



Project: Technical assistance to improve implementation of food safety standards and disease crisis preparedness

Training course: Contingency planning - NDCC, LDCC roles and responsibilities

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- EU legislation
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Article 43, Contingency plans



- The MS shall, after appropriate consultation of experts and relevant stakeholders, draw up, and keep up to date, contingency plans and, where necessary, detailed instruction manuals laying down the measures to be taken in the MS concerned in the event of the occurrence of **category A** listed disease referred or, as the case may be, of an **emerging** disease, in order to ensure a high level of disease awareness and preparedness and the ability to launch a rapid response.

Article 43, Contingency plans



- Those contingency plans and, where applicable, detailed instruction manuals shall cover at least the following matters:
- the establishment of a **chain of command** within the competent authority and with other public authorities, to ensure a rapid and effective decision-making process at Member State, regional and local level;
- the **framework for cooperation** between the competent authority and the other public authorities and relevant stakeholders involved, to ensure that actions are taken in a coherent and coordinated manner;
- access to:
 - facilities;
 - laboratories;
 - equipment;
 - personnel;
 - emergency funds;
 - all other appropriate materials and resources necessary for the rapid and efficient eradication of the category A or emerging diseases;

Article 43, Contingency plans



the availability of the following **centres and groups** with the necessary expertise to assist the competent authority:

- a functional central **disease control centre**;
- regional and **local disease control centres**, as appropriate for the administrative and geographical situation of the Member State concerned;
- **operational expert groups**;
- implementation of the disease control measures and for emerging diseases;
- provisions on emergency vaccination, where appropriate;
- principles for the geographical demarcation of the restricted zones established by the competent authority;
- **coordination with neighboring MS and neighboring third countries** and territories, where appropriate

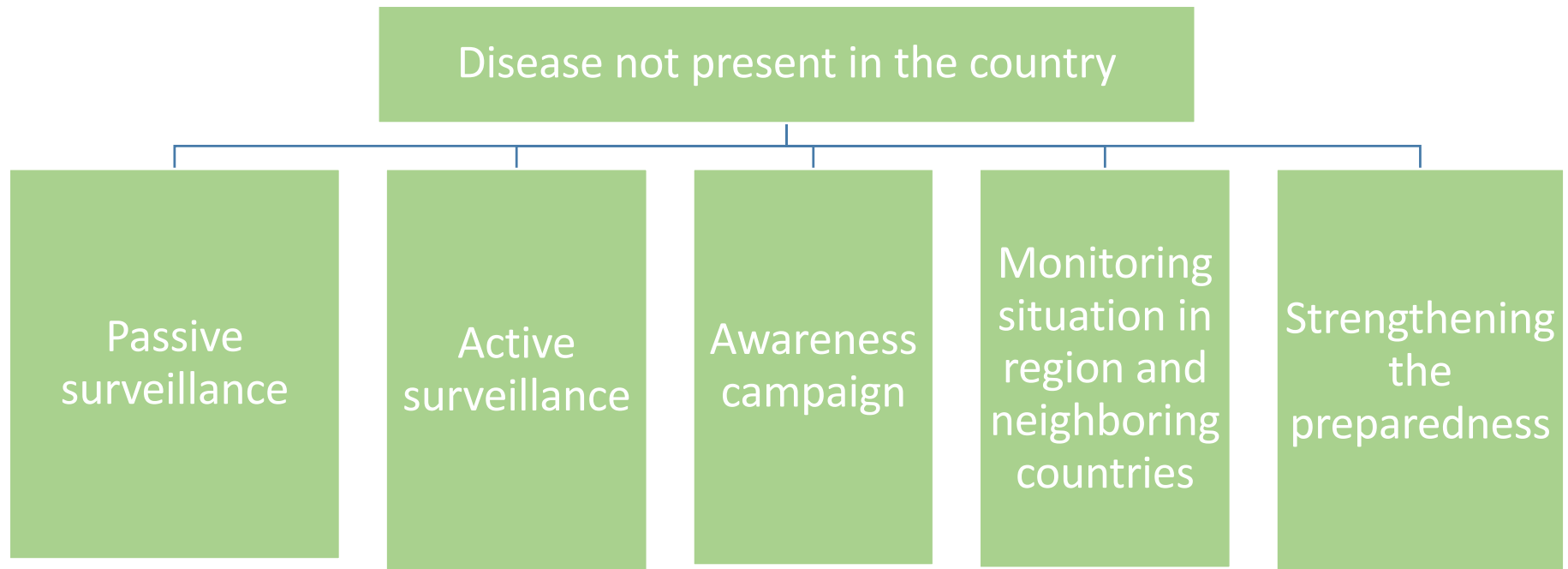
Personnel



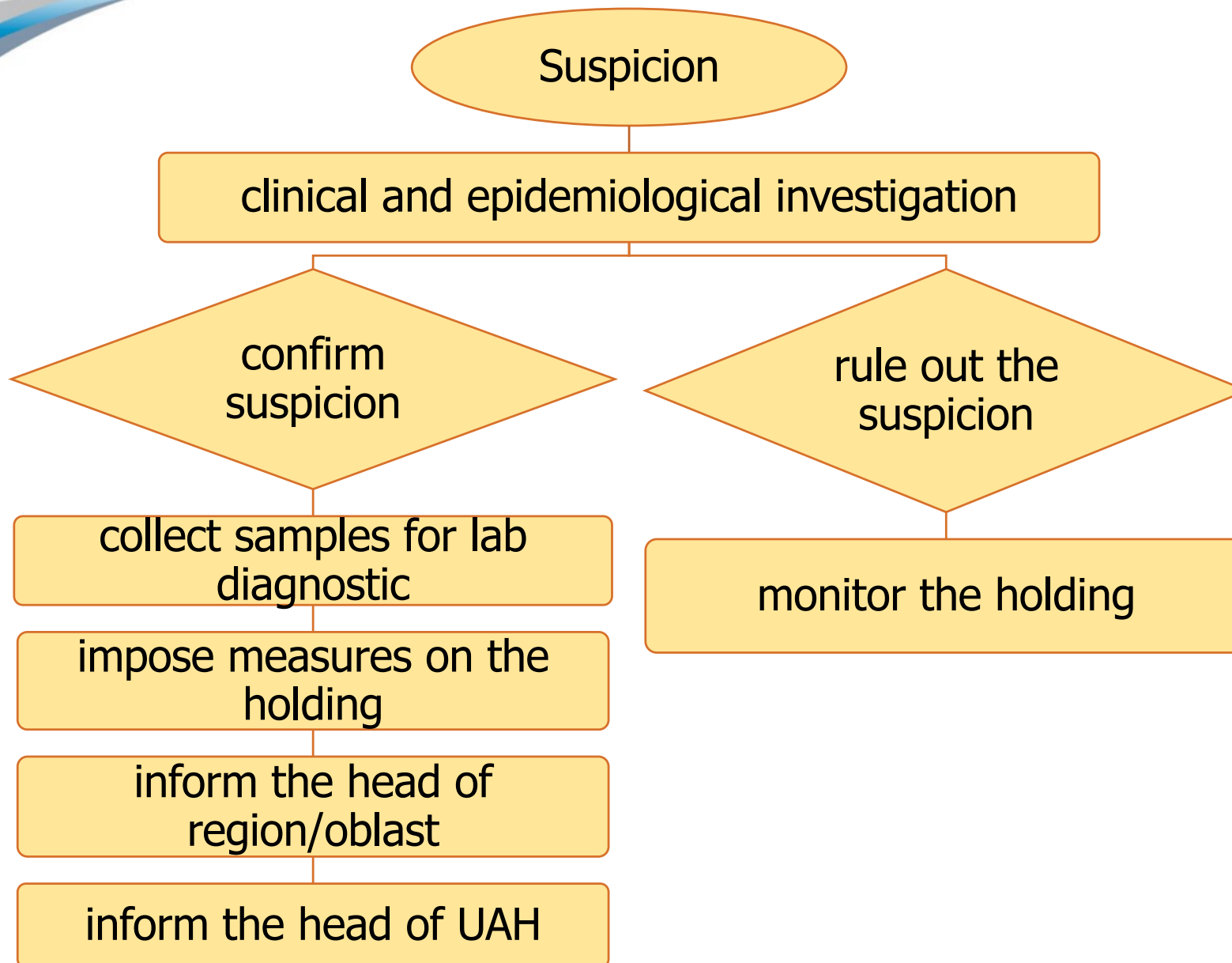
- National disease control centre;
- Local animal disease control centres;
- Diagnostic laboratories;
- Expert group;
- Movement control;
- Team for culling;
- Team for disposal of carcasses;
- Team for cleaning and disinfection;
- Team for vaccination;
- Communication;
- Other stakeholders;



Alert level 0



Alert level - 1



Alert level - 1



Suspicion during regular testing

inform the veterinary specialist

impose measures on the holding

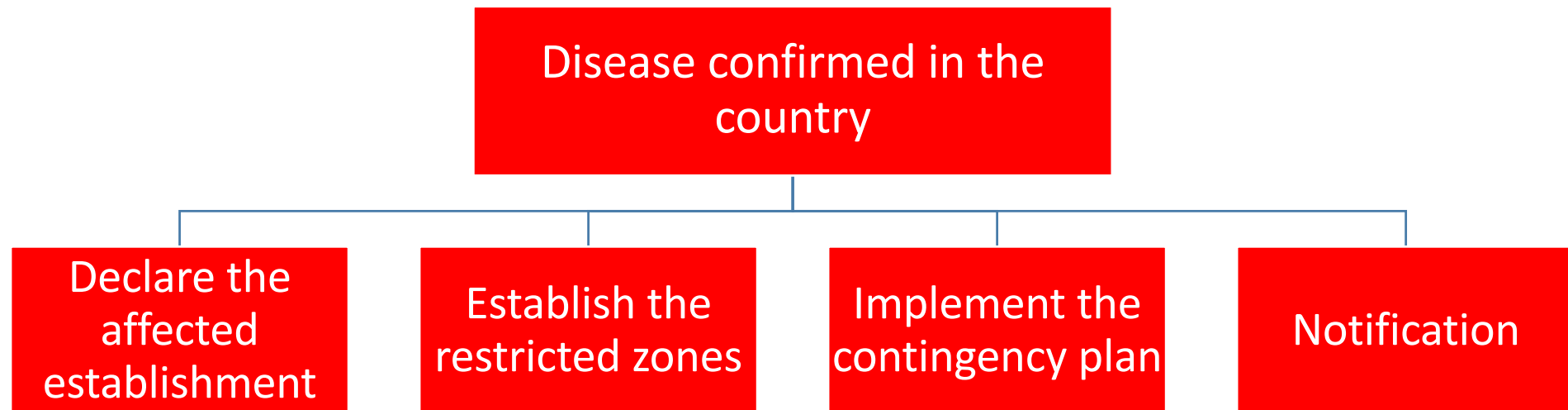
inform the head of region

monitor the holding

inform the head of UAH

collect additional samples

Alert level 2



Other stakeholders



- CDO,
- the police;
- customs;
- association of animal producers;
- other official services that visit the farms,
- local authorities,
- livestock markets and animal dealers;
- assembly centers;
- private veterinary practices;
- local veterinary associations,
- transporters,
- feed suppliers;
- hunting organizations /associations;
- pest control institutions;
- slaughterhouses and meat processing facilities;
- farmers' associations.

Training



- All staff should be thoroughly trained in their roles, duties and responsibilities in a disease emergency.
- Obviously more intensive training will need to be given to those who will be in key positions.
- It should also be borne in mind that any staff member, from the CVO downwards, may be absent or may need to be relieved during a disease emergency for one reason or another.
- Back-up staff should therefore be trained for each position.



Simulation exercises



- Simulation exercises are extremely useful for testing and refining contingency plans in advance of any disease emergency. They are also a valuable means of building teams for emergency disease responses and for training individual staff.
- A full-scale disease outbreak simulation exercise should only be attempted after the individual components of the disease control response have been tested and proved. Earlier exercises of this nature may be counterproductive





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THANK YOU FOR YOUR ATTENTION



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