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NHS Wales
Emergency Planning
Core Guidance

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Preface

This Guidance replaces all previous guidance on planning for major incidents in the National Health Service (NHS). It should be used by Wales NHS organisations alongside Cabinet Office Guidance on Part 1 of the Civil Contingencies Act 2004 (CCA) to inform development of emergency preparedness arrangements

The Guidance contains principles for effective health emergency planning that have been developed in consultation with other United Kingdom (UK) Health Departments and equivalent guidance is provided by the Department of Health in England and the devolved administrations in Scotland and Northern Ireland.

This Guidance and any underpinning materials that provide more detail on the roles and responsibilities of NHS organisations for specific aspects of emergency preparedness are entirely web based. This will allow for rapid updating and the timely publication and integration of new guidance.

The context for responding to emergencies in Wales is set out in the Pan Wales Response Plan which can be accessed via the following link:

http://wales.gov.uk/resilience/home/wales-resilience/panwales-response/?lang=en

Comments and observations on the Guidance are welcomed by e-mail to David.Goulding@wales.gsi.gov.uk

Executive summary

1. The purpose of the Guidance is to set out the requirements on NHS organisations in developing their ability to respond to a major incident or emergency and to manage recovery whether the effects are local, regional, or national.

2. The Guidance is built on good practice and shared knowledge and is intended to provide a platform for all NHS Wales organisations to undertake emergency planning and associated activities within the context of the CCA and the NHS Wales Performance Management Framework, delivering to Healthcare Standards for Wales.

3. In each NHS Wales organisation, the Chief Executive Officer is responsible for ensuring that their organisation has emergency and business continuity arrangements in place that take account of the requirements of the CCA.

4. The Chief Executive Officer must ensure that the Board receives regular emergency preparedness reports, at least annually, covering risk assessment, the resilience of emergency and business continuity plans against the risks identified and the training and exercises undertaken to prepare staff and test response arrangements.

5. The Chief Executive Officer must ensure that an Executive Director of the Board is designated to take responsibility for emergency preparedness on behalf of the organisation and an officer is appointed and adequately resourced to support the Executive Director and Chief Executive in the discharge of these duties.

6. All NHS organisations are required to deliver their responsibilities as defined by the CCA. This includes engaging with local multi-agency partners and ensuring the contribution of all NHS organisations to the multi-agency planning arrangements of Local Resilience Forums (LRFs). As a minimum requirement for testing response arrangements, NHS organisations must undertake a test of communications cascades every six months, a table top exercise and physical setting-up of the control centre every year and a live exercise every three years.

7. NHS organisations are required to ensure they have in place robust command and control mechanisms to enable them to plan for and respond to major incidents and emergencies. These must be linked with health and multi agency co-ordination arrangements at LRF and national level.

8. In the event of a complex and significant major incident or emergency, such as those on an all Wales, UK wide or international scale, the Welsh Government will implement the Pan Wales Response Plan.

http://wales.gov.uk/resilience/home/wales-resilience/panwales-response/?lang=en

9.   If necessary deployment of NHS resources will be co-ordinated by the Health and Social Services Directorate through the Emergency Co-ordination Centre Wales (ECC(W)). All NHS organisations will be expected to respond to instructions delivered under these circumstances.

10. It is not the intention of this Guidance to disrupt existing arrangements and plans that are currently working well. However, NHS organisations will be required to demonstrate clearly that their arrangements for emergency planning meet the requirements of this Guidance and its associated underpinning documents.

1. Introduction

1.1 The purpose of the Guidance is to set out the requirements on NHS Wales organisations in developing their ability to respond to a major incident or emergency and to manage recovery whether the effects are local, regional, or national.

1.2. The Guidance is built on good practice and shared knowledge and is intended to provide a platform for all NHS organisations to undertake emergency planning and associated activities within the context of the CCA and the NHS Wales Performance Management Framework and delivering to Healthcare Standards for Wales.

1.3 The Guidance has been developed in consultation with other United Kingdom (UK) Health Departments. It is strategic national guidance for all NHS organisations in Wales replacing all previous guidance on planning for major incidents in the NHS. It is underpinned by a range of supporting documents giving detailed guidance on specific aspects of emergency preparedness.

1.4 The Guidance requires NHS organisations to reflect in their arrangements for emergency preparedness the following:

- The requirements of the CCA and duties placed on NHS organisations. The CCA sets out clear expectations and responsibilities for front line responders at the local level to ensure they are prepared to deal effectively with the full range of emergencies from localised incidents through to catastrophic emergencies. Detailed information is available at http://www.legislation.gov.uk/ukpga/2004/36/contents

- The Capabilities Programme led by the Cabinet Office and particularly the health led work streams which include mass casualties, infectious diseases and essential health services. Information on the Capabilities Programme can be found on the UK Resilience and Home Office websites.

- All current Welsh Government NHS guidance and policy relevant to emergency preparedness and compliance with appropriate Healthcare Standards for Wales.

1.5 Written plan(s) and associated procedures are a key component of preparedness and should demonstrate for each NHS organisation that:

- It has up to date plans to deal with major incidents and emergency situations that are compliant and tested in accordance with national guidance

- It has consulted key partner organisations in the preparation and testing of major emergency plans

- It can mobilise staff to respond to incidents and emergency situations that could affect the provision of normal services

- It has identified the financial procedures for dealing with the implications of responding to incidents and emergency situations that could affect the provision of normal services

1.6 In addition to written plans, there are other equally vital aspects to an organisation's preparedness, including ownership and understanding within the organisation, training, exercising and testing of arrangements, and the availability of the right equipment and procedures.

1.7 Business continuity management (BCM) forms an important part of risk management arrangements and is a requirement of the CCA. The aim of BCM is to ensure that NHS organisations are able to maintain the highest level of service possible whatever might happen to the infrastructure and resource availability. There is a range of problems that might affect NHS organisations and services at any time, for example, loss of water or power, flooding, or criminal action.

1.8 BCM, including processes for recovery and restoration, should be considered by NHS organisations as part of their everyday business requiring corporate ownership. Business continuity should be as embedded in the culture of the NHS as principles of health and safety, and there must be demonstrable commitment to the process from the Boards of NHS organisations. It is critical that business continuity and major emergency plans are integrated and complementary to each other. Guidance on business continuity planning is available via https://www.gov.uk/government/publications/emergency-preparedness

1.9 The link between preparedness for major emergencies and business continuity will need to be considered and reflected in NHS organisations structures for managing risks.

1.10 In each NHS organisation, the Chief Executive Officer is responsible for:

- ensuring that their organisation has written major emergency and business continuity plans in place that take account of the requirements within the CCA for risk assessment, co-operation and information sharing with partners and communication with the public.

- ensuring that staff are trained to undertake their roles within the

organisation's response plans and, as a minimum requirement, response arrangements are tested through a communications cascade every six months, a table top exercise and physical setting-up of the control centre every year and a live exercise every three years.

- ensuring that the Board receives regular emergency preparedness reports, at least annually, covering risk assessment, the resilience of emergency and business continuity plans against the risks identified and the training and exercises undertaken to prepare staff and test response arrangements.

- ensuring that an Executive Director of the Board is designated to take responsibility for emergency preparedness and BCM on behalf of the organisation and that an emergency planning lead officer is appointed to support the Executive Director and Chief Executive in the discharge of these duties.

- ensuring that adequate resources are made available to the emergency planning lead officer including staffing and resources for training, testing and exercising and provision, maintenance and replacement of equipment.

2.   Defining an Emergency

2.1   This section defines 'emergency' and 'major incident' for NHS organisations and describes the types and the varying scales of emergency.

2.2   For NHS emergency planning purposes 'major incident' is the term in general use. The CCA guidance on emergency preparedness states, 'the Act, the Regulations and the Guidance consistently use the term emergency, but there is nothing in the legislation that prevents a responder from using the term 'major incident' in its planning arrangements for the response'.

2.3   NHS organisations may use the term emergency and/or major incident in emergency planning arrangements but must take care when using 'emergency' to avoid confusion with other elements of the services they provide. 'Major incident' plans must take account of the full range of scenarios covered by the definitions below.

2.4   **CCA definition of 'emergency'**
'An event or a situation which threatens serious damage to human welfare in a place in the UK, to the environment of a place in the UK, or war or terrorism which threatens serious damage to the security of the UK.'

2.5 NHS definition of 'major incident'

'Any occurrence that presents a serious threat to the health of the community, disruption to the service or causes, or is likely to cause, such numbers or types of casualties as to require special arrangements to be implemented by hospitals, ambulance trusts or primary care organisations'.

Individual NHS organisations can self-declare a major incident or emergency when their own facilities and/or resources or those of its neighbours are overwhelmed. What is a major incident to the NHS may not be a major incident for other local agencies.

Types of emergency

2.6 Emergencies may be defined by the manner in which they arise:

- Big Bang – a sudden event, for example a serious transport accident, explosion, or series of smaller incidents
- Rising Tide – a gradually developing incident with no clear starting point, for example a developing infectious disease epidemic, or a capacity/staffing crisis
- Cloud on the Horizon – a serious threat elsewhere, such as a major chemical or nuclear release, that requires preparatory action to deal with potential affects
- Headline News – public or media alarm over a perceived health threat
- Internal Incidents – fire, breakdown of utilities, major equipment failure, hospital acquired infections, violent crime
- Deliberate Release - of chemical, biological or nuclear material

2.7 Pre-planned events (such as sports events, concerts, air shows) have the potential for a major incident to arise and may require emergency plans to be on standby for the duration of the event to optimise the response should the need arise.

Scale of emergencies in the NHS

2.8 NHS organisations are accustomed to normal 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.

2.9 The levels of emergency for which NHS organisations are required to develop emergency preparedness arrangements are:

- **Major** - ambulance services and acute hospitals are well versed in handling incidents such as multi-vehicle motorway crashes within their long established major incident plans. More patients will be dealt with probably faster and with fewer resources than usual and the impact on levels of service can be managed locally.

- **Mass** - much larger-scale events affecting potentially hundreds rather than tens of people 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 neighbouring NHS organisations.
- **Catastrophic** - events of potentially catastrophic proportions that severely disrupt health and social care and other functions and that exceed even collective local capability within the NHS

The underpinning document **Mass Casualties Incidents – A Framework for Planning** provides specific guidance on planning for mass casualty and catastrophic incidents.

3.   The alerting mechanism for the NHS

Overview
3.1   The Welsh Ambulance Services Trust (WAST) has specific responsibilities in terms of alerting NHS organisations in the event of a major incident or emergency. These are:
- Immediately notify or confirm with police and fire controls the location and nature of the incident, including identification of specific hazards, for example, chemical, radiation or other known hazards
- Alert the most appropriate receiving hospital(s) based on local circumstances at the time
- Alert the wider health community as the incident dictates
- Alert the Welsh Government health department.

3.2   Whilst many major emergencies are triggered by 'big bang' incidents such as traffic accidents, explosions etc, there are other potential circumstances where an NHS major incident would be triggered by a 'rising tide' or non-acute traumatic event, for example, infectious disease outbreak, power cuts, covert radiation leakage. In such cases the ambulance service may be involved but may not be the natural 'alerting' NHS organisation. In the event of a rising tide event, and/or a widespread incident, the communication cascade mechanism used must ensure notification of the Health Board and Welsh Government. Health Boards will take responsibility for implementing health co-ordination arrangements to ensure appropriate deployment of NHS resources, in collaboration across boundaries where necessary. The Welsh Government will establish arrangements to provide central support and give direction if necessary.

Standard Alerting Messages used by NHS Organisations
3.3   To avoid confusion about when to implement plans, it is essential to use these standard major incident alerting messages whenever appropriate:

Major incident – standby
This alerts the NHS that a major incident may need to be declared. Major incident standby is likely to involve the participating NHS organisations in making preparatory arrangements appropriate to the incident, whether it is a 'big bang', a 'rising tide' or a pre planned event.

Major incident declared – activate plan
This alerts NHS organisations that they need to activate their plan and mobilise additional resources.

Major incident – cancelled
This message cancels either of the first two messages at any time.

Major incident stand down
All receiving hospitals are alerted as soon as all live casualties have been removed from the site. Where possible, the Ambulance Incident Commander will make it clear whether any casualties are still en-route. While ambulance services will notify the receiving hospitals(s) that the scene is clear of live casualties, it is the responsibility of each NHS organisation to assess when it is appropriate for them to stand down.

4. Emergency Preparedness

4.1 This section describes:

- the NHS service-wide objective for emergency preparedness
- the underpinning principles for emergency preparedness
- the basic tenets of the CCA:
  - co-operation
  - information sharing
  - risk assessment
  - emergency planning
  - business continuity management
  - communicating with the public
  - exercising and evaluating plans

The NHS service-wide objective
4.2 The NHS service-wide objective for emergency preparedness and response is:
> To ensure that the NHS is capable of responding to a major emergency of any scale in a way that delivers optimum care and assistance to the victims, that minimises the consequential disruption to healthcare services and that brings about a speedy return to normal levels of functioning.

4.3 It is particularly important for NHS organisations to be able to work as part of a multi agency planning structure across organisational boundaries, facilitating mutual aid between organisations within the context of LRFs and their sub groups.

The underpinning principles

4.4 The underpinning principles for NHS emergency preparedness and response are:

- Speed and flexibility at local operational level delivered by Health Boards, the ambulance service, primary care providers, the Public Health Wales Trust, the Welsh and National Blood Services, NHS Direct Wales, Welsh Health Supplies, NHS professionals, independent sector healthcare and staffing providers, the Health Protection Agency
- Active mutual aid across organisational boundaries, across national boundaries within the UK and across international boundaries where appropriate
- A strong capacity within Welsh Government and other UK Health Departments to oversee and support health preparedness and response

4.5 It is the nature of major emergencies that they are unpredictable and each will present a unique set of challenges. The task is to have a set of expertise available and to have developed a set of core processes to handle the uncertainty and unpredictability of whatever happens.

Co-operation

4.6 Under the CCA, co-operation between local responder bodies is a legal duty. It is important that major incident planning, training and exercising is co-ordinated within individual NHS organisations, between NHS organisations and at a multi-agency level with emergency services, local authorities, voluntary agencies, the independent health and social care sector and other partner organisations.

4.7 The principal mechanism for multi-agency co-operation at a local level is the LRF, based on police force areas. All Health Boards, the WAST and the Public Health Wales Trust should be appropriately represented at Executive level. WAST and Public Health Wales Trust will need to ensure representation on each of the four LRFs in Wales.

4.8 The Health Board will undertake the local co-ordination role for NHS emergency preparedness and response and must have in place formal mechanisms that ensure engagement across all health services including primary and community services, secondary care, the ambulance service, public health, social care and health related local authority services, the independent sector and other partners engaged in preparing for or supporting the local health and social care response. This should be

delivered through establishment of an integrated structure of emergency preparedness groups at appropriate levels within the organisation. This structure must facilitate co-ordination of arrangements for cross border and wide area emergencies, including arrangements for mutual aid and support.

4.9 At an all Wales level, the Wales Resilience Forum (WRF) has been established to enable high level multi-agency discussion of civil protection issues across Wales and to provide a link to central government on resilience issues. The WRF is chaired by the First Minister and membership includes senior officers representing the emergency services, local government, health service, environment agency and military.

Information Sharing

4.10 Under the CCA, local responders have a duty to share information and this is seen as a crucial element of civil protection work, underpinning all forms of co-operation. The Emergency Planning pages of the Health of Wales Information Service (HOWIS) intranet site provide a platform for sharing of good practice within the health community and NHS organisations should also ensure they have access to the National Resilience Extranet, which from 2010 will provide a secure system for sharing information (up to and including RESTRICTED level) with other Category 1 and 2 responders.

4.11 NHS emergency plans must also be available in the public domain, however, it is recognised that it is not always possible to share sensitive or confidential information with partner agencies and/or the public. NHS organisations need to consider formally the information that may need to be shared in planning for a major incident. They should determine what information can be made available in the context of the CCA and the Freedom of Information Act 2004, while maintaining the confidentiality of, for example, staff telephone contact numbers.

4.12 Information sharing between partners should continue along informal routes, with formal information requesting mechanisms under the CCA only used as a fallback. Further guidance on information sharing is provided in central government guidance 'Data Protection and Sharing – Guidance for Emergency Planners and Responders' available at: https://www.gov.uk/government/publications/data-protection-and-sharing-guidance-for-emergency-planners-and-responders

Risk assessment

4.13 Risk assessment is seen in the CCA as the first step in the emergency planning and business continuity processes. It ensures that local responders make plans on a sound basis, proportionate to risk. Local risk assessment work must be informed by reference to Cabinet Office Local Risk Assessment Guidance and National Resilience Planning Assumptions.

4.14 Within each LRF, NHS organisations have responsibility in the context of multi-agency planning to contribute to maintenance of a Community Risk Register.

4.15 Each NHS organisation will also need to produce a risk assessment appropriate to their facilities and services, taking account of the Community Risk Register and their assessment of internal risks. Further guidance on risk assessment is available at
https://www.gov.uk/risk-assessment-how-the-risk-of-emergencies-in-the-uk-is-assessed

Emergency planning

4.16 The emergency planning process is a key element of emergency preparedness. The essentials of emergency planning are:

- the process of developing and writing the plan
- establishment of appropriate command, control and co-ordination arrangements and facilities
- training for those who may be involved in delivery of the planned response
- validation of the plan and the processes supporting it through exercising and testing
- a system of regular review and update

4.16 All NHS organisations' emergency planning arrangements must:

- incorporate the principles of Integrated Emergency Management (risk assessment, prevention, preparation, response, recovery) where applicable
- be fit for purpose and appropriate to the organisation preparing the plan and the locality covered
- describe the local command, control and coordination structures
- demonstrate multi-agency working including links to relevant partners, supporting and voluntary organisations and to response structures
- state where specialist advice may be obtained
- include arrangements for provision of information to the public and the media, including handling a potentially overwhelming number of enquiries
- identify and address business continuity risks
- include processes for recovery and restoration
- be compatible with plans of partner and neighbouring organisations
- include arrangements for access to and provision of support in the event of the need for mutual aid
- regularly be tested, reviewed and presented to the Board. The minimum requirement for each NHS organisation is for a live exercise every 3 years, a table top exercise and physical setting-up of the control centre

every year and a test of communications cascades every six months
- meet the requirements of legislation and guidance particularly the CCA

Business Continuity Management (BCM)

4.17 BCM is the process that helps manage the risks to the smooth running of an organisation or delivery of a service, ensuring that the business can continue in the event of disruption. These risks can be from the external environment (for example, power failures, severe weather) or from within an organisation (for example, systems failures, loss of key staff).

4.18 The CCA requires Category 1 responders to maintain plans to ensure that they can continue to exercise their functions in the event of an emergency, so far as is reasonably practicable. Business continuity plans should incorporate the principles of Integrated Emergency Management (assessment, prevention, preparation, response, and recovery).

4.19 The critical functions that NHS organisations should consider in developing arrangements for business continuity are:

- Human resources
- Buildings
- Supply chains
- Utilities, including communications
- Service capacity

4.20 Plans should take account of the extended period that may be necessary for recovery and restoration of services following a disruptive event, for example due to loss of facilities, the need to provide additional services or the impact on staff and the community.

4.21 Whilst BCM and emergency planning may be separate processes within an organisation, a major incident or emergency may occur at the same time as a business continuity issue or be triggered by it. It is critical therefore that business continuity and emergency plans are integrated and complementary to each other and are considered by NHS organisations as part of every day business processes requiring a corporate response.

Communicating with the public and media

4.22 Responders' duties to communicate with the public under the CCA are based on the belief that a well-informed public is better able to respond to an emergency, thus lessening the impact of the emergency on the community. The CCA gives two distinct legal duties to responders:

- **at the planning stage** - making the public aware of the likely risks and threats that NHS organisations are preparing for and consulting them on

the planned response where this could mitigate the effects of the emergency

- **in the event of an emergency** - warning the public and providing information and advice as necessary. This will include management of a potentially overwhelming number of telephone calls.

4.23 Arrangements for communication with the public must be appropriate to the information being conveyed and to the needs of all people in the target audience. To avoid duplication and confusion, the CCA requires Category 1 partners to agree which organisation will take lead responsibility for arrangements to warn the public for particular types of emergency. The lead organisation must work with partners to ensure co-ordination of organisational roles in public information provision.

4.24 **The media** will provide a key channel for communication with the public therefore media liaison and handling will be an integral part of planning the response to any major incident. Joint agency protocols and liaison arrangements must be established between partner organisations to ensure consistency of messages.

4.25 NHS emergency arrangements should:

- Identify persons with responsibility for media liaison and those who may give media interviews. Those designated must be fully involved in the emergency planning process and all communications leads, designated spokespersons and others who might have to undertake this role should receive appropriate training.
- Ensure early activation of the organisation's nominated communications lead
- Identify the types of emergency for which the NHS has a lead role, as agreed with LRF partners
- Identify which NHS organisation will lead and co-ordinate NHS communications and multi agency communications where health has the lead role
- Establish and raise awareness of media and public information policies and procedures that are integrated with joint agency protocols, agreed through the LRF
- Identify facilities to manage a potentially overwhelming demand for information from the public and to manage communication with the media
- Include arrangements for accessing support in managing the demand for information from communications specialists and others in NHS and partner organisations
- Include prepared basic information about NHS organisations and the NHS response that can be issued immediately to the media

Training and exercising

4.26 The Chief Executive of each NHS organisation is required to ensure that arrangements are in place to enable adequate training, exercising and testing of emergency and business continuity planning arrangements and that the Board receives regular reports, at least one annually, regarding this.

4.27 Each NHS organisation must evaluate its own training and exercise requirements which may exceed the minimum requirement for a live exercise every 3 years, a table top exercise and physical setting-up of the control centre every year and a test of communications cascades every six months. Whenever practicable, exercises should involve staff appropriately trained in their role within the plan and all partner organisations with a role in delivering or supporting the arrangements being tested. NHS organisations should, where possible, participate in multi agency exercises lead by partner organisations where their organisation has a key role.

4.28 Training, testing and exercising should take place within the context of:
- a framework that states clearly who is accountable for ensuring training and exercising takes place
- recognition that training and exercising involves investment in cost, time and resources
- a needs analysis covering a spectrum of training and exercise requirements including awareness raising, training for staff with key roles, specific skills training and plan validation
- annual review of the training and exercise programme
- appropriate documentation, record keeping, post exercise debriefing and post exercise reporting

4.29 The effectiveness of plans should be evaluated following all exercises and incidents following which plans must be revised to incorporate the lessons identified.

Independent Healthcare Sector

4.30 NHS organisations should ensure that providers of independent healthcare services and staffing agencies in their area are engaged in the processes for developing plans and responses to major incidents. The WAST must ensure links to private and voluntary ambulance services that allow for the deployment of agreed resources as required in the event of a major incident. In developing agreements, NHS organisations must ensure that services will be provided by appropriately trained and equipped personnel and that memoranda of understanding for such services are developed and agreed.

Voluntary Organisations

4.31 The responsibilities given by the CCA to co-operate with partners emphasise the need to maximise the benefit of the voluntary organisations'

potential to contribute to the successful outcome of an incident. They can provide humanitarian services and help alleviate pressure on the statutory bodies during both the response and recovery phases of an incident.

Vulnerable Persons

4.32 Within the CCA, the particular needs of vulnerable persons are recognised. The general definition of vulnerable persons is:

people present or resident within an area known to local responders who, because of dependency or disability, need particular attention during emergencies. In terms of the Act, vulnerable persons are defined as those:

- under the age of 16. Particular attention should be paid therefore to schools, nurseries, childcare centres and medical facilities for children;

- inhibited in physical movement, whether by reason of age, illness (including mental illness), disability, pregnancy or other reason. Attention should be paid to hospitals, residential homes and day centres likely to be housing any of these people and to means of accessing records for those resident in the community whose address is recorded on lists held by health services, local authorities and other organisations;

- deaf, blind or visually or hearing impaired. The means of accessing these people during an emergency or when one is threatened should be recorded in plans.

4.33 Children may be involved in a major incident, either as casualties or as members of families or groups caught up in the event. Plans need to reflect procedures for dealing with paediatric casualties arising either directly or indirectly from an incident.

4.34 People with Learning Difficulties and Mentally Ill People – existing facilities and procedures may be sufficient to assist people with learning difficulties and mentally ill people during the course of a major emergency. However, there may be small numbers for whom additional and/or specialist assistance may be required. NHS organisations should identify the mechanisms for obtaining this help in their emergency plans.

4.35 Those made vulnerable by the emergency – plans also need to take account of the needs of people not previously known to local responders who are vulnerable as a direct consequence of the emergency. NHS organisations should work with local authorities and other partners to ensure co-ordination between organisations providing health and other support services.

4.36 Non-English speaking communities – NHS organisations should identify in their plans the mechanism for accessing additional assistance for dealing with non-English speaking people in the event that routine arrangements are inadequate for the scale of need or particular group involved.

4.37 <u>Faith Groups</u> - as part of the planning process NHS organisations should consult representatives of faith groups in their area. Further guidance is available at <u>https://www.eisf.eu/library/the-needs-of-faith-communities-in-major-emergencies-some-guidelines/</u>

NHS Organisations – core preparedness responsibilities

4.38 All NHS organisations, through their Chief Executive Officer, have responsibility for ensuring they have:

- an integrated emergency preparedness process in place that takes account of the requirements of the CCA
- emergency plans that address the potential consequences of emergencies for the organisation, as identified through the local risk assessment process
- emergency plans that are up to date, accessible, regularly tested and take account of the needs of vulnerable persons, including children
- appropriate arrangements in place for cross border or wide area emergencies, including provision and receipt of mutual aid locally, regionally and nationally
- arrangements in place for planning in conjunction with 'Category 1' health partners and including when necessary General Practitioners, out-of-hours services, NHS Direct Wales, Welsh Health Estates, Welsh Blood Service (National Blood Service in North Wales), Welsh Health Supplies, staffing agencies and the independent sector
- arrangements in place for planning in conjunction with other 'non-health' response partners.
- mechanisms to ensure Boards receive regular reports on emergency planning and an annual report relating to emergency preparedness and exercises, training and testing undertaken by the organisation
- adequate resources available for discharge of emergency preparedness responsibilities
- an Executive Director of the Board designated to take responsibility for emergency preparedness and business continuity arrangements
- mechanisms in place to identify, select and train staff with the necessary competencies to respond to a major incident
- induction training that includes introduction to the role of their organisation in emergency planning and response
- arrangements in place to ensure the resilience of the organisation's estate, facilities, supply chains, utility supplies, communications and systems including human resources – to enable it to continue to provide core services as appropriate to the circumstances of the emergency.
- a command and control structure with links to the response structures of other responders at local and national levels
- processes in place to ensure the health, safety and welfare of NHS staff,

its patients and the public using NHS facilities and services.
- Mechanisms to ensure consistency of public and media communications in accordance with jointly agreed local and national policies
- appropriate and effective performance management arrangements

5. Emergency Response

Defining strategic, tactical and operational roles

5.1 The following are a general explanation of strategic, tactical and operational roles:

- **Strategic**
  Strategic command refers to the person in overall executive command of each service with responsibility for formulating the strategy for the incident response. Each strategic commander (sometimes called the Gold Commander) has overall command of the resources of their own organisation but delegates tactical decisions to their respective tactical controls. Strategic command has a key role in strategic monitoring of the response to an incident.

- **Tactical**
  Tactical refers to those responsible for formulating the tactical plan to be adopted by their service to achieve the strategic direction. Tactical command (sometimes called Silver Command) should oversee, but not be directly involved in, providing the operational response.

- **Operational**
  Operational (sometimes called bronze) refers to those who provide the main 'hands on' response to an incident, implementing the tactics defined by the tactical control.

Co-ordination of the joint agency response

5.2 In complex large scale incidents there is a need to co-ordinate and integrate the strategic, tactical and operational responses of each service. This is achieved through the formation of a Strategic Co-ordinating Group (SCG) within the LRF area, chaired usually by the Police Incident Commander. The work of the SCG (often referred to as 'Gold Control') is to allow organisations to share information and co-ordinate their strategic response options in the management of a major emergency.

5.3 The SCG will meet at a nominated Strategic Co-ordination Centre (SCC). The SCC is usually a building or group of buildings previously identified in local multi-agency emergency plans and is usually police based accommodation. In the majority of cases, SCG will operate at the geographical level defined by the local police force boundaries. This means that there may be situations when there are a number of SCGs operating

simultaneously.

Military assistance to a major incident

5.4 In exceptional circumstances the Armed Forces may be authorised to provide support to responders in Wales during an emergency by means of Military Aid to the Civil Authorities (MACA). At the local level such requests must be co-ordinated through the SCG. For a response involving more than one SCG area requests should be passed via the Welsh Government.

MACA is sub-divided into 3 types:

- **Military Aid to other Government Departments (MAGD)** - This is assistance provided by the Armed Forces to other Government Departments on urgent work of national importance in maintaining supplies and services essential to the life, health and safety of the community. Requests to the Ministry of Defence (MoD) for MAGD can only be made by a central government department and therefore, any request from Welsh Government would be channelled through the Wales Office as the UK territorial Government Department for Wales.
- **Military Aid to the Civil Power (MACP)** - This is the provision of military assistance (armed if appropriate) to the Civil Power in its maintenance of law, order and public safety using specialist capabilities or equipment, in situations beyond the capability of the Civil Power. For matters of public safety, support will routinely be to the police as the lead organisation and any Police Force requiring MACP would submit a request direct to the Home Office.
- **Military Aid to the Civil Community (MACC)** - This is the provision of unarmed military assistance to the public at large. It may be in the form of assistance to the civil authorities when they have an urgent need for help to deal with a natural disaster or a major incident, but could also be assistance to civil sponsors, either by carrying out special projects of significant social value to the community or by attaching individual volunteers full-time for specific periods.

Requesting MACA should always be the last resort, having first explored mutual aid between civil agencies and other private sector options. The nature of the support offered will be decided by the military. They need to know exactly what needs to be achieved and will decide upon the type of resource they need to deploy to accomplish the required objective.

Military Assistance may incur costs on the organisation or government department making the request. MoD Ministers can decide that it is in the national interest to waive all or part of the costs, but this should be seen as exceptional. The Welsh Government will be responsible for meeting the cost of any military assistance requested by them via the Wales Office in support of a devolved function where charges are made by the MoD.

Wales Civil Contingencies Committee (WCCC)

5.5 In the event of an emergency with widespread implications across Wales or the UK, the Welsh Government will arrange for the ECC(W) to be established , in accordance with the Pan Wales Response Plan - http://wales.gov.uk/resilience/home/wales-resilience/panwales-response/?lang=en

A Health Team will operate within the ECCW and the WCCC will co-ordinate the response in Wales and provide support and national/UK coordination if necessary.

5.6 Membership of the WCCC will be determined by the pre-designated Lead Official for the particular emergency who will chair the Committee. The WCCC will comprise senior representatives from Welsh Government Departments, responder agencies and others who are best placed to advise on the response. This may include those members of the WRF who are relevant to the crisis. The WCCC will be defined by the nature and scale of the threat presenting and may meet at one of three levels:

Level One
A Level One meeting would be convened in the phase prior to an emergency in the event of early warning of a developing situation. The meeting would be held to review the situation and update local stakeholders, with a view to escalating to Level Two if the situation warranted. The ECC(W) would be placed on stand-by and arrangements put in place to activate the Centre if necessary.

Level Two
Level Two meetings would be convened in the event of an emergency occurring in, or affecting, Wales where SCG(s) have been established. The meetings would be convened by the Welsh Government, in consultation with relevant members of the WRF.

Level Three
Level Three meetings will only be called once an emergency arises which requires the making of emergency regulations under Part 2 of the CCA

5.7 The role of the WCCC will be:

- to maintain a strategic picture of the evolving situation within Wales, with a particular (but not exclusive) focus on consequence management
- to assess and advise on any issues which cannot be resolved at a local level and which may need to be raised at a UK level
- to advise on the deployment of scarce resources across Wales by

identifying pan-Wales priorities

- to advise on the use of existing legislation and, in some cases, to consider the use of additional powers through the UK Government
- to support the Home Office Government Liaison Team at the SCG in the response to terrorist incidents; primarily on consequence management issues

5.8 Where events justify the setting up of a WCCC, the Welsh Government will take the lead in establishing and supporting the Committee and the ECC(W)

Wales Emergency Co-ordination Centre

5.9 For Level 2 and 3 emergencies the ECC(W) would be established to:

- co-ordinate the gathering and dissemination of information across Wales
- ensure an effective flow of communication between local, pan-Wales and UK levels, including the co-ordination of reports to the UK level on the response and recovery effort
- brief the Lead Official and WCCC
- ensure UK input to the response is co-ordinated with local and pan-Wales efforts
- provide media and community relations support through the Welsh Government Communications Division
- assist, where required by the SCGs, in the consequence management of the emergency and recovery planning
- facilitate mutual aid arrangements within Wales and where necessary between Wales and the border areas of England
- raise to a UK level any issues that cannot be resolved at a local or Wales level

5.10 Where necessary, external partners will be invited to ECC(W) to facilitate links with external agencies and access to specialist experience and expertise.

Command, control and co-ordination of the Health response

5.11 Most major incidents are geographically local and limited in time and are dealt with in an effective and efficient way by the emergency services and acute hospitals. However, the NHS must additionally have a planned response for incidents of a different nature and magnitude, including incidents that may have a long-term impact on the provision of services. This will require a broader level of co-ordination across a range of services and may necessitate involvement of other Health Boards, Public Health Wales Trust and other health service providers.

5.12 Health Boards, working together when necessary, are responsible for ensuring co-ordination between all partners involved in the health response

and for working with Public Health Wales to ensure provision of consistent public health advice.

5.13 Senior level NHS managers with authority to take decisions on behalf of their organisation will be required at the SCC to assist strategic management and co-ordination with the non health response. As a minimum, the following NHS organisations are likely to require representation within the SCG:

- **WAST**
- **Local Health Board(s)**
- **Public Health Wales Trust** – if there are actual or potential public health implications

5.14 Health Boards must put in place arrangements and facilities to co-ordinate the health response in their area and should establish a Health Emergency Co-ordination Centre (HECC) to facilitate co-ordination, mutual aid and support between all health related services and organisations involved.

5.15 Public Health Wales will co-ordinate provision of consistent public health advice in widespread emergencies and if necessary will establish a national Public Health Wales co-ordination centre to support public health representatives in local SCCs and HECCs.

5.16 All NHS organisations must ensure provision of appropriate support to command, control and co-ordination arrangements. It is essential that emergency centres with adequate and appropriate facilities and equipment are in place to manage the response and ensure co-ordination between services. All staff that may be required to work within a control centre, HECC or SCC should be familiar with its operational procedures and resources including awareness of administrative support arrangements, IT resources, communications, other available equipment and arrangements for documentation of key actions and decision making processes.

5.17 In developing arrangements for mutual aid, NHS organisations will need to be clear what aid might be required, what they themselves can offer and who their partners are. Administrative boundaries, including national boundaries within the UK, should not be a barrier to development of mutual aid arrangements.

5.18 If the scale of the incident escalates beyond the local response capacity or area, or if its duration or nature is such that wider NHS resources are required, the Welsh Government will establish supporting health control and co-ordination arrangements within the ECC(W) in Cardiff. Where necessary, representatives from NHS organisations will be requested to attend ECCW to support national arrangements. For events that require co-ordination and

mutual aid on a UK scale, the Welsh Government will implement arrangements to link with the Department of Health (England) and with the devolved administrations in Scotland and Northern Ireland.

Public Health Advice

5.19 The importance of providing clear and consistent public health messages and advice is widely accepted, in particular in incidents involving chemical, biological, radiological and nuclear substances - irrespective of the cause: deliberate or accidental.

5.20 The Public Health Wales Trust will provide public health advice for the public and, as part of the incident management process, for the police incident commander and all responding organisations. The Public Health Wales Trust adviser working within the SCG will need to:

- agree clear public health messages via SCG to be given to the public, incident responders and health care professionals;
- arrange to establish a Health Advice Team when needed to facilitate provision of authoritative consistent public health advice from a range of sources;
- co-ordinate, when necessary, public health, health protection and related scientific advice to input into the strategic management of the incident;

5.21 If necessary, Public Health Wales Trust will establish a Health Advice Team at national level which will need to be linked to:
- the SCG via the Public Health Wales Trust public health adviser
- NHS organisations via the HECC established by the Health Board
- ECC(W) Health Desk if established by Welsh Government.

5.22 The Health Advice Team will be chaired by a senior public health practitioner and may include the range of relevant specialists needed to ensure comprehensive and authoritative advice. Specialist advice and support relating to chemical, biological and radiological incidents will be provided by the Health Protection Agency (HPA).

5.23 Dependent upon the nature of the incident representatives of microbiology, epidemiology, toxicology, Consultants in Communicable Disease Control, Environmental Health Officers, the Environment Agency, the Food Standards Agency, water companies, Defence Science Technology Laboratories, the Military, Atomic Weapons Establishment, the HPA, NHS radiological protection adviser, industry and others may be invited to become part of the Health Advice Team.

5.24 Whilst desirable, it is recognised that it may be impractical to bring all agencies together in one location to advise the SCG, especially as some specialist experts may be based only at UK national level. Public Health

Wales Trust will be responsible for ensuring input from key advisers using all methods available including video- and tele-conferencing resources.

5.25 Public Health Wales must have arrangements in place to ensure that an appropriate Public Health adviser is available at all times with appropriate support, where necessary through establishment of the Public Health Wales National Co-ordination Centre and/or a Health Advice Team.

NHS Organisations' – core response and recovery responsibilities

5.26 It is the responsibility of all Category 1 and Category 2 responders under the CCA to ensure an appropriate response to major incidents. The arrangements should enable a co-ordinated NHS response regardless of the nature or scale of incident.

5.27 It is acknowledged that not all NHS organisations are covered by the requirements of the Act but it is considered good practice for those NHS organisations not designated, to act as if in compliance with the requirements of the Act.

5.28 All NHS organisations, through their Chief Executive Officer, have responsibility for ensuring they have:

- an emergency management structure that integrates with joint health and multi-agency co-ordination arrangements at local and national levels and that is linked with the organisation's BCM arrangements;
- facilities for establishment of an emergency control centre appropriately equipped and with documented procedures to manage their organisations response and recovery;
- agreed with partners the arrangements for 24 hour activation of their organisation and the wider health response;
- agreed with partners locally the arrangements for co-ordination of the health and social care response, including arrangements for establishing, equipping and staffing a HECC;
- agreed with partners locally the arrangements for representation of their organisation within the SCG;
- processes in place to ensure the health, safety and welfare of NHS staff, patients and the public using NHS facilities and services. This includes, for example, appropriate professional indemnity, the provision of appropriate personal protective equipment and of post incident welfare and access to debriefing for all staff involved in an incident;
- processes in place to ensure public and media information and advice is consistent with local response partners and, where appropriate, national policy.

Glossary

Ambulance Incident Commander	The officer of the ambulance service with overall responsibility for the work of that service at the scene of a major incident.
BCM	Business continuity management A management process that helps manage the risks to the smooth running of an organisation or delivery of a service, ensuring that it can operate to the extent required in the event of a disruption.
Bronze command	See operational command.
Category 1 Responders	Emergency Services NHS Trusts Health Boards Marine Coastguard Agency Port Health Authorities Environment Agency Local Authorities.
CCA	Civil Contingencies Act 2004 Delivers a single framework for civil protection in the United Kingdom capable of meeting the challenges of the twenty-first century. The Act is separated into two substantive parts: local arrangements for civil protection (Part 1) and emergency powers (Part 2).
Command and control mechanisms	Principles adopted by an agency acting with full authority to direct its own resources (both personnel and equipment).
Community Risk Register	An assessment of the risks within a local resilience area agreed by the Local Resilience Forum as a basis for supporting the preparation of emergency plans.
Control centre	Operations centre from which the management and co-ordination of response to an emergency is carried out.
Core processes	Core business services.
ECC(W)	Emergency Coordination Centre (Wales) The ECC(W)'s role is primarily one of information gathering and keeping Ministers and the UK Government informed of the implications of emergencies in Wales. At the same time it keeps Strategic Coordinating Groups and individual agencies informed about developments at the UK level which will affect them.
Emergency (Civil Contingencies Act definition)	'An event or a situation which threatens serious damage to human welfare in a place in the UK, to the environment of a place in the UK, or war or terrorism which threatens serious damage to the security of the UK'.
Front line responders	Emergency Services – Police, Fire & Ambulance.
Gold command	See strategic command.
HAT	Health Advice Team Team which sits at Gold Command during a major incident to provide expert advice on health issues to a multidisciplinary command group.

Healthcare Standards for Wales (2005)	Sets out the Welsh Government's common framework of healthcare standards to support the NHS and partner organisations in providing effective, timely and quality services across all healthcare settings.
HECC	Health Emergency Coordination Centre Facilitates co-ordination, mutual aid and support between all health related services and organisations involved.
HOWIS	Health of Wales Information Service An online gateway to information on organisations and services provided by the National Health Service (NHS) within Wales.
HPA	Health Protection Agency.
Integrated Emergency Management	Emergency planning process of assessment, prevention, preparation, response and recovery.
Key partner Organisations	May include different parts of the public, private, business, community and voluntary sectors depending on the emergency situation.
Live exercise	Live rehearsal for implementing a plan, particularly useful for testing logistics, communications and physical capabilities.
LRF	Local Resilience Forum/ Fora A process for bringing together all the Category 1 and 2 responders within a local police area for the purpose of facilitating co-operation in fulfilment of their duties under the Civil Contingencies Act.
MACA	Military Aid to the Civil Authorities The armed forces may be authorised to provide support to responders during an emergency.
Major incident (NHS definition)	'Any occurrence that presents a serious threat to the health of the community, disruption to the service or causes, or is likely to cause, such numbers or types of casualties as to require special arrangements to be implemented by hospitals, ambulance trusts or primary care organisations.'
MoD	Ministry of Defence
Multi-agency coordination arrangements (Multi-agency plan)	A plan, usually prepared and maintained by a lead responder, on behalf of a number of organisations who need to coordinate and integrate their preparations for an emergency.
Multi-agency partners	Category 1 & 2 responders plus voluntary organisations, military and others involved in emergency response.
Mutual aid and support	An agreement between Category 1 and 2 responders and other organisations not covered by the Act, within the same sector or across sectors and across boundaries, to provide assistance with additional resource during an emergency which may go beyond the resources of an individual organisation.
National Capabilities Programme	Core framework through which the Government is seeking to build resilience across all parts of the United Kingdom.
NHS	National Health Service.
NHSW	National Health Service Wales.

NHS Wales Performance Management Framework	Allows NHS organisations to measure progress against health improvement targets and the improved delivery of health services; as well as providing a basis for the Welsh Governments monitoring of performance and the NHS's own programmes of performance improvement.
Operational command/ Bronze command	A level of management which reflects the normal day-to-day arrangements for responding to smaller-scale emergencies. It is the level at which the management of 'hands-on' work is undertaken at the incident site(s) or the associated areas.
Post exercise debriefing/ post exercise reporting	Lessons identified from live events and exercises which may be incorporated into major incident plans and shared with partner organisations.
Receiving hospitals	Any hospital selected by the ambulance service from those designated by health boards to receive casualties in the event of a major incident.
Risk assessment	A structured and auditable process of identifying potentially significant events, assessing their likelihood and impacts, and then combining these to provide and overall assessment of risk, as a basis for further decisions and action.
SCC	Strategic Coordination Centre The Strategic Coordination Centre is a location nominated by the Police Gold (primary and fallback locations have been pre-agreed) at which all appointed Gold level representatives from the responding organisations will convene.
SCG	Strategic Coordinating Group A group comprising senior officers of appropriate organisations which aims to achieve inter-agency coordination at a strategic level.
Silver command	See tactical command.
Strategic command/ Gold command	A level of management which established a policy and overall management framework within which tactical managers will work. It establishes strategic objectives and aims to ensure long-term resourcing/ expertise.
Table top exercise	Based on simulation, not necessarily literally around a table top. Usually involves a realistic scenario and time line, which may be real time or may speed time up.
Tactical command/ Silver command	The control and coordination mechanism for providing tactical support to the operational control.
Vulnerable persons	People present or resident within an area known to local responders who, because of dependency or disability, need particular attention during emergencies.
WAST	Welsh Ambulance Services Trust.
WCCC	Wales Civil Contingencies Committee Will coordinate the response in Wales to an emergency with widespread implications and provide support and national/UK coordination if necessary.
WRF	Wales Resilience Forum This Forum is a multi-agency group providing the mechanism for national multi-agency cooperation and strategic advice on civil protection and emergency planning at an all-Wales level.