

# LANARKSHIRE NHS BOARD

## SMALLPOX MASS VACCINATION PLAN

March 2006

## Foreword

The World Health Organisation declared that smallpox had been eradicated from the world in 1980. Currently only two laboratories, one in the United States and one in Russia are allowed to legally hold stocks of the virus. There are, however, concerns that the virus may exist in other laboratories. While a deliberate release of smallpox is considered unlikely the impact of such an action could be severe.

To protect the UK against a re-emergence of smallpox, the Government has purchased vaccine for the entire population, has revised smallpox plans, (Guidelines for Smallpox Response and Management in Scotland in the Post Eradication Era May 2004) and has instructed health authorities to prepare plans to vaccinate everyone within 5 days (Smallpox Mass Vaccination: An Operational Response September 2005).

An outbreak(s) of smallpox and mass smallpox vaccination would present many challenges for public services in Lanarkshire to ensure that we are able to quickly vaccinate the population, deal with high levels of concern about smallpox, and perhaps also cope with outbreaks of the disease.

NHS Lanarkshire and North and South Lanarkshire Councils already have in place major incident plans and procedures that are well established, tried and tested. These plans allow us to respond to a range of different emergency scenarios in an effective and co-ordinated manner.

This plan has been developed to support those arrangements and to establish the very specific arrangements that will need to be established in Lanarkshire in the event that smallpox mass vaccination is required. The plan outlines national, regional and local management and co-ordination arrangements and the key roles and responsibilities of the NHS and local authorities.

These arrangements have been progressed and prepared using tried and tested integrated emergency management procedures. They bring together organisations which will have a major contribution to make in supporting an efficient and effective smallpox mass vaccination programme.

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Chief Executive, NHS Lanarkshire

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Chief Executive, North Lanarkshire Council

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Chief Executive, South Lanarkshire Council





# LANARKSHIRE NHS BOARD

## **SMALLPOX MASS VACCINATION PLAN**

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# **LANARKSHIRE NHS BOARD**

## **Smallpox Mass Vaccination Plan**

### **Introduction**

#### **1.1 Scope**

This plan has been prepared as a supplement to the NHS Lanarkshire Major Emergency Plan and provides specific guidance on mass vaccination of the population covered by NHS Lanarkshire against smallpox.

The priority, if the Smallpox Mass Vaccination plan is implemented, is to vaccinate as much of the population as possible within the 5 day target period, while also maintaining essential health care services. Some routine services will have to be restricted during this period.

The plan has been developed in partnership with North Lanarkshire Council and South Lanarkshire Council. The plan supports the emergency plans and procedures developed by the local authorities and recognises the specific role that they will play in implementing smallpox mass vaccination.

Liaison with other relevant organisations in Lanarkshire will be achieved through the Lanarkshire Area Group which forms the local operational tier of the Strathclyde Emergencies Coordination Group (Strategic Co-ordinating Group).

The plan builds on the arrangements contained in the Scottish Executive Health Department edition of the UK Health Department's Smallpox Mass Vaccination: An Operational Planning Framework, issued in October 2005. Only the aspects of the national plan that are relevant to local arrangements are repeated in this document.

The plan consists of the main body of the plan outlining the local arrangements and a number of annexes containing specific guidance and instructions as required.

The Plan is subject to review as national arrangements are developed and confirmed.

#### **1.2 Aim**

To establish the procedures and arrangements that will be adopted and implemented in Lanarkshire for vaccinating the entire eligible population (excluding those who are at high risk of vaccine side effects) of NHS Lanarkshire (approximately 440,000) against smallpox, within 5 days of a Government instruction to proceed with mass vaccination. This will include two days for preparation and training and 3 days to carry out the vaccination.

### **1.3 Objectives**

The objectives of the plan are as follows:-

- To ensure that national strategies and arrangements for Smallpox Mass Vaccination are reflected and implemented in Lanarkshire.
- To establish the arrangements for the activation of the plan
- To outline the local management and co-ordination arrangements necessary to facilitate the effective implementation of the plan.
- To identify the roles and responsibilities of the responding agencies
- To ensure that any lessons learned from the activation of the plan, or from exercising of the plan are incorporated into future planning arrangements

## **2. Background**

Smallpox was an extremely serious infectious disease, with a high mortality rate. Survivors suffered from a range of complications including blindness and scarring. There is no specific treatment for smallpox, only supportive care. The increased use of vaccination greatly reduced the incidence of Smallpox and following a campaign last century, led by the World Health Organisation, the disease was declared to have been eradicated in 1980.

Only two laboratories, one in the United States and the other in Russia legally hold stocks of the virus. There is concern however that other stocks may exist.

Further detailed information about Smallpox is contained within the Scottish Executive Health Department's "Guidelines for Smallpox Response and Management in Scotland in the Post Eradication Era" published in May 2004.

### **2.1 Planning Assumptions**

#### **Origins of an Outbreak**

- An outbreak(s) could first appear anywhere, including the UK, and would be due to either
  - a deliberate release of the virus or
  - an accidental escape from a laboratory

#### **Timing**

- There could be a deliberate or an accidental release of smallpox virus at any time. There might be prewarning of a deliberate release, or not.

#### **Geographical Spread**

- If an outbreak was due to an accidental release it is likely that an outbreak would be contained quickly, although there could be widespread cases particularly if infected patients travelled by air, before the disease was recognised.

## **Infectivity and mode of spread**

- People are not infectious in the asymptomatic incubation phase which lasts from 7 to 17 days (usually 12 – 14 days). Infectiousness starts with the onset of fever and increases until the onset of vesicular rash and remains high for the following 7 days. Infectivity declines thereafter.
- Smallpox is mainly spread by close contact with infected persons. It also spreads by contact with infected bedding and clothing and can be carried, airborne, through draughts or ventilation systems. Household contacts are at greatest risk of contracting the disease with an attack rate of between 37% and 96% seen in outbreaks in Africa and Asia, where people had not been vaccinated.
- One aspect in favour of those responding to a smallpox outbreak is the relatively long non-infective incubation period, which means that there would be an opportunity to trace and vaccinate contacts before they could themselves pass on the disease.

## **The Extent and Severity of the Illness**

- Symptoms commence with flu like symptoms including fever, malaise, headache, severe back pain and less often severe abdominal pain and vomiting at which point the patient is infective. Two or three days later the temperature falls and the patient feels somewhat better, at which time the characteristic rash appears, first on the face and hands and forearms before progressing to the trunk. Lesions appear on the mucous membranes of the nose and mouth and ulcerate very soon after formation, releasing large amounts of virus into the mouth and throat
- From 8- 14 days after the onset of symptoms the pustules form scabs, which fall off to leave depressed white scars. The scabs do contain virus but are not highly infective. Once all the scabs have fallen off the patient is non infective
- The disease exists in two main forms Variola Major and Variola Minor. The variola major version had a fatality rate of about 30% while the variola minor version had a fatality rate of less than 1%.

## **Vaccination**

- Vaccine administered up to 4 days after exposure to the virus, and before the rash appears, provides protective immunity and can prevent infection or lessen the severity of the disease.
- Smallpox vaccination is thought to provide protection for 3 to 5 years and, even after that time, people who have been vaccinated are likely to have a less severe illness. People who have had more than one smallpox vaccination are thought to have protection for 10 years.
- The smallpox vaccine causes a relatively high level of side effects, compared to modern vaccines used for other diseases.

- In the UK compulsory routine vaccination against smallpox was stopped in 1971.

### Ring Vaccination

- Ring Vaccination is the term used when rather than vaccinating a whole population, only those people who have been in direct contact with a patient or those who live or work within a certain distance of a contact are vaccinated. This system of contact tracing and ring vaccination was used successfully in the programme which led to the eradication of the disease of smallpox.
- Ring Vaccination may also require the activation of community vaccination centres, but far fewer than would be required for mass vaccination.

### Contraindications for Vaccination

- Those with eczema or other forms of atopic dermatitis requiring medical treatment (10-13% of the population)
- Those with low immune levels e.g. HIV, leukaemia, lymphoma or taking immunosuppressive drugs (less than 1%)
- Children less than one year old (less than 1%)
- Pregnant women – due to the small risk of foetal vaccinia (less than 1%)

### Complications Associated with Mass Vaccination in Lanarkshire

The overall risk of complications following vaccination is relatively low, and although a concern would be viewed in the context of the far greater risk from the disease. There may be a few hundred cases of inadvertent inoculation at other sites, generalised vaccinia and a very few cases of severe complications requiring hospital care.

## 2.2 Alert Mechanism

A 6 point UK specific **alert mechanism** has been developed, consistent with the alert levels in other UK infectious disease response plans. Scotland participates in this UK-wide alert mechanism.

<b>Alert level 0</b>	No cases anywhere in the world
<b>Alert level 1</b>	Heightened Threat Case confirmed outside the UK Confirmation of virus found outside legal depositories and intelligence suggest an imminent release
<b>Alert level 2</b>	Smallpox case isolated in the UK
<b>Alert level 3</b>	Outbreak in the UK
<b>Alert level 4</b>	Large or multiple outbreak(s) not controlled by ring vaccination
<b>Alert level 5</b>	Outbreak controlled: no further cases occurring

An outbreak of smallpox caused by a deliberate release of the virus could take place in any country including the UK, or in multiple countries simultaneously.

A move to a higher Alert Level may be triggered, after assessing the risk, if smallpox is affecting another country geographically close to the UK, although technically it is still 'outside the UK'.

### **3. Organisational Arrangements**

#### **3.1 Strategic Coordination Group**

The Strathclyde Police Area strategic co-ordinating group is known as the Strathclyde Emergencies Co-ordination Group (SECG) and provides a forum for representatives from the emergency services, local authorities, NHS and public utilities to work in partnership to ensure the capability to respond to emergencies in the area.

During a smallpox event the SECG will be kept informed of developments and may be convened at the request of any group member, or by Scottish Executive instruction, to co-ordinate activity within Strathclyde Police Area. A key task of the SECG will be to ensure integration at a local level. In an emergency, communications between the SECG and the Scottish Executive are managed by the Scottish Executive Emergency Support Team.

An event may be sufficient to warrant establishment of "Strategic Command" under the auspices of the police. A Smallpox Joint Health Advisory Cell, chaired by a Director of Public Health, would be established to provide advice.

The SECG is made up of three separate groups as follows:

##### **Strategic Group**

The SECG Strategic Group meets once or twice a year to establish the emergency planning priorities for the area. It is chaired by the Chief Constable, Strathclyde Police and attended by Chief Executives or Executive Officers (or nominated deputies) from the above agencies.

##### **Tactical Group**

The SECG Tactical Group meets three times per year to develop emergency planning arrangements in the west of Scotland, ensure consistency in approach and deliver a range of exercising opportunities to meet statutory and discretionary requirements. It is chaired by the Assistant Chief Constable (Operations), Strathclyde Police and is attended by Emergency Planning Officers of the above agencies.

##### **Operational Local Area Groups**

There are five operational local area groups who meet three times per year. The Lanarkshire area group is responsible for the development and promotion of emergency planning in Lanarkshire through the sharing of information, liaison and

co-ordination and delivery of training and exercising opportunities as required. The Lanarkshire Area Group is chaired by the Emergency Planning Officer, North Lanarkshire Council and is attended by the following:

- Contingency Planning Adviser, South Lanarkshire Council (Secretary)
- Emergency Planning Liaison Officer, Strathclyde Police P Division
- Emergency Planning Liaison Officer, Strathclyde Police Q Division
- Divisional Manager, Strathclyde Fire and Rescue, North Lanarkshire
- Divisional Manager, Strathclyde Fire and Rescue, South Lanarkshire
- Emergency Planning Officer, NHS Lanarkshire
- A&E Consultant, NHS Lanarkshire (Acute Care)
- Planning and Development Manager, NHS Lanarkshire (Primary Care)
- Divisional Officer, Scottish Ambulance Service
- Divisional Procurator Fiscal
- Security Director, State Hospital, Carstairs

The Civil Contingencies Act and Regulations place a specific duty on strategic co-ordination groups to prepare and publish a community risk register. The Risk Register should identify and assess the risk of an emergency occurring in and/or affecting the area. The principle being that emergency planning activities should be related to the risks identified in the register. Risk will be categorised as **national** - notified by central government, **regional** - identified by the strategic co-ordination group and **local** risks.

Smallpox or other bioterrorism is clearly a national risk, for the purpose of this plan it is assumed that Smallpox will be incorporated in the SECG Community Risk Register when it is completed.

In order to ensure that a local risk assessment has been completed the SECG Lanarkshire Area Group will arrange a workshop to identify and assess the risks faced in Lanarkshire. This will be included in the plan when completed.

### **3.2 Lanarkshire Smallpox Mass Vaccination Planning Group**

Maintaining preparedness for a range of foreseeable incidents is an ongoing task comprising regular review of plans and exercising of response. At **UK Alert Level 0**, this ongoing task will also apply to preparedness for smallpox.

The Lanarkshire Smallpox Mass Vaccination Planning Group was formed by NHS Lanarkshire and North and South Lanarkshire Councils in December 2005. The group is led by NHS Lanarkshire and membership includes:

- Consultant in Public Health Medicine (Chair)
- Emergency Planning Officer, NHS Lanarkshire
- Emergency Planning Officer, North Lanarkshire Council
- Contingency Planning Adviser, South Lanarkshire Council
- Chairs of Sub Groups (see below)

The aim of the group is to develop and test a local plan for Smallpox Mass Vaccination This includes facilitating training and exercising, and the periodic review of the plan to ensure that it remains relevant.

The Lanarkshire Smallpox Mass Vaccination Planning Group will meet on a regular basis to review preparedness in Lanarkshire and make recommendations on the actions required to ensure Mass Vaccination can be implemented in Lanarkshire.

The Planning Group reports to NHS Lanarkshire Emergency Planning Coordination Committee and to the local authorities' Emergency Management Teams.

The following sub groups have undertaken specific pieces of contingency planning work relating to Smallpox Mass Vaccination and will play a significant role in the Mass Vaccination arrangements.

- **Vaccine Storage and Distribution**

This group is led by the Consultant in Pharmaceutical Public Health NHS Lanarkshire and is developing the arrangements for the supply and distribution of vaccine and related supplies.

The group is also looking at the data which would need to be recorded for each person vaccinated.

The procedures for vaccine delivery and supply are set out in Annex 2.  
The procedures for data collection are set out in Annex 5.

- **Vaccination Centres**

This Group is led by the local authorities' emergency planning officers to identify vaccination centres in non NHS premises and to prepare plans for the non health related operation of the centres (See Annex 3).

- **Identification and Training of NHS Staff to operate Vaccination Centres**

This group is led by an Assistant Director of Nursing services, NHS Lanarkshire and has a remit to identify which staff could be used to implement Smallpox Mass Vaccination, while prioritising and maintaining essential health services.

The arrangements for providing NHS staff are included at Annex 4.

- **Standard DataSets and Information Capturing**

The Senior Nurse Adviser Communicable Disease Control chairs the group which is identifying the data set required. It was determined that a robust paper based system would be developed initially which could then be supplemented by computerised information system which would best be developed on a National basis and that the Community Health Index Number could be used as a basis for identifying patients.

The data set collection arrangements are detailed in Annex 5.

- **Communications**

This group is led by NHS Lanarkshire, Head of Communications. Within the Major Emergency Plan for NHS Lanarkshire there is a section on communications and this would form the basis of our strategy if the Smallpox Mass Vaccination Plan required to be implemented. The Head of Communications for NHS Lanarkshire would work closely with his NHS and local authority communications colleagues to deliver the media handling. Information and advice would also be distributed to all staff including those involved in the vaccination programme and to members of the public.

NHS Lanarkshire would in the first instance take a lead from the Scottish Executive and neighbouring health systems in the handling of the media and would keep those bodies fully briefed at all times. It would be anticipated that there would be a national strategy to be followed but that individual health systems would engage with their local media proactively as the situation developed. To this end news releases would be prepared and checked through the Lanarkshire Smallpox Mass Vaccination Incident Management Team. There would also be close liaison with partner agencies such as Scottish Executive, local authorities, emergency services and voluntary bodies.

The communications strategy in the event of the Smallpox Mass Vaccination being required is included at Annex 6.

- **Vaccination for Hospital In Patients**

A Consultant in Occupational Health and a Consultant in Infectious Diseases will prepare plans for the vaccination of in-patients.

- **Vaccination for People Unable to Attend Vaccination Centres**

An Associate Director of Nursing is leading this group which is coordinating arrangements for those who are unable to attend a vaccination centre

### **3.3 Problem Assessment Group**

If prior to the Central Government decision to implement mass vaccination, smallpox has been confirmed either within or outwith the UK, NHS Lanarkshire will organise a problem assessment group.

This group will be convened by the Director of Public Health or nominated Depute.

This Group will be pan Lanarkshire and the membership will include:-

- Consultant in Public Health Medicine (Chair)
- Infection Control Doctor
- Senior Nurse Adviser Communicable Disease Control
- Consultant in Pharmaceutical Public Health
- CHP Representative
- Acute Division Representative
- North Lanarkshire Council representative
- South Lanarkshire Council representative

- Police representative
- Director of Communications

The suggested agenda for the group is as follows:

- Introduction
- Briefing or review of current situation
- Availability of Vaccine/ Vaccination Programme
- Identification of staff who should be pre vaccinated
- Need for Lanarkshire Smallpox Mass Vaccination Incident Management Team to be convened
- Pre Planning required
- Information and Advice

### **3.4 Lanarkshire Smallpox Mass Vaccination Incident Management Team**

This group will be convened by the Director of Public Health/ Consultant in Public Health Medicine when notified by the Scottish Executive that the Smallpox Mass Vaccination plan is to be implemented.

The team will be pan Lanarkshire and membership will include

- Consultant in Public Health Medicine (Chair)
- Senior Nurse Adviser Communicable Disease Control
- Representatives from North Lanarkshire Council
- Representatives from South Lanarkshire Council
- Representative from Hospital Microbiology Services
- Head of Communications
- Consultant in Pharmaceutical Public Health
- Consultant from Monklands Infectious Disease Unit
- Representatives from Community Health Partnerships
- Representative from the Lanarkshire Acute Division
- Representative from North and South Lanarkshire Police Divisions
- Representative from Scottish Ambulance Service
- Emergency Planning Officer

The suggested Agenda for the group is as follows:-

- Introduction
- Review of Membership
- Current Position
- Report from Strathclyde Emergency Coordination Group if formed
- Reduction in Acute Hospital planned activity
- Smallpox Vaccine Stocks and Delivery
- Training Programme
- Vaccination Programme
  - Premises

- Staffing Vaccinators and Support Staff
- Supplies
- IT Support
- Mortuary Facilities and body disposal
- Advice to Professionals
- Reporting to HPS/SEHD
- Advice to the Public
- Agreed Actions
- Date of Next Meeting

#### **4. Declaration and Activation of Plans**

The Government may initiate this mass vaccination plan at any alert level, depending on the incidence of cases, intelligence, and public concern.

##### **4.1 UK National and Scottish Activation of Plans**

On being informed by the World Health Organisation that a case(s) of smallpox has been confirmed, or if a case(s) are suspected or confirmed in the UK, the UK Government will undertake the following actions:

- Convene the UK Cabinet Office Briefing Room (COBR) which will review the available information and with specialist advice will decide on a suitable response including whether to implement the Smallpox Mass Vaccination Plan on a UK wide basis.
- Department of Health will inform all devolved administrations and the Civil Contingencies Secretariat
- The Civil contingencies Secretariat will inform other government departments
- The Civil Contingencies Committee will review preparedness across all sectors and make appropriate strategic decisions
- A Civil Contingencies Sub Group may be established at this stage

##### **Scottish Activation of Plans**

On being advised by the Department of Health or the Civil Contingencies Secretariat that the Smallpox Mass Vaccination Plan is to be implemented

- Scottish Ministers will endorse the decision to carry out mass vaccination,
- The Minister for Health and Community Care and the CMO will make the initial announcements to the public
- The Scottish Executive Health Department will Inform the NHS and the Civil Contingencies Division of the Scottish Executive Justice Department
- The Civil Contingencies Division will inform other Scottish Executive Departments and may convene the Ministerial Group on Civil Contingencies and the Scottish Emergencies Co-ordinating Committee
- The Scottish Executive's Emergency Room may also be activated at this stage

## **4.2 Activation of Lanarkshire Smallpox Mass Vaccination Plan**

When instructed by the Scottish Executive Health Department, NHS Lanarkshire's Smallpox Mass Vaccination Incident Management Team will implement this plan.

### **4.2.1 Lanarkshire Smallpox Mass Vaccination – Coordination and Phasing**

A planning matrix has been developed by the Smallpox Mass Vaccination Planning Group which outlines:

- The principal actions of the key responding agencies at each UK Alert Level
- The local management and co-ordination arrangements
- The strategic management and co-ordination arrangements

At each key stage the appropriate pages may be copied as an aide memoir/ checklist for

- Key Individuals
- Coordinating/Management Groups

The planning matrix is included at **Annex 1** to this plan.

### **4.2.2 Implementing the Lanarkshire Plan**

#### **4.2.2.1 Identifying and Training Vaccinators**

Initially around 100 people will be identified as vaccinators and will be trained through the NHS Lanarkshire Clinical Service Development Specialists. Their skills will be updated on an annual basis. A total of some 1200 – 1500 vaccinators will be required to execute the Mass Vaccination Programme and these will be drawn from a number of sources as set out in Annex 4.

#### **4.2.2.2 The Vaccination Programme**

##### **(a) Supply and Storage of Vaccine**

Hairmyres Hospital will act as the single distribution point for the delivery of Smallpox vaccine and associated supplies from the Government Stockpile. The Vaccine and Supplies Sub Group will organise the reception of the vaccine and the daily distribution of stocks to the hospitals, training centres and vaccine centres and the collection of unused vaccine and supplies.

Many of the vaccination centres are in schools that have refrigerators which are helpful in preserving the vaccine. However as the vaccine can be used for up to 48 hours at room temperature it is not considered essential to provide fridges for all centres.

Vans will be required to deliver the vaccine to the Vaccination Centres and work is in hand to identify availability of NHS and Local Council vans for this purpose. Further details are set out in Annex 2.

(b) Location and Management of Vaccination Centres

141 Community Vaccine centres have been identified in Lanarkshire. These are in a range of non health care premises, including schools, sports centres and halls and in some cases more than one centre will be housed in the same location (e.g. a large secondary school may provide multiple centres). The list of centres is found at Annex 3. The local authorities will be responsible for arranging the activation of the centres which will include:

Opening the centres.

Arranging reception of supplies and vaccine.

Organising the layout of the centre and providing furniture to allow the centre to operate.

Providing a centre manager to coordinate the non-health operational aspects and to Liaise with the Vaccination Team.

Arranging cleaning, catering, parking and security and providing staff for these duties.

Organising a thorough cleaning and restitution of the centre to its original use after the vaccination has been completed.

Most of the centres will have refrigerators on site and these will be used, as appropriate, for the storage of vaccine.

The detailed arrangements for calling individuals for vaccination over the three days of the main vaccination programme are under consideration. The working assumption at present is that people will be called by street name and by household. Those assumptions will be finalised in conjunction with Strathclyde Police as will issues of crowd control at the vaccination centres.

The availability and deployment of ambulances to provide cover for groups of vaccination centres will be explored with the Scottish Ambulance Service.

(c) Staffing the Vaccination Centres

North and South Lanarkshire Councils will arrange to provide all facilities management of the centres (cleaning, heating, lighting, security, etc). Vaccinators will be identified as set out above and will be allocated to each centre. Administrative and clinical support (around 900 people) will be drawn from the NHS. Operational managers in the two Community Health Partnerships, the Acute hospitals and Board Headquarters will each be required to find a share of this total.

(d) Vaccination of Patients in Hospitals

Vaccination of NHS Continuing Care patients in Community Hospitals and contracted beds in Care Homes will be undertaken by the relevant Community Health Partnership Primary and Community Care staff.

Occupational Health staff, with support from local hospital nurses, will coordinate and undertake the task of vaccinating:

- i) All hospital in-patients in the acute hospitals (Hairmyres, Monklands, Wishaw). Some of these patients may have additional contraindications to any vaccine.
- ii) Hospital staff who require to be vaccinated at their workplace rather than their local Mass Vaccination Centre.

The bed complement of the three general hospitals is 1605. Occupational Health clinical staff, who could be mobilised into the plan, number 20 nursing staff and 5 medical staff, along with up to 10 administrative and clerical staff. It is estimated that for each large general hospital an additional two vaccinators will need to be recruited from local nursing staff. Teams of vaccinators would cover areas of each general hospital for existing in-patients and new admissions. A staff vaccination centre would be set up at each of the three general hospitals. This would be manned by three vaccinators, one screener and two A&C staff.

### **Outstanding issues to be resolved**

#### 1. Contraindications in Hospitalised Patients.

Access to medical advice will be needed both from Occupational Health physicians and from an identified Consultant Physician on whether certain patients with acute medical conditions should be vaccinated.

#### 2. Consent in Mental Health/Learning Disability Settings

There may be difficulties obtaining informed consent.

#### 3. Coordinating Local Staff and In-Patient Vaccination Data with the Mass Vaccination Centres

Patients and staff vaccinated at the hospitals will be listed on the rolls of local Mass Vaccination Centres, and there will need to be a means of communicating when such staff have been vaccinated at their workplace.

#### (e) Vaccination of People Unable to Attend Vaccination Centres

Arrangements will be put in place to vaccinate people who cannot attend the designated vaccination centres in particular the housebound, those in Care Homes and patients in NHS Continuing Care facilities.

### **Housebound**

It is recognised that Community Nurses have contact with only a proportion of the housebound in Lanarkshire. Systems will need to be identified to link with GPs and Local Authority Services (particularly Home Care) to identify the total housebound population. Once identified these individuals will be vaccinated by Community Based Staff (nurses and AHPs).

### **Care Homes**

The Care Home Liaison Nurses have a list of all Lanarkshire Care Homes. The Care Home Liaison Nurses supported by the named District Nurse for each Care Home will train and support care home staff to vaccinate their own patients.

### **Continuing Care/GP Hospitals**

Nursing staff will be trained to vaccinate their own in-patient populations.

#### **4.2.2.3 Data Collection and Reporting**

The process for data collection at the vaccination centres and the proposed form to be used are set out in Annex 5. If a national form is developed this will replace the local one.

Twice daily status reports have been requested by the Scottish Executive. Each Vaccination centre will send in its reports as of TIME One and TIME Two.

The reports will be sent by to the Management Control Centre using phone; fax; E-mail; Text Messaging. They will be collated and forwarded to the Scottish Executive at Time One, Time Two by E-Mail. Most of the mass vaccination centres will be in schools with access to email which will be the preferred method for transmitting the information.

An Excel Spreadsheet has been prepared and is held by the Information Services Unit to facilitate the collation. The spreadsheet lists all the vaccination centres.

In order to identify those unsuitable for vaccination due to contraindications a local IT system is being developed using Excel to search GP practices' GPASS systems for those contraindicated.

#### **4.2.2.4 Communications**

Keeping staff and the public fully informed will be a critical element in any vaccination programme. A copy of the Lanarkshire Communications Strategy is set out in Annex 6.

#### **4.2.2.5 Management Control Centre / Logistics Cell**

A multi agency management control centre will be established in South Lanarkshire Council Offices to organise and coordinate:

- Reception and delivery of vaccine and supplies
- Training of staff
- Opening , staffing and operation of the vaccination centres
- The collection of vaccination data
- The status of patients who have been adversely affected
- Return of vaccine and supplies
- Restitution of vaccination centres to original use
- Communications to staff and public

The detailed configuration of staffing and communications requirements is currently under consideration.

## **5. After the Mass Vaccination**

### **Planning Assumption**

If the Smallpox Mass Vaccination Plan was implemented as a result of a deliberate release of smallpox virus there would continue to be a risk of further outbreaks. As a single dose of vaccine would only be effective for 3-5 years and those born after the Mass Vaccination would have no immunity, plans would have to be put in place to protect the population, using either

- an ongoing Smallpox vaccination programme or
- a further Mass Smallpox Vaccination Plan

### **Debrief and Review**

After the completion of the Smallpox Mass Vaccination Programme Lanarkshire Smallpox Mass Vaccination Incident Management Team will ensure that debriefing takes place in order to assess the quality of the response made and to identify learning outcomes such as:

- areas of good practice;
- areas where significant learning has taken place and this needs to be incorporated into existing procedures and arrangements and;
- areas where new procedures and arrangements need to be developed.

Debriefing will take place at a multi-agency level, possibly co-ordinated by the Strategic Co-ordination Group; at a local level led by NHS Lanarkshire and on an individual organisational basis as necessary.

In addition those involved in the management and co-ordination of the under noted key response areas will be required to ensure that they undertake debriefing and that the findings are reported to the Lanarkshire Smallpox Mass Vaccination Incident Management Team.

- NHS Capacity and Contingency Planning
- Anti-viral Medication and Vaccine Supply
- Communications
- Staffing

### **Final Report**

Due to the significance of the Smallpox Mass Vaccination Programme and the importance of ensuring that the response made by the health authority and others is documented it will be the responsibility of the Lanarkshire Smallpox Mass Vaccination Incident Management Team to prepare a final report on the response to the emergency and to present this to the main agencies involved, Health Protection Scotland and to the Scottish Executive Health Department.

## **Long Term Issues**

- Longer term health care requirements of those affected by vaccination
- Financial and welfare support
- Psychological support for
  - Staff
  - Public
- Economic impact

## **6. Conclusion**

The plan sets out the current approach to undertaking a smallpox mass vaccination plan for the residents of NHS Lanarkshire. The plan will be reviewed in the light of further national and local guidance and advice and will be the subject of formal updating on no less than an annual basis.

## LANARKSHIRE SMALLPOX MASS VACCINATION PLAN

## Alert Level 0

## Smallpox eradicated – no credible threat of a release

National Vaccination Strategy	NHS Lanarkshire Actions	Local Authority Actions	National Strategic Co-ordination Arrangements/Actions	Lanarkshire Co-ordination Arrangements
<p><b>Vaccinate</b> and maintain immunity of:</p> <ul style="list-style-type: none"> <li>• Small number of laboratory personnel</li> <li>• SMARTs (including Ambulance staff)</li> <li>• Network of physicians to act as SDE</li> <li>• High security ID staff</li> </ul> <p><b>Identify</b> essential frontline healthcare workers, designated 'blue light' and other essential service workers to be vaccinated at Alert Levels 1 &amp; 2</p>	<ul style="list-style-type: none"> <li>• Identify Smallpox Vaccination Centres</li> <li>• Ensure clinicians awareness of recognition and reporting of suspicious illnesses</li> <li>• Infection Control Service determine hospital air flow</li> </ul> <p><b>Identify</b> essential frontline healthcare workers, designated 'blue light' and other essential service workers to be vaccinated at Alert Levels 1 &amp; 2</p>	<ul style="list-style-type: none"> <li>• Identify mass vaccination centres</li> <li>• Prepare operational procedures for activation of centres</li> </ul>	<p><u>Co-ordination</u></p> <ul style="list-style-type: none"> <li>• Establish SIPG</li> </ul> <p><u>Actions</u></p> <ul style="list-style-type: none"> <li>• Establish and train SMART and SDE</li> <li>• Identify Smallpox Care and Vaccination Centres</li> <li>• Arrangements for storage, distribution and administration of vaccine</li> </ul>	<ul style="list-style-type: none"> <li>• Lanarkshire Emergency Planning Committee</li> <li>• SECG Lanarkshire Area Group</li> </ul>

SMART's – Smallpox Management and Response Team

SDE – Smallpox Diagnostic Expert

ID – Infectious Diseases

SECG – Strathclyde Emergencies Co-ordinating Group

**Alert level 1**  
**Heightened threat-case confirmed outside UK.**  
**Confirmation of virus found outside designated repositories**

<b>National Vaccination Strategy</b>	<b>NHS Lanarkshire Actions</b>	<b>Local Authority Actions</b>	<b>National Strategic Co-ordination Arrangements/Actions</b>	<b>Lanarkshire Co-ordination Arrangements</b>
<p><b>Vaccinate:</b></p> <ul style="list-style-type: none"> <li>• All essential healthcare workers</li> <li>• More vaccinators</li> <li>• Key workers to maintain essential services</li> </ul> <p><b>Review</b> list of essential personnel who should be vaccinated if alert level increases</p>	<ul style="list-style-type: none"> <li>• Prepare Lanarkshire Smallpox Vaccination Centres for activation</li> <li>• Raise clinical awareness</li> <li>• Local communication</li> <li>• Vaccination of essential healthcare workers, keyworkers</li> </ul>	<ul style="list-style-type: none"> <li>• Review operational procedures for activation of vaccination centres</li> <li>• Activate and brief Emergency Management Teams</li> <li>• Brief Corporate Management Team and senior managers</li> <li>• Brief key staff</li> </ul>	<p><u>Co-ordination</u></p> <ul style="list-style-type: none"> <li>• ? Smallpox outbreak control centre (SSOCC)</li> </ul> <p><u>Actions</u></p> <ul style="list-style-type: none"> <li>• Increase number of SMART and SDE</li> <li>• Inform all clinicians of the heightened threat and remind them of the features of smallpox and reporting systems</li> <li>• Prepare Smallpox Care and Vaccination Centres</li> </ul>	<ul style="list-style-type: none"> <li>• Problem Assessment Group (consider Incident Management Team)</li> </ul>

**Alert Level 2  
Case confirmed in UK**

<b>National Vaccination Strategy</b>	<b>NHS Lanarkshire Actions</b>	<b>Local Authority Actions</b>	<b>National Strategic Co-ordination Arrangements</b>	<b>Lanarkshire Co-ordination Arrangements</b>
<p><b>Vaccinate:</b></p> <ul style="list-style-type: none"> <li>• Contacts of cases</li> <li>• Larger number of lab personnel</li> <li>• Wider groups of healthcare workers and ancillary staff</li> <li>• Key workers</li> </ul>	<ul style="list-style-type: none"> <li>• Activate Lanarkshire Smallpox Vaccination Centres as requested/required</li> <li>• Participate in contact tracing/monitoring</li> <li>• Diagnosis/Treatment</li> <li>• Local communication</li> </ul>	<ul style="list-style-type: none"> <li>• Liaison with NHS regarding vaccination strategy</li> <li>• Activate vaccination centres as required</li> <li>• Emergency Management Teams Operational</li> <li>• Emergency Room/Control Centres activated</li> <li>• Local communication</li> </ul>	<ul style="list-style-type: none"> <li>• Initiate Scottish Smallpox Outbreak Control Centre</li> <li>• Activate Smallpox Care and Vaccination Centres</li> <li>• Begin contact tracing and monitoring</li> <li>• Initiate enhanced surveillance</li> <li>• Activate Major Incident Plans</li> </ul>	<ul style="list-style-type: none"> <li>• Smallpox IMT – Major Emergency Plan activated</li> </ul>

**Alert Level 3  
Outbreak occurring in the UK**

<b>National Vaccination Strategy</b>	<b>NHS Lanarkshire Actions</b>	<b>Local Authority Actions</b>	<b>National Strategic Co-ordination Arrangements</b>	<b>Lanarkshire Co-ordination Arrangements</b>
<ul style="list-style-type: none"> <li>• Continue ring vaccination of contacts of cases</li> <li>• Review triggers for implementing wider vaccination</li> </ul>	<ul style="list-style-type: none"> <li>• Activation of Smallpox Vaccination Centres as required</li> <li>• Identify cases and treat/transfer as appropriate</li> <li>• Participate in ring vaccination</li> <li>• Local communication</li> <li>• Review arrangements for MASS vaccination – revise contact lists etc.</li> </ul>	<ul style="list-style-type: none"> <li>• As Level 2 – respond to emerging situation</li> </ul>	<ul style="list-style-type: none"> <li>• Continue contact tracing and monitoring</li> <li>• Continue enhanced surveillance</li> <li>• Review capacity and need for additional Smallpox Care and Vaccination Centres</li> <li>• More SDE and SMARTs</li> </ul>	<ul style="list-style-type: none"> <li>• Smallpox IMT</li> <li>• Management Support Team</li> </ul>

**Alert Level 4**  
**Large outbreak not controlled by ring vaccination**

<b>National Vaccination Strategy</b>	<b>NHS Lanarkshire Actions</b>	<b>Local Authority Actions</b>	<b>National Strategic Co-ordination Arrangements</b>	<b>Lanarkshire Co-ordination Arrangements</b>
<ul style="list-style-type: none"> <li>• Consider mass vaccination</li> </ul>	<ul style="list-style-type: none"> <li>• Activate Smallpox <u>Mass</u> Vaccination Plan</li> <li>• Train staff</li> <li>• Vaccinate population</li> <li>• Monitor uptake</li> <li>• Treatment/transfer of cases as appropriate</li> <li>• Management of vaccine side effects/ concerns</li> </ul>	<ul style="list-style-type: none"> <li>• As Levels 2 and 3 – respond to emerging situation</li> </ul>	<ul style="list-style-type: none"> <li>• Activate additional Smallpox Care and <u>Mass</u> Vaccination Centres as required</li> </ul>	<ul style="list-style-type: none"> <li>• Smallpox IMT</li> <li>• Management Support Team</li> <li>• Mass vaccination subgroup of Smallpox IMT</li> <li>• Logistics Control Centre</li> </ul>

**Alert Level 5**  
**Outbreak controlled – no further cases**

<b>National Vaccination Strategy</b>	<b>NHS Lanarkshire Actions</b>	<b>Local Authority Actions</b>	<b>National Strategic Co-ordination Arrangements</b>	<b>Lanarkshire Co-ordination Arrangements</b>
<ul style="list-style-type: none"> <li>• Maintain immunity of healthcare and emergency personnel and other key essential workers</li> </ul>	<ul style="list-style-type: none"> <li>• As level 0</li> <li>• Planned booster vaccination as directed by national advice</li> <li>• Debrief and report with lessons learnt and recommendations</li> <li>• Rehabilitation/support as necessary</li> </ul>	<ul style="list-style-type: none"> <li>• Stand down LA response</li> <li>• Reinstate vaccination centres to original use</li> <li>• Debrief key staff</li> <li>• Review arrangements as required</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain increased number of SMARTs and SDEs</li> <li>• Keep Smallpox Care and Vaccination Centres prepared in case they are required again</li> </ul>	<ul style="list-style-type: none"> <li>• Smallpox IMT until final report</li> <li>• Then as level 0</li> </ul>

LANARKSHIRE SMALLPOX MASS  
VACCINATION PLAN

SUPPLY, ADMINISTRATION AND STORAGE OF VACCINE

## **SUB GROUP MEMBERSHIP:**

Consultant in Pharmaceutical Public Health (Chairman)

Consultant in Occupational Health

Consultant Community Paediatrician

Chief Pharmacist, Primary Care Operating Division

Senior Technician (NHS Lanarkshire Vaccine Holding Centre)

Emergency Planning Officer

## SMALLPOX MASS VACCINATION

### VACCINE

Smallpox vaccine will be available as follows:

<u>VACCINE</u>	<u>Lister Smallpox</u>	<u>Elstree BN smallpox</u>	<u>VV Lister CEP</u>
<u>TYPE</u>	<u>Live vaccinia Lister strain</u>	<u>Second generation live vaccinia, Lister strain</u>	<u>Second generation live vaccinia, Lister strain</u>
<u>FORMAT</u>	<u>Freeze-dried + diluent</u>	<u>Freeze-dried + diluent</u>	<u>Frozen</u>
<u>VIAL</u>	<u>Glass ampoule opened with file</u>	<u>2ml clear glass vial with rubber stopper held with aluminium rip off seal</u>	<u>2ml clear glass vial with rubber stopper held with aluminium rip off seal</u>
<u>DOSES/VIAL</u>	<u>100 minimum</u>	<u>100 minimum</u>	<u>100 minimum</u>
<u>CURRENT STORAGE</u>	<u>Freezer</u>	<u>Refrigeration 2°C to 8°C</u>	<u>Freezer</u>
<u>STORAGE AT VACCINE HOLDING CENTRE</u>	<u>Refrigeration 2°C to 8°C</u>	<u>Refrigeration 2°C to 8°C</u>	<u>Refrigeration 2°C to 8°C</u>
<u>STORAGE AT VACCINATION CENTRE</u>	<u>Ideal 2°C to 8°C Ambient for 48 hours if no fridge</u>	<u>Ideal 2°C to 8°C Ambient for 48 hours if no fridge</u>	<u>Ideal 2°C to 8°C Ambient for 48 hours if no fridge</u>

The Dimensions of the Packaging are as Follows:

### DETAIL TO FOLLOW

It is anticipated that Lanarkshire will be allocated approximately 4,500 vials of the vaccine (equivalent to 450,000 doses) together with the equivalent amount of diluent. The initial storage will require approximately .....cubic feet of refrigerator space.

#### TRANSPORT

Transport from the holding centre to the vaccination centres would ideally be undertaken using a refrigerated van. NHS Lanarkshire does not currently possess such a vehicle but in the event that one was purchased<sup>1</sup> it could be used for the routine delivery of vaccines used for the childhood immunisation service from the vaccine holding centre currently located within the pharmacy department at Hairmyres Hospital East Kilbride. In the event that such transport is not available it may be possible to utilise vehicles from the local authority although consideration of maintenance of the "cold chain" would need careful attention. It is suggested that the

<sup>1</sup> The cost of such a vehicle is approximately.....

transport be arranged to mirror the nine localities (six in North Lanarkshire and three in South Lanarkshire) co-terminous with NHS Lanarkshire boundaries<sup>2</sup>.  
These are as follows:-

### **North Lanarkshire**

Cumbernauld and Kilsyth<sup>3</sup>  
Coatbridge  
Airdrie  
Motherwell  
Bellshill  
Wishaw

### **South Lanarkshire**

East Kilbride  
Hamilton and Blantyre  
Clydesdale

In the absence of refrigerated vehicles it is anticipated that approximately ten small vans would be required. The possibility of hiring refrigerated vehicles is being investigated.

The local authorities are currently determining the resident populations around each of the proposed vaccination centres. The next stage is to draw up a schedule of items (vaccine, bifurcated needles, dressings, sharps containers etc.) for distribution to each.

It is anticipated that each vaccination centre will receive delivery of vaccine and associated items twice during each 24 hours period and that each will be accompanied by an uplift of waste materials.

### **VACCINATION CENTRES**

The concept of utilising Polling Stations and other centres throughout the county has been detailed elsewhere in this document. Each will serve a variable size of resident population, consequently the number of staff required at each centre will vary. A suggested layout of each centre is outlined below.

The following equipment will be required at each centre, again detailed quantities will be determined in line with the specification referred to above.

Refrigerator for vaccine storage (preferable albeit not essential)  
Anaphylaxis kits  
Sharps bins

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<sup>2</sup> It is assumed that Rutherglen and Cambuslang will come under NHS Greater Glasgow for the purposes of this exercise

<sup>3</sup> It is assumed that the Northern Corridor will come under NHS Greater Glasgow for the purposes of this exercise

2ml Syringes and needles (for reconstitution of the vaccine)  
Bifurcated needles  
Dressings  
Clinical waste containers  
Spill kits  
Vaccine  
Clinical Waste bags  
Disposable gloves  
Disposable aprons  
Fluid repellent face masks  
Mepore Ultra or Tegadenn and gauze swabs  
Nan allergic tape  
Disposable vomit bowls  
Alcohol handwash

### Hospital Patients and Staff

It is anticipated that patients in acute hospitals and hospital-based staff who cannot attend local vaccination centres will be vaccinated on site by SALUS and hospital medical/nursing personnel. Vaccine sufficient to vaccinate these individuals will be delivered to the hospital from the holding centre.

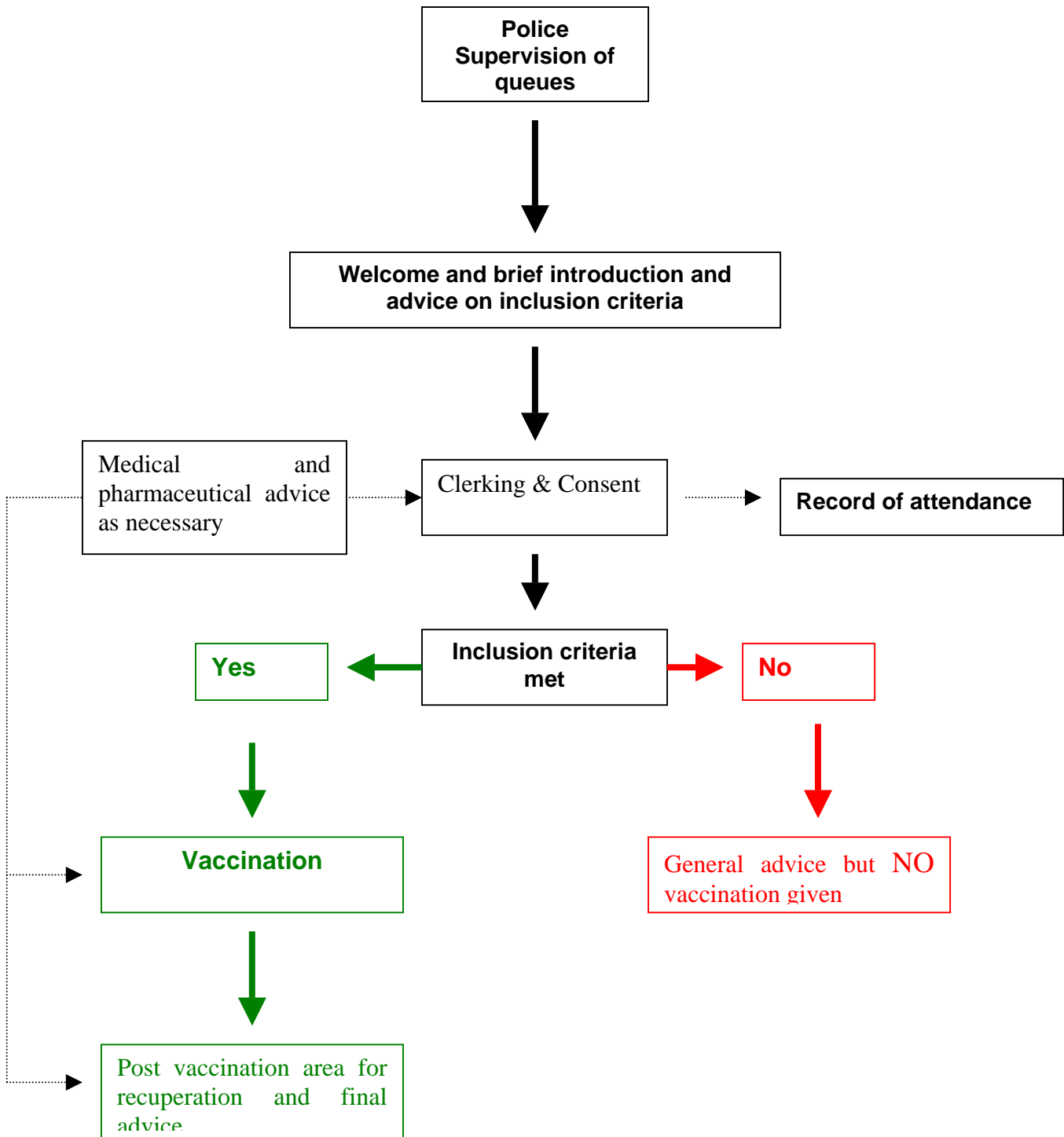
### Care Home Residents

It is anticipated that there will be some residents of the care homes in Lanarkshire for whom it will not be possible to attend the mass vaccination centres. In these cases arrangements will be made to make vaccine available for administration in the home.

### Residual "Mop Up"

There will be a number of individuals who will not have received vaccination during the five day period. It is intended to extend the opening of a small number of centres to allow a mop up to take place over, say, a further two-day period. Arrangements, similar to those outlined for the main part of the campaign, will be put in place to guarantee delivery of vaccine as appropriate.

OPERATION OF VACCINATION CENTRE – FLOW CHART



## **Lanarkshire Smallpox Vaccination Plan**

### **Activation and Operation of Vaccination Centres**

The responsibility for the activation and operation of mass vaccination centres in NHS Lanarkshire will lie with North and South Lanarkshire Councils respectively.

Working closely with colleagues in NHS Lanarkshire both Councils have identified an interim list of centres that could be used for mass vaccination. Identification and selection of vaccination centres is based on electoral wards. See attached for the list of vaccination centres.

Operational procedures for the activation and operation of vaccination centres are being developed and will cover the following issues:-

#### **1. Identification of Key Staff**

Each vaccination centre will be managed and overseen by a local authority employee and a team of support staff including janitorial and cleaning staff, catering staff and where required administrative support.

It will be the responsibility of the designated centre manager to ensure the smooth running of the centre over the duration of the vaccination phase.

#### **2. Centre Layout and Support Systems**

The operational layout of the centre to facilitate mass vaccination will be agreed with NHS Lanarkshire and included in the operational procedures. This will include the identification of additional resources that may be required (furniture; signage etc.) Detailed procedures for the set up and operation of identified mass vaccination centres are being prepared by the local authorities.

The availability of communications and IT equipment will be identified for each centre with the arrangements for access to and use of communications and IT equipment by NHS employees working in vaccination centres.

#### **3. Parking/Access and Security**

Arrangements for parking, access and egress and security will be developed for each centre and included in the operational procedures. Local Authorities will liaise closely with colleagues in Strathclyde Police in the development of such arrangements and seek their support in maintaining security within and around vaccination centres.

Plans will also identify resources required to facilitate the movement of people and vehicles around the centres such as signage, cones, barriers etc.

#### **4. Transport and Routes for delivery and Pick Up of Vaccine and Supplies**

Suitable vehicles that could be used by NHS Lanarkshire for the distribution of vaccine and supplies to vaccination centres will be identified from local authority fleet and other suppliers as appropriate, e.g. local supermarkets etc who operate home delivery services.

To support the effective distribution of vaccine and supplies delivery routes will also be identified and included in operational arrangements.

#### **5. Phasing**

In order to achieve a manageable flow of people through the vaccination centres on each day of operation a phasing strategy will be developed based on post codes in each of the electoral wards that vaccination centres are located in.

Local authorities and NHS Lanarkshire will work in partnership on the activation of the mass vaccination plan to ensure that the phasing information is delivered to the population to advise them of the vaccination centres that they should attend and the day on which they should attend.

While it is recognised that the public will react to the mass vaccination programme and the proposed phasing arrangements in different ways, every effort will be made to work with the public to achieve safe and effective vaccination.

#### **6. Public Information**

Although the expectation is that a national public information strategy will be undertaken by the government, the local authorities and NHS Lanarkshire will work closely to ensure that residents of Lanarkshire are provided with information, advice and support for the duration of the vaccination phase.

#### **7. Reinstatement of Vaccination Centres to Original Use**

When the vaccination phase has been completed the local authorities will ensure that all facilities used as vaccination centres are cleaned and restored to their original condition and returned to their normal use without delay.

#### **8. Debrief and Review**

Following activation of the mass vaccination plan local authorities will ensure that debriefing takes place for all those involved in order that lessons can be captured and plans and procedures reviewed accordingly.

## ANNEX 3a

### North Lanarkshire Council Mass Vaccination Centres - March 2006

Centre	Address	Postcode	Facility	Ward Label
St. Lucy's Primary	Oak Road, Abronhill, Cumbernauld	G67 3LQ	School	Abronhill Central and North
Whitelees Primary	Whitelees Road, Abronhill, Cumbernauld	G67 3NJ	School	Abronhill Central and North
Abronhill Primary	Medlar Road, Abronhill, Cumbernauld	G67 3BJ	School	Abronhill South
Golfhill Primary	Ballochney Street, Burnfoot, Airdrie	ML6 OLT	School	Academy
St. Serf's Primary and Nursery	Thrashbush Road, Thrashbush, Airdrie	ML6 6QU	School	Airdrie Central
Ravenswood Primary	Tiree Road, Cumbernauld	G67 1NR	School	Balloch East and Ravenswood
Eastfield Primary (2)	23 Cairntoul Court, Cumbernauld	G68 9JT	School	Balloch West, Blackwood East and Craigmarloch
Banton Primary	Lammerknowes Road, Banton, Kilsyth	G65 OQT	School	Banton and Kilsyth East
St Kevin's Primary School	Langmuir Way Bargeddie	G69 7RS	School	Bargeddie and Langloan
Lammermoor Primary and Nursery	Rowan Street, Coltness, Wishaw	ML2 7EG	School	Belhaven
Harthill Community Education Centre	20 Victoria Street Harthill	ML7 5QE	Community Centre	Benhar
Langloan Primary and Nursery	Bank Street, Coatbridge	ML5 1EG	School	Blairpark
Calder Primary and Nursery	Draffen Street, Motherwell	ML1 1NJ	School	Calder Valley
Calderbank Primary	Main Street, Calderbank, Airdrie	ML6 9SG	School	Calderbank
Cambusnethan Primary	Kirk Road, Cambusnethan, Wishaw	ML2 8LJ	School	Cambusnethan
Carbrain Primary and Nursery	Millcroft Road, Carbrain, Cumbernauld	G67 2LD	School	Carbrain East
Woodlands Primary and Nursery	Melrose Road, Cumbernauld	G67 4BA	School	Carbrain West and Greenfaulds
Chapelhall Primary and Nursery	Gibb Street, Chapelhall, Airdrie	ML6 8UG	School	Chapelhall
Chryston Primary	Lindsaybeg Road, Chryston	G69 9DW	School	Chryston and Auchinloch (part)
Clarkston Primary	Forrest Street, Airdrie	ML6 7AE	School	Clarkston

Cleland Primary	26 Main Street, Cleland, Motherwell	ML1 5QN	School	Cleland
St. Patrick's Primary and Nursery, Coatbridge	Kildonan Street, Coatbridge	ML5 3LG	School	Coatbridge Central
Coltness Primary and Nursery	Coltness Road, Coltness, Wishaw	ML2 7EY	School	Coltness
St. Helen's Primary and Nursery	Lomond Drive, Condorrat, Cumbernauld	G67 4JL	School	Condorrat Central
Condorrat Primary and Nursery	Morar Drive, Condorrat, Cumbernauld	ML6 9TA	School	Condorrat North and Westfield
Berryhill Primary and Nursery	Hillcrest Avenue, Wishaw	ML2 7RB	School	Craigneuk
Kilsyth Primary	Shuttle Street, Kilsyth	G65 OBL	School	Croy, Kilsyth South and Smithstone
Dykehead Primary	Easter Road, Shotts	ML7 4AS	School	Dykehead
St. Columba's Primary and Nursery	Old Edinburgh Road, Uddingston	G71 6HF	School	Fallside
Tannochside Primary and Nursery	Douglas Street, Tannochside, Uddingston	G71 5RH	School	Fallside
Muir Street Primary	Parkneuk Street, Motherwell	ML1 1BY	School	Forgewood
Overtown Community Centre	Main Street Overtown Wishaw ML2 0QF	ML2 0QF	Community Centre	Garrion
Noble Primary and Nursery (2)	Shirrel Avenue, Bellshill	ML4 1JR	School	Hattonrig; Bellshill North (part)
Holytown Community Education Centre	22 Stevenston Street Holytown ML1 4RG	ML1 4RG	Community Centre	Holytown
Holytown Primary and Nursery	Willow Grove, Holytown, Motherwell	ML1 4SB	School	Holytown
Kildrum Primary	Afton Road, Kildrum, Cumbernauld	G67 2ET	School	Kildrum and Park
Kirkshaws Primary and Nursery	Old Monkland Road, Coatbridge	ML5 5EJ	School	Kirkshaws
Old Monkland Primary and Nursery	Sharp Avenue, Coatbridge	ML5 5TJ	School	Kirkwood
Knowetop Primary	Knowetop Avenue, Motherwell	ML1 2AG	School	Knowetop
Ailsa Nursery Centre	The Loaning, Motherwell	ML1 3NQ	School	Ladywell
Dalziel High	Crawford Street, Motherwell	ML1 3AG	School	Ladywell
St. Michael's Primary and Nursery	Burnbrae Avenue, Moodiesburn	G69 OER	School	Moodiesburn East and Blackwood West
Glenmanor Primary and Nursery	Glenamanor Avenue, Moodiesburn	G69 OJA	School	Moodiesburn West and Gartcosh

Gartcosh Hall	Lochend Road Gartcosh G69 8AB	G69 8AB	Community Centre	Moodiesburn West and Gartcosh (part); Chryston and Auchinloch (part)
Mossend Primary and Nursery (2)	Calder Road, Bellshill	ML4 2RH	School	Mossend East and New Stevenston North
Belvidere Primary and Nursery	Belvidere Road, Bellshill	ML4 2DZ	School	Mossend West and Thorndean; Bellshill North (part)
Muirhouse Primary and Nursery	66 Barons Road, Motherwell	ML1 2NB	School	Muirhouse and Netherton
Glenmavis Community Centre	Coatbridge Road Glenmavis ML6 0NJ	ML6 0NJ	Community Centre	New Monkland West
Greengairs Primary and Nursery	Greengairs Road, Greengairs, Airdrie	ML6 7TE	School	New Monkland West
New Stevenston Primary and Nursery	Clydesdale Street, New Steveston, Motherwell	ML1 4JG	School	New Stevenston and Carfin
Keir Hardie Memorial Primary	Brannock Road, Newarthill, Motherwell	ML1 5DU	School	Newarthill
St. Brigid's Primary	Newton Drive, Newmains, Wishaw	ML2 9DE	School	Newmains
Alexandra Primary	Broomknoll Street, Airdrie	ML6 9EX	School	North Cairnhill and Coatdyke
Glenboig Community Centre	Main Street Glenboig ML5 2RD	ML5 2RD	Community Centre	North Central and Glenboig
Pat Cullinan Centre (2)	Logans Road, Motherwell	ML1 3PB	Community Centre	North Motherwell
St. Timothy's Primary and Nursery	Old Monkland Road, Coatbridge	ML5 5EA	School	Old Monkland
Lawmuir Primary	Footfield Road, Orbiston, Bellshill	ML4 2BY	School	Orbiston
Castlehill Primary and Nursery	Birkshaw Brae, Wishaw	ML2 0ND	School	Pather and Gowkthrapple
Plains Primary	Meadowhead Road, Plains, Airdrie	ML6 7JF	School	Plains and Caldercruix
Chapelgreen Primary and Nursery	Mill Road, Queenzieburn, Kilsyth	G65 9EF	School	Queenzieburn and Kilsyth West
Petersburn Primary and Nursery (2)	Petersburn Road, Airdrie	ML6 8DX	School	Salsburgh
Salsburgh Community Centre	Main Street Salsburgh ML7 4LW	ML7 4LW	Community Centre	Salsburgh
Village Community Hall	The WyndThe Village Cumbernauld G67 2ST	G67 2ST	Community Centre	Seafar and The Village
Shawhead Community Centre	Berwick Street Coatbridge ML5 4LQ	ML5 4LQ	Community Centre	Shawhead
Sikeside Primary and Nursery	Sikeside Street, Coatbridge	ML5 4QH	School	Sikeside and Carnbroe
Tollbrae Primary and Nursery	South Biggar Road, Airdrie	ML6 9LZ	School	South East Cairnhill and Gartlea
Allanton Primary and Nursery	Dura Road, Allanton	ML7 5AB	School	Stane

Stane Primary	Torbothie Road, Shotts	ML7 5JJ	School	Stane
St. Joseph's Primary	Cardowan Road, Stepps	G33 6AA	School	Stepps; Moodiesburn West and Gartcosh (part); Chryston and Auchinloch (part)
St. Ignatius' Primary	Graham Street, Wishaw	ML2 8HR	School	Stewarton
Wishaw Academy Primary	East Academy Street, Wishaw	ML2 8BG	School	Stewarton
Aitkenhead Primary (2)	Lincoln Avenue, Uddingston	G71 5QZ	School	Tannochside
Townhead Primary and Nursery	Dochart Drive, Coatbridge	ML5 2PG	School	Townhead
St. Gabriel's Primary (2)	Juniper Road, Viewpark, Uddingston	G71 5AX	School	Viewpark
Glencairn Primary and Nursery	Glencairn Street, Motherwell	ML1 1TT	School	Watsonville
Cumbernauld Primary (2)	Eastfield Road, Cumbernauld	G68 0BF	School	Westerwood, Carrickstone and Dullatur
Beechbank Community Centre	Wester Mavisbank Avenue Airdrie ML6 0HE	ML6 0HE	Community Centre	Whinhall

## Vaccination Centres for Smallpox Outbreak

### SLC Wards

	ALL PEOPLE	Target 80%	Places Proposed	Under 16	16 to 64	65 or over
South Lanarkshire	302,216	241,773		59,627	196,726	45,863
Lanark North	4,665	3,732	Lanark PS	807	2,975	883
Lanark South	4,174	3,339	Robert Owen PS (tandem build)	749	2,635	790
Lesmahagow	4,751	3,801	Milton PS	878	2,921	952
Blackwood	4,105	3,284	Blackwood PS	828	2,772	505
Clyde Valley	4,232	3,386	Crossford Hall (1 day); Kirkfieldbank Hall (1 day)	834	2,813	585
Biggar/Symington and Black Mount	4,027	3,222	Biggar PS	695	2,541	791
Duneaton/Carmichael	3,698	2,958	Crawford PS; Thankerton Hall	769	2,456	473
Carstairs/Carnwath	4,554	3,643	Carnwath PS	930	2,928	696
Douglas	4,387	3,510	Douglas PS	928	2,761	698
Carluke/Whitehill	5,009	4,007	Carluke Comm Centre	904	3,302	803
Carluke/Crawforddyke	4,987	3,990	Carluke Comm Centre	1,064	3,254	669
Forth	4,978	3,982	Forth Sports & comm Centre	995	3,218	765
Law/Carluke	5,017	4,014	Law PS	1,021	3,437	559
Long Calderwood	4,462	3,570	Long Calderwood Pr S	921	2,873	668
Calderglen	4,356	3,485	St Hilary's PS	827	2,977	552
Blacklaw	4,440	3,552	Blacklaw PS	852	2,977	611
Morrishall	4,068	3,254	Hunter PS	648	2,511	909
Maxwellton	4,290	3,432	Maxwellton PS	794	2,519	977
East Mains	4,209	3,367	Halfmerke PS	649	2,534	1,026
West Mains	4,570	3,656	Kirktonholme PS	900	2,776	894
Duncanrig	4,338	3,470	East Milton PS	751	2,609	978
Westwoodhill	4,189	3,351	South Park PS	918	2,681	590
Headhouse	4,062	3,250	Our Lady of Lourdes PS	693	2,355	1,014
Heatheryknowe	4,149	3,319	Heatheryknowe PS	796	2,709	644
Greenhills	4,574	3,659	Castlefield PS	1,197	3,100	277

Whitehills	4,836	3,869	Greenhills PS	1,161	3,244	431
Hairmyres/Crosshouse	4,528	3,622	Crosshouse PS	991	2,952	585
Mossneuk/Kittoch	4,738	3,790	Mossneuk PS	1,148	3,317	273
Stewartfield	5,139	4,111	St Kenneths PS	1,393	3,366	380
Lindsay	4,857	3,886	Chapelton PS	1,081	3,435	341
Avondale North	5,161	4,129	Wester Overtown PS	1,123	3,320	718
Avondale South	4,736	3,789	Kirklandpark PS	913	3,109	714
Blantyre West	4,663	3,730	St Blanes PS	924	3,338	401
Coatshill/Low Blantyre	4,695	3,756	David Livingston Mem PS	923	2,977	795
Burnbank/Blantyre	5,625	4,500	Auchinraith PS; Glenlee PS (tandem build)	1,189	3,760	676
High Blantyre	4,399	3,519	High Blantyre PS	817	2,934	648
Hamilton Centre North	4,336	3,469	St Johns PS	609	2,875	852
Whitehill	4,121	3,297	Beckford PS	713	2,724	684
Bothwell South	3,815	3,052	Bothwell PS	727	2,462	626
Uddingston South/Bothwell	4,175	3,340	St Brides PS	848	2,690	637
Uddingston	3,965	3,172	Muiredge PS	685	2,621	659
Hillhouse	4,179	3,343	Udston PS	934	2,689	556
Udston	3,530	2,824	St Ninians PS	777	2,131	622
Wellhall/Earnock	4,648	3,718	St Peters PS	765	3,112	771
Earnock	4,311	3,449	Townhill PS	906	3,026	379
Woodhead/Meikle Earnock	4,549	3,639	Woodhead PS	926	3,145	478
Hamilton Centre/Ferniegair	3,838	3,070	Woodside PS	540	2,500	798
Low Waters	4,408	3,526	St Annes PS	881	2,800	727
Silvertonhill	4,474	3,579	Chatelherault PS	812	3,059	603
Cadzow	5,643	4,514	St Elizabeths PS; Quarter PS (1 day)	1,340	3,690	613
Dalserf	5,167	4,134	Dalserf PS	1,035	3,443	689
Larkhall East	4,768	3,814	Hareleeshill PS (tandem build)	916	3,167	685
Larkhall West	4,955	3,964	Glengowan PS	921	3,155	879
Larkhall South	4,098	3,278	Craigbank PS	787	2,657	654
Stonehouse	4,478	3,582	Stonehouse PS	989	2,941	548
Rutherglen West	4,888	3,910	Burgh PS	1,025	3,271	592
Stonelaw	4,259	3,407	Calderwood PS	723	2,598	938

Bankhead	4,225	3,380	Bankhead PS	637	2,693	895
Spittal/Blairbeth	4,245	3,396	St Marks PS	784	2,607	854
Burgh	4,502	3,602	Rutherglen High School (Special School)	631	2,919	952
Cairns	4,626	3,701	Cairns PS	976	3,019	631
Hallside	6,210	4,968	Hallside PS; North Halfway Hall (limited use)	1,389	4,313	508
Cambuslang Central	4,364	3,491	Aiton PS	765	2,732	867
Cathkin/Springhall	4,569	3,655	Loch PS	845	2,788	936
Fernhill	4,024	3,219	Fernhill Pavillion	888	2,548	588
Kirkhill/Whitlawburn	4,790	3,832	West Coates PS	1,135	3,254	401
Eastfield	4,388	3,510	Eastfield Comm Centre	707	2,711	970
Clydesdale	58,584	46,867		11,402	38,013	9,169
East Kilbride	85,702	68,562		17,756	55,364	12,582
Hamilton	102,840	82,272		19,964	67,896	14,980
Rutherglen / Cambuslang	55,090	44,072		10,505	35,453	9,132
South Lanarkshire	302,216	241,773		59,627	196,726	45,863
Rural South Lanarkshire	72,959			14,427	47,383	11,149

## Lanarkshire Smallpox Mass Vaccination Plan

### Identification of Vaccinators

The emphasis in the first instance is on clinical staff who potentially will be more comfortable than non-clinical staff in undertaking vaccinations and have a better understanding of the associated Infection Control and Health and Safety Issues. The under noted staff will be targeted in the first instance via the General Managers within each Locality and District General Hospitals.

- Community Nurses – (Public Health, District Nursing/ENS, Treatment Room staff, phlebotomists)
- Community Mental Health Nurses
- Specialist Nurses- (including Family Planning)
- Recently Retired Nursing Staff
- Non-urgent Hospital Nurses ( Acute/PC)
- BankAide
- School of Nursing Bell College – staff/students
- Podiatry Staff - ( ? also from Private/independent Sector)
- Physiotherapy Staff - ( ? also from Private/Independent Sector)
- Community Dental Health Service
- Care Home Nurses ( for Care Home Sector only)

The media will be utilised to encourage recently retired nurses to come forward and be trained as vaccinators

### Training Arrangements for Vaccinators

Training will take place on days 1&2 following notification. The Clinical Skills Development Specialist at the Nursing & Midwifery Practice Development Unit will lead and co-ordinate the required training of vaccinators. Training of staff will take approximately 2—2.5 hrs.

Training will be undertaken within the lecture theatres in the 3 DGH and a fourth Training Centre in Bell College. This will be facilitated by the identification of approx 100 (25 per training site) named pre-trained core vaccinators to support the acquisition of the necessary clinical skills. These named staff will receive initial training and a yearly update thereafter and will be some of the first staff to be vaccinated.

The General Managers of each DGH site and each Locality will identify 10 Named Core Vaccinators. (*Formal identification process of these core staff still to be clarified*)

## LANARKSHIRE SMALLPOX MASS VACCINATION PLAN

### SMALLPOX VACCINATION - PROCESS

It is intended that this single record will capture: Total attendances; total vaccinated; total refusals and the total contra-indicated patients

It is designed as a traffic light / 3 tray system – Completed forms collected from the appropriately colour coded trays, counted - Information transferred to database

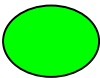

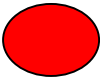
#### TRIAGE OF THOSE ATTENDING FOR VACCINATION:

##### *Directing personnel, on arrival of the attendee, will:*

- Sequentially number the Smallpox Vaccination Record
- Give the Smallpox Vaccination Record to the attendee
- Give an information sheet on contraindications
- Request that the attendee completes the personal detail section of the Smallpox Vaccination Record (if necessary the form can be completed by triage administration staff)
- Request that the attendee reads the agreed contraindication list
- Request that the attendee takes the (completed) form to the Triage Desk

##### *Triage Staff will:*

- Check and ensure that the Smallpox Vaccination Record is accurately completed.
- Discuss contraindications with attendee
- Record if attendee refuses vaccination
- Place the appropriate sticker in the identified box on the form (see below).
- Give the fully completed form to the attendee and request it is given to the appropriate person
- Direct them through the appropriate channel

Colour of Sticker	Code
Green 	VACCINATED ATTENDEE TO VACCINATING PERSONNEL
Amber 	VACCINATION CONTRAINDICATED ATTENDEE TO DESIGNATED PERSONNEL – CONTRAINDICATIONS
Red 	REFUSED TO BE VACCINATED ATTENDEE SENT HOME Place in the designated box <b>coded red – refused to be vaccinated</b>

If contraindicated the attendee will be reassessed by an appropriately qualified person. Following assessment their status may change and they will

Place Colour Coded  
Sticker Here

ATTENDANCE NUMBER:

SMALLPOX VACCINATION RECORD

VACCINATION CENTRE:	DATE
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**CASE DETAILS**

	IDENTIFYING STICKER – Ensure details are complete
SURNAME:	
FIRST NAME:	
ADDRESS:	
TOWN:	
POST CODE:	
DATE OF BIRTH:	

**VACCINATION DETAILS** Please ✓ the appropriate response

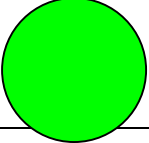
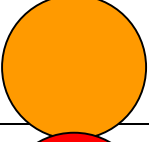
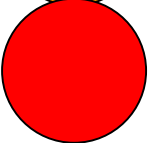
	YES	NO
VACCINATED		
Batch Number:		
VACCINATION REFUSED		
COMMENT:		
VACCINATION CONTRAINDICATED		
COMMENT:		
INFORMATION LEAFLET GIVEN		

**VACCINATOR DETAILS**

NAME/CODE:	
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# INSTRUCTION SHEET

Please refer to Smallpox Vaccination Process

Colour of Sticker	Code
Green 	<b>Green Sticker</b> <b>VACCINATED</b> Place in the designated box for those deemed suitable for vaccination
Amber 	<b>Orange Sticker</b> <b>VACCINATION CONTRAINDICATED</b> Place in the designated box for those that vaccination is contraindicated
Red 	<b>Red Sticker</b> <b>REFUSED TO BE VACCINATED</b> Place in the designated box for those who have refused vaccination

- When completed please place in the appropriate 'colour coded' tray

**Lanarkshire Smallpox Mass Vaccination Plan**

**Communications Arrangements**

## **COMMUNICATIONS ARRANGEMENTS**

The Incident Management Team, which is set up to deal with the mass vaccination programme, will be supported by communications staff viz.

- The Head of Communications, or appropriate team member for NHS Lanarkshire;
- Colleagues from North Lanarkshire Council and South Lanarkshire Council;

In addition those communications staff will work closely with communications colleagues in NHS 24, in the Scottish Executive Health Department, Strathclyde Police, Scottish Ambulance Service and other government agencies.

Communications colleagues from Acute and Primary Care Operating Divisions (Community Health Partnerships from April 2006) will be kept fully informed of developments and asked to give advice and support on issues which affect patients and staff in their areas of operation.

The Head of Communications will report to the chair of the Incident Management Team (IMT) and will give advice and take instruction on communications matters.

The Head of Communications will advise the IMT on communications matters as well as preparing media statements and briefings for politicians and other appropriate persons and agencies. Such statements and briefings will come only from the chair of the IMT as advised by communications colleagues.

In addition guidance and training where required would be arranged for those who are likely to be dealing directly with the media. This will take the form of sessions with communications team members or where appropriate with the assistance of external consultants in media and presentation training.

Arrangements will be made at an early stage for 24-hour cover to be available during any incident and colleagues from within the NHS Lanarkshire communications function will provide support as required. It is envisaged that similar arrangements will apply to other partner agencies.

### **Communication Strategy**

The aim of the communications strategy is to maintain public confidence in the management of the incident, to avoid panic and to ensure key audiences have the necessary information they need to take all necessary steps.

While much of the information will be generated and communicated centrally in what will be a national incident (Chief Medical Officer, Scottish Executive Health Department, Department of Health) there will be a need for local input

both to reassure the local population and to keep them informed of local vaccination arrangements. NHS Lanarkshire will provide support to the Scottish National Blood Transfusion Service with messages on potential disruption to blood supply.

The table below provides an example of the communications strategy that will be activated by the Head of Communications as part of this plan. The strategy will identify:-

- Whom we need to communicate with:
  - General Public
  - Patient Groups
  - Staff
  - Politicians:
    - Local Authority
    - Scottish Parliament
    - Westminster Parliament
  - Local Authority and Health Service Management
  - The Lanarkshire NHS Board
  - Strathclyde Emergencies Coordination Group (Strategic Coordination Group)
  - Scottish Executive Health Department and Ministers
  - Scottish Executive Justice Department and Ministers
  
- What will be communicated
  - Current situation
  - Details of well practised plan
  - Level of preparedness
  - Future projections
  - Availability of vaccine and vaccination details
  - Problems identified
  - Availability of services
  - Vaccination arrangements
  
- How we will communicate with the identified groups
  - Paid adverts in print and on electronic media
  - Encourage the uptake of local stories in local media
  - Use NHS Lanarkshire and partner websites including local authorities, emergency services and bodies such as Health Protection Scotland and Scottish Executive
  - Use of staff intranets
  - Articles in "Pulse" NHS newsletter and Local authority newsletters
  - Staff Briefings
  - Posters and leaflets
  - E-mails

- Helplines such as the Strathclyde Emergency Coordination Group (SECG) information line and NHS 24 who will have activated their sleeping algorithms
  - Briefings to elected politicians
  - Interviews/ News Conferences with the chair of the Incident Control Team/Director of Public Health or nominated spokesperson (preferably from a medical background)
- Timescales/frequency of communication
    - Information will be produced regularly. The exact timing will depend on the prevailing circumstances and will be based on the recommendations of the Head of Communications and management team decisions.
    - There will be a regular flow of information to the senior executive of all organisations involved
    - There will be regular updates on the websites of all organisations involved and the intranet will be used for information which is specific to NHS Lanarkshire staff – again this will be reviewed and updated on a daily basis as the situation develops

**EXAMPLE**

<b>NHS Lanarkshire Smallpox Mass Vaccination Communications Strategy</b>			
<b>Who</b>	<b>What</b>	<b>How</b>	<b>When</b>
Essential Workers: GPs and staff A&E Staff Out of Hours staff Staff involved in Vaccination Helpline Staff	Information, instruction and briefings	Team Briefs, procedures, systems of work, helpline	Daily – or as required
Other Employees	Briefings and information	Team Briefs, notices and bulletins, helpline	Daily – or as required
Elected Politicians	Current issues and actions	Situation Reports and Briefings	Daily
Management Teams	Actions and decisions	Meetings; Situation reports :Briefings	Daily – or as required
Members of the Public	Information and advice - reassurance	Media, public notices, radio and TVannouncements, helpline	Daily
The Media	Situation reports, actions, issues and responses to questions	Briefings, press releases, interviews, statements etc	Daily – or as required

