Exotic Animal Disease Contingency Framework Plan

Covering exotic notifiable animal diseases of livestock

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Introduction

i. "Exotic" diseases of animals are those not normally found in Great Britain. A "notifiable" animal disease is a disease named in section 88 of the Animal Health Act 1981 or an Order made under that Act. These diseases are notifiable because of their potential for very serious and rapid spread, irrespective of national borders. They can have serious socio-economic or public health consequences[1] and are of major importance in the international trade of animals and animal products. If a notifiable animal disease is suspected or identified, it must by law be immediately reported to Scottish Ministers. In practical terms, this means to the local Animal and Plant Health Agency (APHA) Office.

ii. Given that disease knows no boundaries and that Great Britain is a single epidemiological unit, a co-ordinated disease control approach is required. The United Kingdom Contingency Plan for Exotic Notifiable Diseases of Animals provides an overview of the response to an outbreak of exotic notifiable disease at UK level. The plan highlights how the administrations of all four countries of the UK work together to provide a rapid and effective response, and it contains details on the structures, roles and responsibilities that are activated during an outbreak. The lead role in any animal disease outbreak in Scotland will be taken by the Scottish Government, working in close partnership with stakeholders and operational partners. This contingency plan provides the framework for the Scottish Government's response to both a suspected and confirmed outbreak of an exotic notifiable disease of animals in Scotland or elsewhere in Great Britain.

iii. This updated version of the contingency framework plan has been revised mainly to reflect changes within the various organisations involved in disease control in Scotland. This contingency plan has also been updated to align it with the revision of the "Scottish Regional Resilience Partnerships' Framework for Exotic Notifiable Animal Diseases Contingency Plan", which provides a framework for key operational partners involved in animal disease control response to develop their own response plan. [See para 2.69]

iv. This contingency framework plan has four main chapters:
- Chapter 1, covering the principles of disease control
- Chapter 2, covering the command and control structure and processes at the strategic, tactical and operational levels
- Chapter 3, setting out the roles and responsibilities of individuals that play a part in the control process

[1] Animal diseases that are infectious to people are known as zoonosis

- Chapter 4, outlines other operational partners, agencies, government departments (Scottish and UK level), and international organisations that play an essential role in the management of disease control

v. The contingency framework plan principally applies to infectious and contagious exotic notifiable diseases affecting animals, but can be applied to rabies or vector-borne[2] diseases such as bluetongue virus, equine infectious anaemia (EIA), lumpy skin disease (LSD) or West Nile virus (WNV), although the types of zones and associated controls (such as a requirement to cull infected animals) may be different. For each of the key diseases that pose a threat to Scotland's economic wellbeing, control measures have been laid out in the links below:

Annex 1: Disease Control Strategy for African and Classical Swine Fever in GB
Annex 2: African Horse Sickness Control Strategy for GB
Annex 3: The Notifiable Avian Diseases Control Strategy for GB
Annex 4: GB Bluetongue Virus Disease Control Strategy
Annex 5: Equine Infectious Anaemia Control Strategy Document GB
Annex 6: Foot and Mouth Disease Control Strategy for GB
Annex 7: Rabies Control Strategy for GB
Annex 8: Scottish Government's Swine Vesicular Disease (SVD) Control Strategy

vi. Scottish Ministers have a legal responsibility and authority for the control of notifiable animal disease in Scotland. The framework is consistent with the requirements of UK and Scottish legislation (for more details on specific legislation refer to the individual Annexes 1 – 8 referenced above), and sets out what needs to be done at a strategic level, by whom and why. It has been written for Government, its agencies and operational partners, and also for anyone who may be affected either directly or indirectly by an outbreak of animal disease. Plain English has been used wherever possible, but where technical language is used it has been explained. The framework sets out what is required at a strategic level for disease control and explains the reasoning behind significant actions. For ease of reading, the framework makes use of concept boxes to explain particular ideas. The framework does not cover the detailed contingency plans and instructions of operational partners, but where necessary for context, it provides an overview of their roles and responsibilities.

vii. At the start of a disease outbreak, there will be uncertainty about its eventual scale, extent and duration. In those early stages, depending on the particular disease, it may be necessary to have country-wide stringent controls until the extent of likely spread has been assessed. The mechanisms, structures and processes set out in the framework will be used flexibly in order to meet the strategic control objectives

[2] Vector-borne diseases are diseases that result from an infection transmitted to humans and other animals by blood-feeding anthropods, such as mosquitoes, ticks and fleas

for any particular outbreak, and it may not be necessary to use all of them in every case.

Chapter 1

1. Principles of disease control

Overall disease control strategy

1.1. In the event of an outbreak of exotic animal disease, the Scottish Government will act swiftly and decisively to:

- protect public health
- safeguard the health and safety of those involved directly in controlling the outbreak
- eradicate the disease and regain disease free status
- minimise the economic impact of the outbreak on industry

1.2. The Scottish Government will try to:

- keep to a minimum the number of animals that have to be humanely euthanised
- ensure that if animals do have to be culled, it is carried out humanely
- minimise adverse impacts on animal welfare, the rural and wider economy, the public, rural communities and the environment

1.3. The Scottish Government will achieve its objectives by working with the other UK administrations, national and local operational partners, those directly affected by the outbreak through their representative groups and, where appropriate, international organisations.

Prevention is better than cure

1.4. A notifiable disease outbreak can have long-term impacts for businesses and communities. There are a number of measures that can limit the size of any outbreak if implemented and practised before, during and after the introduction of disease. Some of those measures have been summarised in the biosecurity leaflet attached at Appendix 1. The effectiveness of those measures depends on the animal keeper and those responsible for the marketing and transport of animals (including meat products, eggs, milk and milk products), animal feed, animal waste, equipment, and animal by-products.

1.5. One of the first measures is the routine inspection of stock in compliance with welfare Codes of Practice. Another is good biosecurity by visitors and staff. The Scottish Government has created e-learning packages on biosecurity and disease control that can help you, and others, understand what measures are required.

The importance of vigilance

1.6. The number of livestock premises affected by an outbreak of exotic animal disease depends on a number of factors, but the principal one is the time between the first animal in the country becoming infected and the disease being reported to the control authorities, so that action can be taken to contain the outbreak. Another important factor is the incubation period (see concept note 1).

Concept note 1

Incubation period

The incubation period of a disease is the time between an animal becoming infected and the time it starts to show clinical signs of disease. This period varies and depends on the disease and other factors. Animals may be infectious to other animals during the incubation period, i.e. before they show clinical signs of disease. Animals moved during the incubation period may be one of the mechanisms of undetected spread.

1.7. If disease initially goes undetected for a long time then it may spread extensively before action can be taken. The resulting outbreak can be large and prolonged, as control authorities need to deal with many infected premises (IPs) before the disease can be brought under control. This can mean that the available resources are overwhelmed and need to be boosted before they can deal with the outbreak. Therefore, prompt reporting (see concept note 2) by livestock keepers of suspicious signs of disease in their animals is essential to prevent widespread outbreaks of disease.

Concept note 2

Prompt reporting

The livestock keeper has a crucial role in maintaining vigilance for early signs of disease. Prompt reporting of suspect disease to the local APHA Office, or local vet who will notify APHA, is a legal requirement and will help control authorities identify the source of disease before it has a chance to spread, thus reducing the impact on the wider community.

1.8. Animals infected by an exotic disease may not always show visible signs, which can result in undetected or silent spread. The spread of disease can be limited by livestock keepers practising good biosecurity (see Appendix 1) on their premises and when animals are transported, by obeying the legislation with respect to movement standstill controls (see concept note 3) and by good movement record keeping. If good biosecurity practices are followed routinely when exotic disease is not known to be present in the country, the likelihood of an extensive outbreak of disease can be significantly reduced.

Concept note 3

Movement standstills

Movement standstills operate even when disease is not known to be present in the country. They limit undetected ("silent") spread of disease. The principle is that if animals are moved onto a premises, then an incubation period must pass before any animals are moved off. This gives the opportunity for any disease to be identified, and it limits the potential for further spread. This is known as the 13 day rule (20 day rule for pigs). Details of Animal health: movement restrictions are on gov.scot.

1.9. If the presence of disease is reported promptly to the local APHA Office then there is a greater likelihood of limiting the number of premises affected. Even where undetected spread of disease has occurred, the opportunities for identifying potential routes of spread improve the earlier it is reported.

1.10. At the start of any outbreak, there may be uncertainty about the eventual scale until the likely origin of the disease has been established and an estimate has been made of the length of time disease has been present in the country. The Scottish Government and its operational partners will increase resources if required. However, in the event of a limited outbreak, not all the structures, processes and control tools identified within this plan may be needed.

Maintaining readiness

1.11. Maintaining readiness to deal with an outbreak of disease is an essential aspect of effective disease control. This is not only the case for the control authority and their operational partners, but also applies to industry, including the meat sector, hauliers, dairies, major retailers, exporters, show organisers, market operators and livestock keepers regardless of whether they are a full-time farmer/producer or a backyard keeper. All should have rehearsed and regularly reviewed contingency plans in place to deal with a notifiable disease outbreak. Industry should, for example, know how to deal with the implications of

a movement standstill, including accommodation of increasing numbers of animals when required, particularly on pig and poultry farms. The plans should also cover the consequences of becoming an infected premises (IP), e.g. consideration of where to dispose of any litter slurry or waste water used in the cleansing and disinfection (C&D) process.

1.12. At the request of industry, a template to assist farmers develop site specific contingency plans for the outbreak of a notifiable disease was created. The document is designed to:

- inform operators of the likely consequences of an outbreak of disease on their premises
- encourage operators to improve biosecurity measures
- help businesses prepare for an outbreak on their premises, or the imposition of movement controls
- provide a single source of information to allow the operator and APHA to deal with a disease outbreak and return the unit to productivity in the shortest time possible without compromising animal welfare
- assist operators in putting measures in place to prevent pollution of the environment or harm to animal or human health
- encourage operators to think through potentially polluting actions and establish appropriate mitigation strategies.

1.13. The use of the template is entirely at the discretion of individual operators, and it is designed so that operators can add or remove elements to suit their own needs, although there is a requirement under the Pollution Prevention and Control regulations for operators to consider disease outbreaks in their incident prevention and mitigation plans. If there was a disease outbreak, APHA would require this information as a minimum, so collecting it in advance would save valuable time in the evet of a disease outbreak.

1.14. Livestock keepers have a responsibility to be prepared for a disease outbreak. To help farmers plan the action they would take to maintain biosecurity following the outbreak of a notifiable disease, Scotland's Rural College (SRUC) produced an on-farm biosecurity strategy for a notifiable disease outbreak.

Phases of an animal disease outbreak

1.15. The phases of an animal disease outbreak may be divided into:

- Suspicion
- Investigation
- Preventing potential disease spread
- Confirmation (or negation of disease)
- Preventing disease spread
- Control strategy

- Exit strategy

1.16. These phases and the disease management actions associated with each phase (with the exception of 'Returning to Normal Business') are described below. There will be some variations in practice depending on the particular disease (see the relevant disease Annex).

Suspicion

1.17. It is a legal requirement that any person who suspects that an animal may have a statutory notifiable disease needs to report this to their local APHA Duty Vet. The contact details for APHA are listed at Appendix 2 and are also available on the APHA website.

Investigation

1.18. Upon report of suspicion of a notifiable disease, the Duty Vet will arrange an investigation by an APHA Veterinary Inspector (VI). There is a duty on the keeper of the livestock to facilitate the investigation by:

- gathering the animals;
- providing handling facilities for the VI to examine animals and take samples; and
- providing records and other information that will assist the VI in determining whether or not disease exists.

Preventing potential disease spread

1.19. If the VI cannot rule out the possibility of disease then samples will be taken from one or more of the animals and the VI will submit these to the relevant National Reference Laboratory (NRL) (see paragraph 2.85).

1.20. Restrictions will be imposed on a suspect premises by serving a legal notice on the livestock keeper. This will be done either by an APHA official or the local authority. The notice will prohibit the movement of animals, people, vehicles and things onto and off the premises, except under the terms of a licence. Before the notice is served, the livestock keeper may be instructed verbally not to move anything off the premises.

1.21. The restrictions will be removed if following investigation, the VI does not suspect disease.

Temporary Control Zone

1.22. In the case of certain diseases, Scottish Ministers may impose a Temporary Control Zone (TCZ) around the suspect premises. In the case of foot and mouth disease, Scottish Ministers will impose a TCZ. The location and size of the TCZ will be such as is considered necessary to prevent the spread of disease. Within that zone, Scottish Ministers shall, by declaratory order, declare what movement restrictions are to be put in place. A TCZ may also be declared

under certain circumstances to control the movement of animals where other exotic notifiable animal diseases are suspected and their presence in Great Britain has already been confirmed. The size of a TCZ will depend on the veterinary advice at the time, and legislation, but would likely have a radius of at least 10 km.

Actions if disease cannot be ruled out

1.23. If disease cannot be ruled out from either clinical inspection or preliminary test results, there may be a case conference between all four UK Chief Veterinary Officers (CVOs) supported by key policy and veterinary officials from each administration, to consider the known circumstances and to determine the next steps. In particular, this meeting would determine whether the circumstances warrant triggering an Amber Teleconference.

1.24. If suspicion of disease is strong and cannot be ruled out on clinical grounds, an Amber Teleconference will be organised and supported by Defra's Animal Health Policy and Implementation Team. Scottish Government will be responsible for ensuring Scottish operational partner agencies/organisations, such as Public Health Scotland (PHS), Scottish Environment Protection Agency (SEPA), Police Scotland and Local Authorities are able to participate in the Amber Teleconference. Its purpose is to apprise all concerned of the situation, assess the risks, and to agree future actions and communications accordingly. Participants include all four UK CVOs and senior officials from SG, Defra, Welsh Government (WG), the Department of Agriculture, Environment and Rural Affairs in Northern Ireland (DAERA), APHA, the relevant UK reference laboratory for the disease under investigation, APHA Scotland's Outbreak Director and relevant representatives from other government departments and Health Agencies.

1.25. At the Amber Teleconference, for disease in Scotland, CVO Scotland would either agree to confirm disease or specify what further evidence, such as test results, would be required. In the latter circumstance, the Amber Teleconference would be reconvened when further information was available.

1.26. Communication channels on suspicion of disease are outlined in more detail in the Scottish Government's Exotic Diseases of Animals Communications Strategy.

Confirmation of disease

1.27. Once samples have been submitted to the reference laboratory, it may take up to 72 hours to confirm or negate disease. And it can take longer depending on which tests are carried out. CVO Scotland has responsibility for confirming disease in Scotland on the basis of the APHA VI report and laboratory reports. Upon confirmation of disease, appropriate area restrictions are imposed in accordance with domestic legislation. The period between the initial report of

disease and final confirmation will be used by the Scottish Government to activate the contingency plan and make initial preparations to increase disease management resources if required. CVO UK will be responsible for notifying confirmation to the European Commission and the World Organisation for Animal Health (WOAH).

Preventing disease spread

1.28. Once disease has been confirmed, the primary objective is to prevent the spread of disease by:

- taking action on the infected premises (IP)
- imposing wider area livestock movement controls
- placing controls on animal products and activities
- investigating the origin of the outbreak and determining whether there has been any further spread of disease from that source
- other surveillance to detect further spread of disease.

Actions on Infected Premises (IP)

A) Movement restrictions

1.29. IP restrictions are served on the owner in line with the relevant legislation, and if appropriate, the keeper of the livestock. These restrict the movement of people, animal products, feed and fodder, vehicles and items on and off the IP, except under licence. They also prevent the movement of animals susceptible to the particular disease off and onto the IP. However, in some circumstances, non-susceptible animals may be allowed to move off and onto the IP under a licence issued by APHA (see paragraphs 1.68 and 1.69).

1.30. The objective of the restrictions is to ensure that infection is not moved from the IP.

1.31. The actual rules concerning the IP will be set out in the notice served on the livestock keeper and any licence conditions permitting movements off and onto the premises. It may be possible, depending on the layout of the IP, to exclude the dwelling house from the restrictions.

B) Valuation

1.32. Once disease is confirmed, all susceptible animals on the IP will be humanely euthanised. For some diseases culling is not required and it may be possible to exclude some animals in certain circumstances [see section 1.91: Breeds at Risk]. Compensation may be paid for susceptible animals culled for control purposes as determined in legislation. The detailed valuation procedures and any appeals process are explained to the owner of the livestock at the time.

C) Culling

1.33. Animals infected with a notifiable infectious and contagious disease (see concept note 4) may excrete virus contaminating the environment and provide a potent source of infection either directly or indirectly for other susceptible animals. It is important therefore that they are culled as quickly as possible. Once an animal is culled new virus production stops.

Concept note 4

Infectious and contagious disease

An infectious animal is an animal that has become infected and is excreting the infectious agent in its urine, faeces, breath, saliva, milk or other body secretions. It is capable of infecting any susceptible animal and also contaminating the environment.

A contagious disease is an infectious disease that can be spread by a susceptible animal coming into very close contact with an infected animal or with people, vehicles, or animal products and can be spread by things that have become contaminated with infectious material, e.g. faeces, urine and other excretions in which the virus has survived.

1.34. The welfare of the animals to be culled is given careful consideration and is taken into account when selecting a suitable depopulation method that is in accordance with article 4 and, as outlined in annex 1 of Regulation (EC) 1099/2009 (on the protection of animals at the time of killing and which forms part of retained EU law). The Welfare of Animals (Slaughter or Killing) Regulations 1995 ("the 1995 Regulations") must also be complied with in relation to the slaughter or killing of solipeds [an animal with an uncloven hoof], ruminants [an even-toed ungulate mammal that chews the cud regurgitated from its rumen]. Where such animals are depopulated for the purpose of disease control, elsewhere than in a slaughterhouse or knacker's yard, this must be by method permitted under schedule 9 of the 1995 Regulations. 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. For domestic pets, it is likely that lethal injection would be used (this is common method used by veterinarians when "putting an animal to sleep").

1.35. APHA currently have access to a number of slaughter people and free bullet markspersons. In the event that further operatives were required, APHA would work with the current providers on the framework agreement, seeking their assistance to subcontract other companies to increase their capability. APHA could also seek these services directly from the market and also work with industry bodies to engage with their members.

1.36. In the event of a notifiable avian disease being confirmed, APHA has a framework agreement in place for provision of contracted Containerised Gassing Unit (CGU) services. Culling throughput is highly dependent on size of bird and catcher throughput. In practice contracted service providers are capable of depopulating 40,000 slaughter weight (2,2Kg) broilers per day with a pair of CGUs working in tandem.

1.37. APHA also has a number of CGUs for immediate deployment, as well as a number of poultry transport modules and specialist percussion killers. APHA have a number of trained operatives across GB that are able to operate the CGUs.

1.38. It is possible that a derogation may be sought and granted on a case-by-case basis from the requirements of Regulation (EC) 1099/2009 where the Scottish Ministers consider that compliance with the requirement would likely affect human health or significantly slow down the process of eradication of a disease. An example of when this may occur is when highly pathogenic avian influenza (AI) has been confirmed in multiple premises in poultry dense areas of Scotland and all of the following apply:

- there is a significant threat to public health through animal to human transmission
- all other depopulation methods from the list above have been investigated and ruled out
- where delays in depopulating the premises would lead to further animal welfare issues, such as prolonged pain and suffering
- where delays to the depopulation operation would significantly slow down the process of eradication of disease

D) Health and safety at IPs

1.39. APHA are responsible for arranging the culling and disposal of livestock. Although speed of culling and disposal is important, the health and safety of individuals is paramount and careful preparations are required by APHA to ensure that this is not compromised. This is particularly important in the case of animal diseases that are communicable to humans (zoonosis), and so PHS will advise on the precautions to be taken on the IP to protect workers. APHA will provide Personal Protective Equipment (PPE) for their staff and contractors working on the IP.

E) Avian influenza incidents – Prophylaxis

1.40. APHA are responsible for the provision of antivirals to APHA staff and any contractors brought in by APHA to deal with an AI incident (local NHS boards are responsible for provision of antivirals to farm workers and other individuals as required – see para 3.36).

F) Disposal

1.41. The Scottish Environment Protection Agency (SEPA) will advise on the suitability of disposal sites in Scotland. The NDCC (National Disease Control Centre) (see para 2.12) will co-ordinate the task of finding sufficient disposal capacity, but the decision on which disposal facility to use rests with the DSG (Disease Strategy Group) (see para 2.41). The decision on disposal site and method will involve consideration of environmental and health risks and other constraints, such as available capacity, the desire to limit the transport of contaminated wastes, and the legislative controls for environmental protection and animal health.

1.42. The preferred hierarchy for disposal in Scotland is:

- rendering/incineration at approved and licensed premises
- permitted commercial landfill
- incineration on farm
- burial on farm.

1.43. However, particular areas in Scotland (especially those areas in the Highlands and Islands, covered by the remote area derogation) may have logistical difficulties in moving the carcases off farm for rendering and incineration, because of their geography. Depending on the individual situation and the disease, consideration would be given to the hierarchy of preferred options for disposal in Scotland at the time of any outbreak. Any decisions on disposal methods will be taken in consultation with key stakeholders, and appropriate environmental and public health assessments will be undertaken at each disposal location prior to use.

G) Cleansing and disinfection (C&D)

1.44. Infectious agents of infectious and contagious diseases can remain viable in the environment for different lengths of time depending on the disease agent and environmental conditions, such as temperature, humidity, acidity, alkalinity and light. In certain conditions the agent may survive many weeks or months. Therefore, it is important that after susceptible animals have been culled and their carcases removed, the premises, transport and equipment at risk of contamination are correctly cleansed and disinfected to prevent indirect spread and re-emergence (recrudescence) of disease when the premises are restocked. Animal feedstuffs and anything that has been contaminated, but cannot be cleansed and disinfected may be seized and destroyed.

1.45. Approved disinfectants or biocides must be used at the approved concentration for the C&D process. A list of government approved disinfectants is held on a GB basis and is available from the Defra website.

1.46. SEPA provides advice on precautions to be taken on premises undergoing C&D in order to minimise the environmental impacts of disinfectants or biocides.

1.47. There are two phases to C&D of an IP, preliminary and secondary. These are outlined below.

Preliminary

1.48. Preliminary C&D is carried out immediately after culling and disposal has been completed. It is usually carried out under the direction and control of APHA, on behalf of the competent authority, and consists of spraying contaminated and potentially contaminated areas of the IP with a Government approved disinfectant or biocide. The objective is to reduce the level of surface contamination. Primary C&D is considered to be completed 24 hours after spraying of the IP with the approved disinfectant.

1.49. The timing of preliminary C&D is important because, generally, the lifting of the Protection Zone and Surveillance Zone (see paragraphs 1.70 and 1.71) can only take place after a number of days (which may vary depending on the disease) has passed since completion of preliminary C&D on the last IP within the zone. Enhanced surveillance visits may continue to take place after the Surveillance Zone has been lifted.

Secondary (final)

1.50. In order for disinfectants or biocides to work they must be applied to clean surfaces, i.e. areas in need of disinfection must be cleaned of all organic matter before the disinfectant is applied. This is the process of secondary C&D. Secondary C&D, depending on the disease, can only commence after a number of days (which may vary depending on the disease) have passed since preliminary C&D.

1.51. The legal notice served on the owner/keeper of the premises by the competent authority will set out what cleansing needs to be done on the IP, such as removal of slurry and dung, contaminated feed and fodder, etc. The exact terms will depend on the disease agent concerned. IP restrictions will remain in effect until secondary C&D is completed and re-stocking carried out, with no evidence of the recurrence of disease.

1.52. The costs of secondary C&D will fall to the owner of the premises. There is no obligation on Scottish Ministers to pay these costs. Owners are responsible for undertaking and paying for secondary C&D, irrespective of whether or not they intend to restock the premises.

1.53. The time of completion of secondary or final C&D is important, because for some diseases the earliest date a country can be declared free of a disease

depends on completion of secondary C&D. Similarly, restocking will also only be permitted after secondary C&D has been completed (see para 1.60).

1.54. In cases where secondary C&D cannot be completed (because of dangerous structures, for example) the premises may remain restricted and not available for restocking until the competent authority is satisfied that sufficient time has elapsed for the infectious agent to become inactivated naturally.

Disinfection of slurry and manure

1.55. Disinfection of slurry and manure requires particular attention during the secondary C&D process of an IP, because both substances can harbour disease-causing organisms, including viruses. In the case of slurry, some viruses can survive for several months.

Manure

1.56. In the event of an outbreak of most diseases covered by this framework, legislation requires the manure from all livestock buildings on the IP to be removed from the buildings and stacked, sprayed with disinfectant and left for at least 42 days. This allows the manure to compost, thereby destroying viruses. In the case of foot and mouth disease, any manure must be mixed with granulated quick lime (100 kg/m3) prior to composting, must reach at least 70°C during composting, and must be covered during the composting period or restacked (to ensure even heating throughout the material). In the case of Newcastle disease, the stack must be covered during composting to prevent access by vermin or birds.

Slurry

1.57. In the event of an outbreak of most diseases covered by this framework, legislation requires that slurry must be decontaminated according to the specific disease (please see individual Annexes for more information). The slurry can be stored for a specified period of time, or can be treated to destroy the virus in accordance with official instructions. In most cases, tanks or lagoons on farms for storing slurry are large enough to accommodate several months of slurry production. It is important to note that when treating large volumes of slurry with chemicals, it can be difficult to achieve uniform mixing.

1.58. In addition, SEPA must be consulted before any treated slurry is spread on land. SEPA can also advise on the selection of an appropriate chemical prior to slurry treatment.

1.59. Viruses are efficiently deactivated by heat. Therefore, heating slurry is an effective method of decontamination. However, given the processes and equipment required to heat a large volume of slurry, this is unlikely to be practical on most premises.

1.60. Completion of secondary C&D is certified by the competent authority following inspection of the premises.

Concept note 5

Slurry and manure

Manure is a solid mixture of faeces, urine and used bedding material (e.g. straw, wood shavings, paper, etc.). It is generated on any farm where animals are housed on bedding, i.e. premises with pigs, cattle, sheep or poultry.

Slurry is a liquid made up of faeces, urine and wash water. Only certain types of pig and cattle management systems will produce slurry. Even though caged laying hens do not have bedding, they do not produce slurry (poultry droppings do not have sufficient liquid content to become slurry).

A single premises can produce both slurry and manure.

H) Controlled restocking

1.61. The controlled restocking of premises that have had infected or susceptible animals culled and disposed of is an integral part of the recovery phase. Depending on the disease, restocking is not permitted until a defined number of days has elapsed following secondary C&D. With some diseases, there is controlled restocking where limited numbers of animals are allowed on the premises (sentinel animals) and are observed to ensure disease is no longer present. In some cases, samples from these animals may be tested to ensure that disease no longer exists on the premises, before all restrictions are lifted and the premises is allowed to restock completely. During extensive outbreaks, where the movement of animals can be restricted for prolonged periods, or if final C&D is delayed or not possible, the restocking of a premises may take many months.

I) Dealing with contacts to infected animals – forward tracing

1.62. Since disease can spread from an IP by, for example, the movement of infected animals, people, vehicles or contaminated equipment, APHA staff will trace any movements that may have carried infection to susceptible animals elsewhere. In addition to these routes of potential infection, neighbouring premises may be at risk from infection by direct contact across a fence, for example, or through the air (aerosol spread). A veterinary risk assessment will be carried out to assess the likelihood of spread of disease.

1.63. If the assessment is that the risk of spread of disease, or exposure, is negligible, no action will be taken.

1.64. If the assessment is that risk is low, then the contact animals and other susceptible animals on the premises will be confined to the premises by the service of a Statutory Notice on the livestock keeper. The animals will then be monitored and may be tested to see if they develop disease. Restrictions remain in place on the premises for a minimum of 21 or 28 days, depending on the disease, from the date of potential contact.

1.65. If the assessment is that risk of spread of disease is high, then the animals may be classified as Dangerous Contacts (see concept note 6) and the animals will be compulsorily culled.

Concept note 6

Dangerous Contact

A Dangerous Contact is an animal, group of animals or an entire herd or flock which, on the basis of a veterinary risk assessment, is believed to have been exposed to infection and is likely to develop disease.

Many of the enactments relating to particular diseases made under the Animal Health Act 1981 require that dangerous contacts, once declared, must be culled to prevent propagation of the infectious agent and further spread of disease.

J) Determining the origin of the outbreak – back tracing

1.66. APHA staff will trace any movements that could have introduced infection by visiting the premises where the movement originated if there are susceptible livestock. Those animals will be examined for signs of disease and, if necessary, may be tested. The objective will be to try to find the origin of infection. If disease is found on the premises, it will become an IP and routes of spread to and from the IP will be investigated to close down possible onward spread of disease and continue investigation into its source.

Culling of animals to prevent the spread of disease (pre-emptive cull)

1.67. Scottish Ministers have powers to require the culling of animals in order to prevent the spread of certain specified diseases. These powers are contained within the Animal Health and Welfare (Scotland) Act 2006.

1.68. Before such powers are used, Scottish Ministers are required to make a statement explaining the situation and why it is necessary to resort to using such powers. Compensation would be paid for any animals culled using these powers.

Area movement controls

1.69. In the initial stages of a disease outbreak there will be uncertainty about the origin of the disease, how long it has been present, how far it has spread and how far it will spread. As a result, area restrictions are imposed to stop animal movements into, from and within specified areas. For most notifiable infectious and contagious diseases a Protection Zone (PZ) and a Surveillance Zone (SZ) are imposed by statutory order under relevant disease control legislation (for more detail on specific area restrictions refer to the individual Annexes). These zones may be a circle around the IP or may follow roads or natural geographic boundaries. In the case of multiple IPs, zones may overlap. Where this occurs, the overlapping zones would be combined to form a single PZ and SZ. The PZ and SZ for non-vector and vector-linked disease are shown below and in Figures 1a and 1b.

Figure 1a: Non-vector linked disease

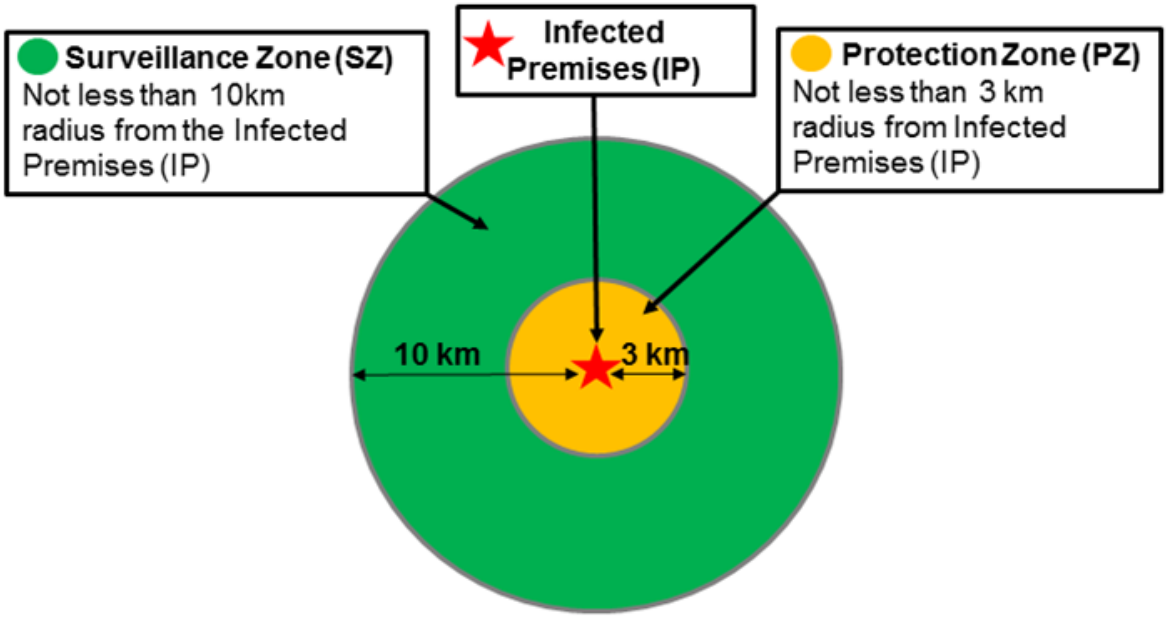
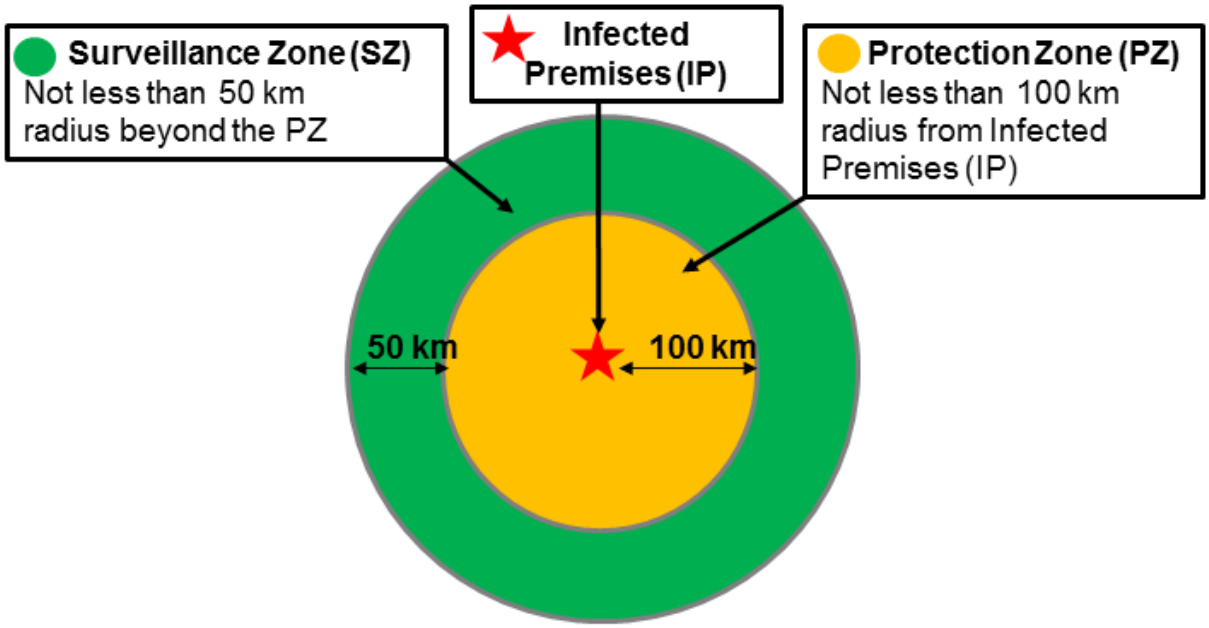


Figure 1b: Vector-linked disease
(Vector-linked diseases generally require larger area-based restriction zones. The example provided here is for bluetongue virus)



A) Protection Zone (PZ)

1.70. For diseases that are not spread principally by vectors, such as biting insects, a PZ has a radius of at least 3 kilometres centred on the part of the IP considered appropriate for disease control purposes (see figure 1a). A radius of 3 kilometres is normally used because, as a rule of thumb, approximately 80% of new cases of infectious and contagious animal disease occur within 3 kilometres of an existing case. However, in some circumstances it may be necessary to extend the PZ to ensure that the area is representative of the risk of spread. If there are no further cases and all the required surveillance has been carried out within the PZ, normally after 21 days following completion of preliminary C&D, the PZ would normally become part of the SZ with some controls relaxed to match those of the SZ. For diseases that are spread by vectors, such as bluetongue virus, any zones put in place would likely be much larger (see figure 1b) and would be in place for a much longer period.

B) Surveillance Zone (SZ)

1.71. For diseases that are not spread principally by vectors, a SZ has a radius of at least 10 kilometres centred on the part of the IP considered appropriate for disease control purposes. Provided there are no further cases, and all the required surveillance has been carried out, the SZ will be lifted; usually not less than 30 days after the completion of preliminary cleansing and disinfection on the last IP within the PZ. For diseases that are spread by vectors, any zones put in place would likely be much larger.

C) Controls in the PZ and SZ

1.72. Detailed controls vary and are set out in the relevant legal instrument declaring the PZ and SZ. The controls will focus on enhanced biosecurity, including restrictions on the movement of susceptible animals, as these are the most potent method of spreading disease. In addition, there are controls on meat (including meat products, eggs, hides and in some cases milk and milk products) derived from animals in the zones and on the carcases of any animals that die. Livestock keepers are required to carry out a census of animals on the premises, carry out additional biosecurity measures and report, in certain circumstances, any animals that die.

1.73. As investigations into an outbreak or incident progress, it will become clearer where the risks of disease spread lie. Depending on the circumstances, and subject to veterinary risk assessment and statutory requirements, movements of animals or other controlled activities in the PZ and SZ may be allowed under a specific or general licence. These licences will set out certain criteria, such as cleansing and disinfection requirements that would need to be met either before or during the move. As each administration within the UK operates its own licensing regime, co-ordination is needed to ensure a coherent approach to moves across administrative borders.

1.74. Area movement restrictions and any licensing conditions are enforced by local authorities.

1.75. While the PZ and SZ are in place APHA is also required to carry out surveillance, involving visits to premises, carrying out clinical inspections, examination and possibly sampling to demonstrate that disease has not spread.

1.76. If a number of overlapping PZ and SZ areas have been combined to form a very large PZ and SZ, more time may be necessary to carry out the surveillance required to demonstrate freedom.

D) Other disease specific control areas

1.77. Scottish Ministers have powers to declare wider control areas if required. In the case of FMD it has been agreed that if there is an outbreak, a GB-wide animal movement ban may be imposed until the likely extent of the outbreak has been established.

1.78. Every effort will be made to keep access to the countryside open, but land may need to be closed for specific diseases (most notably FMD). The risks of disease being spread by recreational access to the countryside are very small, and can be eliminated by avoiding direct contact between people and livestock and by not taking vehicles (including bicycles) onto land where livestock are, or have been kept. The Scottish Government has published a list of veterinary risk

assessments (VRAs) in relation to FMD, which assess the risk of specified activities, including recreational access to agricultural areas that are being used or have been used for keeping livestock or other FMD susceptible animals.

1.79. There is no reason to close access to land in areas out with a FMD Protection Zone. Current advice on access is provided in the Scottish Outdoor Access Code.

1.80. Guidance on restrictions and procedures for official closures will be issued to all major access bodies and stakeholders. Official signage would also be displayed. People visiting areas of the countryside outside a restricted area may be asked to follow specific biosecurity advice.

1.81. In the event of an outbreak of some diseases, the UK may lose its WOAH international disease free status, which may prevent the export of livestock and their products until disease freedom status is recovered. Other specific disease control areas are dealt with in the relevant disease Annex.

Controls on animal products

1.82. If the UK were to lose its WOAH international disease-free status this may result in some countries no longer accepting animals, animal products, meat or meat products and milk and dairy products from the whole country or parts of it. We may need to withdraw export health certificates (EHCs) until the situation has been clarified with the importing country.

1.83. Some products which are restricted from international trade may be traded within the GB market subject to certain controls and special domestic health marks being applied to the carcase or packaging. Such arrangements are specific to the disease and product to be moved.

1.84. Trade restrictions can remain in place for a long time, even after the disease has been eradicated and disease-free status has been re-established. Trade is important for the financial viability of the sector, so we will work closely with trading partners to make sure that trade can start again as quickly as possible.

Control Strategy

1.85. The Scottish Government will determine the disease control strategy in Scotland using the structures set out in Chapter 2 in line with control measures for specific diseases (outlined in the relevant disease Annex) and in consultation with relevant stakeholder groups.

1.86. The control strategy is complex and must take account, amongst other matters, of the:

- need to minimise the impact on the livestock industry, the rural community, the wider economy and community and other users of the countryside
- need to minimise any damage to the environment
- legal framework
- requirements of the WOAH (see section headed 'International' in Chapter 4)
- requirements of other UK administrations
- availability and efficacy of vaccine(s)
- availability and reliability of tests to distinguish between vaccinated animals and animals that have been infected
- available resources, including laboratory resources
- costs and benefits of proposed measures and likely speed of application and effect
- expert advice from the National Emergency Epidemiology Group (NEEG)
- advice from the National Experts Group (NEG)
- size and extent of the outbreak
- output from computer model simulations
- interrelation between the proposed control strategy and the exit strategy.

1.87. The Scottish Government will decide and communicate control strategies and timeframes to those affected as quickly as possible, so that livestock keepers may plan their approach to livestock management, livestock movements and maintaining the welfare of their animals and their businesses.

Vaccination

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

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

1.89. Because vaccination is specific to a disease, it is covered in more detail in each disease Annex.

Wildlife

1.90. Many exotic notifiable infectious and contagious diseases of domestic livestock are transmissible to wildlife. Therefore, wildlife may provide a reservoir of infection for disease for domestic animals. Strategies may have to be developed to deal with infected wildlife. Broadly, wildlife disease controls may fall into the categories of:

- wildlife vaccination
- minimising contact between livestock and wildlife
- wildlife destruction.

1.91. Because wildlife controls are disease specific they are dealt with in more detail in the disease specific Annexes.

Breeds at risk and other specialist animals

1.92. Diverse genetic resources are important for maintaining an efficient and sustainable livestock industry. Similarly, animals bred for scientific, research, display or educational purposes (such as zoos or wildlife parks) are important resources. Breeds at Risk and other specialist animals are subject to the same control measures as other livestock, but where dangerous contact (see Concept note 6 above) or wider cull measures are being implemented, alternatives to culling may be considered for these animals. However, alternatives will only be allowed if permitted by legislation and the CVO Scotland is assured, by means of a veterinary risk assessment, that sparing the animals will not jeopardise efforts to prevent the disease from spreading further. Owners of breeds at risk who wish Government to consider sparing their animals from a cull should alert government, ideally in advance of any disease outbreak by completing an animal breeds at risk registration form. Further information about breeds at risk, which breeds are on that list and how to apply is available at 'UK breeds at risk from exotic animal disease outbreaks'.

Welfare of livestock

1.93. In the event of prolonged movement controls and limited or no trade, there may be no outlet for meat and meat products. As a result there may be a build-up of livestock on premises because they cannot be moved or sold for slaughter. This may have an adverse effect on the welfare of animals, and to avoid suffering due to overcrowding the keeper may be required to humanely cull animals. **Pressures on accommodation can arise quickly and this is especially evident in the pig and poultry sectors. Therefore, it is important that all livestock keepers have contingency plans in place to deal with potential prolonged movement restrictions** (see paragraphs 1.11 to 1.14 'Maintaining Readiness' for information on contingency planning).

1.94. In exceptional circumstances and if it is considered appropriate to prevent widespread deterioration in welfare standards, the Scottish Government may introduce a welfare disposal scheme and arrange the culling and disposal of animals. A welfare disposal scheme would be subject to there being evidence of need and the inability of industry to provide alternatives. Animals will either be culled in abattoirs or purpose built premises and, where this is not possible, on farms. On farm culling will only take place where:

- animals cannot be licensed to leave the farm
- the animals cannot be transported because of welfare concerns, e.g. heavily pregnant females or very young animals
- slaughterhouse/disposal plant capacity cannot cope with the volume

1.95. Each case will be considered on its merits. In line with the policy set out in the Government's response to the FMD Inquiries (November 2002) no compensation will be paid to farmers for animals culled under a welfare scheme. To ensure appropriate controls are in place to ensure food safety, Food Standards Scotland (FSS) should be consulted by the Scottish Government where premises approved under food hygiene legislation (e.g. slaughterhouses) are to be used for such a scheme.

Designation of premises

1.96. During a disease outbreak there may be circumstances in which premises, such as egg packing centres, hatcheries, slaughter houses, etc. can be designated to operate either in areas under movement restrictions or receive products from areas under movement restrictions, if allowed under legislation. Designation usually requires an application, official inspection and formal official approval. To become designated there are requirements for enhanced biosecurity and in some cases additional requirements for special marking of products, separation of restricted products, and record keeping/traceability. Premises such as egg packing centres, slaughter houses and hatcheries are advised to discuss with APHA the possibility of pre-designating their premises in advance of an outbreak. Pre-designation of a premises does not guarantee designation during an outbreak, but it should provide an advantage to getting the business designated and operating as quickly and as normal as possible during a disease outbreak.

Exit Strategy

1.97. The control strategy must be developed in tandem with an exit strategy, which will restore disease freedom and return to business as usual. For example, the deployment of a vaccination campaign may significantly prolong the surveillance programme to prove freedom from disease.

1.98. During the exit phase, and in certain circumstances, animal products that could be exported may have to undergo specific treatment, e.g. heat treatment,

deboning and maturing and will be marked with the relevant (GB) oval health and identification mark. Depending on the disease, the duration of the outbreak and its extent, a surveillance programme may be undertaken to demonstrate that the country is free from disease and there have been no undisclosed outbreaks of disease. After completion, a certain period must lapse without further cases of disease before country disease free status is restored according to the WOAH Code (see section headed 'International' in Chapter 4).

Regionalisation

1.99. It may be possible, following a risk assessment, to divide the UK into regions with differing levels of risk. This may allow the relaxation of some controls, and permit movements within an area of the same status and from low to high risk areas. This regionalisation is dependent on the epidemiology of the disease, its geographical distribution and seasonal trade patterns. Laboratory surveillance may be required to demonstrate freedom from disease in a region. Proposals to regionalise must be acceptable to the other UK administrations, the European Commission and other trading partners and be permitted under the relevant legislation. Regionalisation will also require restrictions on animal and animal product movements to maintain a region's disease status. As this may have an adverse economic effect that outweighs any short term advantage, economic considerations will be taken into account in decisions on regionalisation.

Compartmentalisation

1.100. The resumption of trade with third country trading partners can take time. This is because most third country trading partners require the UK to be disease free according to the WOAH definition of disease freedom, which requires completion of final C&D. In GB, final C&D is the responsibility of the owner of the affected premises.

1.101. Compartmentalisation is a concept that allows companies, in the event of a disease outbreak, to resume trade quickly with third countries who have signed up to the scheme. APHA carries out the inspections required for any company wishing to consider use of compartmentalisation. The UK-EU Trade and Cooperation Agreement (TCA) provides the opportunity for the UK and EU to cooperate on the concept of compartmentalisation.

Scaling down the disease control response

1.102. As part of the exit strategy, tactical and operational resources will be scaled back once parts of the outbreak or incident management response are complete. This scaling back will be agreed between the relevant CVOs and APHA.

1.103. In line with the reducing disease control response, CVO Scotland will decide when it is appropriate to scale back and, ultimately, cease the Scottish Government's disease response activities.

Chapter 2

2. Structures for control and co-ordination

2.1. An outbreak of exotic notifiable animal disease anywhere in UK has the potential for significant and serious consequences in Scotland. This is because Scottish agriculture is part of the UK economy and not a separate entity.

Introduction to Scottish control structures

2.2. In Scotland, disease will be confirmed by the CVO Scotland. Reports of suspect disease will be made by the local APHA Duty Vet to APHA's Veterinary Exotic Notifiable Diseases Unit (VENDU), which would in turn notify all 4 CVOs from each UK administration and key officials from government and APHA. The control policy for Scotland will be decided by the Scottish Government, informed by advice from APHA, the NEEG, the EPIC Centre of Expertise on Animal Disease Outbreaks, and if necessary, the relevant NEG. In all cases, there will be close links between all 4 UK administrations.

2.3. Following confirmation of an animal disease outbreak in Scotland, the Scottish Government's Exotic Diseases of Animals Contingency Framework Plan will be implemented. This plan is complemented by similar plans in England, Wales and Northern Ireland (see paragraphs 4.28 to 4.30).

2.4. Scotland's Disease Strategy Group (DSG) may be convened for large outbreaks and would be responsible for co-ordinating and managing the handling of the Scottish outbreak (see concept note 7). It would also be convened if an outbreak in England leads to area controls that cross into Scotland. If disease is found elsewhere in UK (including in England in cases where area controls do not cross into Scotland) the DSG may be convened. That decision would be taken by CVO Scotland following consultation with the Scottish Government's Director for Agriculture and Rural Economy (see para 3.5).

Concept note 7

Disease Strategy Group (DSG)

The DSG plays a major role in determining the disease control strategy. Its role is to co-ordinate and manage the Scottish disease control response, taking account of local conditions, farming practices in Scotland, and other potential impacts on the Scottish economy. See paragraph 2.41 for more detail.

2.5. The Scottish Government's control strategy would be implemented by APHA, the Scottish Government's Directorate for Agriculture and Rural Economy, Food Standards Scotland, Police Scotland and the relevant local authorities. In the event of an outbreak anywhere in GB, a National Disease Control Centre (NDCC) would be activated by the CVO UK and set up by APHA. For an outbreak in England, the NDCC brings together policy functions provided by Defra with operations functions provided by APHA and other operational partners. The role of the NDCC in the event of an outbreak solely in Scotland (or one throughout GB) would be to provide logistical support to the Scottish operation. The strategic direction for control in Scotland would be given by the Scottish Government through the DSG. The relationships between Scottish Structures and GB/UK structures are shown at Figure 2 – Structural relationships between GB and Scottish control structures. An overview of Scottish Government disease control structures is shown in Figure 3 National Structures for Managing a Response in Scotland.

2.6. There is an important distinction between fighting disease and managing the wider consequences. The DSG leads on the former but, when wider consequences arise; members will work with the Scottish Government's Directorate for Safer Communities' Resilience Division, which co-ordinates the response of the rest of the Scottish Government. For more information about the Resilience Division's role see paragraphs 2.35 and 4.23.

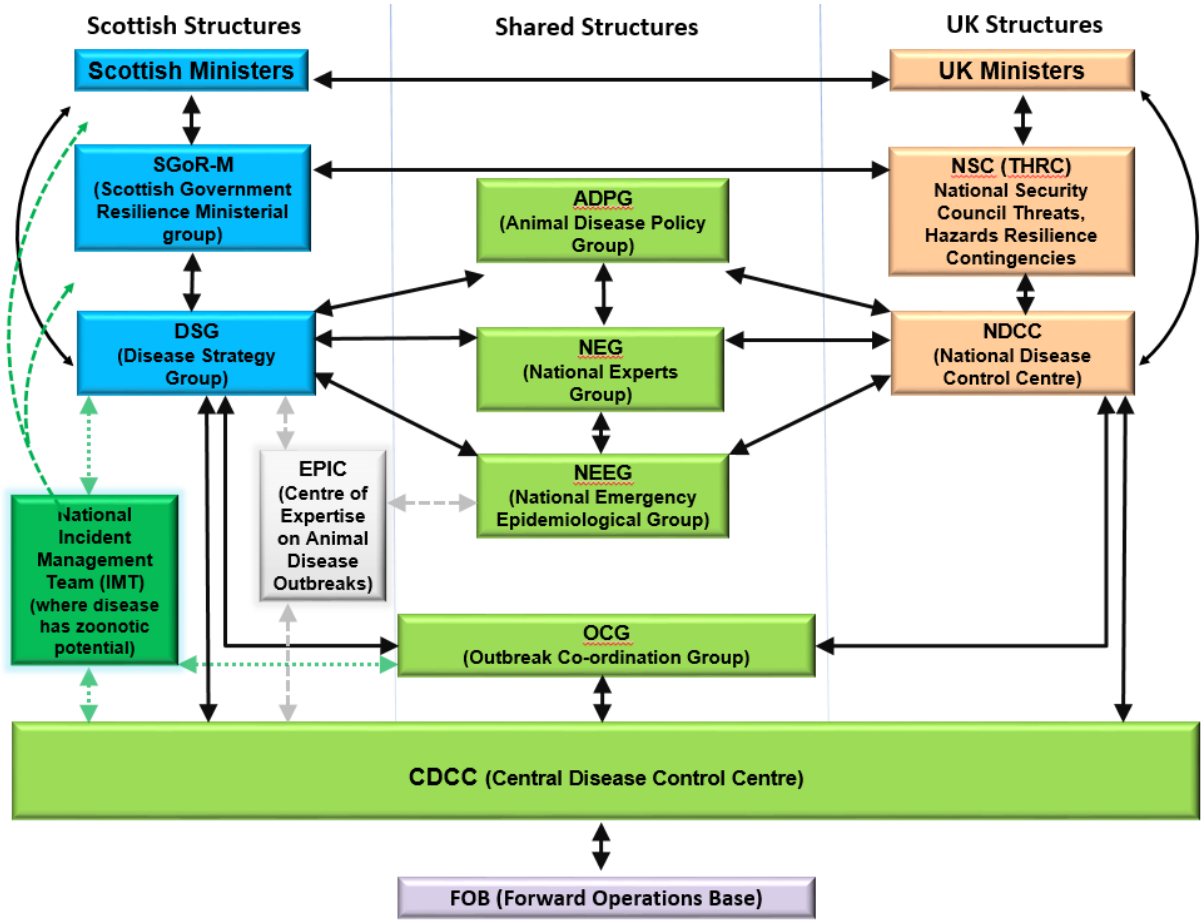
Structures for Control

2.7. The European Union (Withdrawal) Act 2018 (the 'EUWA') as amended converted directly applicable EU legislation (in particular, certain EU Regulations and Decisions) as they stood at the end of the transition period (11 pm on 31 December 2020) into domestic law. It preserves legislation previously made in the UK to implement EU obligations.

2.8. At the end of transition, the UK-EU Trade and Cooperation Agreement (TCA) came into effect. The Agreement includes a sanitary and phytosanitary (SPS) chapter that ensures that the UK and the EU can maintain fully independent rules to protect animal health, preserving each party's right to independently regulate whilst avoiding unjustified barriers to trade. It includes commitments on regionalisation, which enables UK and EU trade to continue from disease free regions, and rapid notification of outbreaks. It provides the possibility of cooperation on the concept of compartmentalisation. This will help the UK to move quickly to protect their animals during disease outbreaks, while minimising the impacts on trade.

2.9. Figure 2 illustrates the structural relationship between the principal UK/GB and Scottish Government structures for disease control, each of which are described below.

Figure 2 - Structural relationships between GB and the Scottish control structure



A) National Security Council (NSC)

Purpose:

2.10. The NSC meets to consider issues relating to threats, hazards, resilience and contingencies on an ongoing basis including consideration of plans for the protection of life, the continuity of everyday activity and the restoration of disrupted services. NSC would be briefed on significant animal disease outbreaks.

2.11. NSC meetings are held at either official or ministerial level and further attendees in addition to those stated in the terms of reference may be invited on an ad hoc basis.

C) National Disease Control Centre (NDCC) Outbreak Co-ordination Group (OCG)

2.12. In Scotland, the NDCC brings together the operations functions provided by APHA and other partner organisations. The main responsibilities are to co-ordinate and direct the delivery of the disease control operation in accordance with policy set by Scottish Government. The OCG is established as part of the NDCC and provides tactical advice and practical instructions to their counterparts in the CDCC, ensuring policy intent is translated into practical instructions. It provides an

advisory and co-ordination function for those involved in controlling the disease at the operational level. Where disease crosses administrative boundaries, the Outbreak Co-ordination Group (OCG) will co-ordinate APHA activities across GB.

2.13. Representatives from the Scottish Government may be based in the OCG during large scale outbreaks in Great Britain. For smaller outbreaks or those where disease is limited to England only, it is unlikely to be necessary for the Scottish Government to be embedded within the OCG, but would likely participate at NDCC meetings via teleconference.

D) Animal Disease Policy Group (ADPG)

Purpose:

2.14. The ADPG is a permanent UK wide policy forum, which during disease outbreaks provides disease control advice and strategy recommendations to Ministers and other strategic decision makers. Drawing in particular on advice from the National Expert Group (NEG), it challenges strategic assumptions. ADPG also has an important role in ensuring that policies are consistent (although they may be different) across the four UK administrations.

Chair and secretariat:

2.15. A senior Defra official responsible for animal health policy will chair the meeting and Defra's Animal Health Policy & Implementation Exotics team will provide the secretariat.

Participants or their representatives:

2.16. Membership of ADPG will include representatives from the Scottish Government's Animal Health and Welfare Division, Defra policy, Welsh Government policy, DAERA policy, communications and legal directorates from relevant UK administrations, all 4 UK CVOs, Defra's Chief Scientific Adviser's representative, National Experts Group, Government Office for Science, Cabinet Office Civil Contingencies Secretariat, and representatives from APHA. Depending on the circumstances, membership may include public health representatives where specific advice on zoonotic diseases is required, or senior policy colleagues from other relevant policy areas if advising on significant policy issues.

E) National Experts Group (NEG)

Purpose:

2.17. A permanent group that, in an outbreak of an exotic notifiable disease of animals, provides specific technical and scientific advice and recommendations on the disease, its transmission and its control, with a view to supporting GB policies via the Animal Disease Policy Group. A Tactical Advisory Group may also be convened to provide tactical advice for disease control purposes.

Chair and secretariat:

2.18. The APHA Veterinary Director will chair the meeting and the APHA Advice Service will provide the secretariat.

Participants or their representatives:

2.19. Membership will include veterinary and/or scientific representatives from the GB administrations, NEEG, APHA (such as the Outbreak Director, Outbreak Veterinary Director, the relevant laboratory (APHA Weybridge or Pirbright Institute), and observers involved in exotic disease policy. If required, modelling experts, meteorologists, economists, scientific or veterinary representatives of import and export portfolios and scientific experts in required fields, e.g. vector biology, may also be invited).

F) National Emergency Epidemiology Group (NEEG)

Purpose:

2.20. The NEEG coordinates and reports on the epidemiology of exotic notifiable disease outbreaks to describe and anticipate disease frequency and distribution, and to identify risk and so inform control measures. It operates at the strategic (NDCC) and operational (CDCC) level, and is comprised of epidemiologists, data scientists, scientific project managers, a modelling coordinator and an international trade representative.

2.21. The main function of the NEEG is providing epidemiological advice and assessment on the determinants, level and distribution of disease to the National Expert Group (NEG), all 4 CVOs and other groups to inform decisions on disease control and prevention measures. It leads the epidemiological investigations of exotic disease outbreaks, commissions and delivers epidemiological modelling, designs surveillance plans and analyses surveillance outcomes, contributes epidemiological information and expertise to veterinary risk assessments, and provides epidemiology reports or the epidemiological components of reports to the Scottish Government and the other GB administrations, the European Commission and WOAH.

2.22. The NEEG has a central group responsible for coordinating, analysing and reporting epidemiological investigations, ensuring availability of data for modelling and procurement and co-ordination of epidemiological modelling as required. The EPIC Centre of Expertise may play a role in the NEEG at the request of the Scottish Government (see figure 2 ‘structural relationships between GB and Scottish control structure’). The NEEG also establishes a field presence in each CDCC which provides a base for field epidemiologists and is functionally managed by the NEEG in the NDCC.

G) Central Disease Control Centre (CDCC)

2.23. Upon confirmation of disease, a CDCC will be set up to manage the operational part of the response. In Scotland, this will likely be based at the APHA

local office in Perth (Strathearn House). Forward Operations Bases (FOBs) may also be established close to the outbreak to provide a local operating base for CDCC teams involved in patrolling, surveillance and field operations activity.

2.24. APHA's Operations Manager Scotland (OM) will become the Outbreak Director and will be responsible for identifying and reviewing the availability of potential CDCC and FOB locations.

H) CDCC Management Control Team (MCT)

2.25. The MCT is the local executive body embedded within the CDCC to deal with issues of:

- resources
- local implementation problems of national policy
- local communications with stakeholders and the media

2.26. Each of the key operational partners will have a representative. To ensure rapid decision making, this should be a senior officer involved in the outbreak. Membership of the Management Control Team should be agreed in advance.

2.27. In the event of disease confirmation in Scotland or suspect disease within the local area, APHA's Outbreak Director will contact the members of the Management Control Team (MCT) to arrange the first meeting. APHA's Outbreak Director will chair the meetings.

2.28. The MCT will meet regularly, normally twice a day during the initial phase of the disease response, but probably less frequently in later phases.

2.29. The MCT will normally include the following:

- Outbreak Director for Scotland – Chair (APHA)
- Scotland Veterinary Lead (APHA)
- Forward Operating Base Manager (APHA Team leader)
- Veterinary Advisor Field Delivery (VAFD) (APHA)
- CDCC Finance Manager (APHA)
- APHA Communications Lead
- APHA Resilience Lead
- Scottish Government Communications Liaison Officer
- Scottish Government RPID Principal Agricultural Officer
- Local Authority Liaison Officer
- Local Authority Resilience Advisers
- Police Scotland Liaison Officer
- Scottish Environment Protection Agency (SEPA)
- Resilience Partnership Co-ordinator
- Consultant (or consultants) in Public Health Medicine (CPHM)

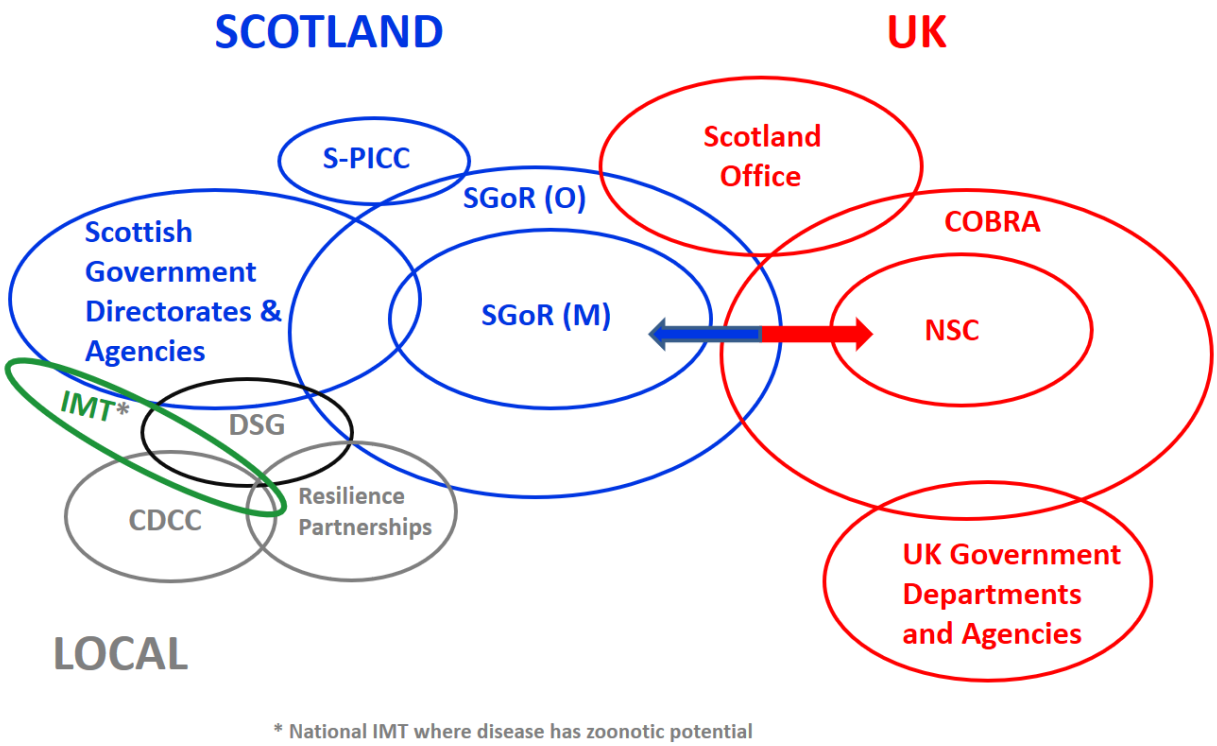
- During an outbreak with zoonotic potential the PHS led National Incident Management Team (IMT) will provide representatives to both the CDCC and the Disease Strategy Group (DSG) (see para 3.38)
- Other organisations may be co-opted as the need arises

2.30. If the confirmed disease has zoonotic potential, the CDCC will also provide a representative to the PHS National IMT.

Scottish Government national control structures

2.31. This plan has been prepared to reflect the requirements of the civil contingencies framework described in Preparing Scotland: Scottish Guidance on Resilience. In a major emergency, the Scottish Government activates arrangements to co-ordinate activity and provides strategic direction to the response. These arrangements also aim to co-ordinate the activity of the Scottish Government with that of responders through Resilience Partnerships (RPs) at the local level, and across Scotland via the Scottish Government Resilience Officials (SGoR-O) Scottish Government Ministerial (SGoR-M) groups. The response is co-ordinated from the Scottish Government Resilience Room (SGoRR). The national structures for managing a response in Scotland and their interactions with UK Government structures are set out in Figure 3 (National Structures for managing a response).

Figure 3 - National structures for managing a disease response



CDCC	Central Disease Control Centre
COBRA	Cabinet Office Briefing Room
DSG	Disease Strategy Group
IMT	Incident Management Team (PHS)
NSC	National Security Council
SGoRR	Scottish Government Resilience Room
SGoR-M	Scottish Government Resilience (Ministerial)
SGoR-O	Scottish Government Resilience (Officials)
S-PICC	Scottish Police Information and Co-ordination Centre

Scottish Government Resilience Ministerial (SGoR-M)

2.32. The Scottish Government Resilience Ministerial (SGoR-M) group regularly meets to keep the Scottish Government's policies for managing the consequences of emergencies under review. If required, SGoR-M will be convened to set the Scottish Government's strategic response priorities and ensure Government resources support the response to the emergency. Meetings of SGoR-M are organised and minuted by Cabinet Secretariat.

2.33. When convened, SGoR-M is normally chaired by the Cabinet Secretary for Justice. However, the chair can be taken by the First Minister or another Cabinet Secretary depending upon the nature of the emergency. In addition to Scottish Ministers, attendance may include relevant senior officials and outside partners. A judgement will be made by the Scottish Government in each set of circumstances about precisely what elements need to be activated.

2.34. Animal disease differs from most other contingencies in that the Scottish Government, particularly through APHA, is responsible for the operational and policy response on disease management. However, operational responsibility for the management of the wider consequences falls to partner organisations.

Scottish Government Resilience Officials (SGoR-O)

2.35. The purpose of the SGoR-O group is to bring together the relevant lead senior staff from the Scottish Government, responders and other stakeholders in order to:

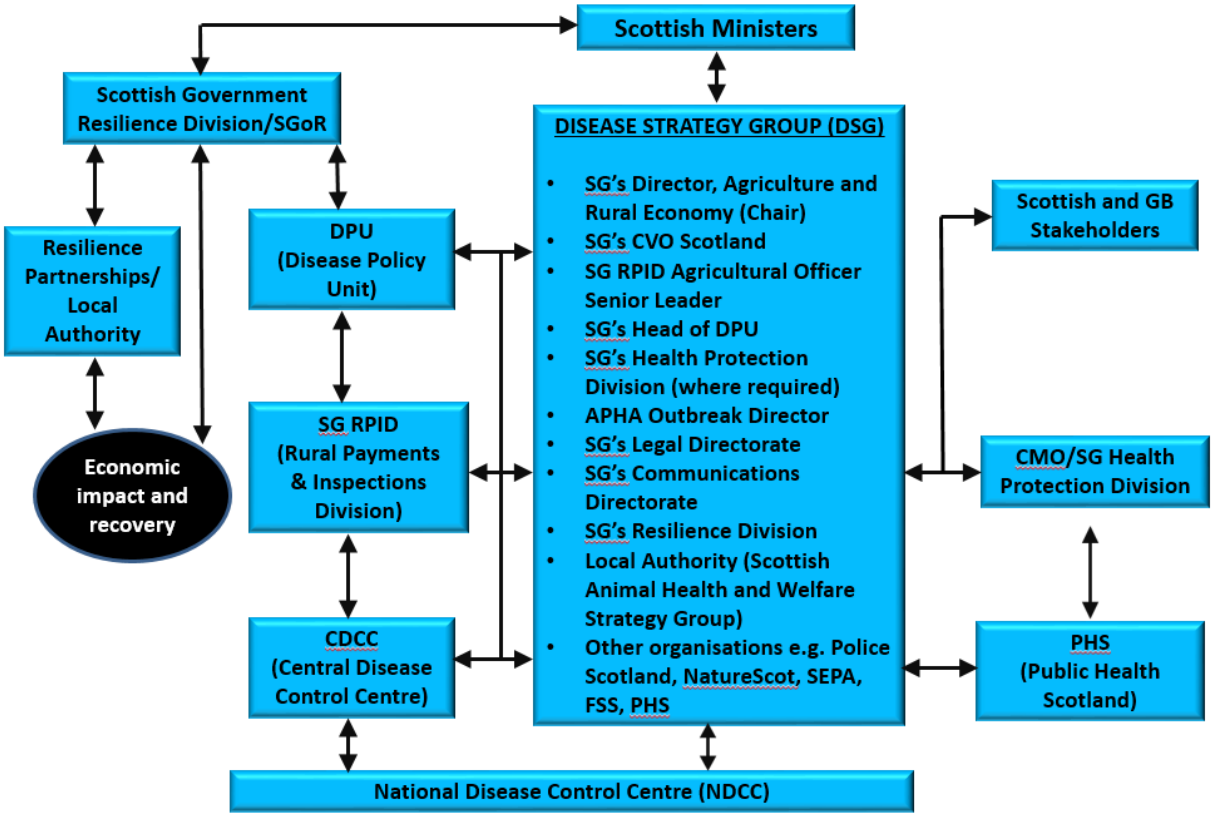
- consider the consequences of the emergency at a national level, identify current issues and recommend further action
- provide advice to Scottish Ministers, local responders
- co-ordinate the activity of Government and other responders

2.36. SGoR-O is chaired by the Resilience Division's Response Team Leader. Membership depends on circumstances. SGoR-O is only activated as part of the Scottish Government's corporate contingency response arrangements, and normally when an incident has consequences that require consideration across a number of policy areas. A decision on whether or not to convene the SGoR-O would be taken by the Response Team Leader. SGoR-O meetings are convened as necessary, and take place in advance of SGoR-M.

2.37. Members from the DSG will liaise with SGoRR to co-ordinate and manage the Scottish disease control response. In addition, a liaison officer from the Scottish Government's Resilience Division will attend DSG and may be deployed to the DPU.

Scottish Government Disease Control Structures

Figure 4 – Overall Scottish Government disease control structure



2.38. Figure 4 above shows the Overall Scottish Government Control Structure and illustrates the relationship between the DSG, which co-ordinates and manages the Scottish disease control response, and the wider Scottish Government and its operational partners. A detailed description of each of these control structures are described later in this chapter.

2.39. Underpinning these structures is the assumption that decision makers abide by the principle of subsidiarity; the principle that decision making is devolved to the

lowest practical level. A framework has been developed as a guide to help ensure that all decisions are taken at the most appropriate level and follow a process that is clear, transparent and auditable.

2.40. In all outbreak situations, policy makers and delivery bodies should ensure that:

- risk analysis is the key driver whenever a decision is made and is based on appropriate veterinary, technical, scientific and professional advice
- decisions are consistent in purpose and outcome with wider policy
- any local decision making must consider international as well as domestic trade implications
- the decision is communicated, both horizontally and vertically, within existing reporting structures
- decisions with potential policy or political implications are immediately escalated to strategic decision makers.

A) Disease Strategy Group (DSG)

2.41. Upon notification of any case of exotic notifiable animal disease in Scotland, the Cabinet Secretary for Rural Affairs and Islands will be informed by CVO Scotland and a Disease Strategy Group (DSG) will be established. The DSG will be chaired by the Director, Agriculture and Rural Economy and will report to the Cabinet Secretary for Rural Affairs and Islands. It will meet in Edinburgh, with communication links to the CDCC. If the disease is zoonotic, public health, operational and government colleagues will be invited. If Scottish Ministers activate the full corporate response, the DSG will form part of the arrangements set out in figure 4 'Overall Scottish Government Control Structure' and will report to, and take direction from Scottish Ministers via SGoR.

Role

2.42. To co-ordinate and manage the Scottish disease control response.

Membership

2.43. DSG membership consists of:

- Director, Agriculture and Rural Economy (Chair) (Scottish Government)
- CVO Scotland (Scottish Government)
- RPID Agricultural Officer Senior Leader (Scottish Government)
- Head of Disease Policy Unit (DPU) (Scottish Government)
- Public Health Division (Scottish Government: where required)
- APHA Outbreak Director for Scotland
- Scottish Government Directorate of Communications representative
- Resilience Division representative (Scottish Government)
- Scottish Government Legal Directorate representative
- Local Authority (Animal Health and Welfare Strategy Group representative)

- Representative(s) from PHS led National IMT (where outbreak has zoonotic potential)
- Other organisations (e.g. Police Scotland, SEPA, NatureScot, SASA, FSS) depending on the circumstances.

2.44. If the confirmed disease has zoonotic potential, the DSG will provide a representative to the PHS National IMT.

B) Disease Policy Unit (DPU)

2.45. Upon identification of an animal disease outbreak anywhere in GB, the head of the Scottish Government's Animal Health and Welfare Division, Disease Control Branch will establish and head the Disease Policy Unit (DPU).

Role

2.46. The DPU assists the DSG in managing the disease control operation, and in particular:

- ensures necessary legislation is put in place (in liaison with the Scottish Government Legal Directorate (SGLD))
- ensures that relevant information on disease control developments is shared with SGoR, NDCC, other UK Rural Affairs Departments and, where appropriate, with key Directorates/Divisions with relevant interests both within and outside the Scottish Government
- handles national animal health policy issues that develop during the response to the outbreak and its aftermath
- co-ordinates responses to any legal appeals against the Scottish Government's handling of disease outbreaks, in conjunction with SGLD
- provides support to the DSG and Stakeholder Group
- disseminates notes of meetings and instructions/actions
- ensures appropriate action is taken on export and import requirements.

Location

2.47. Scottish Government, Edinburgh.

Responsibilities

2.48. The functions of the DSG and DPU are limited to animal disease control and any overlap with the wider functions that would be co-ordinated through SGoRR and/or by other Directorates on the non-animal disease aspects. As set out below, the DPU's functions include:

2.49. **Communications:**

- disseminate policy decisions and movement licences
- communicate with field staff and enforcement bodies
- liaise with other Scottish Government Directorates
- liaise with stakeholders
- brief Scottish Ministers and the Scottish Parliament

2.50. **Liaison with other government departments:**

- lead on liaison with other UK Departments on policy matters

2.51. **Information:**

- act as contact point for enquiries
- create and manage a national helpline if required (run by the SG Rural Payments and Inspections Division)
- manage the Scottish Government disease specific website pages
- respond to disease related correspondence.

2.52. **Legislation:**

- instruct legal work on any statutory instruments and declarations needed to support the Scottish Government's response
- a Local Authority Animal Health Inspector/Enforcement Officer may be brought in to advise on the practical aspects of enforcing legislation.

2.53. **Licensing:**

- implement policy on animal movements, including available licences (and communication of this to field staff through the NDCC Veterinary and Technical Operations Team)
- liaison with APHA's Outbreak Director, Agriculture and Rural Economy Directorate agricultural staff and the Animal Health and Welfare Division's Veterinary and Science team.

2.54. **Compensation:**

- responsible for policy in Scotland relating to compensation
- introduce appropriate secondary legislation
- responsible for authorising compensation payments processed by APHA.

2.55. **Other functions:**

- liaise with other policy areas, such as traceability and animal welfare.

2.56. **Staffing:**

- core membership of DPU provided by the Animal Health and Welfare Division
- additional technical input provided by the Animal Health and Welfare Division's Veterinary and Science team and the Agriculture and Rural Economy Directorate
- embedded liaison officers may be deployed from the Directorate of Communications, local authority, SGLD, Scottish Resilience and other administrations throughout the UK.

C) Veterinary and Science Team

2.57. The Scottish Government's Veterinary and Science Team**:**

- provides professional advice
- undertakes collection and interpretation of data
- carries out veterinary risk assessments
- advises on disease progress, control strategies, exit requirements and wider veterinary issues
- liaises with relevant bodies (e.g. PHS and FSS)
- are represented on the NEG.

D) Rural Payments and Inspections Division (RPID)

2.58. The Scottish Government's Rural Payments and Inspections Division (RPID) staff have technical expertise in livestock farming and will be vital in informing policy decisions.

Role:

2.59. RPID's main roles are to:

- provide advice and support to the DSG, Ministers and the DPU
- staff the national phone helpline (where required) that feeds back to the DPU with licensing and other issues that may need to be addressed
- production of maps (in support of APHA mapping team)
- provide assistance in the development and drafting of general licences
- provide support to APHA field staff

E) Scottish Government Directorate for Communications

2.60. To ensure consistency of message, accurate scientific information and to manage public concerns, the Scottish Government will have the lead role on all media communications (FSS would be responsible for issuing advice to consumers on food related issues and would liaise closely with Scottish Government). A member of the Scottish Government's Directorate for Communications will be embedded in the CDCC to co-ordinate media communications from operational partners and ensure a co-ordinated approach to messaging, warning and informing, etc.

Role:

2.61. The main roles of Directorate for Communications are:

- liaison with the local and national media
- co-ordination with the Communications Co-ordinator (see the Scottish Government's Exotic Disease of Animals Communications Strategy) and Outbreak Director
- co-ordination of media issues with other agencies and stakeholders, e.g. local authorities, SEPA, PHS, and Police Scotland, especially through Resilience Partnerships
- liaison with communications teams in other GB administrations, APHA and RPs
- participate in the GB daily communications meetings.

Other Scottish control structures

F) Scottish Industry Stakeholder Groups

2.62. Alongside the creation of the DSG, regular meetings will also be held with stakeholders and key agencies. This activity will be co-ordinated with any wider stakeholder engagement on non-disease control aspects.

Chair:

2.63. CVO Scotland.

Role (Stakeholder group)

2.64. To:

- facilitate discussion with stakeholders to inform policy decision making
- provide a two way exchange of views and information between stakeholders and the Scottish Government
- help keep individual members within each stakeholder organisation informed and to communicate key messages between constituent membership and the Scottish Government
- alert the Scottish Government to any particular issues stakeholders may be facing.

Membership:

2.65. The membership is restricted to two colleagues per organisation and will be drawn from:

- organisations representing agricultural and rural interests, including the livestock industry, food supply and consumer organisations, markets, slaughterhouses and retailers
- enforcement bodies
- scientific and veterinary research organisations.

2.66. Members from the affected species specific GB Exotic Diseases Core Groups will also be invited to attend.

2.67. In addition, depending on the disease and the livestock affected by it, the membership will include national representatives of the affected livestock sector(s).

2.68. The initial focus will be to explain the current disease position. Sub-groups may be considered to address specific issues, e.g. movement controls.

G) Resilience Partnerships (RPs)

2.69. In some circumstances, (see para 4.2) it may be necessary to activate a strategic level of management to co-ordinate and provide overall direction to the detailed response activity of local responders. Scotland's multi-agency resilience structures to deal with emergencies are split into three Regional Resilience

Partnerships (RRPs - North, East and West) which in turn are broken down into a number of Local Resilience Partnerships (LRPs - three in the North and East, six in the West).

2.70. Resilience Partnerships' have agreed a single Scottish animal disease framework for a template contingency plan (Scottish regional resilience partnerships' framework for exotic notifiable animal diseases contingency plans). The plan, aimed at category 1 and category 2 responders, details a consistent command and control structure for responding to suspect and confirmed outbreaks of exotic notifiable animal diseases, and provides a framework to facilitate joint training.

2.71. Emergency plans must contain a procedure for determining if Resilience Partnerships should be alerted to the presence of an exotic notifiable disease of animals in Scotland.

2.72. In the event of a disease outbreak, regional partnerships may activate the Scientific and Technical Advice Cell (STAC) to consider the wider consequences of the emergency and provide scientific and technical advice to RRPs/LRPs to inform their response. Members of the STAC may already be represented at meetings of the Central Disease Control Centre (CDCC) Management Control Team. It is through the CDCC's links with the NDCC that the STAC would co-ordinate its activities with the NEG.

2.73. If the UK Government decides to activate the Scientific Advisory Group for Emergencies (SAGE), which provides scientific advice to the UK Government, then NDCC would ensure there were clear lines of communication between NEG, NEEG and SAGE.

Required actions

2.74. A number of initial actions are required both upon suspicion of disease and when disease is confirmed.

Upon suspicion (following CVO case conference call)

CVO Scotland	• Brief Cabinet Secretary. • Notify Scottish Government Directorate for Safer Communities' Resilience Division, on-call Duty Officer. • Consider notifying key stakeholders and the need for a press release.
Scottish Government Animal Health and Welfare Division's Disease Control Branch	• Develop a key brief ready for upload onto the SG website. • Liaise with the Veterinary and Science Team and Legal Directorate on any Temporary Control Zones required to be put in place. • Liaise with the Legal Directorate on draft Declarations for Protection Zones, Surveillance Zones and any other required additional zone(s). • Draft news releases informing of suspicion, if required, and for issue in the event disease is confirmed. • Notify Scottish Amber Telecon contacts
Head of Scottish Government Animal Health and Welfare Division's Disease Control Branch	• Contact Directorate of Communications (Duty Press Officer). • Inform key internal contacts. • Identify staff resources required for DPU. • Put DSG members on standby. • Determine requirements for a Temporary Control Zone. • Notify Communications, Public Health, Legal and Resilience Divisions and determine availability of support. • Consider need to inform MSPs/MPs with constituency interests.

2.75. Having taken the above actions, if disease is not confirmed then the officials need to take the necessary actions to stand down those that have been alerted.

Upon confirmation of disease

CVO Scotland	• Inform relevant Cabinet Secretary and Ministers • Inform Head of Disease Control Branch
Cabinet Secretary	• Brief First Minister • Brief Cabinet • Brief Parliament • Brief Parliament's Rural Affairs, Islands and Natural Environment Committee
Head of Disease Policy Unit (DPU)	• Inform key internal contacts outlined in Appendix B of the Communications Strategy • Inform senior management with an interest outlined in Appendix B of the Communications Strategy • Assemble the DPU • Convene DSG, ensuring CDCC representation (and where appropriate, IMT representation) • Issue news release (in consultation with the Directorate of Communications) • Notify all stakeholders and convene stakeholder group meeting • Ensure website is updated (continuous) and consider activating phone helpline
Disease Policy Unit (DPU)	• Notify forthcoming shows and sales secretaries (liaise with APHA) • Prepare Declarations for Protection Zones, Surveillance Zones, Restricted Zones • Prepare general licences • Prepare Key Brief document • Update website
Scottish Government Animal Health and Welfare Division's Veterinary and Science Team	• Prepare Veterinary Risk Assessments to allow movement licences, working with EPIC and NDCC Veterinary and Technical Operations team
CVO UK	• Inform European Commission & WOAH

Resources

2.76. Additional resources will be drawn from elsewhere within Government and its Agencies, where required, to support the SG, Agriculture and Rural Economy Directorate's lead role in managing the outbreak.

2.77. Staff working in an intense operational and policy area will be rotated as appropriate to ensure that they are not overburdened to the detriment of their health. Further welfare support role provided by the Employee Assistance

Programme for permanent Scottish Government staff and immediate family members.

IT infrastructure

2.78. The primary computer systems used for management of an exotic animal disease outbreak throughout GB are operated by APHA.

Procurement & finance

2.79. Operational procurement throughout GB will be led by APHA and will use various call-off contracts and framework agreements that have been established as part of GB-wide contingency planning arrangements.

2.80. The Defra Procurement and Contracts Division (PCD) will provide a team to operate at the CDCC to manage all of the procurement activities at a local level. Actual requirements and numbers will depend on the extent of the outbreak. Forensic accountants may be engaged prior to receipt and approval of invoices and, together with APHA finance staff, will be responsible for the certification, verification and evaluation of these invoices. APHA Finance Staff will liaise with Scottish Government Finance staff from the point at which outbreak is confirmed. Scottish Government Finance staff will ensure that the APHA system of certification, verification and evaluation of these invoices is sufficient for Scottish Government Audit requirements.

2.81. APHA's Contingency Planning team will ensure that PCD have been contacted at the suspect case stage, so that the appropriate resources can be placed on standby, potential sources of supply of equipment and personnel have been identified by PCD, and these resources can be called upon in the event of a notifiable disease outbreak or other emergency. Best practice guidance is available to APHA Offices to provide advice until procurement staff arrive, and will include guidance covering:

- the triggering of contingency contracts and framework agreements
- authorisation and use of emergency purchase orders and procurement cards
- contract management and letting

2.82. The Outbreak Director has overall responsibility for financial matters related to disease control measures in the CDCC, and procurement activity will be overseen in the first instance by the APHA Finance Manager. The Finance Manager is responsible for ensuring that the full cost of the disease control operation is accurately monitored and captured. However, the liability for the costs for any outbreak of exotic animal disease is devolved to the Scottish Government. The Finance Manager will ensure that regular timely information is provided to Scottish Government Finance. This information will be made available by Scottish Government Finance for both the Disease Policy Unit and the Disease Strategy Group to review to ensure that best value is achieved. Scottish Government is

responsible for providing funds to APHA for reimbursement of applicable outlays incurred during an outbreak. Scottish Government also directly pays compensation to any affected parties on the receipt of satisfactory information. Payments are subject to Scottish Government Audit scrutiny.

Contingency contracts and framework agreements

2.83. In the event of an outbreak, operational procurement will be led by APHA Contingency Planning Division (CPD) and APHA's Contracts Management Team (CMT), which will establish contractual arrangements to meet anticipated needs in the event of an outbreak of exotic notifiable disease of animals, and ensure value for money. Suppliers are vetted and subjected to regular review by Defra's procurement team and APHA to ensure their suitability for use in an outbreak. The framework agreements and arrangements are subject to regular review and competition and cover all relevant supply chains.

2.84. The commercial teams in Defra and APHA will be responsible for negotiating additional contracts, in discussion with Scottish Government, if required.

Laboratory testing

2.85. In the event of an exotic animal disease outbreak within GB, disease diagnostic samples would go to one of the GB National Reference Laboratories, APHA Laboratory in Weybridge or the Pirbright Institute, depending on the disease. Porton Down currently carries out diagnostic testing for anthrax.

Communications

2.86. The Scottish Government's Exotic Disease of Animals Communications Strategy sets out the objectives for the management of all communications aspects of its disease control response.

2.87. Key features of the Communications Strategy include:

- a detailed communications plan for each stage of an outbreak (suspect, confirmed, ongoing)
- definitions of roles
- description of the infrastructure for disseminating information
- a communication matrix, identifying different audiences, the information each will require and the best channel of communicating with them
- the strategy for engaging with the media to shape the emerging story.

Internal

2.88. The DPU will be responsible for ensuring that Scottish Government policy is communicated effectively. For this reason, a Communications Co-ordinator will be responsible for overseeing the effective dissemination of information both internally and externally. In addition, Scottish Government Communications Officers will be based in the DPU and, depending on the outbreak, the Forward Operations Base (FOB) to co-ordinate communications and ensure consistency. A priority will be to

ensure that staff in the field are fully aware of policy, but it will also be vital that appropriate communication is undertaken with other parts of the Scottish Government, particularly with Resilience, Environment, Enterprise and Tourism and Health colleagues, to ensure that the disease control is linked to work on wider impacts.

Operational instructions

2.89. The NDCC's Veterinary and Technical Operations Team issue operational instructions to APHA. In Scotland, all APHA operational instructions will be agreed with the Scottish Government before issue. Any operational instructions issued by the NDCC Veterinary and Technical Operations Team that do not apply in Scotland will not be issued to field staff in Scotland to action, but will be copied to them for information. Licences are also made available through this process.

Media relations

2.90. The media message for the disease response will be led by the Scottish Government. The strategic media response for the Scottish Government will be set at corporate level, taking into account not only the disease control aspects, but also consideration of the wider issues, e.g. impacts on communities, the economy, public health, etc. During a major animal disease outbreak it is likely that SGoR-M would set the overall strategic direction for the Scottish Government's response, including the media handling strategy.

2.91. If deployed, the Scottish Government Communications Liaison Officer within the FOB will co-ordinate a press response from there, otherwise it will be directed from within the DPU. The Communications Liaison Officer will also work with APHA Communications Directorate, Resilience Partnerships' and any relevant sub-group to manage media relations at the scene of incidents and to ensure a consistent message is being projected from all agencies.

2.92. The Scottish Government's Directorate of Communications will liaise with the APHA Communications Directorate and Communications Directorates of other UK agriculture departments, particularly if there is a wider GB impact.

Schedule of daily co-ordination meetings & reports

2.93. A series of pre-determined daily meetings will be scheduled across structures to direct, co-ordinate and support the disease control response (see Table 1 below). The exact schedule will be determined by, amongst other things, the circumstances of the disease and the stage of the outbreak. Internal team briefing meetings form part of this schedule and will be held at regular intervals each day. These meetings will identify immediate concerns/key points of information and agree corrective action. Representatives from the main disease control teams, RPID, and ARE Communications, will attend.

2.94. Time will also be built in for liaison with corporate response structures and Resilience Partnerships. The frequency of such engagement will depend upon the wider impacts of the outbreak and are not therefore set out in this plan.

Table 1 - Schedule of daily meetings

Time	Scottish Government	NDCC	CDCC
0800-0830	DPU Team Brief Helpline staff brief	Daily Strategic Stocktake Meeting	Daily Management & Communications meeting
0830-0900		NDCC Bird table	CDCC Bird table
0900-0930	GB Daily Communications Meeting		
0930-1000	DSG		
1000-1100		NSC	
1100-1130	SGoR-O		
1130-1200	Media briefing		
1200-1230	DPU Team Brief	NDCC Bird table	CDCC Bird table
1400-1430		CDCC Management teleconference	CDCC Management teleconference
1500-1600		NSC	
1600-1630	DSG		
1730-1800	DPU Team Brief		CDCC sitrep due
1800-1830		NDCC Bird table	CDCC Bird table
2100 approx.		NDCC Report compiled and circulated	
Ad hoc	EPIC	ADPG NEG NEEG	

Chapter 3

3. Roles and responsibilities of key individuals

Introduction to roles and responsibilities

3.1. This chapter sets out key roles and responsibilities in the control process if there is either a suspected or confirmed outbreak of exotic notifiable animal disease in Scotland or elsewhere in Great Britain.

Strategic

A) Cabinet Secretary for Rural Affairs and Islands

Role:

3.2. The Cabinet Secretary's day to day involvement will depend on the size and scale of the outbreak, but is likely to be greater in an outbreak across GB with a high incidence of IPs, or an instance of zoonotic disease with implications for human health.

3.3. The Cabinet Secretary may be required to:

- decide to control disease through emergency vaccination in an outbreak of disease, e.g. FMD.
- brief the Scottish Parliament about current risks and disease control measures
- brief the Scottish Cabinet when necessary
- brief the media when necessary.

3.4. The Cabinet Secretary:

- will attend SGoR-M (if convened)
- may attend NSC (if convened).

B) Director for Agriculture and Rural Economy role:

3.5. The Director for Agriculture and Rural Economy provides senior leadership to the disease control response and chairs the DSG. In addition, the Director acts as a link between the disease control work and the Directorate's interests in consequence managements, such as the agricultural industry and rural communities.

C) Chief Veterinary Officer Scotland

Role:

3.6. To provide the lead on the Animal Health and Welfare Division's response to a disease outbreak, ensuring appropriate business continuity arrangements are maintained.

Responsibilities:

3.7. CVO Scotland is responsible for:

- providing veterinary and policy advice to Scottish Ministers and the DSG
- briefing Cabinet Secretary on the developing disease
- confirming disease in Scotland
- making recommendations on declaring movement control zones to limit disease spread
- making recommendations on the lifting of restrictions once disease is eradicated
- chairing Stakeholder Group meetings
- ensuring necessary "business as usual" activities are maintained.

D) Head of SG's Disease Control Branch

Role:

3.8. To manage the policy response to a disease outbreak, ensuring key interests, both inside and outside the Scottish Government, are kept fully informed of developments and to oversee the general management of disease related policy.

Responsibilities:

3.9. The Head of Disease Control Branch is responsible for:

- ensuring that the Disease Policy Unit (DPU) is sufficiently resourced to respond to the disease outbreak
- liaison between DPU and DSG
- managing staff and activities within the DPU.

E) APHA Chief Executive

Role:

3.10. To plan the effective delivery of strategic decisions whilst retaining an overview of the operational aspects of the disease control effort.

Responsibilities:

3.11. The APHA Chief Executive is responsible for:

- leading the delivery of the operational response and management of staff dealing with disease control at the operational level
- briefing UK Ministers and officials of affected administrations on disease control operations and lead at NSC on operations
- briefing APHA's Management Team on developments
- authorising recruitment of additional staff for the CDCC
- managing expenditure on the disease control operation and providing information to the Scottish Government about the financial integrity of the control and recovery operations

- upon confirmation of disease and in the absence of the CVO UK, the APHA Chief Executive has the authority to activate the NDCC.

Tactical and operational

A) Outbreak Director (APHA)

Role:

3.12. To ensure delivery of Scottish Government policy in the field by staff in local APHA Offices/CDCC. By maintaining close links with the NDCC, APHA's Outbreak Director will also ensure delivery in Scotland is co-ordinated with other activities across GB.

3.13. The Outbreak Director will report to APHA's Director of Service Delivery in the NDCC. They will be APHA's senior representative in Scotland and will:

- represent APHA/NDCC Operations and provide an overview of disease control operations in Scotland at the DSG
- provide a link between the DSG and operations and ensure decisions taken by the DSG are implemented on the ground
- brief the DSG and CVO Scotland on operational matters within Scotland, including veterinary matters arising from disease control operations
- oversee the production of management information and reports from regional operations to the DSG
- identify current, and potential, operational problems and issues from both a regional and GB perspective
- attend NDCC Bird table meetings by teleconference
- attend Stakeholder meetings
- manage activity in CDCCs in Scotland through FOB Management
- Attend CVO Stocktake meetings

B) Outbreak Director (APHA) – local operations

Role:

3.14. At a local operational level, the role of Outbreak Director will become a joint responsibility between the Veterinary Lead Scotland (VLS), Operations Manager and FOB management team. The Outbreak Director will provide leadership and direction for the CDCC and FOB and will represent APHA in dealings with stakeholders, local operational partners and the media, in line with the Scottish Government's Exotic Diseases of Animals Communications Strategy.

Responsibilities:

3.15. The Outbreak Director is responsible for:

- supporting a co-ordinated approach to the local disease control operation and local stakeholder liaison within the Management Control Team for the FOB
- leading the local disease control operation and taking overall command of operational activities
- providing input into DSG relating to operational activities and ensuring that decisions taken by the DSG are put into effect, working with other organisations as appropriate
- acting as the local spokesperson to the media on the operational aspects of the disease control response with support from APHA and the Scottish Government Communications Officer in the FOB
- briefing the relevant RRP/LRP on the operational disease control response
- liaising with the relevant RRP/LRP to ensure that arrangements are in place to manage the wider consequences of the outbreak and managing relationships with partners
- overall responsibility for financial matters related to disease control measures in the FOB
- chairing the MCT and CDCC Bird table meetings
- chairing local stakeholder meetings
- establishing contact with the NDCC and providing the link between the NDCC and local operations on the ground
- seeking advice from APHA's VLS and Operations Manager Scotland (OCS) on local veterinary and operational activity
- forward planning and development of the CDCC/FOBs in response to information on the disease, policies and resources
- ensuring a suitable deputy is in place as required
- line managing the VLS, OMS, and Finance Manager
- acting as a member of the Enforcement Area Management team where such an area is required.

Attendance at committees and meetings

3.16. The Outbreak Director will attend:

- DSG via teleconference
- CDCC MCT and Bird table meetings
- CDCC Daily Management and Communications meetings
- CDCC Management teleconferences
- local stakeholder meetings
- FOB Bird table and Management Control Team meetings

B) Veterinary Lead Scotland (VLS) (APHA)

Role:

3.17. The VLS will support the Outbreak Director on all veterinary issues throughout the management of a regional disease outbreak response. The VLS will also deputise on behalf of the Outbreak Director as required.

Responsibilities:

3.18. The VLS is responsible for:

- professional leadership of veterinary staff and to provide technical oversight for technical staff within the country
- supporting the Outbreak Director on all veterinary issues providing expert advice on veterinary risk and policy issues within the country delivery agenda
- provision of veterinary and technical advice to OMS on local veterinary and operational policy and activity
- providing veterinary and technical advice for press briefings where the Outbreak Director is spokesperson
- working closely with the regional management team to ensure that quality standards are met and that procedures and policies are consistently applied
- acting as senior veterinary field adviser to all staff within the country and to specifically consider wider aspects of veterinary issues being the first point of contact for policy guidance and expert advice
- if the Allocation Team and/or Debrief Team has not been established, ensuring a debrief of staff who have undertaken a veterinary inquiry takes place, including quality assurance of documents and forms. Where a FOB has been established, work with the FOB Veterinary Advisory Field Delivery (VAFD) to ensure debrief activity is undertaken at the FOB
- quality assurance of veterinary activities within the CDCC and FOB
- ensuring that appropriate standards are applied and that decisions are made on the basis of sound veterinary advice and appropriate risk assessment
- consider reviews against the decision to cull
- sign off premises when secondary C&D is complete
- line management of the FOB Veterinary Lead.

C) Operations Manager Scotland (APHA)

Role:

3.19. The Operations Manager Scotland (OMS) is the administrative lead within the CDCC and will ensure that all administrative activities within the CDCC are undertaken in accordance with instructions, and that their implementation and completion are fully and promptly accounted for.

3.20. Upon confirmation of disease, the Delivery Manager will help establish and manage the CDCC, ensuring that suitable accommodation and communication infrastructure, as agreed in APHA Local Contingency Plans, is in place.

Responsibilities:

3.21. The OMS is responsible for:

- providing flexible and responsive operational leadership and management for staff within the FOB(s)
- managing the activities of the following work groups
  - Infrastructure
  - Human resources
  - Movement control
  - Communications
  - Finance
- liaising with the OMS to ensure administrative actions are taken in accordance with and in synchrony with the appropriate field activity
- providing support and advice to Team Managers within the FOB/CDCC
- providing advice on operational activity to the Outbreak Director
- liaising with the Outbreak Director, VLS and R&TA to establish and maintain support for CDCC workgroups, anticipating workloads and planning resource requirements
- liaising with the Outbreak Director, OM and R&TA to establish and maintain one or more FOBs if required
- resolving non-veterinary issues and problems raised by Team Managers
- providing management information on current progress and contribute to reports as required.

3.22. Where additional resources are required to support FOB/CDCC operations, the OMS will want to ensure access to relevant specialist skills within APHA or the Scottish Government. These skills include human resources, IT, finance and accountancy services, statistical support, facilities and estates services, purchasing and contracts, quantity surveyors, registry, etc. and will be called upon as necessary.

3.23. The provision of suitable accommodation and IT support should already be underway, as Local Contingency Plans are implemented. However, the Delivery Manager will monitor progress and ensure that those arrangements are adapted as necessary. An important aspect of the support structures established by the Delivery Manager is the need to capture the management information (MI) that will be needed following the outbreak.

D) Veterinary Advisor Field Delivery(VAFD) (APHA)

Role:

3.24. The role of the VAFD is to manage the technical functions of the local veterinary response to the local disease control operation, including quality assurance of veterinary activities within the FOB, ensuring that appropriate standards are applied; and that decisions made are consistent with wider government policy and sound veterinary advice, based on appropriate risk assessments. The VAFD will also deputise on behalf of the Outbreak VLS as required.

Responsibilities:

3.25. The VAFD is responsible for:

- providing flexible and responsive operational leadership and management for staff within any FOB(s)
- providing overall management of the following work groups:
  - Control and containment
  - Confirmation and surveillance
- liaising with the Veterinary Leads to ensure veterinary and technical actions are consistent with the requirements of appropriate Directives, domestic legislation and operational instructions, and in synchrony with the appropriate field activity
- providing veterinary and technical support and advice to Team Managers within the FOB
- advising the Outbreak Director and providing management information on operational activities
- maintaining an overview of operational activity
- liaising with the OMS, FOB Manager and R&TA to establish and maintain support for workgroups, anticipating workloads and planning resource requirements
- establishing and maintaining an appropriate management team structure
- resolving veterinary issues and problems raised by Team Managers.

E) Resilience and technical advisor (R&TA) (APHA)

Role:

3.26. One of the primary roles of the Resilience and Technical Advisor (R&TA) is to support the preparation of local contingency and emergency plans, so that APHA maintains a continuous state of emergency readiness and resilience. During an outbreak, a R&TA will directly support the Outbreak Director throughout the disease response.

Responsibilities:

3.27. The R&TA is responsible for:

- assisting in the establishment of an appropriate response structure when there is reasonable suspicion that disease may exist or if instructed by the Head of Field Delivery, Scotland
- assisting the FOB/CDCC management team in planning and co-ordinating future resource needs and infrastructure requirements
- representing the Outbreak Director, as required, in dealings with local operational partners and stakeholders and, in particular, the RRP or LRP(s)
- liaising with, and supporting, operational partners in conjunction with the FOB/CDCC MCT
- providing leadership and direction as a member of the CDCC MCT, including advising on the deployment of staff with the appropriate skills to where that resource is most needed
- managing residual work from outbreaks, including:
  - finance
  - C&D
  - restocking
- assisting in planning the scaling down of the CDCC

F) Scottish Government RPID Staff in the CDCC

Role:

3.28. The PAOs and their staff will provide professional agricultural and administrative support to the CDCC as required.

3.29. RPID staff have an important role in liaising with the local farming community and providing local knowledge.

Responsibilities:

3.30. The responsibilities of RPID staff in the CDCC include:

- providing support in CDCC as required under direction of the Delivery Manager
- logistical management of operations in any zones
- providing logistical assistance in initial surveillance, valuation, culling, disposal and C&D operations, as required under direction of the VLS
- providing support to the Outbreak Director in liaising with farmers
- assessing applications for, and issue of, movement licences under veterinary direction of APHA
- staffing national and local phone helplines
- providing general agricultural advice to APHA CDCC staff
- providing resources for the finance function
- preparing, issuing and delivering forms as appropriate.

G) NHS Boards

Role:

3.31. The role of the NHS Boards will depend on the disease. The Consultant in Public Health Medicine (CPH(M)) will be informed of all report cases or suspicion of disease. Upon suspicion of disease, the public health response will be led by the local CPH(M) in close liaison with PHS, in line with local incident management arrangements.

3.32. If disease is subsequently confirmed, and has zoonotic potential, a National IMT will be convened by PHS to coordinate the multi-agency public health response to the outbreak in Scotland.

3.33. The local NHS board CPH(M) will represent the NHS board(s) on the National IMT and will be responsible for the local implementation and operational aspects of the public health response to the incident, as agreed by the National IMT.

3.34. The CPH(M) may convene a local NHS board IMT to facilitate this, especially in the early stages of the investigation, in line with their local incident management arrangements.

3.35. CPH(M) from relevant NHS board areas will be invited to attend the CDCC MCT by APHA.

3.36. The NHS board's role during an outbreak of animal disease with zoonotic potential is to:

- provide a representative to the CDCC-MCT
- provide a representative to the National IMT chaired by PHS
- provide advice on potential risk to humans arising from animal health activities, including outbreaks of animal diseases
- advise on necessary control measures including personal protective equipment, prophylaxis/vaccination and treatment where necessary
- respond to health related queries from the public, local health staff and delivery partners, including setting up a phone helpline where required
- ensure continuity of health care in affected areas
- ensure the local implementation of the public health response to the outbreak, including the provision of prophylaxis / vaccination where appropriate.

H) Public Health Scotland (PHS)

Role:

3.37. PHS is a division of NHS National Services Scotland. PHS provide expert advice and information on public health issues to health professionals, national and local government, the general public and other bodies with a role in protecting health in Scotland.

Responsibilities:

3.38. PHS will take the lead on the human health aspects of an animal disease outbreak. During an outbreak with zoonotic potential, PHS will be responsible for:

- providing expert advice to all professionals involved in the management and control of incidents of zoonotic disease
- providing operational support to NHS boards in relation to the public health response to the incident
- upon confirmation of an outbreak of disease with zoonotic potential, convening and leading the National IMT to coordinate the public health response to the outbreak in Scotland
- providing a representative to DSG and CDCC
- providing a representative to NDCC bird table and input into the “OCG Daily Report”.
- contributing to communication and briefing requests from Government and other operational partners

Chapter 4

4. Working with others

4.1. Chapter four outlines other operational partners, Resilience Partnerships, agencies, Scottish and UK Government Departments and international organisations that play an essential role in the management of disease control if a notifiable animal disease is suspected or identified.

A) Resilience Partnerships

4.2. A Resilience Partnership may be activated to deal with the wider consequences of the outbreak and ensure that multi-agency response is well co-ordinated and effective. Resilience Partnerships can be convened at a local level or across a wider area depending on the nature of the incident and the organisations involved. Police Scotland, SEPA and affected local authorities will maintain the link between the resilience partnership and disease control response through attendance at the CDCC-MCT and NDCC. If a Resilience Partnership is stood up, Police Scotland will be invited to attend the DSG.

4.3. Where an animal disease outbreak is zoonotic (i.e. can affect human health) close liaison would take place with PHS and the relevant NHS Board(s). The public health response to the outbreak would be co-ordinated through an NHS led IMT.

4.4. It will be for operational partners in each regional area to determine which Resilience Partnerships should convene based on the specific circumstances of the outbreak. Where regional boundaries are involved, an early decision on the configuration of Resilience Partnerships will be reached following consultation. From the start of an outbreak, a Resilience Co-ordinator will be invited by APHA to attend the CDCC MCT meetings.

4.5. During the outbreak, the role of the Resilience Partnership, if convened, would be to:

- protect human life, property and the environment
- minimise the harmful effects of the emergency
- consider the wider consequences of the outbreak
- maintain normal services at an appropriate level as far as possible
- provide mutual support and co-operation between responders
- support local communities
- manage and support an effective and co-ordinated joint response

B) Scottish Animal Health and Welfare Strategy Group

4.6. During an outbreak of exotic animal disease, a Local Authority (LA) representative from the Scottish Animal Health and Welfare Strategy Group will:

- attend the DSG
- provide advice to local authorities on both regulatory and enforcement matters
- communicate current disease controls, e.g. movement controls to local authorities
- raise enforcement issues with DSG
- confirm emergency contacts
- ensure that key AHW Strategy Group staff are alerted and kept up to date on the current situation
- alert the pre-arranged “ready reference” LA contact group for use as immediate technical advisory point.

C) Local authorities

Role:

4.7. LAs have a major role in responding to outbreaks of notifiable animal disease. They are statutory bodies for enforcing livestock disease controls and are empowered to monitor compliance with movement licences etc. They also fulfil a significant role in providing advice and education at the local level. LAs may assist APHA with the provision of resources, such as staff, vehicles, equipment and buildings. In the event of a zoonotic disease outbreak they would also support NHS boards and the National IMT, as per business as usual.

Responsibilities:

4.8. The main responsibilities of LAs are to:

- provide a representative to CDCC MCT
- provide a representative to NDCC bird table meetings and input into the OCG overnight reports
- support NHS boards in the local investigation and management of the incident
- provide a representative to the NHS led National IMT where required
- as part of Infected Area Management Team, provide advice on suitable cleansing and disinfection sites within and around the controlled area
- provide assistance where possible on provision and procurement of resources and staff – especially in the early stages
- provide administration for enforcement of movement licence requirements
- assist in the delivery of restriction notices and securing of suspect and infected premises
- check and enforce compliance with all disease control measures, especially movement controls and licences

- supervise operation of markets and collection centres
- serve restriction notices and revocation notices on request of the Outbreak Director for Scotland
- assist at vehicle checkpoints
- advise farmers of restrictions and providing information to the local population
- advise the Outbreak Director for Scotland on local issues that may impact on control measures
- implement and advertise official closures on land where there is a public right of access, upon request from the DSG
- identify private water supplies and monitor both municipal and private supplies

D) Food Standards Scotland (FSS)

Role:

4.9. Food Standards Scotland (FSS) is responsible for the protection of public and animal health and welfare through the delivery of Official Controls in approved fresh meat premises, including the designation of abattoirs. It is responsible for the legislative control of hygiene standards in slaughterhouses, game handling establishments and cutting plants. FSS is represented in meetings of the DSG.

4.10. FSS is also responsible for providing advice to the public concerning implications for the food chain arising from an outbreak of exotic animal disease. The agency will produce guidance on food safety based upon the latest scientific information and is responsible for assessing the level of risk to the consumer.

E) Scottish Environment Protection Agency (SEPA)

Role:

4.11. The Scottish Environment Protection Agency (SEPA) is Scotland's environmental regulator. SEPA is the lead public organisation for protecting and improving the environment in Scotland. During animal disease outbreaks, SEPA will work with and support partners including APHA, local authorities and landowners to minimise the environmental impact of the outbreak.

Responsibilities:

4.12. SEPA will:

- provide expert advice to the Scottish Government, in particular on waste management options. The advice will focus on the disposal sites that the SEPA regulates
- determine applications and registrations for waste disposal and recovery activities (including carcases, manures, slurries and wash waters)

- advise on pollution prevention, including the site of cleansing and disinfection facilities and their operation
- monitor the impact of the outbreak on the environment.

4.13. Where appropriate, SEPA will provide Liaison Officers at strategic/tactical (DSG/DPU) and operational (CDCC) command levels during disease outbreaks. SEPA will also, where necessary, be represented at SGoR and Resilience Partnership meetings.

F) Scottish Society for the Prevention of Cruelty to Animals (Scottish SPCA)

Role:

4.14. The Scottish SPCA is an animal welfare charity. The SSPCA can also provide a uniformed presence to assist with animal welfare functions if requested by the OM.

Responsibilities:

4.15. Scottish SPCA responsibilities include:

- providing assistance with monitoring compliance with movement licences, including accompanying vehicles on request
- providing an independent welfare audit if requested by APHA or the Scottish Government

G) Police Scotland

Role:

4.16. Police Scotland fulfils a number of roles in relation to an animal disease outbreak, in addition to maintaining order and protecting the public. Police involvement will depend on the severity and nature of other requirements being placed upon them. The Disease Policy Unit will work with Resilience Division to put in place liaison arrangements with Police Scotland (and other RRP and LRP partner organisations) to help co-ordinate national issues.

4.17. During an outbreak of exotic animal disease Police Scotland will:

- provide representation at Amber Teleconferences
- if required, attend DSG
- work with local authorities to enforce movement controls and the policing of control zones
- maintain links between resilience partnership and disease control centre response by attending CDCC-MCT and the NDCC, ensuring representation to NDCC bird tables and input to the OCG overnight reports
- provide advice and support on traffic management to facilitate field operations, such as road closures, routes to take for disposal of animal carcases, or escort of vehicles carrying carcases to disposal plants

- provide a presence at an IP if required
- provide assistance to APHA through the provision of specialist knowledge in the management and co-ordination of major incidents
- provide general support, particularly in pursuing legal entry to premises
- work in partnership with local authorities and the CDCC to share and consider local intelligence
- Work with local authorities to stop and check vehicles transporting animals.

H) Local stakeholder groups

4.18. A stakeholder is an individual, business or organisation that may be affected by the management of an outbreak of exotic notifiable disease in animals. The APHA FOB Manager will establish local stakeholder groups to represent their interests within the CDCC (Para 2.23 above provides details on the National stakeholder group). Meetings with these groups will be held as required, but should be convened quickly to tackle any initial concerns.

Role:

4.19. The role of Local Stakeholder Groups will be to:

- ensure that developments in local operations are communicated to all relevant parties
- allow input from all relevant parties to inform local decisions.

Membership:

4.20. Membership will be determined by the Outbreak Director Scotland and where appropriate will include:

- local representatives from the affected livestock sector(s)
- representatives from businesses engaged in or directly affected by the disease response.

4.21. In addition, representatives from enforcement bodies, scientific and veterinary research organisations and local authorities involved in the developing disease response may be invited to provide information to stakeholders as required.

Mental health support for owners of animals

4.22. We recognise it would be an incredibly difficult time for animal owners who are on the frontline of any disease outbreak and who may be faced with depopulation. There are numerous support networks that they can contact for help including

the Royal Scottish Agricultural Benevolent Institution (RSABI)

- Helpline 0808 1234 555
- The helpline is free and open 24/7, 365 days a year.

Samaritans

- Whatever you're going through
- Helpline: 116 123 – free call, anytime
- Email: jo@samaritans.org (response time: 24 hours)

Mind

- Helpline: 0300 123 3393. Available 9 am to 6 pm, Monday to Friday (except for bank holidays).

Other Scottish Government Directorates and Agencies

A) Scottish Government Directorate for Safer Communities' Resilience Division

4.23. The role of the Scottish Government Directorate for Safer Communities' Resilience Division is to co-ordinate the corporate response of the Scottish Government to any major emergency or unplanned event with multiple consequences. This is a dual role that requires increasing levels of preparedness and management of the Government response, and an understanding of the interface between the activity of Government and the role of local emergency responders and stakeholders in managing the consequences of any significant event. The Resilience Division will support the development of particular contingency plans and supports the concept of an integrated approach to emergency response. In the event of wider consequences arising, such as impact on tourism, community issues, and the economy, the Resilience Division will bring together all the relevant policy experts through SGoR to consider the Scottish Government's response. If the outbreak were sufficiently serious, SGoR-M would be convened in order to set the strategic aim and key objectives for the response across the Scottish Government.

B) Directorate for Chief Medical Officer and Health Protection Division

4.24. The Directorate for Chief Medical Officer and Health Protection Division set the strategy, policy and high level objectives for managing the human health implications of an exotic notifiable animal disease outbreak. This will include approaches to treatment and use of prophylaxis. Both Health Protection Division and the Chief Medical Officer attend the DSG if the disease outbreak is a known zoonosis.

C) Transport Scotland

4.25. Transport Scotland is an agency of the Scottish Government and is responsible for all operational and strategic matters involving the transport infrastructure. During an outbreak of exotic notifiable disease in animals, Transport Scotland's responsibility is to advise on matters relating to transport in Scotland and facilitate contact with the transport industry where necessary.

4.26. In considering the actions necessary to mitigate any significant risks arising, Transport Scotland will liaise with Department for Transport (DfT)

colleagues to develop solutions addressing transport constraints caused by disruptive events with direct or in-direct consequences for the whole transport network.

D) Science and Advice for Scottish Agriculture (SASA)

4.27. The primary role of SASA, a Division of the Scottish Government Agriculture and Rural Economy Directorate, is to provide scientific services and advice in support of Scotland's agriculture and the wider environment. During an exotic notifiable animal disease outbreak, SASA may be consulted in relation to wildlife management or pest control at IPs to provide technical advice on what may be required to help prevent the spread of disease via vertebrate wildlife.

Other UK Administrations, Departments and Agencies

A) Defra

4.28. Defra leads on the animal disease control response in England and liaises with appropriate international organisations such as the EC and WOAH. See Defra's Contingency Plan for Exotic Notifiable Diseases of Animals for more detail.

B) Welsh Government

4.29. The Welsh Government leads on the animal disease control response in Wales. See Welsh Government's Contingency Plan for Exotic Animal Diseases for further information. This sets out the Welsh Government's systems, procedures and lines of communication for managing an outbreak of exotic notifiable disease in animals.

C) Department of Agriculture, Environment and Rural Affairs (DAERA) in Northern Ireland

4.30. Northern Ireland is considered to be part of a separate epidemiological unit, since it does not have a land boundary with Great Britain and has a separate veterinary service from the rest of GB. See Northern Ireland's Contingency Plan for Epizootic Disease of animals for more details.

D) United Kingdom Mission to the European Union (UKMis)

4.31. UKMis monitors and analyses developments in the EU, particularly in the EU institutions (the European Council, European Parliament and European Commission), engages with member states' representation to the EU and supports negotiations with the EU.

E) Military liaison/involvement of the Armed Forces

4.32. There are no plans to use armed forces in the operational response during a disease outbreak, although the strategic logistical and co-ordination expertise of the military may be utilised if necessary. APHA has plans to bring in civil contractors under contingency contracts and to recruit additional staff and volunteers both from Government Departments, and external sources. These

arrangements reduce the need for support from the armed forces. Staff will receive training in planning a massive logistics operation, leadership, and effective communications. These skills are maintained through contingency planning and exercises.

4.33. Depending on the emergency, a Joint Regional Liaison Officer (JRLO) may be invited to attend SGoR to provide advice to the Scottish Government.

International

A) World Organisation for Animal Health (WOAH)

4.34. The WOAH is the intergovernmental organisation responsible for improving animal health worldwide, and was formed as the Office International des Epizooties through an international agreement signed in 1924. In May 2003, the Office became the World Organisation for Animal Health, but kept its historical acronym OIE. In 2022, the acronym OIE was amended to WOAH.

4.35. In 1994, the World Trade Organisation (WTO) recognised the WOAH as the international reference body, with responsibilities under international law for specifying the standards, guidelines and recommendations applicable to international trade.

4.36. The WOAH produces the Terrestrial Animal Health Code (the Code) on behalf of its member countries, which is formally adopted at the annual general assembly of WOAH Members. The delegate member of the WOAH for the UK is the CVO UK. The aim of the Code is to assure the sanitary safety of international trade in terrestrial animals and their products.

4.37. The Code is an integral part of the regulatory system established by the WTO for trade in animals and their products. Veterinary authorities are encouraged to base their import health measures on the WOAH standards. In the case of the EU, many of the current measures are based on the WOAH standards.

B) European Union (EU)

4.38. The requirements to control the exotic animal diseases covered by this framework are enshrined in retained EU legislation, either by EU Directive or EU Regulation. EU law is relatively flexible and recognises that animal diseases are dynamic and that a flexible approach is required for their control. This flexibility is achieved through the Commission and SCoPAFF. In the event of an outbreak, the Commission may take immediate measures, such as restricting intra-Community trade, and may also put forward disease control proposals for consideration by SCoPAFF. Ultimately, all measures or proposals made by the Commission must be approved by qualified majority by SCoPAFF. The UK is no

longer an EU Member State and doesn't attend. However, it is likely we would attempt to align with EU rules in order not to impact international trade.

C) Third countries

4.39. Following an outbreak of exotic animal disease third countries may ban or restrict the import of animals or their products. It is hoped that third countries will abide by the World Organisation for Animal Health (WOAH) Code. But often bilateral negotiations are required to restore trade – the responsibility for these negotiations' rests with Defra and CVO UK.

Chapter 5

5. Reviewing and exercising the plan

5.1. CVO Scotland is responsible for reviewing this plan and its associated Scottish Annexe on a regular basis, consulting as appropriate with operational partners and stakeholders. Amendments will be made to the plan in the light of changes in policy, organisational structures, responsibilities and scientific knowledge.

5.2. In order to maintain a state of readiness it is necessary to exercise the plan and train appropriate staff regularly. The scale, nature and frequency of exercises will depend on the organisational role, responsibilities and the levels of existing training and experience within any organisation that has a role to play in disease control. A national animal disease exercise involving all partners will be held every two to three years in the absence of an actual disease outbreak. The lessons learnt from exercises or from dealing with outbreaks of disease will inform revisions to this plan.

5.3. APHA has a performance target for local and regional exercises, which requires APHA to plan, deliver and evaluate exotic animal disease exercises in liaison with policy customers and local operational partners annually.

5.4. Any comment or questions relating to the content of this plan should be sent to:

Disease Control Branch
Animal Health and Welfare Division
Scottish Government
Agriculture and Rural Economy Directorate
P Spur, Saughton House, Broomhouse Drive, Edinburgh, EH11 3XD
Email: Animal.Health@gov.scot

Appendix 1 - Biosecurity Advice

Keep disease out

- **Minimise movement of animals and vehicles on and off farm**. Movement of animals, people and vehicles on to your farm increases the risk of disease being introduced.

- **Responsible sourcing of livestock.** Maintain a closed herd or flock if you can. Adopt best practices and source replacement stock of known high health status. Consider carefully the risks of importing stock from countries or areas known to be a higher disease risk. Ensure you comply with all relevant legislation.

- **Quarantine and isolation.** Keep bought-in animals separate from the rest of the herd or flock for 21 days to ensure these animals are not incubating disease.

- **Treatment and vaccination.** Develop and maintain a herd or flock health plan with your vet. Consult your vet and take advice on appropriate treatments and vaccinations for purchased livestock to make sure they have the same health status as your existing stock.

- **Farm management.** Consider the benefits of management systems such as 'all-in/all-out'. Keep movement records up to date at all times. Adhere to relevant standstill requirements. Inspect stock regularly. Ensure that housing and boundary fencing is secure to prevent straying and contact with neighbouring livestock.

- **Detect disease early: know the signs and be vigilant.** Descriptions of notifiable diseases can be found at the Scottish Government web site.

- **Feed and water.** Ensure that feed is stored in a sealed and vermin-proof container. Maintain good pest control. **Remember - feeding waste food (even from a vegan kitchen) to livestock is illegal**. Use mains water wherever possible.

- **Be clean.** Maintain and use disinfection facilities. Keep footwear clean. Vehicle wash facilities should be positioned to drain away from animals.

- **Contingency plan.** Put in place a farm contingency plan. Create your own contingency plan using our template.

It is a legal requirement that any person who suspects that an animal may have a statutory notifiable disease must report this to their local APHA Duty Vet. Your local APHA office number is ……(insert your local number here)

What to do if disease is confirmed in the area

- **Increase level of biosecurity**. Certain movements on and of your farm may be prohibited as part of disease control measures. Display contact telephone numbers at entry points. Establish a cleansing and disinfection point at the entrance and exit of the premises. Maintain a list of all visitors.

- **Heighten vigilance**. Inspect livestock more carefully and more frequently. **You are legally required to report any suspicion of notifiable disease to your local Animal and Plant Health Agency (APHA) office[3] immediately.**

- **Listen for news**. Be aware of the disease and animal movement situation nationally and, if appropriate, locally. Government or industry phone helplines may be activated. Use the APHA animal disease alert service.

- **Isolate stock.** If possible move stock away from fields adjoining neighbouring farms to form a 'firebreak'. Avoid using fields next to roads.

- **Separation**. Attempt to split your farm into separate units with separate staff/equipment and no direct contact between units.

- **Update your contact list**. Ensure that you and/or key staff can be readily contacted.

- **Notify recent livestock movements immediately to the appropriate database**. Pig and sheep movements should be recorded through ScotEID.

- **Movement of animals/machinery may require a licence.** For example contractors during milking or harvest.

[3] Except Porcine Epidemic Diarrhoea (PED) which must be reported to the Scottish Pig Disease Control Centre (SPDCC). Telephone: 01466 705 247

Appendix 2 - Scottish APHA Field Offices

Office	Address	Contact email/telephone
Ayr	APHA Field Services Russell House King Street Ayr KA8 0BE	Email: APHA.Scotland@apha.gov.uk Daytime telephone: 03000 600703 Night-time telephone: 07000 780 124 Fax: 01292 291 351
Galashiels	APHA Field Services Cotgreen Road Tweedbank Galashiels TD1 3SG	Email: APHA.Scotland@apha.gov.uk Telephone: 03000 600711 Fax: 01896 756 803
Inverness	APHA Field Services Longman House 28 Longman Road Longman East Inverness IV1 1SF	Email: APHA.Scotland@apha.gov.uk Telephone: 03000 600709 Fax: 01463 711 495
Inverurie	APHA Field Services Thainstone Court Inverurie Aberdeenshire AB51 5YA	Email: APHA.Scotland@apha.gov.uk Telephone: 03000 600708 Fax: 01467 626 611
Perth	APHA Field Services Strathearn House Broxden Business Park Lamberkine Drive Perth PH1 1RX	Email: APHA.Scotland@apha.gov.uk Telephone: 03000 600704 Fax: 01738 602 240

Glossary

Abbreviation	Description
ADPG	Animal Disease Policy Group
APHA	Animal and Plant Health Agency
CCS	Cabinet Office Civil Contingencies Secretariat
CDCC	Central Disease Control Centre
COBR	Cabinet Office Briefing Room
The Code	The Terrestrial Animal Health Code
The Commission	The European Commission
CoSLA	Convention of Scottish Local Authorities
CPHM	Consultant in Public Health Medicine
CVO	Chief Veterinary Officer
C&D	Cleansing and Disinfection
DAERA	Department of Agriculture, Environment and Rural Affairs (Northern Ireland)
Defra	Department for Environment, Food and Rural Affairs
DfT	Department for Transport (UK Government Department)
DG	Directorate General
DPU	(Scottish Government's) Disease Policy Unit
DSG	Disease Strategy Group
EFTA	European Free Trade Association
EPIC	Centre of Expertise on Animal Disease Outbreaks
EU	European Union
FMD	Foot and Mouth Disease
FOB	Forward Operations Base
FSS	Food Standards Scotland
GB	Great Britain
IMT	Incident Management Team (NHS)
IP	Infected Premises
LRP	Local Resilience Partnership
MACA	Military Assistance to Civilian Authority
MCT	Management Control Team
NDCC	National Disease Control Centre
NEG	National Expert Group
NEEG	National Emergency Epidemiology Group
NSC	National Security Council

OCG	**Outbreak Coordination Group**
OM	Operations Manager Scotland (APHA)
PAO	RPID Principal Agricultural Officer
PCF	Procurement and Contracts Function (Defra)
PHS	Public Health Scotland
PPE	Personal Protective Equipment
PZ	Protection Zone
RPID	Rural Payments and Inspections Division (Scottish Government)
RP	Resilience Partnership
RRP	Regional Resilience Partnership
R&TA	Resilience and Technical Advisor
SRuC	Scotland's Rural College
SAGE	Scientific Advisory Group for Emergencies
SCoPAFF	Standing Committee on Plants, Animals, Food and Feed
Scottish SPCA	Scottish Society for the Prevention of Cruelty to Animals
SEPA	Scottish Environment Protection Agency
SGLD	Scottish Government Legal Directorate
SGoRR	Scottish Government Resilience Room
SGoR-M	Scottish Government Resilience - Ministerial
SGoR-O	Scottish Government Resilience - Officials
STAC	Scientific and Technical Advice Cell
SZ	Surveillance Zone
TCZ	Temporary Control Zone
UK	United Kingdom
UKMis	United Kingdom Mission to the European Union
VENDU	Veterinary Exotic Notifiable Disease Unit (APHA)
WG	Welsh Government
VI	Veterinary Inspector
VLS	Veterinary Lead Scotland (APHA)
VO	Veterinary Officer (APHA)
WOAH	The World Organisation for Animal Health
WTO	World Trade Organisation

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