

---

## EXERCISE COLD PLAY II

### SCENARIO

The relevant scenario to be handed to participants at the start of each block

### Exercise – Exercise – Exercise

*Please note that these outputs are intended solely for the purposes of this training exercise and should in no way be related to or inform any policy advice. Key parameters such as clinical attack rates, case fatality rate and vaccine efficacy remain unknown and may vary considerably in the event of a pandemic from those used in this exercise*

### BLOCK ONE – REVIEWING AND PREPARING for the WINTER FLU SEASON

#### September 2009

Global pandemic influenza phase 6, as outlined in the 2009 WHO Pandemic Influenza Preparedness and Response Guidance document, remains in effect.

The first wave of the outbreak of H1N1v has run its course in Mexico, the USA and Canada. The curve of the epidemic in these countries seems to indicate a length of 12-16 weeks depending on the type of containment strategies employed and the use of antivirals, which appear to slow the development of the epidemic in countries adopting this strategy.

In Europe, the epidemic is predicted to be at, or close to, the peak with the expectation that the number of new cases will start to decline sharply over the coming weeks if it follows the North American pattern.

In the UK, H1N1v has not, generally, led to a severe illness and has predominantly affected school children. However, the UK has also seen some severely ill cases, (generally, those with underlying health problems), requiring mechanical ventilation and a relatively small proportion of deaths.

In summary, the epidemic in the UK has so far had the following characteristics:-

- The disease has a **2** day incubation period.
- Fatality in the UK is approaching the worldwide rate of **0.35%**.
- **60%** of the cases and **42%** of hospitalisations have been aged 5-24 years.
- **2%** of all cases have been hospitalised.
- **25%** of the hospitalised patients have required HDU or ITU treatment (i.e. **0.5%** of all cases) which has put considerable strain on ITU services. **70% - 80%** of these cases had underlying conditions.
- Pregnant women also seem to be particularly vulnerable to H1N1v.

---

## EXERCISE COLD PLAY II

### SCENARIO

The relevant scenario to be handed to participants at the start of each block

### **Exercise – Exercise – Exercise**

Whilst cases may be starting to decline in the UK, Australia is still in its winter flu season and the number of H1N1v cases remains high. Alarming, a number of mutations have recently been identified circulating in the population. One in particular, a variant of H1N1v, which appears to have recombined with H5N1 to generate a completely new variant, is considered of most significance. Only two people, a healthy couple in their thirties, recently returned from overseas, have been found to have been infected with this variant, named H1N1vOz. Both died.

---

## EXERCISE COLD PLAY II

### NEWS BULLETIN

After showing the relevant news bulletin provided on CD/DVD, the transcript below may be handed to participants for reference purposes.

## Exercise – Exercise – Exercise

### BLOCK ONE – REVIEWING AND PREPARING for the WINTER FLU SEASON

#### TRANSCRIPT OF EVENING NEWS REPORT

**{PRESENTER}** And a reminder of our main headline this evening. Swine flu is on the increase across Europe. The World Health Organisation has said that increasing numbers of people across the continent have now caught the virus but in America, the number of cases appears to be dropping.

**{PRESENTER}** So let's take a look in more detail about the latest situation on the swine flu pandemic, and at how we got to where we are now. The virus, first identified in Mexico, spread rapidly to the USA and Europe. On 29<sup>th</sup> April, the World Health Organisation instructed, "all countries should immediately ... activate their pandemic preparedness plans". On 11<sup>th</sup> June, they declared that the virus had reached the stage of pandemic after it had taken hold in both South America and Australia.

**{DR MARGARET CHAN - WHO}** On the basis of available evidence and the expert assessments of the evidence, the scientific criteria for an influenza pandemic have been met. I have decided, therefore, to raise the level of influenza pandemic alert from Phase 5 to Phase 6. The world is now at the start of the 2009 influenza pandemic.

**{PRESENTER}** Concern is growing that the "first wave" of the disease may come back more forcefully in the autumn. Joining us now is Professor John Watson, who's a consultant epidemiologist from the Health Protection Agency. In simple terms, can you describe the current state of the pandemic, and what you think the months ahead hold?

**{PROF JOHN WATSON – HPA}** What we've seen so far is a single wave of this pandemic and a good number of the population have been affected. But this wave has died down, possibly as a result of the summer weather and the school summer holidays. But we recognise that there are many in the population who have not yet been affected and that there is a strong likelihood, therefore, that, come the autumn, we will see a further wave of this pandemic with many more people affected.

**{PRESENTER}** The Department of Health has issued a diagram showing what they feel could be the way the virus might return in this "second wave". Would you explain what the diagram means?

---

## EXERCISE COLD PLAY II

### NEWS BULLETIN

After showing the relevant news bulletin provided on CD/DVD, the transcript below may be handed to participants for reference purposes.

### Exercise – Exercise – Exercise

**{PROF JOHN WATSON – HPA}** I need to begin with a health warning that flu is predictably unpredictable and what we have on this diagram is a planning assumption and that planning assumption is based on the fact that we know that the flu virus is still circulating, and there remains lots of susceptible people out there, and that therefore with the colder weather and the greater ability to spread in the population, what we will see is an even bigger wave of influenza in the population over a month or two in the autumn.

**{PRESENTER}** So that red line there, representing the number of people getting this flu virus, does this mean that we'll see an increase in the numbers of people needing to be treated in hospital?

**{PROF JOHN WATSON – HPA}** That is most likely. The people needing treatment in hospital represent a small proportion of all the cases, but clearly as the number of all cases increases so, too, does that number who get seriously ill, unfortunately, and need hospital care.

**{PRESENTER}** And in intensive care?

**{PROF JOHN WATSON - HPA}** And, indeed, in intensive care, yes.

**{PRESENTER}** The majority of people affected seem to have been younger people. Is this what you would have expected and will this change in the second wave of the pandemic?

**{PROF JOHN WATSON - HPA}** Certainly in the pandemics that we have seen during the 20<sup>th</sup> Century, there tended to be a shift with a greater preponderance of younger people being affected and that is normally seen in the seasonal epidemics of flu that we get in winter. So in that sense it's expected. Whether there'll be a change in this second wave or not, we really cannot tell: we are just going to have to wait and see, but at the moment it's sensible to assume that we'll see again this preponderance of the younger people.

**{PRESENTER}** Professor John Watson from the Health Protection Agency, thank you for joining us. And just a reminder that you can get more information on swine flu and details of related sites on our website. In other news David Cameron ...

---

## EXERCISE COLD PLAY II

### PARTICIPANT QUESTIONS

Questions for discussion by the participants within each block.

### Exercise – Exercise – Exercise

**NOTE** When considering the questions posed, players should, where appropriate, identify in their plans where this topic is covered and consider whether the information contained therein comprehensively addresses the issues raised.

### BLOCK ONE – REVIEWING AND PREPARING for the WINTER FLU SEASON

#### Plans and Planning Process

Review the spring/summer H1N1v flu wave.

Consider the impact on:

- Your organisation and your role
- The main issues arising and the lessons identified
- What you feel could/should have been done differently.

What percentage of regular work has had to be cancelled?

Now that you have experienced responding to an outbreak of H1N1v what additional/new training do you think you need?

How useful did you find your plans during the spring/summer H1N1v flu wave?

Were your plans implemented?

What improvements do you feel ought to be made to your plans?

Have you conducted debriefs within your organisation? How successful would you say they were?

Have you held multi-agency debriefs?

#### Roles & Responsibilities

When and how was the local pandemic flu plan activated?

What role did your organisation play, either directly or to assist, in the health services response? How may this be improved?

Who were your main partners and how did your organisation coordinate with them?

Which partners should now be included in your plans?

What role did the LRF have and how did it operate? Will this change in the future?

How did your organisation feed into regional arrangements? How may this be improved?

#### Data Gathering, Surveillance and Reporting

There was a 'grey area' between WHO phase 5 and WHO phase 6 – what have you learned from this and how could the plans be improved?

How and to whom did you communicate confirmed cases within your organisation?

As a health organisation, from where were you obtaining the information on pandemic facts and figures, testing and reporting cases and how was this monitored?

Who informed you of the school closures in your area? What impact did this have?

How does your organisation monitor staff absence, conduct surveillance or provide up to date situation reports?

---

## EXERCISE COLD PLAY II

### **PARTICIPANT QUESTIONS**

Questions for discussion by the participants within each block.

### **Exercise – Exercise – Exercise**

#### **Co-ordination of Media & Public Communications**

Have the communication strategies to staff in your organisation regarding flu information been effective during the first wave? How may they be improved?  
How effective have the communication strategies regarding flu been to the public and media during the first wave? How may they be improved?  
How are local agencies working together in communicating to the public and media?  
How could this be improved?

#### **Antivirals**

How effective were your methods of distributing antivirals? How may these have been improved? What new/different strategies will be in place for the next wave?

---

## EXERCISE COLD PLAY II

### SCENARIO

The relevant scenario to be handed to participants at the start of each block

### Exercise – Exercise – Exercise

#### BLOCK TWO – INITIAL RESPONSE to the SECOND WAVE (autumn)

WHO Global pandemic influenza phase 6 remains in effect as countries around the world continue to experience high levels of H1N1v activity.

Concerns persist that there will be a more serious second wave in the UK this winter. Levels of patients presenting with H1N1v are now starting to rise again from the lows experienced over the past few weeks as the first wave subsided, suggesting a second wave is imminent.

Health professionals are still alarmed about the H1N1v/H5N1 variant, now called H1N1vOz, first seen in Australia in mid-August and now detected far more widely, particularly in Indonesia, where it comprises 35% of influenza cases detected. Two cases have also been seen in the US and one in the UK, all resulting in death. It is anticipated that this variant may be circulating at higher levels but routine surveillance is not yet picking it up. In Indonesia, the case fatality ratio is up to 2.5%, with the case fatality ratio in those infected with the 'Oz' variant as high as 6%.

Fortunately, this new variant is sensitive to tamiflu and relenza and the new vaccine to H1N1v does show a high level of protective immunity as evidenced by preliminary animal work.

In the UK, there are concerns about the morale of health care staff who, although they have done a very good job dealing with the first wave, are now saying they will find it difficult to cope with the additional workload this winter on top of the predicted high sickness rates that occur every winter. Some staff in the health sector are considering alternative careers.

Press reports suggest there is a thriving black market on the internet in medical equipment, PPE and fake antivirals.

Limited supplies of the new pandemic influenza vaccine are starting to become available. There have been reports of 10 cases of a Guillain-Barré type illness in the first 700,000 people given the H1N1v vaccine outside of Europe, but this remains unsubstantiated and vague. The media are being very critical of the fast-track licencing process and there are unsubstantiated claims that this is the "tip of an iceberg" and the vaccine is unsafe.

.

---

## EXERCISE COLD PLAY II

### NEWS BULLETIN

After showing the relevant news bulletin provided on CD/DVD, the transcript below may be handed to participants for reference purposes.

### Exercise – Exercise – Exercise

#### BLOCK TWO– INITIAL RESPONSE in the SECOND WAVE (autumn)

##### TRANSCRIPT OF EVENING REPORT

**{PRESENTER}** There are concerns that the NHS may not be able to cope with a more serious wave of swine flu that is predicted to hit the UK later in the winter and which some experts are saying could cause as many as 100,000 deaths. The government has said that health services are coping well. But today questions were being asked about the ability of the NHS to cope with a sudden influx of patients, and whether this would lead patients to turn elsewhere for help.

**{PRESENTER}** When swine flu first hit, call centres were set up around the country to cope with thousands of enquiries from the medical profession and members of the public. In spite of complaints that incomplete or incorrect advice was being given out, the call centres are now being seen as central to dealing with a “second wave” of pandemic flu. Ashley Blake reports.

**{REPORTER}** [images of call centre] The calls just kept on coming. With advice not to go to your local doctor or hospital unless you’re exceptionally ill, it was call centres like this one in central London that felt the strain.

**{BRIAN BELLE-FORTUNE – CLINICAL RESPONSE NURSE}** When the call comes in, our first task is basically to triage the patient - so that is sorting them into levels of severity and as to whether or not, in this case, they’ve got swine fly or if they’ve just got influenza or an ordinary common cold.

**{REPORTER}** Many workers in the NHS and other Health Agencies said they felt battered and bruised by the first wave of swine flu that started back in April, and that was when the outbreak was seen by many as less serious. There were complaints – people said the advice and procedure was either confusing or irrelevant, and that they couldn’t get hold of anti-viral drugs. Publicly, experts admit there’s now a major challenge ahead.

**{DR CLARE BLAGDEN – HEALTHCONTROL RESEARCH LTD}** I think that the Health sector will cope with the winter flu season. They’ve planned for this for a long time. But I think it’s inevitable that they will struggle. Up until July, the virus was relatively contained with low levels in the population but we’ve seen that number grow rapidly, and now an increasing number of those affected by the virus will inevitably come from within the Health sector itself. What they’ll now have to do is to look at what they did over the summer and what they can do differently and plan to work with a work force that could be significantly reduced.



---

## EXERCISE COLD PLAY II

### NEWS BULLETIN

After showing the relevant news bulletin provided on CD/DVD, the transcript below may be handed to participants for reference purposes.

### Exercise – Exercise – Exercise

**{REPORTER}** The fear is that if a second wave of swine flu arrives and the numbers of people affected rises, morale in the health service will plummet, and there simply won't be enough staff to cope.

**{PRESENTER}** Ashley Blake reporting. Well, joining us now, are two people closely involved with the setting up and running of the call centre we saw in that report - Vivien Cleary, who's a Consultant in Health Protection, and Sooria Balasegaram who's a Consultant in Communicable Disease control, both with the Health Protection Agency. Vivien Cleary, first of all, could you just talk us through the work that went on in these Flu Response Centres?

**{VIVIEN CLEARY – HEALTH PROTECTION AGENCY}** The Flu Response Centres were set up nationally in response to the evolving pandemic, on a regional basis – we set up the one in London – and we were the main source of advice for healthcare professionals.

**{PRESENTER}** The centre presumably had to be set up quite quickly - how did you do it?

**{VIVIEN CLEARY – HEALTH PROTECTION AGENCY}** Yes, they did have to be set up quickly. We became overwhelmed quite quickly at the beginning of the pandemic. What we had to do is, we found an office, we set up desks, chairs, computers, telephones, a database. We also had NHS staff volunteer to come and join us, who we trained, and the centres were then run jointly between the Health Protection Agency and NHS staff. In the peak, we received over 2,200 calls a day.

**{PRESENTER}** Sooria Balasegaram, what kind of advice were people contacting this centre for?

**{SOORIA BALASEGARAM – HEALTH PROTECTION AGENCY}** It was mainly healthcare professionals, and they were contacting the centre to get advice and guidance on the investigations required for flu – where to get treatment and advice on treatment, advice on what to do with people who had been in contact with other people with flu, travel advice. We also gave advice to schools, to employees, employers, hospitals and other institutions.

**{PRESENTER}** How important was it that you were able to give this information, because there were all sorts of leaflets and things around?

---

## EXERCISE COLD PLAY II

### NEWS BULLETIN

After showing the relevant news bulletin provided on CD/DVD, the transcript below may be handed to participants for reference purposes.

### Exercise – Exercise – Exercise

**{SOORIA BALASEGARAM – HEALTH PROTECTION AGENCY}** Yes, there were some very good leaflets and advice around but it is important in a fast moving incident that you have a centralised point, with up-to-date, consistent advice and this is what we provided. Also, we gave leaflets out ourselves, standardised information for a pan-London response to schools, to institutions, to prisons and it's important that the information is up-to-date and consistent.

**{PRESENTER}** Vivien Cleary, this second wave of the virus could be more virulent and affect many more people than swine flu did over the summer, how do you think that would affect one of those flu response call centres now?

**{VIVIEN CLEARY – HEALTH PROTECTION AGENCY}** If the flu virus changed, I think there'd be more concerned people. There'd be more advice needed for healthcare professionals, national guidance would change, therefore more people would need to be involved and interpret that national guidance so we'd have up-to-date advice.

**{PRESENTER}** Vivien Cleary and Sooria Balasegaram from the Health Protection Agency, thanks very much indeed. And just a reminder that if you do have any questions about swine flu you can also get information from our website. The organisers of the London 2012 Olympic Games say they're ....

---

## EXERCISE COLD PLAY II

### **PARTICIPANT QUESTIONS**

Questions for discussion by the participants within each block.

### **Exercise – Exercise – Exercise**

#### **BLOCK TWO – INITIAL RESPONSE in the SECOND WAVE (autumn)**

##### **Distribution of antiviral treatment and health advice**

As we head into the second wave, how will patients be screened, assessed and issued with antivirals as numbers increase?

How will this be communicated to the public and the media?

How will hard to reach groups get access to antivirals? Give examples of hard to reach groups that will require special consideration for access.

What role might your organisation have in supporting the antiviral distribution process?

What plans are in place in your organisation to handle flu-related calls from the public?

Where can health professionals get advice on flu?

##### **Vaccination**

A pandemic vaccine should be available before the winter, but only in limited quantities. Have you considered procurement and prioritisation within your region? Who is a priority to receive the early batches of vaccine deliveries, once health care workers and at risk groups have been vaccinated?

How will you ensure the vaccines are secure?

How will mass vaccination be organised once larger supplies become available?

Will you still advocate the seasonal flu vaccine?

##### **Use of Personal Protective Equipment (PPE) and infection control guidance**

Have you carried out a risk assessment on your staff?

Which of your staff may need PPE?

What PPE would you require and in what quantity?

Does this reflect National (DH & HSE) guidance?

How would you ensure access to PPE and sufficient quantity?

Are plans in place to store PPE?

Have you trained staff in use of PPE?

##### **What measures are you planning locally?**

What are the implications on your organisation of the increased demands caused by the impacts of pandemic influenza?

What resources do you consider to be in short supply? How will you manage the increased demand for these resources?

Have you identified your essential services and how have you planned to maintain them?

What plans are in place to maintain out of hours service?

What special measures are required for vulnerable groups, e.g. children, elderly, mental health patients, homeless, drug addicts, travelling communities, others?

What more should the LRF be doing to coordinate the local response?

---

## EXERCISE COLD PLAY II

### **PARTICIPANT QUESTIONS**

Questions for discussion by the participants within each block.

### **Exercise – Exercise – Exercise**

#### **Resilience of the emergency services**

What arrangements have been developed to maintain core response to emergencies across the patch?

Are there arrangements in place to utilise the VAS (Voluntary Aid Services) and what briefings, support and preparation would be required for these personnel?

#### **Social distancing measures/Schools/Travel advice**

Would there be good reason to restrict mass gatherings during the second wave?

What social distancing measures may be put in place locally?

During the spring/summer school closures were implemented as part of the control measures. Do you envisage school closures during the second wave and for what reason?

What extra advice and precautions will be needed for special schools and the vulnerable population?

Do you envisage travel advice being recommended during the second wave?

---

## EXERCISE COLD PLAY II

### NEWS BULLETIN

After showing the relevant news bulletin provided on CD/DVD, the transcript below may be handed to participants for reference purposes.

### Exercise – Exercise – Exercise

#### BLOCK THREE – BUSINESS CONTINUITY AT THE PEAK (late autumn)

WHO Global pandemic influenza phase 6 remains in effect as countries around the world continue to experience high levels of H1N1v activity.

Modelling and surveillance suggests that in the UK we are close to the peak of the second wave of the pandemic. Modelling suggests a 50% clinical attack rate with a 2.5% case fatality ratio proving that this wave is indeed more serious than the spring/summer outbreak.

Overall figures released by the Royal College of General Practitioners (RCGP) show GP consultation rates for influenza-like illness remain extremely high. The number of calls to NHS Direct about 'colds and flu' has also reached unprecedented levels. New clinical cases are estimated to be running at 6,000,000 per week in the UK.

Across all organisations, there is a 20% reduction in the workforce.

Data from the HPA suggests that the H1N1vOz variant is circulating in the population at a level of approximately 38% of the total cases, a level consistent with that seen in other countries.

There is a shortage of hospital and school staff as many people have taken time off to look after their children and other relatives. GP surgeries are under severe pressure and are having to prioritise work. Private and NHS supply of face masks have run out – demand is far outstripping supply. Hospital mortuaries are full and cannot cope.

Petrol and diesel deliveries are affected in some areas and there are some water restrictions in others. Bus and train transport is running on reduced service on certain routes. Telecoms are only carrying out essential repairs. Social services are concerned about how they will be able to continue serving the community. Police, ambulance and fire service chiefs are also concerned that the service they provide will be reduced even further to 'essential services only' as the situation worsens and the staff sickness levels increase in the emergency services.

There are some disruptions to normal activities as Local Authority staff is hit by high sickness levels. Food deliveries to supermarkets and shops are sporadic with reduced choices on the shelves. Unnecessary panic buying is making the situation worse. There are isolated reports of youths breaking into shops across the region and starting to loot.

---

## EXERCISE COLD PLAY II

### NEWS BULLETIN

After showing the relevant news bulletin provided on CD/DVD, the transcript below may be handed to participants for reference purposes.

### Exercise – Exercise – Exercise

#### BLOCK THREE – BUSINESS CONTINUITY AT THE PEAK (late autumn)

##### TRANSCRIPT OF NEWS REPORT

**{PRESENTER}** ... Problems continue because of the flu pandemic. Councils and local services are being hit by a reduced number of workers: one group of local residents handed in a petition to their council today, complaining their rubbish hadn't been picked up for a month. {OOV} They say it's a public health risk and that their council is ignoring them. The residents say that with children off school, rubbish needs to be cleared as a priority or disease will spread.

**{PRESENTER}** The council has issued a statement regarding the problems of rubbish building up, and the lower levels of service in many areas, due to the numbers of staff becoming ill with flu. The statement says ...

**{PRESENTER READS - GRAPHIC OF STATEMENT}** "We are facing a number of challenges in the provision of services to the public at the moment, both in the private and the public sector. This situation has been caused by the amount of people who have been unable to come to work.

We are also seeing an increasing number of schools closing, in whole or in part due to staff absenteeism and, of course, that means that parents have to stay at home to look after their children and cannot work.

We are working closely with local businesses and service providers such as the NHS to ensure that the needs of the community continue to be met."

**{PRESENTER}** Not only is it council services that are being hit by flu, but businesses and even health services themselves. Our reporter Ashley Blake joins us now from a private care home. Ashley, I hope you heard the statement from the council blaming the drop in service provision on the number of people falling ill due to swine flu. To what extent are local businesses and other services being affected?

**{REPORTER}** You're right it's certainly causing concern not only amongst the public but within the business community as well. At the moment, the experts are telling us that we're at, or close to, the peak of the pandemic with thousands of new cases being announced every week large numbers of people are having to take time off work. And of course it is not just those falling ill but parents who have to stay at home to look after children and other family members as well for example.

**{PRESENTER}** In the spring, of course, we saw some school closures but there was really little impact on businesses and public services. I suppose the fact is that this second wave of the swine flu epidemic is far more devastating and deadly than the first, or so the experts are telling us.

---

## EXERCISE COLD PLAY II

### NEWS BULLETIN

After showing the relevant news bulletin provided on CD/DVD, the transcript below may be handed to participants for reference purposes.

### Exercise – Exercise – Exercise

**{REPORTER}** Yes, that's right. The numbers of people affected by the virus far out reach those we experienced in the early stages of this disease. Take a look at this. [Interior of shop with empty shelves] This is one shop we were in earlier, where the shelves were all but empty – people had bought food, probably stocking up, and replacement deliveries hadn't arrived. Local businesses and services are simply struggling to cope with the numbers of people who are off sick.

**{REPORTER}** And it's not just shortages of food in shops, but fuel in petrol stations, rubbish collections – basically, businesses being unable to predict when the next delivery, or collection, is going to happen. I am joined now by Justine Cahill who works at the nursing home here. Justine, how has swine flu had a noticeable effect here?

**{CARE HOME MANAGER – STRAP JUSTINE CAHILL GENERAL MANAGER RASHWOOD CARE HOME}** We've started to find that more staff have actually been going off sick. But we've had in place our business continuity plan for some time, so we're starting to implement the plans that we made over the summer months. So far things have been OK for us.

**{REPORTER}** So, how do you think you'll be able to cope this winter, with more of your staff potentially being off work?

**{CARE HOME MANAGER}** Some of the things we've set up over the summer months – we were training our staff to be able to multi-task, so for example some of our care staff have been trained on how to use the kitchen, how to use the laundry, and people multi-task and take on different roles than they normally have in the home. The chef's been preparing meals which we've kept in the freezer, so rather than having to rely on convenience food that we have homemade food that's simple for staff to prepare if we lost our chef, for example. We've also utilised part of our building that we use as a crèche, so rather than in school closures with many of our staff being at home to look after their children, they could actually bring their children to work. We've also put in place transportation for staff, so we're using our minibus to ferry staff to and from the local area so they can actually get to work still.

**{REPORTER}** Justine Cahill, thanks very much. And that's pretty much what a lot of people have been saying today – they've got plans in place and they're prepared to keep on working, but the real worry is that the number of sick people will far outweigh the situation that they're being affected by - not only affecting the public sector but the private sector as well. Back to you.

---

## EXERCISE COLD PLAY II

### **NEWS BULLETIN**

After showing the relevant news bulletin provided on CD/DVD, the transcript below may be handed to participants for reference purposes.

### **Exercise – Exercise – Exercise**

**{PRESENTER}** Ashley, thank you. Let's check on the weather now – Simon's here with a look at what's coming up, with the.....



## **PARTICIPANT QUESTIONS**

Questions for discussion by the participants within each Block

---

### **Exercise – Exercise – Exercise**

#### **BLOCK THREE – BUSINESS CONTINUITY AT THE PEAK (late autumn)**

##### **Resilience Arrangements**

What arrangements have been developed to maintain a core response to emergencies occurring across the Local Resilience Forum (LRF) area?  
What Resilience arrangements are in place to ensure that consistent public health advice is given across the region?  
What arrangements do you have in place to utilise the voluntary agencies?

##### **Staff Shortages/Resources**

Where would your organisation look for additional resources and how would you maximise staff resources?  
What steps may be taken to accommodate employees who have difficulties with childcare / sick family members?  
Have you considered clinical governance implications of reduced staffing levels?  
If you have responsibility for 1 man businesses (eg single handed GP practices) how are they going to operate with staff sickness?  
How will you ensure the flow of information to the public continues?

##### **Business Continuity**

What role would the SCG have in monitoring manpower and ensuring essential services are maintained?  
What activities could you stop and which activities must be maintained?  
How would any disruption in utility services (transport, fuel, power, water) affect your organisation?  
What would be the implications of reduced levels of waste (including clinical waste) collections on your organisations?  
What actions can you take to minimise this disruption?

##### **Management of deaths**

What arrangements are in place to ensure suitable body holding facilities and adequate mortuary provision?  
What support do you have in place for bereaved relatives?

##### **Antiviral distribution**

How would you continue to monitor the distribution of antivirals?  
How are you planning to review the process of antiviral distribution and maintain adequate supplies given the extremely high demand?

---

## EXERCISE COLD PLAY II

### SCENARIO

The relevant scenario to be handed to participants at the start of each block

### **Exercise – Exercise – Exercise**

#### **BLOCK FOUR – RECOVERY (winter)**

WHO Global pandemic influenza phase 6 remains in effect. However, in the UK the worst appears to be over as week on week the number of new cases decline.

As cases in the UK decline, the press are requesting the Government pre-empt WHO and declare the pandemic over in UK. The public's expectations of a return to normality have been raised and questions as to why services haven't returned to normal are being asked. There is a backlog in some key services, including health and supply chains remain under pressure.

Obtaining spare parts for specialist equipment (including for the health service) remains difficult as foreign suppliers need time to recover from the pandemic, and reinstate production and supply routes to satisfy the pent-up demand.

---

## EXERCISE COLD PLAY II

### NEWS BULLETIN

After showing the relevant news bulletin provided on CD/DVD, the transcript below may be handed to participants for reference purposes.

## Exercise – Exercise – Exercise

### BLOCK FOUR – RECOVERY (winter)

#### TRANSCRIPT OF NEWS REPORT

**{PRESENTER}** The number of swine flu cases in the UK has fallen for the sixth continuous week – experts say the pandemic could now be in decline. There are calls for the Government to relax its alert level and to start a move back to “business as usual”, particularly in the health sector, which has been badly hit. Our Health Correspondent Hazel Westwood is with me in the studio. Can we say it’s now the end of the pandemic and when do you think we will see health services return to normal?

**{CORRESPONDENT}** Well, the answer to your first question is: not really. We have to remember that the World Health Organisation still say it’s pandemic – “level six” of their alert system – simply because swine flu cases are still continuing in other parts of the world. But one of the interesting issues that’s coming up now for the health sector is that even though the numbers of people with swine flu here in the UK is going down, there’s been a considerable effect from the pandemic. I mean, you could almost say that swine flu has become a “dirty word” – and, rightly or wrongly, it’s being blamed for absolutely everything, it seems ...

#### **{VOX POPS}**

- I've been trying to get an appointment down at the local surgery and each time I do they're either fully booked or cancelled. They say the doctors aren't there because some of them are ill. You need to know where you're going and what you're going to do."
- "You try and phone somebody - it's an absolute disgrace. There's no-one at the end of the line. Even in the old days you'd get through to someone elsewhere at a call-centre or something. Now nothing works."
- "At the moment we've got doctors here and they're not in - they're ill as well. So we have to travel quite a long way to get the children to the doctors. It's very difficult."
- "This is the third time they've cancelled my appointment due to swine flu. And I was supposed to have a hip operation and I'm 92 - I'm not as nimble as I used to be."
- "It's the rubbish - they're not coming to collect it. They haven't been for a month, well it may be six weeks, it's mounting up, you know. We've got bags everywhere."

---

## EXERCISE COLD PLAY II

### NEWS BULLETIN

After showing the relevant news bulletin provided on CD/DVD, the transcript below may be handed to participants for reference purposes.

### Exercise – Exercise – Exercise

- "The government ought be called to account for this sort of thing. It's just not good enough".

**{CORRESPONDENT}** Just a few people there who are clearly blaming swine flu for various things that have gone wrong. We've also had calls and emails from people complaining about delays in A&E, no ambulances being available to take people to hospital, school closures, lack of buses for pensioners and so on – and some people who think swine flu is simply being used as an excuse. And there's a very real suggestion that this impatience at the slow pace of recovery of local services is echoed in Whitehall.

**{PRESENTER}** What action has the government taken to try to deal with this?

**{CORRESPONDENT}** Well, the Government today demanded a timetable from agencies across the UK, showing when they expect services to return to normal. And earlier I spoke to John Phillips, a spokesman from the local Primary Care Trust, who said that they were doing everything they could to get services back to the state they were in before the pandemic.

**{JOHN PHILLIPS – PRIMARY CARE TRUST}** We are working really hard to get services running back at a normal level. But I would ask people to be patient with us. Over the past few months we've seen an unprecedented level of illness amongst our staff and service providers and so we've had to make some tough choices to rationalise many of those services, in line with the companies that provide those services. But, throughout this time we have been looking at restoring services as quickly as we possibly can.

**{CORRESPONDENT}** And are you able to confirm that services will return to normal within the timeframe you have been given?

**{JOHN PHILLIPS - PRIMARY CARE TRUST}** Well, we've not been given a timeframe as such, but I can assure you that we're looking to get services back to normal as soon as we possibly can, given the staffing constraints we're working under.

---

## EXERCISE COLD PLAY II

### NEWS BULLETIN

After showing the relevant news bulletin provided on CD/DVD, the transcript below may be handed to participants for reference purposes.

### Exercise – Exercise – Exercise

**{CORRESPONDENT}** And it's not just the public facing part of the health service that's been under pressure for the past few months. For example, John Phillips was telling me that they were also having difficulty with some of their more specialist equipment because servicing schedules had fallen behind as they were really facing problems getting spare parts and equipment from parts the Far East and even other parts of the UK. Because the things we so often take for granted, the logistics of the organisation had been hit with workers falling ill and being unable to work.

**{PRESENTER}** So, the end of the pandemic, or rather the effects of it, is clearly a long way off then ...

**{CORRESPONDENT}** Indeed. Even if the Government were to declare an end to the pandemic we would have months, not weeks, to wait until it really will be business as usual.

**{PRESENTER}** Hazel, thank you. Time for the weather now – Stewart's got the latest as we approach .....

---

## EXERCISE COLD PLAY II

### PARTICIPANT QUESTIONS

Questions for discussion by the participants within each block.

## Exercise – Exercise – Exercise

### BLOCK FOUR – RECOVERY (winter)

#### Recovery

Do you have a recovery plan?

When will you start to consider recovery planning?

What would you estimate the timescales for return to the new normality?

What is your communications strategy during recovery? What would your key messages to the public and the media be at this stage?

What are the main recovery issues and how would you seek to resolve them for:-

- Staff (eg accumulation of leave, time in lieu; exhaustion and low morale; managing expectation etc.)
- Facilities (return of facilities to “normal use”, prioritisation, coordination across a health economy; cleaning and decontamination – who, when, how?)
- Equipment/ supplies (shortage of key components/spare parts, lack of key equipment; low or minimal supplies of consumables, rationing, coordination and sharing across a health economy – how?)
- how and when targets are re-introduced

What services would you re-introduce first?

- How would you decide?
- Whom would you need to consult?
- What is the mechanism for this?
- How would you co-ordinate with other similar organisations?
- How would you communicate your plan to reintroduce services with your staff and the public? What would be the main lines to take?

#### Voluntary Services

How would you make best use of the voluntary services?

What MOUs do you have in place?

Are voluntary organisations appropriately trained? Could they be and how would this happen?

What help would you be able to ask of patients’ families to assist the support of return to normality?

#### Bereavement

If there are a large number of fatalities as a result of the pandemic, what actions will be taken to provide support and counselling for the bereaved in your organisation?

What impact will the loss of colleagues have on your organisation and how will this be managed?

What steps are in place now for the eventuality of losing key staff within your organisation e.g. succession planning?

---

## EXERCISE COLD PLAY II

### **PARTICIPANT QUESTIONS**

Questions for discussion by the participants within each block.

### **Exercise – Exercise – Exercise**

#### **Lessons learned**

What will be your process for capturing lessons learned during the pandemic?

How will you share these lessons;

- Within your organisation?
- With other organisations?