

SARS COMMAND AND CONTROL STRUCTURE

1. Introduction

This paper sets out arrangements for command and control of an escalating SARS outbreak. It builds on the existing command and control structure for other emergencies and relates this to the scenarios and levels outlined in the Interim Contingency Plan (Northern Ireland) for SARS. It also takes account of the Central Government co-ordination arrangements.

2. Levels of threat and response

For the response to be proportionate, four different, and escalating, levels of SARS activity have been defined in the Interim Contingency Plan (NI) for SARS. These levels form the basis of the rest of this document and are summarised in **Annex 1**. Transition between levels is not necessarily sequential. Levels 2, 3 and 4 have been subdivided into A and B to reflect:

- A - where there are cases or outbreaks in Great Britain or the Republic of Ireland but not in Northern Ireland
- B - where there are cases or outbreaks in Northern Ireland

3. SARS Level O

No active cases in the UK or the Republic of Ireland. Low threat from the rest of the world (no cases or ones with appropriate controls in place)

4. SARS Level 1

Heightened threat. Uncontrolled cases in other countries and potential for transfer to the UK or the Republic of Ireland.

5. SARS level 2A

At this level there is/are a sporadic imported case(s) in Great Britain or the Republic of Ireland. The DHSSPS will monitor the situation, alert the HPSS and port health, and initiate a public communication strategy emphasising SARS awareness and travel advice.

6. SARS level 2B

At Level 2B there is a sporadic imported case in hospital or in home isolation in Northern Ireland. The HPSS will implement the relevant SARS contingency plans to ensure that the cases(s) are managed and the spread of the infection contained. The patient(s) will be treated by the appropriate Trust. The Health and Social Services Board will handle contact identification and management,

Copy from Wendy
(Nov 03 version)

including home isolation (quarantine) if needed. The DHSSPS will monitor the situation and, if necessary, form a SARS Regional Outbreak Control Committee (ROCC). DHSSPS will also consider establishing a SARS helpline for calls from the general public.

7. SARS level 3 A

At this level there are one or more outbreaks within a hospital and/or limited transmission within definable groups in the community in Great Britain or the Republic of Ireland. Such local chains of transmission might be a trigger for the WHO to recommend exit screening of international travellers before departure from the UK (or parts of it depending on outbreak location). These measures would be in place for 2 to 3 months until the chains were broken, leading to transport, tourism and business impacts. In this scenario, issues would arise requiring central guidance and decisions (such as, whether exit screening should be introduced at airports and ports close to the outbreaks, or throughout the UK). A slimmed down version of the local co-ordination arrangements, as described below, may be required to agree policy and presentational aspects and maintain liaison with Westminster departments and/or the Department of Health and Children.

8. SARS level 3 B

At this level there are one or more outbreaks within a hospital and/or limited transmission within definable groups in the community in Northern Ireland. If it has not already done so, the DHSSPS will now form the SARS Regional Outbreak Control Committee (ROCC), chaired by the Regional Epidemiologist, and will activate the Regional Health Command Centre, led by CMO, in Castle Buildings (see paragraph 12).

9. SARS level 4 A

At this level there are outbreaks with extensive community transmission in Great Britain or the Republic of Ireland. High transmission levels would be a trigger for the WHO to issue advice to travellers to consider postponing all but essential travel to the affected area, leading to potentially significant transport, tourism and business impacts. In this scenario, containment of the outbreaks in the UK could take several months, and there would be issues requiring central guidance and decisions. Local co-ordination arrangements, as described below, may be required to agree policy and presentational aspects and maintain liaison with Westminster departments and/or the Department of Health and Children.

10. SARS level 4 B

At this level there are outbreaks with extensive community transmission in Northern Ireland. If it has not already done so, the DHSSPS will now form the SARS Regional Outbreak Control Committee (ROCC) and DHSSPS will activate the Regional Health Command Centre in Castle Buildings (see paragraph 12).

11. SARS level 5

This level is post-outbreak and de-escalation of response will be considered when no new cases have occurred for 20 days.

12. Regional Health Command Centre

The responsibilities of the Regional Health Command Centre are as follows:

- i. to protect and safeguard the health of the population of Northern Ireland;
- ii. to contain and prevent the spread of SARS cases;
- iii. to ensure treatment of SARS patients;
- iv. to direct all appropriate HPSS resources;
- v. to brief the HPSS;
- vi. to provide advice to Ministers, the Crisis Management Group and the Executive Information Service;
- vii. to exchange briefing with the DOH Emergency Room and other health departments; and
- viii. to exchange briefing with the Joint Services Gold Command on issues including public order and movement restriction.

13. The ROCC will provide expert advice to the Regional Health Command Centre. If necessary, sub-committees will be set up for port health, hospital services and community services. DHSSPS staff in the Regional Health Command Centre will prepare briefs, field queries and collate information from the HPSS. Timely information will be required on the number of probable cases and their contacts, numbers in quarantine at home or in designated facilities and their management, hospital closures, the effectiveness of the health and social services response.

14. Emergency Planning Policy Group (EPPoG)

If DHSSPS and CEPU agree that the emergency situation is likely to affect the Northern Ireland infrastructure, including the delivery of public services, CEPU will convene a meeting of the Emergency Planning Policy Group (EPPoG). This Group meets at Grade 5 / Grade 7 level and comprises representatives of the NI Departments, Emergency Services, District Council Chief Executives, and other key agencies. Membership of the Group would be tailored to the particular needs of the situation, and additional organisations would be invited where necessary. CEPU would provide the Chair and Secretariat for EPPoG.

15. Infrastructure Emergency Planning Forum

If there was extensive community transmission within Northern Ireland there might be a problem in staffing utilities and essential public services.

Infrastructure Emergency Planning Forum (IEPF) will be convened by CEPU, as appropriate, regarding the maintenance of utilities and essential public services during a SARS emergency. CEPU would collate reports from IEPF member organisations for distribution to OFMDFM Ministers, senior officials, CMG members and other key organisations.

16. Crisis Management Group

At Level 4, if it has not already met, the Crisis Management Group will be convened to ensure an effective integrated response and to tackle any issues arising that cannot be resolved by DHSSPS. CMG has the power to direct the response to an emergency situation. Membership of CMG would be at Permanent Secretary/Chief Executive level. The Group would normally be chaired by the Head of the Civil Service or the OFMDFM Second Permanent Secretary.

Issues to be discussed by CMG would include:

- DHSSPS on cases, their management and HPSS impacts, highlighting issues requiring central guidance or support (resources);
- NIO and the police - public order issues and the impact on 'normal' policing activity;
- DRD on impacts of WHO screening exit measures on passenger and freight operations at ports, airports and trains and the disposal of sludge from Waste Water Treatment Work;
- DETI on impacts on tourism, business and energy supplies;
- DARD on impacts on the agri-food industry;
- DENI and DEL on impacts on education;
- DCAL on impacts on arts and sport activities;
- DFP impacts on NICS staff and other resources;
- DOE – liaison with the local government sector;
- OFMDFM – Assembly issues and civil contingency planning co-ordination issues; and
- Executive Information Service reporting press reaction and relevant web traffic.

A suggested draft agenda for CMG meeting is attached at **Annex 2**.

17. NIO Briefing Room (NIOBR)

If law enforcement agencies came under significant pressures as a consequence of a SARS outbreak or there were a consequential deterioration in public order, it

18. Central Government co-ordination arrangements

The Central Government co-ordination arrangements for SARS escalation are outlined in **Annex 3**. There needs to be discussion with the NIO to clarify who would represent Northern Ireland at the Civil Contingencies Committee ministerial and officials meetings and the information flow for situation reports to Central Government (See paragraphs 2 and 3 in Annex 3).

19. Command and Control Flowchart

A flowchart summarising the Northern Ireland SARS command and control arrangements and the links with Central Government is attached in **Annex 4**.

DHSSPS SARS Taskforce
19 November 2003

SARS LEVEL OF THREAT AND RESPONSE

- Level 0:** No active cases in the UK or the Republic of Ireland. Low threat from the rest of the world (no cases or ones with appropriate controls in place)
- Level 1:** Heightened threat. Uncontrolled SARS in other countries with the potential for transfer to UK/Ireland
- Level 2:**
- Level 2A:** Sporadic imported case(s) (high suspect or probable definition) in Great Britain or the Republic of Ireland from affected area outside UK/Ireland.
 - Level 2B:** Sporadic imported case(s) (high suspect or probable definition) in hospital or home isolation in Northern Ireland.
- Level 3:**
- Level 3A:** One or more outbreaks of SARS within a hospital and/or limited community transmission within definable groups in Great Britain or the Republic of Ireland.
 - Level 3B:** One or more outbreaks within hospital and/or limited community transmission within definable groups in Northern Ireland.
- Level 4:**
- Level 4A:** Outbreaks of SARS with extensive community transmission anywhere in the UK/Republic of Ireland.
 - Level 4 B:** Outbreaks of SARS with extensive community transmission in Northern Ireland.
- Level 5:** Post outbreak and de-escalation of outbreak response.

CRISIS MANAGEMENT GROUP

SARS CONTINGENCY PLANNING

**DRAFT
AGENDA**

1. **SITUATION UPDATE**
 - Report from DHSSPS
2. **ACTIONS ARISING FROM LAST MEETING**
3. **PUBLIC HEALTH MEASURES**
 - Progress on case finding and handling (including diagnosis and treatment)
 - Progress on tracing and quarantine of contacts
 - Specific hospital issues (particularly if outbreak occurs in hospital setting)
 - Public movement restrictions
 - Resourcing issues
4. **PUBLIC COMMUNICATION MEASURES**
 - Update by DHSSPS and EIS
 - Communications strategy in event of further escalation
5. **CONSEQUENCE MANAGEMENT**
 - Health management
 - Social disruption
 - Education disruption
 - Business disruption
 - Transport disruption
 - Energy and other key sectors
 - Public Service/Government challenges, including pressures faced, and remaining capacity of, agencies other than health-based services on the ground (eg, district councils and police).
6. **NEXT STEPS**

SARS: CENTRAL GOVERNMENT CO-ORDINATION ARRANGEMENTS

1. Lead departments

Department of Health is the Lead Government Department in managing infectious diseases (human) in England. The Cabinet Office supports ministers collectively and the lead departments in particular. It ensures a co-ordinated government response to possible SARS escalation by ensuring that there is an agreed understanding of the implications of escalation, identifying issues requiring collective discussion and agreement, and recording, promulgating and following up agreed actions.

2. Civil Contingencies Committee

The Civil Contingencies Committee chaired by the Health Minister will manage the emergency response to ensure an effective integrated response and to tackle any issues arising that cannot be resolved locally or by the lead department. The Head of the Civil Contingencies Secretariat will chair meetings of officials. The Devolved Administrations are precluded under the devolution settlement from formal membership of UK Cabinet Committees. Subject to the views of the Chairman, and those of the Secretaries of State for Scotland, Wales, and Northern Ireland, the devolved administrations will normally be invited to attend meetings of CCC at ministerial level and CCC(O) at official level. A video link will be made available where possible to minimise the travelling requirement.

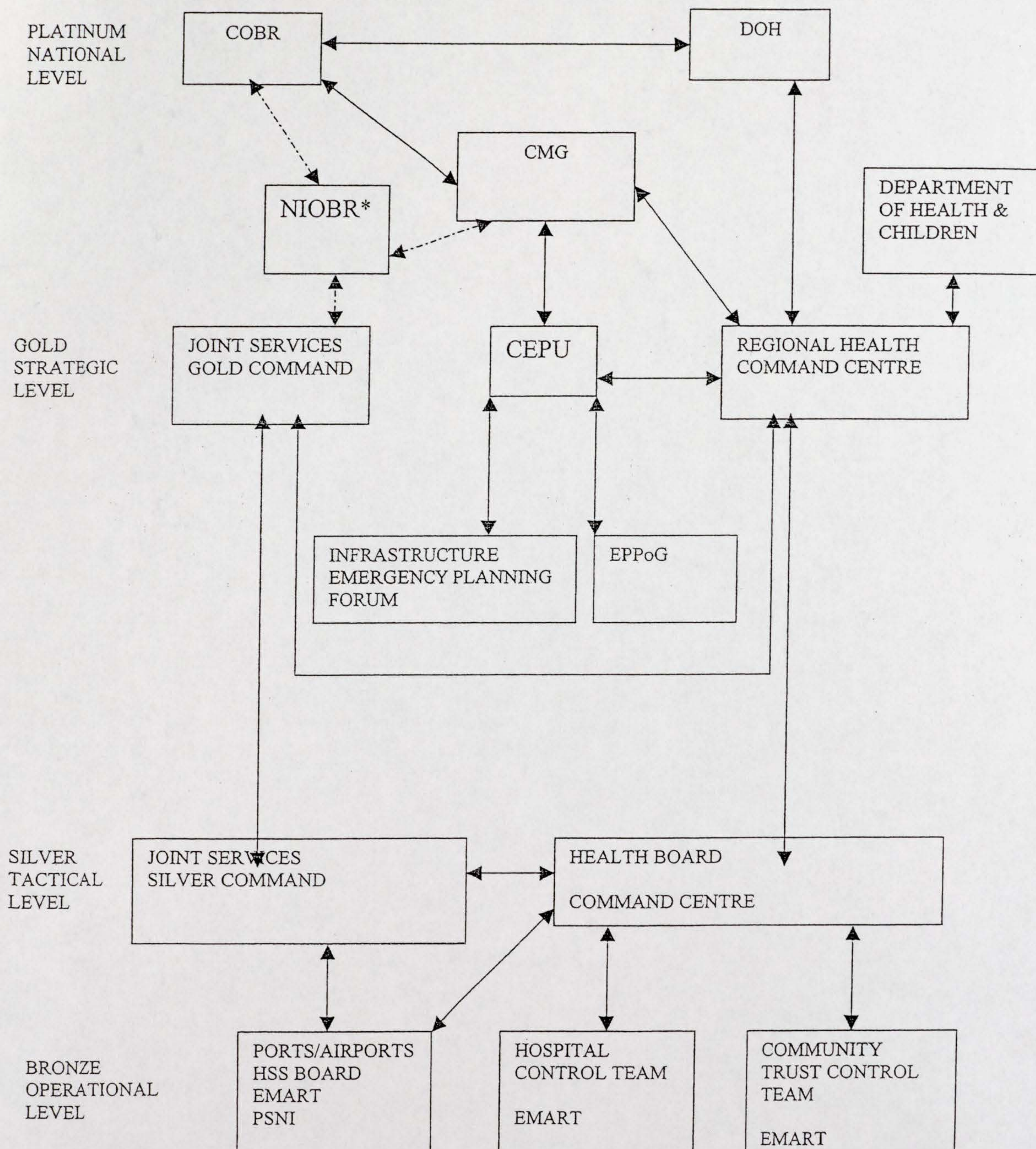
3. Information flow

Daily situation reports will be provided summarising the number of probable cases and their contacts, numbers in quarantine the effectiveness of the health service response, disruption at airports and ports as result of screening measures, impacts on tourism and business, impacts on staff and other resources and the media reaction. The Devolved Administrations will be required to provide twice daily situation reports at 08:30 (reporting the situation as at 23.59) and at 17:00 (reporting the situation as at 15:00).

4. Media co-ordination

The Cabinet Office will host a combined a news co-ordination centre which will provide a 24 hour news monitoring and response capability, will co-ordinate bids and public communication and ensure that the press team are kept up to date with reports from the regions.

SARS COMMAND AND CONTROL FLOW CHART



* NIOBR would be activated if significant pressure on law enforcement authorities