



Department of
**Agriculture, Environment
and Rural Affairs**

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Glossary

ADC&TPB	Animal Disease Control and Trade Policy Branch
AFBI	Agri Food and Biosciences Institute
AfIB	Agri-food Inspection Branch
AI	Avian Influenza
ADNS	Animal Disease Notification System
AQ's	Assembly Questions
BMB	Business Management Branch
CCGNI	Civil Contingencies Group NI
C&D	Cleansing and Disinfection
CEDCC	Central Epizootic Disease Control Centre
CMG	Crisis Management Group
CMO	Chief Medical Officer
CPD	Central Policy Division
CPED	Contingency Planning for Epizootic Disease
CSB	Corporate Services Branch
CSF	Classical Swine Fever
CVO	Chief Veterinary Officer
DAERA	Department of Agriculture, Environment and Rural Affairs
DAFM	Department of Agricultural Food and the Marine
DCD	Disease Control Director
DCVO	Deputy Chief Veterinary Officer
DDD	Disease Detection Director
DDO	DAERA Direct Office
DED	Disease Eradication Director
DEFRA	Department of Environment, Food and Rural Affairs
DHSSPS	Department of Health Social Services and Public Safety
DOC	Delivery Out Centre
DSA	Departmental Scientific Advisor
DSO	Departmental Solicitors Office
DVO	Divisional Veterinary Office
D/SVO	Divisional / Supervisory Veterinary Officer
EDCU	Epizootic Disease Control Unit
EDPG	Epizootic Disease Policy Group
EC	European Commission
ECG	Emergency Command Group
ET	Epizootic Team
ETM	Epizootic Team Member
FMD	Foot and Mouth Disease
FSA	Food Standards Agency
HPAI	Highly Pathogenic Avian Influenza
H&S	Health and Safety
H&SCB	Health and Social Care Board
LEDCC	Local Epizootic Disease Control Centre
MOD	Ministry of Defence
MOU	Memorandum of Understanding
NICCMA	Northern Ireland Central Crisis Management Arrangements

NIEA	Northern Ireland Environment Agency
NIFRS	Northern Ireland Fire and Rescue Service
NIMEA	Northern Ireland Meat Exporters Association
NIO	Northern Ireland Office
NISAF	Northern Ireland Scientific Advisory Forum
PHA	Public Health Agency
PQ's	Parliament Questions
PSNI	Police Service Northern Ireland
PVP	Private Veterinary Practitioner
PZ	Protection Zone
RZ	Restricted Zone
SZ	Surveillance Zone
ROI	Republic of Ireland
RSF	Rural Stakeholders Forum
SCORS	Suspect Case Office Reporting System
SCV	Site Control Vehicle
SG	Strategy Group
SOC	Site Operations Co-ordinator
SPVO	Senior Principal Veterinary Officer
TRIM	Tower Records Information Management
TSG	Tactical Steering Group
UFU	Ulster Farmers Union
VEU	Veterinary Epidemiology Unit
VO	Veterinary Officer
VS	Veterinary Service

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1. BACKGROUND AND INTRODUCTION

Animal health and welfare policy is fully devolved to the Northern Ireland Assembly, and the Department of Agriculture, Environment and Rural Affairs (DAERA) Minister will be responsible for determining the policy response to any animal disease emergency situation. The responsibility for the operational delivery of DAERA's response to an Epizootic Disease outbreak lies with the Chief Veterinary Officer (CVO) for Northern Ireland (NI).

This Contingency Plan summarises DAERA Veterinary Service's arrangements for controlling and eradicating epizootic disease in NI. It is based upon strategic, tactical, and operational command structures. DAERA's strategic level arrangements and response to an epizootic disease outbreak are set out in DAERA's Major Emergency Response Plan (MERP).

The Plan is set within the framework of the EU requirements for contingency plans for specific diseases and of the NI legislation under which government action is taken to control epizootic diseases.

In the event of an outbreak, the disease control strategy adopted will be consistent with the UK's EU obligations and EU legislation.

DAERA's overall disease control strategy is to eradicate epizootic disease through control measures which:

- Ensure rapid identification of the disease, minimise risk of spread and enable early eradication
- Give due consideration to the welfare of livestock affected
- Minimise the impact on international trade, the rural economy, sustainability of the industry and the environment.

Specific NI disease control strategies have been developed for these epizootic diseases:

- Notifiable Epizootic Avian Disease
- Foot and Mouth Disease
- Rabies Disease
- Bluetongue Virus
- African Horse Sickness.
- Classical Swine Fever
- African Swine Fever

Use of vaccination to support a control strategy depends on a number of factors including:

- the disease and its epidemiology
- whether vaccination is permitted under EU law
- vaccine availability and efficacy
- whether or not the vaccine can be administered in sufficient time and quantity to be effective in disease control
- whether or not there are tests to distinguish between vaccinated and infected animals.

The published disease control strategies outline the policy on vaccination for certain diseases - see Annex D for more information.

This plan is supported by detailed Veterinary Service plans, guidance and staff instructions on specific elements of preparedness and delivery.

The Contingency Plan is open to flexible deployment and will be used appropriately to meet the demands of outbreaks of differing size and scale.

This plan covers the arrangements that will be deployed in NI as it is a separate epidemiological entity from GB - England, Scotland and Wales each publish their own Contingency Plan.

In the event of an outbreak in England, Scotland or Wales, DAERA will consider the appropriate level of involvement of officials according to the nature and severity of the outbreak. The initial assumption is that full emergency command structures will not be activated; however, key Veterinary Service (VS) and Animal Health and Welfare policy officials will be notified and take part in relevant UK National Disease Control Centre meetings.

In the event of a suspected or confirmed case of disease in NI, DEFRA, the Scottish Government and the Welsh Assembly Government will ensure close co-operation with DAERA. DEFRA will activate command structures appropriate to the level required to manage the outbreak at a national level.

In the event of an outbreak of epizootic disease in either NI or the Republic of Ireland (ROI), it is recognised by DAERA and the Department of Agriculture, Food and the Marine (DAFM) that sustained co-operation between both administrations will be essential to reduce the further spread of disease. There are a number of areas where co-operation and agreement is of particular importance and benefit. Actions have been agreed in respect of these areas and are laid out in a Common Chapter Agreements available on the DAERA Intranet. The areas include:

- Cross-border communication
- Tracings
- Trade
- Vaccination
- Management of External Communications.

2. PROCESSES

- 2.1 This section outlines the mechanisms that are in place to ensure that the response to an outbreak of epizootic disease is implemented in a co-ordinated and consistent manner. What follows is an overview of the process through which suspicion of disease will reach eventual confirmation if appropriate. Upon confirmation of disease, various structures and groups will be activated to support the response.
- 2.2 Processes are in place to ensure that the appropriate people are notified, briefed and engaged to respond upon confirmation of disease.

LEVELS OF ALERT

- 2.3 Standard colour coded alert levels of investigation are the basis for responding to a specific outbreak of epizootic disease - see Annex A.

Blue Alert:

Disease is very unlikely. An initial report may be received from DAERA staff, the owner, a member of the public, or a Private Veterinary Practitioner (PVP). This will trigger a precautionary investigation by a DAERA Veterinary Officer (VO). The Epizootic Disease Duty Co-ordinator or out-of-hours on-call Divisional / Supervisory Veterinary Officer (D/SVO) will manage the initial stages of the investigation.

Green Alert:

Disease is improbable / unlikely. A VO will be sent to the farm to investigate and may ask the Epizootic Disease Duty Co-ordinator for assistance from a member of the Epizootics Team (ET).

Amber Alert:

Disease possible / cannot be excluded. There may be some evidence of clinical disease. The Epizootic Disease Duty Co-ordinator may decide to take samples and if so, the CVO will be advised. If the suspect disease is Foot and Mouth Disease (FMD), the Emergency Command Group (ECG) will make recommendations to the CVO who will make the final decision in relation to taking samples. Management of samples to the appropriate National Reference Laboratory is co-ordinated by Agri-Food and Biosciences Institute (AFBI), Veterinary Sciences Division (VSD).

Red Alert:

Disease is likely to be confirmed. There is evidence of clinical disease. Samples will have been submitted to the National Reference Laboratory.

Blue Alert - Report Case

- 2.4 Notification of a report case will most likely be received by staff in a local Divisional Veterinary Office (DVO) / DAERA Direct Office (DDO). The recipient will complete an ED1 Form ("Initial Notification of a Suspect

Epizootic Disease”), and pass it to a Veterinary Officer (VO). The VO will question the caller further to gather more disease information, then contact the Epizootic Disease Duty Co-ordinator in DAERA HQ by phone and forward the ED1 form. It is unlikely that a VO will be sent to the farm to investigate.

- 2.5 The Epizootic Disease Duty Co-ordinator will liaise with the Suspect Case Office Reporting System (SCORS) Team to assign an alert status and provide information to generate a SCORS report, which will be issued to recipients throughout DAERA. The template used for production of a SCORS report can be seen at Annex A.
- 2.6 Outside normal working hours the report may come to the VS Hotline (the Hotline operates out-of-hours 365 days a year including weekends, bank holidays and every week night and will be acted upon by an on-call VO).

Green Alert - Report Case

- 2.7 A VO will be sent to the farm by the Epizootic Disease Duty Co-ordinator to carry out an initial investigation. If the reported clinical signs indicate that epizootic disease cannot be ruled out, the alert level will be raised to Amber.
- 2.8 The Epizootic Disease Duty Co-ordinator will provide information for the SCORS report.

Amber Alert / Red Alert – Suspect Case

- 2.9 The CVO will declare a suspected outbreak of an Epizootic Disease where a holding contains one or more animals suspected of being infected with an epizootic disease.
- 2.10 The formal internal notification of a suspect investigation is carried out within DAERA by issue of a SCORS report.
- 2.11 Other notifications:

Official	Responsibility for notification
CVO or, Deputy CVO (DCVO)	<ul style="list-style-type: none"> • Notify a suspect outbreak of an epizootic disease to the DEFRA CVO and DAFM CVO. • Notify the Chief Medical Officer, NI (CMO) in the case of suspicion of Avian Influenza (AI). • Brief the Permanent Secretary (Perm Sec).
Director of Animal Health and Welfare Policy Division (AHWPD) or Deputy AHWPD	<ul style="list-style-type: none"> • Notify counterparts in DEFRA and DAFM. • Brief the Minister and senior management of the situation by means of an e-mailed submission and lines to take followed by face-to-face meetings as required (including the CVO). The submission may be e-mailed to internal colleagues with an interest. • If appropriate, provide a draft letter to the Minister to alert MLAs / MPs with a constituency interest.

	<ul style="list-style-type: none"> • If appropriate, provide a draft letter to the Minister to alert the Agricultural Committee. • Alert key stakeholders.
Animal Disease Control and Trade Policy Branch (ADC&TPB) lead (with input from VS and other DAERA policy branches as required).	<ul style="list-style-type: none"> • Contact and brief the head of the Press Office and provide a draft press release and lines to take. The press release will be cleared with the Minister and / or the Perm Sec and issued by the Press Office. It will be issued to alert stakeholders to the existence of the suspect case and the imposition of movement restrictions if appropriate.

Emergency Command Group (ECG)

2.12 The ECG is the interim command group formed pending activation of the full command structures.

2.13 Members include:

- SPVO, Epizootics
- Manager, ADC&TPB
- DVO, Epizootics
- SVO, Epidemiology
- SVO, Contingency Planning for Epizootic Disease (CPED) Team
- SCORS Team representative
- Other staff (eg: AFBI Rep, Trade DVO) may attend as necessary.

2.14 Operational partners such as Department of Health, Social Services and Public Safety (DHSSPS), NI Environment Agency (NIEA) and Food Standards Agency (FSA) may be invited to participate in a teleconference with the ECG depending on the nature of the disease.

2.15 ECG functions:

- Operational and tactical level decision making.
- Providing specialist and technical support to the CVO.
- Directing the key veterinary resources needed for the control and eradication of the suspect disease at the Infected Premises (IP).
- Implementing operations as necessary through the Disease Eradication Director (DED).
- Implementing the contingency plan.
- Interpreting laboratory results in liaison with AFBI.
- Collating operational data.
- Operating all formal communications.

2.16 Individual responsibilities of ECG members:

Official	Responsibility
SPVO, Epizootics	<ul style="list-style-type: none"> • Liaise with CVO and DCVOs • Manage ECG • Activate CEDCC / LEDCC • Initiate a Veterinary Risk Assessment.
DVO, Epizootics	<ul style="list-style-type: none"> • Liaise with field D / SVO, VO, ETM, herd keeper etc. as necessary to direct operational response on suspect premises • Contact operational partners (eg: Health Boards) • Liaise with VS H&S Adviser • Liaise with AFBI regarding sample handling and results reporting • Liaise with SCORS Team to provide information for SCORS report.
SCORS Team	<ul style="list-style-type: none"> • Create and maintain Key Issues and Decisions Log • Provide secretariat support for Epizootic Duty Co-ordinator and for ECG meetings • Issue SCORS reports.
SVO, Epidemiology	<ul style="list-style-type: none"> • Initiate epidemiological investigation • Initiate mapping • Deploy and communicate with ET members • Provide information from contact tracings to Regional Health Board colleague within ECG in the event of Highly Pathogenic Avian Influenza (HPAI) outbreak.
G7, ADC&TPB	<ul style="list-style-type: none"> • Draft initial press releases • Liaise with DAERA Press Office for Press briefings / releases if necessary • Provide information to other National Authorities / Member States if necessary • Make submissions to Minister • Provide information and interpretation of current legislation • Provide policy guidance on Animal Disease Control and Trade • Communicate with stakeholders.
SVO, CPED	<ul style="list-style-type: none"> • Provide advice and assistance to ECG on roles and responsibilities, sources of information and communication tools available in CPED web-based plan and elsewhere • Communicate with operational partners • Facilitate resource procurement in the early stages of the response.

Confirmed Case

2.17 As soon as disease is confirmed the CVO will inform the Minister and the Permanent Secretary and, if appropriate, request activation of DAERA's MERP. The CVO will authorise activation of the CEDCC and LEDCC.

The communications steps detailed in paragraph 2.11 will be repeated to update the situation to 'confirmed' status.

Notification of European Commission and other Member States

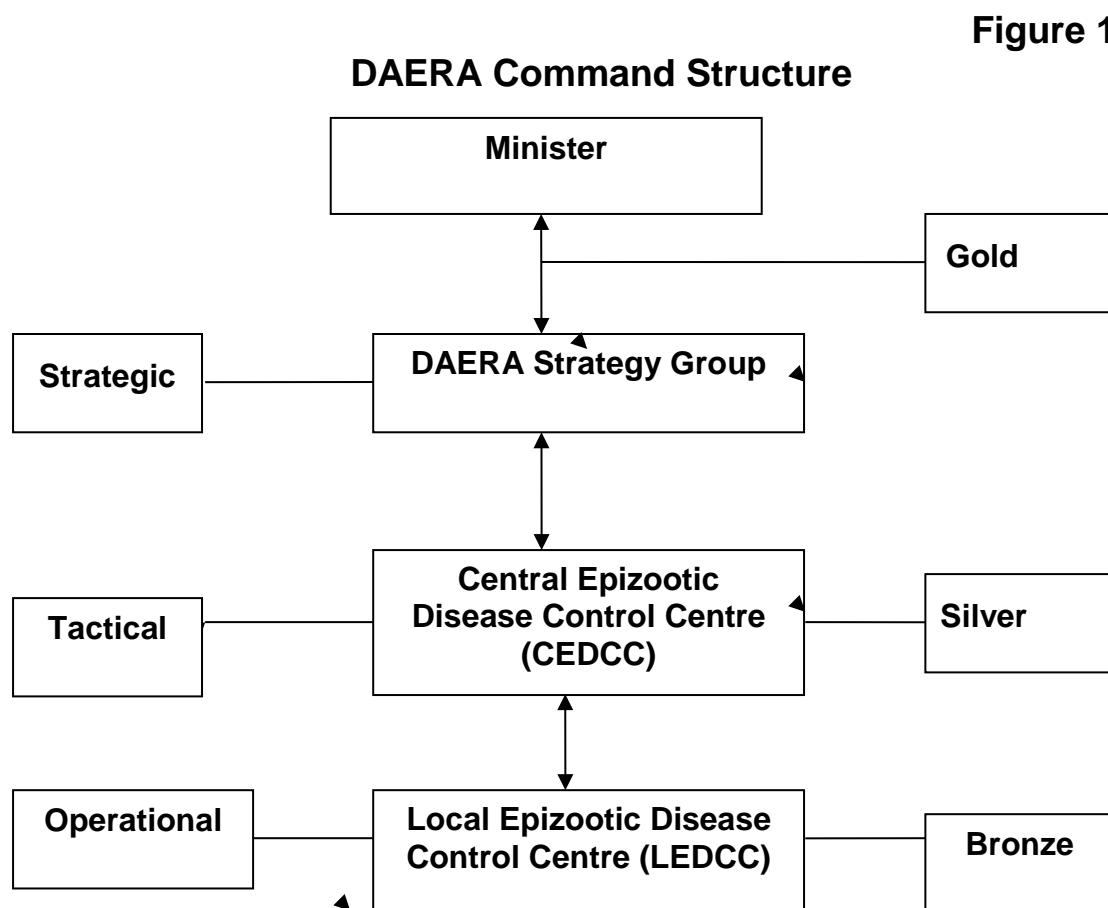
2.18 It is the responsibility of CVO UK to notify, by means of the Animal Disease Notification System (ADNS), the Commission and the other Member States. To assist the CVO in London in compiling the written report, the DAERA CVO will send an e-mail to DEFRA CVO, notifying him / her of the disease and providing further epidemiological information as detailed in the relevant directive.

Stakeholders and Operational Partners

- 2.19 ADC&TPB and Food Policy Branch will contact core stakeholders by phone followed by an e-mail to include a copy of a press release confirming the situation. Meetings will be held as soon as practicable to inform core stakeholders. Stakeholder groups will play a pivotal role in keeping their members informed - they will alert DAERA to any particular issues and will be given a reciprocal role to play in offering feedback.
- 2.20 The CPED Unit has a number of agreements / contracts in place with a range of operational partners to increase the resources available to DAERA during an emergency and so facilitate an effective response.

3. STRUCTURES

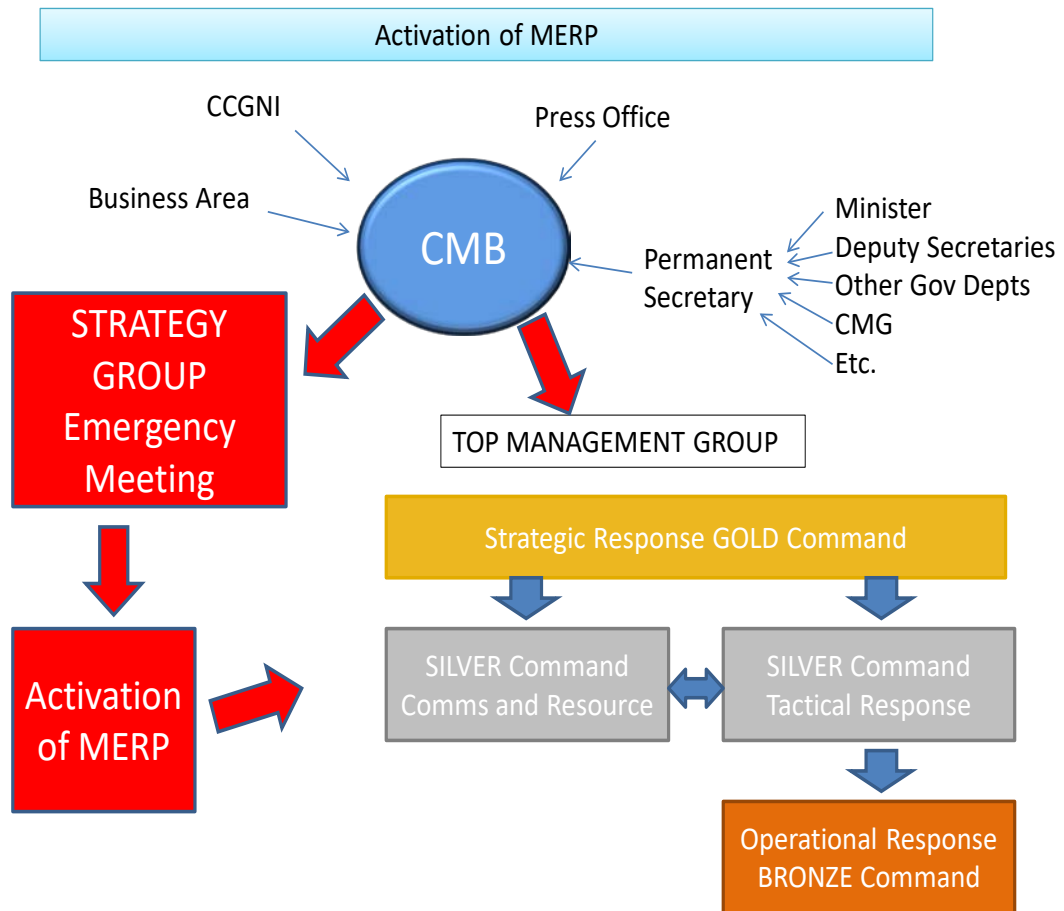
- 3.1 In response to an epizootic disease outbreak a chain of command (see Figure 1 below) will be established and certain structures will be put in place to co-ordinate and support the response. Upon confirmation of disease the response will be managed at three command levels.



Strategic (Gold) Command

- 3.2 At strategic level DAERA's Top Management Group will form a Strategy Group (SG) responsible for the strategic management of disease control. They will ensure that DAERA's response to the incident complies with domestic and international legal obligations. They also provide direction to the tactical level response.
- 3.3 The SG is normally chaired by the DAERA Permanent Secretary. However, on escalation of the emergency, the chair may be filled by the DAERA Minister if he / she wishes. The CVO is a member of this group.
- 3.4 Its activation, set up and functions are described in detail in DAERA's MERP and include:
- Providing strategic direction

- Ratifying developing policies (within which the tactical staff in silver command will work)
- Provision of resources
- Prioritisation of departmental demands
- Considering consequences
- Planning for recovery.



3.5 Depending on the seriousness of the outbreak, the Northern Ireland Central Crisis Management Arrangements (NICCMA) may be invoked to co-ordinate the response across NI Government Departments.

Tactical (Silver Command)

3.6 The tactical level response is lead by a DCVO acting as the Tactical Response Silver Commander, and is co-ordinated by the CEDCC. The CEDCC ensures that strategic advice is translated into practical instructions for those carrying out the operational response.

Epizootic Disease Policy Group (EDPG)

3.7 This is a small group comprising the Director of Animal Health and Welfare Policy, the DCVO (Epizootic Disease), the Head of ADC&TPB, the AFBI Director of Veterinary Sciences Division and DVO Epidemiology. Others, such as the Department’s Scientific Adviser and the Director of Food and Farm Policy Division may be co-opted where appropriate.

The purpose of this group is to provide a clear path between the CEDCC and the SG for policy issues. The EDPG will:

- maintain close contact with and receive issues for policy decision from the CEDCC.
- maintain close contact with the Strategy Group, specifically to communicate or, if necessary, clear any policy decisions.
- be the main channel of communication with DEFRA, Scottish Government and Welsh Government on policy issues

Central Epizootic Disease Control Centre (CEDCC)

3.8 The CEDCC is responsible for the tactical management of disease control and eradication. It is based in Ballykelly House.

3.9 CEDCC functions include:

- Provision of advice to counterparts in LEDCC
- Overall general management of disease control
- Determining priorities in resource allocation
- Planning and co-ordinating the tasks allocated to the operational directors in bronze command
- Obtaining resources
- Obtaining emergency regulations / derogations.

3.10 The CEDCC is led by the Silver Commander. The aim of the Silver Commander is to enable the SG to focus on strategic decision making by ensuring cross-cutting tactical or operational issues are resolved in an appropriate forum. The Silver Commander provides direction to the CEDCC Manager when cross-cutting issues arise and is responsible for ensuring that CEDCC translates strategic requirements into valid / appropriate tactics for those carrying out field operations.

3.11 At UK level a National Disease Control Centre (NDCC) brings together operational functions provided by the Animal and Public Health Agency (APHA) and other executive agencies/organisations, with policy input provided from individual administrations. In an outbreak confined to Northern Ireland the CVO UK will activate a NDCC appropriate to the level required to manage the outbreak at a national level; in particular to ensure that notifications to the EU and OIE, provision of disease expert advice as required via the National Reference Laboratories, liaison on trade issues and liaison on policy issues are all adequately addressed.

3.12 Senior DAERA veterinary and policy officials in CEDCC will maintain regular contact with the NDCC via teleconferencing throughout the outbreak response.

3.13 The Animal Disease Policy Group (ADPG) provides the UK-wide forum where disease control policy and strategic recommendations will be presented, reviewed, discussed, challenged and agreed. Collective views reached will be put to respective sets of Ministers for agreement. ADPG also has an important role in ensuring that policies are, as far as possible, consistent across the four administrations. ADPG membership includes

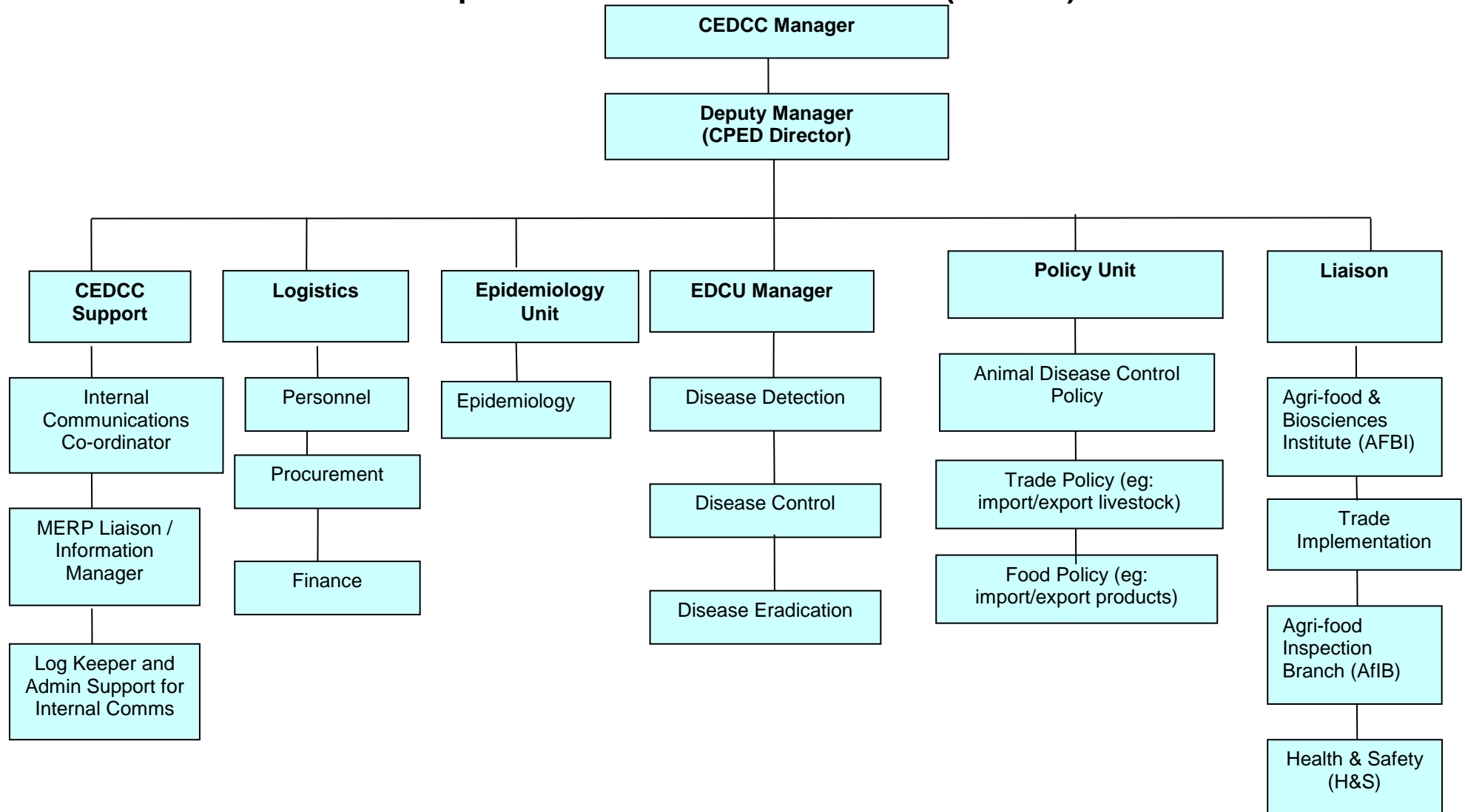
representatives from the four administrations, the Cabinet Office, and public health bodies who provide advice on zoonotic disease.

3.14 Other UK groups that meet and to which DAERA has input are described in the timetable below:

Time	Main participants	Event	Purpose
0800 – 0830	CVOs ¹ , NDCC (OCC, DEFRA, DSG, ECC(W))	Daily Strategic Stocktake	To ensure senior managers involved in the disease control operation are aware of the latest developments and able to plan and take decisions on the overall strategic direction.
0830 – 0900	NDCC (OCC, DEFRA, DSG, ECC(W), DAERA, CEDCC ²)	Birdtable	To provide brief situation reports on all aspects of the operation to those concerned in its management, operational partners, and external stakeholders to encourage a coordinated and cooperative response. To identify key emerging issues and allocate responsibility for resolving them/reporting back.
0900 – 0930	NDCC (OCC, DEFRA, DSG, ECC(W), DAERA ³), 10 Downing St.	Daily Communications Meeting	To identify and agree communications strategy for the day
1000 – 1100	Cabinet Office and Ministers	NSC (THRC)	To provide a forum for Ministerial review of strategies in a wider Government context and for dealing with decisions relating to policy and operational strategy issues that affect other Government Departments.
1200 – 1230	NDCC (OCC, DEFRA, DSG, ECC(W), DAERA CEDCC)	NDCC Birdtable	See 0830 – 0900 birdtable.
1500 – 1600	Cabinet Office and Ministers	NSC (THRC)	See 1000 – 1100 NSC(THRC)
1800	NDCC (OCC, DEFRA, DSG, ECC(W)) and LDCC	Situation Reports due. Submitted to the NDCC Management	To provide brief situation reports on all aspects of the operation.

		Information and Reports Team	
1800 – 1830	NDCC (OCC, DEFRA, DSG, ECC(W), DAERA CEDCC)	NDCC Birdtable	See 0830 – 0900 birdtable.
2100 (approx.)	NDCC Management Information and Reports Team	NDCC Report compiled & circulated	To provide a comprehensive situation report on all aspects of the operation.
Ad-hoc	UK Administrations ⁴ , other experts are selected on the basis of their specialist expertise	National Experts Group	To provide tactical advice and recommendations on the disease and its control to the GB Administrations.
Ad-hoc	UK Administrations ⁵ , Cabinet Office, public health representatives	Animal Disease Policy Group	To provide disease control policy advice and strategy recommendations to Ministers and the NSC. To challenge strategic assumptions and to ensure that policies are consistent across the Administrations.
Ad-hoc	UK Epidemiologists ⁶	National Emergency Epidemiology Group	Current Epidemiology & Scenario Planning; senior DEFRA & APHA officials briefed on epidemiology, future scenarios, options and impact on resources and capability
Ad-hoc		Core Stakeholder Group	
<p><u>DAERA attendees</u> (usually by teleconference)</p> <p>1 CVO +/- Senior Policy officials</p> <p>2 CEDCC Manager, CEDCC EDCU Leader, CEDCC Policy Unit Leader</p> <p>3 DAERA Policy officials</p> <p>4 DAERA appointed specific disease experts by experience</p> <p>5 Senior Policy officials</p> <p>6 VEU SVO, Epizootics DVO</p>			

Central Epizootic Disease Control Centre (CEDCC)



CEDCC Areas of Responsibility

Policy Unit

3.15 The CEDCC Policy Unit is staffed by policy officials from ADC&TPB and is responsible for providing policy advice on animal disease control, internal movements, import / export of farm livestock and animal products. They also liaise with Legislation Branch and the Departmental Solicitors Office (DSO) to ensure that the appropriate legislation is in place. They work closely with colleagues in DEFRA and DAFM and are responsible for the collation of briefing material for Ministers and officials and engagement with stakeholders (core group).

Epizootic Disease Control Unit (Disease Detection, Eradication and Control) (EDCU)

3.16 The EDCU is staffed by Veterinary Technical Advisers. Their role is to provide timely veterinary advice and guidance to policy colleagues, the CEDCC Manager and the LEDCC. Their advice will cover a wide range of issues such as suspected disease reports, epidemiology, valuation, killing, disposal, C&D, biosecurity, enforcement, movements and meat & slaughter plant issues. In conjunction with policy colleagues, they will also assist with resolution of issues. The Unit is led by the CEDCC Manager (VS, SPVO Epizootics) who is responsible for the overall management of veterinary support and for co-ordination of CEDCC operations.

Agri-food Inspection Branch (AfIB)

3.17 The AfIB will provide advice / guidance to the Policy Unit on technical matters relating to milk handling and processing. They will also provide guidance to the NI dairy industry in relation to milk tanker filtration and disinfection and undertake food safety work on behalf of the FSA.

Logistics Unit

3.18 The Logistics Unit's main functions are:

- **Human Resources (VS Business Management Branch)**
This includes provision of VS technical, specialist and administrative resource for CEDCC, LEDCC and field operations. In the event of a disease emergency, as well as sourcing staff externally, BMB may draw staff from several areas of DAERA such as Service Delivery Group (SDG), Forest Service and Rivers Agency. They will also provide advice to staff on, for example, issues associated with travel & subsistence, overtime and any other allowances payable.
- **Procurement**
This team is staffed by the CPED Unit who may also call on the expertise of DAERA Business Support Branch (BSB). It is their responsibility to ensure that robust, value for money contracts are set for goods and services as necessary. They will liaise with other DAERA branches and other agencies in regard to provision of plant and equipment. They will also provide best practice advice and guidance to LEDCC procurement.
- **Finance (VS Business Management Branch)**
Work in liaison with the LEDCC Valuation Unit, DAERA Finance Division, Veterinary Service, the CEDCC Procurement team and

AccountNI to ensure prompt payment of compensation and any other associated miscellaneous expenditure (eg: equipment). They will also ensure that appropriate records are kept for budget monitoring purposes and to facilitate applications to the EC for funding.

CEDCC Support Team

- 3.19 This support team is responsible for ensuring that information is targeted and available to all those who need it. Its functions include:
- Collating information from LEDCC and others as appropriate for production of Sitreps by the MERP Communications Room.
 - Managing the daily schedule of CEDCC meetings (battle rhythm) and providing secretariat as required.
 - Ensuring the Key Events / Decisions log is kept up-to-date, including any changes in policy, procedures or legislation, and is circulated regularly to CEDCC / LEDCC staff.
 - Provide admin and logistical support to the CEDCC.

Liaison desks

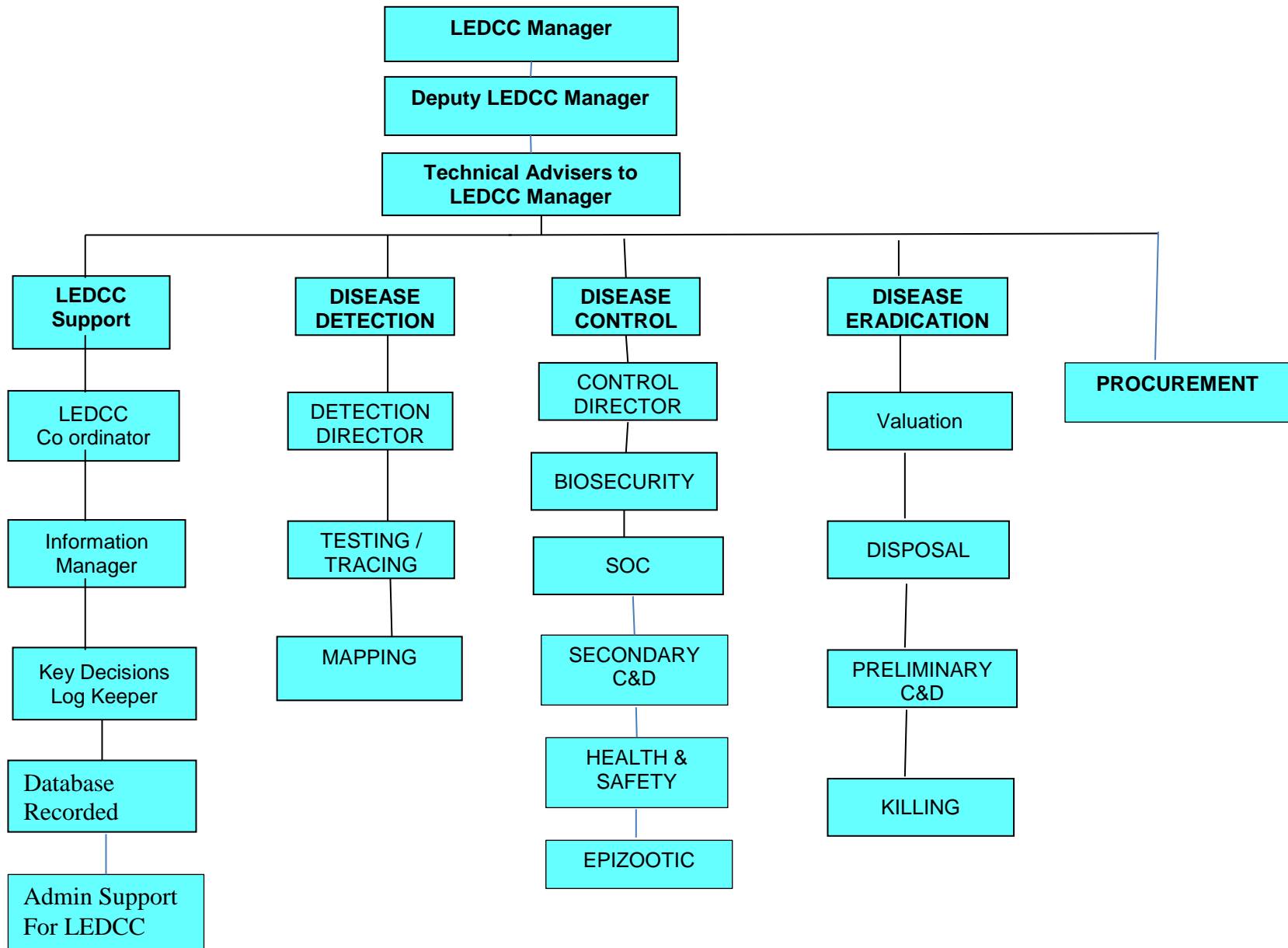
A number of other teams and organisations may be represented in the CEDCC as appropriate eg: VS Trade Implementation, AFBI, AfIB, H&S, DHSSPS, NIEA, PSNI.

Operational (Bronze Command)

Local Epizootic Disease Control Centre (LEDCC)

- 3.20 The LEDCC is responsible for the operational delivery of the response. The LEDCC will implement tactical level advice in line with guidance set out in contingency plans and operational instructions. They will also report back to the CEDCC on the progress of the disease control operation.
- 3.21 Its functions include:
- Deployment of resources (expertise, personnel and equipment)
 - Identifying tasks
 - Undertaking field tasks and operations
 - Information gathering and reporting
 - Working with operational partners
 - Communicating with affected stakeholders.
- 3.22 The diagram below shows the LEDCC management structure. Its structure corresponds with that of CEDCC EDCU with units responsible for disease detection, eradication and control.

Local Epizootic Disease Control Centre (LEDCC) Bronze Command (Operational)



LEDCC Areas of Responsibility

LEDCC Management Unit

- 3.23 Lead the activity of the LEDCC, to ensure that prompt and sufficient operational measures are taken to detect and control spread of epizootic disease without compromising health and safety of staff or the public and with due consideration of animal welfare and to the environment. Also to ensure that communications are maintained with the CEDCC and with outside bodies in line with the contingency plan.

Disease Detection - Tracing Team

- 3.24 The aim of the tracing team is to accurately trace the movement of livestock, people and vehicles etc onto and off infected premises; to assist in identification of the source of the disease; and to limit disease spread, by ensuring that tracings are identified and prioritised.

Disease Detection - Mapping Team

- 3.25 This team seeks to identify animal keepers, holdings and livestock / poultry located within clearly defined protection, surveillance, and / or vaccination zones to aid the detection of disease. The team combines the use of data sources, local knowledge, mapping software and foot patrols to build a data bank of information.

Disease Detection - Testing Team

- 3.26 The Testing Team co-ordinates clinical investigations, sampling and dispatch activities on holdings throughout NI. It ensures tasks are prioritised, allocated and completed in a timely manner.

Disease Eradication - Valuation Team

- 3.27 The Valuation Team ensure that fair and accurate valuations of livestock, animal by-products and inanimate material which is being killed or destroyed for disease control purposes is carried out in line with current legislative and policy requirements.

Disease Eradication - Killing Team

- 3.28 The Killing Team manages and co-ordinates the killing teams in the field and ensures that animal killing is undertaken in a manner which protects both the welfare of animals and the health of staff. The team will collate numbers of animals killed for inclusion in the LEDCC Sitrep.

Disease Eradication - Disposal Team

- 3.29 The Disposal Team carries out disposal of carcasses, animal products, materials and wastes arising as a result of an outbreak of epizootic disease. Their primary objective is to prevent the spread of the epizootic disease virus. The team also aims to ensure that carcasses and associated wastes are disposed of in a way that is not harmful to the environment or to human health.

Disease Eradication - Cleansing and Disinfection Team (C&D)

- 3.30 The C&D team co-ordinates appropriate C&D activities on all premises where animals have been killed for disease control purposes.

Disease Control – Biosecurity Team

3.31 The Biosecurity Team acts to prevent disease spread through the movement of virus contaminated people, animals, vehicles or other materials by ensuring movement restrictions are adhered to and correct cleansing and disinfection has been completed.

Disease Control – Site Operations Co-ordinator (SOC) Unit

3.32 The LEDCC SOC Unit is responsible for the management of the SOC in the field. The field SOC controls and records the movement of people, vehicles, materials and equipment on, off and within the infected premises. The Site Control Vehicle (SCV), stationed at the entrance to the premises, serves as the Command and Control point for the site. The SOC also completes a full H&S risk assessment of the site.

Disease Control – Health and Safety (H&S) Team

3.33 The H&S team provides H&S advice and guidance on all aspects of the disease control process.

Support Services – Communications Liaison Officer

3.34 The Comms Liaison Officer will ensure that communication and information from and to CEDCC and within LEDCC is carried out in a systematic, controlled and timely manner.

Support Services – Administration Unit

3.35 The Administration Unit provide a central administrative service for LEDCC, including procurement and record keeping using TRIM.

4. ROLES & RESPONSIBILITIES

4.1 This section outlines the roles and responsibilities of individual officials within DAERA in responding to an outbreak of epizootic disease.

Strategic Level Roles

4.2 With the exception of the role of the CVO, strategic roles are described in the MERP. Strategic decision making seeks to ensure that the response complies with domestic and international legal obligations and that all those concerned across government and beyond are appropriately engaged.

Chief Veterinary Officer (CVO)

Suspicion Phase (Amber / Red Alert)

4.3 At suspicion phase the CVO will

- Carry out the external notifications listed at section 2.12 of this plan.
- Chair (where the disease is in NI only) or take part (if the disease is in GB) in the UK CVOs Case Conference and Amber Teleconference.

Confirmation Phase

- 4.4 The CVO, on receipt of positive test results from a UK National Reference Laboratory, will officially confirm the presence of disease in NI. Where the disease occurs in other UK administrations, disease will be confirmed by the CVO of the affected administration, in consultation with the CVO UK.
- 4.5 Upon confirmation of disease the CVO will:
- Notify the Permanent Secretary and brief the SG and Minister.
 - Recommend activation of the MERP
 - Confirm disease with UK, ROI and devolved administration CVO's
 - Activate the CEDCC and LEDCC
 - Decide, in consultation with policy colleagues, on declaration of appropriate protection and surveillance zones, the disease control strategies and policies for implementation
 - Notify the CMO for NI (in the case of an outbreak of AI)
 - Brief the media as required on the current animal disease control situation and act as DAERA's main technical spokesperson.

Mobilisation & Ongoing Management of Disease Control

- 4.6 Throughout the disease control operation the CVO will attend the SG meeting and present the CVO report, which will include current:
- veterinary risk assessment
 - disease control information
 - policy position
 - policy issues
 - Issues referred by the Silver Commander
 - Provide feedback from the SG to the Silver Commander
 - Attend CMG / CCGNI as required
 - Represent DAERA at press conferences
 - Attend Stakeholder meetings as required.

Tactical Level Roles

DCVO Epizootics or DCVO Enzootics – Silver Commander

- 4.7 Throughout the disease control operation the Silver Commander will:
- Draft the CVO report for the SG
 - In conjunction with senior policy and other colleagues consider cross-cutting issues presented from CEDCC and others
 - Seek advice from or provide advice to operational partners
 - Be responsible for deciding which issues (strategic, high impact, sensitive) are referred to the SG for further consideration.

Grade 6 Epizootics - CEDCC Manager

Suspicion Phase (Amber / Red Alert)

- 4.8 At green or amber alert stage the Grade 6 Epizootics will convene a meeting of the ECG and will:
- Brief the CVO on the ongoing investigation including the likely outcomes and possible actions that need to be considered

- Implement any decision made by the CVO prior to receipt of laboratory confirmation of disease
- Communicate with the field staff, AFBI, HQ staff, press office, industry stakeholders, operational partners, DEFRA and DAFM as required.

Confirmation Phase

- 4.9 Upon confirmation of disease the Grade 6 Epizootics is responsible for the activation of CEDCC. He will:
- Brief the LEDCC manager
 - Arrange for all CEDCC staff to be mobilised
 - Brief CEDCC staff.

Mobilisation & Ongoing Management of Disease Control

- 4.10 Throughout the disease control operation the CEDCC Manager will:
- Ensure consistency of understanding and implementation of DAERA and EU policy on the control of an epizootic disease
 - Provide veterinary advice / risk assessments to the Silver Commander
 - In collaboration with ADC&TP colleagues, agree measures to be applied in NI, including those on infected premises and within protection or surveillance zones
 - Provide veterinary and technical advice to the LEDCC based on policies agreed with ADC&TP colleagues
 - Chair regular CEDCC Birdtable meetings.

Grade 7 (Head of Branch) Animal Disease Control and Trade Policy Branch (ADC&TPB)

- 4.11 The Head of ADC&TPB (or the Disease Control and Trade deputy principals) is responsible for:
- Providing Policy advice to Veterinary colleagues on a range of issues.
 - Ensuring consistency of understanding and implementation of policies and communicating these policies to DAERA staff, and Stakeholders
 - Arranging for update of Animal Health Website FAQ
 - Arranging for Draft lines to take for PQs / AQs to be prepared
 - Briefing the Minister.

Suspicion Phase (Amber/Red Alert)

- 4.12 At suspicion phase the Head of ADC&TPB will:
- Take part in the Amber teleconference

In addition at red alert this action may be required:

- Prepare briefing for the Minister
- Prepare press release for public announcements
- Convene a meeting of the relevant stakeholders.

Confirmation Phase

- 4.13 Upon confirmation of disease the Head of ADC&TPB will:
- Prepare briefing for the Minister

- Prepare press release for public announcements
- Convene a meeting of the relevant stakeholders.

Mobilisation & Ongoing Management of Disease Control

- 4.14 Throughout the disease control operation the Head of ADC&TPB will:
- Provide Policy advice on various issues as they arise
 - Produce submissions to Minister to ensure he / she is kept informed of current situation
 - Arrange for the forms / licences to be drafted as required and in line with legislation.

Grade 1 (Head of Branch) Agri-food Inspection Branch (AfIB)

- 4.15 The Head of AfIB will:
- Provide advice / guidance to policy colleagues on technical matters relating to milk handling and processing
 - Assist with the interpretation and implementation of the EU Directive for the heat treatment and processing of milk
 - Provide guidance to the NI dairy industry in relation to the EU Directive.

Field SPVO - LEDCC Manager

- 4.16 Upon confirmation of disease the LEDCC Manager will be briefed by the G6 Epizootics.
- 4.17 Throughout the disease control operation the LEDCC Manager will:
- Ensure that clear and achievable goals and task objectives are set for LEDCC staff, DOC staff and field staff and ensure that prioritisation is carried out tactically so that key control measures are delivered in the best possible sequence
 - Facilitate problem resolution within the LEDCC
 - Chair regular LEDCC Birdtable meetings.
 - Ensure that LEDCC, DOC staff and field staff are sufficiently resourced, equipped, trained and briefed to carry out their duties effectively on an ongoing basis.

LEDCC Disease Directors

- 4.18 The LEDCC directors have no specific role during an initial investigation or amber / red alert phase, although they will be kept up-to-date of the emerging situation by SCORS reports.
- 4.19 Throughout the disease eradication operation each director will be required to:
- Ensure sufficient resources are in place to deliver tasks
 - Attend LEDCC Birdtable meetings and provide updates
 - Ensure staff are familiar with relevant contingency plans and operational instructions
 - Provide key data on their current operational situation to the LEDCC Comms Liaison for compilation of the daily Sitrep.

5. WORKING WITH OTHERS

- 5.1 The management, control and eradication of epizootic disease will inevitably require a co-ordinated response between a number of agencies. Depending on the nature of the disease and the size and scale of the outbreak the following agencies and groups will be involved in assisting DAERA in their response.

Operational Partners

- 5.2 These are organisations that play a key role in assisting DAERA in managing certain critical aspects of the disease control operation.

Northern Ireland Environment Agency (NIEA)

- 5.3 During animal disease outbreaks NIEA will work with, and support partners including DAERA, District Councils and landowners to minimise the environmental impact of any outbreak. NIEA will:
- Provide expert advice to the government, in particular on waste
 - Advise on management options – the advice will focus on the disposal sites NIEA regulates
 - Determine applications and registrations for waste disposal and recovery activities (including carcasses, manures and wash waters) where required and as appropriate
 - Advise on pollution prevention issues such as the siting and operation of cleansing and disinfection facilities
 - Monitor the impact of the outbreak on the environment.
- 5.4 During outbreaks NIEA will, where appropriate, provide representation at the ECG or the CEDCC.
- 5.5 NIEA's role does not include a significant involvement in air quality issues or health impacts on the wider population. Such matters are currently dealt with by District Councils and Health and Social Services Boards.

Department of Health

- 5.6 The DHSSPS role is to provide strategic advice and leadership on the human health implications of an animal disease outbreak.
- 5.7 The DHSSPS will work closely with Health and Social Care (HSC) organisations, in particular the PHA who will provide expert public health advice at an operational level, including advice on preventative medicine and treatment where necessary.
- 5.8 Specifically, the DHSSPS will:
- Co-ordinate communications for the human health aspects of the incident, and contribute to the animal health communications in relation to press releases and joint press conferences
 - Attend DAERA SG meetings and CEDCC Birdtable meetings as necessary, or nominate appropriate health representatives
 - Advise on minimising the impact of disease control measures on the health of the public.

Health and Social Care Board (HSCB)

- 5.9 The HSCB's role is to provide clear advice on the human health implications of an animal disease outbreak to members of the public.
- 5.10 HSCB will, where appropriate, provide representation at the ECG or the CEDCC.
- 5.11 During an outbreak the HSCB, working closely with the DHSSPS would provide guidance and advice on preventative medicine and treatment where necessary to hospitals and Primary Care services.
- 5.12 Specifically the HSCB will:
- Co-ordinate the provision of protective measures to minimise the risk of disease in members of the public
 - Advise on minimising the impact of disease control measures on peoples' health.
 - Manage and co-ordinate follow up health surveillance for members of the public.

Occupational Health Service (OHS)

- 5.13 The OHS are responsible for co-ordinating the provision of protective measures to minimise any disease risk to DAERA staff affected by the incident. Specifically, in the event of an outbreak of AI the OHS will:
- Arrange follow-up surveillance of staff and liaise with the HSCB in relation to members of the public
 - Provide advice on minimising the impact of disease control measures on the health of DAERA staff
 - Arrange for screening and vaccination of DAERA staff.

Food Standards Agency (FSA)

- 5.14 The FSA is responsible for providing policy and advice to the public concerning potential implications for food arising from an outbreak of epizootic disease. The agency will produce guidance on food safety based upon scientific evidence and is responsible for assessing the level of risk to the consumer.
- 5.15 During outbreaks the FSA will, where appropriate, provide advice and representation at tactical or strategic command levels.

Police Service of Northern Ireland (PSNI)

- 5.16 The PSNI will fulfil a number of specific roles in an animal disease outbreak. In addition to their wider role in maintaining order and protecting the public, the PSNI will provide assistance to DAERA in:
- Enforcement of zones and movement controls
 - On-scene incident management
 - Legal entry to premises
 - Enforcement of personal disinfection procedures at meat plants
 - Managing disturbances at disposal sites and preventing Breaches of the Peace
 - Preventing public access to suspect or infected premises and closed rights of way or land

- Stopping and checking for movement licences, vehicles transporting animals (including poultry) and animal products
- Safe traffic management.

5.17 A member of the PSNI may be asked to participate in DAERA SG meetings or CEDCC birdtable meetings.

Local Authorities (Councils)

5.18 The type of emergency assistance provided by Local Councils is likely to be in the form of personnel along with access to the use of certain items of plant and equipment with operatives / drivers where necessary.

SCORS FORM 1

REF NO

OFFICIAL – SENSITIVE
EPIZOOTIC DISEASE INVESTIGATIONBLUE
GREEN
AMBER
RED
CLOSED**CURRENT ALERT STATUS as at _____ (date) _____ hrs ***The possibility of **(disease name here)** is being investigated.Blue – disease very unlikely
Green – disease unlikely
Amber – disease possible
Red – disease probableName and address of
Person reporting incidentLocation of animals
(if different)Farm / Holding / PVP Premises
Address Line 1
Address Line 2
Town
Post CodeFarm / Holding / PVP Premises
Address Line 1
Address Line 2
Town
Post CodeOrigin of Report: Herd / Flock number: _____
No of stock on premises: _____

DVO Office: _____

Comments:

EPIZOOTIC DISEASE DUTY CO-ORDINATOR contacted at _____ (Date/ Time)

Initial Report:

Provide a description of the animal(s) suspected of being infected and identify which disease is suspected. Identify who reported incident.

Brief description of the symptoms portrayed by the animal and its history if relevant (recently imported / which country / when / importation documents in order).

Outline course of action – Clinical Signs / What samples taken, where taken, sent to where?
Restrictions – what restrictions, for how long, when to be lifted?Update 1 at time
Update 2 at time
Update 3 at time....**MOST RECENT UPDATE IN RED**

Signed: _____

Date/time: _____ *

Position: Epizootic Disease Duty Co-ordinator

SCORS TEAM: Scors@daera-ni.gsi.gov.uk

* Date / Time should match

Strategy Group (SG) - Draft Agenda (On the Occasion of Confirmed FMD in NI)

Reports

1. CVO Report (including Veterinary Risk Assessment produced by Epidemiologists)
2. Situation Report (any additional SITREPS from ECG or CEDCC if in place)
3. Review action points from previous SG meeting and prioritisation issues arising (at Suspect FMD)

Command Centres

4. Authorise activation of CEDCC and LEDCC (if not activated at Suspect FMD)
5. Agree key appointments (if not activated at Suspect FMD)

Legal

6. Declare NI as a restricted area

Trade

7. Confirm ban imposed (on suspicion of an outbreak) on livestock exports to GB and the ROI will continue
8. Confirm livestock imports (if not already prohibited) will be prohibited
9. Confirm unprocessed meat exports will be prohibited
10. Confirm processed meat products and pasteurised milk can be exported if processed using internationally recognised methods to inactivate the virus.

Livestock Movement Control

11. Ratify NI-wide movement ban of susceptible species to be implemented immediately
12. Ratify closure of abattoirs for at least 48 hours (by when province-wide situation can be considered but abattoirs will only re-open after full risk analysis and subject to restrictions and licensing)
13. Ratify closure of Marts
14. Ratify closure of Assembly Centres
15. Ratify suspension of Agricultural Shows

Suspension of DAERA Programmes and Business Continuity

16. Ratify the suspension of the DAERA TB and Br testing programmes
17. Ratify the suspension of DAERA Grants & Subsidy inspections
18. Ratify the suspension of DAERA's routine services where appropriate
19. Ratify the suspension of DAERA's TSE testing programmes and / or livestock disposal schemes

Infected Premises

20. Agree on CEDCC recommendation for disposal method (in line with hierarchy)

Declaration of Zones

21. Consider any strategic issues relating to the CEDCC suggested area around the outbreak to be declared a PZ, SZ and RZ. Agree and confirm boundary for press release
22. Consider any strategic issues relating to the CEDCC suggested areas (within the boundaries of the infected area) for a protection zone based on a minimum radius of 3km and a surveillance zone based on a minimum radius of 10km centred on the outbreak of FMD

Emergency Vaccination

23. Examine the possibility of employing vaccination
24. Authorise all preparations necessary for emergency vaccination in an area of at least the size of the surveillance zone. Authorise declaration of extent of vaccination zones

Preventative Eradication

25. Consider DAERA pre-emptive culling strategy
26. Consider additional culling within the protection zones or surveillance zones

Public Movement Restrictions

27. Ratify closure of farm footpaths within the 3km Protection Zone
28. Ratify closure of roads running along the infected premises
29. Agree Access to the countryside and closure of amenities will be considered by the Rural Stakeholders Group

Biosecurity

30. Confirm that cleansing and disinfection points will be established on roads intersecting the protection zone boundaries.
31. Agree responsibility for strategic level communication with the PSNI, UFU etc. Chair should nominate individual SG member for latter communications.

Operational Partners

32. Ratify recommendation to invoke MOU with Rivers Agency and Forest Service.
33. Consider invoking Contract with Rural Support
34. Consider approach to NIO / MOD for Military Support (if situation has escalated beyond DAERA capacity to respond)
35. Consider invoking MOU with other Government Departments for assistance

Press Release and Press Conference

- 36.** Agree press statement (including declaration of zones) and timing (scheduled 1500 hrs); personnel; line to take for press conference

Establishment of Input and Co-ordination Groups

- 37.** Consider requesting the CCCPB to establish an Interdepartmental Co-ordination Group:
 - a. CMG and / or
 - b. CCG(NI)

This request will be conveyed by the DAERA Director of Corporate Services who as the department's representative on CCG(NI) contacts CCPB

- 38.** Consider establishing the Rural Stakeholders Forum or subgroups thereof.
- 39.** Ask the DAERA Scientific Advisor to convene the NI Scientific Advisory Forum.
- 40.** Consider whether it is necessary to ask DEFRA or DAFM to establish the UK FMD Expert Group or ROI Scientific Advisory Group respectively, in addition to the NI Group.

Strategy Group (SG) - Draft Agenda (On the Occasion of Confirmed HPAI in NI)

(Note: this agenda may also serve as guidance in the event of confirmation of HPAI in ROI counties bordering NI where restriction zone covers NI)

Reports

1. CVO Report (including Veterinary Risk Assessment produced by Epidemiologists)
2. Situation Report (any additional Sitreps from ECG or CEDCC if in place)
3. Review action points from previous SG meeting and prioritise issues arising (at Suspect AI)

Command Centres

4. Authorise activation of the CEDCC and LEDCC (if not activated at Suspect AI)
5. Agree key appointments (if not activated at Suspect AI)
6. Ratify proposal to kill of other susceptible species on the Infected Premises (where relevant)

Legal

7. Declare relevant zones within NI

Trade

8. Confirm ban imposed (on suspicion of an outbreak) on exports of birds, other poultry and poultry products from each of the restricted zones (the position will be reviewed as the disease situation is further clarified in due course)
9. Confirm that uncooked poultry meat from the protection zone cannot be exported to EC or third countries

Internal Movement Control

10. Note the movement ban of poultry and poultry products, other captive birds and mammals within zones to be implemented immediately except under licence (in line with policies in place and VRA). (Impose a standstill and gradual roll-back based on VRA)
11. Ratify the ban on bird gatherings (including pigeon racing) within the zones (or whole of NI if VRA recommends)
12. Ratify the ban on the release of game birds within the zones (not a starting point)
13. Ratify the requirement for all poultry and other captive birds within the zones to be housed (or whole of NI if CVO / VRA recommend this action) (not a starting point)

Suspension of DAERA Programmes and Business Continuity

14. Ratify the suspension of DAERA's routine services where necessary to support disease control effort

Declaration of Zones

15. Consider any strategic issues relating to the declaration of zones. Agree and confirm boundary for press release

Preventative Eradication

16. Consider culling of dangerous contact premises (based on CVO recommendation)

Public Movement Restrictions

17. Ratify closure of roads running alongside the infected premises

Biosecurity

18. Confirm that cleansing and disinfection points will be established on roads intersecting the protection zone boundaries
19. Agree responsibility for strategic level communication with the key stakeholders / partners ie DHSSPS, PSNI, UFU etc. Chair should nominate individual SG members for ongoing communications with key partners

Operational Partners

20. Ratify recommendation to invoke MOU with Rivers Agency and Forest Service.
21. Consider invoking contract with Rural Support
22. Consider invoking MOU with other Government Departments for assistance (eg: Department for Regional Development (Roads Service), Department for the Environment (NIEA) and Local Councils via Local Government Emergency Management Group (LGEMG))

Press Release and Press Conference

23. Agree press statement (including declaration of zones) and timing; personnel to appear in press conference; line to take for press conference

Establishment of Input and Co-ordination Groups

24. Establish NI Scientific Advisory Forum and consider whether it is necessary to request assistance from DEFRA or DAFM (via UK Expert Group or ROI Scientific Advisory Group respectively)
25. Consider requesting the Civil Contingencies Policy Branch (CCPB) to establish an Interdepartmental Co-ordination Group:
 - a. Crisis Management Group (CMG) and / or
 - b. Civil Contingencies Group NI (CCGNI)

This request will be conveyed by the DAERA Director of Corporate Services who as the department's representative on CCG (NI) contacts CCPB

The Use of Vaccination

Vaccination can help move towards the overall goal of eradicating a disease where it is practical to do so and the full benefits outweigh the wider costs. In the short term, vaccination can help to slow, reduce and potentially prevent disease spread.

At the same time, vaccination can carry with it significant costs for industry and Government, while having wider implications for factors such as effective monitoring of disease spread, trade and movements of animals. Vaccination is disease specific and vaccines may not be available for all epizootic diseases. There will be a range of technical issues to consider as well as many wider issues to balance the costs and benefits of deploying vaccine. Any decision therefore to deploy vaccination as a disease control measure requires very careful consideration.

When considering the role of vaccination, there will be many uncertainties about the behaviour and characteristics of the disease, its origin, the length of time it has been present in the country, its prevalence, the geographical spread and the risk of undisclosed infection as a result of secondary spread. In the face of such uncertainties, the decision on whether to vaccinate will need to take account of:

- EU legal requirements governing vaccination
- Veterinary and epidemiological advice
- Availability and efficacy of the vaccine
- The location of any proposed vaccination zone to achieve an effective outcome
- Whether the vaccine can be administered in sufficient time and to sufficient numbers of animals to be effective in controlling spread of the disease
- Whether there are tests to distinguish between vaccinated and infected animals
- Animal welfare
- Stakeholder views
- The effects on tourism and rural businesses and
- Costs and benefits to the economy

FMD Vaccination

DAERA will consider from the outset of an outbreak of FMD whether vaccination as an extra control measure would help to control and eradicate the disease in the circumstances relating to the specific outbreak situation.

FMD Vaccination Delivery Arrangements

As part of the management of a FMD vaccination operation, a set of staff instructions on the CPED intranet site sets out the roles and responsibilities of those involved in implementing an effective vaccination programme.

If the decision to vaccinate is taken, a Vaccination Zone will be set up and a Vaccination Surveillance Zone, of at least 10km from the perimeter of the Vaccination Zone will be designated. The Field Operations Manager will be provided with a complete list of holdings within the Vaccination Zone which identifies those with animals that require vaccination.

Pre-vaccination clinical visits by VOs or veterinary surgeons appointed by DAERA for this purpose, will be undertaken to inspect animals for clinical signs of FMD.

Where clinical signs of FMD are identified, the teams will be withdrawn from the premises and the agreed biosecurity protocols will be followed. Vaccination teams would then enter a 72-hour quarantine period before being redeployed. Where FMD is not found during the pre-vaccination visit, vaccination teams will be deployed to carry out vaccination, record animal identification numbers, collect and return records. Vaccinated animals will be ear-tagged as outlined in The Foot-and-Mouth Disease (Control of Vaccination) Regulations (Northern Ireland) 2006.

Vaccine Supplies

In the event of an outbreak and following detailed analysis of the circulating virus, the Pirbright Institute will advise whether there is a suitable antigen available in the EU FMD vaccine bank to use against the field strain. Access to the EU bank will be through a UK request to the European Commission.

Classical Swine Fever (CSF) Vaccination

DAERA policy is not to use vaccination as a routine control measure. Vaccination is unlikely to be considered as an appropriate control measure in the initial stages, or during a controlled CSF outbreak.

The use of vaccination may be considered during a prolonged epizootic outbreak, where there is a dramatic increase in the number of premises where disease is being confirmed each day, or in areas of very high pig density. Its most likely application is to reduce the risk of infection and spread prior to culling of pigs.

The decision to use a programme of vaccination will be taken by the CVO in consultation with DAERA's Epidemiology SVO and team

Before initiating a CSF vaccination campaign, DAERA must submit a CSF vaccination plan via DEFRA to the European Commission for approval, setting out how the campaign will operate and the controls that will apply.

Vaccination zones will be put in place and some restrictions will apply primarily to control the application of CSF vaccine and the movement of pigs out of the zone and to slaughter. Export restrictions will also apply to vaccinated pigs.

Restrictions will remain in force for at least 6 months after the last pig in the vaccination zone is vaccinated, or earlier if all pigs in the holdings where vaccination has been used have been killed. The detailed controls will be determined according to the circumstances of an outbreak. However, it is expected they will include:

- ban on all pigs leaving the vaccination zone, except where a VO licenses their movement to a designated slaughterhouse
- ban on seropositive pigs from leaving their holding except to slaughter
- ban on collection of semen, ova and embryo from seropositive pigs
- restrictions on the movement of piglets of seropositive sows
- meat from vaccinated pigs must be treated (cooked) prior to sale; and
- control on reintroduction of pigs.

Depopulation (culling)

1. For many diseases (for example Avian Influenza) the control policy is to destroy affected animals rapidly, to halt the production or transmission of the disease causing agent. For livestock disease, this may involve the depopulation (also referred to as culling) of whole herds of animals. For other diseases (for example Equine Infectious Anaemia), only single animals may need to be humanely destroyed.
2. Depopulation operations are controlled by EU Regulation (EC) 1099/2009 (protection of animals at the time of killing) and carried out under the supervision of DAERA. The welfare of animals at the time of killing regulations (Northern Ireland) 2014 (WATOK) enforces the requirements of the European regulation.
3. Depopulation often involves managing competing priorities, such as animal health, public health, environmental impact or animal welfare. While the speed of depopulation and disposal is essential, the health and safety of personnel, keepers and owners is paramount and careful preparations are put in place by DAERA to ensure that health and safety is not compromised. This is particularly important in the case of animal diseases that are communicable to humans (zoonoses). Standard Operating Procedures have been developed to ensure compliance with the rules laid down in EU Regulation (EC) 1099/2009 (protection of animals at the time of killing).
4. It is important that animal welfare is protected and that rules are complied with at all stages in the process of depopulation. However in exceptional circumstances, compliance with those rules may put human health at risk or may significantly slow down the process of eradication of a disease, thereby exposing more animals to sickness, pain and death. On occasion, there may be a need to derogate from the approved culling methods as prescribed in 1099/2009.
5. Depopulation as a disease control measure, where appropriate, is carried out by or under the supervision of a Veterinary Officer.
6. The welfare of the animals to be culled is given careful consideration and is taken into account when selecting the most suitable depopulation method as outlined in annex 1 of 1099/2009. The depopulation method deployed will depend on the type of incident, species, age, number of animals, and any other site specific conditions or resource constraints.
7. The following are the main culling methods that DAERA will consider for cattle, sheep, goats, pigs and horses:
 - Lethal injection;

- Exposure to anoxic gas mixtures in containerised gassing units (piglets only);
 - Free bullet; and
 - Dart gun sedation (followed by one of the above methods)
8. It is considered highly unlikely that there would be a need to seek any derogation to the approved methods outlined in Annex 1 of 1099/2009 for depopulating premises with the above species present.
9. For poultry, the main depopulation culling methods that DAERA will consider are:
- Lethal injection;
 - Neck dislocation (limits apply regarding bird weight and number of birds culled per person);
 - Percussion killing;
 - Exposure to anoxic gas mixtures in containerised gassing units or whole house gassing;
 - Maceration (limited to chicks up to 72 hours old).
10. A derogation may be made on a case by case basis under EU Regulation (EC) 1099/2009 (Protection of Animals at the Time of Killing) seeking alternative means of depopulating poultry premises. An example of when this may occur is when highly pathogenic avian influenza has been confirmed in multiple premises in Northern Ireland and:
- there is a significant threat to public health through animal to human transmission; and
 - all other depopulation methods from the list above have been investigated and ruled out; and
 - where delays in depopulating the premises would lead to further animal welfare issues such as prolonged pain and suffering; and
 - where delays to the depopulation operation would significantly slow down the process of eradication of disease.
11. In this instance, DAERA may exceptionally consider the use of ventilation shutdown or other alternate depopulation methods not listed as approved in Annex 1 of 1099/2009.

Hypotheses concerning the size and location of an outbreak

Species	Size	Location	Method
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Cattle, Sheep, Goats, Pigs, Horses	any	Safe site	Free bullet +/- sedation
	any	Unsafe to use free bullet	Free bullet following move to safe location
	1-6 animals	Unsafe to use free bullet	Lethal injection +/- sedation
Horses	any	Unsafe or aesthetically undesirable to use free bullet	Lethal injection +/- sedation
Piglets	any	any	Lethal injection
	>200	any	Anoxic gassing
Poultry (chicks)	Any (<72 hrs of age)	Hatchery	Maceration
Poultry	<100	any	Lethal injection
	<1000	any	Cervical dislocation, percussion killing
	>1000	any	Containerised gassing
	>4000	Suitable housing	Whole house gassing