

Appendix 1: Command and Control

Command and control structures for SARS, with DHSSPS as lead government department, are the Regional Health Command Centre (RHCC) and the Regional Outbreak Control Committee (ROCC). Arrangements are in place to link RHCC to the interdepartmental Crisis Management Group, and beyond to central government. The role, membership and activation points relative to the Interim Contingency Plan (NI) for SARS for both RHCC and ROCC are as outlined below.

The decision to activate/stand down ROCC/RHCC remains a DHSSPS responsibility at all times.

1. Regional Health Command Centre

Role

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

Membership

RHCC will be chaired by the CMO. Membership will comprise a core team from ROCC, and expanded DHSSPS representation, including emergency planning representatives.

Activation

RHCC may be activated at Level 2B, but would be in place by Level 3.

2. Regional Outbreak Control Committee

Role

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

- To advise the Chief Medical Officer on all issues relating to SARS and to make recommendations on the strategic approach to SARS in Northern Ireland.
- To provide advice and support to Board and Trust Outbreak Control Teams
- To monitor the epidemiological features of SARS regionally, nationally and internationally and use this information to inform prevention and control measures.
- To ensure appropriate surveillance and reporting systems for SARS are in place in order to provide regular updates to CMO and others.

- To ensure appropriate laboratory capacity for SARS testing.
- To assess the effectiveness of control measures and advise on the need for additional measures
- To assess the effectiveness of public and professional communications and make appropriate recommendations
- To review the capacity of SARS treatment facilities

Membership ROCC:

Regional Epidemiologist, CDSC (NI) (Chair)
Senior Medical Officer, DHSSPS
Consultant Virologist, Regional Virus Laboratory
Consultant ID physician
Medical Director RGH
Press Office DHSSPS
Infection Control Nurse

The composition of the ROCC should also reflect hospitals/geographical areas with cases of SARS. The ROCC would therefore include:

- DPH/CCDC
- Board Primary Care Advisor
- Trust Chief Executive/Medical Director
- Trust Infection Control Doctor
- Medical Director of NIAS

Others would be co-opted as required.

Activation

DHSSPS will consider the need to activate ROCC at level 2A, but would be in place by Level 2B.