

Novel Coronavirus Response Plan

PV 1.0 February 2020

Kensington and Chelsea Resilience Team

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THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA

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Acronyms

PHE	Public Health England
LA	Local Authority
LLAG	London Local Authority Gold
NHS	National Health Service
SCG	Strategic Coordinating Group
DPH	Director of Public Health
BECC	Borough Emergency Control Centre (Local Authority)
RBKC	Royal Borough of Kensington and Chelsea
LESLP	London Emergency Services Liaison Panel
DH	Department of Health
HR	Human Resources
BC	Business Continuity
CMP	Contingency Management Plan

Definitions

Emergency

According to the Civil Contingencies act of 2004 an emergency is defined as:

“An event or situation which threatens serious damage to human welfare in a place in the United Kingdom.”

This definition can also be used for an Incident which, within this document, can be used interchangeably.

1. Introduction

Corona viruses are a common virus found worldwide. There are seven viruses that infect humans including Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). Symptoms of any Corona virus can include fever and cough. This may develop into severe pneumonia which can cause breathing difficulties. These symptoms can be amplified in people with weakened immune systems, older people are those with any long-term health conditions.

Covid-19, the novel Coronavirus(2019-nCoV) is a new strain of coronavirus which was first identified in Wuhan City, China.

1.1 Diagnosis and Analysis

The UK is one of the first countries outside China to have specific laboratory test for people who could have contracted this disease. Public Health England (PHE) and The World Health Organisation (WHO) work closely together to monitor cases and prepare advice for those travelling to mainland China.

Patients who are symptomatic are advised to follow the process for samples which are submitted to PHE for testing. These patients should be managed in isolation if they are present in a clinical setting.

1.2. Role of the Local Authority

The Role of the local authority is summarised in the following table:

Activity	Local Authority Responsibility	Organisation Responsibility
Business Continuity	Signpost Links to Business Continuity Advice for small to medium enterprises and Voluntary Organisations.	Maintain effective business continuity plans to respond in a pandemic Health and social care – extending and maintaining system wide health and social care flow.
Coordination and Information Sharing	Local Authority Coordination (London Local Authority Gold arrangements) (Local Authorities).	Communicate and coordinate across the organisation.
Communications with the Public	Local multi-agency public communications plans and pathways to be agreed across all partners.	Organisational public communications arrangements.

Activity	Local Authority Responsibility	Organisation Responsibility
Training & Exercising	Local BRF training and exercise programmes.	Organisational training and exercise programmes.
Recovery	Local authorities contribute to the London Recovery Management Protocol (LAs) and lead on borough level recovery arrangements.	Organisations to ensure recovery plans and processes are in place and preparations are made for subsequent waves.

2. Risk Assessment and Planning Assumptions

2.1 Risk Assessment

The Risk assessment for Covid-19 is the generic risk assessment information for emerging infectious disease.

2.2. Impacts

An emerging infectious disease in the UK could have the same consequences as some previous global outbreaks such as the Pandemic Influenza of 2009. These impacts could be:

- Increased demand on specialised care facilities
- Disruption to routine healthcare
- Disruption to elective medical procedures
- Pressure on Local Authority staff
- Public concern and worry
- Increase of community tension
- Lack of resources
- Rise in the price of goods related to infectious disease.

2.3 Response Capability Requirements

The capability requirements for Local Authorities include:

- Front line staff being trained in disease control practices.
- Access to Personal Protective Equipment.
- Staff having access to health services and advice from PHE.
- Cleaning services will be required
- Process for more deaths, than would be expected in a season, should be examined by the relevant departments.

2.4 Covid-19 Planning Assumptions

The global situation and the United Kingdom situation are both evolving rapidly. This plan should be adjusted when necessary to align with the London Novel Coronavirus Response Framework (2020). Based on the evidence collected (as of February 2020) Covid-19 presents with flu like symptoms. Those who have died largely appeared to have pre-existing medical conditions. The case fatality

appears to be around 2% (February 2020). This figure may change as more data is collected and cases can be better understood.

The Novel Coronavirus Response Framework assumes that this could be a moderate pandemic. Until specific planning assumptions can be released the estimated infection rate is 35% with a 1.5% case fatality rate, this compares to the seasonal flu which has a fatality rate of between 0.5% and 2.5%.

2.5 Pandemic Flu Planning Assumptions

Many of the planning assumptions being used as the basis for Covid-19 are based of the 2018 London Pandemic Flu Framework. The Royal Borough of Kensington and Chelsea has its own Pandemic Flu plan. Which is an annexe of the Contingency Management Plan. This Flu plan can form the basis for any activation of response in the Council.

3. Planning and Preparedness

3.1 Business Continuity Planning

There is the potential for some front-line workers and other services to experience increased demand or reduced workforce. Departments, especially those who are priority services, are expected to review their Business Continuity Plans. These should ensure that services continue to be delivered to residents of the Borough. As stated in the Pandemic Flu Plan the Council is expected to activate its Corporate Business Continuity Strategy in the response.

3.2 Multi-agency planning with the Borough Resilience Forum (BRF)

The Borough Resilience Forum should convene to review their plans in the light of Covid-19 becoming a risk in the UK. This can be done either through a BRF scheduled meeting or by a subcommittee of the BRF with the appropriate terms of reference.

The representation for the group is suggested as below:

- Clinical Commissioning Group
- NHS England and NHS Improvement (London)
- Primary care
- Acute Trust(s)
- Community Healthcare Provider(s)
- Mental Health Trust(s)
- Independent Health Sector
- Public Health England
- Local Authority (Director of Public Health, social services, children's services, emergency planning, environmental health)
- Ambulance service
- Police service(s)
- Fire service
- Voluntary sector
- Faith sector

Multi-Agency Plans and single agency plans should be aligned to the Novel Coronavirus Response Framework. If there are changes and adaptations to this framework these plans should be amended to reflect those changes.

As the BRF Chair in Kensington and Chelsea the Local Authority is required to have a mechanism in place for providing local information. There should also be local support by the BRF to distribute advice issued by Central and Regional Government to our residents.

4. Distribution List

This plan should be distributed along with the Borough's Pandemic Influenza Plan for as long as necessary. The plan should be sent electronically to the following:

- Communications Team
- All Executive Directors and Heads of Service
- Borough Resilience Forum Representatives
- Public Health Directorate Management Team
- Human Resources and Occupation health
- The Public Health Management Team
- Members of the Borough Resilience Forum