### MAJOR INCIDENT PLAN
May 2014

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Major Incident Plan
Version 4, May 2014/PD
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Version Control and Document Management

Version Control
This document is the fourth version of Humber NHS Foundation Trust Major Incident Plan for 2014 and will supersede the Major Incident Plan for April 2013.

Version Number
Version 4

Prepared by
Paul Dent Fire Safety, Security & Resilience Manager

Document Management
Copies of this plan will be issued to all Business Continuity Plan Holders, Directors and Senior Managers and will be hosted on the Trusts Intranet. Other relevant stakeholders and external partners will be provided with this plan on request.

A copy of the plan (excluding confidential and sensitive contact information) will be published on the public Internet site.
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FORWARD FROM THE CHIEF EXECUTIVE

This document is the Resilience & Major Incident Plan for Humber NHS Foundation Trust (HFT).

It outlines the operational arrangements to be undertaken by the organisation at the time of a critical incident, major incident or civil emergency. It has been prepared using advice from the Department of Health (DH), NHS Emergency Planning Guidance 2005, Civil Contingencies Act 2004 (CCA) and through consultation with other relevant agencies. This process ensures an integrated approach to emergency management in line with the Local Resilience Forum requirements as a Category 1 responder.

It is a requirement of the CCA that this document is reviewed annually by the Trust Board.

Employees will take responsibility for ensuring that they are familiar with this plan and participate in regular training and exercises. HFT will ensure that robust alerting procedures and management systems are in place to respond to any major incident.

The arrangements described in this plan will be supported by operational Guidance which will be issued to key personnel and directorates containing ‘Action Cards’ and an emergency telephone directory to enable them to quickly implement command & control procedures.

The Resilience Manager will conduct an annual, or earlier if required, review of this plan and the Incident Operational Guidance/Action cards. They will also audit, co-ordinate and deliver training to staff in order for them to fulfil their responsibilities through appropriate exercises to test preparedness.

Managed debriefs will follow all exercises and real incidents to identify improvements in the planning and operational procedures.

Each Directorate or Service also has its own Business Continuity Plan which should be referred to during an incident for more detailed information for resources, staffing and priority restoration.

The On-call handbook/pack is also available to on-call Directors and Senior Managers to assist with the decision making process.
As the Chief Executive, I acknowledge that final responsibility for emergency planning rests with my appointment. However, all relevant staff must familiarise themselves with the contents of this plan, not only to monitor their individual areas of responsibility as preparation for their response to an incident, but to feedback useful information and suggested improvements to the Head of Emergency Planning. I am satisfied that this plan and associated action cards ensures that this organisation has effective arrangements in place to respond to a critical or major incident.

D Snowdon
Chief Executive

PART 1: LEGISLATION AND GUIDANCE

1.1 Current Legislation and Guidance

The Civil Contingencies Act 2004 ("the Act") and its supporting Regulations (The Civil Contingencies Act 2004 (Contingency Planning Regulations 2005) ("the Regulations") require all Category 1 Responders to undertake various duties. Category 1 responders are subject to the full set of civil protection duties. They will be 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.
• Provide advice and assistance to businesses and voluntary organisations about business continuity management (Local Authorities only). NHS Foundation Trusts are designated Category 1 Responders under the Civil Contingencies Act 2004. As a Foundation Trust, HFT will endeavour to meet the roles and responsibilities of a Category 1 Responder in relation to the provision of mental health and primary care services within the organisational demographic and geographic areas

The Department of Health 2005 Emergency Planning Guidance requires all NHS Trusts to have emergency plans and that they are integrated with the plans of local responding organisations.
Audience

An emergency might have an immediate impact on the whole organisation or only parts of the organisation however it is important that all staff are made aware of the plan and its contents.

The Emergency Planning Lead/Manager should identify staff likely to be involved in a major incident response and ensure they have the appropriate training, equipment and knowledge to be able to respond safely and effectively to an emergency or major incident. Executive Directors 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 mount an immediate response. In the event of a major incident, it is likely that several organisations will respond. It is important that this major incident plan is developed and shared with other organisations to ensure a co-ordinated response.

1.1.1 Purpose of this Document

This Major Incident Plan outlines how Humber NHS Foundation Trust will

- Respond in the event of an emergency.
- Meet its statutory duties as a ‘Category 1’ responder under the Civil Contingencies Act (2004).
- To meet its requirements within the Department of Health’s Operating Framework for 2012/13 which states “all NHS organisations are required to maintain a good standard of preparedness to respond safely and effectively to a full spectrum of threats, hazards and disruptive actions”.
- Meet its responsibilities in line with the requirements of the Health and Social Care Act 2012 with regard to Emergency Preparedness, Resilience and Response (EPRR)

1.1.2 Aim

To ensure an effective, flexible, and co-ordinated response by the NHS to the declaration of a local emergency (major incident) from within the NHS or to a request for assistance by the emergency services in the event of a local emergency (major incident).
1.1.3 Objectives

In the event of a local emergency (major incident), the objectives of Humber NHS Foundation Trust will be to provide:

- Support for the emergency services;
- Assistance to NHS organisations;
- Continuing support and care for the community;
- Mitigation of the effects of the emergency;
- Assistance to non-NHS organisations,

**Definition of an Emergency**

“Emergency” is defined in Part 1 of the Act as “An event or situation which threatens serious damage to human welfare in a place in the UK, the environment of a place in the UK, or war or terrorism which threatens serious damage to the security of the UK.” The definition of emergency is concerned with consequences, rather than cause or source. Therefore, an emergency inside or outside the UK is covered by the definition, provided it has consequences inside the UK.

**Definition of a Major Incident**

A major incident is any event whose impact cannot be handled within routine service arrangements. It requires the implementation of special procedures by one or more of the emergency services, the NHS, or a Local Authority to respond to it. For the NHS, a major incident is defined as:

“All occurrence which presents a serious threat to the health of the community, disruption to the service or causes (or is likely to cause) such numbers or types of casualties as to require special arrangements to be implemented by hospitals, ambulance trusts or primary care organisations”

For NHS organisations, major incidents are defined in terms of a level. These are:

**Level 1** - Each individual NHS organisation must plan to handle incidents in which its own facilities or neighbouring ones may be overwhelmed. Planning successfully for these wider disruptive challenges will require more than simply scaling up the current plans of individual agencies.

**Level 2** - Much larger scale events affecting potentially hundreds rather than tens of people, possibly also involving the closure or evacuation of a major facility (e.g.
because of fire or contamination) or persistent disruption over many days; these will require a collective response by several or many neighbouring trusts.

**Level 3** - Incidents or events of potentially catastrophic proportions that severely disrupt health and social care and other functions (power, water etc) and that exceed even collective capability within the NHS.

Mass casualty incidents are defined as “A disastrous event or other circumstances where the normal major incident response of NHS organisations must be augmented by extraordinary measures in order to cope.”

### 1.1.4 Declaration of a Major Incident

In the Health Service, organisations are most likely to be alerted to a major incident by the Ambulance Service who have specific responsibilities and procedures for this. In this situation, the on-call Director should assess the incident and make a decision as to whether the situation constitutes a major incident for HFT.

The decision to declare a major incident and mount an appropriate response remains the decision of the organisation. The procedures and protocols outlined in this plan can be used to respond to an incident without the requirement of a formal declaration. The following staff can declare a major incident for Humber NHS Foundation Trust:

- Chief Executive
- Executive Directors
- Director or On-call Director
- Emergency Planning Lead

Staff should contact the on-call Senior Manager or on-call Director for advice on implementing the major incident plan. It is important that any parts of the organisation alerted to a major incident are also informed when the incident has been stood down. (Stand down procedure see section 3.4.2)

The following terms may be used to determine the status of incident response:

- **Major Incident Standby** - If a situation is unclear or has the potential to escalate.
- **Major Incident Declared** - The situation requires special arrangements to be implemented.
- **Major Incident Cancelled** - The situation did not materialise or has been dealt with.
- **Major Incident Stand Down** - The emergency response to the incident has been completed.

It is important that any parts of the organisation and external organisations alerted to a major incident are also informed when the incident has been stood down.

### 1.1.5 Planning Roles and Responsibilities

**Chief Executive**

The Chief Executive is responsible for ensuring that effective arrangements are in place for responding to a major incident and that those arrangements are regularly reviewed, monitored and updated.

**Executive Lead**

The executive lead is responsible for securing the duties of the Chief Executive in their absence for responding to and implementing the procedures and policies to ensure the incident is dealt with in an efficient manner.

**Nominated Officer for Emergency Planning**

The nominated Emergency Planning Lead for Humber NHS Foundation Trust is the Deputy Director of Infrastructure & Informatics. This role is responsible for:-

- Ensuring that arrangements for responding to a major incident are maintained, monitored and reviewed.
- Ensuring that the organisation’s emergency plans are co-ordinated with those of other relevant organisations.
- Ensuring that appropriate training is provided to all staff.

### 1.1.6 Key Areas of Response

The NHS Emergency Planning Guidance 2005 states that Mental Health Trusts and other providers of mental health services potentially have specific responsibilities in the event of a major incident including:
• Linking with NHS Commissioning Board locally (Local Area Team) and other NHS services in co-ordinating services.
• Co-ordinating and directly providing psychological and mental health support to staff, service users and relatives in conjunction with local authorities.
• Providing advice on the long term effects of trauma on the casualties associated with the incident and recommending the appropriate level of psychological intervention required.
• Ensuring mental health service users caught up in the incident are cared for and those discharged home are provided with appropriate support in the community from Community Mental Health Teams and Crisis Teams or their equivalent.
• Identifying vulnerable individuals, such as children, elderly, medically dependent, or physically or mentally disabled.
• Assisting with the provision of medical countermeasures e.g. vaccinations and antibiotics in the event of a contagious disease or CBRN incident.
• Prioritising existing patients and ensuring that critical and essential services are maintained NHS organisations with responsibility for provision of services to Prison Health Care Services need to consider and plan for the potential impact of a major incident on the population in prison and the ability of that organisation to provide those services.

1.1.7 Risk Assessment

As part of the emergency planning process, HFT has undertaken a hazard assessment and risk analysis. This process aims to identify potential hazards and the delivery of services on an organisation-wide level. This information is then used to update incident management arrangements. Additional risk assessments are included in service level business continuity plans. The risks and hazards identified in the Humber Community Risk Register, (which can be viewed by clicking on this link http://www.heps.gov.uk and local health economy (organisational) Risk Registers and the Trusts risk register.

Such risks include:

• Pandemic ‘Flu’ outbreak
• Flooding incident
• Industrial accidents
• Transport incidents
• Chemical, Biological, Radiological and Nuclear incidents (CBRN)
• Fuel disruption
• Adverse weather incident
1.1.8 Freedom of Information and Data Protection


1.1.9 Governance

This Plan will be subject to the governance arrangements of HFT and, as such, will be presented to the Board of HFT on an annual basis for approval or sooner, if required. In addition, the Care, Quality & Compliance Director will present reports on Emergency Preparedness to the Board where appropriate, or at least annually, as required under the Department of Health Emergency Planning Guidance 2005.

1.1.10 Board Reporting

Humber NHS Foundation Trust Board will receive a report regarding Emergency Preparedness in May each year or more frequent if subject to local, regional or national requirements. The Trust Board will receive an Annual Report on NHS Resilience covering training activities, exercises and any actual responses from the Care, Quality and Compliance Director.

1.1.11 Ownership and Authorisation

This Plan has been produced by the Resilience Manager, is owned by the Care, Quality and Compliance Director and will be ratified by the Trust Board.

1.1.12 Equality and Diversity Impact Assessment

This Plan is subject to an Equality and Diversity Impact Assessment as part of the governance arrangements of Humber NHS Foundation Trust. Throughout the development of this document, we have given due consideration to all our equality groups including; Race, Gender, Disability, Sexual Orientation, Age, Religion and Belief.

1.1.13 Consultation and Distribution of Major Incident Plan (MIP)

A copy of the Major Incident Plan has been sent to both internal and external stakeholders for consultation and they were proactively asked to contribute and comment.

1.1.14 Review and Audit

The Major Incident Plan will be reviewed and updated (where necessary) at least annually, following exercises or after an incident has occurred. The next scheduled review date is April 2015. The Trusts approach to emergency preparedness will be assessed on a regular basis. This process can be undertaken by Internal Audit.
1.2 LEGAL FRAMEWORK & NATIONAL GUIDANCE

1.2.1 Overview of the Civil Contingencies Act (CCA) (2004)

The Civil Contingencies Act (2004), and accompanying regulations and guidance, provides a single framework for civil protection across the United Kingdom. The Act (CCA) is separated into two parts:

Part 1 – Focuses on local arrangements for civil protection, establishing a statutory framework of roles and responsibilities for local responders.

Part 2 – Focuses on emergency powers, establishing a modern framework for the use of special legislative measures that might be necessary to deal with the effects of the most serious emergencies.

1.2.2 Responders

Category 1 Responder – Those organisations at the core of any emergency response e.g. the emergency services, local authorities, NHS Commissioning Board, NHS Trusts and NHS Foundation Trusts with accident/emergency facilities, Ambulance Service NHS Trusts and Public Health England.

Category 2 Responder – Those organisations likely to be heavily involved in any emergency response (e.g. utility companies, water, gas, electricity, telecommunications, rail companies, airport operators, the Highways Agency, Strategic Health Authorities).

1.2.3 Duty on Category 1 Organisations to Respond

A Category 1 Responder must perform its duties under the Act (CCA) only in relation to two situations, either of which poses a considerable test for that organisation’s ability to perform its normal functions. These are:

- Where the emergency would be likely to seriously obstruct its ability to perform its functions.
- Where the Category 1 Responder (Humber NHS Foundation Trust):
  1. Would consider it necessary or desirable to act to prevent, reduce, control, or mitigate the emergency’s effects or otherwise take action.
  2. Would be unable to act without changing the deployment of its resources or acquiring additional resources.
1.2.4 Civil Protection Duties

Fulfilling the duties of a *Category 1 Responder*, HFT is subject to the full set of civil protection duties and is required to:

- Assess the risks 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 coordination
- Cooperate with other local responders to enhance coordination and efficiency

For more information on the Civil Contingencies Act (2004) and the responsibilities of the different responders refer to the following website: http://www.cabinetoffice.gov.uk/ukresilience

1.2.5 Local Resilience Forum (LRF)

The CCA places a duty on *Category 1 and Category 2 Responders* to co-operate locally to improve emergency preparedness and response. The mechanism adopted in England by the CCA for this purpose is the *Local Resilience Forum (LRF)* based on county areas. The Humber Local Resilience Forum operates locally to fulfil this duty and includes the local authorities, NHS, ‘blue light’ emergency services as its core membership.

In line with the new body, the NHS Commissioning Board, Local Health Resilience Partnerships (LHRPs) will be established to deliver national Emergency Preparedness Resilience and Response (EPRR) strategy in the context of local risks. This will bring together the health sector organisations involved in emergency preparedness and response at the LRF level. Building on the existing arrangements for health representation at the LRF, the LHRP will be a forum for co-ordination, joint working, planning and response by all relevant health bodies. The LHRP will in effect be a formalisation of arrangements that already exist in many local health economies to co-ordinate health sector input to the LRFs and emergency response.

At Local Resilience Fora (LRF) level, the co-ordination of health system EPRR will be aligned with multi-sector emergency preparedness and response reflecting LRF boundaries.
Guidance

This major incident plan has been developed in accordance with the following guidance:

- Cabinet Office:
  - Emergency Preparedness (2005)
  - Emergency Response and Recovery (2005)
- Civil Contingencies Act 2004
- Deliberate Release of Biological & Chemical Agents.
- Deliberate Release Guidance (published by the Department of Health)
- Department of Health:
  - NHS Guidance on Planning for Disruption to Road Fuel Supply (November 2008)
  - Planning for the Evacuation and Sheltering of People in Health Sector settings: Interim Strategic National Guidance (2009)
  - NHS Emergency Planning Guidance - Planning for the psychosocial and mental health care of people affected by major incidents and disasters: Interim national strategic guidance (July 2009)
  - Heatwave Plan for England – Protecting health and reducing harm from extreme heat and heatwave (March 2011)
- Health Protection Agency Deliberate Release CBRN Guidance
- Arrangements for Health Emergency Preparedness, Resilience and Response from April 2013
- Health and Social Care Act 2012

References:
Civil Contingencies Act 2004 Regulations 2005
Health and Social Care Bill 2008
National Risk Register 2011
Community Risk Register
Health and Safety at Work Act 1974
Health and Safety at Work Regulations 1999
Disability Discrimination Act (DDA) 2005
PART 2 – THE PLAN

2.1 Summary of Major Incident Plan

This Major Incident Plan is generic in its approach and can be applied to all major incident scenarios. It demonstrates an Integrated Emergency Management Response with partner agencies including the Health Protection Agency, Police, Fire Service, Local Authorities, Environment Agency, as well as Health Services.

This plan defines what constitutes a major incident and identifies the command and control structure at strategic, tactical and operational levels.

A ‘big bang’ major incident is normally declared by the Ambulance Service (for health). Other ‘slow burn’ incidents can be declared by other elements of the NHS.

The Major Incident room procedure is described and the plan includes an aide memoir for manager’s initial/progressive actions and individual Action Cards.

This plan complements other agencies emergency plans.

Humber NHS Foundation Trust has a major role in planning for major incidents and a major role in long term health related incidents (e.g. a pandemic). This is mainly in the post-blue light phase rather than in any emergency role.
This Plan is for internal and external stakeholders including staff and the public. All staff within Humber NHS Foundation Trust should be aware of the existence and purpose of the Major Incident Plan and their individual contributions to the success of the Plan.

The Chief Executive, Executive Directors, Senior Managers, Consultants and other appropriate individuals should be familiar with the details of this Plan and associated documentation and have attended appropriate training sessions or exercises as required by the CCA 2004 requirements.

In the event of a major incident, it is likely that several organisations will respond. It is important that this Major Incident Plan is developed and shared with other organisations to ensure a co-ordinated response. This Plan details procedures and duties to be carried out, in the event of an emergency (or a disruptive challenge). An emergency might have an immediate impact on the whole organisation or only parts of the organisation.

All of Humber NHS Foundation Trust services including Corporate, Community, Inpatient and Forensics have all of the following in place:

- Business Continuity Plans
- Fire/Zone Plans
- Evacuation Plans
- Security Plans

In addition to this Major Incident Plan the Trust also has the following which are Annexes to the Major Incident Plan:

- Heatwave Plan
- Adverse Weather Policy
- Mass Vaccination Plan
- Pandemic 'Flu Plan
- Fuel Plan
- Mass Casualty Plan
- Industrial Action Plan

2.2 Overview

Dependent upon the scale and nature of the local emergency (major incident), Humber NHS Foundation Trusts response will be co-ordinated by the Health Silver Commander who is activated when a local emergency (major incident) is declared. These individuals will have the authority to over-rule all normal management arrangements, direct any member of staff (however senior) to perform any duty
made necessary by the local emergency (major incident) and can authorise expenditure in connection with the local emergency (major incident).

2.3 Incident Types

An internal local emergency (major incident) may be:

- **Fire, Utilities issues, Integral equipment failure** - IT, telephony, medical, hospital acquired infections, adverse incidents involving screening programmes, violent crime or security breach.

An external local emergency (major incident) may be:

- **Big Bang** - serious immediate transport accident, fire, explosion or series of smaller events.
- **Rising Tide** – a developing infectious disease epidemic or a capacity / staff crisis, overseas incident.
- **Cloud on the Horizon** – a serious threat such as a major chemical or nuclear release developing elsewhere and needing preparatory action.
- **Headline News** – public or media alarm about a personal threat.
- Deliberate or accidental release of Chemical, Biological, Radiological or Nuclear (CBRN) materials (e.g. terrorist or major industrial incident)
- Mass casualties.
- Pre-planned major events that require planning – demonstrations, sporting fixtures, race meetings and air shows.

The key difference between a local emergency (major incident) and other health-related incidents which the NHS regularly handles is that a local emergency (major incident) requires the implementation of special arrangements. Examples of special arrangements during a major incident could include a mass administration of vaccine during an epidemic.

2.3.1 Humber Area Risks

The local risks specific to the Humber area are detailed on the Humber Community Risk Register and are summarised as follows:

**Very High Risks**

- Pandemic influenza
- Fluvial flooding (river)
- Coastal flooding (tidal)
- Pluvial flooding (rainfall)
- Toxic chemical release

**Out of Public Domain**

**Terrorism**

This information is not publically available due to sensitive content of risk
High Risks

- Fire/explosion at an oil refinery
- Water pollution
- Air quality incident
- Accident involving transportation of fuel/explosives
- Storms
- Heatwave/Drought
- Epidemic
- Offshore incident – disruption to supplies
- Telecommunications failure
- Electrical network failure
- Low temperature/snow

Medium Risks

- Gas pipeline explosion/fire
- Fuel distribution site explosion/fire
- Offshore gas/oil platform explosion/fire
- Industrial accidental toxic release (e.g. chlorine)
- Accidental release of radioactive material
- Industrial explosion
- Passenger vessel sinking in UK waters
- Accident involving transportation of hazardous chemicals
- Aircraft ditching in the sea or inland water
- Passenger vessel fire
- Bridge collapse
- SARS type disease
- Legionella/meningitis type outbreak
- Animal disease (Foot and Mouth, etc)
- Public protest
- Heatwave
- Storms and Gales

Low Risks

- Food chain contamination
- Deliberate blockage of port
- Tremor/landslide
- Building collapse
- Failure at water treatment works
- Industrial Action
- Forest or moorland fire
- Public events and mass gatherings
2.3.2 STRUCTURE OF COMMANDS FOR HEALTH

Strategic Co-Ordination Group (Gold) - is the multi-agency command level. It is normally led by the Senior Police Commander and the NHS will be represented by a Director from a CCG (a rota is in place).

Tactical (Silver) - Operational Managers, Director – Emergency Planning (if available), NHS England and Consultant in Communicable Disease Control (CCDC) who manage the co-ordination of the incident for the health services.

Operational (Bronze) - represents health command at the incident

STAC (Scientific and Technical Advisory Cell) may be set up to give specialist advice to the Strategic Coordination Group (SCG) and will include Consultants in Communicable Diseases and, possibly, the Director of Public Health if it is a sub-regional incident or the Regional Director of Public Health in a regional incident.

NHS England has a role liaising with the Department of Health Regional Office and arranging mutual aid in a widespread incident.
2.3.3 ROLE OF STRATEGIC CO-ORDINATION GROUP – (GOLD) POLICE LED

The base will normally be the Police Station, Clough Road, Hull.

The health representation Local Area Team Lead (LAT) for the NHS will:

- Make strategic decisions in respect of resources within the Humber area
- Prioritise resources in the event of multiple incidents
- Prioritise requests for resources
- Have the authority to seek the mutual aid of other agencies in support of their NHS role
- Coordinate the overall health response to a major incident
- Ensure effective command control arrangements are established across health services
- Report regularly to the NHS England and Regional Office
- Prioritise services to ensure the least amount of disruption to normal services.
- Liaise with the military re health needs

The Public Health Consultant advises the police incident commander of public health issues pertaining to the incident.

The Director of Public Health or Regional Director of Public Health’s function is to advise the Police Incident Commander on public health related issues and chair a STAC (Scientific and Technical Advisory Cell) if required.

In the event of the SCG being established it is expected that the on call Manager/Director for the Local Area Team will represent the local health service in the initial stages of the incident. (See 2.3.6)

If the incident is prolonged shift work needs to be considered with Directors.
2.3.4 ROLE OF TACTICAL COMMAND (SILVER) - HEALTH

The Health tactical (Silver) command should be established between the on call Public Health Consultant/CCDC and the NHS Cluster Director on call and Humber NHS Foundation Trusts Emergency Planning Lead.

The control room should be set up as agreed as soon as is practical (normally within one hour of the alert).

The NHS Silver command co-ordinates the major incident for the health services supported by Public Health England (PHE) who will provide specialist health protection advice. The Police, Local Authorities and individual health services will have their own Tactical command centres co-ordinating the tactical (Silver) response depending on the type of incident. Depending on the magnitude and duration of the incident the various tactical commands may be merged or co-located with other agencies.

The role of the NHS Tactical command (Silver) is to undertake the following:

- Co-ordinate the health service’s business at an operational level
- Co-ordinate a situation reporting mechanism with health services and partner agencies at all command levels and with participating agencies
- Manage demands on resources
- Advise responders on tactical issues
- Communicate regularly and systematically with the Chief Executive at strategic gold command
- Ensure communication networks are set up
- Contact strategic command when resources are required
- Activate distribution of items
- Relocation of health service workers as appropriate
2.3.5 SCIENTIFIC AND TECHNICAL ADVISORY CELL (STAC)

The SCG chair may request a Scientific and Technical Advisory Cell (STAC). This is a strategic group that consists of individuals who have expertise in managing the health effects of the incident.

The police may request that a STAC is convened to give technical advice to the Strategic Co-Ordination Group (Gold).

The Regional Director of Public Health, in consultation with the local Director of Public Health, will agree on who will chair the STAC in a regional incident. If a local STAC is convened it will include the Consultant in Communicable Disease Control from the PHE and the Director of Public Health from the lead NHS organisation.

2.3.6 ROLE OF PUBLIC HEALTH ENGLAND (PHE)

Public Health England has taken over the responsibilities of the Health Protection Agency (HPA) and will support the incident as applicable with a health protection specialist advisor. In fulfilling this function PHE will work closely with the Clinical Commissioning Groups (CCG) Hull and Acute Trusts at strategic and tactical levels of command and control. PHE will lead the health response to major incidents of a health protection nature, e.g. chemical incident, outbreak of infectious disease, radiation incident.

The Humber PHE Unit is located in Sand Hutton, York.

PHE operate a North Yorkshire and Humber wide on call rota out of hours.

The local PHE Unit will liaise with regional and national PHE colleagues as appropriate including the Chemical Hazards and Poisons Division (CHAPD) where necessary. At a regional level there are epidemiologists, microbiologists and a health emergency planning adviser.

PHE has wide experience of planning for major incidents and is the key joint partner in dealing with an incident from a health perspective.

2.3.7 MEDIA MANAGEMENT

In a major incident (unless the incident is a ‘slow burn’ ongoing health incident) the Police Media Officer co-ordinates the media response. Health services do not communicate directly to the media unless authorised to do so by the Police Incident Commander at Strategic Co-Ordination Group (Gold).
The lead Communications Officer for CCG Hull operates through a memorandum of understanding with partner agencies. Public Health England has a regional Communications Lead who deals with the media on behalf of the Health Protection Unit.

Key elements to remember are:

- Express sorrow and sympathy
- Say what is being done
- Say what will be done in the future
- Cooperate with the media (they may be at the scene in vast numbers very quickly, depending on the incident)
- Open and maintain dialogue.
- Ensure they are talking to the official spokesperson
- Provide regular bulletins for the press. Mixed messages should not be given.
  The media can be a force for good; they can be positive and helpful. They can and will publish what is given to them subject to editorial privilege.

The media are requested to initially communicate with the lead media officer from CCG Hull who will organise an appropriate co-ordinated response.

Co-ordinated Communication Response

The Communication Officers also have to co-ordinate their response to the media. This is seen as a **NHS England** role when:

- Tactical and Strategic Command are convened
- There is more than one incident taking place
2.3.8 COMMUNICATIONS – PUBLIC INFORMATION

Public Information
In a health incident it may be necessary to set up an information line for the public. This should be arranged through the lead for the NHS Commissioning Board Local Area Team.

In an acute incident, e.g. a train crash, the information and helpline will be established through the police but there may be elements of health that need to be incorporated.

Media Broadcast
It is important to establish a positive relationship so the public health information can be broadcast on television and radio or information provided in the press.

Spokesperson
It should be decided in advance on who should speak on behalf of the organisation. This should be someone who is media trained.

Police Casualty Bureau
In a disaster the above will provide a central contact point for those seeking information.
2.3.9 SITUATION REPORTING

In a major incident it is vital that regular communication between CCG Hull, CCG East Riding, Humber NHS Foundation Trust, CHCP, PHE, Acute Trusts, Emergency Services, Local Authorities and other agencies takes place. Only then is the Incident Management Team able to provide an accurate overview of information to staff working in the field, Strategic (Gold) Command, the Regional Government Office or to the Department of Health.

During a major incident, regular updates will be required from each local NHS Trust to the Tactical (Silver) Command and vice versa with the following information:

**Humber NHS Foundation Trust**

- Bed availability
- Available personnel
- Cancelled services (when, where, why)
- Disrupted services (when, where, why)
- Total number of admissions directly due to the incident
- Total number of deaths directly due to the incident
- Strategic requirements (when)
- Available Resources
2.3.10 CHILDREN IN A MAJOR INCIDENT

Children who are injured are only taken to responding hospitals with appropriate facilities and expertise in treating children. When hospitals with limited facilities are used provision must be reflected in the hospital’s Major Incident Plan that includes initial treatment and transfer arrangements.

Responding hospitals should ensure that:

1. Mechanisms exist in mobilising paediatric staff.
2. Whenever possible families should remain together.
3. Staff are available with paediatric life support skills.
4. There must be adequate paediatric equipment available.
5. Awareness of the susceptibility of children to hypothermia and children who have been exposed to chemicals.
6. Children involved in major incidents, including CBRN incidents, should be under constant triage.
7. Parents who wish to remain with their children must be allowed to do so, even when a child is severely injured.

Discharge of children from hospital must be planned so that each child leaves hospital with a parent or responsible adult whose details are recorded.

Chemical, Biological, Radiological, Nuclear (CBRN) incidents

Children exposed to chemical or biological agents react more severely to their effects. Exposed children are also prone to react to changes in temperature. Children involved in CBRN incidents must, wherever possible, be constantly monitored for adverse effects for a time determined by the Public Health England/ Health Advisory Team.

Role of Humber NHS Foundation Trust

The psychological effects on families and others who have been exposed to major incidents where children have been injured can be great. When this is the case special arrangements should be made between the GP, patient and the CCG Hull, CCG East Riding, CHCP, CCGERY Humber NHS Foundation Trust to facilitate effective counselling.

Health visiting services should be utilised at evacuation or rest centres to assess and give general help and guidance to parents and children.
Specialist advice should be sought from NHS Child Protection Advisers and the Local Authority.

It is important where possible to keep families together. There may be times when children are separated from their parents/guardians and their unique needs, both physical and psychological, should be considered.

Within CHCP and Humber NHS Foundation Trust the specialist resource of Health Visitors, School Nurses and Nursery Nurses should be utilised and staff will need to be briefed in relation to this role.

2.3.11 ORDERING SUPPLIES

To access the national reserve of equipment, antidotes and drugs in the event of a CBRN incident:

- **Contact the local Ambulance Control (either YAS or EMAS)**

For non-urgent items contact NHS Logistics.
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PART 3 – ALERTS AND ACTIVATION OF THE PLAN

3.1 Incident Notification and Activation of this Plan

Major incident taking place

How do you know?

Public Health England (Normal office hours or on-call if out of hours)

Local or national radio or TV

Ambulance Control

Call from general public / staff

Is an Incident Room required?

No

Monitor the situation

Work from office or home

Place Hull’s Major Incident Response Team on stand by

Yes

Go to incident room at Health House

Contact:
- Chief Executive
- Director of Public Health
- Ambulance Service
- CCG
- LAT
- NHS England
- Communications lead
- Emergency Planning Lead Humber NHS Foundation Trust
- (Request Response Team)

Activate Humber NHS Foundation Trust local Emergency Planning Team & Incident Room

Who must attend the Incident Room Tactical Command (Silver)
- PHE on call professional
- Emergency Planning Lead (Humber NHS Foundation Trust)
- On call Director
- Administration
- Communications lead
3.2 HUMBER NHS FOUNDATION TRUST ROLE IN A MAJOR INCIDENT

This plan is the framework that the Trust is required to work to in a response to a major incident.

The response of the Trust involves:

- Contributing to the management of minor injuries.
- Meet early discharge needs.
- Meet health needs of individuals at rest/evacuation centres and treatment centres including supplying missing medication.
- Deliver care to meet the needs of people at evacuation centres including chronic health care needs.
- Deliver mass immunisation or mass treatment.
- Utilise community hospital beds.
- Provide psychological support to staff, patients and relatives in conjunction with Social Services.
- Advise on the long term effects of trauma and arrange appropriate intervention.
- Provide mutual aid ie staff, equipment, facilities as requested.
- Ensure own clients have appropriate support.
- Assess displaced population for mental health problems.
- Assistance with vulnerable people and their care.

Summary of Humber NHS Foundation Trust role

In addition to the above:

1. Emergency Planning Lead to sit on Health Tactical Command (Silver)
2. Local Internal Tactical command to be implemented within Control Room in the Technology Centre, Willerby Hill
3. Assist/support other agencies in their role during an incident

In a ‘big bang’ scenario the emergency services will respond initially, the Silver NHS co-ordination being set up within one to two hours of the incident being declared.

Alternative Command & Control Points

The primary incident command building for a major incident within HFT will be the Technology Centre, should this not be accessible the secondary incident command building will be the Learning Centre. These premises have the commensurate
communications infrastructure and rooms to enable the incident to be controlled remotely.
### 3.3 Internal Major Incident Activation

**Internal Major incident taking place**

**How do you know?**

- **Management Team notified**
- **Emergency Planning Lead notified**
- **Switchboard Notified**

**Is an Incident Room required?**

- **No**
  - Monitor the situation
  - Place Humber NHS Foundation Trusts Emergency Planning Team on stand by

- **Yes**
  - **Convene Internal Strategic Co-ordination Command (Gold)**
    - Go to Project Office in Technology Centre
    - Contact:
      - Chief Operating Officer
      - Executive Directors
      - Emergency Planning Lead
      - Communications Manager
      - Others as required
      - Notify LAT Lead

  - **Convene Internal Tactical Command (Silver)**
    - Go to incident room in Technology Centre
    - Contact:
      - Emergency Planning Support Team
      - Human Resources Support
      - Operations Managers (Community & MH)
      - Communications Support
      - Others as deemed necessary
3.4 Internal Major Incidents

An internal Major Incident could be called due to a number of factors for example:

Security Breach
Fire
Unsafe/Low staffing levels due to pandemic
Bomb/Firearms threat
Flooding
Loss of utilities etc

Internal Command and Control arrangements will be put in place to ensure the response is timely and co-ordinated. The overall priority is to preserve life and once the Trust’s Major Incident Plan has been activated in full, command and control arrangements will be established as follows:

3.4.1 STRUCTURE OF COMMAND FOR HUMBER NHS FOUNDATION TRUST

1. STRATEGIC CO-ORDINATION (GOLD) COMMAND - INTERNAL

This command level will lead the strategic response of the organisation. For the purposes of the incident response the Corporate Management Team will take the role of Gold Command. This command will consist of the following members and will be managed from Trust Headquarters:

- Chief Operating Officer
- Executive Directors including on call Director
- Emergency Planning Lead (Advisory Role)
- Communications Manager
- Co-opted members as required

Their responsibilities in this role are outlined below:

- Take strategic command of the response to the incident and liaise with the LAT Lead (SCG)
- Make strategic decisions on the prioritisation of services considering continuity of essential services and the impact of these decisions.
- Liaise with all external partners and agencies requesting mutual aid as required.
- Support the internal Tactical (Silver) Command Team in managing their objectives.
- Establish a framework for the overall management of the incident.
- Ensure there are clear lines of communication with all responding personnel.
- Ensure and agree communications to staff.
- Formulate and agree key responses to media and public.
- Co-ordinate the overall financial control of the incident.
• Plan beyond the immediate response phase for the rehabilitation of the affected area and community.
• Co-ordinate all health and safety advice.

2. TACTICAL (SILVER) COMMAND – INTERNAL

This command level will lead and co-ordinate the tactical response of the organisation. In the event of an incident/emergency a silver command will be convened. This command will consist of the following members and will be managed from the Control Room within the Technology Centre at Willerby Hill:

• Deputy Emergency Planning Lead (or designated Manager if unavailable)
• Emergency Planning Support Team
• Human Resources Support
• Operations Managers (both Community and Mental Health)
• Communications Support
• Co-opted members deemed appropriate

This command will carry out the following functions during an incident:

• Implement strategic decisions devolved from Internal Strategic (Gold) Command on the prioritisation of essential services.
• Ensure a Major Incident Log is commenced and maintained to record all decisions and key events.
• Liaise with all external partners for mutual aid requirements if devolved from Internal Strategic (Gold) Command.
• Ensure clear communication to staff is made as agreed with Internal Strategic (Gold) Command ensuring that business continuity plans are implemented where possible.
• Determine what resources are required to deal with the incident
• Prioritise the allocation of resources.
• Plan and co-ordinate how, when and by which agency a task will be undertaken.
• Take appropriate risk reduction measures.
• Allocate tasks by delegation to Internal Operational (Bronze) Commanders.
• Ensure inter-agency liaison to deliver a cohesive and co-ordinated response at the scene.
• Co-ordinate welfare issues for personnel present at the scene such as refreshments and relief.
• Complete situation reports which will be required by Internal Strategic (Gold) Command, Gold Command Health and the Strategic Health Authority.
• Daily Communications will be sent to staff with updates.
3. OPERATIONAL (BRONZE) COMMAND – INTERNAL

This command will lead the organisation response and will be directly involved in managing the local response undertaking the operational work that has been advised by the Internal Tactical (Silver) Command. It will control the organisations resources at the scene during an incident as outlined below:

- Carry out the function allocated within the incident
- Log all actions in respect of decisions made and actions taken
- Ensure welfare of staff within the area of responsibility
- Have operation of a specific task dealing with the response
- Maintain communications with the Internal Silver Command
- Follow instructions from the Internal Silver Command
- Alert the Internal Tactical Command of any changes in circumstances
- Brief Internal Tactical Command
- Identify any areas of learning from the incident

3.4.2 BOMB THREATS

PROCEDURE FOR TELEPHONE WARNINGS

In the event of a bomb threat being received the receiver must:

1. Write down as much detail as possible. Stay calm.

2. If a code is given the code word must be noted exactly as passed by the caller. The major terrorist and animal rights activists always give code words for major bombing incidents. This basically is to confirm with Government authorities the nature and identity of the caller.

3. Keep the line open – even if the caller has put his telephone down do not replace your handset.

4. Inform the police (using 999) on another line. They will give further instructions.

5. If the threat affects your building evacuate taking personal belongings with you.

6. Inform a Senior Manager or the Emergency Planning Lead if between 09.00 am and 5.00 pm or the Director on-call if out of office hours on 01482 223191.
3.4.3 Major Incident Stand Down Procedure

The decision to stand down the Trust’s response to the major incident will be taken by the Tactical Commander (Silver) in discussion with the Strategic Commander (Gold) as appropriate following notification that the major incident has been controlled and an assessment has been made as to whether it is appropriate for the Trust to stand down.

Messages will be disseminated to all staff via the Senior Managers Group. Operations specific message e.g. changes to the operational mode will be via the Operational (Bronze) Commander.

The following methods of communication to be utilised:

- Landline – see attached telephone directory
- Mobile - see attached telephone directory
- E-mail – see circulation lists
- Pager system

*INSERT CONTACT DETAILS MAIN STAKEHOLDERS.COMMANDERS*

Once confirmation of ‘stand down’ has occurred the next phase should be implemented;

**Post Incident/Exercise Debriefing**

Post incident/exercise debriefing is an essential function for two reasons:

- To gather post incident/exercise feedback from the responders on the implementation of the plan and procedures within it.
- To enable people to discuss their personal involvement and for managers to identify if further support is required.

This process should be carried out as soon as is practicable following the incident as follows:

- “Hot” debriefs will be held within an hour of your team being stood down and will be lead by managers. Only persons involved in the incident should attend. Each person attending should be asked to make a maximum of two points, which are their main comments, but all staff should be told that they will be given the opportunity to feed back in detail and anonymously if desired as part of the full debrief process. Hot De-Briefs should not be allowed to become over-emotional, individualised or confrontational.

In the month following the incident/exercise, the Resilience Manager will arrange formal debriefs for the Strategic Commander (s), Tactical Group and Operational
Commander(s), as appropriate, where points from the initial “Hot” debriefs will be raised and discussed.

A full report will be compiled for the Senior Management Team and the Board.

3.4.4 Recovery Phase of Major Incident

Recovery is the process of restoring, rebuilding and managing the expectations of those affected in the aftermath of an incident. Response and recovery are not two discrete activities and the response and recovery phases do not occur sequentially but operate parallel during an incident. The recovery period can be labour intensive and may stretch the organisation to an extraordinary level.

The aim of the recovery phase is to reach a point where additional demands on services due to the incident have been reduced to the level at which they were before the incident occurred.

Recovery is an integral part of the emergency management process. It can be defined as:

**Recovery** - The process of rebuilding, restoring and rehabilitating the organisation, community following an emergency.

It is distinct from, but will usually overlap with, the Response phase which can be defined as:

**Response** – The actions taken to deal with the immediate effects of an emergency.

Some staff may have been heavily involved in the immediate response to an emergency and will require time before becoming involved in the recovery phase. In addition a strategy will be required to ensure that staff will be available to deal with both the recovery phase and the maintenance of essential business. Staff may find themselves working in unusual areas, possibly directly involved and under stressful circumstances.

HFT management should consider the following in relation to the recovery phase:

- Covering the workload of diverted staff.
- Strategies for briefing and debriefing staff.
- Personnel, Employment Law and Health & Safety issues.
- Keeping all staff informed of the recovery activity.
- Support networks for staff through internal help lines and newsletters.
- Occupational Health issues.
• Implications for staff not involved.
• Financial implications.

Recovery Strategy

At the start of the recovery process, it is vital that a clear recovery strategy is developed and agreed. The recovery strategy may cover some, or all, of the following key objectives:

• An Impact Assessment (covering impacts on clients/patients, business, infrastructure, environment) is carried out as soon as possible and is regularly updated.
• A concise, balanced, affordable recovery action plan is developed that can be quickly implemented, involves all agencies (as required) and fits the needs of the emergency.
• All affected areas are restored to an agreed standard so that they are ‘suitable for use’ for their defined future purposes.
• Environmental protection and recovery issues are co-ordinated.
• Information and media management of the recovery process is co-ordinated.
• Effective protocols for political involvement and liaison (Parish, District, County, Unitary and Parliamentary) are established at an early stage of the process.
• Financial implications are addressed.

Stages of Recovery

The time scale that the Recovery Co-ordination Group (RCG) will operate for will depend upon a number of factors, as will the point at which they are established. Generally the recovery can be seen in three stages although there may be some overlap between the stages;

• **Short term;** an immediate or reactive phase, part of the response to the emergency. It could include debris removal, restoration of power and water supplies.
• **Medium Term;** The beginning of a proactive approach. It includes identifying the long-term issues and creating a structure to monitor and address them.
• **Long Term;** The resolution of issues, including restoring public confidence. This phase may last for months or even years.
The RCG will be responsible for producing a recovery strategy. This will outline how the recovery of the affected area of the organisation will be organised and implemented. It should include:

- Determine what are the main driving forces behind the RCG
- Aftercare: Emotional and psychological support.
- Restoration: Physical recovery, debris removal, decontamination, emergency services withdrawal/handover, site security, media handling and legal responsibilities.
- Re-Housing: Locating evacuees, identifying temporary accommodation and coordinating returns home.
- Prevention: Investigating and communicating methods of avoiding or mitigating the risk.
- Set milestones and targets for achieving specific objectives, including the potential closing date for the RCG.

**Template for a Recovery Action Plan**

Detailed below is a format for a Recovery Action Plan.

It is recommended that each Sub-Group (where required) maintains an Action Plan, and these are then all pulled together for review at Recovery Co-ordinating Group meetings.

To aid this review, it is recommended that each action is given a Priority Rating where:

- **E = Essential**
- **I = Important**
- **D = Desirable**

This will assist in focussing the efforts of staff that may be involved in the recovery process, and will enable the Recovery Co-ordinating Group meetings to focus on the Essential and Important actions if time is limited.

The Status/Progress column is colour coded (Red/Amber/Green) to quickly highlight how each action is progressing. This will enable the Recovery Co-ordinating Group meetings to focus on the Red and Amber actions if time is limited.

<table>
<thead>
<tr>
<th>Action/Task</th>
<th>Assigned to:</th>
<th>Completion Date</th>
<th>Status/Progress</th>
<th>Priority Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>[insert text then colour code box Red, Amber or Green to reflect progress with action]</td>
<td>[label each action E, I or D]</td>
</tr>
</tbody>
</table>
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HUMBER NHS FOUNDATION TRUST
MAJOR INCIDENT PLAN

ACTION CARD – 1 A

FIRST SENIOR MANAGER CONTACTED

On receiving a major incident alert ensure that the following is carried out.

1. Gather as much information as possible.
2. Contact the Director on-call.
3. Contact the Trust Emergency Planning Lead
4. Implement Business Continuity Plans as necessary
5. Await further instructions
HUMBER NHS FOUNDATION TRUST
MAJOR INCIDENT PLAN

ACTION CARD 1- B

CHIEF INCIDENT OFFICER

Responsibility & Role:

You are responsible for the Senior Incident Officer and any Incident Officers that are delegated to work with you and your admin.

You must hand over to someone with similar skills with a progress report and a management plan/outline.

ACTION AS REQUIRED

- Declare a major incident/major Incident standby if necessary
- Convene the incident team if required and inform all relevant staff
- Report to the Chief Executive Officer
- Inform the LAT lead if not already aware
- Consider how the incident will affect primary care/community care services and neighbouring areas. Inform neighbouring NHS organisations/local authorities/social services
- Attend Health Tactical (Silver) Command if required
- Work with the Humber Health Group and attend teleconferences as required
- Identify those responsible for continuity of normal operations
- Hold regular meetings with the incident team and ensure staff are briefed
- Ensure you have a good overview of the tasks being carried out by other staff
- Ensure debrief meetings are arranged
- Submit or delegate to the Senior Incident Officer any sitreps that require submission
- If incident is likely to run for more than 24 hours ensure that sufficient staff to cover shifts
- Compile a report on the incident including lessons learned
HUMBER NHS FOUNDATION TRUST
MAJOR INCIDENT PLAN

ACTION CARD 2 - A

SENIOR INCIDENT OFFICER

Responsibility & Role:

On behalf of the Chief Incident Officer you are responsible for the Incident Team including delegation of tasks.

You must hand over to someone with similar skills with a progress report and a management plan/outline.

ACTION AS REQUIRED

- Confirm with Chief Incident Officer the initial level of response required
- Support the Chief Incident Officer and ensure actions are undertaken
- Ensure the major incident room is operational and assign staff as appropriate
- Verify with lead for the LAT group to ascertain:
  - Major incident declared or stand by
  - Exact Location of incident
  - Type of incident
  - Hazards present or suspected
  - Access or egress arrangements/issues
  - Number and type of casualties involved
  - Emergency services involved in response
- Contact local agencies via the lead LAT with your response and telephone/fax number that you will be using
- Ensure that access to all current affairs information is available ie internet, tv, radio etc
- Ensure sufficient staff are available to support
- Plan a rota if the incident is protracted
- Ensure that all action cards/roles are delegated
INCIDENT OFFICER

Responsibility & Role:

To support the Senior Incident Officer

ACTION AS REQUIRED

- Attend the incident room
- Assist with setting up the incident room and distribute action cards
- Provide admin support until appropriate staff arrive this includes keeping the official log until the incident loggist arrives.
- Ensure that all staff have log cards
- You may be asked to contact the lead LAT to ascertain:
  - Major incident declared or stand by
  - Exact Location of incident
  - Type of incident
  - Hazards present or suspected
  - Access or egress arrangements/issues
  - Number and type of casualties involved
  - Emergency services involved in response
- You may be asked to liaise with local agencies. Ensure that you record whom you are speaking to and any direct telephone numbers and hand all log cards into the incident loggist
- Identify any areas of Business Continuity required to keep services running
HUMBER NHS FOUNDATION TRUST
MAJOR INCIDENT PLAN

ACTION CARD 2 - C

INFORMATION OFFICER

Responsibility & Role:

You are responsible to the Senior Incident Officer. You will manage and co-ordinate the information gathering and analysis process including overseeing relevant staff as appropriate.

You must hand over to someone with similar skills with a progress report and a management plan/outline.

ACTION AS REQUIRED

- Attend the incident room as necessary
- Identify information gathering tools and process
- Develop and implement suitable data capture form if none provided or alternative data collection form if required – this may happen on the day or in advance
- Coordinate and record responses as necessary
- Delegate any telephone chasing to admin support
- Complete Situation Report and forward to Chief Incident Officer for approval
HUMBER NHS FOUNDATION TRUST
MAJOR INCIDENT PLAN

ACTION CARD 2 - D

IT SUPPORT

Responsibility & Role:

To support as necessary to the incident room

ACTION AS REQUIRED

- Provide support as necessary to the incident room. **All IT calls will be made a high priority**

- Ensure IT advice is available in the incident room to assist with any queries or faults on equipment such as telephones, computers etc

- Provide support out of hours as appropriate
HUMBER NHS FOUNDATION TRUST
MAJOR INCIDENT PLAN

ACTION CARD 2 - E

INCIDENT LOGGIST

Responsibility and Role

You are responsible for recording the incident in the official log during the course of the incident.

You must hand over to someone with similar skills with a progress report and management plan/outline.

ACTION AS REQUIRED

- Attend the NHS Incident Room.

- Open the major incident stationery box and obtain log book(s).

- Liaise with the Incident Manager to ascertain which logging requirements you will undertake, i.e. allocated to one role/manager or loggist for the control centre activities.

- Ensure you have a list of the incident team members and the roles that they are performing.

- Await further messages/instructions from the incident control team.

- Commence recording information and actions taken in the approved Emergency Log Book. Initial each entry and at the end of your duty period when you hand over.

- Ensure that all supporting paperwork is marked with the date and time.

- Use any available administrative staff to assist with answering telephones, photocopying, etc and focus only on your allocated role.
Post incident action:

- Collate **ALL** documentation, drawings, maps, contemporaneous notes, audio-visual materials pertaining to the incident for hot debrief/lessons to be learnt and future enquiries.
Guidance for Loggists

Do
- Use black ink to write the Log
- Initial corrections made
- Keep all the notes in the official bound Log Book
- Use an agreed clock for everyone to keep the same time
- Write clearly
- Use plain English
- Rule off large blank spaces
- Cross out mistakes using a single horizontal line and initial
- Give each Log Book entry a unique record number and enter the time
- Use the 24 hour clock
- If the Loggist, Chair or meeting date changes, cross through the log to the bottom of the page and the Loggist and Chair must sign at the bottom of the page.

Don't
- ✗ Use correction fluid
- ✗ Overwrite mistakes
- ✗ Use arrows or dashes
- ✗ Write over lines or in margins
- ✗ Leave large blank spaces
- ✗ Use acronyms without writing them out in full first
- ✗ Tear pages out of the Log Book
- ✗ Attempt to improve the Log at a later date by altering it
INCIDENT COMMUNICATIONS OFFICER

Responsibility & Role:

To liaise with the Chief Incident Officer and Chief Executive regarding communications of major incident both internal and external

ACTION AS REQUIRED

- Obtain brief of current situation.
- Inform LAT/CCG who the lead press officer is.
- Prepare press briefings as appropriate with Chief Incident Officer and Chief Executive Officer.
- Communicate briefings and updates to all staff so that they are aware of the incident and response that the Trust is providing.
- Ensure that all briefings/press release are signed off by the Chief Incident Officer and Chief Executive Officer.
- Ensure any stand down message is communicated to all stakeholders.
HUMBER NHS FOUNDATION TRUST
MAJOR INCIDENT PLAN

ACTION CARD 2 - G

ADMIN SUPPORT

Responsibility & Role:

To provide admin and clerical support to the Incident room

ACTION AS REQUIRED

- Provide admin support to the Incident Team
- Ensure action cards are distributed and identifying labels are given to staff.
- Draw up and or obtain a list of incident team members and the roles they are performing
- Source additional admin support if required
- Ensure that all papers are marked with the time and date
- Keep a record of your own tasks including telephone calls you are asked to make
- Provide admin support to the incident team meetings – distribute action points/minutes
- Copies of all action points, notes, minutes, agendas etc should all be collected and handed to the Chief Incident Officer before you leave
HUMBER NHS FOUNDATION TRUST
MAJOR INCIDENT PLAN

ACTION CARD 2 - H

INCIDENT SUPPORT

Responsibility & Role:

You are responsible to the Incident Officer. You will be available to support the incident room ensuring that messages are conveyed, all incident staff have refreshments etc

ACTION AS REQUIRED

- Attend the incident room as necessary
- Identify if any additional stationery is required
- Organize any refreshments
- Convey any messages as required
- Convey information from the incident command centre to the incident control room and vice versa
- Photocopy as required
HUMBER NHS FOUNDATION TRUST
MAJOR INCIDENT PLAN

ACTION CARD 3 – A

OPERATIONAL MANAGERS

ACTION AS REQUIRED

- Work from your normal base unless requested to do otherwise during normal office hours

- If out of hours stay near to a telephone. Assist from home if required.

- Implement your business continuity plan as necessary

- Use the Emergency Planning Team contact numbers as necessary

- Provide increased capacity to assess and meet early discharges from hospital if required

- Provide assessment and treatment of evacuated patients including meeting chronic health care needs and arranging medication stocks (liaise with pharmacies and GPs)

- Provide mass treatment or vaccination (normally in a Local Authority premises)
HUMBER NHS FOUNDATION TRUST
MAJOR INCIDENT PLAN

ACTION CARD 3 – B

CLINICAL STAFF DEPLOYED TO EVACUATION/HOLDING CENTRES

ACTION AS REQUIRED

Confirm the exact location of the centre and attend

At the centre:

- Make yourself known to the manager of the centre
- Allocate a working area, i.e. an area with privacy
- Gather as much information as possible re health problems
- Prepare documentation

Treatment:

- Identify anyone requiring clinical help and treat where possible
- Give health information and advice
- Arrange for replacement medication. Normally request the patients GP to prescribe. If out of hours contact out of hours GP service. Medication will normally be obtained through a retail pharmacy. If this is not possible contact the hospital on call pharmacist through the switchboard
- Ensure chronic conditions are treated

Update:

- Update the manager with situation reports

Consider:

- Any child protection issues in discussion with the local authority lead.
- Unaccompanied children
- Security
ACTION AS REQUIRED

- Take strategic command of the response to the incident and liaise with the lead LAT lead role (Health Strategic Command)
- Make strategic decisions on the prioritisation of services considering continuity of essential services and the impact of these decisions
- Liaise with all external partners and agencies requesting mutual aid as required
- Support the internal Tactical (Silver) Command Team in managing their objectives
- Establish a framework for the overall management of the incident
- Ensure there are clear lines of communication with all responding personnel
- Ensure and agree communications to staff
- Formulate and agree key responses to media and public
- Co-ordinate the overall financial control of the incident
- Plan beyond the immediate response phase for the rehabilitation of the affected area and community
- Co-ordinate all health and safety advice
INTERNAL SILVER COMMAND

ACTION AS REQUIRED

- Implement strategic decisions devolved from Internal Strategic Co-ordination (Gold) Command on the prioritisation of essential services
- Ensure a Major Incident Log is commenced and maintained to record all decisions and key events
- Liaise with all external partners for mutual aid requirements if devolved from Internal Strategic Command
- Ensure clear communication to staff is made as agreed with Internal Strategic Command ensuring that business continuity plans are implemented where possible
- Determine what resources are required to deal with the incident
- Prioritise the allocation of resources
- Plan and co-ordinate how, when and by which agency a task will be undertaken
- Take appropriate risk reduction measures
- Allocate tasks by delegation to Internal operational (Bronze) Commanders
- Ensure interagency liaison to deliver a cohesive and co-ordinated response at the scene
- Co-ordinate welfare issues for personnel present at the scene such as refreshments and relief
- Complete situation reports which will be required by Internal Strategic Command, Gold Command Health and the NHS England
- Daily Communications will be sent to staff with updates
ACTION CARD 4 – C

INTERNAL OPERATIONAL (BRONZE) COMMAND

ACTION AS REQUIRED

- Carry out the function allocated within the incident
- Log all actions in respect of decisions made and actions taken
- Ensure welfare of staff within the area of responsibility
- Have operation of a specific task dealing with the response
- Maintain communications with the Internal tactical Command
- Follow instructions from the Internal Tactical Command
- Alert the Internal Tactical Command of any changes in circumstances
- Brief Internal Tactical Command
- Identify any areas of learning from the incident
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Appendix 1

EMERGENCY SERVICES

Ambulance Service

- The Ambulance Service responds to an incident in the following ways:
  - as part of the emergency services responding directly
  - as the initial co-ordinator of the health services initial response to an incident by determining which hospitals are responding hospitals
  - as the initial communication link between the emergency services and the overall health service response

- The senior Ambulance Service Manager (Bronze Command) is responsible for the health and safety of all NHS staff at the scene.

- The Ambulance Incident Officer at the scene will seek the attendance of the Medical Incident Officer when necessary. The Medical Incident Officer is from a non-responding hospital.

- The Ambulance Incident Officer Co-ordinates medical activity at the scene of an incident. The Medical Incident Officer co-ordinates the Mobile Medical Team at the scene.

- The Medical Incident Officer in conjunction with the Ambulance Incident Officer co-ordinates the declaration of death of casualties at the scene and organises the order of priority for release of trapped casualties with the fire service.

- The Ambulance service treats, triages and transfers casualties to responding hospital(s).

- The Ambulance service will also be involved in transporting discharged patients from responding hospital(s), home or to residential or nursing home accommodation, to decant beds and create capacity for more casualties.

- The Ambulance service has a Major Incident Plan which interfaces with the Strategic (Gold), Tactical (Silver) and Operational (Bronze) command structure of the other agencies.

- The Ambulance service informs the main responding hospital(s) and then the Public Health Consultant on call. Agencies involved in a major incident may require a health service response and will communicate via this service until contact is established directly.

- Equipment for decontamination of casualties is obtained by contacting the
Ambulance Service.

- The Ambulance Service will undertake primary decontamination of casualties and decontamination of children and the elderly (the fire service will mass decontaminate).
- Supplies needed urgently should be ordered through the Ambulance service.

Police Service

- The Police service is responsible for co-ordinating responding agencies
- The Police co-ordinate all the activities of those responding at and around the scene of the incident.
- Information is preserved to provide evidence for subsequent enquiries and possibly criminal proceedings.
- Where practicable, the Police establish cordons to facilitate the work of the other emergency services in saving life, the protection of public health and the care of survivors.
- They oversee any criminal investigation and facilitate inquiries carried out by the responsible accident investigation body, such as the Health and Safety Executive.
- The Police service has the authority to move people out of their homes to rest centres during a terrorist incident.

Police Casualty Bureau

- In the event of a disaster the role of the Police Casualty Bureau is to provide a central contact point for those seeking or providing information about persons who might have been involved and to collect data and collate all records.
- As part of this process the Police will send documentation teams to the receiving hospital, the mortuary and the survivor reception centre as well as to the next of kin. Good co-ordination of this activity is essential to avoid unnecessary duplicated visits, particularly to the next of kin.
- Apart from this function, the Police Casualty Bureau handles enquiries from the general public about relatives and friends who might have been involved. The function of this bureau interfaces with the acute hospitals Major Incident Plan.
**Fire Service**

- The first concern of the Fire Service is the preservation of life.

- They will prevent further escalation of the disaster by:
  
  - Extinguishing fires or putting in place protective measures to prevent them
  - Dealing with released chemicals or other contaminants in order to make the incident site safe.
  - Assisting the Ambulance service with casualty handling and the Police with recovery of bodies.

- The Fire Service are responsible for the health and safety of personnel from all agencies working within the inner cordon of a major incident and will liaise with the Police about who should be allowed entry into the outer/inner cordons, to ensure that they are properly equipped, adequately trained and briefed.

- They submit a hazard analysis of chemicals involved in a release to the main responding hospital and the local Public Health England specialist.

- The Fire Service will provide mass decontamination at the scene and also at a hospital site if required.

- *In the event of any situation which is or which is suspected to be the result of a terrorist incident all activities within cordons are under the direct control of the Police.*
Appendix 2

ACUTE AND COMMUNITY HOSPITALS

Acute Hospitals

- Acute hospitals respond to requests from the Ambulance service to accept mass casualties for defined medical and surgical treatment and to provide appropriately trained staff to act as Medical Incident Officers and Mobile Medical Teams.

- Mobile Medical Teams must not be obtained from responding hospitals.

- Actions of Acute NHS Trusts are detailed in their Major Incident Plan which is distributed, using the controlled document system, to those who need to respond. Action Cards are provided and updated regularly.

- A hospital Incident Management Team has detailed their responsibilities, procedures and available resources for responding to a major incident.

- There is only one version of the plan, which is updated and linked to other supplementary plans. This plan interfaces with other health service plans including the Clinical Commissioning Group, Public Health England Centre and partner agencies.

- The needs of children involved in any major incident are included in the Major Incident Plan.

Satellite Hospitals

- An essential function is to ensure accurate and efficient bed management coordinated from the Incident Room. It is therefore essential that arrangements are in place at all hospital sites to transfer and discharges patients to create beds for casualties, including patients requiring isolation.

- Depending on the extent of the major incident staff may also be called upon from hospitals to supplement staff at responding hospitals.

Community Hospitals

Community hospitals should have their own individual emergency plans that include discharge of patients or admission of patients that meet the skill mix of the workforce. Community hospitals form part of the situation reporting mechanism with the Incident Management Team. These hospitals must have in place contingency plans for the evacuation of the hospital.
Some community hospitals also have a minor injuries unit. These units play an important part in reducing the workload of activity in Accident and Emergency Departments.

**Mental Health Services**

Mental health service providers are able to provide:

- Premises for triage
- Staff to maintain first aid posts
- Staff to assist Local Authorities at rest centres
- Psychological care for NHS staff
- Accurate and efficient bed management.
- Assistance with vulnerable adults and their care

Mental health units have contingency plans for evacuation, closure and relocation of staff.

**Voluntary Services**

- Voluntary services for use in primary care may be co-ordinated and organised by the CCG.
- The Local Authority have local arrangements for involvement of the voluntary services.
Appendix 3

PRIMARY CARE - INDEPENDENT PRACTITIONERS

General Practitioners – key recommendations

- Voluntary involvement in treatment of minor injuries and general health treatment.
- Keeping up to date with locally or nationally issued public health advice.
- Awareness of disease presentations associated with biological release.
- Ensuring the Consultant in Communicable Disease Control is informed when a disease presentation, which is possibly CBRN, is suspected.
- Provide medical assistance at rest centres, vaccination centres and other treatment areas.
- Assist with service provision of patients from practices directly affected.
- Assist colleagues from affected practices.
- If trained undertake the role of a Medical Incident Officer.
- Balance major incident role with the business continuity of the practice.

Dentists

Dentists, like General Practitioners, are contracted to provide an emergency service. They may need to provide services to displaced populations.

Pharmacy Services

Pharmacy services are provided out of hours. Surveillance of item shortages is monitored by community pharmacists within the CCG’s.

Each CCG should have a list of pharmacists willing to respond out of hours.

Pharmacies are expected to help in providing missing medication to displaced people.
**Private Hospitals**

It may be necessary to utilise private hospitals through CCG negotiation.

Private hospitals have a range of facilities including operating theatres.
Appendix 4

LOCAL AUTHORITIES

In the immediate aftermath of a major incident the principal concerns of local authorities are to:

- Provide support for the emergency services
- Work in partnership with health services
- Continue normal support and care for the local and wider community
- Use resources to mitigate the effects of the emergency and co-ordinate the response by organisations other than the emergency services
- Local Authorities are also required to work in partnership with Acute and Primary Care Trusts to create appropriate accommodation for patients who are required to be discharged from acute beds. This is undertaken by the Acute Trust working closely with Social Services.

Humanitarian Assistance in Emergencies
The responsibility for Humanitarian Assistance is with the Local Authority and through the Emergency Control Centre. There will be assurance that Humanitarian Assistance is provided to everyone who has been adversely affected by the emergency, directly or indirectly. The response should be tailored to the needs of the incident, and be focused on finding the best way to help people recover in the most appropriate surroundings available with appropriate information to meet their diverse requirements.

Humberside Emergency Planning Service (HEPS) and North Yorkshire Emergency Planning Unit

The Local Authority has a significant role in major incident planning. It is responsible for:

- Crowd and event management
- Psychological support for the general public
- Supplies, e.g. sandbags, food, etc
- COMAH (Control of Major Accident Hazards) regulation implementation
- Leading multi-agency planning meetings
- Providing emergency accommodation
- Providing accommodation for mass immunisation
- Linking to the Environment Agency
Recovery

As time goes on and the emphasis switches to recovery, the local authority will:

- Take a leading role to facilitate the rehabilitation of the community and restoration of the environment. There is a formal hand over from the emergency services to the Local Authority.

- The Local Authority will liaise with the local Public Health England Centre on health matters.

Integrated Emergency Management

Integrated Emergency Management is adopted by central and local government in planning the NHS response to major incidents and this is demonstrated in Strategic, Tactical and Operational Command structures.

- The overall aim in this type of management of a major incident is to achieve maximum effectiveness by integrating the contributions made by different agencies and authorities and ensuring at the planning stage that the emergency plans for all agencies interface with each other

The response by the health services to a major incident is planned regardless of its cause. The plan is flexible so that a range of situations can be dealt with and interfaces with other health service plans.

Integration and compatibility of this plan is ensured due to liaison between the emergency services and other agencies at the multi-agency Emergency Planning Committees.
Appendix 5

OTHER AGENCIES

The Environment Agency

The Environment Agency has primary responsibilities for the environmental protection of water, land and air in England and Wales. It has key responsibilities for maintaining and operating flood defences on rivers and coastlines. These responsibilities cover:

- direct, remedial action to prevent and mitigate the effects of the incident
- providing specialist advice; giving warnings to those likely to be affected; monitoring the effects of the incident
- investigating the cause

The Environment Agency also collects evidence for future enforcement or cost recovery. It plays a major part in the UK Government response to overseas nuclear incidents. The Environment Agency accesses a health service response by contacting the Ambulance service.

The Environment Agency also provide information on flooding so that preparation of evacuation procedures and identification of vulnerable people can be established prior to a flood.

Industry and Commercial Organisations

Industrial and commercial organisations, including the utilities, play a direct part in the response to disaster if their personnel, operations or services have been involved. They provide support such as equipment, services or specialist knowledge.

Organisers of large outdoor and indoor events such as sporting competitions, festivals and concerts will also have a role in the response to a disaster.

The Military

The military provide, when appropriate, support and expertise in civil emergencies. They provide premises for use as a temporary mortuary at RAF Leconfield and RAF Leeming. The military are normally requested as a ‘last resort’ if all other avenues are exhausted.

Requests for military aid are made through the Strategic Co-ordination Group (Gold Command).
Maritime & Coastguard Agency (MCA)

The MCA oversee safety and pollution prevention.

The Coastguard co-ordinates search and rescue through the Maritime Rescue Centres.
Appendix 6

MASS CASUALTIES

1 Introduction

This section refers to planning considerations by Humber NHS Foundation Trust for a response to a mass casualty incident. Reference will need to be made to national, regional and local planning guidance, i.e., SHA Mass Casualty Framework and any future Humber Sub-Regional Mass Casualty Plan.

There may be a time when Humber NHS Foundation Trust may be required to respond upon the notification of a mass casualty incident involving a multi vehicle motorway crash, train crash, a marauding firearms attack, including active shooter, and/or improvised explosive devices as defined within the national risk assessment.

For planning purposes, in an incident involving marauding firearms, it has been assumed that single or multiple attacks will occur in main urban areas within the East Riding and Hull. Planning has been based on the assumptions that these attacks will primarily focus on “crowded places” i.e. shopping centres, transport infrastructure, sports stadia, hospitals etc. The threat and any resulting incident involving terrorist activity may be local, regional or national.

The levels of incident for which Humber NHS Foundation Trust is required to develop emergency preparedness arrangements for are:-

(Major) The local individual ambulance trusts and acute trusts are well versed in handling such as multi-vehicle motorway crashes. More patients will be dealt with, probably faster and with fewer resources than usual but it is possible to maintain the usual levels of service.

(Mass) Much larger scale events affecting potentially hundreds rather than tens of people and possibly also involving the closure or evacuation of a major facility (for example, because of fire or contamination) or persistent disruption over many days. These will require a collective response by several or many neighbouring NHS Trusts.

(Catastrophic) Events of potentially catastrophic proportions that severely disrupt health and social care and other functions (for example,
mass casualties, power, water, etc) and that exceed even collective local capability within the NHS.

2 Planning Assumptions

NHS organisations in the Humber area are accustomed to fluctuations in daily demand for services. Whilst at times this may lead to facilities being fully stretched, such fluctuations are managed without activation of special measures by means of established management procedures and escalation policies. Where established procedures and plans are unable to respond to an increased service pressure, i.e. a mass casualty incident, then special measures will be activated.

The notification of a mass casualty incident may mean large numbers of casualties and the response required for healthcare will be managed dependent on their condition.

3 Command and Control

There is a clearly defined Command and Control process outlined within the Trust’s Major Incident Plan. The framework for decision making is identified and will be used in an evolving mass casualty situation including a marauding terrorist firearms attack and/or Improvised Explosive Device (IED). A Health Tactical (Silver) Cell will be convened utilising existing communication structures, resources, trained Loggists, etc. Humber NHS Foundation Trust will convene an Emergency Planning team. The Emergency Planning Team will attend the Incident Room in the Technology Centre, Willerby Hill

4 Activation

Immediate notification of a mass casualty incident occurring within the East Riding and Hull area will be received from Yorkshire Ambulance Service. This will occur when the number of casualties exceeds local response capabilities/ estimated number of casualties exceeds 100+. Humber NHS Foundation Trust will invoke its mass casualty plan and also major incident stand by procedures. Consideration will be given to increased security measures on all Trust sites and instigation of lockdown procedures.

It is the responsibility of Humberside Police to confirm that a marauding firearms type incident is in progress; however this should not prevent the ambulance service from declaring a suspected incident in order to protect the lives of public and responding personnel. If the call received suggests a marauding firearms attack YAS will declare a major incident and notify NHS Trusts accordingly.
In order to allow as much time as possible for NHS organisations to rapidly escalate their preparedness, early indication that a mass casualty incident is developing will be beneficial ALL NHS organisations in the Humber to move to “Major Incident Declared - Activate Plan” in the first instance.

Upon confirmation that mass casualties are involved the Humber Trusts’ Mass Casualty Plan will be implemented, along with any other required plans, dependent upon the nature of the incident e.g. Lockdown Plans, CBRN Plans, Evacuation Plans etc.

5 Communication and Media

In the event of a mass casualty incident especially involving a marauding terrorist firearms attack, maintaining clear and effective communication with staff across Humber NHS Foundation Trust, local NHS Trusts, and with other key agencies will be critical.

It is highly likely that mobile telecommunications will be interrupted and therefore cannot be relied upon. Land line communication may also not be available but is more resilient than mobile networks.

The Trust is looking into the possibility of Privileged access sim cards (MTPAS). MTPAS will ensure mobile communication to pre-identified users during interruptions to mobile communication network.

In terms of media management and warning and informing duties, lead responders have been pre-identified to co-ordinate the media response to an incident. This task may be delegated to another responder by mutual consent and will be communicated through the Humber LRF Media Group in accordance with the Humber LRF Emergency Media Protocol.

In a marauding firearms attack the Police and /or Counter Terrorist Unit (CTU) will coordinate the media strategy in the first instance. The Police press office will establish an early media statement containing basic points of importance, which all agencies can share or issue. This will provide a reassuring uniform message in the early stages of the incident. In these cases, a member of Humberside Police Press Office will liaise with media/communications colleagues from NHS ERY and local NHS Trusts as appropriate.
6 Holding Centres (Extended Rest and Rescue Centres)

Humber NHS Foundation Trust will work in conjunction with the local health community to identify additional capacity within speciality areas to care for casualties who require medical attention that is deemed not life threatening. Community Hospitals and private hospitals will be used, where appropriate, for casualties who require medical attention that is deemed not life threatening as part of the response.

Rapidly Increasing bed capacity is dependent upon discharge capability and movement of Transfer of Care patients to a Holding Centre, which is also dependent upon working transport infrastructure, including communications.

The Advanced Casualty Clearing Station (ACCS) is a holding area away from the immediate hostile area where casualties will be taken for assessment prior to transfer to either acute or primary care services within and/or outside of Hull or East Riding. It is expected that the ACCS(s) will be staffed by NHS ambulance Service, MERIT teams (or other medical providers if MERIT are unavailable, i.e. voluntary sector).

7 Community Support

In considering service continuity and responding to a mass casualty incident, Humber NHS Foundation Trust will work in partnership with NHS ERY, NHS Hull and GP Practices in order to:

- Create capacity to receive exceptional discharge patients from Acute Trusts.
- Care for casualties in community settings.
- Provide minor injury units/primary care locations away from acute hospitals
- Assist with the provision of healthcare at rest centres where required

GP practices will be notified of the incident and asked to be prepared to receive any casualties who may self present for treatment at their practice. If upon assessment of the casualty the GP/Clinician feels that further treatment or assessment is required (i.e. x-ray) practices should direct patients to the local Minor Injuries Unit.

Outside normal hours of operation, any GP Practice staff offering support will be requested to report to their usual place of work, Out of Hours Primary care Centres, Minor Injuries Unit (MIU) or nearest Community Health Centres.

As most GP practices are located in close proximity to a pharmacy any additional supplies required in order to treat the potential increase in patients should be resourced from these pharmacies.
All community nursing staff will be required to continue with their critical visits, suspend any non critical visits and attend their nearest health centre or GP practice in order to assist the practice in treating self presenting casualties.

If required some community nursing staff will be directed to the Minor Injuries Units to increase capacity and assist in the treatment of self presenters and those patients referred to the Minor Injury Unit from GP practices.

8  Mutual Aid

Any request for mutual aid will be requested through Health Tactical (Silver) Command in the first instance, co-ordinated by the Cluster Lead. If resources are required from the wider health system then the NHS England through the LAT team will coordinate the arrangements between LAT’s to ensure an effective response regional wide. Due to the potential for having limited resources immediately available, the NHS England will establish response priorities and a system for co-ordinating resource allocation.

9  Psychological Support

Psychosocial and mental health care of people affected by major incidents and disasters is an important part of the incident and recovery management planning process and all organisations have responsibility for their employees in terms of their staff health and well-being. Humber NHS Foundation Trust has policies in place to support their staff and will work with the Occupational Health Department to develop the approaches for staff during and post incident. There is likely to be an increase in the use of counselling services. The potential for an increase in these services will be reviewed and arrangements put into place as necessary to address this.

10  Evacuation Plan

Humber NHS Foundation Trust in conjunction with the LAT Lead will identify the need for evacuation following a robust assessment of the risk. The evacuation of patients and staff from risk areas will be a last resort action. Humber NHS Foundation Trust Emergency Planning Team will oversee the decision to evacuate a building at risk following consideration with the lead responding agency through the LAT Lead and/or Multi-Agency Strategic/Tactical command.
Appendix 7

MULTIPLE FATALITIES

Fatalities caused by the major incident are in the first instance taken to a body holding area and then transferred to a temporary mortuary located at the military bases at either Leconfield or Leeming. **It is the role of the Local Authority to coordinate mass mortuaries.**

All fatalities come under the jurisdiction of HM Coroner.

If people die in hospital or in an ambulance it is an NHS responsibility to deal with them, otherwise it is a Local Authority function. The Ambulance service will normally be dealing with live casualties during an incident.

Forensic pathologists determine the cause of death and the identification of the bodies and are supported in their function by the police.

Identification and establishing the cause of death may involve several procedures such as X-ray, fingerprinting, orthodontics and DNA sampling.

Health service staff who are requested to assist in these procedures must be trained in dealing with fatalities and must not be sourced from a responding hospital.

Care must be taken to ensure the health and safety of staff deployed in temporary mortuaries, specifically the following:

- The control of blood born viruses or other biological or chemical agents
- Health service staff must ensure that they are equipped with appropriate personal protective equipment before entering the mortuary
Appendix 8

THE CIVIL CONTINGENCIES ACT

KEY ACTIONS FOR FOUNDATION TRUSTS

Foundation Trusts are classed as *Category One responders* under the Act. They are required to:

- Regularly update their own Major Incident Plan
- Lead a table top exercise each year
- Lead a live exercise every three years
- Keep an audit of work
- Publish their Major Incident Plan (normally on the internet)
- Ensure there are business continuity plans in place
- Contribute to the Risk Register (Local Authority lead)
- Be part of a multi-agency planning community
- Inform staff of plans and explain what is expected of them
- Share information with other agencies

Ref: Cabinet Office:
Civil Contingencies Act (2004)
Responding to Emergencies (2004)