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See Distribution

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PRACTICE PLANNING FOR PANDEMIC FLU ATTACK

Reference:

A. Pandemic Influenza - A Toolkit for General Practitioners and their teams - 'The Gloucestershire Response'

During a pandemic flu attack practices will have their efforts directly coordinated by the PCT. The PCT therefore seeks a measure of confidence beforehand that practices:

- Understand what will be required of them,
- Know what may be expected to be available to support them,
- Know what they need to do locally before and during the event to support the overall national effort.

The attached paper has been agreed by the PCT and meets that specification. It is based on Reference A, as modified by subsequent discussions with the PCT. If practices plan according to it they will not be found wanting on the day, and the PCT can have the necessary confidence.

The paper gives you a checklist of things you need to consider, do and regularly revise in order to carry out your part in the plan effectively. How you implement this at practice level will vary with local circumstances, and is something you should be considering as part of normal business continuity planning.

General Medical Practices in Gloucestershire have been asked to consider their own Contingency Plans, in order to maximise their preparedness for a pandemic flu attack, in particular:

- Identifying staff resources and pressures
- Accommodating increased demand for services from patients with influenza-like illnesses
- Administering anti-viral medication (and if and when it becomes available – vaccination)
- Business continuity planning, including mechanisms for maintaining essential services and safely suspending others.

Under the County plan GP practices are being asked to take responsibility for:

- Identifying patients most at risk (may only be possible once a pandemic has started).
- Identifying a practice escalation policy and threshold triggers.
- Identifying services that can be temporarily suspended or repatriated to other health care professionals
- Identifying which community cluster they will operate in and establish 'mutual aid' arrangements to cover essential services in the event of high staff sickness i.e. acute appointments.
- Participating in surveillance and reporting activities.
- Ensuring optimum care for those affected by influenza, using the entire health care team to support delivery of services.
- Supporting the Out of Hours service where appropriate.
- Maintaining 'pragmatic' infection control principles.
- Communicating arrangements with members of their team.
- Providing support and medical advice.

The timescale for this preparatory work is elastic, subject to the concern that pandemic flu could strike at any time. We would appreciate confirmation that you have considered the issues before Christmas 08.

If you have any questions relating to this subject please direct them to me or to the LMC Office or to the PCT Pandemic Flu Coordinator as appropriate.

Dr Philip Fielding
Acting Chairman

Attachment: General Practice Plan for a Pandemic Flu Attack

Distribution:

Action:

All GP Practices in Gloucestershire

Information:

Gloucestershire PCT – Mr Julian Williams
All LMC Members

GENERAL PRACTICE PLAN FOR A PANDEMIC FLU ATTACK

INTRODUCTION

Pandemic flu is seen by HM Government as the greatest single threat to the UK, in that it is inevitable, unpredictable and potentially catastrophic in its effect on our people, economy and society. We would be failing in our duty of care to our patients, the NHS and our staff if we did not do a good job of preparing for the worst, while naturally hoping for the best.

INTENT

It is inevitable that the crisis, when it comes, will not reflect the plan exactly. Whatever steps are taken, either during planning or in the emergency that follows, should be directed towards these aims:

- Keep the plan balanced and flexible so as to cope with the unexpected.
- Minimise the spread of the new virus.
- Limit morbidity and mortality due to infection with the pandemic strain.
- Provide treatment and care for large numbers of people ill from influenza and its complications.
- Cope if large numbers of people die.
- Reduce the impact on health and social services, including any consequences for other patients as a result of re-prioritisation of services or cancellation of routine work.
- Ensure that essential services are maintained.
- Reduce the impact on daily life and business.
- Anticipate and plan for other consequences.

Helpful Sources of Information. The World Health Organisation (WHO) International Phases and the related UK National Alert Levels are explained at Annex A. The UK Alert Level Action Cards are at Annex B. Recommended advice to patients is at Annex C. A diagram showing the Emergency Command and Control Arrangements is at Annex D.

5-STEP RESPONSE

There are 5 things to be done: staff training, business continuity planning, medical planning, communication planning, and lastly testing the plan and adjusting it as necessary.

STEP 1 - STAFF TRAINING

Get a copy of the CMO's Guide to Pandemic Flu Explaining pandemic flu: A guide from the Chief Medical Officer (October 2005 edition)	All Partners to read.
Make a copy of the Frequently Asked Questions available to all staff, and ensure they read it.	All staff to read.
Check they have understood it.	Training session with questions and answers
Raise questions to the county pandemic flu co-ordinator Julian.Williams@glos.nhs.uk if necessary	Practice Flu Pandemic Co-ordinator to be nominated

<p>Get a copy of the Gloucestershire Contingency Plan, which features:</p> <ul style="list-style-type: none"> • Incident Control Centre • Protection of essential services • Antiviral collection points. • Vaccination, in priority • Personal hygiene & social distancing • Infection control by segregation • Phone triage 	<p>(Available from the LMC Office or the PCT) Partners and senior staff to read</p>
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STEP 2 – CONTINGENCY PLANNING AND RISK ASSESSMENT

<p>Identify:</p> <ul style="list-style-type: none"> • Lead Clinician • Lead Administrator 	
<p>Draw up staff contact details:</p> <ul style="list-style-type: none"> • Name & Job Title • Normal Hours Worked and days • Contact details (address and all phone numbers) • Staff dependents who may have to be cared for? • Clinically competent to give Tamiflu and immunise from a Patient Group Directive (Yes/No)? • Able to provide clinical support given the appropriate training (Yes/No)? • Completely non clinical (Yes/No)? 	<p><i>(This information is to be held by the practice for business continuity purposes. The PCT merely requires assurance that the practice holds the information.)</i></p>
<p>Who can take the place of whom in the event of absence? <i>(Plan on 40% depletion of workforce throughout the pandemic period.)</i></p>	
<p>List the services you provide:</p> <ul style="list-style-type: none"> • What? • By Whom? • Which Surgery? • When? • Can it be suspended if flu strikes? <ul style="list-style-type: none"> ○ Yes – immediately. ○ Yes – with consultation. ○ No – must be maintained. 	
<p>What reductions in staffing levels will trigger what reductions in service? (Escalation policy).</p>	<p>National guidance is expected through the PCT on when to suspend DH targets.</p>
<p>What could be done to maintain core services?</p> <ul style="list-style-type: none"> • Volunteers? • Retired/ex-members of staff?¹ • Occupational health support for staff? 	<p>Prepare a list of on-call volunteers to work in non-clinical roles? (e.g. washing the premises, handling queues, providing security for staff, delivering antivirals to</p>

¹ Clearance at national level will be required to get those no longer on the medical list for the county back on in a hurry. The implications of this are currently being considered nationally.

<ul style="list-style-type: none"> • Protect staff from infection <ul style="list-style-type: none"> ○ Get adequate PPE stored and resupply arranged. ○ Minimise staff contact, with each other as well as with patients. ○ Minimise movement of non-essential personnel. 	<p>patients at home. etc)</p> <p>The hope is that practices will agree to keep at their own expense a supply of PPE (particularly gloves and masks) sufficient to last until central stocks can be rolled out – estimated 2 weeks.</p> <p>Consider collaborative working with other practices.</p>
<p>Who is mainly responsible for maintaining each core service?</p>	<p><i>(It may be that this is an unanswerable question, but it would be useful knowledge to record if it is known.)</i></p>
<p>Casualty replacement plan; consider a sickness and absence register.</p>	<p>Locum cover if GP(s) unable to work? What if Practice Manager succumbs – is there a written procedure a stand-in could pick up and run with?</p>
<p>Staff rostering required – consider having ‘clean’ and ‘dirty’ staff on any one day</p>	<p><i>(It is recognised that to provide separate flu and non-flu areas and staff is a counsel of perfection, but it is something to aspire to.)</i></p>
<p>Consider the need for a procedure for helping staff through bereavement from loss of a colleague or an immediate relative.</p>	
<p>Be aware of the existence of the UK Alert Level Practice Action Cards (see Annex B). Consider their impact on the practice and how they could be implemented at practice level.</p>	
<p>Breakdown of normal arrangements in society is quite possible. Consider the impact of the loss of any or all of the following services. Is there anything that can be done locally to ease the problem?</p> <ul style="list-style-type: none"> • Fuel for staff movement to and from work and for home visits. • Mains electricity. • Mains gas. • Mains water. • Sewage and drains services. • Clinical waste disposal. • Landline phone service. • Mobile phone networks. • Pagers. • IT support. • Medical supplies. • Banking services 	<p><i>(It is expected that relief services will be organised centrally by Gold Command, but it does not hurt to think of local solutions that can be quickly put in place.)</i></p> <p>A National Emergency Plan for fuel is being developed.</p> <p>Stand-by generators? (and fuel for them?)</p> <p>Calor Gas equivalent?</p> <p>Water bowsers and resupply?</p> <p>Portaloos?</p> <p>Dustbins/ storage?</p> <p>Daily liaison visit to PCT?</p> <p>?</p> <p>?</p> <p>?</p> <p>?</p> <p>How to pay bills and wages without electronic banking or cash?</p> <p><i>(The bottom line is that if there are major outages of utilities it may become impossible to carry on normal clinical work.)</i></p>

How can we get support from or provide support to other practices. How would we communicate?	
The location of the nearest antiviral collection point will be decided by the PCT.	<i>(There will be over 40 across the country, none of them planned to be in surgeries.)</i>
What to do in the face of riots, violence, mass gatherings at the practice, public disorder etc	Need a lock-down procedure and a plan to call for help from the police or elsewhere

STEP 3 – DEVELOP DETAILED INFECTION CONTROL MEASURES AND PLAN ANTIVIRALS DISTRIBUTION

Infection Control

Who is our infection control lead?	
At practice level the national guidance must be reinforced: <ul style="list-style-type: none"> • Frequent hand washing with soap and water. • Use of tissues when coughing or sneezing (droplets can stay virulent when lying around on surfaces) • Minimise travel and attending public events. 	Posters? Equipment? (Tissue boxes, Bins, bags etc) Use of teleconferencing rather than meetings?
Separation of flu from non-flu patients. Ideally: <ul style="list-style-type: none"> • Self-contained. • Reception and waiting areas separate. • Separate entrance/exit door. • Not used as a thoroughfare by other patients, visitors or staff. • Well signed including warnings not to enter if not a flu casualty. 	<i>(Again, an ideal to be aimed for; the best way to minimise the threat is to ensure that most patients do not come to the surgery at all.)</i> Need to minimise transmission to others and deal with a lot of flu sufferers. This is challenging for GP practices.
If not possible to segregate parallel flu and non-flu activities, consider separating them by time so that there are special non-flu and flu clinics each day.	<i>(With the expected caseload this may not be feasible either, but should be considered.)</i>
Decontamination. <ul style="list-style-type: none"> • Make surfaces in public areas easier to wash. • Cleanliness and decontamination will save lives. • Clean instruments between each patient. • Tissues and waste bins readily available for all staff and patients. • Alcohol hand rub should be available at all points of patient care and entrance and exit points of the building. 	Remove toys, soft furnishings and magazines etc from waiting rooms. Paper towels at all sinks. Consulting, treatment and waiting areas should be washed daily and after being used for a flu session. Monitor adherence to these rules. Consider hand-carried alcohol rubs for staff doing home visits.
To minimise crowding in surgeries etc patients should be encouraged to phone in to NHS Direct, the OOH service or to the surgery for advice and telephone consultation.	Consider producing a printed check-sheet for the telephone reception staff. Consider setting up a procedure for tracking flu cases amongst patients and

<ul style="list-style-type: none"> Probably not flu? Use self-care. If probably flu and uncomplicated, get a healthy relative or carer to collect antiviral Tamiflu from the local collection point. If probably flu and complicated (high risk group or child under 3) better to do a home visit but if necessary could be asked to attend the surgery etc. 	<p>what is being done for each of them.</p>
<p>Appointments must be prioritised.</p> <ul style="list-style-type: none"> Cancel non-essential clinics and routine baby clinics. Essential childhood immunisations must take place in a non-flu area. If possible keep staff segregated into flu and non-flu treatments. 	<p>Appointments procedures should be reviewed.</p> <p>Logging-on system may be needed to keep track of staff work patterns and locations.</p>
<p>Personal Protective Equipment (PPE). <i>(There will be central supply and delivery of these items once the emergency is up and running, but it would help enormously if surgeries could provide their own to last for the first fortnight.)</i></p>	<p>Gloves, Masks, Aprons. Eye protection? Storage? Shelf life?</p>
<p>Dissemination of information.</p> <ul style="list-style-type: none"> Training in infection control procedures for all staff. Information sheets, pamphlets etc for patients 	<p>Should be carried out regularly, and especially when a pandemic is expected. Need to be ready for distribution as soon as UK Alert Level 1 is announced. It can be sent by e-mail, printed material through the post and by posters in public places. The material needs to be kept ready for printing as time will be short.</p>

Antivirals (Tamiflu).

<p>Antivirals will be delivered under national control to collection points across the county.</p>	<p><i>(The PCT is expected to direct where the antiviral collection points will be.)</i> GPs etc who do home visits will get their stock from their nearest antiviral collection point.</p>
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STEP 4 – COMMUNICATIONS ISSUES

<p><u>Pandemic Flu Log Book.</u> This is a cross between a log of events and directives on the one hand and a suggestions book on the other, to which all staff should be able to contribute. It is the seed for further and continuous improvement in the planning process. It will also be useful for reporting data to the PCT.</p>	<p>Consider how will this be:</p> <ul style="list-style-type: none"> Kept, Reviewed, and Acted on?
<p><u>Data Gathering and Daily Reporting to the PCT Incident Centre.</u> Practices need to be aware of this requirement, but will only be able to plan</p>	<p><i>(The PCT will issue details of the information required once the SHA has defined them.)</i></p>

actively for it when the details are announced.	
<p><u>Communication with the PCT.</u> Need to find out how, and how often, this is to be done.</p> <ul style="list-style-type: none"> • E-mail addresses? • Phone numbers? • Postal service? • Despatch rider? 	<i>(The PCT will provide the communications plan in due course, to include how to re-establish communications should normal systems fail.)</i>
<p><u>Communication with Patients and Carers.</u> If the practice has to close, or merge with another, how will the patients be informed/redirected?</p> <ul style="list-style-type: none"> • Telephone diversion? • Notices? 	<i>(This will require very slick, simple activities but the detail will not be known until it happens. This is one area which would benefit from an exercise before the event.)</i>
<p><u>Communication with Undertakers, Mortuaries, Crematoria and Churches.</u> Consider making a list of useful contact numbers and addresses.</p>	<i>(Every Local Authority has an obligation to prepare a Mass Fatalities Plan. The details of these will be circulated when known.)</i>

STEP 5 – TEST AND ADJUST

Check all staff know and understand their roles and responsibilities in the event of a pandemic flu outbreak.	
Ensure that all infection control measures are in place and understood by all staff.	
Ensure that the mechanisms for distributing Tamiflu antivirals are clear.	
Identify gaps in the plan and amend.	
Confirm to the PCT and LMC that you are satisfied that your practice is ready for the inevitable and for the unexpected.	

SUMMARY

Remember:

'Prior Preparation and Planning Prevents Poor Performance'.

List of Annexes:

- A. WHO International Phases and UK Alert Levels.
- B. UK Alert Level Action Cards.
- C. Advice to Patients.
- D. Emergency Command and Control Arrangements.

WHO INTERNATIONAL PHASES AND UK ALERT LEVELS

WHO International Phases	UK Alert Levels
Inter-pandemic period	
<p>Phase 1 No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low.</p>	<p><i>UK not affected</i></p> <p><i>OR UK has strong travel/trade connections with affected country</i></p>
<p>Phase 2 No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease</p>	
Pandemic Alert Period	
<p>Phase 3 Human infection(s) with a new subtype, but no new human-to-human spread, or at most rare instances of spread to a close contact.</p>	<p><i>UK not affected</i></p> <p><i>OR UK has strong travel/trade connections with affected country</i></p> <p><i>OR UK affected</i></p>
<p>Phase 4 Small cluster(s) with limited human-to-human transmission but spread is highly localised, suggesting that the virus is not well adapted to humans</p>	
<p>Phase 5 Large cluster(s) but human-to-human spread still localised, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).</p>	
Pandemic Period	
<p>Phase 6 Pandemic phase: increased and sustained transmission in the general population. Past experience suggests that a second, and possibly further, waves of illness caused by the new virus are possible 3-9 months after the first wave has subsided depending on seasonality. The second wave may be as, or more, intense than the first.</p>	<p><u>UK Alert Level 1.</u> Virus/cases only outside the UK</p> <p><u>UK Alert Level 2.</u> Virus isolated in the UK</p> <p><u>UK Alert Level 3.</u> Outbreak(s) in the UK</p> <p><u>UK Alert Level 4.</u> Widespread activity across the UK</p>
Post-pandemic Period	
<p>Return to inter-pandemic arrangements</p>	

For more information about what the UK Alert Levels involve, see Annex B.

UK ALERT LEVEL ACTION CARDS

ACTION CARD 1

Alert Level 1 - (Active pandemic flu outside the UK)

1. The full command and control system will be implemented, with a (PCT) level Operational Control Room (OCR) set up. From this point the OCR will have the authority to instruct and support you to prioritise your workload and staffing, and where necessary, to support the closure of practices and concentrate staff to best manage the local situation.
2. Daily you must hold a meeting of your practice management team, fax a Situation Report form (yet to be provided by the Department of Health) to the local OCR. Communication with this centre will be a key priority.
3. From this point, the pandemic will build progressively, and your response will need to be varied with the incidence of disease locally.

ACTION CARD 2

Alert Level 2 - (Pandemic Flu is reported in the UK)

1. Your practice should instigate Telephone triage of Flu cases and arrange dispensing of Tami flu through Patient Specific Directives.
2. The Department of Health Flu management protocol should be implemented.
3. You should implement a separated stream of work for Flu, where this is possible.
4. Repeat prescriptions should be prepared and dispensed to patients to cover at least 8 weeks, if not 12 where possible.
5. It will be essential to report on and to establish by virological sampling, the exact nature of disease in suspected flu cases. This epidemiological work is essential in the early stages (further guidance will be available).

ACTION CARDS 3 and 4

Alert Levels 3 & 4 - (Pandemic Flu outbreaks/epidemic is reported in UK)

1. Active case finding and detailed epidemiological virology should continue as much as possible.
2. Daily reporting of your staffing situation and disease incidence to the OCR is essential, with supplementary reports as necessary.
3. Separation of Flu and non Flu workloads should be rigorously implemented, spatially or temporally.
4. As staffing and work pressures develop, practice management teams should prioritise the workloads and cut back the low priority tasks, according to the prepared schedule of priorities. This will progress until only essential tasks and Flu management are being undertaken.
5. Highly vulnerable patients should be contacted regularly by phone when possible.
6. As directed by the OCR, re-deploy staffing to meet wider essential priorities.
7. As directed by the OCR you may close your practice completely, following a locality retrenchment plan. Patients and calls should be redirected as appropriate.
8. As the first wave of the pandemic passes, redeployment and take up of dropped work streams will occur, as guided by the OCR.
9. At this point practices should consider restocking on essential consumables etc; bearing in mind there may well be a second phase of the pandemic.

ADVICE TO PATIENTS

Are there any other countermeasures available?

Other public health and 'social distancing' interventions may help to limit or slow the spread of the disease and reduce its impact, especially at the onset of a flu pandemic. These include measures such as hand washing, limiting non-essential travel and discouraging mass gatherings of people.

How will we know what to do?

There will be regular updates on the television, radio and in the national press, telling people what is happening and what to do. People with mild to moderate symptoms will be advised to stay at home. Helplines will be available for advice.

How can I reduce my risk and protect myself and my family?

- Cover your mouth and nose when coughing or sneezing, using a tissue whenever possible.
- Dispose of dirty tissues promptly and carefully – bag and bin them.
- Avoid non-essential travel and large crowds of people whenever possible.
- Maintain good hygiene – washing hands frequently with soap and water protects against picking the virus up from surfaces and passing it on.
- Clean hard surfaces (e.g. kitchen worktops, door handles) frequently, using a normal cleaning product.
- Stay at home when you are sick – if you have a cough and a fever, it is best to rest at home, take medicines to relieve the symptoms and drink plenty of fluids. This will speed your recovery and help prevent the spread of infection.

Who can I contact if I need medical advice or help?

Phone NHS Direct on 0845 4647 or your GP surgery on <

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Why are experts concerned about a flu pandemic now?

Experts believe we should be ready for a pandemic to emerge at any time. The avian flu (often called 'bird flu') currently affecting poultry in South East Asia and other regions, including Turkey and Romania, has increased their concern.

What is avian flu?

Avian flu is an infection caused by a strain of influenza virus that usually infects wild or domesticated birds (particularly poultry), but occasionally crosses the species barrier and infects people. This is what we have seen recently in the cases in South East Asia.

How does avian flu affect people?

Until recently, it was thought that avian flu only rarely affected people and caused only mild disease such as conjunctivitis. Since 1997, however, more severe illness has occurred in people who have become infected with avian flu strains following close exposure to infected birds. One strain of bird flu – H5N1 – has been associated with a very high death rate when people have been affected.

Why are we concerned about avian flu?

Experts believe a pandemic virus may emerge from an avian influenza virus, for example if it mixes with a human flu virus, creating a new virus which is highly infectious for people. The avian (bird) flu that is affecting poultry flocks in Asia and other regions at the present time has

increased experts' concern. The avian flu virus (H5N1) which is causing these outbreaks has affected some people who have been in close contact with infected birds causing serious illness. Scientists fear that this virus may change with time to make it a more likely threat for people and that it could start another pandemic.

Is there a vaccine for avian flu?

Not at the moment for people. An H5N1 vaccine is being developed against the current H5N1 viruses.

Is there a treatment for avian flu?

Antiviral drugs are likely to be helpful in treating avian flu. To be effective, antiviral drugs have to be taken within 48 hours of the symptoms starting. The government has a stockpile of antiviral drugs for emergency use and is building up this stockpile against the start of a pandemic.

Should I not travel to countries with avian flu?

There are no travel restrictions for persons traveling to South East Asia. However, previously recommended advice should continue to be exercised by those who are traveling to these regions:

- Avoid visiting live animal markets and poultry farms.
- Avoid contact with surfaces contaminated with animal faeces.
- Do not attempt to bring any live poultry products back to the UK.

Further information can be found on the Department of Health and Foreign and Commonwealth Office websites.

I've just come back from a country where there's avian flu, and I feel ill – what should I do?

It is highly unlikely that avian influenza is the cause, and much more likely that human influenza will be responsible because normal influenza circulates in many areas of Southeast Asia from winter to spring. However, if you develop a respiratory illness which you consider is severe enough to warrant treatment and

- You have visited a country affected by highly pathogenic avian influenza, and
- You have had contact with live poultry (chickens, ducks, geese) or pigs or places that house them in the these countries in the seven days prior to onset of illness,

then you should contact your general practitioner by telephone. Your GP will obtain further advice if necessary.

Is it safe to eat poultry or game?

The Food Standards Agency considers that there is no evidence of infection due to eating poultry meat that has been thoroughly cooked. The virus can survive in faecal material from infected birds and can be spread through inhalation and ingestion, but is destroyed by cooking.

EMERGENCY COMMAND AND CONTROL ARRANGEMENTS

The PCT at UK Alert Level 1 will establish an Operations Control Room. GP Practices come under the general heading of 'Other Organisations as required'. Maintaining communications with that Ops Room will be a very high priority task for practices.

GP practices have a guarantee of practice income if they cooperate fully within this structure, but there will need to be a mind-shift in the relationships. Practices will become directly responsible to and under the command of the PCT for the duration of the emergency, and will not be treated as independent contractors during that time. They will have to be prepared to take orders rather than negotiate, and this may be emotionally difficult especially in trying times. The LMC office will try to provide a means of negotiating with the PCT in parallel with this structure so that when the emergency is past it will be possible to resume the current status as soon as possible.

Note that in the event of civil emergency the PCT will be directly subordinated to the Gold Command HQ that would be set up to deal with that emergency.

