

Major Incident Plan and Flu Pandemic Plan

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Signed by:

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## ***Introduction & Ownership***

The Civil Contingencies Act 2004 places a statutory duty on Leicestershire County and Rutland PCT (LCRPCT) to ensure that it can:

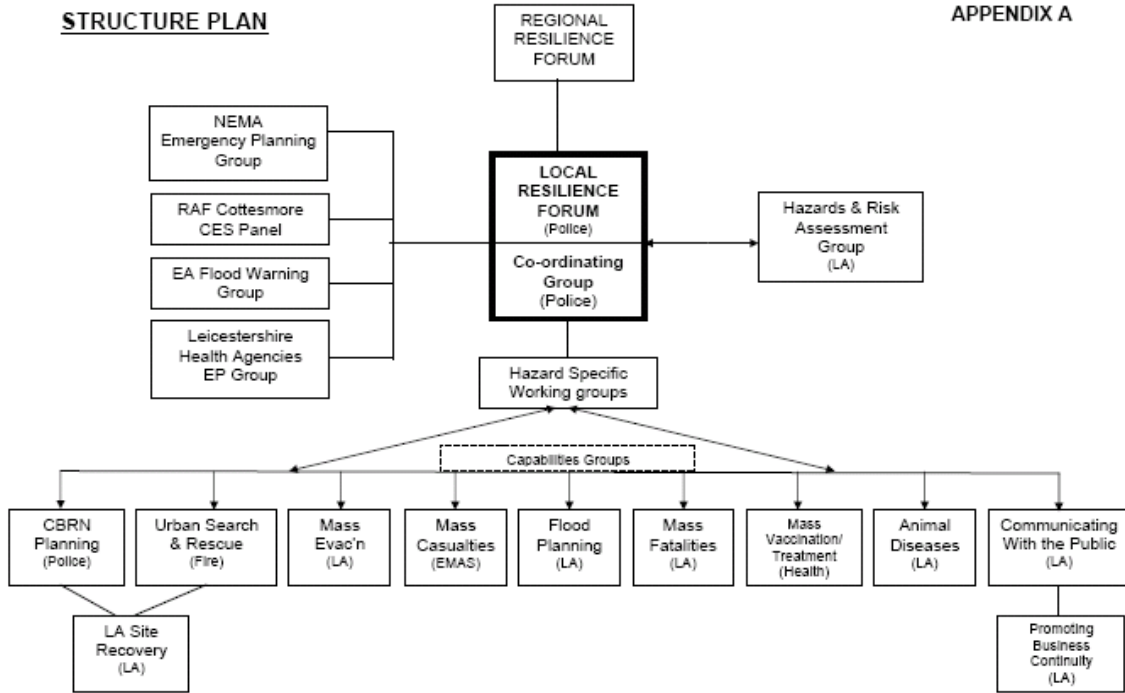
- Assess local risks and use this to inform emergency planning.
- Put in place planning arrangements to exercise their functions in order to prevent emergencies and to respond to emergencies.
- Put in place planning arrangements for business continuity management
- Put in place arrangements for warning and informing 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.

To contribute to meeting these objectives, LCRPCT is part of the Leicester, Leicestershire and Rutland Local Resilience Forum (LRF). The identification, assessment and planning of civil contingencies risks is co-ordinated through the Local Resilience Forum. Within this structure there are a number of sub-groups and workstreams of which the Leicester Health Agencies Emergency Planning Group is one. The organisational structure for civil contingencies is shown below.

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 emergency incidents that may have a significant impact on the communities of Leicester, Leicestershire and Rutland.

**STRUCTURE PLAN**

**APPENDIX A**



Revised January 2008

The overall responsibility within the PCT for this plan lies with the Chief Executive, who will ensure that the Board receives regular updates (at least annually) 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 may delegate an Executive Director of the Board to take responsibility for emergency preparedness on behalf of the organisation. The PCT will also nominate a Non-Executive Director to support this work.

## ***Activation***

A Major Incident for the PCT may arise from a number of potential threats. With implementation of the Civil Contingencies Act 2004, the term 'emergency' may be used by many partner agencies although the NHS may continue to use the term '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, or was 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 Health Service suffers from serious internal and external disruption.

For the purposes of this PCT a major incident is defined as:

"Any occurrence that presents a serious threat to the health of the community, disruption to the service, or causes (or is likely to cause) such numbers or types of live casualties as to require special arrangements to be implemented".

## **How a Major Incident May Present**

Awareness of a major incident can occur in a number of ways – the incident may evolve from one form to another. These are:

- "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.

- Mass casualties

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

- Ambulance Service (EMAS)
- Police
- Fire Service
- Another NHS PCT
- NHS East Midlands
- One of the receiving hospitals
- The HPA
- One of 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 incidents, the lead role will rest with EMAS, police, fire services or the local authority.

Out of hours the alerting call is likely to be received by the PCT Director on-call via the on call route. This will come from UHL in the event of an incident that involves casualties (the “Big Bang”). For other incidents that impact across a wider area, the alert may come from NHS East Midlands, or the Local Resilience Forum.

In working hours the call could be received by any member of the PCTs staff, who should immediately inform the PCT main switchboard, whereupon staff on the switchboard will immediately inform the On Call Director to lead the response.

On receipt of an alerting message, the alerting officer will note all details concerning:

- The emergency situation.
- Hospitals/agencies involved.
- The time of the alerting call and the name/designation of the caller.

Two types of response may be triggered:

- Major incident standby. In this situation, standby will be backed up every 10 minutes until either activated or stood down.
- Major incident declared – activate plan.

The immediate responsibilities of the On Call Director/Manager are outlined in Action Cards and can be summarised as follows:

- Make a decision on whether or not to instigate a major incident response.
- Initiate the assembly of the Incident Control Team.
- Activate the Major Incident Control Room.
- Decide what personnel are required immediately and initiate cascade.
- Liaise with other PCTs, the local Health Protection Agency Unit and other agencies as appropriate.

- Identify a recovery team, if appropriate and identify any actions needed to restore normal business

## **A Major Incident Requiring Support from the PCT**

There are four major types of response that can be expected of primary care and community health services in the event of an incident:

1. Support for general practice
2. Health service support for social and psychological services.
3. Support for acute hospitals.
4. Provision of health care services at survivor reception centres and evacuation centres set up by police or local authorities.

In addition, an incident (e.g. loss of 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 Community Hospital Emergency Plans and Business Continuity plans. Following the incident, service recovery may require the continuation of special arrangements for a period of time.

## **Incident Impacting on Local Primary and Hospital Services Provision**

A major incident may have an impact on the provision of local health services. Examples include circumstances which:

- Threaten continuity of services and where services to existing or expected patients are immediately disrupted, cannot be provided in the manner expected and substantial and wide-ranging action is required to either re-instate the service or provide for an alternative (e.g. a serious fire)
- Constitute a hazard or potential hazard to staff, patients, visitors or members of the public in one of the PCT's premises, whether or not patient services are affected (e.g. unsafe building)
- Disrupt services which support direct patient services in such a manner as to require substantial and wide-ranging management action to re-instate that support service (e.g. large scale IT failure.)

Incidents relating to the services the PCT provides will be notified immediately to the relevant Locality General Manager or On-Call Manager who will notify their appropriate/relevant Director. The Director will make the decision as to whether the incident should be upgraded to a major incident using the criteria described above. If in doubt, do not delay in declaring a major incident, as it is easier to stand down than 'catch up'. The formation of a stand-by team may be necessary to:

- Monitor the situation.
- Gather information.
- Deploy resources.

**ON DECLARING A MAJOR INCIDENT THE DIRECTOR WILL INFORM THE RELEVANT EMERGENCY SERVICE AND THE LEICESTER CITY PCT. THE**

EMERGENCY SERVICES WILL INITIATE AN APPROPRIATE RESPONSE FROM OTHER AGENCIES.

## ***Roles and Responsibilities of Senior Officers and Staff of the PCT***

### **Chief Executive**

The Chief Executive is the Board Level Officer with responsibility for management of major incidents within each PCT area. Any calls registering the potential or actual major incident should be forwarded to the Chief Executive's Office. Depending on the nature and scale of the incident, the Chief Executive, or on-call director will co-ordinate and lead the response of the PCT.

Consideration needs to be given to the following roles within the team:

Nursing, Medical/Clinical, Estates, Facilities inc. Hotel Services, Health & Safety, Communications.

### **On Call Manager (OCM)**

The duty manager on-call will co-ordinate the PCTs response, ensuring the Major Incident Plan is followed and maintaining lines of communication with other involved agencies (See Action Card MRHPCT 2, Appendix 1)

### **Director of Public Health**

The Director of Public Health will lead the clinical/ medical response to the incident where appropriate and generally liaise closely with the local Health Protection Agency Team and the DPH in the Leicester City PCT. The DPH may be required to attend the Health Advice Team (HAT), 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. The Public Health Advisor to the SCG will convene and lead a Health Advice Team (HAT), with representatives from a range of organisations and specialists appropriate to the incident. This will include a Director of Public Health (DPH) or equivalent.

### **The Director of Nursing and Clinical Governance**

The Director of Nursing and Clinical Governance or in her place the Senior Nurse in the affected locality will consider the community nursing issues raised by the major incident and convene a Community Services Team if required

### **Director of Corporate Development and Public Involvement**

The Director of Corporate Development will prepare and disseminate media information by agreement with the Chief Executive or deputy leading the response of the PCT

## **Director of Primary Care and Community Services**

The Director of Primary Care and Community Services will consider the impact of the incident on primary care and community hospital services, advise the core Incident Control Team and convene a Primary Care Services Team if required

## **Emergency Planning Co-ordinator**

The Emergency Planning Co-ordinator works jointly with Leicester City PCT in ensuring effective co-ordination of planning for major incidents across the LRF area, in co-operation with NHS East Midlands. They are 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 incidents nationally and internationally. With the HPA, they are responsible for ensuring appropriate advice is delivered to the PCT regarding local delivery and development of the MIP. 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.

## **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.
- A brief introduction to the PCT's Major Incident Plan will be included in the PCT induction programme. All departments/services should ensure that their local 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 the head of department to enable out of hours contact lists to be maintained.

## **Heads of Services/Departments**

- 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, arrange and undertake periodic exercises of the incident 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.

## **First line contacts in the cascade**

- Agree with the Incident Control Team the numbers and skills of staff required, and their deployment.

- Mobilise staff as agreed with the Incident Control Team.
- Participate in regular exercises of the PCT's incident response communication cascade as organised by the Lead for Emergency Planning.
- Provide reports and participate in the review of both incident responses and exercises.

### **Incident Room**

The PCT has identified the Boardroom, Woodgate, Loughborough as the Incident Control Room.

**Telephone 01509 567789 or 01509 567790**

Please note these lines will only be open during an incident.

In the event of this room being unavailable due to the nature of the incident, the back up control room is at Lakeside House. Maps and directions to both locations are in the on-call packs

### **PCT Incident Control Team**

The management of any incidents that may affect the smooth running of the PCT will require careful monitoring. The method of monitoring will depend upon the source of alert and type of incident.

In the event of an external situation that may impact upon PCT activities, the decision to convene this team may be taken at executive director level first. If the situation arises because of actions at any one site, the decision to activate this team may be taken by the On-Call Director based on available information.

### **Team Composition**

The exact structure of the teams will reflect the requirements of the situation.

Core members will include:

ACTION CARD	FUNCTION	PERSON ASSIGNED
LCR 1	Alerting officer	Switchboard at Loughborough Hospital
LCR 2	Incident Manager	On call director
LCR 3	Incident Services Manager	Senior Healthcare Services staff
LCR 4	Incident Medical Manager	Director of Public Health or deputy
LCR 5	Incident Response Co-ordinator	Nominated senior staff

LCR 6	Incident Media Liaison Manager	Nominated according to availability
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## ***Roles and Responsibilities of Local Partner Organisations***

This list only covers the organisations most likely to be directly related to or supporting the NHS.

<b>Police</b>	<ul style="list-style-type: none"> <li>• Security at the scene</li> <li>• Detection and investigation of crime</li> <li>• Co-ordinating the emergency services' response</li> <li>• Dealing with fatalities at the scene (with Coroner)</li> <li>• Establishing a casualty bureau- to keep track of people involved, injured</li> </ul>
<b>Fire &amp; Rescue Service</b>	<ul style="list-style-type: none"> <li>• Fighting fire</li> <li>• Contain and make safe spillage or release of chemicals, radioactive materials or other hazardous substances</li> <li>• Carry out essential damage control e.g. pumping out flood water</li> </ul>
<b>District Councils</b>	<ul style="list-style-type: none"> <li>• Provide facilities for people who have been evacuated</li> <li>• Provide support staff and managers for Rest Centres</li> <li>• Provide Environmental Health advice</li> </ul>
<b>Leicestershire County Council and Leicester City Council Social Services Departments</b>	<ul style="list-style-type: none"> <li>• Co-ordinating and assisting with welfare requirements, short and long term</li> <li>• Provide information/support services for relatives of injured/bereaved at hospitals, homes etc</li> <li>• Provide transport/escort facilities for relatives of injured/bereaved</li> <li>• Provide emergency accommodation and transport</li> <li>• Provide emergency feeding</li> <li>• Lead on evacuation of LA homes (nursing &amp; residential)</li> </ul>
<b>Leicester City / Leicestershire County Councils Emergency Planning Teams</b>	<ul style="list-style-type: none"> <li>• Co-ordinating the council response</li> <li>• Assist in establishing Emergency Rest Centres</li> <li>• Liaising with and co-ordinating the response from Voluntary Organisations</li> </ul>

	<ul style="list-style-type: none"> <li>• Advising on the restoration to normality</li> </ul>
<b>Voluntary Services</b>	<p><i>British Red Cross</i></p> <ul style="list-style-type: none"> <li>• Support casualty clearing stations</li> <li>• Provide immediate welfare for casualties, survivors, evacuees etc at the scene, hospitals, reception and rest centres</li> <li>• Provide escorts for the disabled, family support and medical equipment loan</li> <li>• Assist with enquiries</li> <li>• Provide emergency ambulance support if required</li> </ul> <p><i>Salvation Army</i></p> <ul style="list-style-type: none"> <li>• Assist with care of family &amp; friends of injured/bereaved</li> <li>• Provide catering for Emergency services</li> </ul> <p><i>St. John Ambulance Association</i></p> <ul style="list-style-type: none"> <li>• Provide additional medical aid at the scene and at the casualty clearing stations</li> <li>• Provide welfare assistance at the scene and hospitals for friends and relatives</li> <li>• Provide medical care and welfare assistance at reception and rest centres</li> </ul> <p><i>Woman's Royal Voluntary Service (WRVS)</i></p> <ul style="list-style-type: none"> <li>• Assist with arrangements at Rest Centres, reception and registration, public information, welfare arrangements, catering, escort and transport facilities</li> </ul>
<b>Environment Agency</b>	<ul style="list-style-type: none"> <li>• Advising on flood risk/dangers, including need to declare a major civil emergency</li> <li>• Provide materials, equipment and personnel (as far as resources and other duties permit)</li> </ul>
<b>Utilities Providers</b>	<ul style="list-style-type: none"> <li>• Undertake all disconnection/reconnection of supplies</li> </ul>

- |  |  |
|--|--|
|  | <ul style="list-style-type: none"><li>• Provide emergency supply arrangements.</li></ul> |
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## ***Command and Control structure***

For complex major incidents 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. Where the incident requires, representatives from each organisation working at a strategic level will be members of a Strategic Co-ordinating group (SCG, also known as gold command), usually chaired by the Police Incident Commander. The purpose of the SCG is to allow organisations to share information and co-ordinate their strategic, tactical and operational responses during the management of the major incident.

Generally, the health community will be represented by EMAS, UHL and the relevant PCT. In addition, public health advice may be provided to the SCG by the Public Health Advisor. This will be a senior public health practitioner with specialist skills in incident command, the individual being identified at the time and determined by the type and scale of the incident.

The SCG is located at the nominated Strategic Co-ordination Centre, in this case, Police Headquarters.

### **Strategic role (gold level):**

Individuals in overall executive command of each service (health, including ambulance, police, fire, etc) with responsibility for formulating the strategy for the incident response, with overall command of the resources of their own organisation. Tactical decisions are delegated to tactical commanders and the strategic command has a key role in monitoring response to the incident.

### **Tactical role (silver level):**

Those who attend the scene, take charge for formulating tactical plan to be adopted by their organisation to achieve strategic objectives. They oversee but are not directly involved in the operational response to the incident.

### **Operational role (bronze level):**

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.

## **Communications**

During an incident, communication with the media is critical. In Leicestershire there is a multi-agency subgroup of the Local Resilience Forum, which will take responsibility for communication with the media and ensure a consistent message across all groups. However each agency is free to comment on how the incident relates to itself.

### **Contacts**

Key contact lists of staff and external assistance will be updated monthly by the Corporate Services Office.

### **Clarity of Instructions**

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 (not an exercise). Concise details of the incident and action required of incident team members will be necessary.

It is advisable 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.

### **Staffing**

Each Head of Service is responsible for supplying and maintaining a list of senior staff who can take responsibility for communicating with and mobilising their staff. Daytime and out of hours numbers for these individuals will be held in the Incident Control Room. All services should have arrangements in place to inform all their staff of the incident, and mobilise as many staff as may be required.

On declaring a major incident, the Incident 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 incident status is required over an extended period of time, the Chief Executive will assess capacity and seek assistance from NHS East Midlands as necessary.

### **External Communications**

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

media response. The Incident General Manager will be responsible for communications with other agencies including the emergency services. The Chief Executive or Incident Manager will normally act as media spokesman.

## ***Logistical Support***

### **Accommodation**

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 provide staff for these centres to assist with people who have medical issues

### **Primary Care Contractor Services**

Health care services may be required at survivor reception centre, evacuation centres and local acute hospitals receiving casualties. A list of GP Practice staff volunteers and pharmacy volunteers will be maintained by the Corporate Services Office. These volunteers will be included in the Trust's training and exercising plans.

### **Pharmacy Supplies**

The University Hospitals of Leicester (UHL) Pharmacy Department has established mechanisms for obtaining medicines etc in an emergency situation. These can be accessed out of hours by the PCT through the UHL On-call Manager.

### **Medical and Other Supplies**

The Supplies Department at UHL has established systems and can be accessed out of hours by the PCT through the departmental cascade via the On-call Site Manager.

### **Food and Drink**

The Incident Response Co-ordinator will ensure a regular supply of food and drink to the team, from local services as appropriate.

## ***Volunteers***

### **Staff Volunteers**

Staff should not call the Incident Control Room unless specifically requested to do so. Staff will be summoned and unless directed otherwise should go to their normal place of work. Staff should not turn up at the site of the incident unless instructed to do so.

### **Individual Volunteers**

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**

Requests for assistance to voluntary organisations such as the British Red Cross Society, St John Ambulance and Women's Royal Voluntary Service will be by the Incident Response Co-ordinator. In the event of an extended incident across the agencies, or the need for specific skills (e.g. language skills) assistance will be sought by the Incident Response Co-ordinator.

## ***Media Handling***

Effective communications is paramount to any major incident response and without communication the different services responding cannot work as a team. It is essential that messages are delivered clearly and precisely to those that need to know at the right time. Many technological communication systems exist and it is essential that those used during a major incident work effectively and are sufficient to cope with the demand; staff know how to use them competently; and they protect patient confidentiality and are secure. Communications for internal, stakeholder, patient, staff and media relations should be an integral part of the whole process at every level.

Communications Leads for each trust and for the whole health community are an integral part of the process and in many cases act as the channel for reporting incidents to the Strategic Health Authority (SHA) and other agencies. Reports which are submitted to the SHA should include the relevant communications and media relations information without the need for duplicate briefing to the Head of Communications by the Communications Lead.

### **Media Relations**

Major incidents are likely to lead to a high level of media attention. The management, investigation and learning from incidents can all be triggers for media coverage months and in some cases years after the incident itself, particularly where external agencies and processes are also involved. The presence of media can be

used effectively to support the coordination of a major incident response. Press statements will be coordinated through the Police Leadership when there is a “Gold Response”. At levels below this the Director responsible for coordinating the incident will ensure advice/active involvement is sought from the PCT Communications Manager or designated alternate. Space and facilities for the operation of a PCT pressroom may need to be established.

In the event of an incident such as an explosion or large scale disaster the police would lead the response including to the media. They would liaise with local communications leads to try to ensure consistency of message.

If the incident relates mostly to a health issue within the Leicester City area such as an outbreak of illness within our boundaries or problems with our premises such as a fire at a health centre for example, communications will be lead locally by the senior manager in charge and the Communications Manager. This will include keeping patients, stakeholders and partner agencies informed what is happening and alternative arrangements for service provision if appropriate.

It is expected that the PCT Communications Manager and the Head of Communications at NHS East Midlands would work together on agreeing appropriate media handling strategies, working alongside the relevant colleagues responsible for the wider management of the incident. The Head of Communications at NHS East Midlands is responsible for briefing the Department of Health Communications Teams, as appropriate.

However, media coverage itself can also be the incident - and where adverse media coverage becomes the issue, (and where it is not triggered by an adverse event as such), it would be expected that the Communications Manager would be in direct contact with the Strategic Health Authority Head of Communications and agree handling and reporting strategies accordingly.

## **Summary of Leicestershire Emergency Media Plan**

### **Purpose**

This plan outlines agreed arrangements across the county made to provide a service for the media, whilst allowing the essential emergency response to proceed unhindered. Throughout an incident, the media must also be recognised as an important resource to proactively issue messages to the public, staff and patients informing them what is happening, how they can help and what action they need to take if any.

### **Aims:**

- Providing a multi-agency framework in which media enquiries can be efficiently and constructively handled during a major incident.
- Enable exchange of information between Press/PR Officers of the various public agencies involved.
- Help control the flow of information and prevent a breakdown in communications.

- Provide a focal point for information gathering and help prevent disruption to operations.

### **Objectives:**

- To establish and manage services for the media as swiftly and as effectively as possible.
- To provide an authoritative source of information on the emergency to the media in a mutually beneficial partnership.
- To ensure effective preparation by all with a role to play in dealing with the media.
- To provide means by which by all partners can co-ordinate their contribution to a fast, frequent and accurate information service for the media.

### **Activation:**

The plan will be activated by the lead agency, which is most likely to be the Leicestershire Police, but may be other organisations as appropriate. As the incident develops, response levels may change, and it may be more appropriate for the role of the lead agency to pass from one organisation to another.

The lead agency will on activation of the plan:

- Co-ordinate Press liaison at the incident site or sites.
- Decide whether a Media Centre is required.
- Arrange for a Media Centre, selected from a pre-identified premises, to be opened.
- Co-ordinate the management and operation of the Media Centre.
- Call out or notify other PRO representatives, as appropriate.
- Advise appropriate Chief Officers of the media arrangements.

### **Police Action at the Scene:**

- Arranging a cordoned area at each incident site.
- Set up a Forward Media Liaison Point.
- Allow media access unless for operational reasons.
- Arrange pooled media facilities as appropriate.
- Ensure PR Officers are clearly identified and wear appropriate PPE.

### **Media Centre:**

The lead agency will decide whether there is a need to set up a joint media centre and identify the location or premises to be used which has the appropriate facility.

It should be located near to, but not at, the scene of the incident and have appropriate arrangements to facilitate the provision to the media in a manageable manner.

Practical management of the media centre will be co-ordinated by a nominated Media Centre Manager and be staffed by press/public relations' officers from the emergency services and other key agencies.

### **Press Officer Procedures:**

In order to minimise the risk of issuing conflicting or misleading information, all press officers attending the Forward Media Liaison Point or Media Centre should:

- Establish contact with the lead agency press officer.
- Only make statements on behalf of their own organisation.
- Where practical, consult with the lead agency press officer before issuing releases or statements.
- Keep the lead agency press officer and other appropriate officers informed of statements made.
- Ensure that staff from each agency is aware of the press release conditions and methods of distribution.

### **News Conferencing:**

News Conferencing will be held at regular intervals according to circumstances and at the discretion of the lead agency press officer. Conferences may be interspersed with news briefings when necessary and the timing and location provided to ensure satisfactory management. All questions and replies should be noted in order to record statements made.

### **Chief Executives**

It is possible that the Chief Executives or their representatives may be requested to publish personally or otherwise media statements.

Appropriate arrangements should be arranged through the Communications Lead who will arrange the timing, location and nature of statement as appropriate.

### **Other Communications issues**

#### **Helplines**

Communications is not just about handling the media; it is about communicating with staff, patients, the public and stakeholders where appropriate to inform them what is happening and what they need to do.

*A Leicestershire / Rutland specific helpline may be needed when a public health incident/environmental problem/business continuity problem occur within its boundaries. On larger scale incidents NHS Direct would be key in handling public enquiries so it is possible no local line would be needed. Liaison with NHS Direct would be necessary to ensure messages are consistent. Once the Chief Executive or designated Senior Manager has decided that a hotline needs to be set up to deal with enquiries from the public the Communications Manager will take responsibility for activating the hotline. The incident hotline for a serious untoward incident is [...], which could be manned if necessary.*

## **Staffing the Hotline**

The Senior Manager responsible must ensure that the appropriate staff for the incident manages the telephones.

Staff to man the line would need to be trained or have experience of handling difficult calls. They should not have been specifically involved in the incident that is the subject of the calls. This will help them to stay within the remit of the helpline, using a core script developed by the Communications Manager and the Senior Manager in charge. Call handlers should also be aware of the issues around confidentiality.

As this could be very emotionally draining a de-brief or handover would be beneficial at the end of each shift. A CHI report on setting up helplines recommends longer rather than shorter shifts. A briefing pack must be provided to ensure that the staff are equipped to deal with the queries.

Consideration must be given to 'recruiting' adequate staff to manage the queries over the time that telephone calls may be received. This will depend on the type of incident, but the hotline may need to be open over days or weeks.

Facilities must be in place for collecting and responding to other modes of communication such as e-mails and letters. Other modes of communication will be sought such as television, radio, newspaper and the Internet/intranet to inform those who do not have access to telephones.

## **Internal Communications**

Regular staff briefings will be held according to the severity and type of incident either by email, briefing meetings and use of the intranet to ensure staff are aware of what is happening and can advise their patients.

Similarly if the incident is not being led by LCR PCT, briefings from the leads will be cascaded to our staff, hosted staff and independent contractors where appropriate.

## **De-brief**

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 Senior Management Team, the Board and the Board sub-committees and to the PEC where appropriate.

## **Return to Normal Working**

The Incident Control Team will determine the time for the decision of the Trust "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.

All staff who have been asked to stand by awaiting further instructions should be informed that the incident is over.

Following stand down the Director of Corporate Services will continue to monitor the aftermath of the incident and arrange debriefing sessions and support for staff involved in the incident.

The Incident Manager will ensure that debriefing and appropriate support, including counselling is available for all staff throughout the incident and immediately afterwards.

## ***Training and Exercising***

A major incident 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 incidents. It is expected that all Directors will undergo training to equip them to operate at Multi-Agency Gold level.

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

- Understand their role and the roles of others
- Understand their major incident 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

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

The communication cascade will be updated monthly and exercised annually. Exercises will take place both in working time and out of hours.

The Director of Corporate Services will ensure that all elements of the plan are tested at least once a year.

Senior Managers will be responsible for ensuring that their staff are aware of individual emergency roles and that they are conversant with the responsibilities relevant to their department's contingency plans.

## ***Audit and Review***

This plan will be regularly updated to take account of organisational changes and new guidance. Each department head should ensure that any changes within their area are notified promptly to the Corporate Services Office.

The Director of Corporate Services will be responsible for arranging reviews of the plan, not less than annually; following organisational change; and after any exercise of the plan.

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

## ***Action Cards***

### **LCR1 – Switchboard Operator at Loughborough Hospital**

**YOUR ROLE:** To receive the notification of the incident at Loughborough Hospital Switchboard and to alert the On Call director of the Major Incident call and its status.

**YOUR ACTION:**

1. On receipt of an alerting message, the alerting officer will note all details concerning

The emergency situation

Hospitals/agencies involved

- The time of the alerting call
- The name of the caller
- Major incident status Standby/Declared/Stand down

2. Telephone the on call director immediately to inform them of the situation. If unable to contact for any reason

- Out of hours contact the on call manager
- In hours contact any other director (see overleaf)

3. Follow any instructions given.

4. Do not leave the switchboard unmanned until you are relieved.

**YOUR BASE**

Loughborough Hospital Switchboard

## **LCR2 – Director on call (Incident Manager)**

You are responsible for directing LCR Primary Care Trust's response and must assess the situation before implementing the required action. You will nominate a deputy from the directors/senior managers available.

### **YOUR ACTION:**

If message is "Major Incident Standby"

1. Make any necessary arrangements to attend control centre
2. Alert the incident control team (see overleaf)

If message is "Major Incident Declared"

1. Proceed to the Control Room, Woodgate, Loughborough.
2. Call in the incident control team (see overleaf). If the incident occurs out of hours, do this from the nearest telephone using the cascade system. Assign the first person contacted to be responsible for calling in the remainder of the team.
3. Inform the Chief Executive and Board members of the Primary Care Trust (see overleaf).
4. Assess the situation with the relevant members of staff.
5. Assign ACTION CARDS
6. Appoint scribe / loggist to record Control Room decisions
7. If appropriate, inform:
  - a) Strategic Health Authority
  - b) Health Protection Unit
  - c) The Chief Executives of neighbouring PCTs
  - d) Inter-agency emergency planning colleagues in LRF
8. If appropriate set up and publicise a Helpline Number either internally or via NHS Direct depending on the scale and circumstances of the incident.

If message is "Major Incident Stand-down"

1. Confirm message with lead agency.
2. Authorise stand-down of plan
3. Initiate recovery plan
4. Draft report for Board on completion of incident

YOUR BASE            Control Room, Woodgate, Loughborough

### **LCR3 - Incident services manager**

**YOUR ROLE:** You will convene a “Community Services Team” which will consider the hospital and community nursing issues and advise the Core Team.

**YOUR ACTION:** On receiving notification of a major incident:

1. Proceed to the Control room PCT HQ, Woodgate, Loughborough
2. After briefing from the Incident Manager, call in/notify and brief the Community Services Team
3. Organise and allocate staff as appropriate
4. Provide regular briefings and information updates on hospital community input to the Core Incident Team
5. Call in further team members as required and dictated by the scale of the incident
6. Following stand down, prepare report for Chief Executive

**YOUR BASE:** Control room, Woodgate, Loughborough

## **LCR4 - Action Card For Incident Medical Manager**

**YOUR ROLE:** You will convene a “Medical Control Team” which will consider the clinical issues and advise the core team.

**YOUR ACTION:** On receiving notification of a major incident:

1. In the event of external notification direct contact the duty director via Loughborough switch board on 01590 611600.
2. Proceed to Control room PCT HQ, Woodgate, Loughborough
3. Inform Public health on call via 0115 942 5133
4. Activate GP, hospital and other notification systems as required
5. Manage the medical response
6. Provide regular briefings and information updates to the Core Incident Team
7. Following stand-down, prepare report for Chief Executive

**YOUR BASE:** PCT HQ, Woodgate

## **LCR5 - Incident Response Coordinator**

**YOUR ROLE:** You will co-ordinate the PCT's response as directed by the incident manager, and ensure that all aspects of the plan are followed.

**YOUR ACTION:** On receiving notification of a major incident:

1. Proceed to the Control room PCT HQ, Woodgate, Loughborough.
2. With the Incident Manager, assess the incident.
3. Call in the back-up team (see overleaf). Assign the first person contacted to call in the remainder of the team.
4. Assign back up team volunteers as necessary
5. Allocate rooms, telephone lines and support.
6. Liaise as necessary with health community and inter-agency emergency planning contacts.
7. Be prepared to activate the Helpline in line with CHI guidance
8. Record all relevant details of the incident and the response.
9. Following stand-down prepare a report for Chief Executive.

**YOUR BASE:** PCT HQ, Woodgate

## **LCR6 - Action Card For Incident Media Liaison Manager**

**YOUR ROLE:** You will prepare and disseminate media information by agreement with the Incident Manager. If necessary, you will organise facilities for media visits and briefings.

**YOUR ACTION:** On receiving notification of a major incident:

1. Proceed to the Control room PCT HQ, Woodgate, Loughborough
2. After briefing from the Incident Manager establish and maintain contact with the regional press officer and NHSE desk officer
3. Set up an information area in the PCT HQ staff room using display boards. Liaise with the incident manager on setting up press centre.
4. Request general volunteers from the Response Co-ordinator, brief them to oversee the information area and answer general calls in reception
5. Organise press releases and other public statements and manage all aspects of media operations on site. Approve media statements.
6. Keep Incident Manager informed of progress and media requests
7. If necessary request a back-up team volunteer to ensure that security arrangements are in place to prevent representatives of the media straying from the information area.
8. Greet and brief visitors. Escort visitors to their destination on the instruction of the Incident Manager. Manage arrangements for VIP visits

**YOUR BASE:** PCT HQ, Woodgate

## **LCR7 - Incident Switchboard Operator/Receptionist**

**YOUR ROLE:** You will take calls from the switchboard and transfer them as directed by the Response Co-ordinator. You will greet and handle callers at reception as directed by the Response Co-ordinator.

**YOUR ACTION:** On receiving notification of a major incident:

1. Proceed to the Control room PCT HQ, Woodgate, Loughborough
2. Report to the Response Co-ordinator for briefing
3. Answer calls and transfer as directed. Deal with callers at reception as directed.

**YOUR BASE:** PCT HQ, Woodgate

## **LCR8 - Incident First Line Telephone Operators**

**YOUR ROLE:** You will answer calls about the Incident and fill in a telephone enquiry log card with the details of each caller.

**YOUR ACTION:**

1. Proceed to the Control room PCT HQ, Woodgate, Loughborough
2. Report to the Response Co-ordinator for briefing
3. Answer telephone calls about the Incident giving information as instructed and logging the caller's details (see over leaf)

**YOUR BASE:** PCT HQ, Woodgate

## **LCR9 - Relatives Liaison Co-ordinator**

YOUR ROLE: Liaison with relatives

### YOUR ACTION:

1. Report to Control Room for action card
2. Assess scale of incident and assemble team as appropriate
3. Identify telephone lines for incoming calls from relatives, and inform switchboard
4. Liaise with police documentation team on details offered by incoming calls.  
Redirect callers to Police Casualty Bureau as it is activated
5. Participate in reporting and debriefing after the incident

Suggested team members:

PALS Officer

Volunteer co-ordinator

Heads of Nursing

YOUR BASE: PCT HQ

## **LCR10 - Incident Telephone Counsellors**

**YOUR ROLE:** You will offer counselling to callers who telephone the PCT and who need in-depth or specialist support and advice.

**YOUR ACTION:**

1. Proceed to the Control room PCT HQ, Woodgate, Loughborough
2. Report to the medical manager for briefing.
3. Listen to the caller's concerns/enquiry and provide advice/counselling according to the briefing. Log the caller's details (see overleaf) and record details of the conversation.

**YOUR BASE:** PCT HQ, Woodgate

## **LCR11 - Incident Administration & Clerical Assistant**

YOUR ROLE: Action Card for Administration & Clerical Assistant

YOUR ACTION:

1. Proceed to the Control room PCT HQ, Woodgate, Loughborough
2. Report to Response Co-ordinator for briefing
3. Provide support services as directed

YOUR BASE: PCT HQ, Woodgate