

# Major Incident Plan

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## **1. Introduction and Background**

### **1.1. Purpose of the plan**

The purpose of this plan is to establish a framework to enable NHS Leicester City / NHS Leicestershire County and Rutland (NHS LLR) to respond appropriately in the event of a major emergency. The plan has been developed within the context of the requirements of the Civil Contingencies Act 2004 and other national guidance including the NHS Emergency Planning Guidance 2005. By pre planning, training and exercising, the PCTs will be better prepared for emergencies, and reduce the risk to the public and the organisation. This plan is available to all LRF partners, and is published on the PCTs websites.

### **1.2. Civil Contingencies Act 2004 Requirements**

The Civil Contingencies Act 2004 (CCA 2004) has established a single framework for civil protection in the UK. This legislation and its accompanying guidance is designed to improve the UK's ability to deal with the consequences of major disruptive emergencies by improving the planning processes at a local level, building better contacts between agencies and improving the links between local areas and central government. The CCA sets out the roles and responsibilities of local responders, ensuring consistency in civil protection activity and improving performance.

The Civil Contingencies Act identifies PCTs as 'Category 1' responders and as such NHS LLR have a statutory duty to:

- Assess local risks and use this to inform emergency planning;
- Put in place emergency plans;
- Put in place Business Continuity Management arrangements;
- Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency
- Share Information with other local responders to enhance co-ordination;
- Co-operate with other local responders to enhance co-ordination and efficiency.

### **1.3. Scope of the Plan**

This plan relates to all aspects of NHS LLR's statutory duties under the Civil Contingencies Act and includes reference to planning for emergencies whilst focusing on arrangements for responding to local and/or major emergencies. In particular, this plan:

- Outlines how emergency management within the NHS LLR is structured, including key roles and responsibilities
- Provides guidance and procedures to facilitate the mobilisation and deployment of staff with appropriate skills across LLR to respond to an emergency

- Outlines the mechanisms by which this planning and responding is co-ordinated with that of other agencies; and
- Outlines the arrangements for response to incidents where DH is the Lead Government Department; Pandemic Influenza and Heatwave

#### **1.4. Responsibility for the Plan**

Within the PCTs, the overall responsibility for this plan lies with the Chief Executive who will ensure that the Board receives annual updates regarding emergency preparedness, including reports on exercises, training and testing undertaken by the organisation and that adequate resources are made available to allow discharge of these responsibilities. To support these arrangements, the Chief Executive has delegated an Executive Director of the Board (the Directors of Public Health) to take responsibility for emergency preparedness on behalf of the organisation.

#### **1.5. Defining a Major Incident**

The Civil Contingencies Act 2004 defines an emergency as:

*“An event or a situation which threatens serious damage to human welfare in a place in the UK, the environment of a place in the UK, all war or terrorism which threatens serious damage to the security of the UK”*

For the NHS, a major incident is commonly defined as any incident where:

- The numbers and types of casualty threaten to overwhelm normal services and special arrangements are needed to deal with them. In a situation of mass casualties, emergency services and acute hospitals would play a major role, calling on the PCT to assist as necessary.
- There is a serious threat to the health of the community.
- Where the NHS suffers from serious internal and external disruption.

#### **1.6. Defining Resilience**

The Department of Health has developed PAS 2015 (Framework for Health Service Resilience) in partnership with the British Standards Institute. The definition of resilience contained in this document is:

*“The ability of an organisation to adapt and respond to disruptions, whether internal or external, to deliver organisationally agreed critical activities”.*

#### **1.7. Types of Major Emergency**

A major emergency can occur in a number of ways – the incident may evolve from one form to another. For example:

- “Big Bang” – A sudden incident such as a road traffic accident, explosion or breakdown of utilities.

- “Rising Tide” – Such as a developing epidemic of an infectious disease or a capacity/staffing crisis.
- “Cloud on the horizon” – such as a major threat occurring elsewhere which may require preparatory action.
- “Headline News” – public and or media alarm about a perceived threat of any kind.

Each individual NHS organisation must plan to handle emergencies where its own facilities - or neighbouring ones – may be overwhelmed. The organisation itself may be affected by its own internal major emergency or by an external incident that impairs its ability to work normally. Fire, breakdown of utilities, major equipment failure or the need to deal with one contaminated person may paralyse the provision of services and jeopardise safety arrangements. Planning successfully for these wider disruptive challenges will require more than simply scaling up the current plans of individual agencies.

### ***1.8. Emergency Planning Structure for Leicester, Leicestershire and Rutland***

#### ***1.8.1. The Local Resilience Forum (LRF)***

The PCTs are members of the Leicester, Leicestershire and Rutland Local Resilience Forum (LRF) and works closely with other LRF partner organisations. The main aim of the LRF is to ensure that, from a strategic perspective, there is an appropriate level of preparedness to enable an effective multi-agency response to emergencies that may have a significant impact on the communities of Leicester, Leicestershire and Rutland.

Many of LLR PCTs statutory duties are met through active engagement in LRF multi-agency workstreams and planning groups. For example, the identification, assessment and planning for major local risks is co-ordinated through the LRF by the Risk Assessment Working Group. The LRF has developed and published a [Community Risk Register](#).

#### ***1.8.2. Health Emergency Planning Arrangements - The LLR Health Emergency Planning Group***

The aim of this group is to develop and maintain local multi-agency integrated emergency arrangements for the full range of activities likely to be required of responding agencies as a consequence of a catastrophic incident – irrespective of the cause – anywhere within the local area that results in the need for health care and/or public health intervention.

#### ***1.8.3. Health Emergency Planning Arrangements - The PCT Emergency Planning Group***

LLR PCTs have established an Emergency Planning Group to put in place this plan and associated arrangements to enable the PCTs to respond to a major emergency or business interruption

### **1.9. Co-ordination of NHS services**

A Memorandum of Understanding exists between NHS Leicester City, as lead PCT, NHS East Midlands and other Trusts in the area that more fully outlines the responsibilities of all partners in this arrangement. This includes:

- Leading health emergency preparedness on a strategic basis within the LRF on behalf of the wider health sector in that locality
- Ensuring health is engaged in the planning process and where appropriate, lead the local planning for health-related work streams.
- Ensure that the health sector is a full partner in the local multi-agency command and control arrangements that would operate in an emergency
- Under the leadership of the SHA ensure there are command arrangements across the local health sector with clear and robust lines of control
- During an incident, the NHS Leicester City on call Director will undertake the role of NHS Gold, having co-ordinating authority for the management of an NHS incident response within LLR

NHS Gold will undertake the role of communication with Regional and National partners.

## **2. Activating the Plan**

### ***2.1. Receiving an Alert***

The PCT may become alerted to an actual or a potential major emergency by any of the following:

- East Midlands Ambulance Service (EMAS)
- Police
- Fire Service
- The Local Resilience Forum
- The Strategic Health Authority (NHS East Midlands)
- One of the receiving hospitals
- The Health Protection Agency (HPA)
- The Local Authorities
- Other source e.g. media, member of staff, member of the public, GP

It should be noted that in the majority of major emergencies, the lead role would rest with EMAS, police, fire services or the local authority.

The alerting call will be received by the PCT Director on Call via the on call route. This is likely to come from University Hospitals of Leicester (UHL) in the event of an incident that involves casualties. For other emergencies that impact across a wider area, the alert may come from NHS East Midlands (see [Appendix 6](#)) or the Local Resilience Forum.

On receipt of an alerting message, the recipient will note the following details:

- Details of the emergency and current situation.
- Hospitals/agencies involved.
- The time of the alerting call
- The name, designation and contact details of the caller.

### ***2.2. Responding to an Alert***

The immediate responsibilities of the On Call Director are outlined in Action Cards at [Appendix 1](#) and can be summarised as follows:

- Make a decision on what level of response to instigate
- Initiate the assembly of the Incident Control Team, if necessary.
- Activate the Major Incident Control Room, if necessary
- Liaise with other PCTs, the local Health Protection Unit and other agencies as appropriate.
- Identify a recovery team, if appropriate and identify any actions needed to restore normal business

### 2.3. INITIAL ASSESSMENT OF EMERGENCY: CHECKLIST

An assessment of the situation will determine what action needs to be taken. A flowchart to guide this process is in Appendix 4. Using the information at hand and taking account of a worst case scenario where knowledge is limited, consider the following:



In making this assessment, it is important to distinguish between:

- Events that can be dealt with using normal day to day arrangements
- Events that can be dealt with within the resources and emergency planning arrangements of the organisation affected
- Events that require a joint co-ordinated response from the NHS organisations across Leicester
- Events that require a co-ordinated multi-agency response across Leicestershire

The PCT Major Emergency Plan is activated **ONLY** when the nature of scope of the emergency means that it cannot be managed using normal arrangements

There are two major types of response that might be expected of a Primary Care Trust in the event of an emergency:

1. Support for general practice
2. Co-ordination of local NHS funded services.

In addition, an incident (e.g. loss of a PCT building) may require implementation of special arrangements in order to manage the continued delivery of any one or more of the PCT's services. This eventuality is covered in PCT Business Continuity plans. Following a site-specific incident, service recovery may require the continuation of special arrangements for a period of time.

**2.4. Escalation Triggers to Activate the Response**

To avoid confusion, a common terminology should be used to activate and escalate a response. Individuals and organisations being alerted to a major emergency will be told either;

"STAND BY"	This alerts the NHS that a major emergency may need to be declared. Major emergency standby is likely to involve the participating NHS organisations in making preparatory arrangements appropriate to the emergency, whether it is a 'big bang', a 'rising tide' or a pre planned event
"DECLARED ACTIVATE PLAN" –	This alerts NHS organisations that they need to activate their plan and mobilise additional resources
"STAND DOWN"	All receiving hospitals are alerted as soon as all live casualties have been removed from the site. Where possible, the Ambulance Incident Commander will make it clear whether any casualties are still en-route While ambulance services will notify the receiving hospital(s) that the scene is clear of live casualties, it is the responsibility of each NHS organization to assess when it is appropriate for them to stand down

If in doubt the 'stand by' or 'plan activated' message should be given. It is easier to stand down than catch up with events for which you are not prepared.

What constitutes a major emergency for one organisation may not be an emergency for others. However those involved in dealing directly with the emergency may need the support of others.

Plan activation means that all interested parties are notified that an emergency situation exists and from then on should be prepared to commit resources and co-operate in responding to the situation.

## ***2.5. Roles and Responsibilities of Senior Officers and Staff of NHS Leicester City / Leicestershire County and Rutland***

### ***2.5.1. Chief Executive***

The Chief Executive is the Board Level Officer with responsibility for management of major emergencies within the PCT area. Depending on the nature and scale of the emergency, the On-Call Director will co-ordinate and lead the response of the PCT. The On Call Director will inform the Chief Executive of any potential or actual major emergency(s) that are notified to the PCT.

### ***2.5.2. On Call Director***

The On-Call Director will usually act as Incident General Manager and will co-ordinate the PCT's overall response, ensuring the Major Incident Plan is followed and maintaining lines of communication with other involved agencies

### ***2.5.3. Directors of Public Health***

The Directors of Public Health (DsPH) will lead the public health response to the emergency where appropriate and liaise closely with the local Health Protection Unit Team. The DsPH may be required to chair the Scientific and Technical Advice Cell (STAC), depending on the type of incident. The importance of providing clear and consistent public health and health protection messages and advice is widely accepted and readily sought by police commanders and other organisations. If a STAC is required, the Strategic Co-ordinating Group will convene and initiate this team with representatives from a range of organisations and specialists appropriate to the incident.

### ***2.5.4. Director of Quality, Communications and Engagement***

The Director of Quality, Communications and Engagement will prepare and disseminate media information by agreement with the Chief Executive or the Director leading the response of the PCT. This will be done in conjunction with local partner organisations in line with [agreed practice](#)

### ***2.5.5. Emergency Planning Co-ordinator***

The Emergency Planning Co-ordinator works in ensuring effective co-ordination of planning for major emergencies across the LLR area, in co-operation with NHS East

Midlands. The Emergency Planning Co-ordinator is also responsible for identifying, providing, designing and delivering training programmes for PCT staff, as well as developing the capability and capacity of the PCT through locally sensitive risk assessments, local exercises, and development of improvement plans to learn from Health response to emergencies nationally and internationally. The Emergency Planning Co-ordinator is responsible for ensuring appropriate advice is delivered to the PCT regarding local delivery and development of the plan. They will represent the PCT at external meetings relating to Emergency Planning, ensuring effective co-ordination with other Category 1 and 2 organisations in the LRF.

#### **2.5.6. Staff Members**

- All members of staff are responsible for familiarising themselves with this plan, and the emergency roles pertinent to their specific appointment or department, as detailed in the action cards.
- All directorates should ensure that brief introductions to the PCT's Major Incident Plan and their local business continuity arrangements / cascades are included in local service induction.
- Individual members of staff are responsible for reporting any change in their home address or telephone number to their line manager to enable out of hours contact lists to be maintained.

#### **2.5.7. Associate / Assistant Directors**

- Provide and maintain department staff lists and their home phone numbers, who can be contacted in the case of an emergency and who can, in conjunction with the Incident Control Team, mobilise and deploy staff from the department as required.
- Provide and maintain department and service cascade systems to inform and mobilise staff.
- In conjunction with the PCT's Emergency Planning Lead, take part in periodic exercises of the emergency or business continuity response by the department.
- Provide the training necessary to ensure all departmental staff are aware of the response expected of them in case of an emergency.

### **2.6. Incident Control**

A number of locations have been identified by the PCTs to act as Control Centres. The choice of Centre will depend on the nature and location of the incident, as well as the response required by the PCT. The full list is shown in Appendix 2

#### **2.6.1. Incident Control Team**

When necessary, the On Call Director will initiate the assembly of an incident control team. This team will be responsible for co-ordinating and providing central management to the PCT's response and will:

- Decide who will lead on different aspects of the response
- Co-ordinate the PCT's response with that of other agencies

- Call in back-up staff as required

If necessary, it is possible that one member of staff will be assigned more than one action card until other appropriate staff are available.

<b>Function</b>	<b>Person Assigned</b>
Incident Manager General	On Call Director
Public Health Co-ordinator	Director of Public Health / Public Health Consultant
Incident Communications Liaison	Communications lead
Incident Response Support	Nominated according to availability
Messenger/Runner	Nominated according to availability
Loggist	From trained pool of loggists

It is essential that lines of communication are established at the start of the incident and maintained throughout. Confirmation should be given that the incident is real (and not an exercise).

It is advisable not to leave messages for key members of staff, and essential that the Incident Control Team receives confirmation that an individual is able to respond as requested.

### **2.6.2. Incident Control Log**

The Civil Contingencies Act 2004 identifies that “...a comprehensive record should be kept of events, decisions, reasoning behind key decisions and actions taken”

It is therefore important to establish an Incident Control Log as soon as a major emergency is declared and to assign staff to maintain this log throughout the emergency. The log should be used to record all information received, decisions taken and instructions given.

It is also important that all key managers and staff keep records of instructions received, action taken, and any other significant points to provide evidence to any enquiry that may follow, and to assess the success of the emergency response. This should include all information received, time and notifying person/organisation.

### **2.7. Guidelines for Working in the Incident Room**

- **Log decision making and actions** – all key decisions and actions must be logged in the log book or forms included in the Major Emergency Plan, including time, date, decision maker, options considered, rationale for decision/ action and who was informed
- **Written entries** – all written entries must be in pen and where corrections are necessary only a single line should be made through (all original entries must remain legible) as they form part of the audit trail and will be kept for post-incident enquiry and scrutiny.
- **Phone calls** – all phone calls into and out of the Incident Room must be logged on appropriate forms or Log Books, and include time, date, caller and description of content
- **Email** – all emails related to the management of the emergency should be sent to an agreed email account for access by the Incident Control Room
- **Evidence** – all materials used should be collected and retained including flip chart papers, emails, log books, personal notes etc
- **Rest breaks and rotas** – for protracted emergencies it is important that the rest breaks are taken and rotas for shift working established if necessary
- **Refreshments** – incident team staff must have adequate refreshments

### ***2.8. Roles and Responsibilities of Local Partner Organisations***

In responding to major emergencies, particularly emergencies with large and/or complex consequences, the PCT will be working alongside a number of other responding organisations.

It is important for the Incident Control Team to understand the roles and responsibilities of other agencies and co-ordinate actions carefully across organisations. The multi-agency command and control structure in [section 3](#) of this plan outlines how this operates in practice. An outline of key roles and responsibilities of local partner organisations is provided as [Appendix 3](#)

In a major emergency involving other agencies, lead responsibility usually falls to the Police. The Police have a specific role in controlling and co-ordinating the immediate environment around a major emergency. Every major emergency is a potential scene of crime; police authority must be observed and evidence should not be tampered with or destroyed. In a community wide emergency the police will establish the infrastructure in which all agencies respond, and will co-ordinate the media response.

Local authorities, in conjunction with the emergency services, will have responsibility for identifying and providing emergency public centres if required following evacuation. The PCT may be required to co-ordinate the provision of staff for these centres to assist with people who have medical issues

### ***2.9. Key External Contacts – Leicestershire Health Community and other Partners***

Contact details to enable the On Call Director to contact key members of the Leicester Health Community and other members of the Local Resilience Forum are held in the Director on Call folder and in the Control Room. This contact list will be

checked and up-dated as necessary. The Director on call will contact NHS East Midlands Director on Call if one of the criteria below are confirmed:-

- Major Incident - Declared
- If Trust has been asked to attend a Multi-agency Strategic Co-ordinating Group or Tactical Co-ordinating Group
- Multi Casualty Incident requiring significant additional resource
- Formal request for mutual aid
- Any Mass Evacuation with significant impact on public health
- A HAZMAT Incident affecting a wide area (or requiring evacuation) or decontamination procedures, that has significant impact on public health
- Any major infrastructure failure, (Radio / Telephone / Power Failure, Large Fire on Trust Property)
- A significant incident that requires coordination of the NHS of more than one NHS organisation
- An incident where greater mutual aid is required on a regional or national basis
- A significant incident that requires media coordination particularly with partner agencies and organisations

#### **2.10. Action Cards**

The action cards ([Appendix 1](#)) provide information and instructions concerning functional roles and responsibilities pertinent to a major emergency response. Action cards for the incident control team are included in the Major Incident Store Pack. They should be handed out as appropriate by the Incident General Manager.

#### **2.11. Return to Normal Working**

The Incident General Manager will determine the time for the PCT decision to “stand down” from emergency procedures. This decision will not necessarily coincide with receipt of notification of stand down by other agencies including other NHS bodies.

It is necessary to ensure that all staff that may have been asked to stand by awaiting further instructions are informed that the emergency is over.

Before stand down, the Incident General Manager will identify an individual / individuals to continue to monitor the aftermath of the emergency and to lead the recovery plan.

All PCT directorates have prepared service recovery plans for re-establishment of normal services.

### **3. Multi Agency Command and Control Structure**

#### **3.1. Overview of Arrangements**

For complex major emergencies involving multiple agencies, arrangements are in place to ensure a co-ordinated and integrated approach. Within each organisation, identified individuals will fulfil strategic, tactical or operational roles. These are defined below.

#### **3.2. Strategic Level: Strategic Co-ordinating Group**

The SCG will normally be located at Leicestershire Police Headquarters, and will usually be chaired by the Police. The PCT may be required to attend this group, and should be prepared to identify an individual of an appropriate (senior) level.

The purpose of the Strategic Co-ordinating Group is to take overall responsibility for the multi-agency management of the emergency and to establish policy and strategic framework within which a tactical tier will work, specifically:

- Determine a clear strategic aim and objectives and review regularly
- Establish a policy framework for overall management
- Prioritise the demands of TCG and allocate personnel and resources
- Formulate and implement media and public communication plans
- Consider planning and operations beyond the immediate response phase to facilitate recovery.

##### **3.2.1. Composition of SCG – Why top level management?**

Major Emergencies:

- Place considerable demands on the resources and finances of responding agencies
- Pose significant challenges to business continuity
- May have long-term implications for communities, economies and the environment.

#### **3.3. Tactical Level: Tactical Co-ordinating Group**

The purpose of the Tactical Co-ordinating Group is to provide overall Co-ordination of the tactical response to an emergency.

Key tasks are:

- Ensure they have a comprehensive picture of the incident
- Assess the operational requirements of responding agencies
- Recognise the strategic aims and objectives set by SCG
- Formulate and manage the tactical response to the incident to a safe and effective conclusion

##### **3.3.1. Composition of TCG – who should attend?**

It is essential that representatives at the TCG have the appropriate level of knowledge and experience to deliver the key tasks listed above. Failure to attend by any requested agency will severely compromise the function of this group. In most circumstances attendance at the tactical level will be by one of the Provider Trusts or possibly Public Health

Note: Particular co-ordination across the NHS may also require the convening of a Health Gold Group.

**3.4. Operational Level (*BRONZE level*):**

The Operation tier are those providing the main operational response to the incident, closest to the scene, with responsibility to implement tactics defined by those at the tactical level. This is the main focus of the Incident Control Team.

## **4. Communications**

### **4.1. Importance of communications**

During an emergency, communication with the public, staff and partners is critical. Working with the media is a key element to this, but is not the only work undertaken to warn and inform the public.

The demand for information will be high, particularly from the media, and will take up significant resources. The response must be prompt and must be a key priority for the incident team.

### **4.2. Media**

The media will be a key means of communicating with the public. The incident communications team will arrange for appropriate, timely briefings to be given to the media at regular intervals. Tactics for individual emergencies will be determined by the incident communications lead (incident media relations manager) with agreement with the incident management team.

Prompt and timely messages to the public via the media will be critical to the handling of the emergency and the PCT's reputation as a responder, so this must be given priority early in the emergency.

A media spokesperson will be identified early on. Whilst this can be a senior member of the incident management team, using a credible senior spokesperson who is not dealing directly with the emergency can release capacity for the response.

In many cases, the response to an emergency will be multi-agency, often with the police leading in the first instance. The incident communications lead or nominated deputy will establish contact early on with the lead agency via the local resilience forum communications network and establish the necessary links and working arrangements for the PCT to be part of a [multi-agency communications response](#).

### **4.3. Internal Communications**

Regular staff briefings will be issued according to the severity and type of emergency either by email, briefing meetings, line management cascades and use of the intranet to ensure staff are aware of what is happening and can advise their patients. These will be provided whether or not the PCT is the lead agency.

### **4.4. Independent practitioners**

In the event of a serious emergency, the public may turn to GPs for advice and information. The PCT will provide regular updates, including key messages for the public to practices via practice managers to enable them to manage their own business continuity and provide up to date information to the public.

#### **4.5. Other Communications issues**

##### **4.5.1. Website**

The PCT will keep its website up to date with the latest information, and links to partner agencies via the Local Resilience Forum website.

##### **4.5.2. Community engagement**

Where possible information about emergencies will be sent out to key contacts in the community. This will be done by prior arrangement with known contacts, such as LINK members, hard to reach groups, voluntary sector contacts and faith leaders. In a short-term emergency this may not be possible.

During an emergency the PCT will work closely with NHS Direct to ensure they have access to up to date public messages.

## **5. Cross Cutting themes and other issues**

Regardless of the type of major emergency, the following functions are likely to be key to achieving an effective response, while keeping normal business flowing as much as possible.

### ***5.1. Business Continuity***

Throughout the incident there is a need to balance the resources needed to deal directly with the incident with those needed to continue carrying out normal business. There are quite likely to be conflicting demands on personnel, premises and equipment. Positive directions will need to be given at appropriate times on priorities, deployment and obtaining additional resources.

### ***5.2. Human Resources & Staff Welfare***

On declaring a major emergency, the Incident General Manager will, in conjunction with the Incident Control Team, identify immediate staffing needs and those they wish to place on standby. The Incident Manager will delegate from among the Incident Control Team the task of triggering the relevant cascades.

As further information is received the Incident Control Team will re-assess staffing needs, including medium term requirements. Where major emergency status is required over an extended period of time, the on call director will assess capacity and seek assistance from NHS East Midlands as necessary.

Major emergencies inevitably put additional demands on both the people dealing with the immediate consequences and those trying to maintain normal business. Managers need to make every effort to minimise the additional pressure so that they can get the best from their team.

### ***5.3. Health and Safety***

Extended emergencies present a serious human resource challenge and the Incident General Manager responsible must avoid stress and burn out by ensuring regular review of the number of people committed to the incident, be aware of who is thriving and who is struggling with the situation and ensure that staff have adequate rest periods and refreshment. During and after a major emergency the welfare of staff is of paramount concern to the PCT. Staff should, as under normal circumstances, pay due regard to the health, safety and welfare of themselves and other employees at all times. The need to regularly “risk-assess” during major emergencies is extremely important and employees should not expose themselves to unnecessary risks. Where a higher risk situation is identified this should be assessed with the support of a line-manager. It is also particularly important during emergency situations, where staff may be experiencing higher levels of stress than normal, that regular meal breaks and periods of “Off-Duty” are observed.

#### **5.4. Volunteers**

Staff should not call the Incident Control Room unless specifically requested to do so. Unless directed otherwise, staff should go to their normal place of work. Staff should not turn up at the site of the emergency unless instructed to do so.

The Incident Control Team needs to be prepared for individual volunteers offering their services on a spontaneous basis. As it will be impossible in a crisis situation to check any credentials, such volunteers may be used only in a general capacity, and should not be used in any capacity, which may result in direct contact with patients, especially children.

Requests for assistance to voluntary organisations such as the British Red Cross Society, St John Ambulance and Women's Royal Voluntary Service will be through the Tactical Co-ordinating Group

#### **5.5. Counselling**

There are arrangements in place for the provision of support to staff in the aftermath of an incident. These are available through Occupational Health.

## **6. Training and Exercising**

A major emergency places extreme stress on the organisation and may pitch individuals into unfamiliar roles and sometimes into an unusual and possibly dangerous environment. Training and exercising are essential if the PCT is to be suitably prepared to deal with major emergencies. It is expected that all Directors will undergo training to equip them to operate at strategic level.

### **6.1. Training**

It is important to assess the skills expected of staff who plan for or respond to a major emergency, identify whether staff in post have those skills, and prepare a major emergency training programme so that staff can:

- Understand their role and the roles of others
- Understand their major emergency plan
- Know how accommodation should be used
- Know where equipment is kept and how to use it
- Make necessary preparations
- Perform to an agreed standard
- Learn from experience

Training will also be carried out with partners from LRF organisations

### **6.2. Exercising**

Plans become unreliable if not regularly exercised. It is important that this major emergency plan and the competence of staff are validated on a regular basis. To this end:

- The communication cascade will be exercised biannually. Exercises will take place both in working time and out of hours.
- Senior Managers will be responsible for ensuring that their staff are aware of their individual emergency roles and that they are conversant with the responsibilities relevant to their department's contingency plans.

## **7. Incident closure and Debrief**

It is important to de-brief those involved in the incident afterwards. The public will be informed when services return to normal and what action will be taken in the future via a press release to the media. Staff will be briefed during group or individual meetings and can feed this back to patients where appropriate.

Reports will also be made to the Executive Team, the Board and the Board sub-committees where appropriate.

### ***7.1. Aftermath of the Incident***

As the emergency diminishes “Stand Down” will be declared. A positive decision should then be made by the PCT when it is appropriate to disband the Incident Response Team. This is because the PCT is likely to have a continuing role after Emergency Services have stood down.

Before the PCT team is disbanded an incident report should be prepared and arrangements made to review the emergency and the outcome. This is to ensure lessons are learned from it and its handling. The conclusions of the report and any debriefings will help to inform future training, ameliorate procedures, collect evidence of any query, identify and respond to the needs of staff. In many emergencies, the aftermath of the major emergency becomes another role, taking stock of the overall impact and facilitating the restoration of normal health services.

NHS LLR’s role might include

- Co-ordinating extra support to hospitals or diversion of workload,
- Renegotiating priorities, assessing and arranging for the continuing need for primary and community health services such as psychological support and counselling,
- Provision of care and support to staff who may have been personally affected also are likely to be required. This may involve utilising the occupational health department, clinical psychology services and social service crises intervention teams.

The response of the PCT will be audited after each use of this plan. Victims, relatives and staff who were involved in serious incidents may all experience grief or distress on the anniversaries, which may be highlighted by the media, considerations should be given to these individuals.

## **8. Audit and Review**

### ***8.1. Review Arrangements***

This plan will be regularly updated to take account of organisational changes and new guidance. Each department head should ensure that any relevant changes within their area are notified promptly to the LLR Emergency Planning Group. The Director(s) of Public Health will be responsible for overseeing reviews of the plan, not less than annually; following organisational change and after any exercise of the plan.

### ***8.2. Audit***

This plan is available for audit by any appropriate body, and may be eligible for release under the Freedom of Information Act 2000.

**Appendix 1 - ACTION CARDS**

<b>INCIDENT GENERAL MANAGER</b>	
<b>Role</b>	
You are responsible for directing LLR Primary Care Trust's response, and you are responsible for leading the local NHS response. You must assess the situation before implementing the required action. You will nominate a deputy from the Directors/senior managers available.	
<b>In Advance</b>	
<ul style="list-style-type: none"> <li>• Ensure familiarity with the PCT Plan</li> <li>• Undergo training and participate in exercises in relation to Plan</li> </ul>	
<b>When Alerted</b>	
<ul style="list-style-type: none"> <li>• Commence log of events</li> <li>• Assess likely requirement for setting up Control Room</li> <li>• Identify likely location for Control Room</li> <li>• Contact on call Senior Manager for UHL and LPT –                             <ul style="list-style-type: none"> <li>• Assess level of response</li> <li>• Assess need to deploy staff</li> <li>• Assess requirements for mutual aid</li> </ul> </li> </ul>	
<b>When Established</b>	
<ul style="list-style-type: none"> <li>• Keep a log of activities and decisions</li> <li>• Contact staff for incident control team and distribute action cards</li> <li>• If appropriate, inform:                             <ul style="list-style-type: none"> <li>• Strategic Health Authority</li> <li>• Health Protection Unit</li> <li>• Inter-agency emergency planning colleagues in LRF partners</li> </ul> </li> <li>• Identify representatives for any Strategic or Tactical Co-ordinating Groups.</li> </ul>	
<b>After the Incident</b>	
<ul style="list-style-type: none"> <li>• Confirm status with lead agency</li> <li>• Authorise stand down</li> <li>• Initiate Recovery Plan</li> <li>• Produce report for Board on completion of incident</li> </ul>	

<b>PUBLIC HEALTH CO-ORDINATOR</b>	
Role	
To co-ordinate public health actions required in responding to the incident, particularly providing public health advice directly to the Incident Control Team or via liaison with the Health Protection Agency	
<b>In Advance</b>	
<ul style="list-style-type: none"> <li>• Ensure familiarity with the PCT Plan</li> <li>• Undergo training and participate in exercises in relation to Plan</li> </ul>	
<b>When Alerted</b>	
<ul style="list-style-type: none"> <li>• Record who has called you and a contact number</li> <li>• In the event of receiving notification of an incident from an external source, contact On Call Director and inform them of the incident</li> <li>• Progress to the Incident Control Room if required</li> <li>• Inform the local Health Protection Agency team. Out of hours, inform Health Protection On Call.</li> </ul>	
<b>When Established</b>	
<ul style="list-style-type: none"> <li>• Manage the Public Health response</li> <li>• Depending on the type of incident, you may be required to attend a STAC meeting to provide public health advice to a Strategic Co-ordinating Group</li> </ul>	
<b>After the Incident</b>	
<ul style="list-style-type: none"> <li>• Contribute to the post-incident debriefing</li> <li>• Contribute to the report of the incident</li> </ul>	

<b>INCIDENT COMMUNICATION LIAISON MANAGER</b>	
<b>Role</b>	
You will prepare and disseminate media information by agreement with the Incident Manager. If necessary, you will organise facilities for media visits and briefings.	
<b>In Advance</b>	
<ul style="list-style-type: none"> <li>• Ensure familiarity with the PCT Plan</li> <li>• Undergo training and participate in exercises in relation to Plan</li> </ul>	
<b>When Alerted</b>	
<ul style="list-style-type: none"> <li>• Record who has called you and a contact number</li> <li>• Proceed to the Control room</li> </ul>	
<b>When Established</b>	
<ul style="list-style-type: none"> <li>• Manage the Communications issues relating to this incident</li> <li>• After briefing from the Incident Manager establish and maintain contact with the local lead agency for communications (usually Police) and SHA Comms team if required</li> <li>• Approve media statements.</li> <li>• Keep Incident Manager informed of progress and media requests</li> </ul>	
<b>After the Incident</b>	
<ul style="list-style-type: none"> <li>• Contribute to the post-incident debriefing</li> <li>• Contribute to the report of the incident</li> </ul>	

<b>INCIDENT RESPONSE SUPPORT</b>	
<b>Role</b>	
Co-ordination of support services to enable efficient and effective operation of the Incident Control Team. Where the incident involves loss/damage to a PCT building, liaise with relevant external agencies to make building safe/secure and start the process to recover the building.	
<b>In Advance</b>	
<ul style="list-style-type: none"> <li>• Ensure familiarity with the PCT Plan</li> <li>• Undergo training and participate in exercises in relation to Plan</li> </ul>	
<b>When Alerted</b>	
<ul style="list-style-type: none"> <li>• Record who has called you and a contact number</li> <li>• Proceed to the Control room</li> </ul>	
<b>When Established</b>	
<ul style="list-style-type: none"> <li>• Establish practical arrangements for the operation of the Incident Control Room</li> <li>• Call in appropriate staff to provide admin support.</li> <li>• Ensure visitors to the building are bone fide, sign in and wear an appropriate visitors badge</li> <li>• Assess Headquarters/Premises for immediate/serious damage.</li> <li>• Liaise with Fire/Police Emergency Service re security/safety of site</li> <li>• Contact Estates Department/LIFTCo to make emergency repairs if necessary.</li> <li>• Contact Local Authority Property Services and Utility Services (Gas, Water, Electricity) as necessary</li> <li>• Preserve Forensic Evidence</li> </ul>	
<b>After the Incident</b>	
<ul style="list-style-type: none"> <li>• Contribute to the post-incident debriefing</li> <li>• Contribute to the report of the incident</li> </ul>	

<b>LOGGIST</b>	
<b>Role</b>	
<ul style="list-style-type: none"> <li>• To support the Incident General Manager by taking notes of meeting</li> <li>• To log requests for information made to the Incident General Manager</li> <li>• To log the decisions made by the Incident General Manager</li> </ul>	
<b>In Advance</b>	
<ul style="list-style-type: none"> <li>• Ensure familiarity with the PCT Plan</li> <li>• Undergo training and participate in exercises in relation to Plan</li> </ul>	
<b>When Alerted</b>	
<ul style="list-style-type: none"> <li>• Record who has called you and a contact number</li> <li>• Proceed to the Control room</li> </ul>	
<b>When Established</b>	
<ul style="list-style-type: none"> <li>• Keep a log of information brought to the Incident General Manager, including time decision made</li> <li>• Keep a log of the discussions and decisions made by the Control room team. Include time and date.</li> <li>• Keep a log of those attending the Control Room and when.</li> </ul>	
<b>After the Incident</b>	
<ul style="list-style-type: none"> <li>• Contribute to the post-incident debriefing</li> <li>• Contribute to the report of the incident</li> </ul>	

**Appendix 2 – Choice of Control Room**

Withheld

### **Appendix 3 - Roles and Responsibilities of Local Partner Organisations**

#### **LEICESTERSHIRE CONSTABULARY**

##### ***ROLE:***

The police primary role will be to co-ordinate the activities of those responding to a land based sudden impact Major Incident at and around the scene.

##### ***RESPONSIBILITIES:***

The primary areas of Police responsibility at a major incident are: -

- a. To assist in the saving of life and protection of property;
- b. To co-ordinate the Major Incident services response to an incident;
- c. Where practicable, to establish cordons to facilitate the work of the other Major Incident services in the saving of life, the protection of the public and the care of survivors;
- d. To secure, protect and preserve the scene and to control sightseers and traffic through the use of cordons;
- e. To oversee any criminal investigation;
- f. To facilitate inquiries carried out by the responsible accident investigation body;
- g. To process casualty information and have responsibility for identifying and arranging for the removal of the dead;
- h. To assist, where practicable, in the event of the agreed procedures for warning and informing communities at risk not being effective.

## **LEICESTERSHIRE FIRE AND RESCUE SERVICE**

### **ROLE:**

The primary role of the Fire and Rescue services in a Major Incident is the rescue of people trapped by fire, wreckage or debris.

### **RESPONSIBILITIES:**

The primary areas of responsibility for Leicestershire Fire and Rescue Service at a major incident are:

- a. To save life and rescue trapped persons from fire, wreckage or debris.
- b. To contain and extinguish fires and undertake protective measures to prevent them.
- c. To prevent, contain and make safe spillage or release of chemicals, radioactive materials or other hazardous substances.
- d. To assist the Ambulance Service with casualty handling.
- e. To assist the Police with the recovery of bodies.
- f. To provide monitoring procedures in respect of health and safety of those persons operating within an established inner cordon.
- g. To carry out essential damage control operations, such as pumping out floodwater and salvage works, for which a charge may be levied.
- h. To assist other relevant agencies, particularly the local authority and Environment Agency, to minimise the effects of a major incident on the community.

## **EAST MIDLANDS AMBULANCE SERVICE**

### **ROLE:**

East Midlands Ambulance Service (EMAS) will have responsibility for co-ordinating the on-site NHS response and determining the hospital(s) to which injured people should be taken, which may depend on the types of injuries received.

### **RESPONSIBILITIES:**

At the scene of a Major Incident, the Ambulance Incident Commander (AIC) will have overall responsibility for the work of the service. If necessary, the ambulance service will seek the attendance of a Medical Incident Commander (MIC). EMAS – in conjunction with the MIC and medical teams – endeavour to sustain life through effective emergency treatment at the scene, to determine the priority for release of trapped casualties and for decontamination in conjunction with fire and rescue services, and to transport the injured, in order of priority, to receiving hospitals. The Ambulance service may seek support from neighbouring Ambulance Trusts under Mutual Aid arrangements or the voluntary aid societies (e.g. British Red Cross and St John Ambulance) in managing and transporting casualties.

EMAS in accordance with its Generic Major Incident Plan will ensure:

- a. That an effective alerting procedure is carried out in regard to all relevant agencies, both NHS and external.
- b. An organised, cohesive Command & Control structure is established at the scene of an incident in regard to all medical/first aid response.
- c. A medical communications network is developed at the scene compatible with the requirements of the incident.
- d. The life saving treatment, care and decontamination is provided at the incident using the appropriately qualified personnel and other agencies where necessary.
- e. Sufficient ambulances and equipment to deal with casualties are available at the incident as soon as possible after notification has been received including mutual aid.
- f. Casualty triage is established to prioritise treatment and transportation to appropriate receiving hospitals.
- g. As the incident progresses, a steady flow of ambulances at the scene is available to transport casualties.
- h. Adequate local emergency cover is maintained throughout the normal area of operation.
- i. Full normal working is restored as soon as possible.

j. The deployment if required of the Trusts HART (Hazardous Area Response Team) to provide medical intervention / support within the Hot Zone

## **HEALTH PROTECTION AGENCY (HPA):**

### **ROLE:**

The HPA provides specialist health protection advice and support to NHS organisations. Ultimate responsibility remains with the PCT.

### **RESPONSIBILITIES:**

The primary areas of responsibility during a Major Incident are:

- a. Provide specialist public health support and advice to NHS organizations, particularly Primary Care Trusts and the Regional Director of Public Health, and also other agencies involved in responding or managing the incident at a local, regional and national level.
- b. Provide impartial and authoritative advice to health professionals, other agencies and the public.
- c. Support the management of incidents and the Primary Care Trusts in co-ordination of the NHS response through attendance at control centers, multi-agency coordinating Groups etc.
- d. The HPA local and regional teams are the gateway to specialist advice, including advice regarding CBRN at national level (infectious diseases, chemicals, poisons, radiological nuclear incidents).
- e. HPA provides input into the Science and Technical Advice Cells (STAC). This is activated through the HPA East Midlands, HEPA 24/7 on call number (07092 980004)
- f. Provide specialist public health advice and support to PCTs in their work to monitor the long-term health effects of an incident.

## **LOCAL AUTHORITIES**

### **ROLE:**

a. In an emergency Local Authorities will support the Emergency Services and other agencies with the provision of specialist resources and support for the affected community. In a response to an incident, Unitary authorities can operate in isolation providing the services required, whereas in the Two Tier authority response it will be important that the Upper and Lower Tier authorities work in close harmony to meet their statutory responsibilities and public expectations.

b. It may be that an incident requires more resources than one authority can provide, in which case a mutual aid protocol exists between all local authorities within the LLR LRF area which can be implemented should the need arise.

c. As an incident moves from the response to the recovery phase the relevant local authorities will take a lead coordinating role in respect of the rehabilitation of the community and restoration of the environment.

### **RESPONSIBILITIES:**

The primary areas of responsibility for Local Authorities at a Major Incident are:

- a. Participate in the joint response to the incident.
- b. Provide specialist support and advice to the Emergency Services and other agencies in the areas of;
  - (1) Environmental Health.
  - (2) Structural Stability.
  - (3) Social Care and Welfare.
  - (4) Highways.
- c. Identification and provision of suitable facilities to be used as Emergency Centres.
- d. Assist in the identification and provision of facilities suitable for use as a Temporary Mortuary or Body Holding location.
- c. Provision of transport to convey evacuees and people otherwise displaced by the incident to appropriate centres.
- d. To lead and coordinate the response in the Recovery phase of an incident.

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- e. Provide a lead in the identification and provision of Humanitarian Assistance and support.
- f. Provide liaison and a link into the Voluntary Sector and Faith / Community groups.
- g. Through Elected Members exercise a community leadership role and promote recovery within the wider community.

## **ENVIRONMENT AGENCY**

### **ROLE:**

At incidents involving actual or potential environmental damage, the EA will provide co-ordination and management of the environmental response to the incident.

### **RESPONSIBILITIES:**

The primary areas of responsibility for the Environment Agency at a Major Incident are:

- a. Assess the risk of the incident to the people, environment and property.
- b. Prevent or minimise the impact of the incident on human health, the environment and property particularly where the risk is serious or immediate.
- c. Investigate and gather information and evidence for possible enforcement and legal action in accordance with its role as regulator.
- d. Ensure the owner/operator/polluter takes responsibility for the appropriate remedial actions.
- e. Where the source is not identified or the required action is not instigated by the owner/operator/polluter, consider what action to take in respect of remedial actions;
- f. Ensure remedial action is undertaken in an approved, professional and competent manner and not, in general, to do the work ourselves.
- g. Notify, warn or advise relevant stakeholders.
- h. Work effectively with external partners e.g. the Major Incident services.
- i. Recover the costs of the incident response and investigation at every opportunity.

## **ROLES & RESPONSIBILITIES OF CATEGORY 2 RESPONDERS**

### **PUBLIC UTILITY COMPANIES**

#### **ROLE:**

As a Category 2 responders under the CCA (2004) the utility companies are required to co-operate with Category 1 responders and as such the utility companies should work closely with the emergency services and local authorities in identifying the location of water, gas and/or electricity supplies and telecommunication assets to the incident site and then making safe and restoring any such utility supplies/assets.

#### **RESPONSIBILITIES:**

- a. To secure their services and equipment to ensure continuity of supply.
- b. To repair services disrupted by Major Incidents.
- c. To provide alternative means of supply during service disruption if life and health risks are identified.
- d. To advise local authorities and the communications media when disrupted services will be reinstated

### **OTHER SUPPORTING BODIES**

#### **ARMED FORCES**

#### **ROLE:**

The primary role of the Armed Forces is the defence of the UK and its dependent territories.

#### **RESPONSIBILITIES:**

The Armed Forces hold certain niche capabilities that are made available to the Emergency Services under specific MOUs, such as air and ground Search and Rescue and Bomb Disposal. Other niche capabilities, such as specialist search, are likely to require repayment.

Other military capabilities could be made available to a civil response guided by the following 3 principles: -

- a. Military aid should *only* be provided where the *need for someone to act is clear and where other options have been discounted*. The use of other agencies, and the private sector must be otherwise considered as insufficient or be unsuitable.

- b. The Civil Authorities making the request lacks the required level of capability to fulfil the task and it is unreasonable or prohibitively expensive to expect it to develop one.
- c. The Civil Authorities have a capability, but the need to act is urgent and it lacks readily available resources.

In some circumstances arrangements for repayment to the Defence budget will be made. More information can be found in Joint Doctrine Publication 02 – The Defence Contribution to Resilience.

## **WHAT THE MILITARY CAN PROVIDE**

The Armed Forces national structure, organisation, skills, equipment and training can be of benefit to the civil authorities in managing the response to, and recovery from, Major Incident. This support is governed by the Military Aid to the Civil Authority (MACA) arrangements. The Ministry of Defence (MOD) joint doctrine publication Operations in the UK: the Defence Contribution to Resilience sets out the detailed rules and procedures governing the employment of the Armed Forces for MACA operations. Reserves, including Civil Contingencies Reaction Forces (CCRF's) can be deployed alongside regular service personnel. The Defence Contribution to Resilience includes templates for requesting military assistance. The solution to any military assistance requests will be determined by the availability of military resources and the commander judgement.

## **HOW TO ACTIVATE THEIR RESPONSE**

Withheld .

## ***THE VOLUNTARY SECTOR AND FAITH GROUPS***

### **ROLE:**

The Voluntary sector and Faith groups can provide an extensive and diverse range of operational and support skills and services to statutory responders. Their role will depend on the situation and what capabilities and support they can provide.

## **SCIENTIFIC AND TECHNICAL ADVISORY CELL (STAC)**

### **ROLE:**

Once activated the STAC is to provide to the SCG timely and co-ordinated advice on scientific and technical issues.

### **RESPONSIBILITIES:**

- a. Provide a common source of science and technical advice to the SCG chair and members and responder agencies' Strategic Commanders.

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- b. Monitor and encourage the responding scientific and technical community to deliver on SCG's high-level objectives and immediate priorities.
- c. Agree any divergence from agreed arrangements for providing scientific and technical input.
- d. Pool available information and arrive, as far as possible, at a common view on the scientific and technical merits of different course of action.
- e. Provide a common brief to the technical lead from each agency represented in the cell on the extent of the evidence base available, and how the situation might develop, what this means, and the likely effect of various mitigation strategies.
- f. Identify other agencies / individual's with specialist advice who should be invited to join the cell in order to inform the response.
- g. Liaise with national specialist advisors from agencies represented in the cell and, where warranted, the wider scientific and technical community to ensure the best possible advice is provided.
- h. Liaise between agencies represented in the cell and their national advisors to ensure consistent advice is presented locally and nationally.
- i. Ensure a practical division of effort among the scientific response to avoid duplication and overcome any immediate problems arising.
- j. Maintain a written record of decisions made and the reasons for those decisions.

## **SCG ROLE AND RESPONSIBILITIES**

### **ROLE:**

The purpose of the SCG is to take overall responsibility for the multi-agency management of the Major Incident and to establish the policy and strategic framework within which lower tier command and co-ordinating groups will work. The SCG will:

### **RESPONSIBILITIES:**

- a. Determine and promulgate a clear strategic aim and objectives and review them regularly.
- b. Establish a policy framework for the overall management of the event or situation.
- c. Prioritise the requirements of the tactical tier and allocate personnel and resources accordingly.
- d. Formulate and implement media handling and public communication plans; potentially delegating this to one responding agency.
- e. Direct planning and operations beyond the immediate response in order to facilitate the recovery process.

## **TCG ROLE AND RESPONSIBILITIES**

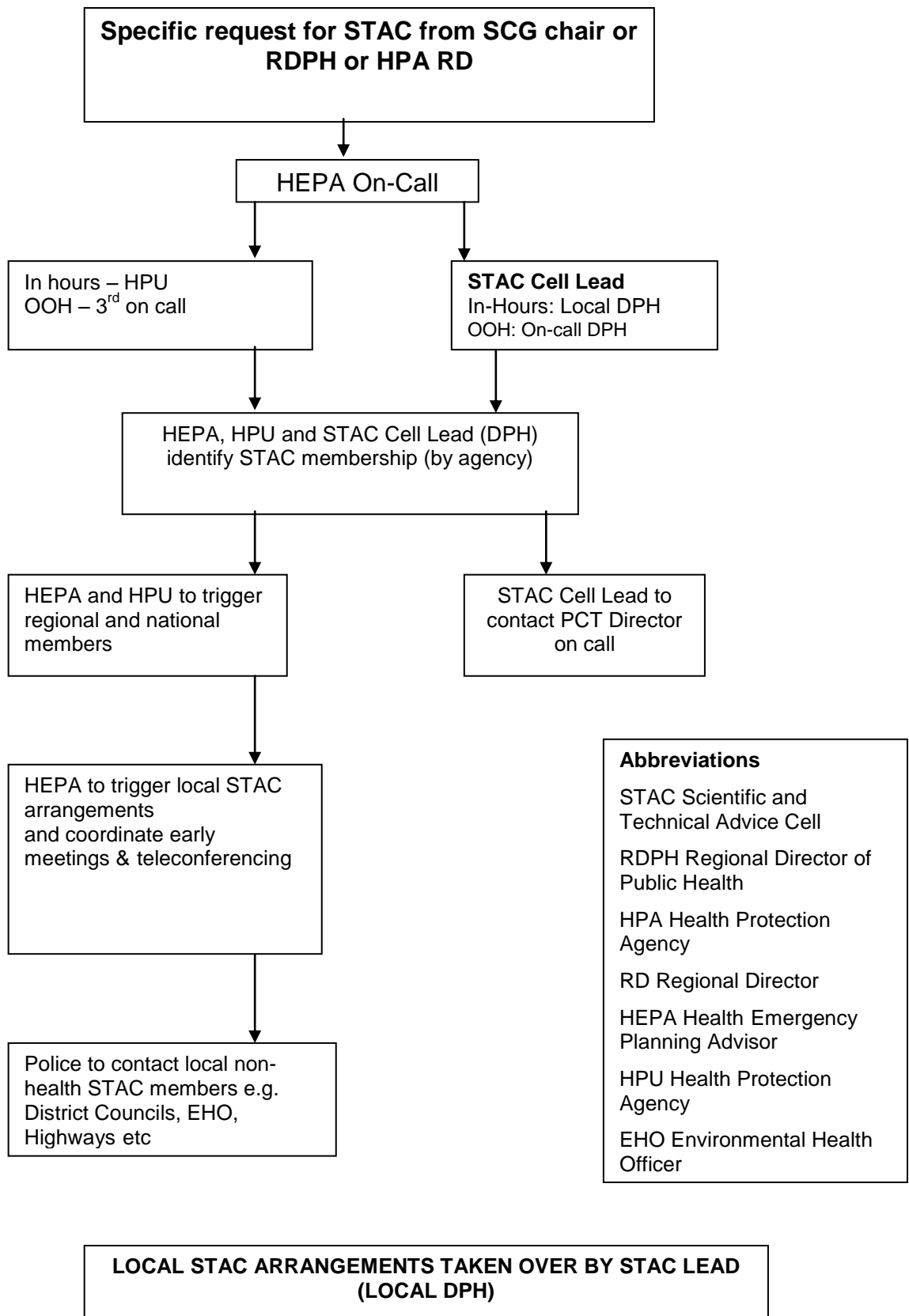
### **ROLE:**

The role of the multi agency TCG is to ensure the aim and objectives set by the SCG are met and/or co-ordinate the actions taken by Operational managers at site/s in order to achieve maximum effectiveness and efficiency. The TCG will:

### **RESPONSIBILITIES:**

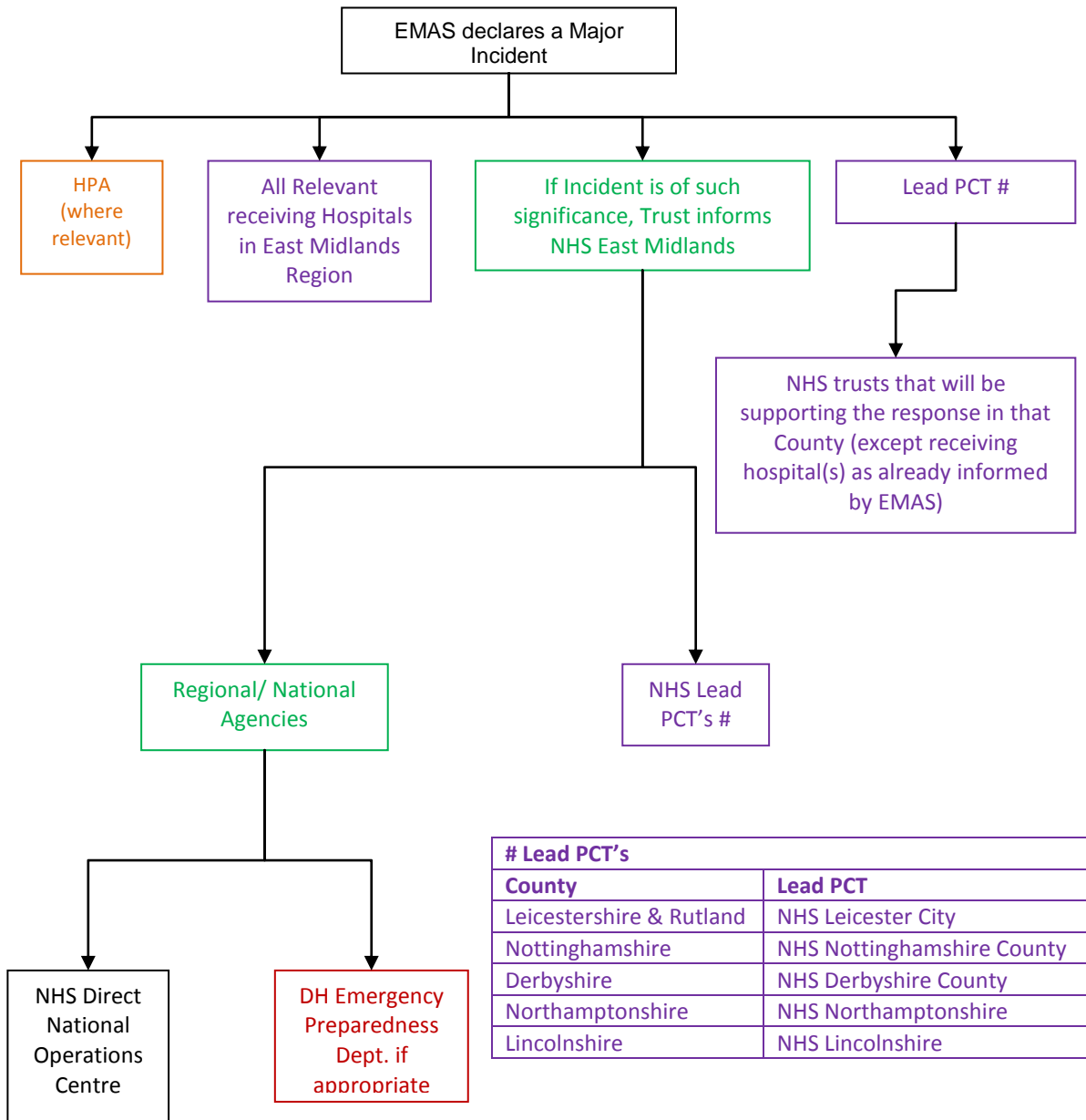
- a. Determine priorities for allocating available resources.
- b. Plan and co-ordinate how and when tasks will be undertaken and by whom.
- c. Obtain additional resources if required.
- d. Assess significant risks and use this to inform tasking of bronze commanders.
- e. Ensure the health and safety of the public and personnel at the site/s.

## Appendix 4 – STAC Activation Flowchart

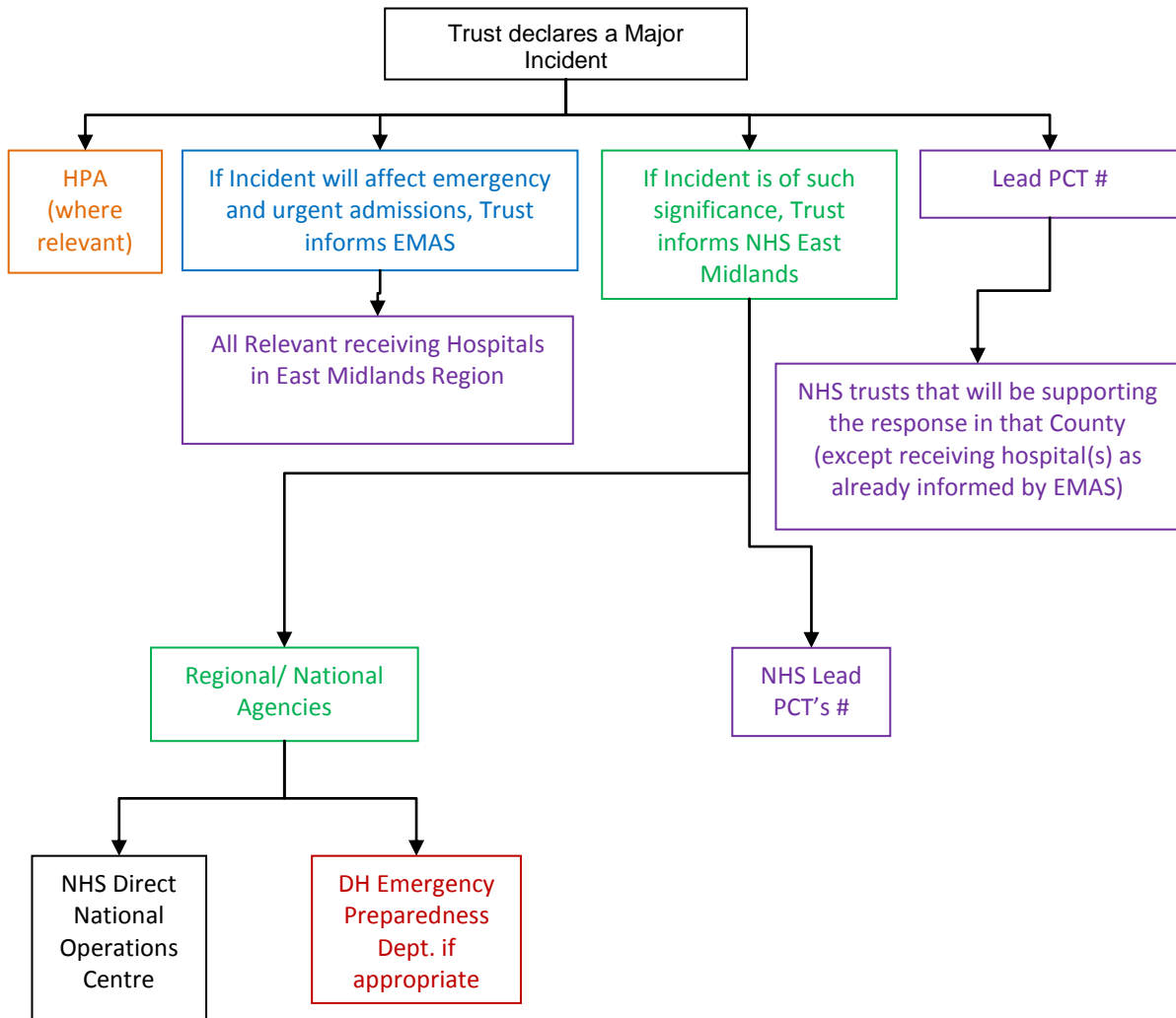


## Appendix 5 – NHS East Midlands alerting Flowcharts

Example based on East Midlands Ambulance Services NHS Trust declaring Major Incident



**Example based on PCT, Mental Health or Hospital Trust declaring Major Incident**



# Lead PCT's	
County	Lead PCT
Leicestershire & Rutland	NHS Leicester City
Nottinghamshire	NHS Nottinghamshire County
Derbyshire	NHS Derbyshire County
Northamptonshire	NHS Northamptonshire
Lincolnshire	NHS Lincolnshire