There is thus no marked difference between any age groups (including the under-5s) in the overall fatality rate due to this infection.

To put the numbers in perspective, the combination of “reasonable worst case” 30% Clinical Attack Rate and 0.1% Case Fatality Ratio would result in a total number of deaths of about 20,000, or about 1/30<sup>th</sup> of the total expected each year from all causes (about 600,000).

## Absence from Work Due to Illness

*Description.* The proportion of the workforce who may be absent from work at the peak of the local epidemic because they are ill themselves or because they are looking after ill children.

*Assumption.* Absence rates for illness may reach 12% of the workforce in the peak weeks of the planning period.

*Commentary.*

This estimate refers to absence over and above that for “normal” holiday leave and non-Swine Flu illness.

The best current estimate<sup>6</sup> of the length of illness is that:

- half those people becoming ill recover within about 7 calendar days
- a further 25% need up to 10 calendar days to recover, and
- 25% have symptoms for more than 10 calendar days.

As an average (mean), the duration of illness is 9 calendar days. Current data, and analysis of previous pandemics, suggests an average unavailability for work of approximately 10 calendar days for clinical cases without complications, and 14 calendar days for those with complications<sup>7</sup>. Based on analysis of previous pandemics, this includes some allowance for a short period of recuperation following recovery from clinical illness in addition to the period with flu symptoms. Also included in the assumption is an estimate for those at home caring for ill children, but *not* for any additional absence due to fear of contracting Swine Flu or the need to look after ill dependent relatives or friends other than children.

If schools are closed due to influenza during term-time (due to lack of availability of staff or planned closure), absence rates may increase as parents may need to stay at home to look after children. It has been estimated that this could cause an *additional* 15% of the workforce to be absent for the duration of the school closure. This is based on the proportion of the national workforce with dependent children at home, as evidenced by survey data. This proportion will clearly differ from case to case, and employers should take account of the characteristics of their own workforce.

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<sup>6</sup> This is based on a limited early data set of approximately 200 cases which has a mean duration of illness of 9 days, a modal duration of 5 days and a median duration of 7 days. These figures do not include time for recovery.

<sup>7</sup> The Planning Assumptions issued on the 16<sup>th</sup> of July 2009 refer to working days. The estimates for average length of absence remains the same, but are now quoted in calendar rather than working days, in the interest of clarity.