NHS
Bridgewater
Community Healthcare
NHS Foundation Trust

Major Incident and Emergency Plan

In the Event of a Major Incident turn immediately to the Response Section 2

Lead contact:	John Morris
Designation of lead contact	Head of Emergency Preparedness, Resilience & Response
Scope of document:	All staff
Date:	August 2021 (v1.19)

Unique identifier:	Master Document held by:	Issue Date: January 2021
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The current version is held on the Intranet Check with the Emergency Planning Officer that this printed copy is the latest version		

IMMEDIATE ACTIONS

If you have received notification that a major incident has been declared

and you have not read this plan

DO NOT READ IT NOW

Find your relevant action card in Section 4

AND FOLLOW THE INSTRUCTIONS

Bridgewater Community Healthcare NHS Foundation Trust

Major Incident and Emergency Plan

The trust wishes to acknowledge the support of all local NHS and non-NHS partner organisations in the preparation of this document.

The Plan is a live document and is kept under regular review. Revisions and updates will be circulated to all named holders. Further information on most recent changes may be obtained by checking the Trust website www.bridgewater.nhs.uk or contacting John.morris6@nhs.net (01925 946120).

Document change history

Version	Date	Comments
1.0	June 2013	Bridgewater-wide Major Incident Plan developed from legacy documents within Halton and St Helens and Ashton, Leigh & Wigan Divisions (approved by Trust Board 3/10/13)
1.1	November 2013	Minor revisions following external review of plan.
1.2	August 2014	Update of communications information (2.5.6, added action card 12 to Section 4, new appendices in Section 5: 5.5 Communications channels for use in a major incident, 5.6 Major incident media log, 5.7 Holding statements for media, websites, social media)
1.3	September 2014	Removed references to the former Incident Co-ordination Centre at Widnes HCRC.
1.4	November 2014	Trust name/logo updated Reporting arrangements updated (vii, Exec Summary, section 1.8.3, 1.8.7) Reference added to NHS Core Standards for EPRR (Exec Summary, section 1.7) Section 5.13 (Interpreting Services) updated Checked and updated hyperlinks in section 5.1 (Reference List) Approved by Trust Board 4/12/14
1.5	June 2015	Updated Chief Executive and Accountable Emergency Officer references
1.6	September 2015	Checked and updated hyperlinks in section 5.1 (Reference List)
1.7	October 2015	Reviewed action cards Added information about JESIP to sections 1.3.3 and 3.3.
1.8	June 2016	Update to reflect organisational changes, also new interpreting service (see 5.13)
1.9	February 2017	Update including revised job titles, updated hyperlinks
1.10	July 2017	New trust logo, updated job titles
1.11	December 2017	Review and minor updates, new Section 7 (Concept of Operations for managing mass casualties – published by NHS England Nov 2017)
1.12	April 2018	Review and minor updates, including reference to General Data Protection Regulation which replaces Data Protection Act in May 2018
1.13	August 2018	Review and minor updates, including hyperlinks to service level business continuity plans on The Hub in section 3.
1.14	October 2018	General review and updated hyperlinks
1.15	April 2019	Review and update following change of AEO and location of services provided.
1.16	May 2019	Updated location of primary Incident Coordination Centre to new Trust HQ in Warrington. Section 5.13 updated – new provider for interpreting services.
1.17	July 2019	Updated location of secondary Incident Coordination Centre to Spencer House, Birchwood, Warrington.
1.18	April 2020	Minor updates following changes in trust services.
1.19	January 2021	General update and check of hyperlinks

Auditing, Updating and Amending of this Plan

i. The distribution of this plan and any revisions is controlled through a register of plan holders. Registered holders of this plan are listed in this section. The register lists job titles and place of work.

ii. If a registered plan holder changes position, contact details or leaves their organisation they should notify the Emergency Planning Officer using the form included in this section.

iii. The Emergency Planning Officer will be responsible for issuing new and amended documents in accordance with the register of plan holders.

iv. Information relating to the revision will be held in the page footer, eg date of issue, date of review, version number and page.

v. Plan holders are required to replace copies of superseded documents with the revised versions. All superseded versions should be destroyed.

vi. The Major incident plan will be audited on an annual basis by the Emergency Planning Officer using the tool created on page 7 of this Plan and in accordance with the Audit and Assessment Tool produced by the Department of Health.

vii. A formal review of the plan will be undertaken annually and a report of any amendments and updates, including any training and exercises, will be reported to the Board (or other committee to which the Board may delegate authority for EPRR).

Executive Summary

Bridgewater Community Healthcare NHS Foundation Trust has defined roles and responsibilities under the Civil Contingencies Act 2004. These are known as Category 1 responder duties (Category 1 responders are those organisations which are usually at the heart of the response to most major incidents). We must also act in accordance with the NHS England Emergency Planning Framework 2015 and meet the requirements of the latest NHS England Core Standards for EPRR.

The Trust needs to be able to plan for, and respond to, a wide range of incidents and emergencies that could impact on health or patient care. These could be anything from extreme weather conditions, to an outbreak of an infectious disease, or a major transport accident.

Our ability to deliver a wide range of services within the community at a time when our own staff and resources may be severely impacted upon will be crucial.

The Civil Contingencies Act 2004 requires NHS organisations and providers of NHS funded care to show that they can deal with such incidents while maintaining services to patients.

The Borough Director for Halton is the Trust's designated Accountable Emergency Officer. This role is supported by the Emergency Planning Officer.

Formal assurance on the organisation's emergency preparedness will be provided to the Board as required. Reports, including the approval of this Plan, will be submitted to the Board (or other committee to which the Board may delegate authority for Emergency Preparedness, Resilience and Response).

Colin Scales
Chief Executive

Sarah Brennan
Chief Operating Officer (Accountable Emergency Officer)

Bridgewater Community Healthcare NHS Foundation Trust

Request form for change to register of plan holders

Please photocopy this form when submitting requests for amendments – this form should remain in the Incident Plan for future duplication

Change of Plan Holder

Please change the register of plan holders:

From: ……

Job Title: ……..

Place of Work: ……

To: ……

Job Title: ……..

Place of Work: ……

Signed: ……

Date: ……

Print Name: ……

Position Held: ……..

Please return to: Emergency Planning Officer
Bridgewater Community Healthcare NHS Foundation Trust
Europa Point
Europa Boulevard
Warrington
WA5 7YS

Bridgewater Community Healthcare NHS Foundation Trust

Amendment Request Form

All amendments should be incorporated into the plan immediately on receipt and the original destroyed. This record sheet should be completed when any amendment is made.

Plan Date		Version	
Page(s) to be amended/added			
Page Number	Section	Amendment/Addition Request *(attach photocopy of page with amendments marked if possible)*	
Name		Job title/Department	Date
Contact details			

Actioned	
Date	

Please return to: Emergency Planning Officer
Bridgewater Community Healthcare NHS Foundation Trust
Europa Point
Europa Boulevard
Warrington
WA5 7YS

Bridgewater Community Healthcare NHS Foundation Trust

Major Incident and Emergency Plan
Register of Holders

***(NB** Copies of the Plan are electronic unless otherwise stated below)*

Plan N^{o}	Name
	Intranet
	Internet
	Resilience Direct
1	Incident Co-ordination Centre cupboard, Trust HQ (paper copy)
2	Incident Co-ordination Centre cupboard, Spencer House (paper copy)

Audit Tool for use with Major Incident and Emergency Plan

Document: Major incident plan

Review date:

Audit cycle: Six monthly

Next audit:

Audit areas: Identified below

Audit area	Evidence	Outcome
Training and Exercising	Has training taken place? In what form, for whom and when. Attach programme of training and attendance list as evidence.	
Incident Co-ordination Centre(s)	Is the Incident Co-ordination Centre(s) easy to access? Do the contents of the store cupboard tally with the list in the plan? Work from the list to mark off what is in the cupboard and attach to the audit tool as evidence.	
NHS England and NHS Improvement (Cheshire & Merseyside): • Local Health Resilience Partnership (LHRP) - Cheshire • LHRP – Merseyside • LHRP Community Providers Forum (Cheshire and Merseyside)	Have the meetings taken place? Has a trust representative been present? Are there minutes and agendas to identify what has been discussed?	
Areas of Responsibilities - Heads of Service	Do Heads of Service have a complete list of contact details for their Senior Managers	
Action Cards	Have staff linked to the Action cards received appropriate training. Is their attendance at training recorded? When staff leave are new staff identified to replace them in their emergency planning/ major incident role	

Contents

SECTION 1

INTRODUCTION

1.1 Why do we need a plan?

As a provider of NHS funded care, Bridgewater Community Healthcare NHS Foundation Trust (hereafter referred to as *the Trust)* has Category 1 responder duties under the Civil Contingencies Act 2004 (Category 1 responders are those organisations which are usually at the heart of the response to most major incidents). It is therefore required to:

- assess the risk of emergencies occurring and use this to inform contingency 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

Section 9.2 of the NHS Emergency Planning Framework 2015 states that providers of NHS funded services are to:

- Support CCGs and NHS England, within their health economies, in discharging their EPRR functions and duties, locally and regionally, under the CCA 2004
- Have robust and effective structures in place to adequately plan, prepare and exercise the tactical and operational response arrangements both internally and with their local healthcare partners
- Ensure business continuity plans mitigate the impact of any emergency, so far as is reasonably practicable
- Ensure robust 24/7 communication "cascade and escalation" policies and procedures are in place, to inform CCGs and healthcare partners, as appropriate, of any incident impacting on service delivery
- Ensure that recovery planning is an integral part of its EPRR function
- Provide assurance that organisations are delivering their contractual obligations with respect to EPRR
- Ensure organisational planning and preparedness is based on current risk registers
- Provide appropriate director level representation at LHRP(s) and appropriate tactical and/or operational representation at local health economy planning groups in support of EPRR requirements

In order to meet these requirements, organisations are required to have a major incident plan that is current and regularly reviewed and updated. The plan is a live document which is continually reviewed and updated to take account of organisational changes and to ensure that it remains in line with all current legislation and guidance.

1.2 Who is the plan for?

All staff need to be aware of the existence and content of the major incident plan (a copy of which is on the intranet) and how their individual contributions impact on the successful implementation of the plan.

This plan describes what actions need to take place, and who needs to do what, in the event of an emergency. An emergency might have an immediate impact on all or part of the organisation.

The emergency planning lead is responsible for working with senior managers to identify staff likely to be involved in a major incident response and to ensure they have the appropriate training, equipment and knowledge to be able to respond safely and effectively to an emergency or major incident.

Executives and senior managers must also ensure they are sufficiently familiar with the contents and requirements of this plan, and that they are ready and able to deliver an immediate response in accordance with the provisions of the plan.

1.3 Significant Incidents and Emergencies

The NHS England Emergency Preparedness Framework 2015 defines significant incidents and emergencies as they may apply to NHS funded organisations and the varying scale of these incidents.

Under Section 1 of the CCA 2004 an “emergency” means

“(a) *an event or situation which threatens serious damage to human welfare in a place in the United Kingdom;*
(b) an event or situation which threatens serious damage to the environment of a place in the United Kingdom;
(c) war, or terrorism, which threatens serious damage to the security of the United Kingdom”.

For the NHS, incidents are classed as either:

- Business Continuity Incident
- Critical Incident
- Major Incident

Each will impact upon service delivery within the NHS, may undermine public confidence and require contingency plans to be implemented. NHS organisations should be confident of the severity of any incident that may warrant a major incident declaration, particularly where this may be due to internal capacity pressures, if a critical incident has not been raised previously through the appropriate local escalation procedure.

Business Continuity Incident
A business continuity incident is an event or occurrence that disrupts, or might disrupt, an organisation’s normal service delivery, below acceptable predefined levels, where special arrangements are required to be implemented until services can return to an acceptable level. (This could be a surge in demand requiring resources to be temporarily redeployed)

Critical Incident
A critical incident is any localised incident where the level of disruption results in the organisation temporarily or permanently losing its ability to deliver critical services, patients may have been harmed or the environment is not safe requiring special measures and support from other agencies, to restore normal operating functions.

Major Incident
A major incident is any occurrence that presents serious threat to the health of the community or causes such numbers or types of casualties, as to require special arrangements to be implemented. For the NHS this will include any event defined as an emergency as in section 6.4.

(Section 6, NHS England Emergency Preparedness Framework 2015)

1.3.1 Levels of incidents

The NHS England Emergency Preparedness Framework 2015 (section 7) describes evolving incidents in terms of 4 levels:

NHS England Incident Levels	
1	A health related incident that can be responded to and managed by a local health provider organisation within their business as usual capabilities and business continuity plans in liaison with local commissioners
2	An incident that requires the response of a number of health providers within a defined health economy and will require NHS coordination by the local commissioner(s) in liaison with the NHS England local office.
3	An incident that requires the response of a number of health organisations across geographical areas within an NHS region. NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level.
4	An incident that requires NHS England National Command and Control to support the NHS response. NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level.

A major incident can be sudden (Big Bang) such as a transport disaster, or a series of smaller incidents which stretch the NHS. A major incident can also creep up gradually (Rising Tide) such as a developing infectious disease outbreak or a capacity/staffing crisis.

1.3.2 Cheshire LRF definitions

Through their joint working, the members of Cheshire LRF have developed local definitions to describe the scale and types of emergencies and incidents. As Warrington and Halton boroughs lie within Cheshire LRF, the Trust will be part of the Cheshire NHS response for any multi agency incidents occurring there and has therefore taken account of these definitions when developing its own plans and responses. These local definitions are:

- ***Major Incident:*** Any emergency that requires the implementation of special arrangements by one or more of the emergency services, the NHS or the local authority, for:

- the rescue and transportation of a large number of casualties
- the involvement, either directly or indirectly, of large numbers of people
- the handling of a large number of enquiries likely to be generated both from the public and the news media, usually to the police
- any incident that requires the large scale combined resources of the emergency services
- the mobilisation and organisation of the emergency services and supporting organisations

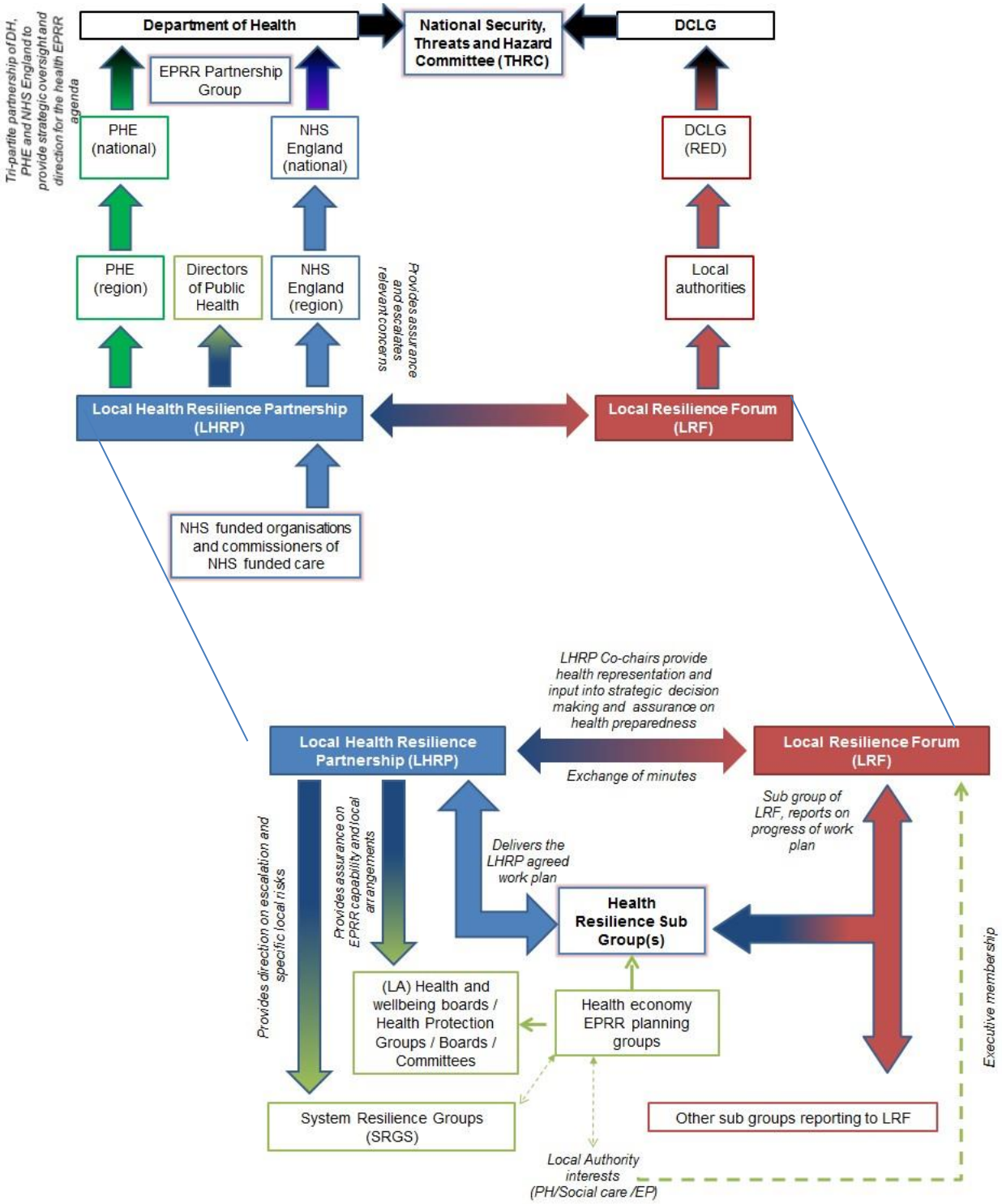
This can also include a **Cloudburst** incident which is a specific procedure in Cheshire for dealing with a toxic gas or chemical release.

- ***Serious Incident:*** Any incident that is NOT a Major Incident but:
  - has the potential to develop into a Major Incident, or
  - involves contamination of the environment, water courses or air pollution, or
  - involves evacuation or the potential for evacuation of any members of the public, or
  - involves major road closures, or
  - involves the distribution of specific health advice to any members of the public

- **Other Incidents:** These are other events or situations that are characterised by a lead in time of days, weeks or even months. Health pandemics, flooding, foot and mouth disease, industrial action etc are examples of these scenarios. The onset of such events can be gradual and the final impact will not always be apparent early on, which can make meaningful assessment of the scale and depth difficult to determine.

1.3.3 Planning for incidents affecting the Trust

The Trust's planning takes place within the NHS England national EPRR planning structure, which illustrates the interaction with key partner organisations, including providers of NHS funded care.



Health resilience sub-groups may exist at LHRP level and also at a local health economy level to undertake strategic and tactical EPRR work.

(Section 8.4, NHS England Emergency Preparedness Framework 2015)

The Trust has several policies and plans for specific types of incidents and emergencies, some of which have been produced on a particular local health economy basis and some of which

apply across the Trust footprint. These documents support this major incident plan. There is a vast range of potential scenarios and it is not possible to have individual plans for each of them. Therefore plans need to be flexible and to be based on integrated emergency management principles that can be adapted to the particular incident.

Areas of specific planning include:

- Extreme Weather (eg Heatwave and Cold Weather Plans)
- Pandemic Influenza
- Mass Vaccination
- Fuel Crisis

Incidents which are likely to cause cessation of key business functions, loss of premises due to fire, flooding or other incident, or loss of staff due to illness are covered in the organisation's business continuity plans (see Section 3).

The Trust also has access to a number of LRF/LHRP plans for specific types of incident which may affect any of its services. For example, Merseyside Emergency Response Manual (MERM) and Cheshire Emergency Response Manual (CERM), and the relevant LHRP Mass Casualties Plans.

1.4 Hazard and Risk Assessment

1.4.1 Community Risk Registers

Community risk registers are published and regularly reviewed and updated by the relevant Local Resilience Forum in line with the Civil Contingencies Act 2004 (CCA). They highlight potential hazards in the counties and how local services would respond in the event of an emergency.

Representatives of the NHS organisations in Cheshire and Merseyside contribute to the community risk registers through involvement with the various task groups of the LRFs.

The registers are intended to assure local residents of the measures and plans which have been put in place to respond to the potential hazards. They have been prepared in accordance with statutory national guidance on emergency preparedness.

The areas of potential risk are listed under the following headings:

- Industrial accidents/environmental pollution
- Transport accidents
- Severe weather
- Structural
- Human health
- Animal health
- Public protest
- Industrial/technical failure

The registers cover non-malicious events (ie hazards) rather than threats (ie terrorism). This does not mean that threats have not been considered, but that given the sensitivity of the information, specific details are not published.

Published in association with the registers are community profiles for Cheshire and Merseyside.

The community risk registers and community profiles for **Cheshire** can be found on the Cheshire Resilience website: http://cheshireresilience.org.uk/

The community risk register for **Merseyside**, produced by Merseyside Resilience Forum, is available on the Merseyside Prepared website: www.merseysideprepared.org.uk

Electronic links to each of the community risk registers are also stored on the dedicated EPRR page of the intranet.

The Government publishes a National Risk Register to update the public on its current assessment of the likelihood and potential impact of a range of different civil emergency risks (including naturally and accidentally occurring hazards and malicious threats) that may directly affect the UK. It also provides information on how the UK and emergency services prepare for these emergencies. The latest edition is available on:
https://www.gov.uk/government/publications/national-risk-register-2020

1.4.2 Bridgewater Community Healthcare NHS Foundation Trust Risk Register

Bridgewater Community Healthcare NHS Foundation Trust has an internal organisational risk register where risks are scored and monitored.

1.5 What resources are available and likely to be needed?

The following Trust staff and resources are likely to feel the effects of any increased demand for emergency health care as a result of a major incident. In a major incident or emergency staff will support the relevant NHS England Local Area Teams and Clinical Commissioning Groups, and may also be required to support other services within the Trust:

- Community Nurses
- Health Visitors
- Paediatricians
- Specialist Nurses
- Managers
- Estates/facilities
- IT
- Buildings
- Vehicles
- Communications
- Supplies and equipment

The resources identified above are likely to be required at different stages of the response to a major incident. Therefore it is essential that a system is in place to activate the Emergency Plan.

1.6 Multi Agency Incident Response Command and Control Levels

Strategic, Tactical and Operational are levels of command adopted by each of the Emergency Services. It should be understood that the titles do not convey seniority of service or rank but describe the function carried out at that level.

1.6.1 Strategic Control

When a major incident is declared, Strategic Command will be set up by the police at the Police HQ or at an alternative location if this is unavailable. .

The function of the Strategic Command will be to liaise with all other agencies to determine the overall strategy, and provide planning and direction in order to meet the overall objectives of the incident.

The ***strategic*** level of command is also known as the **Strategic Co-ordinating Group (SCG)**. The officer designated as having overall command is known as the Strategic Commander and the support necessary to undertake this function is known as Strategic Control. It does not exercise operational control of the incident but evaluates developments and seeks to maintain a wide overview of policy. Logistics and other functions in support of Tactical are a function of this level of command. The NHS is represented on the SCG by the relevant NHS England Local Area Team.

1.6.2 Tactical Control

The ***tactical*** level of command is also known as the **Joint Tactical Co-ordinating Group (JTCG).** This is the centre where all multi-agency responding organisations meet and is usually based at the local police station where the incident has occurred.

The function of the Tactical Command will be to determine tactics to successfully bring the incident to a close. The NHS is represented on the TCG by the relevant NHS England Local Area Team and/or CCG.

1.6.3 Operational Control

This is the ***operational*** level of command and is the term used by the emergency services when responding to a major incident. It will generally be located at the scene of an incident.

1.7 What is the role of the Trust?

Planning for emergencies is an integral part of good business practice for any organisation. It is particularly important that public service organisations can continue to deliver their essential functions and that they are able to respond to the needs of the community in emergency situations.

As described in section 1.1, the Trust has defined roles and responsibilities under the Civil Contingencies Act 2004 and the NHS England Emergency Planning Framework 2015. The Trust must also meet the NHS England Core Standards for EPRR.

The Trust delivers a range of community health services in the Boroughs of Warrington, Halton, St Helens and Oldham and Community Dental Services in the above Boroughs and also Bolton, Bury, Heywood, Middleton, Rochdale, Tameside, Trafford, Glossop, Stockport and Western Cheshire.

A two tier on-call system has been established:

First on call: Senior manager rota. The senior manager on call is the first point of contact for an external or internal major incident or emergency occurring within any of the areas covered by the trust which requires a community health services response, and for staff working out of hours who need urgent advice.

Second on call: Executive rota. This rota acts as second on call and may be activated by the senior manager on call. The purpose of this rota is to:

- Provide executive support to the senior manager on call, if required out of hours.
- Lead the Trust's response to major incident/business continuity incidents.

In the event of a serious internal emergency, the decision to declare a Trust major incident is the responsibility of the Executive on call (or in hours, another member of the executive team).

As the local provider of community services, the Trust has a key role to play in an emergency, for example by sending appropriately skilled and trained staff to assess evacuees in local authority rest centres, by helping our local hospitals increase their capacity in an emergency by safely discharging existing patients, by contributing to mass vaccination programmes or by supporting our vulnerable patients in the community. It is therefore vital that clinical services identify and maintain up to date information about vulnerable patients, including children and 'at risk' groups, which is readily accessible in an emergency.

The general definition of vulnerable persons is *people present or resident within an area known to local responders who, because of dependency or disability, need particular attention during emergencies* (NHS England Emergency Planning Framework 2015, section 10.15). In terms of the CCA, these groups are defined as: those under the age of 16; those inhibited in physical movement, whether by reason of age, illness (including mental illness), disability, pregnancy or other reason; and deaf, blind and visually impaired or hearing impaired.

1.7.1 Provision of Health Care Services at Reception Centres/Rest Centres

When an evacuation occurs, the emergency services will shelter the public using any suitable building as a **reception centre**. They will expect the local authority to move these evacuees to a **designated rest centre** (a building operated by the local authority for the temporary accommodation of evacuees. Basic facilities include those for eating, sleeping, registration and information and welfare. Evacuees are expected to remain in the centre for no longer than 24 hours) and once there, to take the lead in caring for them. Basic services need to be in place before evacuees arrive at the rest centre. Council staff, health staff (where appropriate) and voluntary agencies need early notification and clear guidance on their first tasks.

The Trust may be asked to deploy staff to reception and rest centres as necessary in order to assess patients and give advice on self-care, and to help them obtain urgent replacement medication if required.

1.8 Accountability – Roles and Responsibilities

1.8.1. Organisational Lead for Emergency Preparedness, Resilience and Response

As the Trust's accountable officer, the **Chief Executive** is responsible for ensuring that effective arrangements are in place for planning and responding to a major incident and that those arrangements are regularly reviewed, monitored and updated.

In addition, each provider of NHS-funded care is required to identify an Accountable Emergency Officer to assume executive responsibility and leadership at service level for EPRR. The AEO will be a Board level director responsible for EPRR. They will have executive authority and responsibility for ensuring that the organisation complies with legal and policy requirements. They will provide assurance to the Board that strategies, systems, training, policies and procedures are in place to ensure an appropriate response for their organisation in the event of an incident.

1.8.2 Accountable Emergency Officer (AEO)

The **Director of Services for Halton** is the Trust's nominated **Accountable Emergency Officer** for EPRR. The role of the AEO as set out in the NHS Emergency Preparedness Framework 2015 (section 9.1), includes:

- Ensuring that the organisation, and any sub-contractors, is compliant with the EPRR requirements as set out in the CCA 2004, the NHS Act 2006 (as amended) and the NHS Standard Contract, including the NHS England Emergency Preparedness, Resilience and Response Framework and the NHS England Core Standards for EPRR
- Ensuring that the organisation is properly prepared and resourced for dealing with an incident
- Ensuring that their organisation, any providers they commission and any sub-contractors have robust business continuity planning arrangements in place which are aligned to ISO 22301 or subsequent guidance which may supersede this
- Ensuring that the organisation has a robust surge capacity plan that provides an integrated organisational response and that it has been tested with other providers and partner organisations in the local area served
- Ensuring that the organisation complies with any requirements of NHS England, or agents of NHS England, in respect of monitoring compliance
- Providing NHS England with such information as it may require for the purpose of discharging its functions
- Ensuring that the organisation is appropriately represented by director level engagement with, and effectively contributes to any governance meetings, sub-groups or working groups of the LHRP and/or LRF, as appropriate

The AEO is supported in the discharge of these responsibilities by the **Head of EPRR** who is the designated **Emergency Planning Officer**. The Head of EPRR is responsible for developing an annual EPRR work plan which is overseen by the AEO. The work plan takes account of the LHRP work plans and any actions identified from exercises and the annual EPRR core standards assurance process.

The AEO is also supported by a non-executive director to endorse assurance to the Board that the organisation is meeting its obligations with respect to EPRR and relevant statutory duties under the CCA 2004 and the NHS Act 2006 (as amended). This includes assurance that the organisation has allocated sufficient experienced and qualified resource to meet these requirements.

1.8.3 Bridgewater Community Healthcare NHS Foundation Trust Emergency Planning Steering Group

The Trust has an internal emergency planning steering group, which meets when required to discuss emergency planning issues. The group is chaired by the Accountable Emergency Officer. Minutes of the meetings are circulated to all members and exception reports will be submitted as required through the Trust's committee structure.

1.8.4 Local Resilience Forum

The principal mechanism for multi-agency co-operation at the local level is the Local Resilience Forum (LRF). Created in response to the Civil Contingencies Act 2004, LRFs are generally based on county police areas (with the exception of London) and bring together all the organisations which have a duty to co-operate under the Act, along with others who would be involved in the response. Membership includes representatives from all Category 1 responders, eg NHS, Police, Fire and Rescue Service, Ambulance Service, all local authorities, British Transport Police, Environment Agency, Public Health England, Port Health Authority, Maritime and Coastguard Agency, and the Military.

The purpose of the LRF process is to ensure effective delivery of those duties under the Act that need to be developed in a multi-agency environment.

NHS England North has delegated responsibility for EPRR to the relevant NHS England Local Area Team. Part of their role is to represent the NHS on the LRF (see also section 2.5.3).

The Accountable Emergency Officer of each Local Area Team is supported by its Head of EPRR.

1.8.5 Local Health Resilience Partnership (LHRP)

Local Health Resilience Partnerships (LHRPs) were established in 2013 to deliver national EPRR strategy in the context of local risks. They bring together the health sector organisations involved in EPRR at the LRF level. Building on existing arrangements for health representation at LRFs, the relevant LHRP is a forum for strategic level coordination, joint working and planning for emergency preparedness and response by all relevant health bodies. It offers a coordinated point of contact with the LRF and reflects a national consistent approach to support effective planning of health emergency response.

LHRPs are co-chaired by a lead Director of Public Health (DPH) from one of the upper tier or unitary authorities in the area and by a Director responsible for EPRR from the NHS England Local Area Team.

They are not statutory organisations and individual trusts remain accountable for their own EPRR arrangements.

The Trust is represented by the AEO on Merseyside and Cheshire LHRPs, which meet three times a year.

1.8.6 LHRP Sub Groups

Each LHRP has an associated sub group which is attended by the EPRR officers from all NHS trusts in the area. The purpose of these groups is to deliver the work programme developed and agreed by the LHRP and ensure that all member organisations can effectively deliver their duties under the Civil Contingencies Act 2004. The Trust is represented at the following sub groups:

- Cheshire and Merseyside LHRP Community Providers Forum
- Cheshire and Merseyside LSMS and Emergency Planning Meeting

The groups meet at least quarterly. In addition, a range of task and finish and other related working groups (eg business continuity, pandemic flu) are convened as required to progress specific pieces of work.

For all other individual roles and responsibilities during a major incident see the response section (Section 2).

1.8.7 Plan Review

The plan will be formally reviewed on an annual basis and following any incident and/or lessons learned, or changes to legislation or guidance. The amended plan will be presented to the Emergency Planning Steering Group for approval. The Board (or another committee with delegated responsibility for EPRR) will be asked to sign off the plan.

1.8.8 Training

The emergency planning lead will devise and monitor attendance at an ongoing programme of training for staff appropriate to their level of responsibility within the organisation, including members of the on call rotas. In addition, opportunities will be afforded to staff to participate in relevant training with other organisations.

All new staff receive basic emergency planning awareness training at their induction, covering the organisation's statutory responsibilities and their role in a major incident, linked to identified threats and hazards. The presentation is also available for reference on the EPRR intranet page.

1.8.9 Exercises

The major incident plan will be regularly tested during multi-agency exercises arranged by the LRFs, other local NHS and non-NHS organisations, and through internal table-top exercises. The communications links will be tested on a six-monthly basis. The Trust will also undertake/be part of a live exercise every three years.

1.8.10 Circulation

Copies of the plan will be distributed electronically to those individuals identified in the Register of Holders on page 6 of this plan. A copy of the plan will also be placed on the intranet and internet sites (with confidential sections removed).

Version control and distribution is the responsibility of the Emergency Planning Officer who holds the master copy.

1.8.11 Reporting of Incidents

If any relevant action has been taken by the organisation in relation to an incident, this should be reported through the Significant Events reporting procedure. The senior manager on call should ensure that any significant issues reported out of hours are logged on the next working day using the on line Ulysses reporting tool.

1.8.12 Debrief Procedures

Once the incident has been formally stood down, a debrief should be arranged to discuss any outstanding issues and review incident procedures.

The debrief will seek to identify:

- what was supposed to happen?
- what actually happened?
- why were there differences?
- what did we learn?
- are there any improvements to be made to procedures?

It is vital that this post-incident debrief protocol is recognised as a positive learning process.

1.8.13 Guidance

A list of the main current emergency planning guidance that applies to this plan can be found in Appendix 5.1.

1.9 Control of Major Hazards (COMAH) Plans

A list of all top tier COMAH (Control of Major Accidents and Hazards) sites in Halton, St Helens and Warrington boroughs can be found in Appendix 5.12.

1.9.1 Public Health England Health Protection Team

The relevant Public Health England Centre will be notified of an incident (eg significant leak or spill, or Cloudburst) by the North West Ambulance Service Control Room.

The duty consultant in health protection will make an initial assessment of the incident and the impact on responders and the community, based on the information available and will then:

1 identify a consultant in health protection or director of public health to attend the designated Joint Tactical Co-ordinating Group to chair a Science and Technical Advice Cell (STAC)

NB Should a decision be made to establish a Joint Agency Strategic Co-ordination Group then the response will be to that location

2 request that an appropriate public health practitioner is deployed to the Joint Tactical Co-ordinating Group, to join the STAC

3 if available, identify resource to support the chair of the STAC

4 establish contact and on-going liaison with the Centre for Radiation, Chemical and Environmental Hazards (CRCE)

5 provide the police incident commander with appropriate advice on public health aspects of the incident including advice to the public and media

6 provide initial public health information and advice to accident and emergency units, local GPs, out of hours services and NHS 111

7 notify the Public Health England regional media co-ordinator

8 notify NHS England

9 if appropriate, notify Manchester Port Health

1.9.2 Specialist Sources of Advice and Expertise

On 1 April 2013, the Health Protection Agency (HPA) became part of the newly-formed Public Health England, an executive agency of the Department of Health. It provides specialist health protection advice, operational support and input to the development and implementation of policy to the NHS and other agencies. These health protection services relate to communicable disease, chemical and radioactive hazards.

A single Public Health England Centre (PHEC) has been established for Cheshire and Merseyside. They are each responsible for providing a two-tier on call rota. Should an area require a Science and Technical Advice Cell to be established, this will be activated through the PHEC on call rota, which holds a rota of Local Authority Public Health Specialists who will staff the STAC.

Public health advice and support is available on a 24-hour basis. Contact details can be found in the confidential section of this plan.

The Centre for Radiation, Chemical and Environmental Hazards provides comprehensive expert advice and support for accidental or deliberate chemical incidents across England and Wales. It provides a 24-hour, 365 days a year specialist advice service to central and devolved governments, the NHS, emergency services and other agencies.

Accessed through the PHEC, this advice covers environmental, clinical and public health toxicology and management of such incidents, including decontamination of casualties.

1.9.3 Decontamination

It is important that all personnel and equipment, including personal protective clothing, is decontaminated BEFORE leaving the site to prevent the transfer of any contamination. The ambulance service has a memorandum of understanding with the fire service for mass decontamination and should any staff be exposed to contaminants, advice should be sought from the emergency services for information on decontamination procedures.

Where on-site decontamination is not possible, bag up contaminated items and clean thoroughly under controlled conditions and/or dispose of waste following guidance from the Environment Agency and/or environmental health officers. Mobile decontamination facilities may be available from the fire service and ambulance service to decontaminate contaminated individuals. It is essential that any contaminated individuals remove outer clothing and undergo decontamination before attending any external medical facilities.

Acute trusts with A&E departments have limited decontamination facilities for self presenting casualties only.

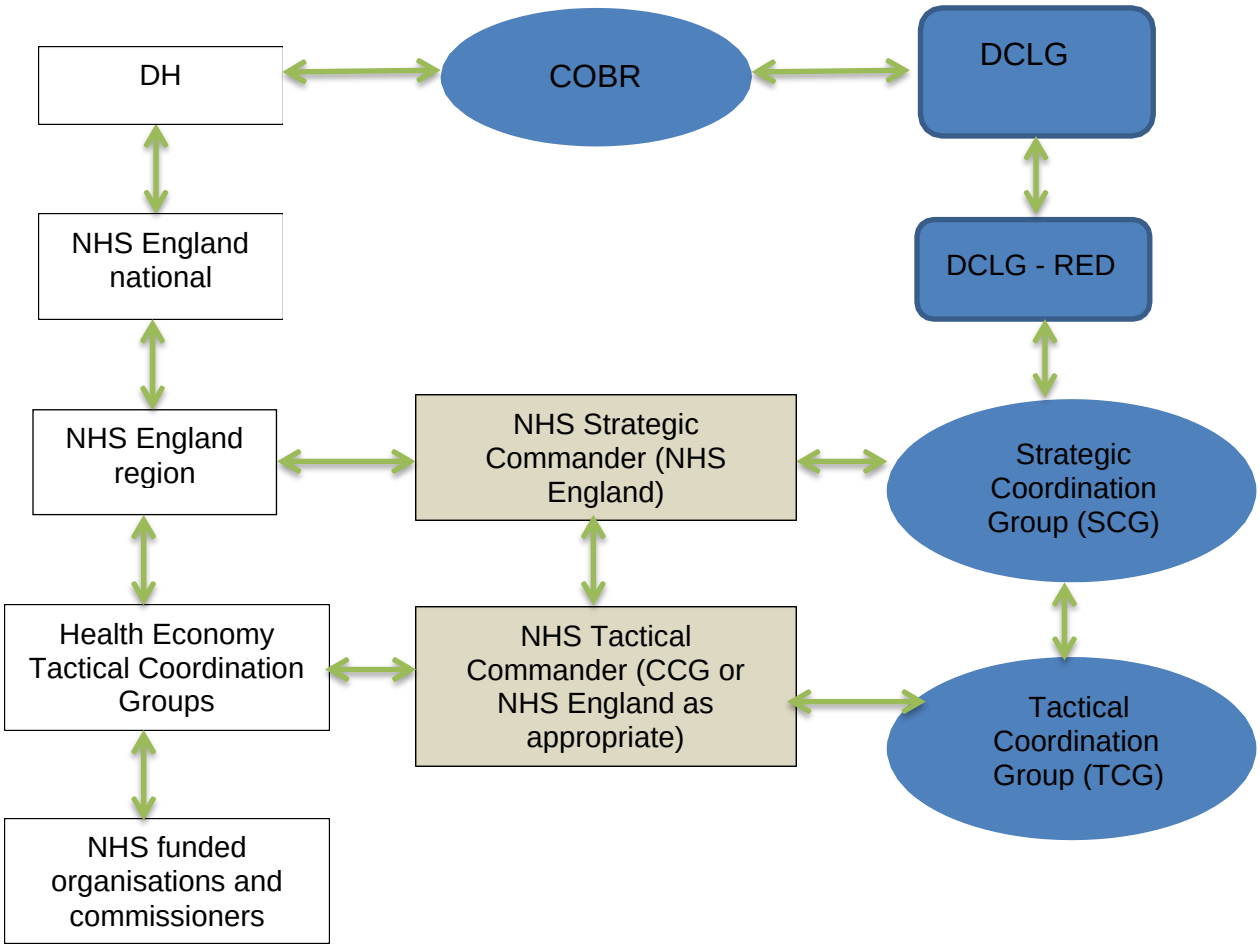
Staff who deal with any persons self presenting at Trust facilities (eg Urgent Care Centre, Urgent Treatment Centre, health centres) should follow the latest guidance and utilise dry decontamination initially whenever possible (https://naru.org.uk/videos/ior-nhs/).

SECTION 2.0

RESPONSE TO AN EMERGENCY OR MAJOR INCIDENT

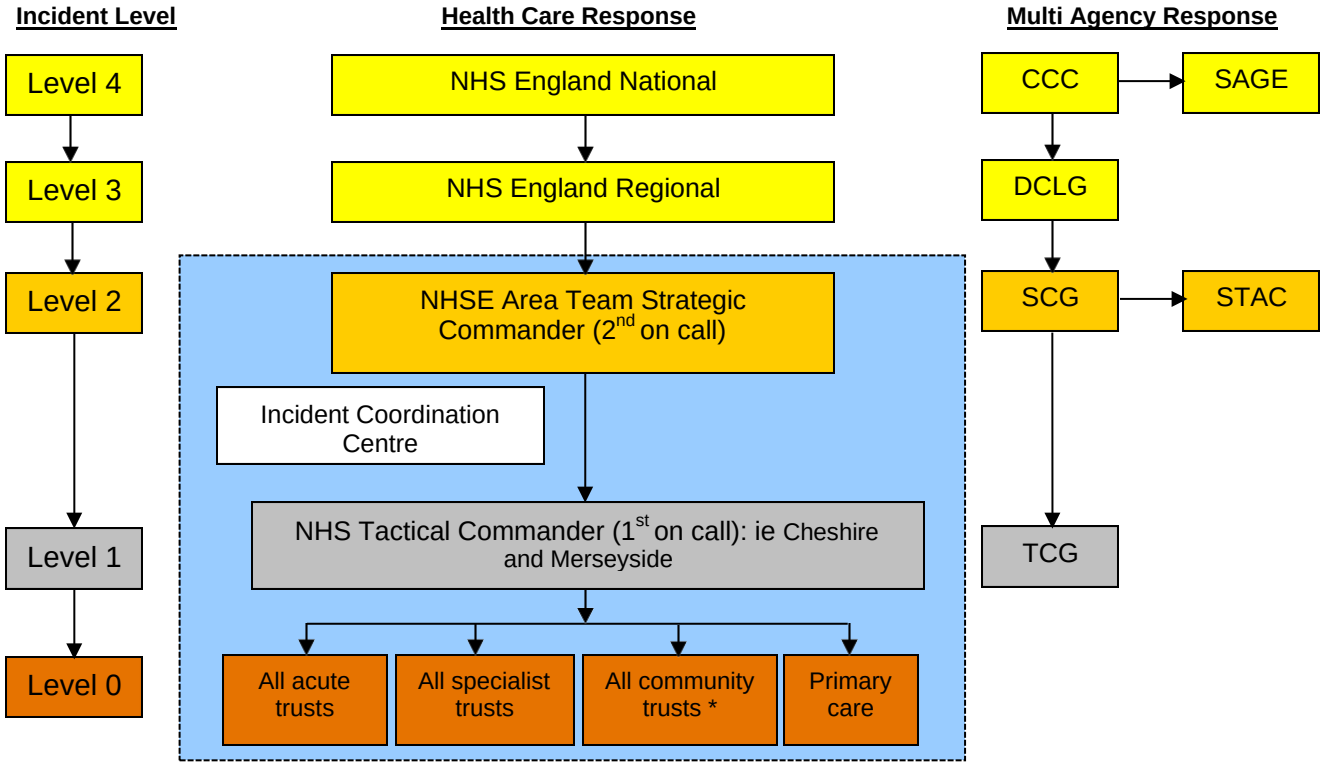
2.1 National NHS Command and Control

In order for the NHS to be able to respond to a wide range of incidents and emergencies that could affect health or patient care, appropriate alerting processes must be in place. The diagram below shows the NHS England EPRR response structure and its interaction with key partner organisations.



(Section 12, NHS England Emergency Preparedness Framework 2015)

2.2 Local NHS Command and Control



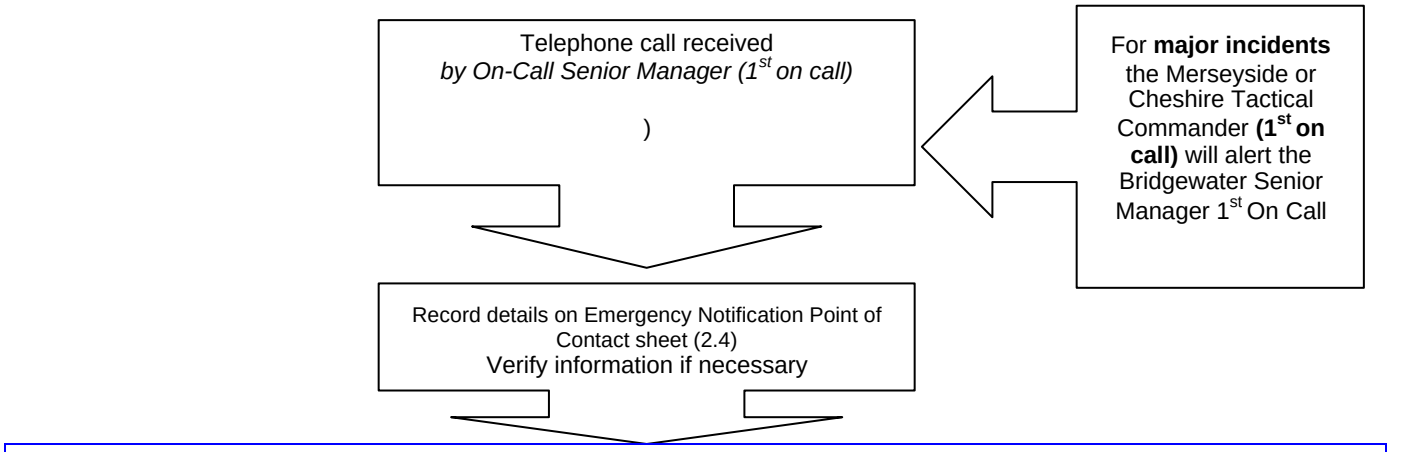
The above diagram illustrates the command and control arrangements applicable to all providers of NHS funded care. The geographical area covered by the Trust means that it is part of two such command and control structures: Merseyside and Cheshire, depending on the location and type of incident, ie:

- **Merseyside:** NHS incidents in Halton
- **Cheshire:** all incidents in Warrington, and multi agency incidents in Halton

Clinical Commissioning Groups are also required to have on call arrangements in place in order that Trusts have a route of escalation 24/7 to their commissioners. This on call facility is available for major incidents and for situations where providers are experiencing serious and significant problems which cannot be resolved internally such as:

- serious incidents within the organisation for which they might need CCG assistance
- serious issues that may escalate into the public arena
- serious escalation issues if they have exhausted their own arrangements and implemented all the contingencies for escalation.

2.3 Bridgewater Incident Notification Procedures



Assess the Trust's Response:

- Is there a reception centre?
- Are there road closures?
- Are there any public health risks?
- Has information been communicated to GPs/GP OOH?
- Are any of the Trust's staff affected?
- Are any healthcare facilities affected?
- Does the hospital need assistance?
- Are there any business continuity issues?
- Does the local authority need help?
- Are the media involved?
- Is the Incident Co-ordination Centre operational?
- Do you need to declare a major incident?
- Have you informed all the relevant agencies?
- Do you need more information?

Start Incident Log

NO ACTION REQUIRED	MINOR INCIDENT OR EMERGENCY *(able to respond using normal resources)*	MAJOR INCIDENT
Inform Executive On Call. Complete incident report form and send it to the Emergency Planning Lead for their records. If you are not sure if you should have taken any action, review the major incident plan for further advice or contact the initial caller for more information about the incident.	**Inform Executive On Call and agree next steps.** Check if there are any Trust facilities or staff affected by the incident. If there are public health implications, contact Public Health (or relevant PHEC OOH). Check with the local authority if there has been an evacuation and with the local hospital if you think they may have been affected.	**Inform Executive On Call and agree next steps.** The Executive On Call assumes role as the Trust's Incident Director , supported by Senior Manager On Call as Chief Incident Officer (see action cards in section 4).

If you have been notified about a fire, it may contain **acetylene cylinders**. This means that the Fire Service have to evacuate a small area for at least 24 hours, and this may affect local residents and businesses. Confirm where the road closures have been made and if anyone has been evacuated.

2.4 Emergency Notification Point of Contact (Information to be recorded)

Call Received by	**Senior Manager on-call:**			
Call Received From	**Date/Time:**			
	Name:			
	Organisation:			
	Tel No:			
Incident Details	**Time of incident:**			
	Name of Organisation:			
	Location:			
	What happened:			
Has It Been Declared A Major Incident By:	***Company / organisation***		**YES**	**NO**
	Police		**YES**	**NO**
	Fire		**YES**	**NO**
	Ambulance		**YES**	**NO**
	Local NHS Organisation		**YES**	**NO**
	Name:			
Who Has Already Been Informed	**Police**		**Bridgewater Chief Executive**	
	Fire		**Bridgewater On Call Director**	
	Ambulance		**Hospital Trust(s)**	
	Public Health England		**Mental Health Trust(s)**	
	Local Authority		**CCG(s)**	

	Cheshire NHS 1st on call			
	Merseyside NHS 1st on call			
	Greater Manchester NHS 1st on call			

Nature of the Incident	**Are Chemicals Involved?**	**YES**	**NO**
	Are Radioactive Materials Involved?	**YES**	**NO**

Scope Of Casualties	**Deaths**	
	Injured	
	Number TAKEN to Hospital	
	Number TO TAKE to Hospital	

What Risk Is There To	**Routine NHS Services**	**Hospitals**	**Community Care**	**Primary Care**
	Public Health			

What Is Being Done To Reduce Risk And Contain Hazard	

Decontamination	**Is Decontamination Required**	**YES**	**NO**

Are There Any Vulnerable Facilities Nearby?	**Schools**	
	Nursing/ Residential Homes	
	Health Clinics/ Centres	

What Support Is Required from the Trust by:	**NHSE Cheshire**	
	NHSE Merseyside	
	Greater Manchester Health & Social Care Partnership	
	CCGs	

	Acute Trusts					
Are Media Involved	**YES**				**NO**	
Who Is Dealing With The Media	Name					
	Tel No:					
Date/time	**ACTION FOLLOWING INITIAL BRIEFING (record your response and the reasons)**					**By whom**
NHS Response	**NHS Major Incident Declared**	**YES**	**NO**	**Time**		
	Bridgewater Major Incident Declared	**YES**	**NO**	**Time**		

Signature: _____ Date: _____

2.5 Roles and Responsibilities

It is important that the relevant people involved in the response to an incident or emergency are made aware of their roles and responsibilities.

2.5.1 Senior Manager On Call (see Action Card 1)

Under NHS Command and Control arrangements, the Senior Manager On Call is the first point of contact in an emergency, both within and outside normal working hours. Out of hours the Senior Manager On Call will notify the Executive On Call whose responsibility it is to declare an internal major incident or major incident standby (or to receive notification that an external major incident has been declared) and make arrangements to ensure the major incident team is convened and an Incident Co-ordination Centre is established if required. At the first reasonable opportunity the Senior Manager On Call and/or the Executive Director On Call must brief the Chief Executive (in hours).

In hours, the decision to activate the major incident plan will be taken by the Chief Executive or Deputy.

If an incident affects a wide area the Trust may be required to respond to the NHS command and control arrangements of more than one NHS England Local Area Team

2.5.2 Incident Director (See Action Card 2)

The successful management of an incident will depend largely on the quality of leadership provided. Out of hours, the Executive On Call will normally assume the role of Incident Director for the duration of any declared incident (or may delegate this to the Senior Manager On Call). In hours the Incident Director will be nominated by the Chief Executive or Deputy.

The Incident Director will be responsible for:

- managing the major incident from start to finish, working closely with the Chief Incident Officer
- determining the Trust's key critical functions and overseeing the arrangements for maintaining continuity of core activity for the duration of the incident
- completing situation reports (sitreps) as requested if command and control arrangements are invoked (an example of a sitrep template is included in section 5.14).
- informing and involving the relevant authorities
- declaring the incident to be over and commencing stand down procedure
- managing all record-keeping and the submission of reports
- liaising with the public, relatives and the media
- carrying out a debrief as soon as possible after the incident and producing a report and action plan

2.5.3 Chief Incident Officer (See Action Card 3)

This officer is effectively the Incident Director's second in command and has responsibility for most of the operational arrangements and delegation of duties. This role will be undertaken by a senior manager (out of hours this would be the senior manager on call).

The Chief Incident Officer will be responsible for:

- assembly of the support team (in liaison with the Administration Co-ordinator) and delegation of responsibilities
- provision of any necessary briefing
- monitoring the safety and well being of the team

A team leader may be required if the Chief Incident Officer and other members of the incident team are required to leave headquarters/the Incident Co-ordination Centre to deal with an incident elsewhere. Otherwise the duties of the team leader will normally be covered by the Chief Incident Officer and administrative support.

2.5.4 Major Incident Management Team (MIMT) (See Action Card 4)

Once a decision has been made to declare a major incident, the Incident Director will decide whether to assemble an incident management team. The composition of the team will vary depending upon the nature and scale of the incident. The Incident Director will also notify the Chief Executive and other on call staff and involve them as appropriate.

The functions and responsibilities of the Management Team may be summarised as follows:

- Define the nature of the incident in relation to the Trust's responsibilities
- Define area and population affected
- Determine the Trust's key critical functions and manage business continuity
- Consider whether neighbouring organisations need to be notified/involved
- Liaise with the relevant NHS England Local Area Team and CCGs under established command and control arrangements
- Keep the Chief Executive/ On Call staff informed about the management of the incident
- Inform and update the public
- Inform and update the relevant local authority emergency planning department via the council's contact centre (if required)
- Set up Incident Co-ordination Centre
- Liaise with clinical services to ensure the provision of support to specific vulnerable groups, including children
- Liaise with NHS England Local Area Team and local CCGs, on the establishment of a help line for enquiries from public, health care professionals etc (if required). Prepare scripts for helpline operators
- Liaise with NHS England Local Area Team and local CCGs, in the event of a widespread utilities failure (eg gas, electricity, water) and with the relevant Health Informatics Service in the event of a failure of IT/comms (ensuring that internal business continuity plans are activated)

- Liaise with police and local authorities (emergency planning) regarding evacuation etc
- Provide advice on the signs and symptoms and treatment of minor casualties not requiring hospital admission
- Oversee the provision of Personal Protective Equipment (PPE) to staff if required
- In liaison with the relevant borough's Director of Public Health, determine the need for and nature of long-term follow-up on the affected population. This would be done by the recovery group led by the local authority
- Maintain accurate daily records/log and implement recommended systems for logging calls to the help line
- Clarify the need for legal advice
- Consider the welfare of all staff engaged in managing the incident and arrange appropriate counselling, relief and health protection
- Declare the incident over (no new admissions, no reporting of new cases, fewer calls on help line, information from GPs)
- Stand down staff
- Produce a detailed report of the incident as part of the debrief procedures

2.5.5 Support Team (See Action Cards 5, 6, 7, 8, 9, 10 and 11)

To provide a range of administrative and clinical support to the team, Incident Director and Chief Incident Officer. These roles include the loggist, helpline co-ordinator, administration co-ordinator and clinical co-ordinator.

2.5.6 The Role of the Communication Manager (see Action Card 12)

The role of the Communication Manager is to distribute information across the Trust as and when appropriate, working with the communications leads from the relevant NHS England Local Area Team, CCG(s) and other agencies and stakeholders to prepare and distribute press statements based on information received from the Chief Incident Officer. The Communications Manager should also keep the Chief Incident Officer updated on the level and nature of media and social media coverage of the incident.

In an ideal scenario the Communication Manager for the incident would be supported by other communications staff to manage the flow of information to staff, the public and between agencies involved in the response. The Communications Team does not operate an out-of-hours service, therefore the role of Communication Manager will be fulfilled by the executive on-call outside of normal working hours, until a member of the Communications Team is available. Executive Directors On Call, who have been offered media training, will be the primary Trust spokespeople.

Depending on the nature and scale of the incident the Communications Manager will need to liaise with the Communications Lead for the local CCG(s) and NHS England Local Area Teams communications support which is provided by North, Midlands and East Communications Services (NM&E Communications). NM&E Comms service provides a 24-hour media service through its media hub, which is contactable via a single point of contact telephone number. During office hours (9am – 5pm) calls are taken by the central media hub team.

NM&E Communications has defined communications arrangements for different levels of incident, which correlate with the NHS England Emergency Preparedness Framework outlined in section 1.3.1 of this Major Incident Plan. These state which organisations should co-ordinate the communications and media response for each level of incident. The level of response and support provided by NM&E Comms will depend on the level of the incident. See table below for more information

NHS England Incident Level		Communications Response
Level 1	A health related incident that can be responded to and managed by local health provider organisations that requires co-ordination by the local Clinical Commissioning Group (CCG).	The local CCG will manage communications in this instance. NM&E Comms will liaise with the lead CCG to ensure the NHS England Area Team receives a copy of any statements or briefings and has the opportunity to comment. NM&E Comms will also prepare a statement on behalf of the Area Team if required; and will assess if there are any similar incidents elsewhere across the region.
Level 2	A health related incident that requires the response of a number of health provider organisations across an NHS England area team boundary and will require an NHS England Area Team to co-ordinate the NHS local support.	NM&E Comms will co-ordinate communications across NHS partners.
Level 3	A health related incident that requires the response of a number of health provider organisations and NHS England area teams across an NHS England region and requires NHS England Regional co-ordination to meet the demands of the incident.	NM&E Comms will co-ordinate communications across NHS partners. NM&E Comms will liaise with the NHS England regional head of comms and / or national communications team to ensure clear and consistent communications across the region and/or country
Level 4	A health related incident that requires NHS England National co-ordination to support the NHS and NHS England response.	NM&E Comms will co-ordinate communications across NHS partners. NM&E Comms will liaise with the NHS England regional head of comms and / or national communications team to ensure clear and consistent communications across the region and/or country

2.6 The Role of Partner Agencies

During a major incident or emergency, assistance from partner agencies will be crucial to a successful response.

2.6.1 The Role of NHS England

The generic EPRR role and responsibilities of NHS England as set out in 9.5 of the NHS England Emergency Preparedness Framework 2015 are:

- To set a risk based EPRR strategy for the NHS
- To ensure there is a comprehensive NHS EPRR system and assure itself and DH that the system is fit for purpose
- Lead the mobilisation of the NHS in the event of an emergency
- Work together with PHE and DH, where appropriate, to develop joint response arrangements
- Undertake its responsibilities as a Category 1 responder under the CCA 2004

At a regional level NHS England will:

- Ensure that each LHRP and LRF has director level representation
- Ensure integration of plans across the region to deliver a unified NHS response to incidents, including ensuring the provision of surge capacity
- Maintain capacity and capability to coordinate the regional NHS response to an incident 24/7
- Work with relevant partners through the LHRP & LRF structures
- Seek assurance through the local LHRP and commissioners that the Core Standards are met and that each local health economy can effectively respond to and recover from incidents
- Discharge the local NHS England EPRR duties as a Category 1 responder under the CCA 2004

At a national level NHS England will:

- Support the AEO to discharge EPRR duties
- Participate in national multi-agency planning processes including risk assessment, exercising and assurance
- Provide leadership and coordination to the NHS and national information on behalf of the NHS during periods of national incidents
- Provide assurance to DH of the ability of the NHS to respond to incidents including assurance of capacity and capability to meet National Risk Assessment (NRA) requirements as they affect the health service
- Provide support to DH in their role to UK central government response to emergencies
- Action any requests from NHS organisations for military assistance

The NHS England Local Area Team for Cheshire & Merseyside, the Greater Manchester Health & Social Care Partnership, and local CCGs have the lead for EPRR within the area covered by the Trust. These responsibilities are delegated to them by NHS England, through a memorandum of understanding.

2.6.2 The Role of Clinical Commissioning Groups (CCGs)

The EPRR role of CCGs, as set out in section 9.3 of the NHS England Emergency Preparedness Framework 2015, is to:

a) Ensure contracts with all commissioned provider organisations (including independent and third sector) contain relevant EPRR elements, including business continuity

b) Monitor compliance by each commissioned provider organisation with their contractual obligations in respect of EPRR and with applicable Core Standards

c) Ensure robust escalation procedures are in place so that if a commissioned provider has an incident the provider can inform the CCG 24/7

d) Ensure effective processes are in place for the CCG to properly prepare for and rehearse incident response arrangements with local partners and providers

e) Be represented at the LHRP, either on their own behalf or through a nominated lead CCG representative

f) Provide a route of escalation for the LHRP in respect of commissioned provider EPRR preparedness

g) Support NHS England in discharging its EPRR functions and duties locally, including supporting health economy tactical coordination during incidents (Alert Level 2-4)

h) Fulfil the duties of a Category 2 responder under the CCA 2004 and the requirements in respect of emergencies within the NHS Act 2006 (as amended).

2.6.3 The Role of Public Health England (PHE)

The EPRR role of Public Health England, as set out in section 9.7 of the NHS England Emergency Preparedness Framework 2015, is to:

At a local level PHE will:

- Ensure that PHE has plans for emergencies in place across the local area
- Support the LHRPs, coordinating with local government partners
- Provide assurance of the ability of PHE to respond in emergencies
- Provide a representative to the LHRP, as required, and to represent PHE on the LRF

At a regional level PHE will:

- Ensure the delivery of the national EPRR strategy across their region
- Provide strategic EPRR advice and support to PHE centres
- Ensure integration of PHE emergency plans to deliver a unified public health response across more than one LHRP
- Maintain PHE's capacity and capability to coordinate regional public health responses to emergencies 24/7

At a national level PHE will:

- Ensure there is a comprehensive EPRR system that operates for public health at all levels and provides assurance that the system is fit for purpose
- Work together with the NHS at all levels and where appropriate develop joint response plans
- Provide specialist expert public health services and input to national and local planning for emergencies
- Undertake at all levels, its responsibilities on behalf of SoS as a Category 1 responder.

2.6.3.1 Public Health England Centre

The EPRR role of the PHEC as set out in section 9.11 of the NHS England Emergency Preparedness Framework 2015, is to:

a) support NHS England with local roll out of LHRPs, coordinating with local government partners

b) ensure that PHE has plans for emergencies in place across the local area

c) where appropriate, develop joint emergency plans with the NHS and local authorities, through the LHRP

d) provide assurance of the ability of PHE to respond in emergencies

e) discharge the local PHE EPRR functions and duties

f) provide a representative to the LHRP who will also represent the PHE on the LRF

g) have the capability to lead the PHE response to an emergency at a local level

h) ensure a 24/7 on call roster for emergency response in the local area, comprising staff with the appropriate competencies and authority to coordinate the health protection response to an emergency, establish a STAC when requested to do so

2.7 The Role of Voluntary Organisations

Assistance may be called upon from voluntary organisations. This is usually arranged via the relevant local authority. The incident team should note that some charges may be made by such agencies for any assistance provided.

Voluntary agencies within Cheshire have strong links to the Local Resilience Forum through the Cheshire Emergency Voluntary Agency Committee (CEVAC), which has published a voluntary services directory. Each voluntary agency has emergency procedures and associated call out arrangements. Copies are held by Cheshire West and Chester Council, Cheshire East Council, Halton Borough Council and Warrington Borough Council.

The UNITY Plan has been developed by the Merseyside Voluntary Agencies and Faith Sector Forum. It offers information on the capabilities of a number of voluntary agencies and third sector organisations which operate on Merseyside and provides a means by which emergency responders can easily access, via one lead agency (usually a local authority), valuable support from a range of volunteer and community organisations in major humanitarian assistance situations.

The following are examples of support which voluntary organisations may be able to provide in a major incident:

British Red Cross

Support for people in a crisis, ambulance and crew support, first aid for rest centres, support to the fire service and psychological support.

RAYNET (Radio Amateurs Network)

Assist the work of the Police, Ambulance Service, British Red Cross, St John Ambulance, and any other organisations as necessary by supplementing the existing means of communications or providing alternative forms of communications at such times through provision of emergency radio communication facilities.

RSPCA

Collection, transport and veterinary assistance for animals in need of removal. Rescue and provision of first aid for animal casualties.

Salvation Army

Support to local authorities at rest centres (registration, catering, befriending, psychological support, clothing) under the guidance of local authorities and first responders. Catering for emergencies and first responders.

Samaritans

24/7 provision of emotional support to those in need.

St John Ambulance Brigade

Provision of front line ambulances and support vehicles. Provision of ambulance transport/first aid posts/first aid facilities at rest centres.

Women's Royal Voluntary Service (WRVS)

May provide highly trained and equipped volunteers to support the local authority and the community in times of a major incident. Volunteers trained in registration, reception, information, health and safety hygiene, serving refreshments. Catering equipment available.

2.8 The Role of Other Service Providers

Acute Hospital Trusts and NHS Foundation Trusts will provide hospital services for more severely injured casualties. They may have limited decontamination facilities but would expect most decontamination to be provided at the scene. They would provide mortuary facilities for people who die on NHS premises (local authorities having responsibility for people who die elsewhere).

Ambulance Trusts attend the scene, provide on site healthcare, decontaminate casualties where necessary (the fire and rescue services would assist by decontaminating affected individuals who are not ill or injured), and transport patients to hospital.

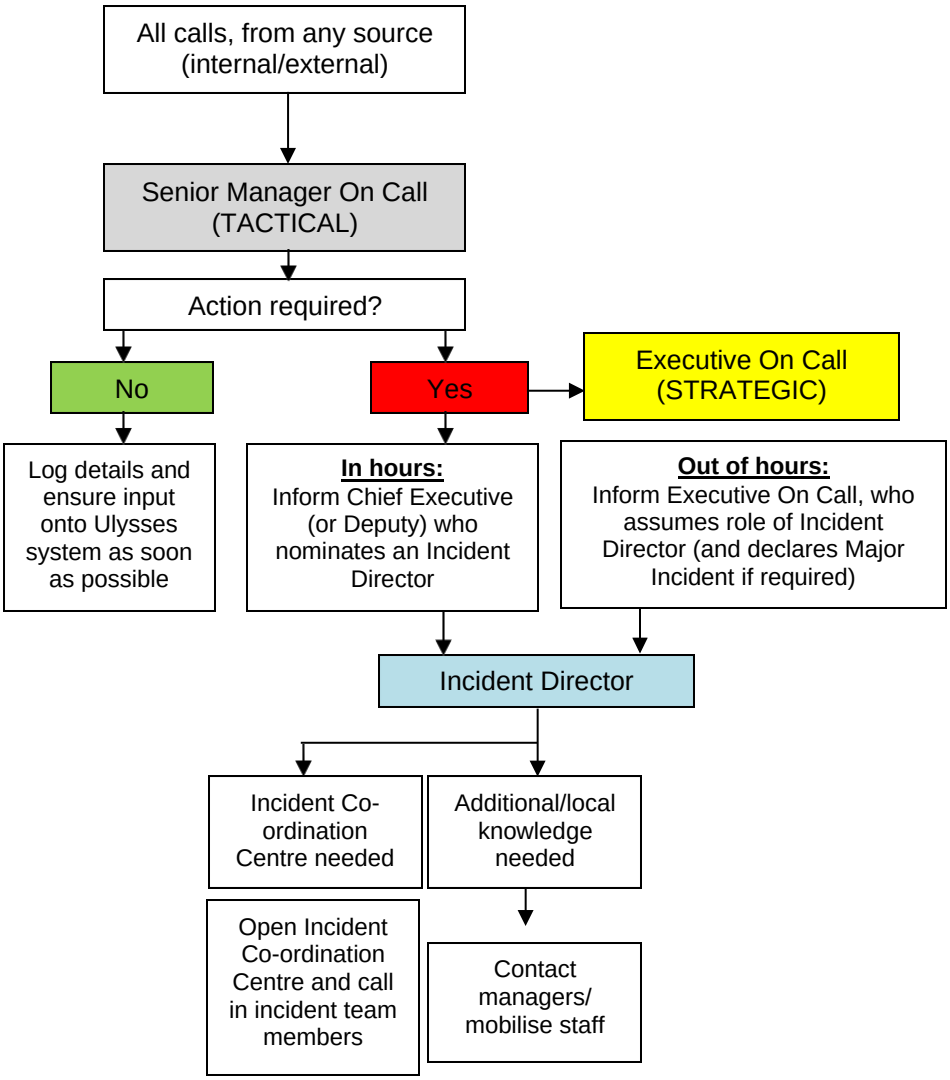
Mental Health Trusts will not have a direct role in the response to an incident unless their estate is affected. They may have staff and resources that would be of some assistance in exceptional circumstances. They may have a role in addressing psychological implications of the incident during the recovery phase. However, if they are also direct providers of NHS community health services, they will have Category 1 duties under the CCA and will therefore support the response during the incident by: providing healthcare to those affected;

providing prescription medicines to reception centres; and facilitating discharge of hospital patients.

Registered Residential and Nursing Homes. Contact with residential and nursing homes will be co-ordinated through the local authorities.

2.9 Mobilisation of Trust Staff

It is important during a Major Incident or Emergency that staff are mobilised in a co-ordinated way to assist in the response. The information and requests for help should be cascaded in the following way (more details are included in the on call packs):



2.10 Areas of Responsibility

In the event of an external major incident, the relevant NHS Tactical Commander on call will inform the Trust senior manager on call, who will alert the executive on call. Relevant managers and service heads will mobilise clinical and other staff to support the response to the incident. This may be for one or more localities depending on the size and nature of the incident.

Other senior managers will be brought in to support the incident, or maintain business continuity. They will identify and call in other staff as required and direct staff to their individual duties to support health services across the relevant area of the Trust.

Each line manager must hold the contact details (office and home/mobile numbers) for all staff in the teams under their management. All staff have responsibility for ensuring that human resources have their up to date contact details.

Managers and staff will be directed to areas of work as appropriate to maintain a sustained response to manage the incident or maintain business continuity.

It must be noted that any staff may be required to undertake duties that would not normally be part of their daily work (eg running help lines, working at rest centres or supporting mass vaccination sessions)

2.11 Incident Co-ordination Centre (See Incident Co-ordination Centre Check List, Appendix 5.2)

The Trust has incident co-ordination centres (ICC) in the following locations:

- Trust HQ, Board room, Europa Point, Europa Boulevard, Warrington, WA5 7TY. **This is the primary incident co-ordination centre (ICC) for the Trust**
- Spencer House, Dewhurst Road, Birchwood, Warrington, WA3 7PG (A2, first floor)

In the event of a major incident, the ICC(s) will be set up in the most appropriate location(s).

Alternatively it may be deemed more appropriate to establish a virtual ICC and to hold meetings via Microsoft Teams or other similar technology (as happened during the Covid-19 pandemic in 2020-21),. The decision will depend on the nature of the incident and will be taken by the executive team (or out of hours by the executive on call).

Each ICC contains a locked cupboard where materials for use in a major incident are stored, including a copy of the major incident plan. When activated, the rooms will be available 24-hours a day and will be the responsibility of the Chief Incident Officer or nominated deputy. Contact numbers for access to the ICCs can be found with the essential telephone numbers in Section 6 of the confidential section.

Examples of the equipment available in the ICCs is listed in Appendix 5.2.

The Incident Director will decide what other resources are required and will take the necessary action to obtain them.

2.12 The Major Incident Log

A major incident log must be kept by the Incident Director. Everyone involved in the response must keep a record of their actions and make copies available to the incident team.

The major incident log must record dates and times of all information given and received, decisions, actions and all other communications relating to the incident. All written documents, letters, memoranda and fax messages should be dated and time of receipt recorded, cross referenced to the log where appropriate.

All staff involved should keep a log of their activities and actions throughout the incident. These should be signed, countersigned and dated and handed to the Incident Director. All records must be kept secure by the organisation as they may be used in evidence in the event of a public enquiry or criminal prosecution.

All on call staff have log sheets in their on call information packs which should be used in the early stages of an incident.

Major incident log books are kept in the major incident cupboards

2.13 Data Handling within the Incident Co-ordination Centre (ICC)

In emergencies and major incidents information relating to patients, employees and trust assets may need to be shared with another agency. It is important that this is handled in accordance with the appropriate guidelines.

Information sharing guidance to consider

- It is the job of the **General Data Protection Regulation 2018** to balance individuals' rights to privacy with legitimate and proportionate use of personal information by organisations.
- During an emergency it is more likely than not that it will be in the interest of the individual data subjects for personal data to be shared
- When considering the issues and to help get the right decision in an emergency it is acceptable for responders to have in mind some fairly broad-brush and straightforward questions:
    - Is it unfair to the individual to disclose their information?
    - What expectations would they have in the emergency at hand?
    - Am I acting for their benefit and is it in the public interest to share this information?
- These suggested perspectives are not a substitute for deciding about fair and lawful processing, whether a condition is met or whether a duty of confidentiality applies, but they are useful tools in getting to the right view.
- The absence of data sharing agreements should not prevent us from sharing data, particularly when responding to an actual emergency event.
- Always document any decision to share or not to share information.

Key Principles

- Data protection legislation does not prohibit the collection and sharing of personal data – it provides a framework where personal data can be used with confidence that individuals 'privacy rights are respected.
- Emergency responders' starting point should be to consider the risks and the potential harm that may arise if they do not share information.
- Emergency responders should balance the potential damage to the individual (and where appropriate the public interest of keeping the information confidential) against the public interest in sharing the information.
- In emergencies, the public interest consideration will generally be more significant than during day-to-day business

- Always check whether the objective can still be achieved by passing less personal data.
- Category 1 and 2 responders should be robust in asserting their power to share personal data lawfully in emergency planning, response and recovery situations.
- The consent of the data subject is not always a necessary precondition to lawful data sharing.
- You should seek advice where you are in doubt – though prepare on the basis that you will need to make a decision without formal advice during an emergency.

2.14 Needs of the Community

2.14.1 Faith Communities

Communities are made up of people from differing religious and cultural backgrounds.

When dealing with a major incident it is important to deal with casualties and their families appropriately and in the most sensitive and thoughtful way as possible. The following link: http://webarchive.nationalarchives.gov.uk/+/http://www.cabinetoffice.gov.uk/media/132745/faith_communities.pdf contains culturally specific advice on:

- Diet and fasting
- Medical treatment
- Hospital and rest centre stays
- Dying and death customs

2.14.2 Disability Awareness

The Trust is committed to promoting equality and diversity and will endeavour to meet the differing needs of the population we serve. This plan has been drafted to ensure that access to services and assistance during and after a major incident is not restricted.

2.14.3 Interpreting Services

Please see Section 5.13 for information on interpreting services available over the telephone and face to face.

2.15 Legal Advice

Emergency legal advice outside of normal hours is available from Hempsons, whose contact details can be found in Section 6. Within normal working hours, legal advice should be sought from the Trust Secretary.

2.16 Recovery Stage and Stand Down

This phase will last as long as the effects of an incident persist. The recovery stage for the NHS can be very intensive and there may be a lengthy and ongoing need for patient contact and support for the staff involved in the incident.

The *National Recovery Guidance* on the Cabinet Office UK Resilience website provides a single point of reference for local responders dealing with the recovery phase of an emergency. It comprises:

- **Topic Sheets** on a wide range of recovery issues, which are intended to be used as guidance during the planning phase, and as a quick reference note, as required, during an emergency.

- ***A Recovery Plan Guidance Template***, which can be tailored to local circumstances and used as a basis for recovery planning (and during the recovery phase of an incident if no plan is in place).

- ***Over 100 Case Studies*** from incidents and exercises, going back to the Aberfan disaster of 1966, and the 7/7 bomb attacks, so that lessons previously identified can be shared.

The Incident Director and Incident Management Team should undertake a full review of the incident as soon as practicable and a detailed report should be presented to the Trust emergency planning steering group.

The Trust will stand down from the incident when the situation becomes manageable within normal service provision. The decision will be based on information received from the emergency services. It is the responsibility of the Major Incident Management Team to cascade the information to the staff involved in the response to the emergency.

The Major Incident Management Team shall be responsible for making a formal handover to normal management arrangements.

During the recovery phase, the Trust may also be a member of one or more local authority-led recovery co-ordinating group(s). The relevant NHS England Local Area Team/Clinical Commissioning Group may be represented on the associated health and welfare or environmental and infrastructure sub groups, representing all NHS organisations.

2.17 Debrief

A debrief should be arranged as soon as the incident team has been stood down.

At the conclusion of the incident a formal debrief should be arranged to identify the strengths and weaknesses of the response. Initially this should be conducted internally and where appropriate it should then be followed by a multi agency debrief to feed back to the Local Resilience Forum.

The formal debrief should include all staff involved in the incident in order to review the performance of the organisation and the local response and review the major incident plan so that any outstanding issues can be addressed and the plan updated accordingly.

The attendance at the debrief will depend on the size and scale of the incident. In the event of a major incident, it is likely that many agencies will be involved in the response and a multi agency debrief may be required.

2.18 Counselling

Staff responding to a major incident may find counselling useful. Counselling services are available through Occupational Health Services.

2.19 Social and Psychological Support

NHS organisations and NHS funded organisations must ensure there are robust arrangements in place that support responding to the psychosocial needs of staff affected by significant incidents, emergencies and disasters, and are responsible for arranging social and psychological support in conjunction with social services in the event of a major incident. LRF-level Humanitarian Assistance Plans are in place. Relevant plans would be invoked as necessary. The relevant NHS England Local Area Team/Clinical Commissioning Group will work with the Trust, General Practitioners, NHS Hospital Trusts, Social Services and Specialist/Mental Health Trusts to ensure that individuals have access to appropriate short and long term support. Liaison between police and local authority services is essential and it is important that the organisation is made aware of any special facilities that have been put in place by other agencies to avoid duplication and aid co-ordination of support services offered to individuals.

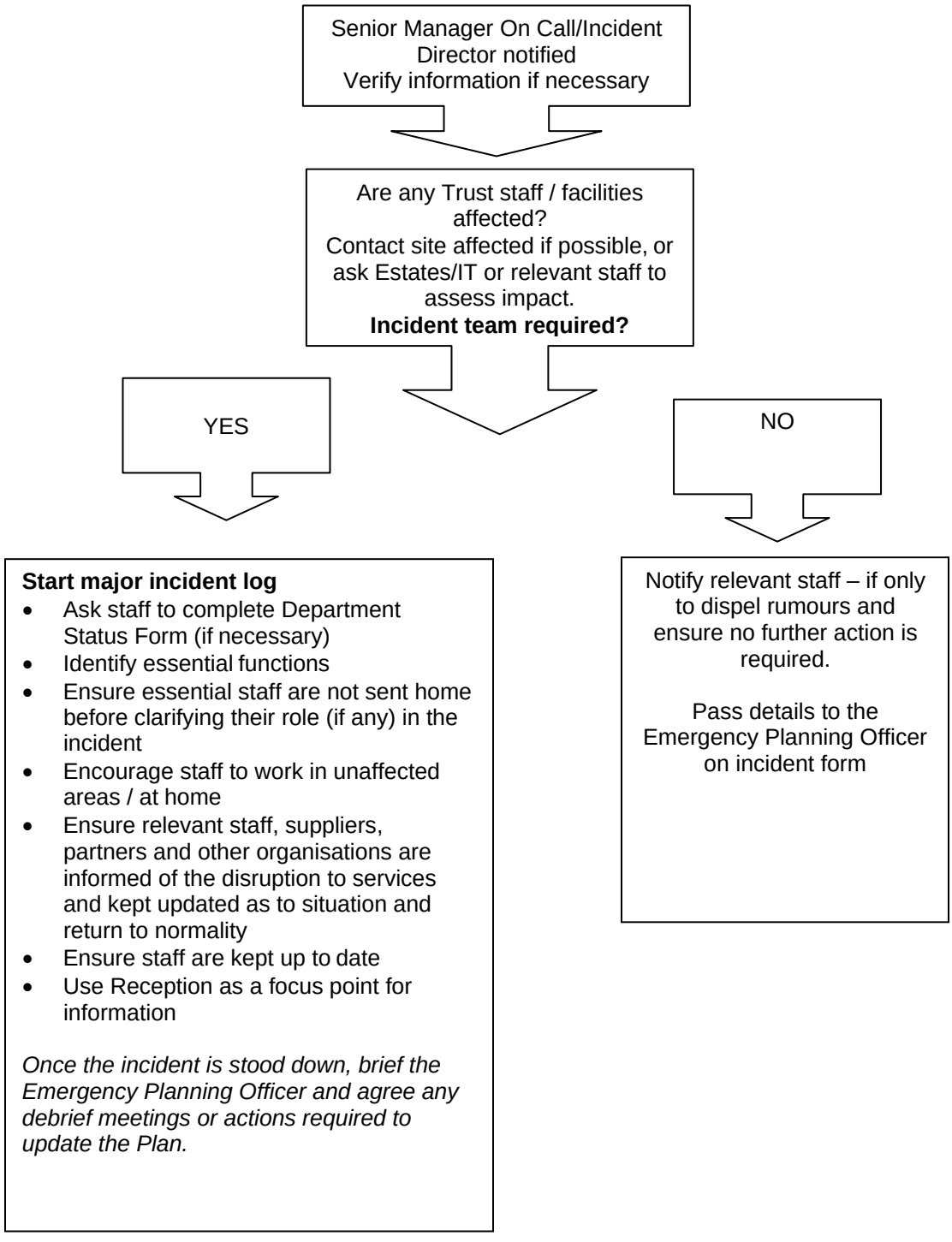
SECTION 3

BUSINESS CONTINUITY IN EVENT OF MAJOR INCIDENT

PLEASE USE THIS SECTION TOGETHER WITH SECTION 2: RESPONSE TO MANAGE THE TRUST'S RESPONSE

3.1 Activation Flowchart

In the event of a Major Incident or Emergency the overarching Business Continuity Plan will be activated in the following way:



Further information on the response to external incidents can be found in Section 2: Response.

SEE ALSO SECTION 6 OF THE CONFIDENTIAL SECTION OF THIS PLAN FOR TELEPHONE NUMBERS OF TRUST PREMISES

3.2 Department Current Status Form

Department / Area _____

Date: _____ **Time:** _____

Completed by: _____

Resource	Impact	Action Required
Staff		
Lighting		
Heating		
Telephones		
Fax		
Email		
IT Hardware		
Accessibility		
Office Space		
Furniture		

Essential Work		
Timescale		
Alternative Arrangements		

Key Contact:		Tel:
Other Contact:		Tel:
Other Contact:		Tel:

Please give this form to the Incident Director / Team
as soon as possible even if your dept / area has not been affected.
Make sure the Team is kept updated of any changes, good or bad!

3.3 General Guidance and Checklist

Joint Emergency Services Interoperability Principles (JESIP) Joint Decision Making Model

The Joint Emergency Services Interoperability Principles (JESIP) were established to improve the way the Police, Fire & Rescue and Ambulance services work together when responding to major multi-agency incidents and to provide practical guidance to help improve multi-agency response. It is based on 5 Principles: Co-locate, Communicate, Co-ordinate, Jointly understand risk, and Shared situational awareness. If the principles are followed it results in a jointly agreed working strategy where all parties understand what is going to happen when and by whom.

In common with most decision models, the Joint Emergency Services Interoperability Principles (JESIP) model is organised around three primary considerations:

- **Situation**: what is happening, what are the impacts, what are the risks, what might happen and what is being done about it? Having situational awareness is having an appropriate knowledge of these factors.

- **Direction**: what end-state is desired, what are the aim and objectives of the emergency response and what overarching values and priorities will inform and guide this?

- **Action**: what needs to be decided, and what needs to be done to resolve the situation and achieve the desired end state?

The model shown is built on the principles of the models used in all three services. It shows the defined stages of how joint decisions should be reached. It can also be applied after an incident to review what happened and what lessons can be learnt. It has deliberately been

kept as a basic diagram so that individual services can see how it connects to models they have traditionally used. Whilst the stages will remain the same in each instance, decision makers will use their judgement, experience and role in deciding what additional questions and considerations to take into account to reach a jointly agreed decision.

METHANE:

Major incident declared

Exact location

Type of incident: eg explosion and fire in tall building, release of gas in underground system

Hazards: present and potential

Access: routes that are safe to use

Number: and type, severity of casualties

Emergency services: now present and those required

Potential Actions:

	Notification of other agencies: NHS England Regional/Area Team, Public Health England Centre, local authority, local hospitals, suppliers and contractors
	Communication with patients, contractors, customers and suppliers – advertise alternative numbers and helplines, use local media and posters on buildings where appropriate. Inform partner agencies of any changes to existing numbers/facilities.
	Communication with staff (set up helpline, and/or messages on internet site), local media – use neighbouring organisations to pass on messages
	Ensure that staff are provided with suitable Personal Protective Equipment (PPE) if required
	Ensure audit is taken of all damaged equipment, especially IT equipment to aid in replacement / repair process.
	Alternative locations – check departmental lists for details of agreed locations / home-working, arrange remote access to server where possible. Draw up list of alternative telephone numbers for key services and personnel.
	Use departmental lists to prioritise essential services and return to normality
	Transportation of staff and equipment to alternative sites, ensure mail is redirected and courier/delivery services are available where email/faxes are not operating
	Staff welfare – ensure staff take appropriate breaks and arrange leave where applicable. Ensure counselling services are available where appropriate. Staff may ask to recover personal possessions from damaged properties. Ensure health and safety regulations are adhered to at all times.
	Develop a plan for returning to buildings once repairs have been complete, staff may be unable to work in buildings until all IT equipment has been replaced and installed, etc. Ensure IT department is included in all decisions to relocate staff as they may have differing capabilities depending on what equipment has been lost.
	Ensure all parties notified of changes are re-notified when facilities have returned to normal. Cancel any local media broadcasts and amend helpline messages.
	Ensure any medium to long-term changes to facilities are documented in the plan.
	Debrief staff and use lessons learnt to update the plan/prepare for future events.

3.4 Overview and Regulations

The Civil Contingencies Act 2004 requires Category 1 responders to put in place arrangements to ensure that they can continue their functions in the event of an emergency. This requires them to ensure that those organisations delivering services on their behalf (eg contracted-out services) or capabilities which underpin service provision (eg information technology and telecommunications providers) can deliver in the event of an emergency. This is because services remain part of an organisation's functions even if they do not directly provide them.

The Act does not require Category 1 responders to continue to deliver their functions at ordinary levels in the event of an emergency. It is the responsibility of each directorate, service and team to identify the essential services which it must continue to deliver.

All NHS organisations must use the NHS England Business Continuity Management Framework and associated core standards which were first published in January 2013 in order to align themselves with ISO 22301 Societal Security – Business Continuity Management Systems – Requirements, and fulfil all assurance processes. This international standard has replaced BS 25999.

3.4.1 Key Responsibilities

One of the key responsibilities of the Trust during a major incident is to maintain its services. In order to minimise disruption and co-ordinate recovery the following information has been collated to assist staff in responding to a variety of potential causes of disruption. For the purpose of this plan, a major disruption is an incident or event which:

(a) threatens personnel, buildings or the organisational structure of the Trust

(b) requires special measures to be taken to restore normality.

There are many possible causes of a disaster or disruptive event which may occur, and the impact on the organisation will vary from incident to incident. Amongst the possible causes are:

- infectious diseases - involving key or large numbers of staff
- loss of essential services, power, gas, telephones or lifts
- extreme weather conditions
- flood / burst pipes
- malicious damage / theft / vandalism (unsafe work places)
- industrial disputes
- loss of supplies
- fire / explosion / bomb damage
- heating / air conditioning failure which may lead to building closure
- asbestos discovery in older premises
- impact damage (falling debris)
- bomb threat / white powder incident

Further examples are included in section 1.4.

3.4.2 Response Timeline

Business continuity management best practice acknowledges that an incident logically flows through three distinctive timeframes:

- **Emergency response** – immediate response to the incident to limit the injury or damage done (probably from the time of the incident to 4 < 6 hours after the initial incident).

- **Crisis management** – the establishment of team(s) to manage the response to the emergency; establish clear lines of management and communication (command and control); prioritising tasks; stabilisation of the situation; communication with staff, external organisations (probably 4 < 6 hours to 1 < 2 days from the initial incident).

- **Process recovery** – the planned return of staff; re-occupation of buildings; resumption of service; restoration of normality (probably 1 < 2 days from the initial incident).

3.4.3 Essential Procedures/Health and Safety Regulations

The following essential procedures should be in place at all premises where staff may be required to provide services:

- **Fire safety** – smoke alarms, regular fire drills, fire alarms (where appropriate), provide training for fire wardens, ensuring fire exits are not blocked or misused and all fire doors remain closed.
- **Evacuation procedures** – all staff should be aware of evacuation procedures both for themselves and for any colleagues or visitors requiring assistance to evacuate a building.
- **First aid** – appropriately trained first aid staff in workplaces as deemed necessary by the Health and Safety Regulations
- **Security** - including use of staff identification cards to access premises, storage of valuable items and equipment, especially medical supplies and portable technical equipment.

3.4.4 Essential Functions and Departmental Information

The following pre-incident measures must be identified:

- essential functions and systems
- preventative action for each function / service
- alternative accommodation
- alternative working arrangements (including IT functions)
- regular back up of IT information and essential records
- alternative supply sources
- additional or replacement staff
- specialist asset recovery companies
- press and media
- contact details

3.4.5 Damage Assessment and Salvage

If a fire, flood, explosion or impact has occurred, damage assessment should be carried out to determine the extent of the problem and the corrective action needed, including salvage.

3.4.5.1 Damage Assessment of the Premises

When access to the premises has been declared safe, the incident team at the premises should:

- obtain as full details as possible of the extent of the damage from emergency services personnel on site
- make sure the managers or deputies of the affected business unit(s), for example computing, are available
- prevent anyone from entering the premises until their reason for doing so is clear and understood, for example to assess the damage, assess the level of assistance required or retrieve critical information
- ensure that findings are recorded
- wear protective clothing, for example hard hats, coveralls, gloves, boots, high visibility jackets or tabards
- only enter the premises when accompanied, or after telling someone outside when they are going in and when they come out again
- examine affected key area(s) in relation to business requirements, for example computer and communications rooms, office areas
- accompany the relevant business unit manager to assess the damage in a particular area
- identify and protect any evidence of deliberate damage
- shut off water, gas and electricity supplies
- ensure the premises are secure
    - strictly control who enters the premises and what is removed
    - take additional security measures and/or deploy extra staff to maintain security levels
- record actions taken and equipment removed to prevent further losses and possible theft

3.4.5.2 Reclamation Processes

The following issues should be taken into consideration and the time required for reinstatement assessed, depending on the severity of the incident. Professional advice will probably be required.

- If an **explosion** has occurred, checks should be made for contamination, dust, debris, glass shards and unstable working environment and structure. Consideration should be given to disposal of medicines and confidential records that cannot be reclaimed.

- If a **fire** has occurred, checks should be made on the need for dehumidification, smoke contamination, need for deodorisation, unstable working environment and structure. The Fire Service will give guidance on when the premises can be re-entered. Smoke or water damaged equipment and resources may be able to be reclaimed, the premises should be made secure to prevent any further damage. Extra security may be needed whilst the property is open to the elements.

- If a **flood** has occurred, checks should be made on the need for dehumidification or drying, contamination: sewage etc, need for deodorisation, safety of electrical installations. In the event of any flood that has been dealt with by staff on an informal basis, suitable professionals should make a check of all electrical items. Care should be taken if 'drying out' equipment and resources to ensure that no fire hazards have been created.

3.4.5.3 Computer and Communication Rooms

In liaison with the relevant IT department*, the Incident Team should:

- obtain immediate expert advice from salvage engineers and computer and communications equipment manufacturers or suppliers
- ensure all power is off, including Uninterruptible Power Supplies to protect wet or contaminated equipment from further damage
- not switch equipment on to see if it is operable, as this could cause further damage

**IT and telephone services are currently provided to some parts of the Trust in house and to other areas by St Helens & Knowsley Health Informatics Services via SLA arrangements.*

3.4.5.4 Damage Assessment of the Assets

Specific items for assessment are computer equipment and data storage. The incident team will need to work closely with the IT department and estates to arrange repair and/or relocation of equipment. Note that data stored, both electronically and on paper, may be of a confidential nature and should not be left out in unsecured areas, even if drying out after a flood.

3.4.5.5 Salvage Considerations

A salvage operation is likely to require more time and staff than anticipated. It may not be worth the effort to salvage many of the items and documents. Departments should decide exactly what is to be retrieved, and priority lists for retrieval should then be prepared. During the salvage operation quick, on-the-spot decisions are likely to be needed.

3.5 Electrical Failures Guidance

Electrical failures can occur due to a wide variety of failures and may last from a few seconds to a few days. It is important to remember that after a power failure, there may well be a power surge accompanying the restoration of power. Power surges can irreparably damage computer hardware so it is important that equipment is turned off and not turned back on until assessed safe to do so. In the event of a power failure, all staff should:

1. **Turn off** all electrical equipment such as PCs, monitors and printers and unplug it, where possible. **DO NOT turn anything back on** until the Incident Team or IT Department, or electrical contractor tell you is it safe to do so, even if you think it is essential for your work. If equipment is plugged in too soon, it may be damaged by subsequent power surges or you may be diverting electricity from priority areas.

2. A nominated individual must ensure that no patients, members of the public or staff have been trapped in a lift as a result of such an electrical failure. If people are found

to be trapped in a lift then they should be reassured that help is on the way and regular contact should be maintained until help arrives. Out of order notices should be placed on the lifts and the lift engineer called immediately as an emergency.

3. Ensure that the building is emptied of all patients if necessary and be aware of opportunist thieves as during electrical failures some security doors will fail open on loss of power.

4. If emergency lighting is activated in such an incident then this is to be used in order to vacate a building safely only. Emergency lighting should not be used to proceed with any normal working duties.

5. Ensure that your department head or senior staff member has completed the 'Department Status' form and that this is given to the Incident Director as soon as possible. Complete this even if your department has not been affected, as it may be that they can deploy affected staff to your area.

6. If your work is essential, consider what exactly will be needed in order to carry it out, ie as well as a computer and printer, do you need data from the server, special stationery, number of staff, etc. You may be asked to move to another area, is there a facility you could use that does similar work or could take over for you?

7. If you do not have any immediate work that needs to be carried out, ensure that the incident team are aware that you are available to assist with other duties, such as assisting the incident team or other colleagues.

8. If you have been told to go home, make sure you know who you are to keep in contact with and when. Also make sure that people can contact you to tell you when it is safe to return to work. If you have a work mobile phone but it is not essential or you have an alternative number, please inform the incident team as they may require it for areas that have no communication facilities.

9. Remember that email systems, faxes and telephones are not the only means of communication. Face to face meetings, letters or posters in accessible areas can all be used to communicate. Check with the incident team to see what alternative methods of communication have been set up before arranging your own.

3.6 Business Recovery Process

Please refer to service specific business continuity plans held, reviewed and amended by each head of service. Copies are also held electronically on the shared network drives and on business continuity plans page of The Hub.

3.7 Trust Business Continuity Plans

The Trust has business continuity arrangements in place which were reviewed during 2014 to ensure that they reflected the new organisation structures and met the requirements of ISO 22301. The Business Continuity Procedure was agreed by the senior management team in October 2014 and has been regularly reviewed and updated thereafter. The latest version is available on The Hub. Managers are responsible for ensuring that their individual service business continuity plans are produced and regularly updated and they are also available on the business continuity page of The Hub.

SECTION 4

MAJOR INCIDENT TEAM ACTION CARDS

4.0 Major Incident Team Action Cards

No.	Role	Staff who may undertake role
1.	Senior Manager On Call	Senior Manager On Call
2	Incident Director	Senior Manager On Call/Designated Senior Manager
3	Chief Incident Officer	Senior Manager
4	Incident Team Member(s)	Co-opted depending on nature of incident by Chief Incident Officer
5	Administration Support (Loggist)	Managers/Senior Admin and Clerical Staff
6	Administration Support (General)	Admin and Clerical
7	Helpline Co-ordinator	Staff co-opted dependant on nature of incident
8	Helpline Operator	
9	Community Nurses deployed to Rest Centres	Community nursing staff
10	Clinical Co-ordinator	Senior clinician (eg team leader)
11	Administration Co-ordinator	Admin and Clerical

ACTION CARD 1	SENIOR MANAGER ON CALL
Summary of main responsibilities:	To receive notification that an external major incident has been declared (and to notify the Executive On Call, who will determine whether to declare a Trust major incident. Work with the Executive On Call to make arrangements to ensure the Major Incident Team is convened and the Incident Co-ordination Centre is established (where appropriate). **During a major incident**, may undertake the role of **Chief Incident Officer** at the direction of the Executive On Call.
Reports to:	Executive On Call (or nominated deputy)

Specific duties when notified of an incident

☐ **Start the Incident Log**

Gather as much information as possible about the incident using the **Major Incident Notification: Information to be recorded at point of contact (see Section 6 – confidential section)**. This also contains key contact numbers.

Keep a record of what you do: During the initial response period, use the **Major Incident Notification: Information to be recorded at point of contact.** Once the Incident Co-ordination Centre is open the **major incident log sheet** should be used.

☐ **Executive On Call to declare a Major Incident / Major Incident Standby if necessary**

Consult with Chief Executive (or Deputy) or Executive On Call and decide on the actions to be taken. Liaise with other senior managers, Greater Manchester/Lancashire/ Merseyside/ Cheshire NHS Tactical Commander, CCG(s), other local NHS organisations (using the contact numbers in section A of the **Major Incident Notification: Information to be recorded at point of contact**).

Decide whether to put the Trust on **Major Incident Standby** (and put in place arrangements to prepare a response as necessary) or **Major Incident Declared** (and activate the Major Incident Plan and response).

☐ **Establish the Incident Co-ordination Centre and convene the incident team if required**

If a Major Incident has been declared, use section B of the **Major Incident Notification: Information to be recorded at point of contact** to contact relevant staff in order to establish the Incident Co-ordination Centre and convene the Major Incident Team.

☐ **Attend Incident Co-ordination Centre**

If a major incident is declared and the Incident Co-ordination Centre is established, report there and take on the role of **Incident Director (see Action Card 2). Alternatively it may be more appropriate to establish a virtual ICC and hold meetings via Microsoft Teams.**

NB: You may receive a request for a representative to attend another agency's Incident Co-ordination Centre (eg Joint Tactical Coordinating Group). Should this occur you will need to decide, in consultation with other senior managers, which of you will attend.

If you do attend an alternative Incident Co-ordination Centre, you will need to arrange for another senior manager to take over your responsibilities as **Incident Director** within the Trust Incident Co-ordination Centre.

ACTION CARD 2	INCIDENT DIRECTOR
Summary of main responsibilities:	Out of hours this role would usually be assumed by the Executive On Call. Once a major incident has been declared, to make arrangements to ensure the Major Incident Team is convened and the Incident Co-ordination Centre is established (where appropriate). To offer leadership and direction in managing the incident, decide appropriate level of response and make arrangements to review processes when the incident has ended.
Reports to:	Chief Executive (or nominated deputy)

☐ **Start the Incident Log**

Once the Incident Co-ordination Centre is open the **major incident log sheet** should be used to record all actions, including options considered and decisions taken, with the reasons. Copies of the log sheet are available in the Incident Co-ordination Centres.

☐ Identify and call in appropriate staff to join the Major Incident Team (eg out of hours this would be the Senior Managers On Call).

☐ Convene and chair a meeting of the Major Incident Team. Brief team members and identify the **Chief Incident Officer (CIO)**. Work with the CIO to ensure that roles are allocated to team members and that tasks are allocated (including completion of any sitreps requested (see 5.14).

☐ Consider how the incident will affect community health services and neighbouring areas. Liaise with commissioners as required, ensure GPs / out of hours services/ neighbouring NHS organisations / local authorities / social services are informed

☐ **Agree local strategy (including a communications strategy)**
Work with the agencies within the relevant local authority area

☐ **Prioritise existing work**
Identify the Trust's essential services and those responsible for continuity of normal operations

☐ **Supervise effective management**
Hold regular (every 30 minutes) briefing meetings with the Incident Team and ensure staff are briefed

☐ **Ensure Health and Safety Regulations are adhered to by staff**
Take regular breaks and hand over to another member of staff

☐ **Assess and monitor responses**
Ensure you have a good overview of the tasks being carried out by other staff

☐ **Authorise the stand down from major incident status**
Ensure debrief meetings are arranged

☐ **Report to the Trust executive team**
Compile a report on the incident including lessons learnt

Out of hours, the Incident Director is authorised to commit emergency expenditure. An emergency planning cost centre is in place which can be used for this purpose (see section 6).

You are responsible for the Chief Incident Officer and any members of the team that are delegated to work with you and your admin support.

At the end of your shift you should hand over to someone with similar skills. You should ensure that you hand over a progress report and management plan for the next shift.

ACTION CARD 3	CHIEF INCIDENT OFFICER
Summary of main responsibilities:	Out of hours, this role would usually be taken by the Senior Manager On Call. To make arrangements to ensure the Major Incident Team and Incident Co-ordination Centre are set up where appropriate. To work with the Incident Director to provide leadership and direction in managing the incident, decide appropriate level of response and make arrangements to review processes when the incident has ended.
Reports to:	Incident Director

☐ **Contact, Inform and Assemble Incident Team Members**
Confirm with the Incident Director the initial level of response required.

*ENSURE THE FOLLOWING ACTIONS ARE CARRIED OUT **WHERE APPLICABLE:***

☐ **Set Up Incident Co-ordination Centre and Distribute Action Cards**
Ensure the Incident Co-ordination Centre is operational and assign staff as appropriate

☐ **Verify and Gather Information – External**
Contact the NHS England Local Area Team/Clinical Commissioning Groups/emergency services / other organisations as appropriate to ascertain:

M Major Incident (Standby or Declared)
E Exact location
T Type of incident
H Hazards
A Access
N Number of casualties
E Emergency services (at scene or required)

☐ **Inform Premises / Staff / Service Providers**
Assess if any Trust services will be affected by the incident and inform them of the situation. If any action is required, ensure this is fed back into the Incident Team.

☐ **Inform Local Agencies**
Ensure that the NHS England Local Area Team/Clinical Commissioning Groups, the local authority, hospital, Public Health England Centre and emergency services (where appropriate) are informed of your response and any special telephone / fax numbers you are using.

☐ **Business Continuity**
Identify essential services and any areas of business continuity required to keep services running.
Ensure that the normal roles of any staff working as part of the Incident Team are covered.

☐ **Update the Incident Director**
Ensure that the Incident Director is kept fully briefed about the Team's actions.

☐ **Status Board**
Ensure that a status board is established and maintained with all key information, including actions agreed.

☐ **Ensure Health and Safety Regulations are adhered to**

Arrange regular breaks for staff, refreshments and food if required.
If necessary, arrange a shift pattern and ensure that staff handover all relevant notes.

☐ **Assess and Monitor Responses**
Ensure you have a good overview of the tasks being carried out by other staff

☐ **Arrange Regular Meetings**
Ensure that the Incident Director holds regular meetings and accurate records are kept

☐ **Ensure Stand-Down Message is Communicated**
Inform all agencies the team has been dealing with that the incident has been stood down.

On behalf of the Incident Director, you are responsible for the Incident Team including delegation of tasks and health and safety regulations.

At the end of your shift you should hand over to someone with similar skills. You should ensure that you hand over all relevant documentation to the next shift.

ACTION CARD 4	INCIDENT TEAM MEMBER
Summary of main responsibilities:	The composition of the team will vary depending on the nature and scale of the incident.
Reports to:	Chief Incident Officer

☐ **Attend the Incident Co-ordination Centre if required**
Discuss with the Chief Incident Officer if you are required to attend the Incident Co-ordination Centre in order to carry out your role. This may depend on how long it would take you to get to the location and whether you are normally based at another location and require access to your own information which may not be within the plan / room.
Details on how to access the Incident Co-ordination Centre are in the major incident plan.

YOU MAY BE REQUESTED TO ASSIST THE CHIEF INCIDENT OFFICER WITH THE FOLLOWING:

☐ **Assist in Setting up the Incident Co-ordination Centre**
Ensure the Incident Co-ordination Centre is operational and action cards have been issued

☐ **Provide Administrative Support**
You may be asked to provide admin support until appropriate staff have arrived. There is a separate action card for this role.

☐ **Verify and Gather Information – External**
You may be asked to contact emergency services / other organisations (as appropriate) to determine:

M Major Incident (Standby or Declared)
E Exact location
T Type of incident
H Hazards
A Access
N Number of casualties
E Emergency services (at scene or required)

All contact numbers can be found in the Major incident plan (Section 6)

☐ **Inform Premises / Staff / Service Providers**
Assess if any Trust services will be affected by the incident and inform them of the situation. If any action is required, ensure this is fed back to the Chief Incident Officer. Check that commissioners keep GPs and out of hours services (where these are not provided by the Trust) informed. Liaise with the Clinical Coordinator (action card 10) and clinical services to ensure that the vulnerable, including children and other 'at risk' groups, are identified and supported.

☐ **Contact Local Agencies**
You may be asked to liaise with various local agencies. Ensure that you record whom you are speaking to and any direct telephone numbers. If you are contacting:
Police through their Area Operations Room ask for the most appropriate number to use for information about the incident – this may be a Police Incident Officer.
Fire – The HAZMAT (Hazardous Materials) Officer at the Scene will have additional information on any chemicals, please check with Greater Manchester/C&M Public Health England Centre before contacting the Fire Service to avoid duplication.

☐ **Business Continuity**
Identify essential services and any areas of business continuity required to keep services running
Ensure that the normal roles of any staff working as part of the Incident Team are covered.

☐ **Update the Chief Incident Officer**
Ensure that the Chief Incident Officer is kept fully briefed about your actions.

☐ **Ensure Health and Safety Regulations are adhered to**
Ensure you take regular breaks and have access to refreshments.

☐ **Ensure Stand-Down Message is Communicated**
Inform all agencies that you have been dealing with that the Trust has stood down.

The Incident Director should consider the likely longevity of the incident and make appropriate arrangements to ensure sufficient staff are available.

At the end of your shift you should hand over to someone with similar skills. You should ensure that you hand over all relevant documentation to the next shift.

ACTION CARD 5	ADMIN SUPPORT (LOGGIST)
Summary of main responsibilities:	To work under the direction of the Chief Incident Officer or nominated deputy, to record contemporaneously the decisions made during the incident.
Reports to:	Chief Incident Officer

NB: It is recommended that at least two trained loggists will be required to support the team, with back up loggists available to replace them at the end of their shift.

☐ **Start a Major Incident Log**

- Use the log book provided or agree a suitable format for recording information with the Incident Director.
- Ensure that you can hear everyone and have a list of the incident team members and the roles that they are performing.
- Ensure that you are clear about what you are recording, if you are unsure, ask the Incident Director or Chief Incident Officer for clarification.
- The role of the loggist is to record, in longhand, all decisions taken by the decision-maker during the incident
- Ensure that all pages are marked with the time and date.

☐ **Incident Team Meetings**

- A record should be kept of any Incident Team Meetings. The Incident Director and Chief Incident Officer must decide who will take the minutes – this should not normally be the loggist and it is essential that your role as loggist takes precedence over any other duties allocated to you.

☐ **Assist to set up the Incident Co-ordination Centre**

- You may be asked to help set up the Incident Co-ordination Centre. Ensure that this does not conflict with your record keeping of the major incident log.
- Follow the Incident Co-ordination Centre Set Up procedures and ensure that everyone is supplied with stationery and aware of the telephone numbers / email address to be used.
- Ensure that you have a comfortable workspace within the Incident Co-ordination Centre and enough stationery supplies to carry out your duties.
- Ensure that all action cards have been distributed.

☐ **Health and Safety Regulations**

- Ensure you take regular breaks, if possible 10 minutes every hour to rest
- Ask the Chief Incident Officer to appoint someone to cover you whilst you take your break

☐ **Documentation**

- Review your documentation on a regular basis to ensure that your records are accurate and to avoid any duplication or confusion.
- Ensure that all your documents and anything that you have been given are handed over to the Incident Director or Chief Incident Officer at the end of your shift.
- All information recorded in the log must be in long hand, in black ink. All alterations must be made by crossing through with a single line and corrections are to be made in red ink.

☐ **Debrief**

- The major incident log may be used for internal and external debriefs which you may also be invited to attend. It is essential therefore that your record keeping is accurate and legible to other staff.

At the end of your shift you should hand over to someone with similar skills. You should ensure that you hand over all relevant documentation to the next shift.

ACTION CARD 6	ADMIN SUPPORT (GENERAL)
Summary of main responsibilities:	To provide general admin and clerical support to the incident team as required
Reports to:	Chief Incident Officer

NB: Several of these will be required to support the team, with back up staff available to replace them at the end of their shift. Actual numbers will depend on the type of incident.

General Duties

- Provide admin and clerical support to the Incident Team
- Reschedule diaries of the Incident Team members.
- Draw up or obtain a list of incident team members and the roles they are performing.
- Co-opt additional admin support if required.
- Ensure that all papers are marked with the time and date.
- Keep a record your own tasks including telephone calls that you are asked to make.

Incident Team and Subgroup Meetings

- You may be required to provide admin support to the incident or subgroup meetings.
- Arrange venues and refreshments for meetings as required
- A record should be kept of any meetings.
- Prepare and distribute any action points and / or Minutes to Incident Team Members
- Ensure copies of the action points and / or Minutes are available for the next team meeting.
- Copies of all action points, notes, minutes agendas should be handed to the Administration Support (Major Incident Log)

Support to the Incident Co-ordination Centre

- You may be asked to provide administrative support to the Incident Co-ordination Centre
- Ensure that everyone is supplied with stationery and aware of the telephone numbers / email address to be used.
- Ensure that you have a comfortable workspace and enough stationery supplies to carry out your duties.
- Ensure that all action cards have been distributed and handed over to staff who take over roles at the end of a shift.

Health and Safety Regulations

- Ensure you take regular breaks, you may be asked to cover for other team members
- If necessary, ask the Chief Incident Officer to appoint someone to cover for your breaks
- Assist with the provision of refreshments and food to the Incident Team

Documentation

- Review your documentation on a regular basis to ensure that your records are accurate and to avoid any duplication or confusion.
- Ensure that all your documents and anything that you have been given are handed over to the person you are supporting or Chief Incident Officer at the end of your shift.
- All information should be recorded in long hand.

Debrief

- The major incident log may be used for internal and external debriefs which you may also be invited to attend. It is essential therefore that your record keeping is accurate and legible to other staff.

At the end of your shift you should hand over to someone with similar skills. You should ensure that you hand over all relevant documentation to the next shift.

ACTION CARD 7	HELPLINE CO-ORDINATOR
Summary of main responsibilities:	On behalf of the Chief Incident Officer, you are responsible for setting up and maintaining the helpline including delegation of tasks and health and safety regulations
Reports to:	Chief Incident Officer

Setting up the Helpline

Discuss with the Incident Director / Team the parameters for the helpline. Consider:

□ Can the information be recorded onto an answering machine?
□ Have the NHS or local authority set up a helpline where your message could be given?
□ Could NHS 111 deal with all public enquiries?
□ How many staff / telephones would be required to run the helpline?
□ Ensure that any decisions made regarding the helpline are recorded in the main major incident log and communicated to the Chief Incident Officer.

Activating the Helpline

Once the message and purpose of the helpline has been agreed

□ Set up the required number of telephones and test to ensure they are working
□ Distribute stationery
□ Prepare and distribute the helpline script
□ Ensure staff have a list of any other incident helplines and / or national agencies
□ Brief staff on the purpose of the helpline and method of recording data
□ Organise staff rota and ensure all staff have regular breaks (at least 10 minutes every hour) and that cover is available for these periods
□ Arrange regular refreshments for helpline staff
□ Arrange and assign administration support as required
□ Inform Chief Incident Officer when helpline is set up and ready to receive calls
□ Ensure staff receive regular briefings on the status of the incident
□ Update the helpline script on a regular basis with the assistance of the Incident Team

Distribute the Helpline Telephone Number

Inform relevant agencies of the helpline telephone no. and message content:

□ NHS England Local Area Team/Clinical Commissioning Groups
□ Switchboards
□ Trust staff / premises likely to receive public enquiries
□ GP, Pharmacy (via relevant Clinical Commissioning Group)
□ Emergency Services (ie if they are issuing statements to the media)
□ NHS 111
□ Public Health England Centre
□ Local Authority
□ Hospital Trust
□ Local media

At the end of your shift you should hand over to someone with similar skills. You should ensure that you hand over all relevant documentation to the next shift.

Guidance for Helpline Scripts

The purpose of this document is to enable the helpline operators to answer enquiries on the current situation.

1. You will be told by the Chief Incident Officer whether this helpline is for public or professional use. The Chief Incident Officer will suggest the most appropriate source of specialised advice for you to consult in writing this document.

2. You may need to write more than one script if the helpline is operating a triage system. Remember to match the script to the skills of the operator, helpline officers may not have a clinical background.

3. It is important that the information is accurate and regularly updated. It may be appropriate to do this after the team meetings.

4. Remember that the operators are not allowed to deviate from the topics on this script, so it is important that you make it as comprehensive as possible. However, you do not need to cover all eventualities, as you will be available to answer queries.

5. Cover the areas below so that the operators have relevant background information.

   - What has happened?
   - What is being done about it?
   - How many people are affected?
   - Who is at greatest risk?

6. It may be useful to break the script up into headings, for example, sections dealing with risk, symptoms, home treatments/self help, when to seek help, etc.

7. How should the call be answered initially?

8. Here are the most common types of enquiry, you may want to consider including the answers to these in the script.

   - How will I know if I/my patients are at risk?
   - What should I do if/my patients are at risk?
   - What are the symptoms?
   - Where should I/my patients go to get help?
   - Where can I/my patients get more information?
   - How do I find out if some of my relatives/patients are involved?
   - Can I volunteer to help?

9. How should the calls be concluded?

10. How can inappropriate calls be terminated politely? Give an example of the words that might be used.

11. How should the operators deal with aggressive or distressed callers? Give examples of the words that might be used.

ACTION CARD 8	HELPLINE OPERATOR
Summary of main responsibilities:	To work under the direction of the Helpline Co-ordinator to set up and run the helpline.
Reports to:	Helpline Co-ordinator

Setting up the Helpline

- Assist the Helpline Co-ordinator to set up the helpline. Ensure that you have all the stationery and equipment you require to perform your duties.
- Ensure that you are clear on the purpose of the helpline and have read through the helpline script. If necessary, ask for further clarification from the Helpline Co-ordinator.
- Ensure you have an up to date helpline script this will usually be prepared by the Communications Manager or relevant Borough Public Health Director and a list of any relevant telephone numbers of other helplines / national agencies to give to callers.
- Ensure that you are clear which telephone you are answering and in what sequence, there may be more than one telephone on the same extension.
- Ensure that you are familiar with the telephone and know how to put callers on hold or transfer them to the Helpline Co-ordinator or other staff.
- Agree with the Helpline Co-ordinator how you should deal with difficult and abusive callers.
- If you receive any information about the incident, which may be of use to the incident team, inform the Helpline Co-ordinator who may need to verify it before passing it to the Chief Incident Officer.
- You should be given updates on the status of the incident, ensure that you are using the most up to date information by checking with the Helpline Co-ordinator.

Answering Helpline Calls

- It is very important that you only use the information on the helpline script. You **must not** offer your own opinions or any advice unless you are qualified to do so.
- Bear in mind that the caller may wish to discuss something other than the incident, you may need to end the call politely but strongly in order to take other calls.
- You do not have to deal with any set number of calls in a given time, however, if callers advise that they have been trying for long periods to get through alert the Helpline Co-ordinator as they may need to review the Helpline service.

Keeping Records

- Ensure that you are clear on what records need to be kept, especially any confidential or personal information
- Agree a method of record keeping with the Helpline Co-ordinator
- Ensure that you have completed recording all the relevant information on a caller before answering the next call.
- Ensure that all your records are kept secure if you are on a break and handed over to the Helpline Co-ordinator at the end of your shift.

Health and Safety Regulations

- Ensure you take regular breaks (at least 10 minutes every hour)
- Ensure you have access to refreshments
- You may be asked to cover for other staff on their breaks, please ensure that you are clear on your responsibilities during that period

At the end of your shift, you should inform the Helpline Operator and they will arrange for someone to take over your role if required. Ensure that all documentation is given to the Helpline Co-ordinator. You may be required to handover and / or brief the next shift.

ACTION CARD 9	COMMUNITY NURSES DEPLOYED TO REST CENTRES
Summary of main responsibilities:	To attend rest centres to assess evacuees
Reports to:	Chief Incident Officer

Attending the Rest Centre

- ☐ Confirm the exact location of the rest centre to which deployed
- ☐ Consider the requirement to take:
  - ID badge with photo
  - Uniform
  - A change of clothing/warm clothing
  - Snacks and drinks
  - Personal medication
  - Important telephone numbers
  - Toiletries
  - Some cash
- ☐ Make themselves known to the rest centre manager, confirming their role
- ☐ Confirm the following details at the earliest opportunity:
  - Allocated working area (ensuring that a room is available where complete privacy is allowed
  - Other rest centre team members and their working locations
  - Estimated time of arrival of evacuees and any known details
  - Forecast or expected developments
  - The routing and flow of evacuees on arrival at the rest centre
  - Opportunities/agreed procedures for the screening of victims to ascertain those who may be in need of medical care
  - Proposed documentation
  - Telephone available for use

Duties:

- Prepare the work area in which to work, seeking assistance of the rest centre manager to resolve any shortfalls
- Identify the most appropriate GP in the event of the need for urgent medical attention
- Contact the Practice Manager/Lead GP/Out of Hours service confirming:
  - Contact number
  - Rest centre status and ETA of victims
  - Forecast of expected developments
  - The GP Practice to be used in the event of a requirement for medical attention
  - Any difficulties encountered or foreseen
- On arrival of evacuees at the rest centre:
  - Attempt to identify any victims with an apparent physical problem
  - Approach the initially identified victims who may have a physical problem and offer assistance
  - Make your presence known generally, contributing to the retention support of evacuees, in particular providing health information and advice
  - Ensure that any evacuees who have or develop health problems receive the necessary care
  - Arrange for the replacement of lost prescribed medicines
- Maintain a record of information and advice given and action taken on behalf of the evacuees. All entries in the notepad should be made in ink, timed, dated and signed
- Provide periodic situation reports to the Incident Director
- The Incident Director will advise you when the incident has been stood down.

At the end of your shift, you may hand over to someone else. Please make sure that you hand this action card to them. Make sure they know what arrangements are in place for storing records etc.

You may be working on a rota to cover a 24-hour period. Given the intensity of the work, you should ensure that you take regular short breaks to relieve stress and clear the mind.

ACTION CARD 10	CLINICAL CO-ORDINATOR
Summary of main responsibilities:	To provide clinical advice to the incident team as required. To co-ordinate the deployment of clinical staff.
Reports to:	Chief Incident Officer

☐ **Verify and Gather Information – External**
Work with members of the incident team to ascertain:

M Major Incident (Standby or Declared)
E Exact location
T Type of incident
H Hazards
A Access
N Number of casualties
E Emergency services (at scene or required)

☐ **Inform Premises / Staff / Service Providers**
Assess if any Trust services will be affected by the incident and inform them of the situation. If any action is required, ensure this is fed back into the Incident Team. Work with the Managers and heads of service to arrange appropriate deployment of staff to respond to the incident, ensuring a co-ordinated response, and to ensure that vulnerable groups are identified and supported.

☐ **Inform Local Agencies**
Ensure that the Trust, the NHS England Local Area Team/Clinical Commissioning Groups, the local authority (including borough Director of Public Health), hospital, C&M Public Health England Centre and emergency services (where appropriate) are kept informed.

☐ **Business Continuity**
Identify essential clinical services and any areas of business continuity required to keep key clinical services running.
Ensure that the normal roles of any staff working as part of the Incident Team are covered.

☐ **Update the Incident Director**
Ensure that the Incident Director is kept fully briefed about any issues affecting clinical staff and services.

☐ **Status Board**
Ensure that the status board is updated with all key information about the deployment of clinical staff and services and any actions agreed.

☐ **Ensure Health and Safety Regulations are adhered to**
Arrange regular breaks for staff, refreshments and food if required.
If necessary, arrange a shift pattern and ensure that staff handover all relevant notes.

☐ **Assess and Monitor Responses**
Ensure you have a good overview of the tasks being carried out by other staff

☐ **Arrange Regular Meetings**
Ensure that the Incident Director holds regular meetings and accurate records are kept

☐ **Ensure Stand-Down Message is communicated**
Inform all agencies the team has been dealing with that the Trust has stood down

ACTION CARD 11	INCIDENT TEAM CO-ORDINATOR
Summary of main responsibilities:	To respond to the request from the Senior Manager On Call to open the Incident Co-ordination Centre. To call in support staff and then to manage the Major Incident Team members and support the Incident Director and Chief Incident Officer during the incident.
Reports to:	Chief Incident Officer

When first alerted by the relevant on call manager

Opening the Incident Co-ordination Centre
Upon receipt of the call from the Senior Manager On Call requesting the Incident Co-ordination Centre be opened:

- In consultation with the Senior Manager On Call, agree whether an Incident Co-ordination Centre will be opened, and if so, which (ie at Trust HQ (Europa Point, Warrington), Spencer House, Birchwood, Warrington).
- If out of hours, telephone appropriate key holder to open the premises**.**

Calling staff in to the Incident Co-ordination Centre
- Contact up to 6 support staff to work in the Incident Co-ordination Centre
- Call relevant IT service (depending on the location of the ICC) and ask them to attend the Incident Co-ordination Centre

On arrival at the Incident Co-ordination Centre
- Set up the Incident Co-ordination Centre, including telephones, laptops, stationery etc (**see Appendix B: Incident Co-ordination Centres**.
- Confirm the room layout, communications and management systems.
- Confirm message handling system.
- Set up and maintain incident status boards.

Hold Initial Team Meeting
- Confirm your role, which is to work with the Chief Incident Officer to ensure that team members follow established procedure, by explaining
    - Role of major incident team and roles of individuals
    - Room layout, communications and message handling procedure
    - Use of message sheets
    - Use of separate phones for incoming and outgoing calls (ie do not disclose outgoing number to incoming callers)
    - Use of status board

General Duties
- Draw up a list of incident team members and the roles they are performing.
- Co-opt additional admin support if required.
- Record key contact numbers on status board
- Maintain a watching brief on incident management in support of the Chief Incident Officer (to ensure that correct links with internal and external partners are being maintained)
- Establish and maintain contact with other Incident Co-ordination Centres (if appropriate) to brief them on progress with actions taken by the Trust and to obtain updates from them.
- Ensure that all papers are marked with the time and date.
- Maintain a briefing file of all relevant information, identify significant events and ensure dissemination
- Report back on all relevant matters to the Chief Incident Officer
- Consider the need for replacement staff as appropriate, eg if the Incident Co-ordination Centre is still operational beyond the end of the shift.

Incident Team and Subgroup Meetings

- You may be required to provide admin support to the incident or subgroup meetings.
- Arrange venues and refreshments for meetings as required
- A record should be kept of any meetings.
- Prepare and distribute any action points and / or Minutes to Incident Team Members
- Ensure copies of the action points and / or Minutes are available for the next team meeting.
- Copies of all action points, notes, minutes agendas should be handed to the Administration Support (Loggist)

Support to the Incident Co-ordination Centre

- You may be asked to provide administrative support to the Incident Co-ordination Centre
- Ensure that everyone is supplied with stationery and aware of the telephone numbers / email address to be used.
- Ensure that you have a comfortable workspace and enough stationery supplies to carry out your duties.
- Ensure that all action cards have been distributed and handed over to staff who take over roles at the end of a shift.

Health and Safety Regulations

- Ensure all staff take regular breaks - you may be asked to arrange cover for other team members
- If necessary, ask the Chief Incident Officer to appoint someone to cover for your breaks
- Oversee the provision of refreshments and food to the Incident Team

Documentation

- Review your documentation on a regular basis to ensure that your records are accurate and to avoid any duplication or confusion.
- Ensure that all your documents and anything that you have been given are handed over to the Chief Incident Officer at the end of your shift.
- All information should be recorded in long hand.

Debrief

- The major incident log may be used for internal and external debriefs which you may also be invited to attend. It is essential therefore that your record keeping is accurate and legible to other staff.

At the end of your shift you should hand over to someone with similar skills. You should ensure that you hand over all relevant documentation to the next shift.

ACTION CARD 12	COMMUNICATIONS MANAGER
Summary of main responsibilities:	Once a major incident has been declared, to make arrangements to that staff, patients, the media and members of the public are kept well informed. To liaise with communications leads in partner organisations at a local and regional level. To feedback information on the level of coverage of the incident to the Chief Incident Officer **NB Out of hours, the Incident Director/Executive On Call is responsible for dealing with media enquiries.**
Reports to:	Chief Incident Officer

☐ **Establish a log of all actions taken to be updated throughout the incident**

☐ **Establish contact with the Chief Incident Officer for the Trust**

- Confirm that a Major Incident is taking place and establish the Incident Level/lead agency to inform communications handling arrangements
- Confirm what the Trust response/remit is within the incident to inform handling of media enquiries.
- Report to the incident room, if required at this stage.
- Agree who sign off any media statements and who will act as media spokesperson
- Establish a timetable for regular briefings with the Chief Incident Officer/Incident Room to obtain situation reports for media enquiries and to feedback details of media coverage, issues, requests etc

☐ **Establish contact with partner communications leads**
eg

- CCG communications and North, Midlands and East Communications service and other agencies (eg Police Press Office, Local Authority Press Office for local public health), as required.
- Agree attendance at meetings and roles.
- Agree process and timetable for sharing statements, details of interviews requested

☐ **Draft a holding statement**

- Work with partner agencies to draft and seek approval from all agencies for a holding statement within the first hour.
- Ensure that a final copy is received for the log and to upload to the Trust website, social media (Twitter and Facebook) sites.
- Plan a timetable for further statements, updates to the media and public

☐ **Call in additional support**

- If required, contact members of the communications team to draft in **support**, if required

☐ **Review list of appropriate communications channels**
See Appendix 5.5

☐ **Set up arrangements for media monitoring**

- Include amends to Precise media monitoring service keywords, Google Alerts and Social media (Twitter, Facebook) monitoring.
- Make arrangements for monitoring broadcast media eg is a television radio available in the incident room

☐ **Set up arrangements for logging all media enquiries and actions taken**

- Log all enquires and responses provided.
- Ensure that any statements issued by the Trust or details of interviews granted, relating to the Trust's own remit in the incident, are shared with all partners prior to issue.
- Ensure a quiet room is available for media interviews, at a location accessible for the Trust spokesperson

☐ **Establish arrangements for a press conference/media briefing**, if required.

- See section 5.8 of the Major Incident Plan for a press conference checklist.
- Liaise with partner agencies on the requirements for Trust representation.

☐ **Establish a rota for communications cover,** if required and plan handover arrangements

☐ **Ensure that a stand down message has been communicated to all staff**, as appropriate.

☐ **Attend debrief**

SECTION 5

APPENDICES

SECTION 5.1
REFERENCE LIST

Related Guidance and Further Reading:

Central Government's Concept of Operations (revised April 2013)

Civil Contingencies Act 2004 (laid before parliament 27 July 05 – came into force 14 November 2005)

Cold Weather Plan for England

Community Risk Registers:

- Cheshire LRF Community Risk Register (2018)
- Merseyside LRF Community Risk Register (2018)

Emergency Planning for Major Accidents: Control of Major Accident Hazards Regulations 1999 HSE Books, 1999 (ISBN 0 7176 1695 9)

Emergency Preparedness (Guidance on Part 1 of the CCA 2004)

Emergency Response and Recovery (v5, updated 2013)

Heatwave Plan for England: Protecting health and reducing harm from extreme heat and heatwaves (Department of Health)

Humanitarian Assistance in Emergencies

JESIP (Joint Emergency Services Interoperability Principles)

Lexicon of UK Civil Protection Terminology

Local Resilience Forums:

Cheshire
Merseyside
Greater Manchester
Lancashire

National Recovery Guidance

National Risk Register (2020 edition)

NHS England Emergency Preparedness, Resilience & Response Framework 2015

Preparing for Emergencies

The Needs of Faith Communities in Major Emergencies: Some Guidelines

The Role of Non-Governmental Organisations' Volunteers in Civil Protection

Working Together to Support Individuals in an Emergency or Disaster

Useful Websites:

NHS England Emergency Preparedness, Resilience and Response

Public Health England

Department of Health – Emergency Planning Section *(archived)*

Counter Terrorism

Home Office

MI5

SECTION 5.2
INCIDENT CO-ORDINATION CENTRE CHECKLIST

INCIDENT CO-ORDINATION CENTRE REQUIREMENTS CHECK LIST

Telephone: Direct lines and networked phones. In addition, members of the team will use their mobile phones.

Fax: Fax machines are available in all ICCs

Computers: Contact relevant IT on call team to request their attendance to set up appropriate PC/comms equipment in the ICC (if required). NB All those with a key role to play in the response have smart phones and ThinkPads.

Plans: Major Incident Plans and other associated plans (also available electronically)

Stationery:
Pens – black, red
Felt tip pens
Pencils
Rulers
Scissors
Sticky tape
Staples, Stapler and Staple Remover
Hole Puncher
Date Stamp
Rubber bands
Paperclips
Drawing Pins
Erasers
Calculators
Pencil sharpener
Blu-Tac
Post it notes
Radio
Telephone extension reels
In trays
Whiteboard marker pens
Flip chart pens

Paper:
Incident log books
A4 Paper
A4 Pads
Message pads

Files:
A4 Box Files
A4 Ring Binder Files
A4 Lever Arch Files
A4 Document Wallets

Maps: Maps of Merseyside/Cheshire/Greater Manchester

Refreshments: Access to facilities for beverages

Accessing Incident Co-ordination Centres

If a major incident is declared out of normal working hours and the Incident Director (the Executive On Call) deems it necessary to establish an Incident Co-ordination Centre) he/she will liaise with the Senior Manager On Call to identify the most appropriate location. Details of how to access the buildings out of hours are included in the on call pack.

In hours, the role of Incident Director may be taken by another member of the executive team.

Preparation of the Incident Co-ordination Centre

Trust HQ Board room, Europa Point, Europa Boulevard, Warrington, WA5 7TY **(primary ICC)**

First floor meeting room A2, Spencer House, Dewhurst Road, Birchwood, Warrington, WA3 7PG **(back up ICC)**

- Notify relevant internal and external (LAT/CCG) staff that the team has assembled and provide relevant phone and fax numbers and e-mail addresses.
- Consider the need for additional personnel to support the team.
- Activate the TV and other equipment such as faxes, PCs, etc.
- Once the team is assembled, establish all the known facts of the incident.
- Open a major incident log – log books available in emergency cupboard.
- Identify whether there is a need for specialist input from personnel or organisations not present and alert them if required.
- Decide whether a separate “press room” is to be established and if so, whether it will be adjacent to the Incident Co-ordination Centre or off-site and establish the necessary communications links.

More detailed information is included in Section 6 (confidential section).

SECTION 5.3
GUIDANCE FOR LOGGISTS

Guidance for Loggists

- Ensure that you have all the necessary equipment prior to commencing the Incident Log.
- Use the major incident log book if possible. If this is not available, use a major incident log sheet (example shown on following page)
- Position yourself so that you can hear those around you
- Only write in black ink as the Log may need to be photocopied in the future
- Ask for clarification if you are unsure of any points
- If you make a mistake in the log put one line through it and write your initials next to it, do not write over it or use liquid paper
- Make sure that there is an adequate number of people to cover telephone calls and to provide cover for breaks
- When the meeting has finished have your notes approved by another team member and ask them to sign them off as an accurate record of events.
- Number every page to prevent additions and removals without your permission.

MAJOR INCIDENT LOG

PAGE:_____ OF:_____

Entry No.	Date	Time (24 hr)	Information/ Message to post holder	From	Contact details of messenger	Actions/Decision by post holder	Contact details of person(s) contacted	Time (24 hr)	Initials of postholder
Completed by:				**Role:**					
Approved by				**Role:**					

SECTION 5.4

TELEPHONE RECORDING SHEET

ACTION/COMMUNICATION SHEET

Telephone Recording Sheet

INCIDENT:		Call Number ……. of ……	
Date:		Time:	
INBOUND/OUTBOUND *(delete as appropriate)*		Name of recipient:	
Name of caller		Organisation:	
Caller's contact number:			
Details of message			
Response given		By whom	
		Time	
Action required		By whom	
		Time	
Action taken by:		Role:	
Approved by:		Role:	

Communication/Action Sheet

INCIDENT:		Action Number ……. of ……	
Date:		Time:	
From (name)		To (name)	
Issue (ie details of the information received and action required)			
Actions taken			By whom Time
Actions taken			By whom Time
Action completed by:		Role:	
Approved by:		Role:	

SECTION 5.5

COMMUNICATIONS CHANNELS FOR USE IN A MAJOR INCIDENT

Internal Communications Channels

- Emergency Planning Staff Information Line (as required)
- Trust intranet (as required) – home page and Emergency Preparedness, Resilience and Response page.
- Global Email (as required)
- Operational Cascade via Directors, Heads of Service and line managers (as required)
- Bridgewater Bulletin (weekly)
- Team Brief (monthly)
- Staff App (available to all staff on their work and/or personal smart phone)
- WhatsApp **(must not be used for sharing confidential or patient-identifiable information)**

External Communications Channels

- Trust website www.bridgewater.nhs.uk
- Social media**:**
    - Twitter: www.twitter.com/Bridgewater_NHS
    - Facebook www.facebook.com/BridgewaterNHS
    - Please note that some services also have their own Twitter and Facebook accounts which could be used to support communications in a major incident. Contact the Web/E-Communications lead for details.
- Media: the Communications team maintains an up-to-date list of local and regional print and broadcast media contacts plus trade media, local news websites and community publications:
    - These are held on the Media Link database http://vm-cd-app1.alwpct.nhs.uk/medialink/
    - Executives On Call should be provided with access to the Media Link database, which also contains a log of Press Releases, Media Statements and Issues
- Bridgewater Community Newsletter (Member newsletter issued every three to four months)
- Customer Care Centre of Excellence
- Clinic Receptions
- Clinic Noticeboards
- Partner websites and newsletters (eg CCGs, acute and mental health trusts, local Healthwatch, Local Authority, Police, Council for Voluntary Services)

SECTION 5.6

MAJOR INCIDENT MEDIA LOG

MAJOR INCIDENT MEDIA LOG

Please ensure that completed forms are returned to the Communications Manager for logging.

MEDIA CONTACT:		MEDIA ORG:	
DATE:		TIME:	
CONTACT TEL:		CONTACT EMAIL:	
CALL LOGGED BY:			
DETAILS OF ENQUIRY:			

RESPONSE DETAILS

DATE ISSUED:		TIME ISSUED:	
DETAILS OF RESPONSE:			
RESPONSE APPROVED BY:			
RESPONSE ISSUED BY:			

SECTION 5.7

HOLDING STATEMENTS FOR MEDIA, WEBSITES, SOCIAL MEDIA

A short holding statement, relevant to the organisation's remit, should be available as soon as possible, from those fielding the first media call.

Some suggested lines are provided as an example below. Not all will be suitable and will need to be adapted depending on the circumstances and will need to be agreed/amended with partner organisations where joint statements are required.

Holding Statement for Patients/Public:

XX *Add in name of media spokesperson* XX:
"I can confirm there has been an incident at XX *broad location only* XX this *XX morning/afternoon/evening XX*. We are working with our partners *XX insert details if appropriate XX* to assess the impact and manage this incident.

"Our main priority is to ensure XXXXXXX and we will be putting into action our major incident response plans. We would like to thank people for their understanding and ask them to bear with us as we try to ensure that XXXXXXXXXXXXXXXX.

"We will issue regular updates directly through the media and through *XX website/social media XX etc*

"We understand the need to provide information quickly and we are currently in the process of making arrangements for further updates to the media and public.

"If you have a scheduled appointment at *XXXXXX* then please contact *XXXXX XXXXXX* for more information.

"Anyone needing medical advice your local pharmacy can give expert advice. Alternatively you can dial NHS 111 if you need to speak to someone or visit www.nhs.uk for advice. *[Tailor to reflect signposting details for patients].*

"If you think you have a serious or life-threatening condition then please call the ambulance service on 999.

Note to editors: *For more information and media enquiries please contact XXXXXXXXX on XXXXX XXXXXX or email: XXXXXXXXX*
ENDS

Holding Statement for staff

Dear Colleagues,

You may already be aware that there has been an incident at XXXXXXX this *XX morning/afternoon/evening XX.*

We are working to assess the impact of this incident on individuals and services and have activated our major incident plan/are on standby to activate our major incident plan.

We will provide regular updates through the following channels:

- Global Emails
- Trust intranet
- Emergency Planning Information Line – XXXXX – please call this number to access regular updates (local/national call charges may apply
- Social media (Twitter, Facebook)

Please ensure that you are familiar with the Trust Major incident Plan and your local business continuity plans which can be accessed via the Emergency Preparedness, Resilience and Response intranet page.

If you are unable to access your usual place of work, please contact your line manager in the first instance.

The advice to give to patients regarding this incident/scheduled appointments is XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

ENDS

SECTION 5.8
MEDIA INFORMATION

Press and Media Relations

1. Introduction

In the event of any incident the press/media are likely to be on the scene and seeking information at an early stage. The level of interest will depend on the nature and scale of the incident.

The press has a duty to inform the public and it is essential that people accept their role and that they are offered every facility so long as this does not hinder the rescue operation.

General Notes

a) It is essential that all press and media enquiries are channelled through the communications department to avoid confusion and ensure a consistent message is delivered throughout any incident.

b) personnel should be informed of the whereabouts and contact information for the communications manager or nominated senior manager.

c) Effective communications are the key to good public relations. It is essential the communications team are an integral part of the major incident team and are fully briefed and informed at all times.

d) 'Initial response' statements, particularly during the early stages when the total picture has not fully emerged, should be positive.

e) A response to a press enquiry of "no comment" should be avoided at all costs.

f) Facts, rather than rumours, should be passed to the media through the information office as they become available.

g) Consideration should be given to 'clear the air' radio and TV interviews on the days following the disaster using appropriate senior managers.

h) The senior management team should have received media training/support to enable them to fulfil their duties and responsibilities.

i) During or after a major incident, VIPs may wish to visit the scene and to talk to members of staff involved in the response or those affected by the incident. Visitors may include members of the royal family, government ministers, MPs, local politicians or religious leaders. In most cases, VIP visits will be arranged and coordinated by the police and relevant local authority and the communications lead will have a key role, working with them and the senior management team.

2. Roles of the Press/Information Officers (Multi agency incidents)

2.1 Police Press Liaison Officer (via Police Strategic or Tactical Control)

Media plans for Cheshire and Merseyside are in place, led by the relevant police force. The police will have a press liaison officer available through their tactical control who will be responsible for briefing and handling press/media enquiries regarding the incident. It is essential that this officer be given all the relevant information by the Incident Director.

2.2 Local Authority Press Liaison Officer

In the event of a multi-agency major incident, the local authority will usually provide the venue for the press conference and make the necessary arrangements.

3. Radio/TV/Press Contacts

It may at some stage be necessary to ask for announcements to the public to be relayed over local radio. It is important that this is co-ordinated by the police/district information officer.

Guidelines to Preparation and Organisation for a Press Conference

- A large room with capacity for at least 50 people to be seated.
- Ensure aisles are clear for TV camera crews
- A raised platform top table, near a door for the speakers access/egress
- Nameplates for the speakers and room for other microphones
- A public address system for the top table
- Plug sockets for lights and various equipment

Preparation

- In good time announce the venue, timings and probable format
- Assess the numbers attending, each TV crew has three members
- Decide whether to agree to separate interviews to the media after the press conference. If not, warn the media they must get all information from the conference
- Decide who will sit at the top table, who will chair and how long the conference will last, who will deal with each question area and what the wind up signal will be
- Try to glean the likely question areas
- Prepare a question and answer brief – “We don’t know yet” is quite acceptable if coupled with an explanation and indication of when you expect to know
- Prepare an opening statement of a description of events and response; the current situation; any appeal you wish the media specifically to note
- Avoid jargon, explain legal restrains, and provide all the information carefully.
- Supply copies of the opening statement

Running the Press Conference

- Make sure you have a tape recorder running
- Enter the hall in order of nameplates so that seating is orderly. Your entry will be filmed and a professional opening sets a good tone
- Cameras and flashes will be used during the conference, try to ignore them
- The chairman should set the scene and introduce the panel
- Ask questioners to say who they are. As chairman, control who asks the questions and call on them in turn
- Ensure that someone on the panel is noting questions for which you have agreed to find the answer later
- Start to wind up 3-4 minutes from the scheduled end

- Then terminate with “I’m afraid that is all we have time for now. We will hold another press conference at ……. The Press Officer will keep you informed and if any questions arise in the meantime they will do their best to help you”.

Guidelines for conducting interviews - typical initial question areas for a Major Emergency

- The location
- The people involved
- The scene, noises and sights
- Who raised the alarm
- Who responded first and later
- Timings
- Emergency Telephone Numbers
- Photo calls
- Emergency Services involved – numbers, vehicles, roles
- Appeals for volunteers, help, equipment, cash donations
- VIP visits – whom, when and where. Interview and press conference facilities

TV and Radio Broadcasts

Before the interview

- Define your objectives
- Establish the format
- Establish the “on air” time
- Select your “must” points
- Stick to essentials
- Check your appearance
- Discuss your topics
- Discuss any visual aids
- Decide the “wind up” signal
- Assume you are always “on air”.

During the interview

- Tell the truth
- Look at the interviewer
- Listen attentively
- Don’t fidget
- Speak confidently
- Avoid jargon
- Make your “must” points
- Use the questions
- Names and addresses
- Stay put at the end

SECTION 5.9

GUIDELINES TO AUTHORS

Guidance to the Authors of Information for the Press

1. The Chief Incident officer will suggest the most appropriate source of specialist advice for you to consult in writing this document.

2. It is important that the information is accurate and regularly updated. It may be appropriate to do this after the team meetings.

3. Your document should cover the following areas as a minimum.

   - What has happened and when?
   - Why has it happened?
   - What is being done about it now and any immediate management plans?
   - How many people are affected?
   - Who is at greatest risk and what can be done to minimise that risk?
   - Where people can get more information details of helplines etc.

4. If possible include a quote which can be used, eg 'the Chief Executive said .....'.

5. Give contact numbers which the press can use for further information.

6. Give details of any press briefings which will take place

7. Ensure that the information goes to the correct place, ie specialist reporters, and send communications electronically if possible (e-mail or fax)

8. Only give information you know is correct.

9. **Do not** be tempted to speculate on the background or possible outcomes of the incident.

10. **Do not** comment on the value of other individuals' or agencies' response to the incident.

11. **Do not** give details of individual patients

Guidance to the Authors of Information for **Professionals**

The purpose of this document is to enable you to provide accurate information to professionals on the current situation.

1. The Chief Incident Officer will suggest the most appropriate source of specialist advice for you to consult in writing this document.

2. It is important that the information is accurate and regularly updated. It may be appropriate to do this after the team meetings.

3. As a minimum, this document should answer the questions below:

   - What has happened?
   - What is being done about it?
   - How many people are affected?
   - Who is at greatest risk?
   - What should be done to minimise the risk?
   - What are you asking the professionals concerned to do?

4. It may be useful to break the document up into headings, for example, sections dealing with risks, symptoms, home treatment/self help, when to seek specialist help etc.

5. You may find it useful to use the following questions as the framework for your information. It can often be helpful to use the question and answer format in the final document.

   - What has happened?
   - What is being done about it?
   - Who of my patients/clients are at risk?
   - What should I do if my patients/clients are at risk?
   - How will I recognise the signs and symptoms?
   - What advice should I give my patients/clients?
   - What should I do if my patients/clients present with the symptoms?
   - Is there any immediate treatment that I need to offer?
   - Are there any self help options available for my patients/clients?
   - Where should I refer my patients/clients for further help?
   - Is there a resource implication and how will it be met?
   - Are there any contact phone numbers I can ring?
   - Is there a named person I can speak to?
   - Are there any similar sources of information for my patients/clients?

6. Try to write in short sentences with one or two concepts in a sentence. Writing clearly is not easy; ask a colleague to check your document before deciding you have the final version.

Guidance to the Authors of Information for the Public

The purpose of this document is to enable you to provide accurate information to the public on the current situation.

1. The Chief Incident Officer will suggest the most appropriate source of specialist advice for you to consult in writing this document.

2. It is important that the information is accurate and regularly updated. It may be appropriate to do this after the team meetings.

3. As a minimum, this document should answer the questions below:

   - What has happened?
   - What is being done about it?
   - How many people are affected?
   - Who is at greatest risk?
   - What should be done to minimise the risk?

4. It may be useful to break the document up into headings, for example, sections dealing with risks, symptoms, home treatments/self help, when to seek help etc.

5. You may find it useful to use the following questions as the framework for your information. It can often be helpful to use the question and answer format in the final document.

   - What has happened?
   - What is being done about it?
   - How will I know if I am at risk?
   - What should I do if I am at risk?
   - What are the symptoms?
   - What should I do if I have the symptoms?
   - Where should I go to get help?
   - How do I find out if some of my relatives are involved?
   - Can I volunteer to help?

6. Try to write in short sentences with only one or two concepts in each sentence. It is thought that the average reading age of the population is around 8 years. This reflects an ability to deal with complex vocabulary and sentences.

7. Consider posting information on the website.

SECTION 5.10

HEALTH CHECK ASSESSMENT TO BE GIVEN BY A NURSE ATTENDING A REST CENTRE DURING A MAJOR INCIDENT

HEALTH CHECK FOR REST CENTRE EVACUEES

Health check for Rest Centre evacuees

Patient's name……..
……
Address……
……
……
Postcode……..
Tel. no……..
DOB……

Visiting address……
……
……Tel no……
NOK details……..
Relationship……
Referred by……
……
Referred to……
……
Date referred……
……

Health Assessment

	Comments
Safety	
Communication	
Diet	
Fluids	
Elimination	
Mobility	
Hygiene	
Skin/Braden	
Sleeping	
Breathing	
Allergies	

Additional information / known health conditions

Medication

Name of GP……
Tel No……..
Name of Medical Centre / GP Practice
……..
……..
……..

Assessor's full name (block capitals)
……
……
Assessor's signature……
……
……
Tel. No……
……..
Date of discharge……..
……
……

Patient's signature

……

First contact Date/Time

Signature……

REGISTER OF SCREENED INDIVIDUALS AT A REST CENTRE

Name of the Rest Centre……

NAME	ADDRESS AND TELEPHONE NUMBER	DATE AND TIME SEEN	DESTINATION ON DISCHARGE	SIGNATURE

SECTION 5.11

GLOSSARY OF TERMS

Glossary of Terms and Abbreviations

The Following terms and abbreviations may be used in the Major Incident and Emergency Plan or during an Incident by other agencies.

A&E	Accident and Emergency (Department)
AIO	Ambulance Incident Officer – Ambulance officer with overall responsibility for the work of the ambulance service at the scene of major incident. Works in close liaison with the Medical Incident Officer (MIO) to ensure effective use of the medical and ambulance resources at the scene.
ALO	Ambulance Liaison Officer – At the receiving hospital, the ambulance officer responsible for the provision of mobile radio communications between the hospital and the ambulance service. Also responsible for liaison and supervision of ambulance activity at the receiving hospital.
ASO	Ambulance Safety Officer – The officer responsible for monitoring operations and ensuring safety of personnel working under his/her control within the inner cordon at the major incident site. Liaises with safety officers from other emergency services.
Operational control	Sometimes referred to as 'bronze'
Cascade system	System whereby one organisation calls out or informs others who in turn initiate other calls as necessary
Casualty Clearing	An area set up at a major incident by the ambulance Station service, in liaison with the Medical Incident Officer, to assess, triage and treat casualties and direct their evacuation.
CCDC	Consultant in Communicable Disease Control
COMAH	Industrial sites which are subject to the Control of Major Accident Hazards Regulations 1999
Cordon (inner)	Surrounds and provides security for the immediate site of the major incident
Cordon (outer)	Seals off the controlled area to which unauthorised persons are not allowed access
CSSD	Central Sterile Supplies Department
DPH	Director of Public Health
EPCU	The Department of Health's Emergency Planning Co-ordination Unit
EHO	Environmental health Officer A professional officer responsible for assisting people to officer (EHO) attain environmental conditions which are conducive to good health.
Evacuation (or rest)	Building designated by Local Authority for temporary centre accommodation of people evacuated from their homes. *See also* Survivor reception centre
Strategic control	Sometimes referred to as 'Gold'
HPA	Health Protection Agency
HEPA	Health Emergency Planning Adviser
Hospital control team	Team managing the whole hospital's response to a major incident
ITU	Intensive treatment unit also known as ICU Intensive Care Unit
JCRRP	Joint Casualty Reporting and Reception Plan. Military plan for coping (with NHS help) with military casualties evacuated

	to the UK from an area of conflict overseas.
LAEPO	Local Authority Emergency Planning Officer
MEC	Medical Evacuation Cell (military)
MIO	Medical Incident Officer
National Focus	The National Focus for Work on Response to Chemical Incidents
NBS	National Blood Service
NHS 111	24-hour health telephone helpline
Operational Control	Control at the site of the incident
RAYNET	Radio Amateurs Emergency Network
RDPH	Regional Director of Public Health
Receiving hospital	Any hospital designated by health authorities to receive casualties in the event of a major incident
Rest centre	*See* Evacuation (or rest) centre
Tactical control	Formerly referred to as 'silver'
Strategic control	Strategic Control is always led by Police Force
STAC	Science and Technical Advice Cell
Survivor reception	Centre set up by local authority or police where people not requiring acute hospital treatment can be taken for shelter, first aid, interview and documentation.
Temporary mortuary	Building accessible from a disaster area and adapted for temporary use as a mortuary in which post mortem examinations can take place
Triage	Process of assessment and allocation of priorities by medical or ambulance personnel prior to evacuation of the injured. Triage may be repeated at intervals and on arrival at the receiving hospital.
VAS	Voluntary Aid Societies St John Ambulance and British Red Cross Society

For further information, see the Lexicon of UK Civil Protection Terminology. The latest release (version 2.1.1), was published by the Cabinet Office in February 2013 as an Excel spreadsheet. See http://www.cabinetoffice.gov.uk/cplexicon

"Without a common understanding of what specific terms and phrases mean, multi-agency working will always carry the risk of potentially serious misunderstandings, the consequences of which could be extremely severe. Since 2007 CCS has been working with a wide range of partners to build and maintain a single point of reference for civil protection terminology as one of the underpinning elements of interoperable communications and coherent multi-agency working.

A lexicon is a collection of terms from a specific area of work or knowledge that are defined and associated with additional user-relevant information. This lexicon establishes common, agreed definitions for terms used in the multi-agency business of civil protection. Future versions will build on this, encompassing a wider range of the terminology used across the range of Integrated Emergency Management activities." Lexicon of UK Civil Protection Terminology

SECTION 5.12

UPPER TIER COMAH SITES

COMAH (Control of Major Accident Hazard Applications) applies mainly to the chemical industry, but also to certain storage activities, explosives and nuclear sites and other industries, where a threshold quantity of dangerous substances identified in the Regulations are kept or used. These companies are required by law to distribute information to residents living in the immediate vicinity of their site. This is done at least every five years. The sites are governed by the COMAH Regulations 2015 and the area around the site where residents are sent Safety and Emergency information is called the Public Information Zone or PIZ.

This requirement applies to the following companies/sites:

Below is a list of 'Upper Tier COMAH sites' within Halton:

Runcorn:

- INOVYN ChlorVinyls Ltd
- INEOS Enterprises Ltd
- VYNOVA Runcorn Ltd
- Runcorn Membrane Chlorine Plant (MCP) Ltd
- Packed Chlorine Limited and
- Mexichem Fluor Limited

The 'Runcorn Site COMAH Operators' is the 'umbrella term' which is used to capture the six operators based on the original ICI site, which is based in Weston Point, Runcorn. This name has been agreed by The Competent Authorities (HSE and The Environment Agency), the Operators and Halton Borough Council.

Widnes:

- Univar Ltd, Pickerings Road, Halebank, Widnes
- ICoNiChem Widnes Ltd, Moss Bank Road, Widnes (Originally Shepherds site)
- Emerald Kalama Chemical Ltd, Dans Lane, Widnes (Originally Innospec site)

- Vertellus Specialities, Lower Road, Halewood (this is a cross-border site with Knowsley)

St Helens

- Sutton and Sons Limited

Warrington

- Solvay Interox Ltd
- Orica UK Ltd

The enforcing bodies are the Health and Safety Executive (HSE) and the Environment Agency (EA) who inspect and monitor such sites. Details of all COMAH sites in England are held by the HSE.

Operators and local authorities have a duty to ensure that appropriate plans are prepared and are adequate for the purpose. The operator is responsible for the on-site plan, and the local authority has responsibility for the off-site plan.

SECTION 5.13
INTERPRETING SERVICES

Language Interpretation & Translation

The Trust's contract for interpreting services is with D A Languages Ltd. Services have received access PIN codes for D A Languages Ltd.

If a member of staff needs to access a telephone interpreter and cannot locate their service's access code, in normal working hours they should ring the equality and diversity department (or out of hours only, the senior manager on call) to request their PIN. Once they have their PIN they should then be able to make their own arrangements direct with D A Languages Ltd, but details of the process are summarised below for reference purposes.

Requesting Telephone Interpretation Flow Chart

D.A. Languages Ltd. is your provider for telephone interpreting.

D.A. Languages Limited
Interpreting & Translation Services

Make a note of your 'Department PIN' here: _____

Step 1 – Call **0330 088 2443** direct from your phone.

Step 2 – Enter your 'Department's PIN', followed by the # key; you can then enter the PIN of the language you require (see alphabetised list below). Press 1 for an interpreter, or 4 to speak to a specific interpreter (see next step).

Step 3 – Once connected, take note of the interpreter ID number (you can use this to connect to the same interpreter for future calls). To connect to any third parties, dial 9 and then the number you wish to connect to.

Step 4 – Leave feedback on interpreter at the end of the call. You will have 8 seconds to do this. From 1 (lowest rating) to 5 (highest rating).

LANGUAGE	PIN	LANGUAGE	PIN	LANGUAGE	PIN
Afghan Pashtu	216	Hebrew	221	Oromo	090
Afrikaans	211	Hindi	032	Pahari	052
Albanian	065	Hungarian	019	Pashto	015
Amharic	004	Ibibio	131	Patwa	107
Arabic	013	Kannada	203	Polish	075
Arabic- Sudanese	215	Khassonke	099	Portuguese	077
Armenian	035	Khmer	232	Punjabi	033
Azeri	006	Kibajuni	086	Romanian	029
Bambara	087	Kibembe	204	Shona	207
Bassa	223	Kikongo	096	Sinhalese	016
Belarusian	037	Kinyarwanda	058	Slovak	018
Bengali	076	Kirundi	054	Slovenian	230
Bosnian	100	Kituba	127	Soninke	238
Bravanese	241	Konkani	224	Spanish	038
Bulgarian	040	Korean	071	Swahili	041
Burmese	231	Kosovan	210	Swedish	042
Catalan	213	Krio	011	Sylheti	111
Chinese Cantonese	061	Kurdish Bahdini	021	Tagalog/F	212
Chinese Mandarin	046	Kurdish Kurmanji	059	Taiwanese	102
Congolese Swahili	201	Kurdish Sorani	025	Tamil	051
Croatian	106	Lari	088	Telugu	125
Czech	024	Latvian	079	Thai	120
Danish	217	Lingala	026	Tigre	036
Dari	043	Lithuanian	020	Tigrinya	022
Dioula	007	Luganda	010	Tswana	208
Dutch	104	Macedonian	031	Turkish	066
Estonian	228	Malay	205	Turkmen	229
Ewe	064	Malayalam	123	Twi	219
Farsi	012	Malinke	053	Ukranian	060
Filipino	202	Mandinka	053	Urdu	014
Finnish	233	Mashi	056	Uzbek	242
Flemish	103	Mauritian Creole	235	Vietnamese	034
French	048	Mina	069	Welsh	220
Fula/Fulani/Poular	062	Mirpuri	101	Wolof	057
Georgian	080	Moldovan	073	Xhosa	094
German	002	Mongolian	218	Yiddish	236
Greek	027	Munikutuba	089	Yoruba	132
Guajarati	084	Nepalese	030	Zaghawa	225
Hausa	121	Norwegian	227	Zulu	028

If you have any issues, please press # to connect to the operator. If you are unable to connect to the telephone interpreting line, please call the switchboard on 03300881153

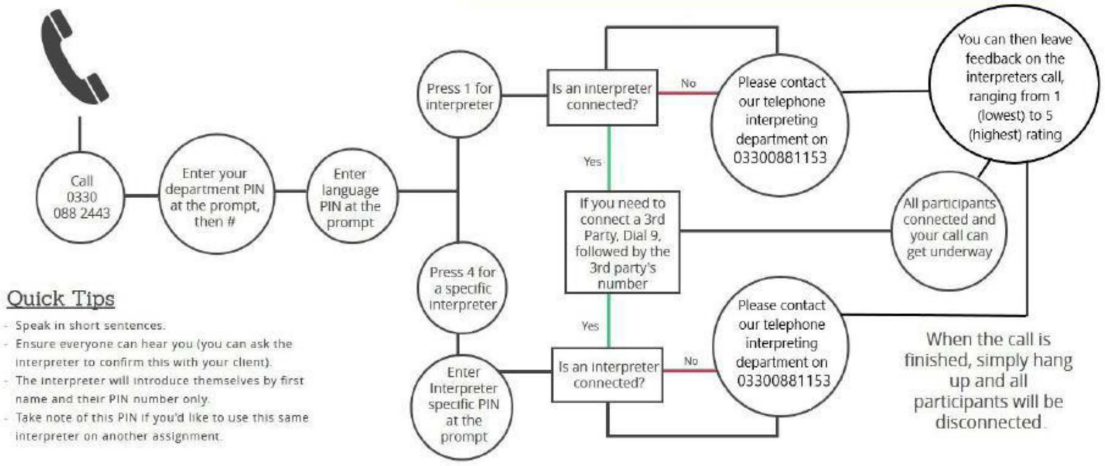
D.A. Languages Ltd.

Telephone Interpreting: Quick Client User Guide

D.A. Languages Ltd. provides its Telephone Interpreting services via an automated system that runs 24/7.

If you need an operator, DA staff man the lines during in-office hours 9am-5.30pm Mon-Fri.

A form containing the Language PINs you need will be provided separate from this document.



Quick Tips

- Speak in short sentences.
- Ensure everyone can hear you (you can ask the interpreter to confirm this with your client).
- The interpreter will introduce themselves by first name and their PIN number only.
- Take note of this PIN if you'd like to use this same interpreter on another assignment.

SECTION 5.14
EXAMPLE SITUATION REPORT (SITREP) TEMPLATE

NHS SITREP/EXCEPTION REPORT

Sitrep/Exception Report (indicate which)		**Critical Actions Taken/Required:**
Date and time:		**Taken:**
Reporting Officer:		
Email:		**Required:**
Contact Numbers:		
CURRENT SITUATION/OPERATIONAL RESPONSE		
Main Effort (Supporting the strategic task and objectives)		
Specified Tasks:		
Implied Tasks:		
Operational Status: (indicate nil returns)		
Impact on Infrastructure and Service Delivery: (indicate nil returns)		
Other information: (indicate nil returns)		
Requests:		
Actions: (indicate measures taken)		
Emergency preparedness (indicate measures taken)		
Command Structure:		
Plans:		
Mutual Aid:		

SECTION 6

CONTACT TELEPHONE NUMBERS

This section has been removed due to the confidential nature of the information

SECTION 7

CONCEPT OF OPERATIONS FOR MANAGING MASS CASUALTIES

Published by NHS England, November 2017

This is a controlled document. Please access the on-line version to ensure that you are referring to the latest version.

Summary

The Concept of Operations describes the NHS England strategic intentions on how to respond to a Mass Casualty incident and defines a framework of response in which NHS England may direct NHS resources in the event of a Mass Casualty incident occurring within England.

NHS England defines a Mass Casualty incident for the health services as an incident (or series of incidents) causing casualties on a scale that is beyond the normal resources of the emergency and healthcare services' ability to manage. For the purposes of this document such incidents are usually caused by sudden onset events ('big bang') and exclude casualties as a result of infectious diseases such as pandemic influenza. Casualties are likely to be a mixture of categories with 25% requiring immediate life saving intervention, 25% requiring intervention that can be delayed and 50% being walking wounded or minor injuries.

The document sets out the roles and responsibilities of responding organisations. Responsibilities of community providers are set out in Section 3.3, reproduced below:

3.3 Community Care (NHS funded)

NHS Community Care providers may be alerted to the incident by NHS England or their local Health Partners.

3.3.1 Immediate

Identify patients suitable for discharge to make available beds for acute discharge support. Identify resources to support accelerated discharge assistance, assessment and discharging of rehabilitation patients and physiotherapy patients.

Identify staff who may be able to support treatment in any walk in centres operated by the organisation which has patient presentations and surge for low priority patients transferred to these units.

Community Care organisations may be asked to support medical coverage at Survivor Reception Centres or establish treatment centres for low priority patients in spaces close to the incident scene. These services may be augmented by the Voluntary Services via Local Authority arrangements, or other commissioned clinical providers.

3.3.2 Medium

Invocation of medium term business continuity measures to support the management of patients requiring ongoing care in an alternative setting and ensure continued creation of capacity to support the local acute hospital.

Ensure appropriate links from urgent treatment centres to the nearest acute hospital established, to enable deteriorating patients to be managed. Liaison with mental health provider and other referral systems to ensure appropriate patient management.

3.3.3 Long Term

Recovery of services to normal business as soon as possible with identification of specific patient groups and support services which may continue to have surges of patients.