Cheshire Resilience Forum
working together to prepare for emergencies

Mass Casualty Framework

To be read in conjunction with organisations own Major Incident/ Mass Casualty Plans

Version 7
October 2016

REVIEW

Review Date ; Oct 2019

or any exercise/ activation of this plan will require a de-brief and review of the plan

PLAN Version

Version 7 October 2016

J.Deacon NHS England Tel : 0790 071 5459

CONTENTS

1 INTRODUCTION

The purpose of this plan is to enable the Cheshire Resilience Forum (CRF) to co-ordinate an effective joint response to an incident involving Mass Casualties, in order to save and protect lives and relieve suffering of people affected by the incident. This plan provides a framework in which to operate but does not restrict managers from responding to the emerging circumstances throughout the course of this type of incident.

A Mass Casualty incident will involve a stepped change in the demands that are made on the CRF and partner organisations.

A co-ordinated and integrated emergency management approach involving any local organisations as necessary in order to effectively and efficiently respond. All organisations will be expected to co-operate and work flexibly to support the overall response and divert resources to those areas in most need.

The factors that distinguish a mass casualty incident from a more typical major incident are its likely scale, duration, intensity and the probability that there will be other compounding factors such as loss of services/infrastructure and shortage of essential supplies. It is also likely that there will be significant media and public information demands. Greater numbers, both in terms of casualties and fatalities, and could involve either a single incident or a series of incidents simultaneously at multiple sites (either in close proximity or widely spread). For example:

Incident	Location	Fatalities	Injuries
Terrorist attack on the World Trade Centre	New York – 2001	2993	8700
Multiple Bomb attacks in a tourist resort	Bali – 2002	202	300
Multiple Bomb attacks to transport system	Madrid – 2004	191	1900
Multi Bomb attacks across a city	London – 2005	52	650
Terrorist Active Shooting in a city	Mumbai – 2008	166	300
Bomb attack and Active Shooting	Oslo – 2011	77	151

In addition to the terrorist events there are other natural or man-made hazards that have the potential to generate large numbers of casualties amongst the population such as serious transport accidents, large scale fires, explosion, flooding or a hazardous chemical release.

Authority for operations in response to a mass casualty producing incident is derived primarily from the Civil Contingencies Act 2004 (CCA). A second authority has its basis in the traditional Health Powers held by the Department of Health that include the ability to declare a Public Health Emergency and issue Public Health Orders under traditional public health authority. Thirdly, there is a possibility of Emergency Powers under the CCA. If granted this gives extraordinary powers to make any provision appropriate to prevent, control or mitigate for the purpose of protecting life or property. This may include, ordering quarantine, isolation, school closures or cancellation of public gatherings in order to protect the public from disease or other public health threats.

Role Cards

The plan provides a series of “Role Cards” to provide an overview of the roles and responsibilities of organisations likely to be involved in a co-ordinated response to a mass casualty Incident.

Later sections of this plan provide more detailed background information to assist in the ongoing integrated emergency management required for an effective multi-agency response to a Mass Casualty Incident.

Role Card 1

AMBULANCE SERVICE

Key Actions:

- Implement Major Incident Plan and Mass casualty triage guidelines (includes communication cascade)
- Deploy resources as appropriate to the incident including National Capabilities Mass Casualties Vehicles. For Hazardous Materials and Chemical, Biological, Radiological, Nuclear incidents, deploy the Hazardous Area Response Team (HART)Team and Special Operations Response Teams (SORT)
- Assess the incident on behalf of the NHS
- Establish Casualty Collection Point(s) and Casualty Clearing Station(s) at the scene
- Carry out triage, treatment and transportation of casualties as necessary
- Work in collaboration with NHS England to identify regional hospital unit capacity, ensuring the appropriate distribution of casualties between receiving hospitals
- Call upon other ambulance services as required through the Mutual Aid Memorandum of Understanding that all UK ambulance services have agreed to if more support is required on scene
- Implement all actions within escalation plans
- Request the support of more National Capability Mass Casualty Equipment Vehicles if required
- Capacity management, cancellation of all routine work other than high dependency patients (eg renal/oncology), suspension of all operational training and redeployment of staff / managers
- Consider transport provision for Acute / community hospital patient diversion / discharge / transfer either within or outside the region by use of Patient Transport Services supported by Voluntary Aid Society partners
- Work with Acute Hospitals to facilitate rapid patient discharge

Role Card 2

ACUTE HOSPITALS

- Activate their Major Incident Plan and/or Mass Casualty Plan when alerted by the ambulance service primary cascade

- Implement "Surge" Plans to increase capacity, which will include:
    - ceasing all elective activity to create capacity
    - identify patients suitable for rapid discharge
    - create additional in-patient capacity in collaboration with primary care services and other health care providers

- Activate other required plans as appropriate e.g., Lockdown, CBRN etc

- Supplement available equipment and consider the alternative use of specialist/day care beds

- Provide information as requested to NHS England Director On Call

- Prior to the Police Casualty Bureau/ Police Documentation team in ED being established manage the information requirements of patients friends and relatives

- Liaise with the Police Casualty Bureau agree protocol for information requirements of patients and relatives (adhering to confidentiality rules)

- Manage deaths that occur in the hospital setting

- Provide clinical support to the Ambulance Service at scene if requested (normally from non-receiving hospitals)

- Activate Business Continuity Plans to ensure critical services continue whilst accommodating increased numbers of casualties

- Maintain effective communication with patients, the public and other service providers regarding effects on normal service provision and longer term implications of the incident

- Ensure resources and staffing levels remain activated over a period of potentially several days in order to manage the staged influx of P2/P3 casualties who may have been held in the pre-hospital environment until acute capacity was available

- Assist the recovery of NHS assets and services and aid the return to normality

The Acute Hospitals will activate their individual Major Incident Plan on receiving notification from the Ambulance Service, if it becomes apparent that it is a mass casualty event there will be a request to implement the Hospital's Mass Casualty Plan. If Mutual Aid from either within the sub-region or externally is required– the request can be activated through the Director On-Call for NHS England.

Role Card 3

LOCAL AUTHORITIES

- Implement emergency plans and review provision of practical and welfare support to those involved (including discharged patients from hospitals) families and friends
  (NHS will arrange long term psychological support)
- Implement mass fatality plan if required (separate arrangement to mass casualties)
- Provide social care to facilitate early hospital discharge, includes sending a liaison manager to the Rapid Discharge Team at Hospitals in LA area
- If available provide transportation for people without injuries
- Set up Rest Centres, and Humanitarian Assistance Centres.,
- Assist in communications and media messages as per media plan
- Co-ordinate the voluntary agencies response
- Lead the recovery phase of the incident and aid the return to normality

Role Card 4

NHS England

- Coordinate the Health response after the initial ‘blue light’ response
- Represent health organisations at the Strategic Coordinating Group (SCG) and the Tactical Coordination Group (TCG)
- Ensure a STAC is convened if required (contact PHE)
- Advise and coordinate with NWAS mutual aid arrangements within the sub region and liaise with NHS England (North) for mutual aid requirements outside the sub region
- Advise and provide direction to all local health organisations in order for them to implement their Mass Casualty/ Major Incident Plans and ensure their critical services continue throughout the response
- Coordinate SitRep returns required by the Department of Health
- Assist the recovery of health assets and services and aid the return to normality

Role Card 5

NHS England (North Regional team)

- Activate the North of England Mass Casualty Plan and inform relevant NHS organisations of activation
- Establish the Major Incident Coordination Centre (MICC) to provide strategic health-related incident co-ordination and direction
- Liaise with NHS England to ensure that command, control and co-ordination structures are established locally
- Ensure that Surge Plans are implemented by health providers to create additional capacity across the health services in the north of England
- Ensure that all resource implications are fully understood and co-ordinate additional resources where appropriate
- In liaison with the Ambulance Services, co-ordinate the identification and deployment of MERITs from outside of the region, also ensure Ambulance services can access any national stockpiles requested.
- Ensure a robust NHS communications strategy is in place
- Liaise with the DH MICC and other NHS England regional teams for additional resources as required
- In conjunction with PHE, manage the increased tempo of disease surveillance and epidemiology teams
- Co-ordinate the activation of emergency Public Health measures under the guidance of PHE, where appropriate
- Ensure that all Trusts continue the delivery of critical health services across the region
- Assist and co-ordinate the recovery of NHS assets and services and aid the return to normality
- Liaise with Critical Care network re sharing load.

Role Card 6

PUBLIC HEALTH ENGLAND

- Provide Public Health support and advice to NHS organisations, also other agencies involved in responding or managing the incident at a local, regional and national level
- Provide impartial and authoritative advice to health professionals, other agencies and the public in monitoring long term effects of an incident
- Support the management of incidents and support the co-ordination of the NHS response through attendance at control centres
- Provide the gateway to further specialist advice at a national level
- Provide specialist input to incident management teams including STAC, as required
- Assist the recovery of the incident and aid the return to normality

Role Card 7

POLICE

The primary areas of responsibility for the Police when responding to a major incident are:

- The protection of life in conjunction with other emergency services
- To secure, protect and preserve the incident scene and to control sightseers and traffic through the effective use of cordons
- Lead the co-ordination of the multi-agency response
- The collation and dissemination of casualty information including activation of the Casualty Bureau (within the bounds of normal confidentiality rules)
- Activate the Mass Fatality plan if required
- The prevention of crime
- The restoration of normality at the earliest opportunity

Role Card 8

FIRE & RESCUE SERVICE

The Fire and Rescue service is responsible for the co-ordination of necessary rescue measures and the provision of associated specialist equipment. in support of the incident, this may include:

- Saving life
- Fighting fire
- Co-ordinating the rescue of trapped casualties
- Risk assessments including information gathering and dissemination
- The provision of specialist capabilities for detection, identification and monitoring of HAZMAT
- The provision of a mass decontamination capability as laid down in Memorandum of Understanding and provision of equipment relating to these capabilities to support other functions
- Investigative functions
- Assist with body recovery where required
- Assisting with the handling and, if necessary, the treatment of casualties
- Assisting the recovery of the incident and aiding the return to normality

Role Card 9

VOLUNTARY AGENCIES

Voluntary agencies such as the British Red Cross, WRVS, Salvation Army, St John Ambulance, RAYNET, and faith groups may be able to support statutory authorities through the provision of some or all of the following functions:

- Provide support to emergency shelters i.e. administrative support, psychosocial support, first aid, provision of food
- Provide assistance with communications (provision of information)
- Assist with tracing and messaging services and family reunification after a major incident
- Provide first aid at temporary treatment centres for patients and incident staff (St John Ambulance, Red Cross)
- Provide food for emergency medical workers, volunteers, and patients if requested
- Assist with transport of patients and support staff
- Support a telephone help line for information and sign posting
- Provide short-term assistance to patients following hospital discharge
- Establish a Disaster Appeal if required

Role Card 10

COMMUNITY HEALTH PROVIDERS

- Make assessment of health needs of displaced population
- Provide physical healthcare to evacuated populations in rest centres
- Provide psychological healthcare to evacuated populations in rest centres
- Replace/arrange for prescribing of missing medication
- Utilise Community Hospitals (if available) for capacity
- Provide Minor Injuries Service either in existing unit or ‘ad hoc’ set ups
- Meet Early Discharge demands utilising community nursing services

Role Card 11

BRITISH TRANSPORT POLICE

The primary areas of British Transport Police responsibility at the scene of a declared railway emergency are:

- The saving of life in conjunction with other emergency services/agencies;
- The coordination of emergency services and other organisations;
- The protection/preservation of evidence and the scene – setting up of cordons and cordon control;
- The collation and dissemination of casualty information;
- The investigation of the incident in conjunction with other investigative bodies
- If necessary, evacuation procedures with other authorities and agencies;
- The protection /recovery/preservation of property
- Disaster Victim Identification (DVI) and Body Recovery of victims;
- Notification to relatives of the injured and deceased;
- To restore normality in agreement with other agencies and organisations;

2 DEFINITIONS

The DH guidance framework defines a Mass Casualty incident as:

“A disastrous single or simultaneous event(s) or other circumstances where the normal major incident response of several NHS organisations must be augmented by extraordinary measures in order to maintain an effective, suitable and sustainable response.”

By definition, such events have the potential to rapidly overwhelm, or threaten to exceed the local capacity available to respond, even with the implementation of Major Incident Plans.

For the purpose of this plan, a casualty is defined as:

“A person who is affected by a mass casualty incident that has caused them injury or resulted in them requiring other assistance.”

Patient Category descriptors

Category	**Patient Condition**
P1	Casualties needing immediate life-saving resuscitation and/or surgery
P2	Stabilised casualties needing early surgery but delay is acceptable
P3	Casualties requiring treatment but a longer delay is acceptable

3 CONTEXT / PLANNING ASSUMPTIONS

The risk of an incident with the potential to generate mass casualties scores highly on the national risk register.

Uncertainty about the nature of major incidents means that planning across all agencies needs to be sufficiently flexible to cope with a range of possible impacts and scenarios.

There are limitless types of natural or man-made hazards that could potentially cause mass casualties, such as serious transport accidents, large scale fires, explosion, flooding or a hazardous chemical release.

The terrorist threat remains and we must be prepared to respond to incidents involving conventional explosives as well as consider novel threats involving chemical or biological weapons. Additionally the potential for marauding terrorists using firearms and improvised explosive devices similar to the devastating incident in Mumbai in 2008 or the lone fanatic responsible for the atrocities in Oslo in 2011 cannot be discounted.

There is also the need to consider multiple causes or simultaneous or consequential failures, where backup systems are compromised and cannot cope with the primary cause.

Casualties may arise from 2 scenarios:

1. Very large single site incident – where potential casualties could be numbered in their hundreds or even thousands.
   This number would be made up of P1–25%, P2–25%, P3–50%.

2. Incidents at multiple sites – where the total number of casualties could be the same or higher, however the logistics of managing multiple incidents will be far more challenging.
   This number would also be made up of P1–25%, P2–25%, P3–50%.

Additional factors to be considered:

- Timing of incidents
  - Simultaneous incidents across the country
  - During a recognised holiday period or immediately before or after it
  - Night time / out of hours incidents

- Location of incidents
  - Crowded places (i.e. sport stadium, shopping or entertainments sites, hotels, hospitals)
  - Transport infrastructure such as train or bus station

- Duration of incident
    - The incident has potential to last for several days and the disruption to infrastructure and transport networks may take longer to fully recover

In a mass casualty Incident there are four typical groups of patients who are likely to make demands upon health and other partners. Each patient will present specific clinical and managerial challenges in the areas of triage/treatment, capacity, co-ordination transport and communication across a wide area.

Key actions are:

- treatment of those seriously ill or injured as a direct result of the incident, who require immediate treatment and care and will probably need admitting in an acute setting
- those affected by the incident who, although not obviously or immediately suffering from serious illness or injury, need assessment and diagnosis, advice or treatment and may need subsequent monitoring and ongoing support that can often be better provided in a non-acute or primary care setting
- those people who are neither ill nor injured but require information, advice and reassurance (often referred to as the “worried well”)
- in addition, arrangements will need to ensure continued services for those who fall acutely ill (e.g. heart attack etc) but are not part of the mass casualty incident and those patients in the community affected by the loss of service due to the impact of the incident and its responses (e.g. dialysis patients, home oxygen patients)

4 PLAN ACTIVATION

The Major Incident Plans and Business Continuity Plans of individual organisations detail trigger points to manage escalation of activity in response to developing emergencies.

This framework should be implemented when the number of casualties requires a response that will need external assistance i.e. mutual aid.

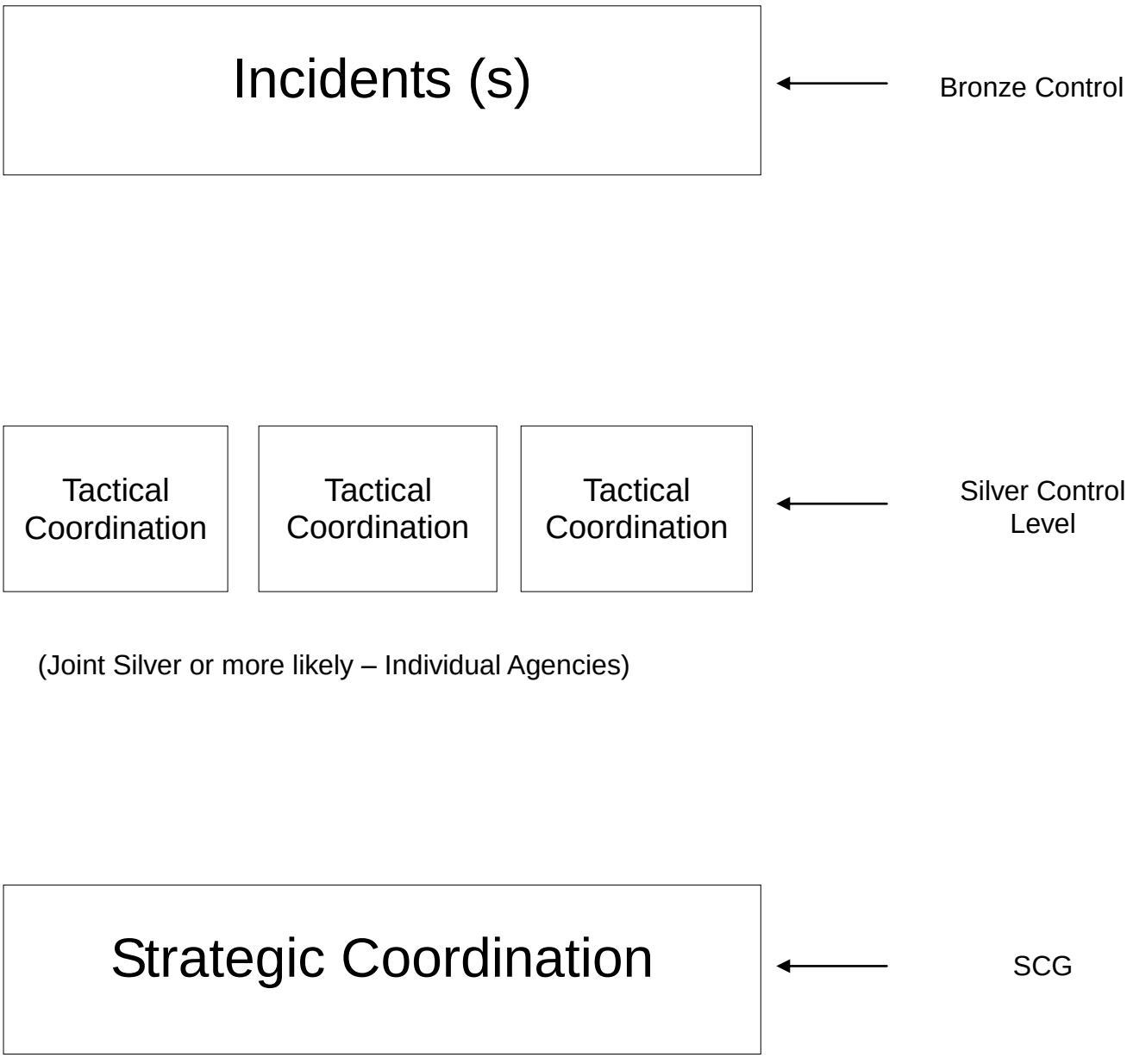
The DCLG should be contacted with a view to them auctioning their plan including the potential for a Response / Recovery Coordination Group.

5 COMMAND and CONTROL

The Command and Control structure for dealing with emergencies is fully outlined in the Major Incident plans of individual organisations.

Figure 1

Incident Control



6 COMMUNICATIONS

The purpose of this role is to provide accurate, clear and timely advice to the public, the media and other internal and external stakeholders, the police will coordinate the
Media Cell to support the multi-agency Strategic Co-ordinating Group (SCG).

6.1 Media Information

As per local media plan -

Rapid development of a Media Strategy will be essential, particularly where any impacts may require a reduction in essential services to the public. Proactive use of local media in consultation with the Incident Manager and the Strategic Command level will be beneficial, but the media will have their own requirements to obtain information. Consider:

- An immediate holding statement (See Appendix 1)
- Appointing a media spokesperson
- Timing and content of media releases
- Necessity for a media conference
- Necessity for a joint media centre

No information about individual cases, or premature or uncorroborated estimates of casualty numbers should be released by any agency. See also Estimating and Confirming Casualty numbers at section 7

7 ESTIMATING AND CONFIRMING CASUALTY NUMBERS

The demands for information from the media and lead government department in a mass casualty situation will be great, the provision of accurate information on casualty numbers is an important aspect of incident management, warning and informing and providing information to family and friends of those who may have been caught up in the incident.

In addition to those being cared for by the ambulance services at the scene, and subsequently transported to hospital, some may self present at hospital, and/or other treatment centres e.g. GP surgery, Walk in Centres or Minor Injuries Units. So the propensity for organisations to communicate several different casualty estimates could lead to misinformation and raise public anxiety.

The police have responsibility for recording fatalities at the incident and have systems in place for this situation.

Ambulance Service
Being Primary Responder, the ambulance service will carry out an initial assessment of how many casualties are involved in the incident. Some will be treated by them and others may leave the scene and become self presenters.

They will coordinate the treatment and transport of patients to designated hospitals.

The ambulance service is the only organisation with an overview of how many patients have been transported to designated hospitals, in this regard they will coordinate the “Casualty Count”.

Process
The Ambulance Service will designate a Casualty Count Coordinator. The role will be to:

- Maintain an accurate account of those patients transported by the ambulance service to designated receiving hospitals.

- Liaise with the Hospital Ambulance Liaison Officers in each designated hospital who will in turn liaise with the Emergency Department as to the total number of casualties at the hospital (those transported by ambulance and any self presenters).

- Share information through a schedule agreed by all parties that is flexible enough to meet ad-hoc information requests.

This will provide for:-

- Estimated total casualty count, time-stamped at the point of determination
- The number of casualties transported by ambulance service
- The number of casualties in each designated hospital

The above information can then be used in situation reports and for media management.

Self presenters that attend non designated hospitals or other treatment centres e.g. GP surgery may come to light at a later date and consideration will need to be given to the verification of such casualties before adding to the total count.

8 ROLES OF ORGANISATIONS DURING A MASS CASUALTY INCIDENT

An effective response to a Mass Casualty incident will require co-ordination and co-operation from all local health and social care organisations and partners to manage the demand on resources as depicted below in Fig 2 Mass Casualty – Patient Flow.

The key roles and responsibilities of relevant organisations in a Mass Casualty incident are outlined below. These are also supplemented by ROLE CARDS at the beginning of this plan.

8.1 DEPARTMENT OF HEALTH

For a national emergency the Department of Health may provide the strategic direction for health and provide the co-ordination and focal point for the NHS and will support the Health Ministers and Secretary of State. The Department of Health may take control of the NHS resources in the event of a wide scale Mass Casualty event, through its Emergency Preparedness Division Co-ordinating Centre, to ensure mutual aid as appropriate to affected NHS organisations. This responsibility may be delegated to NHS England – North region for a regional emergency.

8.2 NHS ENGLAND (North Regional Team)

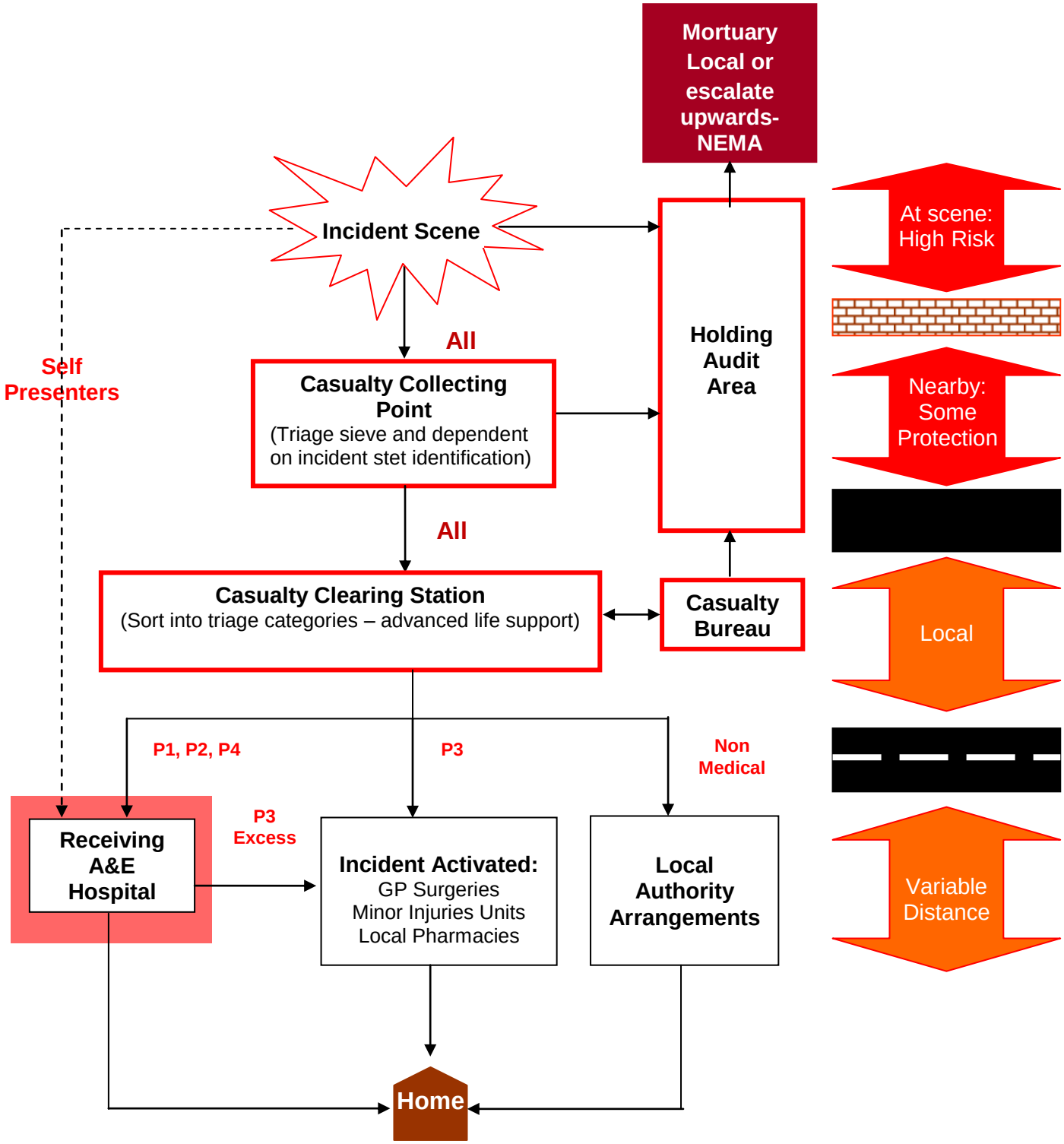
NHS England – (North) will be able to mobilise and commit resources across the northern area. They will provide the NHS representation at the northern regional level if required. They will maintain an overview of a Mass Casualty response and are responsible for co-ordinating the wider health response across the whole North of England region, including mutual aid and media requirements. They will provide the communication link between the Department of Health and the local levels.

They are supported by delegating responsibility to NHS England to provide command, control and co-ordination of the health response in each area.

When hospital surge capacity is exceeded at a local level, and when other resource shortfalls exist that overwhelms capacity i.e. burns beds, NHS England will escalate to NHS England(north) request additional resources. NHS England(north) will co-ordinate the response of health and medical resources regionally.

Due to the potential for having limited resources immediately available, NHS (north) will convene a Major Incident Team to establish response priorities and a system for co-ordinating resource allocation. Life-saving operations will always be the first priority. All requests for such assistance are to be relayed to the NHS England (north) Incident Control Team.

Figure 2: Mass Casualty – Patient Flow



8.3 NHS ENGLAND (Area Team- Cheshire and Merseyside)

An effective response to a Mass Casualty event will require an integrated emergency management approach involving all health care organisations across the Humber area to ensure appropriate mutual aid support, diverting resources to areas in most need to minimise the overall impact on the community.

Where a SCG is set up NHS England Area Team will provide the NHS representation for health

The NHS England Area Team will co-ordinate health media and public information messages. Police will lead the coordination.

It may be necessary for the, NHS England Area Team to co-ordinate the procurement and delivery of clinical and general supplies, particularly where in the initial stages demand may exceed supplies immediately available, to ensure a proportionate and timely distribution of urgent supplies to health care facilities across the area.

When hospital surge capacity is exceeded at a local level, and when other resource shortfalls exist that overwhelms capacity i.e. burns beds, NHS England Area Team will additional resources..

The NHS England Area Team Director On–call will check that the Community Providers are providing Healthcare to displaced populations.

8.4 AMBULANCE SERVICE

In the initial stages of a mass casualty incident the Ambulance Services will be the responding health organisation and will contribute to the assessment of the scene to determine the level of the incident.

Ambulance services have responsibility for co-ordinating the on-scene health coordination including determining the hospital(s) to which injured people should be taken, which may depend on the types of injuries received. There could be any number of designated hospitals in a Mass Casualty incident all receiving patients from the ambulance service and most receiving ‘self presenters’, who will be unknown to the ambulance service.

Ambulance services – in conjunction with the Medical Incident Commander (MIC) and Medical Emergency Response Incident Teams (MERIT) – endeavour to sustain life through effective emergency treatment at the scene, to determine the priority for release of trapped casualties, and to transport the injured in order of priority to receiving hospitals.

Mass Casualty Equipment

Mass Casualty Vehicles (MCV) can be deployed to the scene of an incident. Additionally there are more vehicles distributed nationally which can be called on if required.

Also there are pods of Emergency Dressing packs located at various transport hubs throughout the area.

Ambulance services may seek support from voluntary aid societies (e.g. British Red Cross and St John Ambulance) in managing and transporting casualties.

Decontamination
Ambulance services have decontamination plans in place , they will liaise the Fire and Rescue Service if mass decontamination is required.

Casualty Collection Point
A Casualty Collection Point (CCP) will be set up using triage/extraction teams if required

The CCP is a temporary holding area between a potentially hostile area and the Casualty Clearing Station. The main purpose of the CCP is to minimise the distance that extraction/intervention teams have to operate in.

Advanced Casualty Clearing Station
The Advanced Casualty Clearing Station (ACCS) is a holding area away from the immediate hostile area where casualties will be taken for further assessment. It is expected that the CCS will be staffed by the Ambulance services and supported by other medical providers, including hospital MERIT Teams, and if necessary other health care providers from community and primary care.

Following further triage at this location, patients will be transferred from the CCS to either acute or primary care services as soon as possible. However, due to the number of casualties, an Inter-regional Patient Distribution Plan may need to be implemented.

- P1s will be identified for immediate transport to hospitals.
- P2s will be transferred to hospitals as soon as possible.
- P3s will be treated on-site or re-directed to appropriate treatment sites.

Patient Transport Services could be diverted to support urgent calls and routine services would reduce or cease (with the exception of renal and oncology)

During a mass casualty event, it will be necessary to increase the number of rapid discharges to assist acute hospitals with managing capacity,

8.5 ACUTE TRUSTS

The primary areas of responsibility of acute hospitals during a major incident are:-

- The provision of care to incident victims.
- Liaison with the emergency services and other agencies to ensure an effective response to a major incident.
- Keeping those affected by the incident informed.
- Ensuring that hospital essential services are maintained during an incident.
- Potentially providing mobile medical care at the scene of an incident.

During a Mass Casualty event they would be extended to:

Protecting and preserving life and relieving suffering by providing the best medical care possible under extreme circumstances by:

- Ensuring acute hospitals alongside other responding agencies will utilise all available resources in response to a mass casualty incident.
- Working in close liaison with existing community services (GP practices, pharmacies and other service providers) whilst providing a robust Emergency Department response
- Providing a departmental or whole site lockdown of premises with associated sequential safety evacuation or dispersal of patients and visitors
- Implementing a recognised, tiered internal command and control framework for dealing with all aspects of the response (Gold, Silver, Bronze)
- The provision of timely information and warnings to the general public, patients, staff and other interested parties to ensure impacts are reduced and public/staff safety is assured.
- Reinforcing the requirement to ensure (where practicable) key services are maintained, recovery measures are invoked and key parties debriefed to facilitate future learning.
- Promoting a positive approach to staff welfare both physical and psychosocial

8.6 LOCAL AUTHORITIES

Local Authorities (LAs) will activate their emergency management arrangements and ensure that where possible, day to day services are maintained using business continuity arrangements. LA's can provide reception, humanitarian, evacuee and relatives centres and transport.
In addition a liaison officer should attend the local receiving hospital to facilitate rapid patient discharge. **LAs to refer to Humanitarian Assistance action card – Appendix 2**

8.7 PUBLIC HEALTH ENGLAND

Outbreaks of disease and radiological and chemical incidents have the potential to cause disruption to communities on a large scale. PHE is a non-departmental public body which makes public health advice available to government departments, the NHS, the statutory agencies and directly to the public. It provides a central source of authoritative scientific/medical information and other specialist advice on both the planning and operational responses to public health or other emergencies.

They will undertake analysis of the health threat and work closely with the NHS England to propose an appropriate response, including providing authoritative messages about health protection measures in order to reduce public anxiety.

8.8 POLICE

The police Major Incident Plan (MIP) will be activated

The Casualty Bureau would be established as would the Hospital Documentation Teams. Further information and dedicated roles and responsibilities are detailed in the respective contingency plans.Consider deploying an officer to the scene re casualty numbers.

If the incident results in fatalities, the local mass fatalities plan should be followed including :

.
A dedicated Victim Recovery Identification Team (VRIT), in accordance with National Policing Improvement Agency (NPIA) Disaster Victim Identification (DVI) Guidance 2011.

8.9 FIRE AND RESCUE

The primary role of fire and rescue services in an emergency is the rescue of people trapped by fire, wreckage or debris. They will prevent further escalation of an incident by controlling or extinguishing fires, rescuing people and undertaking other protective measures. They will deal with released chemicals or other contaminants in order to render the incident site safe or recommend exclusion zones. Also, they will assist other agencies in the removal of large quantities of flood water. They will also assist ambulance services with casualty-handling and the police with the recovery of bodies.

Cheshire Fire and Rescue service personnel are trained and equipped to manage gateways into the inner cordon – if requested to do so by the police – liaising with the police to establish who should be granted access (particularly where terrorist action is the suspected cause) and recording entry and exit. However, responsibility for the health and safety of personnel working within the inner cordon remains with individual agencies, which should ensure that personnel arriving at the scene have appropriate personal protective equipment and are adequately trained and briefed. Health and safety issues will be addressed collectively at multi-agency meetings on the basis of a risk assessment.

Cheshire Fire and Rescue service will arrange for relevant personnel and equipment for mass decontamination of the general public in circumstances where large numbers of people have been exposed to chemical, biological, radiological or nuclear (CBRN)substances. This is done on behalf of the NHS, in consultation with ambulance services.

Hazardous Materials Response

The FRS are the lead agency for the detection, identification and monitoring of hazardous materials (HAZMAT) and will work closely with the Ambulance Services HAZMED operatives and HART teams during any response.

9 RECOVERY

Local Authorities would be expected to lead on the recovery phase

9.1 Staff Support

It should be recognised that staff will have been working under considerable pressure possibly over an extended period of time and will need to recover before they can return to full efficiency. Also members of staff may have been personally affected during the incident. Welfare support should be considered where appropriate.

“Planning for the psychosocial and mental health care of people affected by major incidents and disasters” is the title of interim guidance issued by the DH in July 2009.

All organisations have responsibility for their employees in terms of their staff health and well-being and this is an important part of the incident and recovery management planning process.

Occupational Health Units should be involved at an early stage and consider the potential need for psychosocial care for their staff. Where appropriate should provide interventions based on the principles of Psychological First Aid and provide access to augmented Primary Healthcare services and Specialist Mental Health Services.

9.2 De-brief

At the conclusion of the incident there will need to be a full de-brief and evaluation of what worked well and what requires revision. Findings should be reported to the relevant Boards of all organisations involved. Any relevant Resilience plans should be reviewed to reflect the outcomes of the debrief.

All records pertaining to the response to an invocation of this plan should be retained and stored for 25 years in the event they may be required as part of an external enquiry. This will include the “Emergency Log Book” and the De-brief report. It will also be necessary to retain all other documents and notes created during the incident.

Appendix 1

DRAFT MEDIA MESSAGE

Cheshire Resilience Forum proposed initial holding statement for a Mass Casualty incident

I can confirm that an emergency has occurred in [Location] and partners are working to provide the best care possible for those who have been affected by this incident.

I understand that there has been some casualties, but at this stage, I am unable to provide details of severity or numbers involved.

The emergency services are working hard at the scene and we will provide further information as soon as we get a reliable update from Emergency Services regarding casualties.

At this stage, I would request that the public do not attend at A & E departments unless necessary and consider using NHS 111 or your GP or pharmacy where possible to ensure hospital capacity is preserved for essential cases.

Further information will be provided as soon as possible and the …….. website should be referred to on ……

No further information to be provided until a joint media statement has been approved at the Strategic level by all partners involved in the response to the incident

Appendix 2

Action Card - Humanitarian Assistance Response (Local Authority)

Introduction

Humanitarian Assistance is the term used to provide support of a practical and emotional nature to those affected by an incident. This may include Assistance with:

- Shelter/ accommodation both immediate and long term
- Practical support i.e. transport, access to medication, access to other services
- Emotional/ psychological suppor

While it is the Local Authority which leads on the Humanitarian Assistance response it is a Multi-Agency Activity and must be a coordinated response.

Activating the Humanitarian Assistance Response

- The Local Authorities are Category 1 responders under the Civil Contingencies act and have a key role in the response to an incident.
- However, Local Authorities do not have the same capability to respond as quickly as the emergency services.
- While the Local Authorities have a 24/7 emergency EPO facility (see contacts at section xx), capability becomes further reduced out of office hours when the majority of council staff/ services are closed.
- If an incident has, or has the potential to cause a Humanitarian Assistance response to be invoked, the emergency services should consider notifying the relevant Local Authority at the earliest possible stage.

Evacuation and Shelter

Local Authorities have arrangements in place to provide shelter and accommodation to those who have been displaced from their homes. This will include the following options:

- Assistance for evacuees to find shelter with family and friends
- Accommodation with local hotels and B&Bs
- Places in care homes where a higher level of support is required
- Establishment of Rest Centres where there are a high number of displaced people (up to 200)

- In the initial evacuation phase it is unlikely that the Local Authority will be on scene straight away and it takes time to establish appropriate facilities, call out staff etc.

- It is expected that the Emergency Services will seek access to an appropriate building (local pub, church hall, social club or community centre – not a school) and establish a **reception centre** for those displaced to take shelter, until the Local Authority can take the lead.

Humanitarian Assistance Facility/Centre

A Humanitarian Assistance facility will be established (if deemed appropriate) around 48 hours following an incident.

There are a number of options which will be considered at the time of the incident depending on what the needs of those affected are. One or more of the following may be put in place:

- Designated help line providing links to services and other assistance
- Designated website and or social media pages
- A full facility in one of the buildings pre identified by Local Authorities

This facility will aim to provide:

- A focal point for giving and receiving information and assistance to bereaved families and friends, survivors and to anyone else who has been affected.
- Enable those affected to benefit from appropriate information and assistance in a timely and co-ordinated manner.
- Offer access to a range of services that will allow affected people to make informed choices according to their needs.
- Where appropriate enable the gathering of forensic samples in a timely manner in order to assist the identification process.

Crisis Support

- In the immediate aftermath and months even years after an incident, many people will be affected by what they have experienced and or witnessed.
- Some of these people will need trauma support soon after the incident occurs, this basic initial emotional support will be assessed at the time of an incident and will be provided by the Local Authority, relevant voluntary agencies and NHS providers
- Some will go on to require a higher level of psychological/ trauma support for some time following an incident. This will be provided by NHS professionals.

Key Actions for the Multi Agency Response

- Consideration by the multi agency command and control of what humanitarian assistance will be required and what needs to be in place
- If necessary and if resources allow, establishment of a Humanitarian Assistance group to take this task forward.

Potential Key Organisation's Involved

Note: depending on the nature of the incident, additional Organisations/Agencies may be required during the follow up to questions raised - eg Environment Agency, Rail/Airline Care teams etc

Local Authority:

- Shelter and accommodation
- Immediate welfare
- Long term support via the recovery process

Emergency Services:

- Security at the Rest Centre/ Casualty Bureau
- Police FLOs

Health Services:

- Long term psychological support
- Mental health services
- Access to medication/ treatment as appropriate

Voluntary Agencies:

- Emotional support
- First Aid
- Practical support
- Communications for the Rest Centre if required (RAYNET)
- Animal welfare (RSPCA)

Depending on the incident, additional support may also be sought from:

- Victim Support
- Disaster Action

- Transport operating Companies