

DECISIONS

COMMISSION IMPLEMENTING DECISION

of 25 July 2014

implementing Decision No 1082/2013/EU of the European Parliament and of the Council with regard to the template for providing the information on preparedness and response planning in relation to serious cross-border threats to health

(notified under document C(2014) 5180)

(Text with EEA relevance)

(2014/504/EU)

THE EUROPEAN COMMISSION,

Having regard to the Treaty on the Functioning of the European Union,

Having regard to Decision No 1082/2013/EU of the European Parliament and of the Council of 22 October 2013 on serious cross border threats to health and repealing Decision No 2119/98/EC ⁽¹⁾, and in particular Article 4(6) thereof,

Whereas:

- (1) Decision No 1082/2013/EU lays down mechanisms and structures for coordinating responses to serious cross-border threats to health, including preparedness and response planning related to such responses.
- (2) Pursuant to Article 4(1) of Decision No 1082/2013/EU, Member States and the Commission are to consult each other within the Health Security Committee (HSC) in relation to preparedness and response planning with a view to sharing best practice and experience, promoting interoperability of national preparedness planning, addressing the intersectoral dimension at Union level, and supporting the implementation of core capacity requirements for surveillance and response as referred to by the International Health Regulations (2005) (IHR).
- (3) Article 4(2) of Decision No 1082/2013/EU lays down the information on preparedness and response planning at national level and stipulates that Member States are to provide this information to the Commission by 7 November 2014 and then every three years thereafter.
- (4) Pursuant to Article 4(3) of Decision No 1082/2013/EU, Member States are to inform the Commission on substantial revisions of their national preparedness and response planning.
- (5) Pursuant to Article 4(5) of Decision No 1082/2013/EU, the Commission is to analyse the information received from the Member States in accordance with Article 4(2) and (3) and to prepare a synthesis or thematic progress report. For the purpose of Article 4(1), the Commission is to initiate discussion in the HSC, in a timely manner, and, where appropriate, on the basis of this report.
- (6) Pursuant to Article 4(6) of Decision No 1082/2013/EU, the Commission is to adopt by means of implementing acts templates to be used by Member States when providing the information on their preparedness and response planning, as referred to in Article 4(2) and (3) in order to ensure its relevance to the objectives identified in Article 4(1) and its comparability.
- (7) In order to avoid duplicate reporting, the information already provided by Member States to the World Health Organisation (WHO) in relation to implementation of the core capacities for preparedness and response planning should be used for the purpose of reporting in accordance with Article 4(2)(a) of Decision No 1082/2013/EU.
- (8) The measures provided for in this Decision are in accordance with the opinion of the Committee on serious cross-border threats to health,

⁽¹⁾ OJ L 293, 5.11.2013, p. 1.

HAS ADOPTED THIS DECISION:

Article 1

Annex to this Decision sets out the template to be used by the Member States when providing the information on their preparedness and response planning in relation to serious cross border threats to health according to Article 4(2) and (3) of Decision No 1082/2013/EU.

Article 2

This Decision is addressed to the Member States.

Done at Brussels, 25 July 2014.

For the Commission
Tonio BORG
Member of the Commission

ANNEX

Template to be used by the Member States for providing the information on preparedness and response planning in relation to serious cross border threats to health**Country:****Name and address of contact point:****Date:**

It is at the discretion of the Member States to select the appropriate contact point to reply to the questions raised below. It would, however, be useful if the answers could be provided in collaboration with the national contact point for the implementation of the International Health Regulations (IHR). All questions should be completed. For each question please mark only one appropriate value (yes, no, not applicable or not known) if such a choice is given, or provide brief explanatory text if the question requires an open response. If a question is not applicable for your country context, please indicate this in the comment box provided at the end of each section along with the reason why it is not applicable. In line with Article 4(2)(b) and (c) of Decision No 1082/2013/EU the obligation to provide information requested in Chapters II (Interoperability) and III (Business continuity) shall only apply if such measures or arrangements are in place or are provided for as part of national preparedness and response planning.

I. Implementation of IHR core capacities as referred to in Article 4(2)(a) of Decision No 1082/2013/EU

1	Please provide a copy of your latest reply to the WHO Questionnaire for Monitoring Progress in the Implementation of the IHR Core Capacities in States Parties, and if possible the country profile report compiled by the WHO. In addition, please provide the following information:		
2.1	Have you now completed your implementation of the IHR core capacities?	yes	no
2.2	If no what was the reason?		
3	Please present — where you consider appropriate — your ideas what action the Commission, the EU agencies or Member States should take to ensure that the WHO core capacities are maintained and strengthened in the future.		
4	Please list — where you consider appropriate — any comments or clarifications to the questions above and if considered necessary list any relevant activities that your country has conducted which are not reflected in this questionnaire (additional pages may be attached if necessary).		

II. Interoperability between the health sector and other sectors as referred to in Article 4(2)(b) of Decision No 1082/2013/EU

In line with Article 4(2) of Decision No 1082/2013/EU the obligation to provide information shall only apply if such measures or arrangements are in place or are provided for as part of national preparedness and response planning.

National coordination structures for cross-sectoral incidents as referred to in Article 4(2)(b)(i) of Decision No 1082/2013/EU are understood as structures empowered with *strategic* administrative and policy making functions, in particular with regard to chain of command. This could be a body, committee or a task force. National emergency operational centres as referred to in Article 4(2)(b)(ii) of Decision No 1082/2013/EU are understood as *operational* structures and/or arrangements aiming at providing logistical functions and tools, in particular with regard to communication, in the event of emerging serious cross-border threats to health.

5.1	Are other sectors involved in the preparedness and response planning activities of the health sector?	yes	no	not applicable	not known
5.2	If yes, for which types of threats falling under the scope of Decision 1082/2013/EU?				
5.2.1	threats of biological origin, consisting of:				
5.2.1.1	communicable diseases, please specify further if possible, for example				
	— foodborne diseases				
	— zoonotic diseases				

	— waterborne diseases				
	— other communicable diseases, please specify				
5.2.1.2	antimicrobial resistance and healthcare-associated infections related to communicable diseases				
5.2.1.3	biotoxins or other harmful biological agents not related to communicable diseases				
5.2.2	threats of chemical origin				
5.2.3	threats of environmental origin				
5.2.4	threats of unknown origin				
5.2.5	events which may constitute or have been declared public health emergencies of international concern under the IHR, provided they fall under the categories above				

	6	Which of the following sectors does your country identify as critical in case of an emergency associated with a serious cross-border threat to health?				7	Are Standard Operating Procedures (SOP) available for coordination of the health sector with any of the following sectors?		
		yes	no	not applicable	not known		yes	no	not known
energy	6.1					7.1			
information communication technology	6.2					7.2			
transport	6.3					7.3			
water for healthcare facilities, pharmaceutical operations, sanitation services	6.4					7.4			
agriculture including the veterinary sector	6.5					7.5			
food safety	6.6					7.6			
food supply	6.7					7.7			

chemical industry	6.8					7.8			
industry providing pharmaceuticals and other consumables for the healthcare sector	6.9					7.9			
security and emergencies police, fire services and ambulance services	6.10					7.10			
local environmental services	6.11					7.11			
funeral services	6.12					7.12			
military	6.13					7.13			
civil protection	6.14					7.14			
administration and government units	6.15					7.15			
scientific facilities	6.16					7.16			
cultural and media facilities	6.17					7.17			
voluntary sector	6.18					7.18			
other sectors, please specify									
	6.19					7.19			
8.1	Which are the critical sectors for which the health sector in your country has no coordination arrangements in place? (reply optional)								
8.2	Which are the priority sectors for which coordination with the health sector should be improved? Please list in the order of priority. (reply optional)								
9.1	Please describe the arrangements for strategic coordination structures (national law or SOPs) in place now aimed at ensuring interoperability between the health sector and other sectors including the veterinary sector that are identified as being critical in the case of an emergency. Please list the sectors covered by these coordination structures.								

9.2	How is the national representation in the Health Security Committee linked to the structure(s)?			
10	Please describe the arrangements for operational centres (crisis centres) (national law or SOPs) in place aimed at ensuring interoperability between the health sector and other sectors including the veterinary sector that are identified as being critical in the case of an emergency. Please list the sectors covered by these coordination structures.			
11	Has the interoperability between the health sector and other sectors been tested at national level?	yes	no	not known
12	Please list — where you consider appropriate — any comments or clarifications to the questions above and list any relevant activities that your country has conducted (for example either through exercises or triggered by real events) (additional pages may be attached if necessary):			

III. Business continuity planning as referred to in Article 4(2)(c) of Decision No 1082/2013/EU

In line with Article 4(2) of Decision No 1082/2013/EU the obligation to provide information shall only apply if such measures or arrangements are in place or are provided for as part of national preparedness and response planning.

Business continuity planning refers to the management processes and integrated plans that maintain the continuity of an organisation's critical processes — those processes which enable a business to deliver critical services or products — in the case of a disruptive event. Business continuity encompasses all aspects of an organisation that play a role in sustaining critical processes, namely: people, premises, suppliers, technologies, data, etc. A business impact analysis (BIA) predicts the consequences of disruption of a business function and process and gathers information needed to develop recovery strategies.

13.1	Are there national business continuity plans in place aimed at ensuring the continuous delivery of critical services and products in the event of an emergency associated with serious cross-border threats to health as defined by Decision 1082/2013/EU?	yes	no	not known
13.2	Are these national business continuity plans <i>generic</i> (see question 14) or <i>specific</i> (see question 15)?			
14.1	Which health services do the <i>generic</i> plans address? Please indicate below.	yes	no	not known
14.1.1	primary health service			
14.1.2	hospitals			

14.1.3	other services, please specify			
14.2	If yes, which non-health sectors considered critical do these plans address?			
14.2.1	energy			
14.2.2	information communication technology			
14.2.3	transport			
14.2.4	water for healthcare facilities, pharmaceutical operations, sanitation services			
14.2.5	agriculture including the veterinary sector			
14.2.6	food safety			
14.2.7	food supply			
14.2.8	chemical industry			
14.2.9	industry providing pharmaceuticals and other consumables for the healthcare sector			
14.2.10	security and emergencies police, fire services and ambulance services			
14.2.11	local environmental services			
14.2.12	funeral services			
14.2.13	military			
14.2.14	civil protection			
14.2.15	administration and government units			
14.2.16	scientific facilities			
14.2.17	cultural and media facilities			
14.2.18	voluntary sector			

14.2.19	other sectors, please specify				
14.3	If yes, which of the following elements are included?	yes	If yes, please describe	no	not known
14.3.1	business impact analysis				
14.3.2	prioritisation of critical services and functions through risk assessment to benefit from medical interventions				
14.3.3	training, exercising, evaluating, updating, validating				
14.3.4	identification of the personnel vital to maintain critical functions, dealing with staff absenteeism to minimise its impact on critical functions				
14.3.5	providing clear command structures, delegations of authority and orders of succession				
14.3.6	assessing the need to stockpile strategic reserves of supplies, material and equipment				
14.3.7	identification of units, departments or services that could be downsized or closed				
14.3.8	assigning and training alternative staff for critical posts				
14.3.9	considering and testing ways of reducing societal disruption (e.g. telecommuting or working from home and reducing the number of physical meetings and travel)				
14.3.10	planning for the need for social services support for essential workers				
14.3.11	planning for the need for psychosocial support services to help workers remain effective				
14.3.12	planning for the recovery phase				
14.3.13	other element(s), please specify				
15.1	Which <i>specific</i> serious cross-border threats to health do the <i>specific</i> plans address? Please indicate below in accordance with Article 2 of Decision 1082/2013/EU.				

15.2	Which health services do these plans address? Please indicate below	yes	no	not known
15.2.1	primary health service			
15.2.2	hospitals			
15.2.3	other services, please specify			
15.3	If yes, which non-health sectors considered critical do these plans address?			
15.3.1	energy			
15.3.2	information communication technology			
15.3.3	transport			
15.3.4	water for healthcare facilities, pharmaceutical operations, sanitation services			
15.3.5	agriculture including the veterinary sector			
15.3.6	food safety			
15.3.7	food supply			
15.3.8	chemical industry			
15.3.9	industry providing pharmaceuticals and other consumables for the healthcare sector			
15.3.10	security and emergencies police, fire services and ambulance services			
15.3.11	local environmental services			
15.3.12	funeral services			
15.3.13	military			
15.3.14	civil protection			
15.3.15	administration and government units			
15.3.16	scientific facilities			

15.3.17	cultural and media facilities				
15.3.18	voluntary sector				
15.3.19	other sectors, please specify				
15.4	If yes, which of the following elements are included?	yes	If yes, please describe	no	not known
15.4.1	business impact analysis				
15.4.2	prioritisation of critical services and functions through risk assessment to benefit from medical interventions				
15.4.3	training, exercising, evaluating, updating, validating				
15.4.4	identification of the personnel vital to maintain critical functions, dealing with staff absenteeism to minimise its impact on critical functions				
15.4.5	providing clear command structures, delegations of authority and orders of succession				
15.4.6	assessing the need to stockpile strategic reserves of supplies, material and equipment				
15.4.7	identification of units, departments or services that could be downsized or closed				
15.4.8	assigning and training alternative staff for critical posts				
15.4.9	considering and testing ways of reducing societal disruption (e.g. telecommuting or working from home and reducing the number of physical meetings and travel)				
15.4.10	planning for the need for social services support for essential workers				
15.4.11	planning for the need for psychosocial support services to help workers remain effective				
15.4.12	planning for the recovery phase				
15.4.13	other element(s), please specify				

16	Are there business continuity plans for Points of Entry as referred to in the IHR?	yes	no	not known
17	Please list — where you consider appropriate — any comments or clarifications to the questions above and list any relevant activities that your country has conducted (additional pages may be attached if necessary):			

IV. Revisions of national preparedness planning as referred to in Article 4(3) of Decision No 1082/2013/EU

The main purpose of this chapter is to obtain information on the state of play in the Member States. In accordance with Article 4(3) Member States are, however, to provide information by use of this template *whenever substantially revising national preparedness planning* at their own initiative and independently of any request by the Commission.

18.1	When have you made substantial revisions to your national preparedness planning?	
	Please submit details of substantial changes in the format provided under Chapters I, II and III of this Annex.	