

DEPARTMENT OF HEALTH EMERGENCY RESPONSE PLAN

DoH Emergency Response Plan V4.0 Updated January 2019

NOT PROTECTIVELY MARKED

NOT PROTECTIVELY MARKED

NOT PROTECTIVELY MARKED


[page intentionally left blank]

NOT PROTECTIVELY MARKED

INDEX

| | |
|--|-----------|
| FOREWORD | 5 |
| 1. INTRODUCTION TO THE PLAN | 7 |
| Scope..... | 8 |
| Purpose of the Plan..... | 8 |
| Integrated Emergency Management..... | 9 |
| Aims and Objectives..... | 9 |
| Principles for Activation..... | 10 |
| Resources and Infrastructure..... | 11 |
| 2. AREAS OF RESPONSIBILITY | 14 |
| DoH (NI)..... | 14 |
| Primary Emergency Responders and Internal Departmental Partners..... | 14 |
| Standing Members Health Gold Command..... | 15 |
| HSC Arm’s Length Bodies..... | 19 |
| DoH External Stakeholders..... | 198 |
| 3. ACTIVATION PROCEDURES | 25 |
| Alerting of Incidents to DoH..... | 25 |
| During Normal Working Hours..... | 25 |
| Outside Normal Working Hours..... | 26 |
| Timescales for Activation of Health Gold Command..... | 27 |
| Standby Arrangements..... | 27 |
| Location of Health Gold Command..... | 27 |
| 4. EMERGENCY RESPONSE | 29 |
| DoH Emergency Response..... | 29 |
| Decision to Activate the Health Gold Command..... | 29 |
| NI Central Crisis Management Arrangements..... | 30 |
| Categories of Emergencies..... | 32 |
| Emergency Powers Direction..... | 34 |
| Staffing Requirement..... | 34 |
| Communication..... | 35 |
| Health Gold Command Information flow..... | 36 |
| Moving to a New Phase of Response..... | 36 |
| 5. LONG TERM RESPONSE | 39 |
| The Impact of an Emergency on DoH..... | 39 |
| The Corporate Incident Management and Business Continuity Plan..... | 39 |
| Shift patterns and Staffing Levels..... | 40 |
| Staff Welfare..... | 41 |
| Conditions of Service..... | 41 |
| Health and Safety..... | 42 |
| Environment..... | 42 |
| Communications and Media..... | 42 |

| | |
|---|------------|
| NI Direct | 42 |
| Debriefing Arrangements | 43 |
| 6. TRAINING | 45 |
| Training and Familiarisation – general approach | 45 |
| Training and Familiarisation – specific requirements | 46 |
| 7. VALIDATION AND REVIEW | 48 |
| Ownership | 48 |
| Maintenance | 48 |
| Validation | 48 |
| Review | 48 |
| 8. ANNEXES | 50 |
| 9. HEALTH GOLD COMMAND TEMPLATES | 71 |
| 10. ACTION CARDS | 92 |
| Departmental Emergency Alerts - Potential Notifications | 115 |
| Suite of Supporting Civil Contingency Documents | 116 |
| 11. ACRONYMS AND GLOSSARY | 118 |



FOREWORD

The Department of Health holds a key role in the strategic management of emergencies that occur within Northern Ireland where there is a health or social care aspect to the incident. As Permanent Secretary, and in coordination with the Chief Medical Officer, it is our responsibility to lead the Departmental emergency response to incidents where the scale or complexity of the incident requires a degree of central Government coordination.

Consistent with Integrated Emergency Management (IEM), the concept on which civil protection in the UK is based, this Emergency Response Plan (ERP) sets out how the Department will carry out effectively the responsibilities and functions associated with its role as Lead Government Department. It describes the key processes and disciplines necessary in planning for and responding to a crises for which we are either the nominated lead or have key responsibilities to act during the progress of the crisis. The underlying aim of the ERP is based on the principle that preparation, response and recovery will enable an effective joint response to and recovery from any emergency.

We believe that the public can be confident in the ability of the Department to deal with a range of HSC emergencies in Northern Ireland, from short term emergencies which are sudden, unexpected and relatively brief, to longer term 'rising tide events' such as pandemic influenza. This plan reinforces the resilience of the Department and we would encourage all staff to familiarise themselves with it.



Richard Pengelly
Permanent Secretary
Department of Health NI



Dr Michael McBride
Chief Medical Officer for Northern Ireland

NOT PROTECTIVELY MARKED

[page intentionally left blank]

NOT PROTECTIVELY MARKED

Section 1

Introduction to the Plan

Scope
Purpose of the Plan
Integrated Emergency Management
Aims and Objectives
Principles for Activation
Resources and Infrastructure

1. INTRODUCTION TO THE PLAN

Scope

1.1 Emergency Response Plan (ERP) preparation is not a stand-alone process: it is part of a cycle of risk assessment, plan writing, consultation, testing, exercise, review and revision. The Department of Health (DoH) has the responsibility to develop policy, guidance and advice on planning and response to health and social care (HSC) emergencies¹. This ERP outlines the mechanisms used by the DoH to enable it to fulfil its functions when responding to a HSC emergency.

1.2 An emergency is defined as:

“An event or situation which threatens serious damage to human welfare in a place in the UK, the environment of a place in the UK, or the security of the UK or of a place in the UK”².

Purpose of the Plan

1.3 Most emergencies in Northern Ireland (NI) are handled at local level with no direct involvement by central Government. However, where the scale or complexity of the incident is such that some degree of central Government co-ordination or support becomes necessary, a designated Lead Government Department (LGD) becomes responsible for the overall management of the Government’s response to the incident. Generally, the LGD for a specific set of contingencies is that which has day-to-day policy oversight of the sector(s) or the national infrastructure that may be affected in an emergency. A full list of the LGDs within NI is available at [‘A Guide to Emergency Planning Arrangements in Northern Ireland’³](#)

1.4 In its role as an LGD, DoH is required to maintain a state of readiness and build resilience to allow it to effectively lead the response to HSC emergencies where they affect, or have the potential to affect, NI. In order to ensure a seamless service to the public during

¹ Department of Health Northern Ireland Emergency Planning and response: <https://www.health-ni.gov.uk/articles/emergency-planning-and-response>

² Lexicon of UK civil protection terminology - version 2.1.1 <https://www.gov.uk/government/publications/emergency-responder-interoperability-lexicon>

³ https://www.executiveoffice-ni.gov.uk/sites/default/files/publications/ofmdfm_dev/guide-to-emergency-planning-arrangements-ni.pdf

an emergency, DoH may if appropriate, activate its Health Gold Command and will also be required to collaborate with key members of other partner and stakeholder organisations.

1.5 Health Gold Command consists of two key elements; the Strategic Cell and the Emergency Operations Centre (EOC). The Department is also supported by the Public Health Agency (PHA), the Health and Social Care Board (HSCB) and Business Services Organisation (BSO), collectively known as HSC Silver Command.

1.6 To assist in the process of an integrated response this plan has been prepared in line with the principles of Integrated Emergency Management (IEM) as set out in Chapter two of '[A Guide to Emergency Planning Arrangements in Northern Ireland](#)'⁴ and is also compliant with the '[Northern Ireland Standards in Civil Protection](#)'⁵.

Integrated Emergency Management

1.7 Integration of emergency planning arrangements state:

- emergency management arrangements should be integrated into an organisation's everyday working and management structure. Emergency plans should build on routine arrangements;
- the activities of different departments within an organisation should be integrated;
- emergency arrangements need to be co-ordinated with other responding organisations; and
- plans should include the capacity to extend the level of response.

Aims and Objectives

1.8 The ERP sets out how the Department⁶ will:

- deploy and operate an effective and resilient response for any emergency that it has been designated LGD; and

⁴ https://www.executiveoffice-ni.gov.uk/sites/default/files/publications/ofmdfm_dev/ni-standards-in-civil-protection.pdf (Civil Contingencies Policy Branch, TEO)

⁵ https://www.executiveoffice-ni.gov.uk/sites/default/files/publications/ofmdfm_dev/ni-standards-in-civil-protection.pdf

⁶ The term 'Department' can be used interchangeably with the term 'DoH'.

- provide strategic health and social care policy advice or direction in support of the efforts of others, where another Department or its Arm's Length Body (ALB) is in the lead.

Principles for activation

1.9 The Department will deploy and operate an effective and resilient response and recovery for any emergency for which it is designated the LGD arising from an emergency in the following scenarios:

- CBRN (chemical, biological, radiological and nuclear (CBRN) incidents); DoH responsibility covers disease control or mass casualty handling. Such incidents may also include explosive devices (CBRNe));
- disruption of medical supply chains;
- human infectious diseases (including pandemic influenza, avian influenza and smallpox); and
- mass casualties (e.g. Marauding Terrorist incident, with or without Firearms).

1.10 The Department will move into action immediately an emergency arises in the areas for which it has policy responsibility, and will provide strategic health and social care advice and support other LGDs where it can assist the emergency response.

1.11 The four main types of emergency requiring crisis management in the NI context are categorised as follows:

- **Local Level** (rarely requires a response by DoH);
- **Level 1** response to a [significant emergency](#);
- **Level 2** response to a [serious emergency](#); and
- **Level 3** response to a [catastrophic emergency](#).

1.12 The Departments response to the four main types of emergency will be tiered as:

- **Health Gold Command** (above HSC Silver level and HSC Bronze level) provides strategic leadership to individual responder agencies where a NI-wide or prolonged incident occurs.

- **HSC Silver** (below health gold and above HSC bronze) is the tactical tier of command within the HSCB, PHA and BSO.
- **HSC Bronze** (below Health Gold and HSC Silver level) undertakes the operational response to an emergency, at HSC Trust level.

A summary of the Department's response to the four main types of emergency is included at **Table 1** and more detail is given in **Section 4**.

Resources and Infrastructure

1.13 In response to a serious or catastrophic emergency DoH will require a limited to full activation of its Health Gold Command facilities based in Castle Buildings initiating its emergency response plan. Activation of Health Gold Command will be supported by staff within the CMO's Group and senior management from across the Department. Consequently, all staff involved including senior management will be required to incorporate civil contingency activities in their personal objectives, including normal business planning activities, risk management frameworks and, where appropriate, audit and assurance arrangements.

Table 1: Activation Protocol Summary

| | | | | |
|----------------------------|---------------------|-----------------------------|-------------------------|------------------------------|
| Crisis level | Local | Level 1: Significant | Level 2: Serious | Level 3: Catastrophic |
| Response level | HSC Bronze | HSC Silver | Health Gold Command | NICCMA / Platinum |
| Geographical Extent | Local | Localised | NI-wide (or prolonged) | UK-wide |
| Management Extent | Operational only | Tactical | Strategic | Overarching strategic |
| Lead role | HSC Trust(s) | HSCB, PHA & BSO | DoH | NICCMA |
| DoH involvement | Watching brief only | Monitoring & advice | Strategic leadership | Strategic leadership |

Section 2

Areas of Responsibility

DoH (NI)
Primary Emergency Responders and Internal Departmental Partners
Standing Members Health Gold Command
HSC Arm's Length Bodies
DoH External Stakeholders

2. AREAS OF RESPONSIBILITY

1

DOH (NI)

2.1 DoH is responsible for leading and co-ordinating the health response when an emergency has been categorised as serious or catastrophic and requires a cross-departmental or cross-governmental response. The severity and complexity of an emergency will dictate the level of involvement of the Department in the health response to it and if activation of Health Gold Command is required⁷. In this scenario, the Department will also be supported by HSC Silver.

2.2 The roles that senior officials and specialist staff will undertake in an emergency should be broadly similar to their day-to-day responsibilities (except where re-deployed for a protracted health response). Therefore, there should already be a high level of understanding of the qualities, experience and information needs of the Health Minister, DoH colleagues and key members of other partner and stakeholder organisations. However, this knowledge and understanding needs to be further developed by structured and ongoing familiarisation opportunities which will allow them to develop knowledge specific to an effective response for all emergencies.

2.3 There are three main groups of partners and stakeholders:

- Primary emergency responders and internal Departmental partners, (incorporating Standing Members of Health Gold Command);
- HSC Arm's Length Bodies (ALBs);
- External stakeholders.

Primary Emergency Responders and internal Departmental partners

2.3.1 **Minister's Private Office:** is responsible for assisting the Minister who, in the event of a serious or catastrophic health emergency will, through Health Gold Command, take overall charge of the Department's emergency response. The Minister will be required to interact with other parts of Government and will likely lead participation on a Minister-led

⁷ HSC (PHD) Communication 1/2010 Date of Issue 8 April 2010

strategic co-ordination group which is responsible for setting the overall strategy for the NI Administration's response to a Level 2 or Level 3 emergency. This group known as the Ministerially-led Crisis Management Group (CMG) links with the Department of Health and Social Care (DHSC) Whitehall to feed into Cabinet Office Briefing Rooms (COBR) in the case of UK wide emergency situations.

2.3.2 Ministers will be invited to participate in exercises where appropriate and will be kept informed of lessons learned from NI and UK Exercises.

In the absence of a NI Health Minister the above responsibilities will fall to the Department's Permanent Secretary and his/her Office.

2.3.3 **Office of the Permanent Secretary:** is responsible for assisting the Permanent Secretary who, as the Accounting Officer for the Department, must provide annual assurance on the level of emergency preparedness, across not only the Department but the wider HSC sector, through the annual Department's Governance Statement.

Standing Members Health Gold Command

2.3.4 **Office of the Chief Medical Officer (CMO):** Chair of Health Gold Command, CMO is responsible for four key areas which assist Health Gold Command, to make informed decisions in relation to how the sector should respond during an emergency:

- professional medical and environmental health advice to Ministers and business areas, to inform policy decisions throughout DoH,
- professional dental and pharmaceutical advice;
- public health policy, including health protection, health improvement, health development, emergency planning and environmental health; and
- safety and quality policy, including standards and guidelines and professional regulation.

2.3.5 CMO also has legislative provisions to authorise the '*Emergency Powers Directions*'. This empowers CMO to redeploy resources across all HSC organisations, as necessary, for the duration of an emergency, (**Action Card 1, Section 10**).

In the absence of CMO, the above responsibilities will fall the Deputy CMO for Public Health.

2.3.6 **Senior Medical Officer (SMO):** is responsible for providing professional medical advice to Health Gold Command and independent assurance that any externally sourced professional medical advice remains strategically appropriate to the DoH response, **(Action Card 2, Section 10)**.

2.3.7 **Health Liaison Officer (HLO):** is responsible for liaising with the Police Service of Northern Ireland (PSNI), other agencies, NI Government Department or the Northern Ireland Office (NIO) where strategic health and social care guidance or clarity is required to assist their emergency response lead, **(Action Card 3, Section 10)**.

2.3.8 **Resources and Performance Management Group (Corporate Management Directorate):** is responsible for liaising with NICSHR to manage the redeployment of staff, to support the emergency response, particularly in a sustained emergency such as a pandemic influenza outbreak. It will also support delivery of training and familiarisation Programme for all staff and where necessary, liaise with the Northern Ireland Public Service Alliance (NIPSA) Departmental Secretary to obtain assurance that the roles and responsibilities placed upon all personnel required to respond to an emergency are acceptable and agreed. **(Action Card 4, Section 10)**

2.3.9 All security matters will need approval of the Assistant Departmental Security Officer (ADSO) who will ensure that all Health Gold Command staff meet the necessary vetting requirements.

2.3.10 **Resources and Performance Management Group (Infrastructure Investment Directorate) (Management Services Unit (MSU)):** (which includes the Premises Officer for DoH occupied space in Castle Buildings) is responsible for putting in place and maintaining the accommodation requirements for the sustained operation of Health Gold Command for 24 hours a day over a 7 day period. Staff within Health Gold Command will liaise with ITAssist with regards to any additional communication/ telephony requirements needed for the individual response to the specific incident. **(Action Card 5, Section 10)**

2.3.11 **Information Office:** is responsible for leading on all media handling for any incident in which DoH is the LGD and when necessary, in consultation with other Departments and agencies, will develop communication strategies to ensure maintenance of effective, timely and co-ordinated messaging to staff, the media and the public. It is also responsible for all

external media and press communications from the Department and depending on the level of the emergency will liaise with The Executive Office (TEO), Executive Information Services (EIS) and NIDirect, in accordance with the Collaborative Communications and Call Centre Support protocol provided at **Annex I**.

The DoH Principal Information Officer will be a member of the Strategic Cell whenever Health Gold Command is activated providing 24-hour media support if required. (**Action Card 6 Section 10**)

2.3.12 Office of Social Services: is responsible for the provision of professional social services advice and expertise to aid strategic decision making within Health Gold Command. During an emergency the Office of Social Services will ensure that social work and social care services remain responsive to the needs of the people directly involved or impacted by the emergency. (**Action Card 7, Section 10**)

2.3.13 Finance Directorate: is responsible for supporting the emergency response by ensuring that the necessary contingency funding required to support the response is provided through engagement with DoF. During an emergency the Finance Director will identify and manage a Finance Team dedicated to the needs of the emergency response and manage all financial aspects of the emergency with the assistance of the EOC Chief of Staff. (**Action Card 8, Section 10**)

2.3.14 HSC Silver Liaison Officer (SLO): is responsible for providing a current update from a Health Silver perspective including HSC aims and objectives during an emergency incident. The SLO will also advise on potential impacts to HSC Silver from any strategic decisions being considered with Health Gold Command and inform HSC Silver of all decisions made. A SLO may be requested from any or all of the affected HSC organisations to attend Health Gold Command in person or via video-teleconferencing or conference calling. (**Action Card 9, Section 10**)

2.3.15 The Director of Population Health: is responsible for overseeing Emergency Planning Branch (EPB) in identifying potential health risks arising from [the UK National Risk Register of Civil Emergencies](#)⁸. In the event of an emergency the Director of Population Health will adopt the role of **EOC Manager** and with the support of the **EOC**

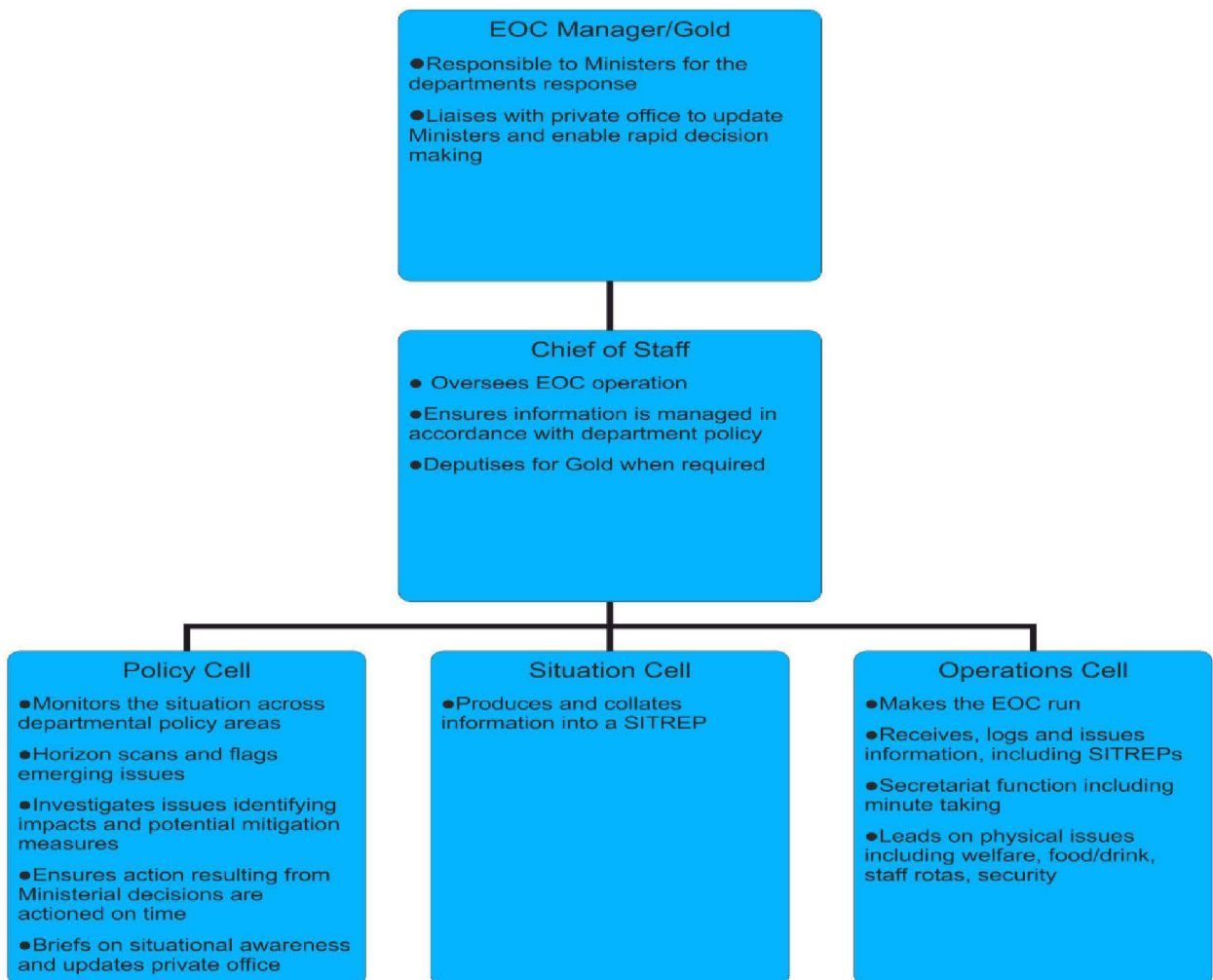
⁸ UK National Risk Register of Civil Emergencies: <https://www.gov.uk/government/publications/national-risk-register-of-civil-emergencies-2017-edition>

Chief of Staff will be responsible for coordinating the supply of quality and timely strategic information between the EOC and the Strategic Cell, Including ‘Stand Up’ brief as determined by the Reporting Rhythm and to coincide with staff rotas. (**Action Card 10, Section 10**)

2.3.16 **EOC Chief of Staff**: Supported by EPB staff and the wider Population Health Directorate, is responsible for the department’s Emergency Operations Centre (EOC). This role falls to the Head of Emergency Planning Branch who will in managing the EOC be responsible for delegating roles to staff, based on the EOC functioning procedures i.e. Situation Cell, Operations Cell and Policy Cell.

2.3.17 EOC structure and the relationship between roles is demonstrated in **figure 1** below. **Action Cards 10-13** will provide staff with an aide memoir for each allocated post.

Figure1: EOC Structures



2.3.18 **Chief Medical Officer Group (Safety Strategy Unit (SSU))**: is responsible for providing specialist estates advice and support to Health Gold Command.

1.

1.1

1.2

2.3.19 **Departmental Policy Leads & ALB Sponsor Branches**: (e.g. Primary Care, Secondary Care, Public Safety Unit, Social Services Policy Group, Nursing, Pharmacy, Environmental Health etc.) are responsible for ensuring that the HSC Trusts and other HSC organisations develop and maintain the necessary HSC business continuity plans to ensure continued service delivery in the face of adverse conditions or surges in demand. In the event that the situation escalates and an emergency develops then they need to oversee the response, assisting the CMO and other Strategic Cell members, to make the right strategic decisions to support the sector to deal with the emergency in a way that minimises the risk to patient health.

HSC Arm's Length Bodies

2.3.20 HSC organisations affected by the emergency will require regular communications and updates from Health Gold Command. The SLO within Health Gold Command will provide current positional updates and advise on any decisions made at a strategic level. Key HSC partners will include the HSC Trusts, NI Ambulance Service (NIAS) (including the Hazardous Area Response Team (HART)), NI Fire and Rescue Service (NIFRS) and the Northern Ireland Blood Transfusion Service (NIBTS).

2.3.21 It is the responsibility of Health Silver as part of the health response to an emergency, to provide a composite response from HSC ALBs i.e. Situation Reports (Sitreps) to the EOC. The timing of these Sitreps will be decided by Health Gold Command. A SitRep pro-forma is available at **Template (ix)**.

DoH External Stakeholders

2.3.22 **Northern Ireland Assembly (NIA)**: The Minister for Health will update Members of the Northern Ireland Assembly as appropriate on any incident for which DoH is the LGD.

2.3.23 **Northern Ireland Office (NIO):** The NIO is LGD for NI Related Terrorism (NIRT), unless it is absolutely clear at the outset, the default position for all emergencies (other than natural occurring emergencies) is that they **are** terrorist related. Until proven otherwise, the NIO will remain the LGD, assisted for the HSC consequences by DoH. Dependant on the scale of the emergency Health Gold Command would be activated as per procedure, with DoH taking over as LGD (where appropriate) once the terrorist phase of the emergency response is complete. During the NIO's response, DoH will provide the NIO Briefing Room (NIOBR) with regular Sitreps informing of the Health Impact Management Assessments (HIMA).

2.3.24 The NIO must also approve any request made for military assistance; and will advise on the military's capabilities and limitations. This will be undertaken through the Military Aid to Civil Authorities (MACA) process. Examples of when military assistance may be requested from MoD may include the transport (or MEDEVAC) of a patient, or patients, with suspected, or confirmed, High Consequence Infectious Disease (HCID) to a High Level Isolation Unit (HLIU) in England.

2.3.25 **TEO (Civil Contingencies Policy Branch (CCPB)):** where necessary, CCPB will facilitate the coordination of Health Gold Command to the CMG and/or to NI Central Crisis Management Arrangement (NICCMA) (**Annex H**) for the consequences of either a Level 2 Serious or Level 3 Catastrophic Emergency including requests for representation to the NIO following a decision to activate NIOBR.

2.3.26 CCPB is also the primary point of contact for discussion on issues involving other NI departments or for obtaining cross party political agreement following identified need for military assistance in a DoH response to an emergency.

2.3.27 **EIS** is charged with communicating Government policy to the general public, the media and external stakeholders and ensuring that all information channels and messages are co-ordinated. The DoH Principal Information Officer will engage with EIS in accordance with Emergency Planning Collaborative Communications Protocol (**Annex I**).

2.3.28 **Other NICS departments:** DoH will maintain contact during emergencies through TEO. These include:-

NOT PROTECTIVELY MARKED

- **Department of Agriculture, Environment and Rural Affairs (DAERA):** in relation to public health effects from an outbreak of zoonotic disease such as avian influenza, or an economically disruptive animal disease such as foot and mouth disease, and environmental/water/air pollution events;
- **Department for Infrastructure (DfI):** in relation to public health effects from flooding, and breakdown of water and sewerage services;
- **Department for Communities (DfC):** in relation to provision of Rest Centres in cases where citizens need to be evacuated from their homes in an emergency;
- **Department for Economy (DfE):** ensuring that HSC interests are reflected in emergency fuel plans;
- **Department of Finance (DoF):** with regard to securing departmental finance and Enterprise Shared Services (ESS) for IT Assist services such as additional communication/ telephony requirements; Properties Division in relation to accommodation and other facilities which may be needed in NICS owned estates including Castle Buildings and fallback accommodation; HR support were required.
- **Department of Education (DE):** in relation to the effects on schools / child care / education with regard to an outbreak of pandemic influenza or any other contagious disease or contamination incident; and
- **Department of Justice (DoJ):** in relation to prison healthcare during an incident such as a contagious disease outbreak (pandemic influenza).

2.3.29 **Police Service of Northern Ireland (PSNI):** The role of the PSNI is to discharge it's duties under Section 32 of the Police (NI) Act 2000. The general functions of the police are to:

- protect life and property;
- preserve order;
- prevent the commission of offences; and
- where an offence has been committed, take measures to bring the offender to justice.

2.3.30 The PSNI also act as an agent of the Coroner in the investigation of deaths.

The PSNI will co-ordinate the response and investigate all emergencies where there is a major and imminent threat to life. If PSNI are co-ordinating the response, they will facilitate

NOT PROTECTIVELY MARKED

and chair the Strategic Coordination Group (SCG) to ensure effective co-ordination between the available responding agencies (including Government). In most cases, the SCG will sit at the Strategic Coordination Centre (SCC) in Belfast (a secure Police location from which effective communications with Government can be maintained).

2.3.31 In incidents where Police are not co-ordinating the response, the lead agency will facilitate and chair the SCG at a nominated location.

Once the SCG is established DoH will provide advice through a Health Advisory Group (HAG) e.g. the HLO.

2.3.32 During Counter Terrorist (CT) responses where the SCC is opened and CMG and NIOBR are also opened, all communications between PSNI and Government will be through the Government Liaison Officer (GLO) and the Consequence Management Liaison Officer (CMLO) designated by TEO.

2.3.33 In discharging its LGD responsibilities, it is important that advice given by DoH remains at the strategic level. DoH will not interfere with the operational decisions of senior police officers. No member of Health Gold Command will attend centres of command below PSNI Gold and any advice will be relayed through the Health Liaison Officer at SCC or where applicable through NICMMA to the CMLO.

2.3.34 For incidents in, or that affect, Northern Ireland, DoH will provide assistance to the police by:-

- determining and communicating DoH policy;
- providing or contributing to a co-ordinated DoH or wider response;
- arranging specialist round-the-clock health advice through HAG;
- providing a capability to co-ordinate any health media response and public information activity; and
- providing strategic health advice to PSNI Gold through the Government's CMLO at the SCC for all CT emergencies with health implications.

2.3.35 **Ministry of Defence (MoD)**: in certain situations, where all other avenues have been exhausted, DoH can request military assistance from the Ministry of Defence (MoD). This is officially known as Military Aid to the Civil Authorities (MACA) and is requested through NIO.

2.3.36 **Public Health England (PHE)**: an executive agency of DHSC. Its three main business functions are to deliver specialist public health services to national and local Government. It has a critical role to protect the population from infectious diseases and to prevent harm when hazards involving chemicals, poisons or radiation occur. It also has a critical role to prepare for new and emerging threats such as bio-terrorism or virulent new strains of disease-causing organisms. PHE provides:

- specialist advice to PHA on WHO (World Health Organisation) /ECDC (European Centre for Disease Control) alerts on infectious diseases which present a risk to public health;
- specialist advice to PHA on any other health protection issues or incidents which may have implications for Northern Ireland;
- support to DoH and the Regional Medical Physics Service with respect to radiation issues including advice on risk assessment, monitoring and protection;
- technical and scientific advice on a wide range of issues including chemicals, poisons, radiation exposure and environmental hazards via the Centre for Radiation, Chemical and Environmental Hazards (CRCE);
- strategic emergency planning support and advice and facilitation of DoH participation in relevant exercises; and
- access to the National Poisons Information Service which includes the web based resource TOXBASE, and clinical toxicological expertise.

2.3.37 A Memorandum of Understanding (MoU) is in place between DoH, PHE, and the PHA. This sets out an agreed framework of co-operation for several areas including emergency preparedness and response.

2.3.38 **Department of Health, Republic of Ireland (DoH Rol)**: in an emergency situation cross border liaison will be of particular relevance when:

- the threat or hazard is not confined to a particular jurisdiction;

NOT PROTECTIVELY MARKED

- there is movement of patients across the border;
- the issue of mutual aid arises, which could include personnel, equipment, countermeasures or technical expertise; and
- containment measures require cross border cooperation.

NOT PROTECTIVELY MARKED

Section 3

Activation Procedure

Alerting of Incidents to DoH
During Normal Working Hours
Outside Normal Working Hours
Timescales for Activation of Health Gold Command
Standby Arrangements
Location of Health Gold Command

3. ACTIVATION PROCEDURES

Alerting of Incidents to DoH

3.1 While it is anticipated that incidents may be reported to the Department from a variety of sources, in most cases alerts will come from HSC Silver. Alternative sources may include the PSNI, TEO, and other Government or Whitehall Departments, such as DHSC.

3.2 On notification of an incident the official receiving the initial alert of an emergency (including the Health Gold Command On-Call Duty Officer for notifications received outside normal working hours) will record the information using the **M/ETHANE** methodology from the JESIP principles (**M**ajor incident declared; **E**xact location; **T**ype of incident; **H**azards; **A**ccess; **N**umber of casualties; **E**mergency responders). A copy of the Emergency Reporting template is available at **Template (i)**. Further details on the JESIP Principles are provided at **Annex K**.

3.3 To ensure an effective response it is essential that the Department is notified at the earliest possible opportunity following any declared '*Major Incident*' occurring, or when it is considered one is likely to occur. The default position is that the Department should always be alerted immediately for all Level 2 and Level 3 emergencies. A local emergency will rarely require Health Gold input.

During normal working hours: (09:00 and 17:00)

3.4 If a call is received during normal working hours, the Head of EPB will initially liaise with the Director of Population Health and SMOs as appropriate, to discuss the nature of the incident and determine if the EOC should be established. In the case of Local or Level 1 emergencies EPB will normally maintain a watching brief and a future decision to activate may be made if the situation escalates.

3.5 Following a bona fide alert received during normal working hours the Head of EPB or the Director of Population Health will within 30 minutes:

- approve the activation of 'Health Gold Command Level 1' to monitor the incident/situation, if required; and/or
- gain approval from the CMO or deputy for the activation of 'Health Gold Command Level 2' or Level 3'.

Outside normal working hours (17.00 and 09.00)

3.6 If a call is received outside normal working hours to the Health Gold Command On Call Duty Officer and the decision is made to activate Health Gold Command, then Health Gold Command Alerting Procedures will be triggered as provided at **Template (ii)** and followed as soon as possible by a written Situation Report (Sit-Rep). A copy of the SitRep template is available at **Template (ix)**.

- If the Health Gold Command On-Call Duty Officer receives a bona fide alert for a local or Level 1 Emergency, he/she will seek guidance from the Head of EPB or the Director of Population Health. If activation of 'Health Gold Command Level 1' is required it will normally occur at the earliest opportunity on the next working day; and
- Following a bona fide alert received for a Level 2' or Level 3' emergency, the On-Call Duty Officer will gain approval for activation of Health Gold Command from the CMO or deputy within 60 minutes.

3.7 The outside normal working hours' service is in operation for all weekends, Public and Bank Holidays. In the event that the Health Gold Command On-Call Duty Officer (after several attempts) cannot be contacted, a call should be made to NI Direct with a request for the caller to be put through to "the DoH 1st Emergency Contact".

QUICK CONTACT GUIDE

Normal office hours:

- Head of EPB (1st contact) ☎ [REDACTED]
- CMO's office (2nd contact) ☎ [REDACTED]
- Castle Buildings Premises Officer ☎ [REDACTED]

Out-of-hours:

- Health Gold Command On-Call Duty Officer ☎ [REDACTED]
- NI Direct (2nd Contact) ☎ [REDACTED]
[REDACTED]
- Castle Buildings Emergency ☎ [REDACTED]
- Emergency Planning Branch email address: ✉ [REDACTED]

Timescales for Activation of Health Gold Command

3.8 Following approval to activate, the EOC will be electronically operable within 90 minutes and fully staffed within 120 minutes. DoH will maintain a directory of emergency contacts internal and external to the Department which is held separately to the ERP referred to as **Annex L**.

3.9 DoH will assure itself that it remains continually capable of providing an alert-to-operational capability of no more than 150 minutes and fully staffed capability within 180 minutes.

Table 2: Activation Times

| Response levels: | During normal working hours | Outside normal working hours | Operational Capacity | Fully staffed |
|------------------|-----------------------------|-------------------------------|----------------------|---------------|
| 1 | 30mins | Notification next working day | 90mins | 120mins |
| 2 | 30mins | 60mins | | |
| 3 | 30mins | 60mins | | |

Standby arrangements

3.10 In some circumstances the immediate impact of an incident may not be clear, or the Department’s services may not be required in the immediate response phase. There is provision for graduated opening of the EOC in the build-up to a potential emergency, as well as full opening in response to a reported emergency. This requires dedicated incident monitoring, tracking and reporting arrangements to be in place from the outset of any incident. In advance of opening the EOC these response functions will be provided through existing EPB arrangements.

Location of Health Gold Command

3.11 The EOC must be able to continue to function in the event of loss or unavailability of Castle Buildings (including the inaccessibility of Stormont Estate). The EOC is therefore structured on the basis of primary and fallback locations. It will be for Health Gold Command Senior Duty Officers to determine, and if necessary discuss with the Director of Infrastructure Investment, when notified of the decision to open the EOC, whether it opens initially at the primary or at the fallback location. Where initial opening is at the primary location, arrangements must be made to ensure that the fallback is available and operating should the primary location become untenable. Further details on the EOC primary location and fallback arrangements are provided at **Annex E**.

Section 4

Emergency Response

DoH Emergency Response
Decision to Activate the Health Gold Command
NI Central Crisis Management Arrangements
Categories of Emergencies
Emergency Powers Direction
Staffing Requirement
Communication
Health Gold Command Information Flow
Moving to a New Phase of Response

2

4. EMERGENCY RESPONSE

DoH Emergency Response

4.1 As referred to in Section One Health Gold Command consists of two key elements; the Strategic Cell and the Emergency Operations Centre (EOC).

- The Strategic Cell is the strategic decision-making group during the emergency. This group is usually chaired by the CMO or a deputy and consists of key policy leads from across the Department and representation from HSC Silver. The Strategic Cell provides the ultimate source of strategic health, social care and public safety advice and direction. Terms of Reference for the Strategic Cell are provided at **Annex F**. The Strategic Cell will also agree and modify the strategic aims and objectives for the EOC. A default set of the aims and objectives are provided at **Template (viii)**.
- The EOC is responsible for management of the flow of all information into and out of the Strategic Cell, both within the HSC sector and the wider NICS and UK Government. The EOC provides support to the Strategic Cell by maintaining a Common Recognised Information Picture (CRIP) (see **template (x)**) to help inform the strategic decision making process.

Decision to Activate Health Gold Command

4.2 The initial process (including contact details) for alerting DoH to emergencies is set out in **Section 3**. EPB is responsible for setting up and initialising the physical location of Health Gold Command as per the layouts in **Templates (iii) and (iv)**.

4.3 Once activated, Health Gold Command will assess the viability of critical health and social care infrastructures, including medical/clinical supply chains, stockpiles and countermeasures, and make strategic policy decisions about service delivery and surge capacity based on recommendations received from HSC Silver. Health Gold Command, in conjunction with the Departmental strategy for HSC Business Continuity Management, will manage any disruption to critical health services and assist the return to normality for the DoH and HSC organisations when pragmatic and safe to do so.

NI Central Crisis Management Arrangements

4.4 When an emergency occurs which requires multi-agency strategic co-ordination i.e. a Level 2 or Level 3 emergency, central strategic co-ordination arrangements can be activated as required. These arrangements are known as the Northern Ireland Central Crisis Management Arrangements (NICCMA). **Figure 2** provides an overview of national and NI emergency response structures. TEO or the lead department can request the activation of NICCMA. Details of NICCMA alert procedures and its operation are contained at **Annex H**.

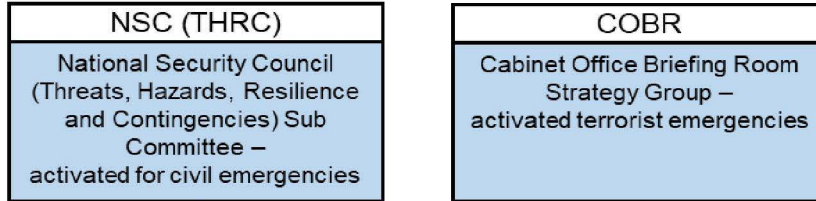
4.5 Within NICCMA arrangements, the Ministerial-led CMG with the authority of the Executive to which it reports, has the power to direct the response and commit resources across the NI Civil Service. The Civil Contingencies Group (NI) (CCGNI), a multi-agency forum for the development, discussion and agreement of civil protection policy, will support CMG to co-ordinate the emergency response across the NI departments and other public sector organisations. CMG's strategic decision-making role includes:

- directing and coordinating the efforts of NI departments in responding to the emergency;
- assessing the wider impacts of events and decisions on infrastructure, systems and people;
- identifying the key issues for consequence management and long-term recovery;
- deciding on the relative priorities to be attached to the management of the various elements of the overarching response; and
- establishing the strategic direction of the coordinated public information policy.

4.6 CMG can be chaired by the First Minister and the deputy First Minister acting jointly or, where appropriate by the Minister for the Lead Department, the Head of the NICS, or Permanent Secretaries or other officials as considered appropriate. Representatives from other organisations such as the PSNI, NIO and relevant District Councils, as well as specialists, may also be invited to attend. EIS, through its membership, coordinates the delivery of public information and media response in NI.

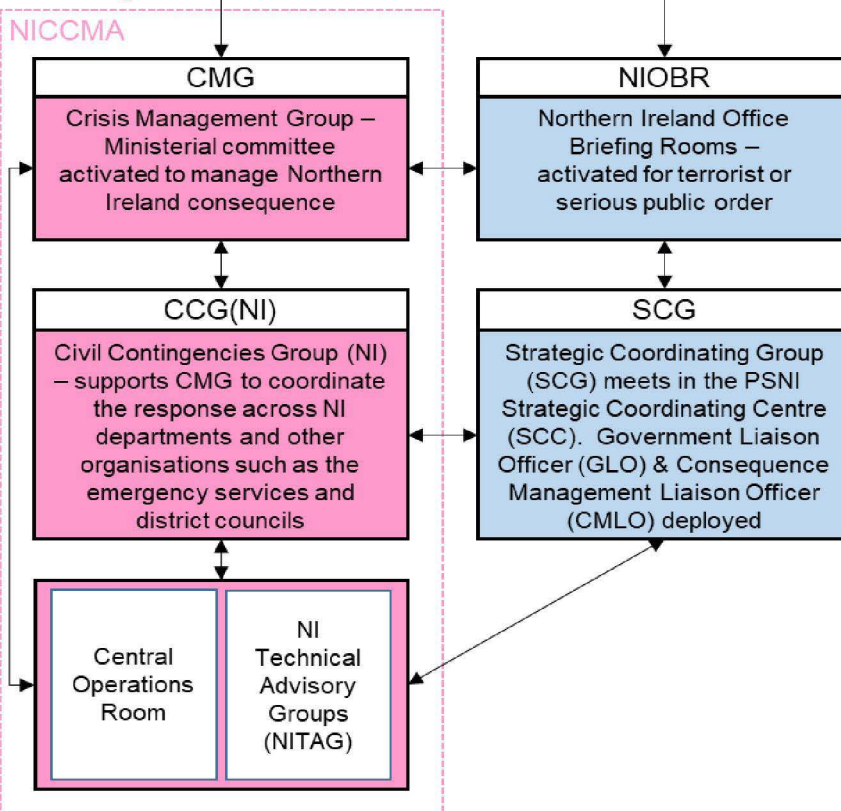
Figure 2: Overview of National and NI Emergency Response Structures

GB or UK Emergencies



NSC (THRC) and the COBR strategy group both operate from the Cabinet Office Briefing Rooms 'COBR', linking to all Lead Government Departments and responding agencies as necessary.

NI Emergencies



For a catastrophic emergency affecting the UK, the Northern Ireland response will be delivered through NIOBR or CMG linking all Lead Government Departments and responding agencies as necessary.

Health Sector



As a LGD the DoH is capable of scaling its response for 'Significant', 'Serious' and 'Catastrophic' emergencies from Health Gold Command, linking directly with other government departments and responding agencies.

Health Gold Command decisions will include the appropriate scale of the response and whether there is a need for wider strategic assistance through invocation of the NICCMA

Categories of Emergencies

4.7 Emergencies are classified according to how their strategic co-ordination is discharged. There are four broad types of emergency which may impact on the Department:-

Local Emergency Response

4.7.1 Local Emergencies are emergencies where the outcomes are confined to a relatively small area or number of people, and local or sub-regional organisations deliver the response. In this type of emergency, it is expected that the relevant HSC Trust would be able to deliver the response by implementation of its Major Incident Plan (MIP) with input and direction from HSC Silver as required.

There is no need for the Department to activate the EOC in this situation.

Level I: Significant Emergency Response

4.7.2 A Significant Emergency is relatively localised in one geographical area or sector, but the scale of the emergency has surpassed the ability of an individual HSC Trust to cope, and mutual aid is required from other Trusts. In such circumstances, the Joint Response Emergency Plan (JREP) will be invoked and the operational response will be co-ordinated jointly by the HSCB, PHA and BSO. This will include co-ordination of other organisations as required. For these emergencies, the Department should be advised of the emergency as soon as possible. This type of emergency does not usually call for the establishment of the EOC. CMO will be kept fully briefed on the situation by EPB and can make a decision to establish the EOC if required.

4.7.3 A Significant Emergency may require the special mobilisation and/or redeployment of staff or other resources. Where the decision is made to open the EOC for a Level 1 response, it will be convened within EPB accommodation.

4.7.4 EOC components required in response to a significant emergency (Level 1) are detailed in **Annex B**.

This type of emergency will not necessarily require the full EOC facility to be stood up.

Level 2: Serious Emergency Response

4.7.5 A Serious Emergency is one where the extent or severity of the emergency is such that a large number of local, sub-regional and regional organisations are involved in delivering the response and strategic level co-ordination is required. If designated as the LGD, DoH can additionally ask for the [NICCMA](#) to be activated.

4.7.6 There is also likely to be the requirement for considerable communication to the public and therefore the EIS Communication Protocol will be invoked to support the appropriate strategic management of the response as Level 2 emergencies can also impact across the UK and may require input to Cabinet Office Briefing Rooms (COBR) through DHSC in England.

4.7.8 Health Gold Command components required in response to a Serious Emergency (Level 2) are detailed in **Annex C**.

This type of emergency will always require the opening of the EOC.

Level 3: Catastrophic Emergency Response

4.7.9

A Catastrophic Emergency is one which has a high and potentially UK-wide impact, requiring immediate central Government direction and support. Although the overall response would be led from COBR, usually with the Prime Minister or Secretary of State for Health and Social Care in the chair, the strategic coordination for any consequence management and recovery issues for Northern Ireland would likely be delivered under the NICCMA (Platinum) response tier.

4.7.10 The additional activation of NICCMA (Platinum) effectively links multiple departmental Gold commands together into one overarching strategic coordination group for Northern Ireland.

4.7.11 Health Gold Command components required in response to a Catastrophic Emergency (Level 3) are detailed in **Annex D**.

DoH response to a serious or catastrophic emergency will require a limited to full activation of Health Gold Command facilities based in Castle Buildings or fallback

location. Full details of the Health Gold Command accommodation are provided at Annex E.

Emergency Powers Direction

4.8 During an emergency, the Chair of Health Gold Command can invoke the Departments 'Emergency Powers Direction' to direct and redeploy Health and Social Care resources to secure and advance the health and social welfare of the people of Northern Ireland. The provision of mutual aid for HSC organisations, in response to an emergency, can be facilitated by the signing of the 'Emergency Powers Direction'. The Department's 'Emergency Powers Direction' mirrors the requirements in [the Civil Contingencies Act 2004⁹](#).

Staffing Requirement

4.9 While EPB and the wider Public Health Directorate (PHD) will form the majority of the staff complement required within the EOC, additional staff will be required to assist with a prolonged incident and will be gathered from the wider DoH pool. The Director of Corporate Management in collaboration with NICSHR will be responsible for coordinating and managing the sourcing of essential support staff to sustain the emergency response. Staff will be deployed in areas within the EOC Cells, such as records management, policy guidance and operations, including loggists, minute takers and running of the EOC.

Where the EOC may be required to relocate or managed for a long term response, the provision of security and other facilities to safeguard staff welfare will be the responsibility of the Director of Infrastructure Investment and NICSHR in collaboration with the EOC Chief of Staff and as determined by the response requirements.

4.10 Further information on staffing requirements can be found under **Section 5** and also in the EOC Standard Operating Procedures (SOPs) at **Annex A**.

Health Gold Command Staffing Requirements

4.11 Staff involved in the DoH response to an emergency will fall into the following broad categories:

⁹ Civil Contingencies Act 2004: <https://www.legislation.gov.uk/ukpga/2004/36/contents>

- those who will operate in direct support of the Health Minister and CMO i.e. the Strategic Cell and EOC Staff including loggists, minute takers and administrators;
- those deployed elsewhere to support a DoH response either as members in support of HAG, e.g. the HLO, or as representatives to other bodies, such as NIOBR;
- specialist staff e.g. NICSHR providing logistics support to Health Gold Command; and
- specialist technical and communications support staff e.g. Information Office Staff, Health and Safety advice from MSU and Staff Welfare information from NICSHR.

Communication

4.12 Effective communication is crucial to the effective running of the EOC and the overall response provided by Health Gold Command. Reliable information must be passed without delay between those who need to know, including the public. The Department will look to HSC Silver to support the emergency response and to cascade key messages to HSC Bronze and, when the situation dictates, emergency responders at the scene. Health Gold Command will also provide key briefings, including sitreps (see **template (ix)**) and CRIPS (see **template (x)**) to NICCMA, CCG(NI) and CMG (as required) regarding the health impacts of emergencies that have necessitated the opening of any of these regional response bodies.

Communication Equipment

4.13 Health Gold Command has access to digital telephone lines and equipment as well as a designated analogue telephone line. All departmental staff within Health Gold Command have access to normal departmental telephone and email facilities and the EOC can support conference calling and video teleconferencing when required. With regards to any additional communication requirements needed for the individual response to the specific incident, IT Assist will be responsible for securing any such additional resources. A draft teleconference agenda format and teleconferencing protocols are provided at **template (xi)** and **Annex J** respectively.

Collaborative Communications

4.14 The Department will collaborate with EIS to establish whether any assistance is required to coordinate key messages across all responders and to develop a core script that all responders can draw on. It is important to stress that EIS will be offering assistance and will not be seeking to direct the lead agency's communications effort. Throughout this

period EIS will continue to liaise with the Department to keep the level of assistance required under review. When NICCMA has been activated, EIS will coordinate the media response and will lead on the development of the media strategy to support the strategic priorities identified by NICCMA. The Collaborative Communications Process is included at **Annex I**.

Media Liaison

4.15 The Information Office has responsibility for all external media and press communications from the Department as described under **Section 2** and **Action Card 6** of the ERP.

Health Gold Command Information Flow

4.16 Information flow into Health Gold Command: Information is provided from HSC Silver and other key stakeholders into the EOC Situation Cell to aid the development of timely and accurate health reporting and facilitate strategic decision-making. This can be in the form of telephone calls, e-mails or video or tele-conferencing. Advice on the timing of scheduled updates and meetings will be issued by the EOC Situation Cell and is known as the “DoH Reporting Rhythm” (see **template (xii)**).

4.17 Information flow out of Health Gold Command: equally, the EOC Situation Cell will push strategic advice and direction out to HSC Silver and other external stakeholders on a daily basis or as timed by the Reporting Rhythm. Examples of information pushed out from the EOC Situation Cell include:

- strategic aims and objectives – reflecting the current strategic priorities for the NI health response;
- HIMAs - providing a forward look to the state of the health infrastructure including the potential for future pressures and / or easements; and
- any agreed media lines to take.

ALL DECISIONS AND ACTIONS THAT ARE AGREED SHOULD BE RECORDED AND FILED ACCORDINGLY FOR POTENTIAL FUTURE LEGAL OR PUBLIC INQUIRY REASONS

Moving to a New Phase of Response

4.18 After an emergency the EOC will be scaled down, however, DoH must:-

NOT PROTECTIVELY MARKED

- make a continuing contribution to recovery planning / delivery through the NICCMA or other LGD processes;
- make a continuing contribution to any counter-terrorist elements of the response through participation in NIOBR, providing timely provision of HIMAs;
- monitor and, where necessary, support the management of any continuing consequences of the incident for DoH;
- identify, incorporate and share any lessons learned internally and as part of any cross-cutting review and update plans accordingly;
- provide information on individual and collective actions and decisions to the Minister, NI Executive and NI Assembly and to any public enquiry;
- identify and follow up improvements to its contingency arrangements (i.e. revision of emergency and business continuity plans);
- de-brief and, where necessary, counsel and support DoH staff who have been involved;
- reward and recognise staff;
- ensure that appropriate recognition is given to responders (e.g. emergency services); and
- assist an early return to normality (or as near to it as can be reasonably achieved).

4.19 Delivery of the above functions will be the joint responsibility of the DoH Top Management Group (TMG), through the Director of Population Health, the Director of Infrastructure Investment and the Director of Corporate Management.

Section 5

Long Term Response

The impact of an Emergency on DoH
The Corporate Incident Management and Business Continuity Plan
Shift Patterns and Staffing Levels
Staff Welfare
Conditions of Service
Health and Safety
Environment
Communications and Media
NI Direct
Debriefing Arrangements

5. LONG TERM RESPONSE

The impact of an emergency on DoH

5.1 A primary planning assumption for a DoH response to a Level 2 Serious or Level 3 Catastrophic Emergency is that such an event will require management for 24 hours a day over a minimum period of 7 days. The Director of Corporate Management, in liaison with NICSHR, ensures that required staffing will be available to resource Health Gold Command during an emergency situation for 24 hours a day over a minimum period of 7 days and will redeploy staff from Business Areas with lower Departmental priorities to support the emergency response, particularly in a sustained emergency situation - **Action Card 4** refers.

5.2 The focus of effort will be on maintaining the following key response categories:

- the effective discharge of the LGD role (including the continued provision of advice to the Health Minister; the NI Executive, PSNI Gold and senior officials);
- the continued operation of the Health Minister's Private Office and the NI Assembly function;
- the continued operation of EIS to allow for effective coordination of the media effort and of warning and informing the public.
- the maintenance of key business support areas (e.g. ICT, personnel, estates management and finance); and
- the maintenance of liaison and coordination arrangements with HSC Silver, NIFRS, PSNI, TEO, NIO and COBR via the EOC.

The Corporate Incident Management and Business Continuity Plan

Infrastructure

5.3 In the event of a significant loss of support services in DoH (including accommodation, ICT and staff) it is expected that the Department's Corporate Incident Management and Business Continuity Plan will be triggered in line with the procedures detailed in that plan. In the event of concurrent activation of Health Gold Command, the plan sets out a framework from which the Department can strategically continue to deliver its critical service when support services are impacted.

Accommodation

the plan seeks to restore the primary location for Health Gold Command as a priority in these circumstances and also gives priority to locating an alternative site for Health Gold Command should issues arise with the fallback location. It should be noted that any tertiary location is unlikely to facilitate the same level of facilities for Health Gold Command as have been planned for the primary and fallback locations.

Primary and fallback locations are detailed at **Annex E**.

MSU will be available to provide Health and Safety risk assessments as appropriate throughout any emergency for which Health Gold Command is opened. This will include assessment of the ongoing impact of any incident on the physical location.

ICT

The initial contact in the event of ICT failure is IT Assist, using the normal contact process of dialling 155 or 0300 1234 155. In the event that this is unavailable, the IT Assist business manager or deputy should be contacted for assistance. In the event that this contact is unable to assist, the Investment Director (or deputy) should be contacted and they will escalate the issue within Enterprise Shared Services (ESS).

HR Issues

The initial contact in relation to HR issues is the Department's NICSHR business partner [DN- cross reference to the contact list]. In the event of significant staffing shortages that have resulted in the triggering of the Department's Corporate Incident Management and Business Continuity Plan, that response will prioritise directing available Departmental staff to the operation of Health Gold Command, in line with the shortages advised.

Shift Patterns and Staffing Levels

5.4 The Director of Corporate Management is responsible for ensuring a robust and flexible system is in place to effectively staff an emergency throughout each phase. The maintenance of a large-scale response over a prolonged period places an enormous strain on any organisation and shift patterns may need to be considered. Operation of Health Gold Command will need to be appropriately resourced to meet the [Working Time Regulations \(Northern Ireland\) 1998](#)¹⁰ and staff will need to be relieved of Health Gold

¹⁰ Working Time Regulations (Northern Ireland) 1998:
<http://www.legislation.gov.uk/nisr/1998/386/contents/made>

Command duties on a regular basis, i.e. for breaks, meals and rest, including sleep. The staffing of 'Cells' and shift arrangements will depend primarily on the response required of the Department in any particular emergency.

5.5 As most emergency response activities are likely to take place during the day, except for the first hours of an emergency that starts towards the end of the day, there is potential for night shift patterns to be operated with smaller teams.

5.6 For protracted events such as an infectious disease outbreak (see **Annex G**), situations could continue for many weeks or even months and will require a different profile of shift working. A three by eight hour shift pattern may be required in the early days, providing experience on which to base longer term patterns. These profiles will depend on the strategic impact of the emergency, although it will be important to rotate staff to prevent 'burn out'.

At all times, DoH will maintain its duty of care to its staff.

Staff Welfare

5.7 Welfare Support Service and Health & Safety Officers will be responsible for ensuring the safety and well-being of Health Gold Command staff at all times, irrespective of location. It is acknowledged that responding to either a serious or catastrophic emergency may well place staff in a position of extraordinary stress and levels of responsibility. Signposting to Welfare Support Service will be made available through the Operations Cell.

Conditions of Service

5.8 All NICS staff are governed by the NICS HR Handbook in respect to standard NICS pay and conditions, travelling expenses and overtime. In the event of an emergency the NICS Handbook may need to be reviewed to safeguard staff welfare and safety during an emergency, and to ensure that the Department is compliant with any obligatory legislative requirements.

Health & Safety

5.9 All responding staff must be fully aware of, and compliant with, the latest [DoH Health and Safety at Work Circulars¹¹](#).

Environment

5.10 The EOC Operations Cell will ensure that:

- the Health Gold Command facility in use is secure and staff are not placed in jeopardy, either by their attendance or continuing presence;
- the facility in use has adequate heat and light;
- rest room and washing facilities are available; and
- for serious or catastrophic emergencies, it facilitates staff who wish to contact friends and family.

Communications and media

5.11 Ensuring that the public have up-to-date, concise, clear information, including, where necessary, advice on what to do, is crucial to maintaining their confidence. Large scale and/or prolonged emergencies of all kinds attract media attention. In a world of highly competitive media outlets and 24-hour news broadcasting, the demand for information, analysis, response and action can place enormous additional strain on Information officers and staff. In all circumstances, all contact with the media must come via the DoH Information Office.

5.12 DoH Information Officers will work with Department to understand the information needs of mobile and social media users and how these can be best met in an emergency.

NI Direct

5.13 Within the NI Civil Service (NICS) mutual aid arrangements are in place for telephony services. The objective is for NI Direct to have established emergency telephone and web capabilities within 12 hours of being activated in an emergency. The NI Direct website should be the primary online vehicle for public service information in an emergency, with other organisational websites directing enquirers to NI Direct, see **Annex I** Call Centre Support.

¹¹ DoH Health and Safety at Work Circulars: <http://nics.intranet.nigov.net/health/articles/health-and-safety-work-hsaw>

Debriefing Arrangements

5.14 Formal debriefing sessions and Post Exercise Reports (PXR) will be initiated following incidents. The outcomes of each incident and lessons learned from an incident response will form part of any review of the Department's ERP.

ALL DECISIONS AND ACTIONS THAT ARE AGREED SHOULD BE RECORDED AND FILED ACCORDINGLY FOR POTENTIAL FUTURE LEGAL OR PUBLIC INQUIRY REASONS

Section 6

Training

Training and familiarisation – general approach
Training and familiarisation – specific requirements

6. TRAINING

Training and familiarisation – general approach

6.1 Training will be provided in accordance with Standard 5 of the '[NI Standards in Civil Protection](#)'¹² to ensure compliance with good practice as follows:

- An overall emergency planning training needs assessment for the organisation, and a training strategy, agreed and supported by senior management. Effectiveness of training evaluated.
- Emergency planning/response training included in the annual Training Needs Assessment and Job Appraisal Interview for people who have a role in emergency response.
- Training is based on the competences staff need to carry out their assigned planning and response roles and focuses on areas where individuals need to increase their competence.
- Participation of staff in appropriate multi-agency training programmes and joint training, where organisations would be expected to work closely together.
- Senior managers attend emergency planning awareness raising / training events.
- Key lessons from training events identified and circulated, both for the benefit of the individual who attended and of the whole organisation.
- Training in the emergency planning and/or response roles of their post provided to staff on appointment or promotion.
- A programme for reinforcing training by regular participation in exercises or refresher training.
- Training addresses not only technical aspects of emergency response but also psychological ones.
- A strategy for debriefing of staff following incidents or exercises, with lessons learnt being used to inform the training programme.

6.2 Training and familiarisation may include:

¹² NI Standards in Civil Protection: https://www.executiveoffice-ni.gov.uk/sites/default/files/publications/ofmdfm_dev/ni-standards-in-civil-protection.pdf

- 'shadowing' relevant roles on DHSC England/ DH RoI / Welsh / Scottish exercises;
- taking part in formal observer programmes established for UK, HSC, ALBs exercises. Devolved administrations have observer status during any exercise notified through the National Security Council (THRC).
- attending strategic and operational emergency management courses;
- attending subject-specific presentations and seminars (e.g. on CBRN);
- taking part in scenario-based events and seminars;
- undergoing specialised training on the activation and operation of Health Gold Command; and
- carrying out any role-specific training as identified within the DoH ERP.

Training and familiarisation – specific requirements

6.3 Staff competencies required:

- leadership, including team-working, decision-making and assertiveness;
- systematic information management and dissemination;
- critical thinking, evaluation and problem-solving;
- effective deployment and use of available resources;
- networking and negotiation; and
- flexibility, particularly the ability to re-focus and modify plans to meet a developing situation.

6.4 Under circumstances where the EOC is expected to remain open for an extended period of time, familiarisation and training will help develop the following core skills:

- creativity and innovation in problem solving;
- incident and response monitoring and tracking;
- information management and tracking;
- the delivery of presentations and briefings;
- the preparation of Situation Reports, CRIPs and HIMAs; and
- the recording of meetings and decisions.

6.5 A table top exercise will be carried out annually.

6.6 A live exercise will be carried out every two years. This may (if relevant) be in partnership with Health Silver.

Section 7

Validation and Review

Ownership
Maintenance
Validation
Review

7. VALIDATION AND REVIEW

Ownership

3

7.1 This Emergency Response Plan is owned by the Chief Medical Officer for Northern Ireland. The Department's Emergency Planning Branch will maintain, review and update the plan. Further information can be obtained from:

**Head of Emergency Planning Branch
Department of Health
Population Health Directorate**

Tel: [REDACTED]

Email: [REDACTED]

Maintenance

7.2 DoH has adopted the principle that assurance on Health Emergency Planning is incorporated into the annual assurance and risk control mechanisms of the Department's corporate governance regime. The Director, Population Health Directorate, will ensure that all reviews of the DoH ERP have been carried out.

Validation

7.3 To ensure this plan meets its objectives and that of other organisations that depend on it, it will be the subject of extensive consultation, both internal and external to the organisation, during the process of plan preparation and afterwards.

7.4 All exercises should be followed by formal debriefs, a PXR and a lessons learned report to improve the response to an incident.

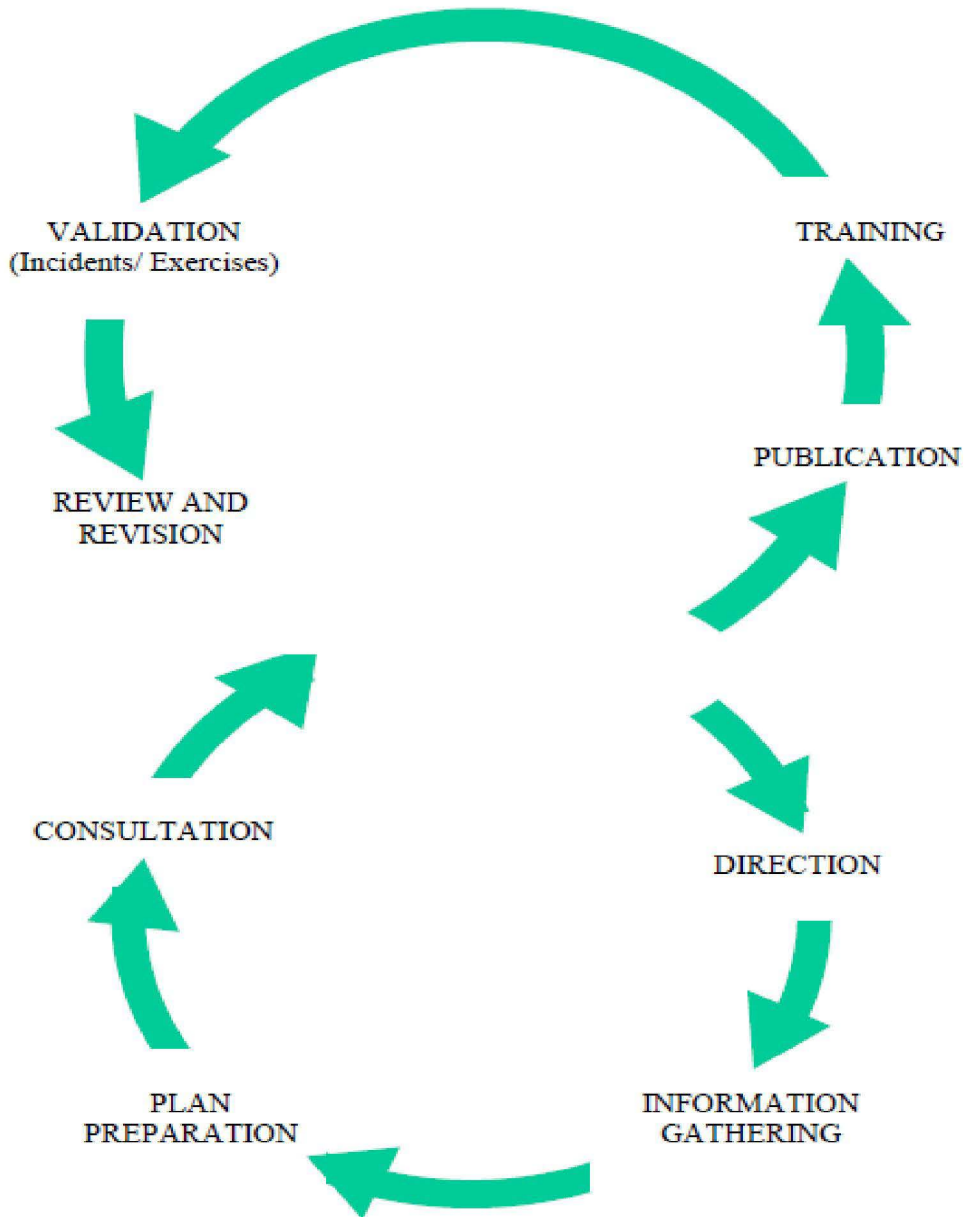
7.5 Internal Audit are authorised to help validate the development and continual review process of all DoH Emergency Plans.

Review

7.5 A fundamental review of DoH ERP in consultation with stakeholders will be carried out after live exercises (every two years) or when issues are identified as the result of other types of exercises. They will also be carried out after emergencies that have led to the

activation of all or part of the DoH ERP or following significant enhancements to the nature of the threat. Where these opportunities have not arisen, a review will be carried out at intervals of no greater than three years. Following review, an updated version will be issued and previous versions recalled.

Figure 3: Planning and Review Cycle



Section 8

ANNEXES

Annexes

- A [EOC Standard Operating Procedures \(SOPs\)](#)
- B [DoH Response to a Significant Emergency](#)
- C [DoH Response to a Serious Emergency](#)
- D [DoH Response to a Catastrophic Emergency](#)
- E [Health Gold Command Primary Location and fallback arrangements](#)
- F [Strategic Cell Terms of Reference](#)
- G [Health Gold Command Support to Infectious Disease Outbreaks](#)
- H [Northern Ireland Central Crisis Management Arrangements \(NICCMA\)](#)
- I [Collaborative Communications and Call Centre Support](#)
- J [DoH Teleconference Meeting Protocols](#)
- K [JESIP \(Joint Emergency Services Interoperability Principles\)](#)
- L [Directory of Emergency Contacts](#)

ANNEX A: EOC Standard Operating Procedures (SOPS)

In advance of an emergency:

- Ensure that you are familiar with the ERP and understand the role you could play.
- Be fully aware of the latest [DoH policy](#) on the protective marking of documents; their safe storage, destruction and transmission.
- Undergo training and participate in exercises as required.

Alert to an emergency:

- Following a decision to establish Health Gold Command, 'Standing Members' will be alerted (see **template (ii)**).
- Communications must be established with HSC Silver to ascertain the impact of the emergency to HSC organisations.
- Depending on the potential NI implications TEO will be informed for the possible activation of the NICCMA.
- The Chair of Health Gold Command, when designated LGD, is authorised to give direction to other Government departments through NICCMA. Such direction will be in the form of setting tasks which must be completed by a certain time, rather than interfering with how that department might choose to deliver the business need.
- The nature of the emergency will depend on the necessity to alert others i.e. policy leads across the Department, external partners e.g. PSNI, Whitehall or ROI. Guidance to be taken from specific HIMAs/METHANE/ Sitreps.

During an emergency:

- Proximity swipe-cards for visitors and contractors will be issued to invited visitors and maintenance staff and must always be displayed when access control mechanisms have been activated to secure entry to the EOC. The Operations Cell will monitor the movements of all staff within the EOC to prevent unauthorised entry.
- On arrival at the EOC, all staff will report to the EOC Chief of Staff and will receive an initial briefing on the situation.
- The EOC Chief of Staff will allocate roles and responsibilities and is empowered to allocate additional resources as necessary to maintain the flow of strategic information into, and out of, the Strategic Cell without concern relating to substantive

NOT PROTECTIVELY MARKED

grade. Details of the duties required within the EOC are included at **action cards 11 to 13**.

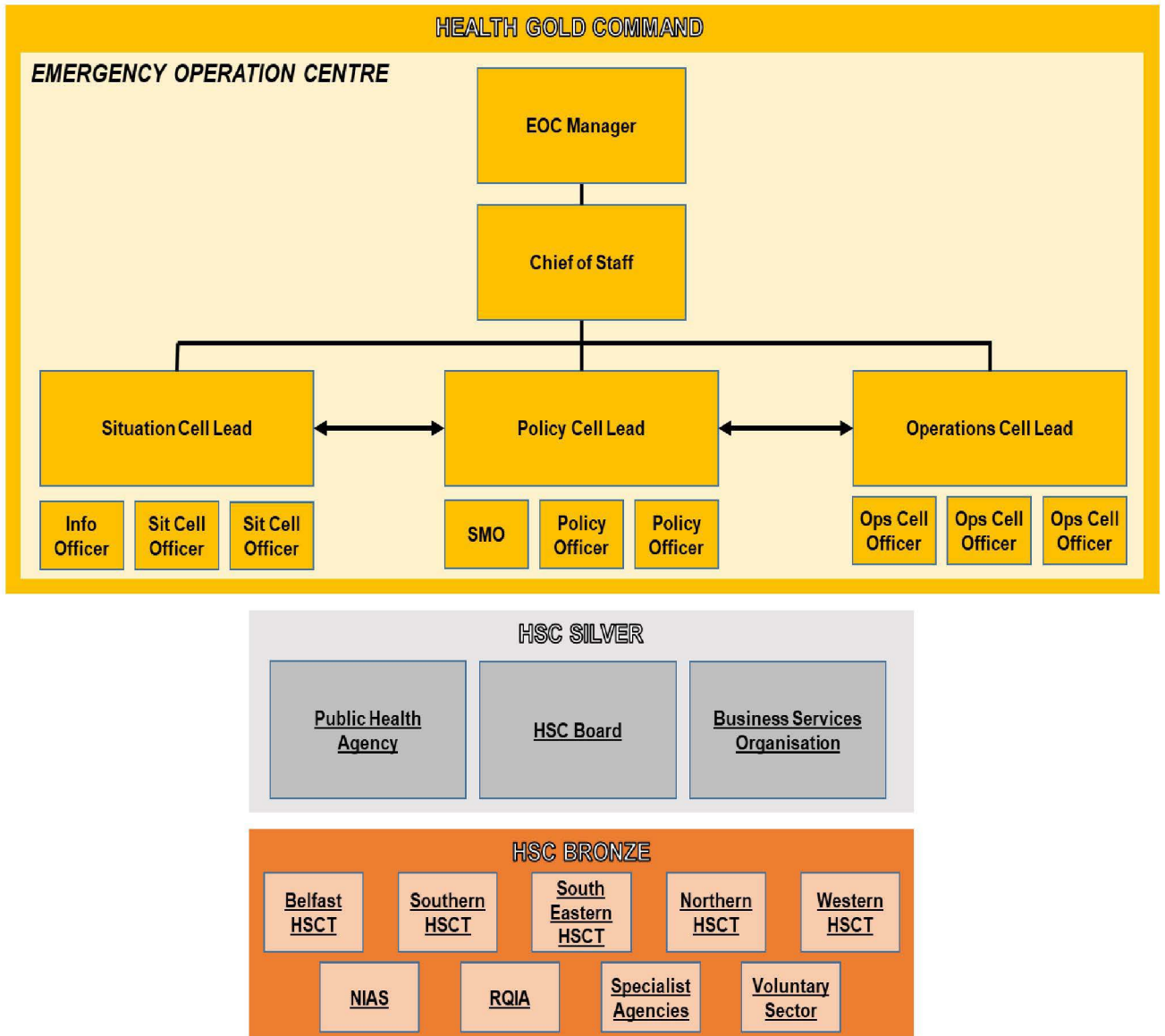
- The Operations Cell will assign loggists to key members of the Strategic Cell and arrange for the minute-taking for all meetings and teleconferences. This will help to inform decision-making and provide documentary evidence of all decisions taken, options discounted and the rationale associated with it, to assist with any subsequent accountability to the NI Assembly or future inquiry.
- All information pushed into and out of Health Gold Command will be logged on the Health Gold Command Correspondence Form by the EOC Operations Cell (see **template (vi)**).
- The EOC Situation Cell will ensure all information received is presented to the Strategic Cell to inform effective decision making (see **template (v)**).
- Staff are required to maintain a personal log for the emergency if role requires this.
- Ensure handover arrangements are in place for your role which should include a period of shadowing if possible.

After an emergency:

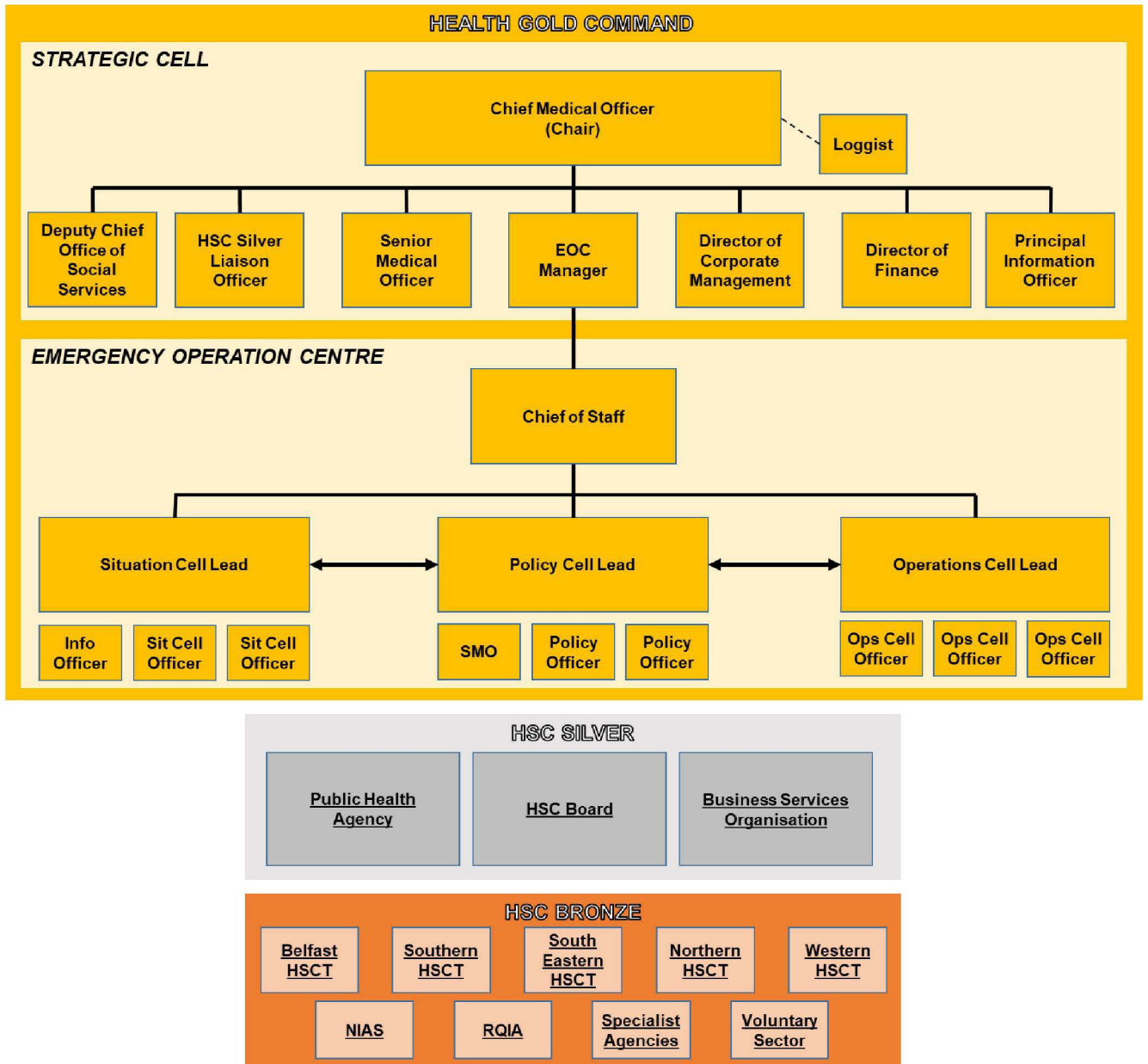
- Provide any personal log/notes and other documents as these need to be retained for potential future legal or public inquiry reasons.
- Health Gold Command formally scaled or stood down. BRT oversee, direct and resource full recovery across the Department to routine service / product levels.
- Business recovery team supported by staff from within the relevant business area will be formally stood down.
- Reviews initiated to capture all lessons identified, issues to address and commencement of Plan Reviews.

ALL DECISIONS AND ACTIONS THAT ARE AGREED SHOULD BE RECORDED AND FILED ACCORDINGLY FOR POTENTIAL FUTURE LEGAL OR PUBLIC INQUIRY REASONS

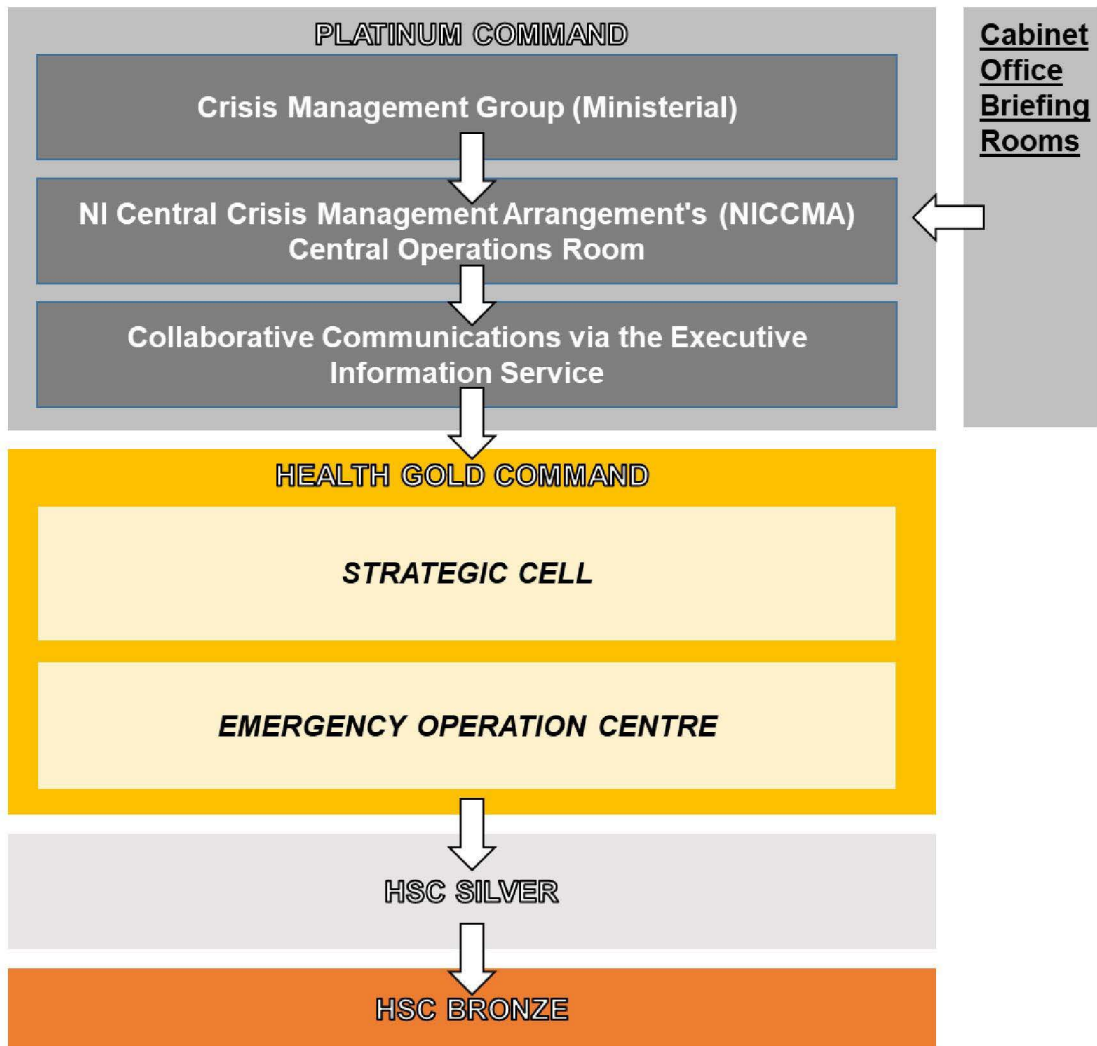
ANNEX B: DoH Response to a Significant Emergency – Level 1



ANNEX C: DoH Response to a Serious Emergency – Level 2



ANNEX D: DoH Response to a Catastrophic Emergency – Level 3



ANNEX E: Health Gold Command primary location and fallback arrangements

Health Gold Command Senior Duty Officers will determine and, if there is doubt about the availability of the primary location, discuss with the Director of Infrastructure Investment, whether Health Gold Command opens initially at the primary or at the fallback location. The Director of Infrastructure Investment will advise the Director of Population Health if the primary location needs to be vacated, who will make the necessary arrangements to move to the fallback location.

Arrangements for the fallback location will be maintained and regularly checked by EPB.

Health Gold Command ‘Level 1’

The EOC will be convened within EPB accommodation. The full Health Gold Command facility will not be stood up.

| Health Gold Command Components | Location | Rooms |
|--|------------------|-------|
| EOC – Situation, Operations and Policy Cells | Castle Buildings | C3 |

Health Gold Command ‘Level 2’ and ‘Level 3’

When activated, Health Gold Command will be comprised of the Strategic Cell supported by the EOC. Any displacement of staff and/or the postponement of meeting room bookings will be managed through Departmental business continuity arrangements. Full Health Gold Command accommodation can be summarised as follows:

| Health Gold Command Components | Location | Rooms |
|--|----------|-------|
| Strategic Cell | | |
| EOC – Situation, Operations and Policy Cells | | |
| | | |
| | | |
| | | |
| | | |

Health Gold Command accommodation

Health Gold Command Fallback Arrangements

An agreement is in place with the Department of Finance (DoF) for the exclusive use of a 'Regional Business Zone' as a fallback response facility. Under such conditions, Health Gold Command would operate from the [REDACTED], [REDACTED]. A 'Business Zone' key code will be given to key Health Gold Command responders for entry to the Business Zone.

In extraordinary circumstances where primary and fallback locations for Health Gold Command are all rendered unavailable, MSU'S first priority will be to work with Emergency Planning Branch to identify a tertiary site that they can operate from. Subsequently their first priority will be to restore the primary site.

ANNEX F: Strategic Cell Terms of reference

To provide strategic direction, advice and leadership to HSC organisations and, where appropriate, to emergency responders, and to provide wider strategic health advice to:

- DoH (including Minister and senior officials);
- other Government Departments (Executive or UK departments such as NIO);
- emergency responders;
- UK-wide emergency response structures (including NSC / COBR / NIOBR / CMG / NICCMA); and
- the media and wider public.

To provide oversight of surveillance and infectious disease control for the duration of a Health Gold Command level 2 (serious) or level 3 (catastrophic) emergency for which DoH is the Lead Government Department.

To assess the viability of critical health and social care infrastructures, including medical /clinical supply chains, stockpiles and countermeasures, and based on recommendations received from HSC Silver, making strategic policy decisions about service delivery and surge capacity.

In conjunction with the Departmental strategy for Business Continuity Management, to manage any disruption to critical health services and assist the return to normality for the DoH when pragmatic and safe to do so.

Core membership

- Health Gold Command Chair (CMO) / deputy;
- EOC Manager;
- DoH Principal Information Officer;
- Senior Medical Officer / Health Liaison Officer;
- Resources and Performance Management Group
 - Director of Corporate Management;
 - Director of Infrastructure Investment.
- Director Finance;
- Deputy Chief Office of Social Services;

NOT PROTECTIVELY MARKED

- HSC Silver Liaison-officer(s);

Variations to be detailed within specific DoH emergency plans. Health Gold Command Chair to ultimately decide the final composition of membership after considering the strategic needs of the specific emergency and availability of senior staff.

ANNEX G: Health Gold Command Support to Infectious Disease Outbreaks

In response to any infectious disease outbreak, DoH can provide strategic health and social care advice and direction in addition to HSC Silver arrangements (as detailed in their Joint Response Emergency Plan and other Critical Care and Acute Escalation Plans).

Specific roles, responsibilities and actions that the Department may take include:

- Establishing a Departmental Reporting Rhythm for the timing and content of HSC Sit-Rep reporting;
- Early identification and communication of the lead Policy Branch and contact details;
- For isolated cases in NI, notification to other UK / ROI health departments of any confirmed or suspected case(s) of a disease, which could have the potential to result in a major infectious disease outbreak in the UK / ROI; and
- Identification of a Press Office point of contact.

The Northern Ireland Infectious Disease Outbreak Plan 2018 developed by the Public Health Agency in liaison with DoH is based on the most up-to-date guidance available on leading and managing an incident or outbreak, and was developed as part of the implementation of the Regulation and Quality Improvement Authority (RQIA) Review of Outbreaks of *Pseudomonas aeruginosa* in Neonatal Units in Northern Ireland, 2012. The plan can be found at:

http://www.publichealth.hscni.net/sites/default/files/2018-10/Infectious%20Disease%20Incident%20and%20Outbreak%20Plan%20September%202018_0.pdf

ANNEX H: Northern Ireland Central Crisis Management Arrangements

The Northern Ireland Central Crisis Management Arrangements (NICCMA) may be activated in response to community wide incidents.

Activation

At Health Gold Command Level 2 or Level 3, if DoH is the Lead Government Department it may ask (through its Minister, Permanent Secretary or civil contingencies lead official as appropriate) for NICCMA to be convened. The Executive or the First Minister and deputy First Minister may also ask for NICCMA to be convened.

Information flow

The flow of information into, and out of, CMG is controlled through the NICCMA Central Operations Room (COR). The COR function is discharged by Civil Contingencies Policy Branch (CCPB) staff, augmented as necessary with other staff from TEO.

In NICCMA, the Lead Government Department is required to:

- report on actions taken and additional action required;
- identify cross cutting issues which need to be addressed; and
- provide a facility for other organisations to make inquiries or report unexpected developments.

In NICCMA, other participating departments and organisations are required to:

- assess their own situation in respect of the emergency and what they need to deliver in response to it, as well as any likely impact on the delivery of their essential services;
- provide information on the likely effects on the wider community relevant to their business interests, and report on these to the CMG / CCG(NI) meetings;
- collect, collate and deliver information as requested by the LGD;
- agree the actions they will take to manage and coordinate the situation within their own areas of responsibility;
- provide appropriate contact information to the LGD and to CCPB.

In NICCMA, secretariat drawn from TEO will be required to:

- convene CMG / CCG(NI) meetings as required;

NOT PROTECTIVELY MARKED

- circulate notes or minutes confirming actions agreed and timescales;
- make all arrangements for further meetings;
- maintain a list of action points from meetings, record progress against them and report progress into the meetings;
- continue to liaise with the LGD between meetings and to circulate any additional information / requests to CCG(NI) members; and
- commission and collate Situation Reports for Northern Ireland and pass these to the Executive, the Head of the NICS, CMG and CCG(NI), NIO and / or the Cabinet Office as appropriate.

NOT PROTECTIVELY MARKED

ANNEX I: Collaborative Communications and Call Centre Support

Call Centre options – Northern Ireland

There are two enhanced call handling procedures across Northern Ireland:

- A cadre of Departmental and NICS voluntary staff who can be called upon, in an emergency, to enhance the limited call handling capability of the EOC Operations Cell. Further details of this arrangement can be obtained from the Director of Corporate Management (to cover staffing) and Director of Infrastructure Investment (to cover business continuity arrangements) and ITAssist to provide IT/IPT Systems. Training will be provided as and when required.
- A dedicated call-handling service and emergency telephone number [REDACTED] [REDACTED]. The table below indicates its service capacity and availability from activation. Further details on this '**Emergency Response Telephony Service**' including - roles and responsibilities for the Department and NIDirect; the invocation process; and the charging model, are available from the Department's designated 'points of contact' within EPB.

| Service Description | Staff available |
|--|-----------------|
| Ramp Up Service within 1 hour (24x7) | Up to 50 agents |
| Ramp Up Service within 4 hours (24x7) | Up to 75 agents |
| Ramp Up Service within 8 hours (24x7) | 100 agents |
| Ramp Up Service within 12 hours (24x7) | 150 agents |
| In line with business need.... | 150+ agents |

Call Centre options – UK

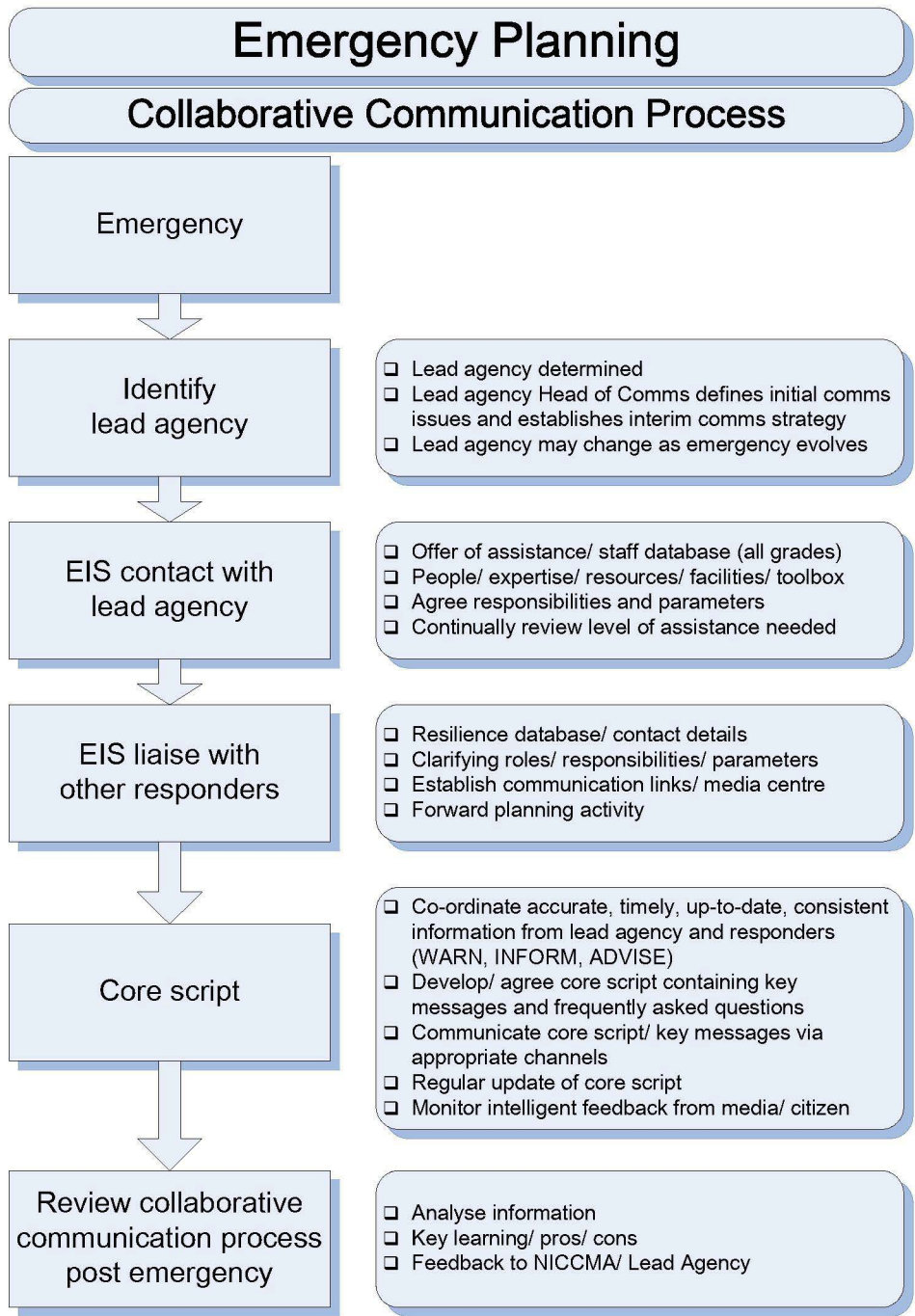
The four UK Health Departments have implemented a 'Managed Contact Centre Services' (MCCS) framework. This call-centre provision has been developed at a UK level and although originally designed to assist rapid provision of antivirals for symptomatic members of the public in a flu pandemic, its general service can be called upon by any country at any time for any event. Further details can be obtained from EPB.

National Pandemic Flu Service

The National Pandemic Flu Service (NPFs) can be invoked by the DoH Minister to supplement normal primary care services because of pandemic pressures. The lead time

for the NPFS to become operational is three weeks. Further details on this provision can be found in the **Northern Ireland Antiviral Mobilisation Plan 2018**, which details the actions to be taken to mobilise the Service.

The Collaborative Communications Process



ANNEX J: DoH Teleconference Meeting Protocols

- The agenda should be limited to a page and include the purpose of the conference; expected outcomes; suggested steps for achieving the outcomes; and the names of all participants.
- Approximately 10 minutes before the start of the teleconference, the phone will be set up. The Chair should be available 5 minutes before the start time.
- Conference calls should ordinarily take less than an hour and should never last more than 90 minutes. Stop at the agreed-upon time, even if you have not completed the agenda.
- Notes taken during the conference call should be issued within 24 hours. Best practice is to e-mail immediately following the audio teleconference.
- 'Round-robin' speaking can be used at audio teleconferences.
- Identify the appropriate next steps before the end of the call. Schedule subsequent calls or meetings.
- Remind people of a few "ground rules" at the start of the call.
 - Throughout the course of the teleconference, participants should give their name and organisation when they start to speak.
 - All participants should be mindful of the potential for background noise and use their phone mute facility when not speaking.
 - Wait for one person to finish before speaking;
 - Stay on the call from start to finish. If you cannot stay on the call, let people know at the start of the call.
 - All discussions should give due regard to patient confidentiality and the General Data Protection Regulations (GDPR).

When speaking, remember 'ABC':

- A - Accuracy – ensure information is accurate and factual;
- B - Brevity – keep points and discussion brief; and
- C - Clarity – communicate as clearly as possible.

Before moving from one agenda item to the next, the facilitator should summarize the discussion, the actions agreed upon, or the next steps for doing agreed-upon actions.

The DoH Teleconference Meeting template is located at **Template (xi)**.

ANNEX K: Joint Emergency Services Interoperability Principles

Joint Emergency Services Interoperability Principles

The Joint Emergency Services Interoperability Principles (JESIP) is a national approach adopted by responder agencies for managing the local multi-agency response to emergencies based on the Civil Contingencies Act (2004). The act is supported by two sets of guidance: [Emergency Preparedness](#)¹³ and [Emergency Response and Recovery \(ERR\)](#)¹⁴. Emergency Preparedness deals with the pre-emergency (planning) phase. ERR describes the multi-agency framework for responding to, and recovering from, emergencies in the UK. [The Joint Doctrine: the interoperability framework](#)¹⁵ complements the ERR by focusing on the interoperability of the emergency services and other responder agencies in the response to an incident to ensure that the emergency services have the most coherent and effective joint response possible. Whilst the initial focus of JESIP is on improving the immediate response to major incidents from an emergency responder perspective, the principles and models are scalable and can be applied to the strategic response to any type of multi-agency incident.



¹³ Emergency Preparedness: <https://www.gov.uk/government/publications/emergency-preparedness>

¹⁴ Emergency Response and Recovery: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/253488/Emergency_Response_and_Recovery_5th_edition_October_2013.pdf

¹⁵ The Joint Doctrine: the interoperability: [framework](https://www.jesip.org.uk/uploads/media/pdf/Joint%20Doctrine/JESIP_Joint_Doctrine_Document.pdf)https://www.jesip.org.uk/uploads/media/pdf/Joint%20Doctrine/JESIP_Joint_Doctrine_Document.pdf

M/ETHANE

The METHANE model is an established reporting framework which provides a common structure for responders and their control rooms to share major incident information:

| | | | |
|----------|-----------------------------|---|---|
| M | MAJOR INCIDENT | Has a major incident or standby been declared? (Yes / No - if no, then complete ETHANE message) | <i>Include the date and time of any declaration.</i> |
| E | EXACT LOCATION | What is the exact location or geographical area of the incident? | <i>Be as precise as possible, using a system that will be understood by all responders.</i> |
| T | TYPE OF INCIDENT | What kind of incident is it? | <i>For example, flooding, fire, utility failure or disease outbreak.</i> |
| H | HAZARDS | What hazards or potential hazards can be identified? | <i>Consider the likelihood of a hazard and the potential severity of any impact.</i> |
| A | ACCESS | What are the best routes for access and egress? | <i>Include information on inaccessible routes and rendezvous points (RVPs). Remember that services need to be able to leave the scene as well as access it.</i> |
| N | NUMBER OF CASUALTIES | How many casualties are there, and what condition are they in? | <i>Use an agreed classification system such as 'P1', 'P2', 'P3' and 'dead'.</i> |
| E | EMERGENCY SERVICES | Which, and how many, emergency responder assets and personnel are required or are already on-scene? | <i>Consider whether the assets of wider emergency responders, such as local authorities or the voluntary sector, may be required.</i> |

The Joint Decision Model

The JDM was developed to overcome difficulties facing commanders from different responder agencies when bringing together information from different sources in order to reconcile potentially differing priorities and to make effective decisions together.



PROTECT

**DETAIL HELD
SEPARATELY TO THE DOH
ERP**

PROTECT

Section 9

Health Gold Command Templates

Templates

- **Template (i):** Emergency Reporting (JESIP)
- **Template (ii):** Health Gold Command Alerting Procedure
- **Template (iii):** Strategic Cell Layout
- **Template (iv):** EOC Layout (C3 Castle Buildings)
- **Template (v):** Information Management EOC
- **Template (vi):** General correspondence form (for use by the EOC)
- **Template (vii):** Strategic Cell Draft Agenda
- **Template (viii):** EOC Strategic Aims and Objectives (Default)
- **Template (ix):** Situation Report (SitRep) for Northern Ireland
- **Template (x):** Northern Ireland Enhanced CRIP
- **Template (xi):** DoH Teleconference Meeting
- **Template (xii):** DoH Reporting Rhythm
- **Template (xiii):** DoH Rota Directory
- **Template (xiv):** EOC 'Stand Up' Brief Draft Agenda
- **Template (xv):** Health Gold Command Stand-down / Debrief Notification

TEMPLATE (i) - EMERGENCY REPORTING (JESIP)

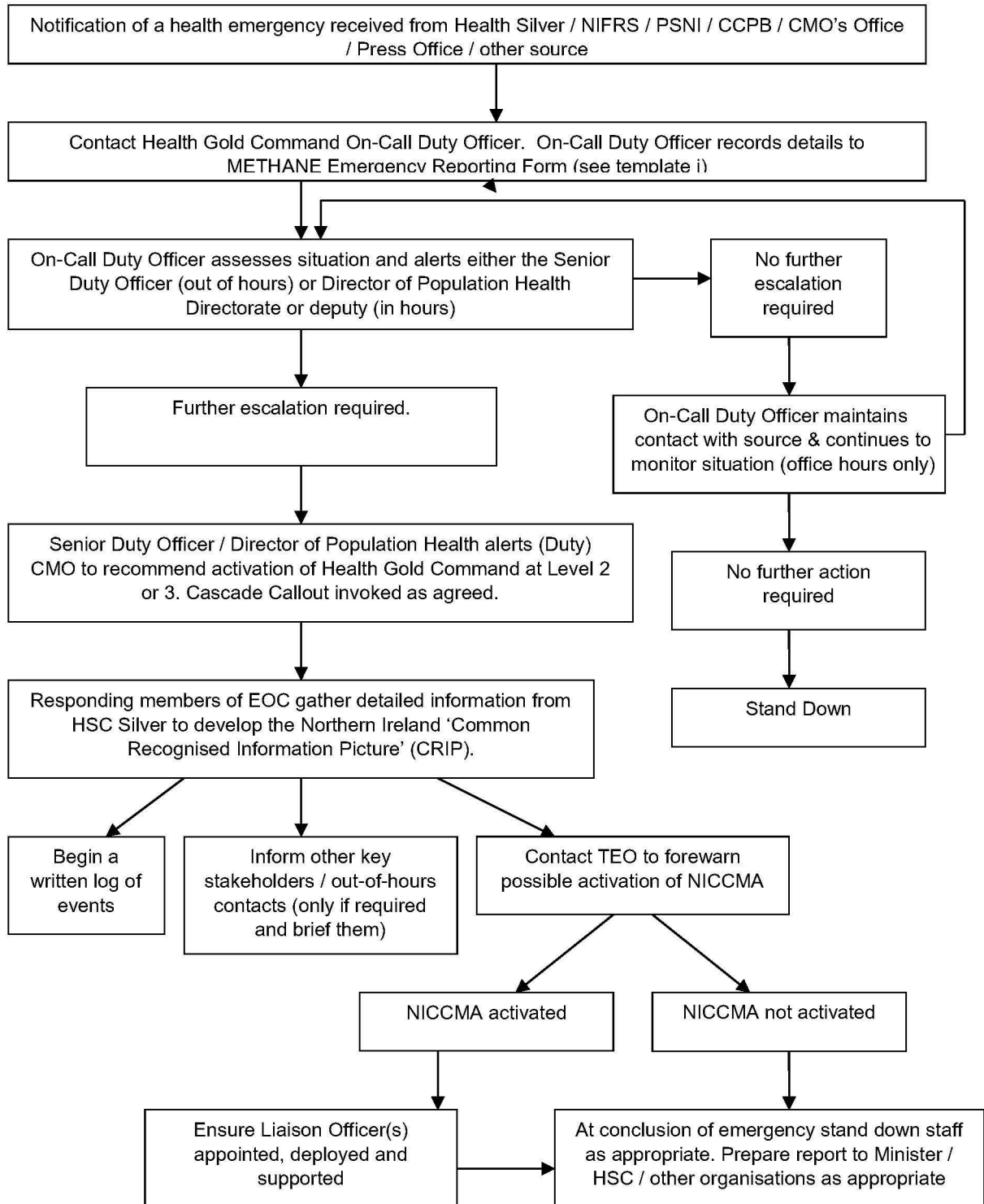
OFFICIAL-SENSITIVE (upon completion)

| EMERGENCY REPORTING - TEMPLATE | |
|--|--|
| Reference: | |
| Time/Date: | |
| OFFICE HOURS 9:00 TO 17:00 MONDAY TO FRIDAY (excluding public/bank holidays) | 1. HEAD OF EMERGENCY PLANNING BRANCH [REDACTED] 2. CHIEF MEDICAL OFFICER'S OFFICE [REDACTED] |
| All Other Times (including public/bank holidays) | 1. HEALTH GOLD COMMAND ON CALL DUTY OFFICER [REDACTED] 2. NI DIRECT HELPLINE [REDACTED] |
| M | Situation – major incident declared Originating Caller..... Organisation.....Contact No..... Calling about.....(Emergency Name) Date..... Time of call..... |
| | E Exact Location Location: |
| T | Type of Incident The following has occurred: Time of emergency (and date if different)..... Other organisations / Trusts involved: Actions already taken: Details of key contacts: |

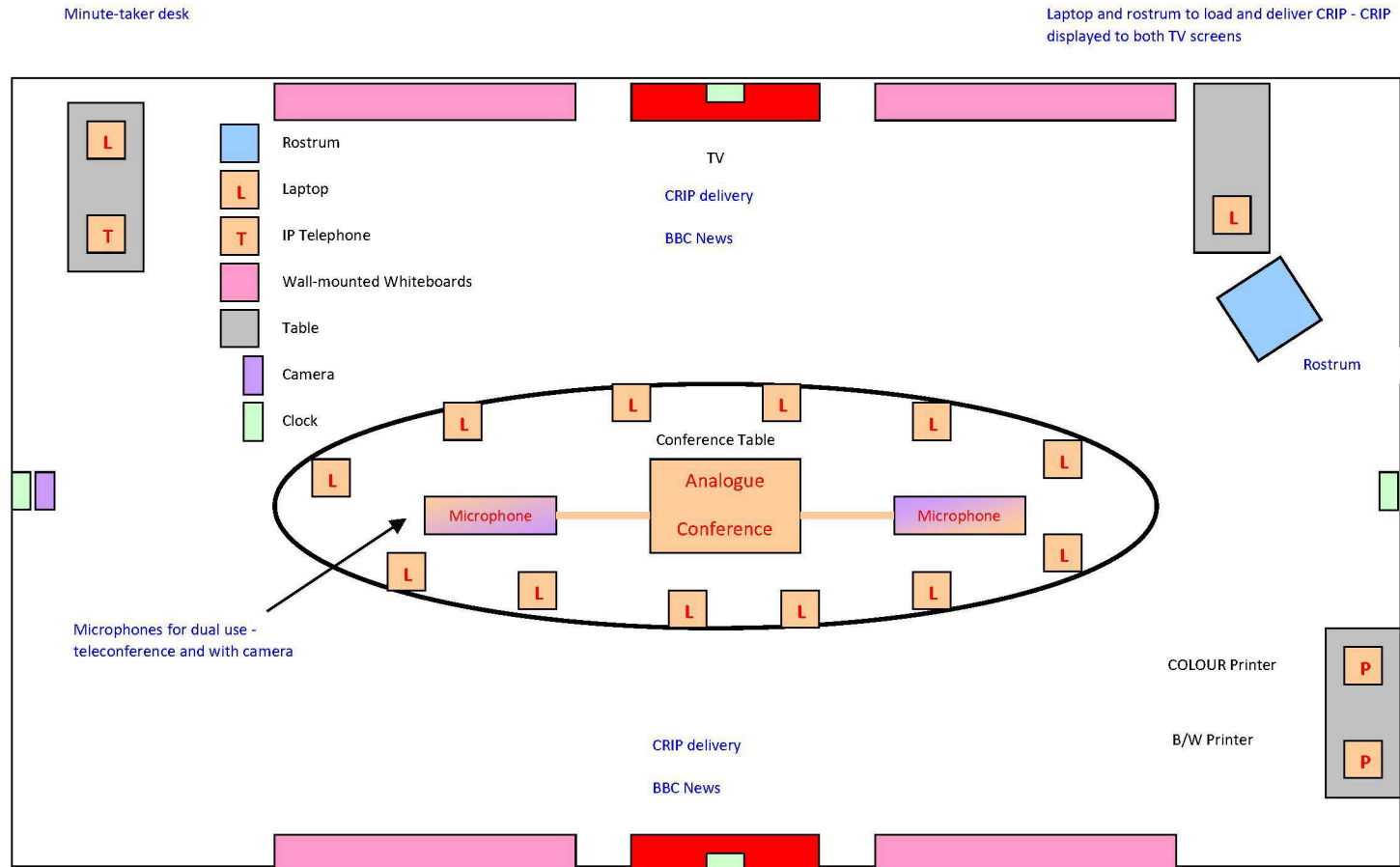
| | |
|----------|---|
| H | Hazards |
| | Hazards or potential hazards identified Environmental health and restoration issues..... |
| A | Access: |
| | Access difficulties to the incident identified Urgency for access to national / regional stockpiles..... |
| N | Casualties |
| | Number of casualties and potential for further casualties |
| | Impact to essential HSC services |
| | Long-term recovery issues / estimated return to normality..... Level of media interest..... |
| E | Emergency Responders |
| | Emergency Services already at scene..... |

TEMPLATE (ii) – Health Gold Command Alerting Procedure

Process following alert notification



TEMPLATE (iii) – Strategic Cell Layout



NOT PROTECTIVELY MARKED



NOT PROTECTIVELY MARKED

TEMPLATE (v) – Information Management EOC

The purpose of information management in an emergency is to inform the strategic decision making process. The quality of the information that is presented to the decision makers in the Strategic Cell is crucial to effective decision-making, and is recognised as a key determinant of a successful outcome.

The Chair of the Strategic Cell is likely to have to make critical decisions based upon incomplete information. Thus, great efforts should be made to generate information for decision-makers that is as timely, accurate and clear as possible.

In addition to establishing the EOC Aims and Objectives, four information boards will be continuously maintained in the EOC and be used as the basis of briefing the Strategic Cell.

| Generic Information Management System | | | |
|--|--|---|--|
| Board 1: CRIP | Board 2: Key Issues | Board 3: Actions | Board 4: Reporting Rhyme |
| The present situation, described clearly and succinctly, as a basis for co-ordination and decision-making. To include key events that inform understanding and interpretation of the recognised current situation. | The important issues arising against which the overall response needs to be constantly assessed. | Actions that have been decided in order to bring the situation under control. | The order of business or the sequencing of meetings and briefings to be adopted in an emergency. |

NOT PROTECTIVELY MARKED

TEMPLATE (vi) – General correspondence form (for use by the EOC)

HEALTH GOLD COMMAND CORRESPONDENCE FORM

(Please tick)

| | |
|----------------|--|
| Date: _____ | Telephone <input type="checkbox"/> |
| Time: _____ | Facsimile <input type="checkbox"/> |
| Log Ref: _____ | E-mail <input type="checkbox"/> |
| | Other <input type="checkbox"/> Please specify: _____ |

| | |
|-----------------------------|----------------|
| Outgoing Correspondence to: | Originated by: |
| Incoming Correspondence to: | Recorded by: |

MESSAGE DETAIL* / ATTACHED (delete as appropriate)

*(only complete if full message not attached overleaf)

SITUATION CELL REFERRED MESSAGE TO:

| | |
|--|--|
| | FOR DOH INTERNAL USE ONLY |
| EOC Chief of Staff: <input type="checkbox"/> | Other _____ (please specify): <input type="checkbox"/> |
| Date: _____ | Time: _____ |

URGENCY:

(Please tick)

- Immediate (<2 hours for action)
- Urgent (< 1 day for action)
- Routine (> 1 day for action)

TIMING / ACTION COMMENTS:

MESSAGE ACTIONED:

- Yes
- No
- Partially
- No Action Required

By: _____ Date: _____ Time: _____

TEMPLATE (vii) – Strategic Cell Draft Agenda

Initial meeting of the Health Gold Command Strategic Cell

[Date]

[Time]

[Location]

Attendees

| | | | |
|--|--------------------------|---------------------------------------|--------------------------|
| CMO/ deputy | <input type="checkbox"/> | Director of Corporate Management | <input type="checkbox"/> |
| EOC Manager | <input type="checkbox"/> | Director of Infrastructure Investment | <input type="checkbox"/> |
| SMO | <input type="checkbox"/> | DoH Principal Information Officer | <input type="checkbox"/> |
| HLO | <input type="checkbox"/> | Director of Finance | <input type="checkbox"/> |
| Deputy Chief Office of Social Services | | | <input type="checkbox"/> |
| HSC Silver Liaison Officer(s) | | | <input type="checkbox"/> |

Strategic Cell Agenda

1. Purpose of meeting
2. Enhanced Common Recognised Information Picture (CRIP) / review of events
3. Situation update and forward look
 - Health Gold
 - HSC Silver (including HSC Bronze report)
 - Others (as information requirements and / or consequences dictate)
 - Identification and impact to 'Vulnerable People'
4. Agreement of strategic aims / objectives¹⁶ / handling plan / reporting rhythm
5. Agreement of Health Impact Management Assessment

¹⁶ A default set of strategic aims and objectives is included at Template (viii)

6. Agreement of Communications Strategy

7. Next steps

- Advice to Minister / Secretary / CMG / public / other top management
- Appropriateness of the current response level and designated lead department
- Timing of next meeting

TEMPLATE (viii) – EOC Strategic Aims and Objectives (Default)

The Strategic Cell will agree and modify the strategic aims and objectives for the duration of the health emergency response. These will be updated and displayed throughout Health Gold Command and broadcast by the EOC Situation Cell to HSC Silver and to other key external stakeholders where appropriate. A default set of strategic aims and objectives is as follows:

Strategic Aim

To deliver an effective response to minimise the health and wider impacts of the emergency on society.

Strategic Objectives

- Protect the health of the population;
- Determination of longer-term strategic implications and wider impacts and risks;
- Early and informed provision of strategic health and social care guidance / direction to HSC Silver and information to other stakeholders;
- Clear, timely and coordinated Public Health Information strategy and media management;
- Support for an optimally resourced health and social care response throughout the emergency and recovery response;
- Earliest restoration to normality.

TEMPLATE (ix) – Situation Report (SitRep) for Northern Ireland

In the first instance this Sit-Rep will be completed by the EOC but may subsequently be passed to the lead coordinator of NICCMA. Within the Health Gold Command context, this form will be used to brief senior management, other Health Departments and Agencies and potentially COBR. For NICCMA it may also be used to brief the Executive, the Head of the Northern Ireland Civil Service, Crisis Management Group, Civil Contingencies Group (NI) and NIO or be used towards the development of a Cabinet Office CRIP. Depending upon the precise context of its use, local adaptation may be necessary.

| | | |
|---|------------------------------|--|
| HEALTH GOLD COMMAND SIT-REP <input type="checkbox"/> | | TO: |
| <i>(check as appropriate)</i> | | <i>(check as appropriate)</i> |
| SIT-REP Number: | | Information correct as of ____ : ____ (HH:MM) |
| Date: | | Time (24hr): |
| Lead Official: | | |
| E-mail: | @health-ni.gsi.gov.uk | |
| Tel: | (028) | |
| Fax: | (028) | |
| Alternate Contact: | | |
| E-mail: | @health-ni.gsi.gov.uk | |
| Tel: | (028) | |
| Fax: | (028) | |
| Contacts | | |
| Health Gold Command: Emergency Operations Centre | | |
| Telephone: | | |
| Fax: | | |
| Email: healthgold@health-ni.gov.uk | | |

This Situation Report provides key information and data on the present situation; it has been validated by the relevant departmental / agency officials. The information contained herein can be disseminated to other agencies as necessary – where clarification is required the lead contact should, in the first instance, be contacted.

Information within Sit-Reps should be correct as of **hh:mm**. Sit-reps are due by **hh:mm** the following morning to healthgold@health-ni.gov.uk

Notes for completion: new information should be highlighted using a light shade background colour or **red** text.

| |
|---|
| <p>1. Key issues for CRIP</p> <p>This section is used to direct the DoH Emergency Operations Centre (EOC) to specific issues that the author believes should be reflected in the Common Recognised Information Picture (CRIP). It will be for the EOC chief of staff to decide whether the information recommended is incorporated.</p> <p><i>[Required Input]</i></p> |
| <p>2. Current situation in Northern Ireland</p> <p>This section is used to provide the DoH EOC and agencies with the key issues relating to the situation. It should describe the current situation in sufficient detail for, if necessary, urgent strategic decisions to be made.</p> <p><i>[Required Input]</i></p> |
| <p>3. Background / overview</p> <p>This section is used to provide the DoH EOC and agencies with any background details that would assist the reader in understanding the situation or specific key issues being reported.</p> <p><i>[Required Input]</i></p> |
| <p>4. Operational response</p> <p>This is used to provide the DoH EOC and agencies with the reporting agency's priorities and objectives in response to the situation. It should describe the operational response in sufficient detail to enable relevant decisions to be made.</p> <p><i>[optional input]</i></p> |
| <p>5. Stakeholder engagement with essential services & issues reported</p> <p><i>[Required Input]</i></p> |
| <p>6. Resources and readiness</p> <p>This section is used to provide the DoH EOC and agencies with any resourcing and readiness issues that the reporting agency is currently dealing with or require wider visibility.</p> <p><i>[optional input]</i></p> |
| <p>7. Next steps / forward look / recovery and restoration</p> <p>This section is used to provide the DoH EOC and agencies with information relating to what action is planned to take place over the coming reporting period or longer as appropriate.</p> <p><i>[Required Input]</i></p> |

| |
|---|
| <p>8. Political / Policy</p> <p>This section is used to provide the DoH EOC and agencies with the key political or policy issues. Issues reported should have relevance to either the Northern Ireland Departments and/or the wider responding community</p> |
| <p><i>[optional input]</i></p> |
| <p>9. Media and communications</p> <p>This section is used to provide the DoH EOC and agencies with the key media and communications issues. Issues reported should have relevance to either the Northern Ireland Departments and/or the wider responding community.</p> |
| <p><i>[Required Input]</i></p> |
| <p>10. Business continuity & staffing issues</p> <p>This section is used to raise any manpower or staffing issues related to the emergency either centrally or in responding agencies.</p> |
| <p><i>[optional input]</i></p> |
| <p>11. Finance</p> <p>This section is used to raise any financing issues related to the incident. It does not relate to the economy.</p> |
| <p><i>[optional input]</i></p> |
| <p>12. Other issues not covered elsewhere</p> |
| <p><i>[optional input]</i></p> |
| <p>13. Information Requirements (IR) / Requested Clarification (RC)</p> <p>This section is used to seek information or clarification from the DoH EOC or other agencies. Where the information or clarification would be sourced from a specific agency this should be identified. This section does not negate the need to contact agencies directly but does provide a record of requested information or matters for clarification.</p> |
| <p>Informing the Department IR-01: Priority : High/Medium/Low</p> <p>Detail:</p> <p>Requesting clarification from the Department RC-01: Priority : High/Medium/Low</p> <p>Detail:</p> <p>Escalating issues to the Department EI-01: Priority : High/Medium/Low</p> <p>Detail:</p> |

TEMPLATE (x) – Northern Ireland Enhanced CRIP

| | |
|--|--------|
| RESTRICTED | |
| CRIP | |
| Incident Title | |
| COMMON RECOGNISED INFORMATION PICTURE | |
| CRIP 01 | |
| NEW INFORMATION SHOWED IN RED | |
| Contact for this CRIP is (028) XXXX XXXX HH:MM [Day, Month, Year] | |
| RESTRICTED | Page 1 |

| | |
|---|--|
| RESTRICTED | |
| CRIP HEADINGS | |
| <ul style="list-style-type: none">• Aims and objectives• Overview• Current situation• Outlook• Prognosis• Health response• Vulnerable people• Mutual Aid | <ul style="list-style-type: none">• Wider impacts• Scientific advice• Supply chain• Business continuity• Media, communications and Assembly handling |
| RESTRICTED | Page 2 |

CRIP Templates are available at HE1/18/151694

TEMPLATE (xi) – DoH Teleconference Meeting

| Conference Call AGENDA | | |
|--------------------------------------|-----------------------------------|---------------------|
| Strategic Objective / Purpose | | |
| Expected Outcomes | | |
| Steps to achieve outcomes | | |
| List of attachments | | |
| Date | | |
| Time | Start: [HH:MM] | End: [HH:MM] |
| Dial-in Number | | |
| Pass Code | | |
| Conference Room | | |
| Chair / Facilitator | | |
| Attendees | | |
| Agenda Items | Action Points / Timescales | Owner |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |

TEMPLATE (xii) – DoH Reporting Rhythm **[INSERT DATE]**

N.B. The 'Reporting Rhythm' will be displayed in both the Strategic Cell and the EOC

| Title | Time | Frequency | Who will attend | Lead Department | Secretariat | Location |
|-------|------|-----------|-----------------|-----------------|-------------|----------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

TEMPLATE (xiii) – DoH Rota Directory

| Date | Time | Shift | Assigned Role | Name | Contact | Location |
|------|------|-------|---------------|------|---------|----------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

TEMPLATE (xiv) – EOC ‘Stand Up’ Brief Draft Agenda

EOC ‘Stand UP’ Brief

[Date]

[Time]

[Location]

[Attendance]

1. Review of Events

2. Situation update and forward look
 - Health Gold
 - HSC Silver (including HSC Bronze report)
 - Others (as information requirements and / or consequences dictate)
 - Identification and impact to ‘Vulnerable People’

3. handling plan / reporting rhythm

4. Next steps
 - Advice to Health Gold
 - Appropriateness of the current response level
 - Timing of next meeting

TEMPLATE (xv) – Health Gold Command Stand-down / Debrief Notification



From the Permanent Secretary and
HSC Chief Executive

Castle Buildings
Stormont Estate
BELFAST BT4 3SQ
Tel: XXX
Fax: XXX
Email:
XXX@health-ni.gov.uk

Name

Date:

To:

Our Ref:

DEPT OF HEALTH: HEALTH GOLD COMMAND EMERGENCY COMMUNICATION

1. I am writing to advise you that Health Gold Command Stand-down / Debrief Notification arrangements in respect of the recent emergency have now been formally stood down.
2. I would like to take this opportunity to thank everyone who was involved. A debrief will shortly be arranged by Emergency Planning Branch and I will be in further contact with you regarding this aspect.

Signature

NAME

Working for a Healthier People



Section 10

Action Cards

Action Cards for Health Gold Command Strategic Cell

1. Health Gold Command Chair
2. Senior Medical Officer
3. Health Liaison Officer
4. Director of Corporate Management
5. Director of Infrastructure Investment
6. Principal Information Officer
7. Deputy Chief Office of Social Services
8. Director of Finance
9. HSC Silver Liaison Officer
10. EOC Manager

Action Cards for Emergency Operations Centre

11. Emergency Operations Centre Chief of Staff
12. Situation Cell Lead
 - 12a. Situation Cell Briefing Manager
 - 12b. Situation Cell Information Manager
 - 12c. Situation Cell Communications Manager
13. Operations Cell Lead
 - 13a. Operations Cell Rota Coordinator
 - 13b. Operations Cell: Loggists
 - 13c. Operations Cell: Minute-takers
14. Policy Cell Lead
 - 14a. Policy Cell: Senior Health/Medical Professionals
 - 14b. Policy Cell Team Member

**Action Card 1: Health Gold Command Chair - CMO /
or person acting in that capacity**

The Chair has responsibility to:

- Oversee the Departmental response and is responsible to the DoH Minister.
- decide the appropriate level, scale and location of the response;
- agree the first meeting of the Strategic Cell and approve membership to aid decision-making. A draft agenda is available at **Template (vii)**;
- determine the most appropriate overall management, policy and strategy for the duration of the emergency response based on information sources from Strategic Cell members, as well as from UK Government / other bone fide sources;
- fully engage with Loggist services to assist the decision/actions taken process. Ensure colleagues are aware of the Loggists' function;
- agree, revising where appropriate, the strategic aims and objectives to lead the entire HSC emergency response. Default available at Template (viii);
- support the Minister / Permanent Secretary and EIS with all public information engagements;
- agree the Reporting Rhythm and '*Information Push*' requirements;
- receive regular briefings from the EOC Manager to relate to senior Government counterparts and committees on a national and all Ireland health dimensions;
- assess strategic issues facing the HSC response, its critical infrastructure or stockpile, providing a forward-looking action plan to minimise any realised disruptions;
- ensure the HSC responders receive appropriate logistical and resource support being mindful of redeploying resources if deciding to invoke the DoH Emergency Powers Direction 2010;
- agree the timely escalation / de-escalation / closure of Health Gold Command or activation / deactivation of a health-led NICCMA.

ALL DECISIONS AND ACTIONS THAT ARE AGREED SHOULD BE RECORDED AND FILED ACCORDINGLY FOR POTENTIAL FUTURE LEGAL OR PUBLIC INQUIRY REASONS

Action Card 2: Senior Medical Officer (SMO) or person acting in that capacity

Responsibilities will include but not be limited to:

- assist the EOC Chief of Staff, with the management of incoming and outgoing information which requires medical clarity or professional comment;
- provide independent assurance to Health Gold Command that any externally sourced professional medical advice remains strategically appropriate to the DoH response;
- remains on notice to be deployed as Health Gold Command Liaison-officer providing the conduit for strategic health and social care advice to other Government Departments or agencies;
- provides expert guidance on the use, deployment and contents of stockpiled health and civil contingency countermeasures (including CBRN pods) or other medical specialities.

ALL DECISIONS AND ACTIONS THAT ARE AGREED SHOULD BE RECORDED AND FILED ACCORDINGLY FOR POTENTIAL FUTURE LEGAL OR PUBLIC INQUIRY REASONS

**Action Card 3: Health Liaison Officer(HLO)
SMO or person acting in that capacity**

The Health Liaison Officer may be deployed, if necessary, to liaise with the PSNI, other agencies or Northern Ireland Government Department or even the Northern Ireland Office (NIO) where strategic health and social care guidance or clarity is required to assist their emergency response lead.

Responsibilities will include but not be limited to:

- attending the PSNI Strategic Coordination Centre (SCC) or other incident control room as directed by EOC Manager;
- ensure that arrangements are in place for HLO and a loggist including remote access to the DoH IT Network. Liaise with other agencies as required;
- establish telephone and e-mail communications with the EOC Manager/ EOC Chief of Staff;
- Obtain copy of the latest briefing material before each Strategic Coordinating Group (SCG) meeting;
- ensure all actions are communicated from the SCG to the EOC Manager/ EOC Chief of Staff;
- brief your loggist who will be maintaining the decision-action log;
- ensure resilience for the role and for the loggist, particularly in a protracted response.

**ALL DECISIONS AND ACTIONS THAT ARE AGREED SHOULD BE RECORDED AND FILED
ACCORDINGLY FOR POTENTIAL FUTURE LEGAL OR PUBLIC INQUIRY REASONS**

Action Card 4: Director of Corporate Management or person acting in that capacity

Provides advice, specialist capabilities and supporting services to sustain the emergency response including all welfare needs.

Responsibilities will include but not be limited to:

- responsible for a cadre of responders and in liaison with the EOC Chief of Staff determines staffing and shift arrangements to ensure that the emergency is being resourced effectively and that any additional resources required are being secured;
- liaise with NICSHR to manage the redeployment of staff, to support the emergency response, particularly in a sustained emergency;
- provision of loggists and minute-takers to cover all meetings; provision of staff to ensure all key functions are covered;
- liaise with the EOC Manager and the Principal Information Officer to ensure that all staff are given relevant briefings on the progress of the emergency / impacts to staff;
- ensures contingency plans are in place to support Health Gold Command to any level of emergency response;
- identifies and manages a Business Continuity Team dedicated to the needs of the emergency response (may require assistance from Infrastructure Investment Directorate).

ALL DECISIONS AND ACTIONS THAT ARE AGREED SHOULD BE RECORDED AND FILED ACCORDINGLY FOR POTENTIAL FUTURE LEGAL OR PUBLIC INQUIRY REASONS

Action Card 5: Director of Infrastructure Investment or person acting in that capacity including (including Business Continuity

The Director of Infrastructure Investment will facilitate the movement of critical staff and functions and agree whether Health Gold Command opens its EOC initially at the primary or at the fallback location. This will include continuous assessment of the ongoing impact of any incident on the physical location.

Responsibilities will include but not be limited to:

- identification of a tertiary site for the operation of Health Gold Command should the primary and fallback sites fail
- trigger the Department's Corporate Incident Management and Business Continuity Plan when the need for continuance of service of the Department is required; if necessary, escalate issues relating to the performance of the IT Assist emergency response within ESS;
- premises responsibilities within castle buildings e.g. security, health and safety.

ALL DECISIONS AND ACTIONS THAT ARE AGREED SHOULD BE RECORDED AND FILED ACCORDINGLY FOR POTENTIAL FUTURE LEGAL OR PUBLIC INQUIRY REASONS

Action Card 6: Principal Information Officer or person acting in that capacity

To assist the Chair of Health Gold Command with the development and delivery of the media / communications strategy and lead on communications, drawing principally on resources from the DOH Information Office.

Responsibilities will include but not be limited to:

- manage Health Gold Command communications team;
- ensure all media handling protocols, agreed with HSC, DHSC, EIS etc. are adhered to;
- draw up staff rota for the Information Office and implement shift arrangements;
- assign Information Officer to the situation Cell in the EOC;
- activate broadcast and print media monitoring;
- consider need for a call centre. If appropriate, liaise with EIS to develop core brief as appropriate;
- appoint a Health Gold Command, Communications Point of Contact (CPOC) for any liaison / information exchange / web maintenance requirements with NIDirect;
- produce press statements, communications and public announcements;
- develop media handling strategies including content and resource management;
- liaison and wider engagement with the EIS and other Information Officers.

ALL DECISIONS AND ACTIONS THAT ARE AGREED SHOULD BE RECORDED AND FILED ACCORDINGLY FOR POTENTIAL FUTURE LEGAL OR PUBLIC INQUIRY REASONS

Action Card 7: Deputy Chief Social Work Officer/ or person acting in that capacity

Responsibility for the provision of professional social services advice and expertise to aid strategic decision making within Health Gold Command.

Responsibilities will include but not be limited to:

- ensuring that social work and social care services remain responsive to the needs of the people directly involved or impacted by the emergency;
- ensuring that the safety and well-being of service users and carers are factored into the strategic decision-making process;
- providing clarification on all social service matters arising.

ALL DECISIONS AND ACTIONS THAT ARE AGREED SHOULD BE RECORDED AND FILED ACCORDINGLY FOR POTENTIAL FUTURE LEGAL OR PUBLIC INQUIRY REASONS

**Action Card 8: Director Finance or
person acting in that capacity**

Responsible for supporting the emergency response by ensuring that the necessary contingency funding required to support the response is provided through engagement with DoF.

Responsibilities will include but not be limited to:

- Identify and manage a Finance Team dedicated to the needs of the emergency response;
- identify monies and re-allocate budgets as required;
- manage all financial aspects of the emergency with the assistance of the EOC Chief of Staff – from procurement to the maintenance of staff salaries;
- register and maintain a record of all financial transactions pertaining to the overall emergency response;
- remains accountable for all financial lines of enquiry relating to the emergency response.

**ALL DECISIONS AND ACTIONS THAT ARE AGREED SHOULD BE RECORDED AND FILED
ACCORDINGLY FOR POTENTIAL FUTURE LEGAL OR PUBLIC INQUIRY REASONS**

Action Card 9: HSC Silver Liaison Officer (SLO) Senior Manager from HSCB / PHA / BSO person acting in that capacity

Responsibilities will include but not be limited to:

- standing member of Health Gold Command Strategic Cell;
- provide a current positional update from a HSC Silver perspective – indicating any immediate or forthcoming strategic requirements;
- advise on potential impacts to HSC Silver from any strategic decisions being considered;
- inform HSC Silver of all decisions made at the meeting (prior to formal communication from the EOC);
- responsible for the delivery of all actions for HSC Silver to stated deadlines;
- accountable to the Chair of the Strategic Cell for all actions to be undertaken by HSC Silver;
- provision of timely and accurate information to inform the strategic decision making process;
- provide a conduit for all queries raised in response to HSC Silver information received;
- preparation of an initial Silver report for the first Health Gold Command Strategic Cell meeting;
- further actions arising from being a standing member of the Strategic Cell.

ALL DECISIONS AND ACTIONS THAT ARE AGREED SHOULD BE RECORDED AND FILED ACCORDINGLY FOR POTENTIAL FUTURE LEGAL OR PUBLIC INQUIRY REASONS

Action Card 10: EOC Manager or person acting in that capacity

Responsibility to support the strategic decision making process of Health Gold Command Strategic Cell by coordinating the supply, quality and timeliness of strategic information between the EOC and the Strategic Cell.

Responsibilities will include but not be limited to:

- agree arrangements with appointed Loggist;
- support to the SC by providing meeting agenda, management of meeting timekeeping, secretariat;
- brief staff on arrival at Health Gold Command SC and decide on the scale of response with Chair;
- ensure an attendance sheet is completed for every SC Meeting detailing who was present and which role they performed;
- advise the EOC Chief of Staff of the SC strategic aims and objectives and the timing and requirements for all tasking / actions from the Strategic Cell (i.e. the "Reporting Rhythm");
- provide the conduit for information, tasking and direction from Health Gold Command SC to the EOC;
- advise Health Gold Command of strategic information / issues coming from the EOC;
- lead on policy advice and coordination of lines to take for the Minister / senior officials and advice to the public with the Principal Information Officer;
- approve information assessments from the EOC Chief of Staff;
- approval and reporting of the first Information Report from the EOC Chief of Staff.
- Attend 'Stand Up' brief as determined by the Reporting Rhythm

ALL DECISIONS AND ACTIONS THAT ARE AGREED SHOULD BE RECORDED AND FILED ACCORDINGLY FOR POTENTIAL FUTURE LEGAL OR PUBLIC INQUIRY REASONS

Action Card 11: Emergency Operations Centre Chief of Staff or person acting in that capacity

The EOC Chief of Staff will be responsible for overseeing the EOC operation, leading on significant policy concerns, when appropriate, and deputising for the EOC Manager. Responsibilities will include but not be limited to:

- deputises for EOC Manager;
- agree arrangements with appointed Loggist;
- oversee the Policy, Situation and Operations Cells, ensuring that all significant risks are escalated in line with the reporting mechanism;
- ensure that information, SitReps, data and decisions are recorded appropriately;
- manage communications to / from HSC Silver information hub and other NI and GB sources;
- responsible for the maintenance and deployment of stockpiled health and civil contingency countermeasures;
- clear all information assessments, Sit-Reps and CRIPs for the EOC Manager manage agreement of a daily 'Reporting Rhythm';
- provide timely advice and guidance to Health Gold Command SC through the EOC Manager;
- management of agreed open / closing times of EOC and support staff particularly during handover/shift changes.
- Support the EOC Manager by Calling 'Stand Up' brief as determined by the Reporting Rhythm and to coincide with staff rotas.

ALL DECISIONS AND ACTIONS THAT ARE AGREED SHOULD BE RECORDED AND FILED ACCORDINGLY FOR POTENTIAL FUTURE LEGAL OR PUBLIC INQUIRY REASONS

**Action Card 12: Situation Cell Lead
or person acting in that capacity**

The primary task of the Situation Cell is to produce and collate up-to-date information into a Department Situation Report (SitRep), including but not limited to; gathering data, pictures, maps and source information received from monitored sectors, Departmental agencies and Policy Teams. Department SitReps will be used to by the SC to update Ministers.

Responsibilities will include but not be limited to:

- work closely with the other EOC Cells and the EOC Chief of Staff to flag emerging issues and respond accordingly;
- assemble the briefing team and oversee workload;
- attend EOC Manager team meetings;
- Note the “Reporting Rhythm” as this may dictate briefing paper submissions;
- log requests for briefing paper including time of receipt and sending of briefing papers;
- issue requests for briefing papers with briefing paper template, ensure all papers are returned by agreed deadline;
- ensure all briefing papers go to EOC Chief of Staff for sign-off by the EOC Manager and onward dissemination;
- pursue actions as directed by the EOC Manager or EOC Chief of Staff;
- communicate strategic direction, advice, aims and objectives to HSC Silver and other agencies and departments as directed by the EOC Chief of Staff;
- process and assign, delegating where possible, all strategic tasks for action.

**ALL DECISIONS AND ACTIONS THAT ARE AGREED SHOULD BE RECORDED AND FILED
ACCORDINGLY FOR POTENTIAL FUTURE LEGAL OR PUBLIC INQUIRY REASONS**

Action Card 12a: Situation Cell Briefing manager

- manage and maintain up-to-date information boards and record keeping;
- prepare timely, accurate and relevant reports / briefing / correspondence cases as required by the Chair of the SC;
- prepare CRIPS.
- maintain up-to-date key facts summary and lines-to-take;
- collate and coordinate strategic information to / from HSC Silver during an emergency, providing an appropriate audit trail;
- create key facts, briefing and lines-to-take templates in HPRM;
- as directed by the Team Lead, collate information and format reports, graphs, tables records and other sources of information as required;
- production of SC stand down debriefs;
- close liaison with team Information Officer on media issues;
- monitor levels of stockpiled health and civil contingency countermeasures.

ALL DECISIONS AND ACTIONS THAT ARE AGREED SHOULD BE RECORDED AND FILED ACCORDINGLY FOR POTENTIAL FUTURE LEGAL OR PUBLIC INQUIRY REASONS

Action Card 12b: Situation Cell Information manager

- record a communications log;
- ensure that data is captured and disseminated in a consistent and timely manner prioritising incoming 'red' information for the EOC Chief of Staff;
- record all incoming and transmit and record all outgoing correspondence (telephone, facsimile, e-mail or other) into HPRM filtering into 'for information' or 'for action';
- apply a RAG rating to 'for action' correspondence indicating red (answer required within 2 hours); amber (answer by close of play); or green (answer by next day);
- ensure the accuracy of data, legibility and completeness of data entry;
- update files and records on a regular basis. Ensure this is done before each shift change;
- be familiar with both the electronic and paper filing systems used in the EOC;
- maintain data standards;
- immediately alert the Operations Lead to all 'red' traffic;
- ensure all new users in data entry are fully briefed on shift hand over arrangements;
- seek clarity from the EOC Chief of Staff / information source whenever the directed course of action / information requirements are unclear.

ALL DECISIONS AND ACTIONS THAT ARE AGREED SHOULD BE RECORDED AND FILED ACCORDINGLY FOR POTENTIAL FUTURE LEGAL OR PUBLIC INQUIRY REASONS

Action Card 12c: Situation Cell – Communications manager

Assist the Situation Cell Lead on communications, drawing principally on resources from the DOH Information Office.

- work closely with the Principle Information Officer in SC to draft press statements, communications and public announcements;
- ensure all media handling protocols, agreed with DoH, HSC, DHSC, EIS etc. are adhered to;
- broadcast and print media monitoring;
- engage with EIS and other Information Officers;
- close liaison with team on media issues;
- web content authoring, support and maintenance including NIDirect.

ALL DECISIONS AND ACTIONS THAT ARE AGREED SHOULD BE RECORDED AND FILED ACCORDINGLY FOR POTENTIAL FUTURE LEGAL OR PUBLIC INQUIRY REASONS

Action Card 13 – Operations Cell Lead

The Operations Cell is responsible for making the OC run. It is tasked with managing the Resilience Direct platform for the EOC, liaising with estates, facilities and IT Assist to deal with any physical issues, staff welfare (arranging for food and drinks, managing rotas and shifts and monitoring welfare), and liaising with security and logistics teams to ensure the DOC team can work effectively, safely and securely.

Responsibilities will include but not be limited to:

- operational support to members working in the EOC;
- management of information, Recording and managing actions including issuing SitReps;
- Mailbox Management - analysing and disseminating information, issuing of direction;
- Manage Resilience Direct
- managing meetings, including co-ordinating the secretariat functions of minute taking and recording actions which are usually undertaken by Policy Cell and Situation Cell officers;
- maintenance and distribution of key contacts list;
- activate EOC access control arrangements and supervision of visitors. liaison with MSU, Account NI, IT Assist and the Welfare Support Service including security and safety arrangements (activation of telephone and data points, printing and photocopying facilities, lighting, heating, workstations and whiteboards);
- manage the completion of staff overtime / travel time claims/Shift changes;
- maintain the provision of stationery.

ALL DECISIONS AND ACTIONS THAT ARE AGREED SHOULD BE RECORDED AND FILED ACCORDINGLY FOR POTENTIAL FUTURE LEGAL OR PUBLIC INQUIRY REASONS

Action Card 13a: Operations Cell - rota coordinator

- preparation and maintenance of a Rota Directory (**template (xiii)**);
- in consultation with the EOC Manager, EOC Chief of Staff and NICSHR, ensure all shifts are appropriately staffed and alert them to any potential staffing problems;
- in liaison with DoH line managers, identify staff to approach regarding shift work;
- when an individual has been allocated to a shift, follow-up with a confirmation e-mail;
- ensure that the EOC Manager and EOC Chief of Staff are provided with an up-to-date shift rota;
- prepare/update rota directory at start of shift (names, roles and contact details);
- arrange access/notify reception of staff to attend EOC;
- meet EOC staff at reception and issue EOC passes / access control cards;
- ensure all staff are escorted to holding area to receive briefing from EOC Manager/ deputy and/or EOC Chief of Staff;
- ensure staff receive Health & Safety briefing prior to commencement of shift;
- confirm availability and communications arrangements for staff working remotely from the EOC;
- obtain time sheets for overtime and travel claims from the EOC Chief of Staff.

ALL DECISIONS AND ACTIONS THAT ARE AGREED SHOULD BE RECORDED AND FILED ACCORDINGLY FOR POTENTIAL FUTURE LEGAL OR PUBLIC INQUIRY REASONS

Action Card 13b: Operations Cell - Loggists

Pool of staff who have completed specialist loggist training. List held by the Director for Personnel and Corporate Services.

- preparation of serial numbered Decision-Making Log Books for the Chair of the SC and EOC Manager / any other decision-maker;
- take a contemporaneous account of all issues, actions and decisions made by the decision-maker you are assigned to;
- provide a challenge function - clarifying the accuracy of decision making;
- manage the security of the log books, keeping them safe while on duty and handing across to the EOC Chief of Staff for retention as evidence for any future proceedings;
- Ensure books are signed off at regular periods as agreed with '*Decision Makers*'.

ALL DECISIONS AND ACTIONS THAT ARE AGREED SHOULD BE RECORDED AND FILED ACCORDINGLY FOR POTENTIAL FUTURE LEGAL OR PUBLIC INQUIRY REASONS

Action Card 13c – Operations Cell - Minute-takers

- agree arrangements with 'Decision Makers';
- record the minutes of all strategic and information management meetings and teleconferences;
- take a note of the meeting, covering discussion topics and all actions and decisions taken;
- preparation of serial numbered Minute Books for Strategic Cell or Information Management meetings.

ALL DECISIONS AND ACTIONS THAT ARE AGREED SHOULD BE RECORDED AND FILED ACCORDINGLY FOR POTENTIAL FUTURE LEGAL OR PUBLIC INQUIRY REASONS

Action Card 14 – Policy Cell Lead

The policy cell will be responsible for communicating with policy and desk teams within the Department working closely with the Situation Cell and the EOC Chief of Staff to monitor situations across sectors, direct horizon scanning activities, identify and flag emerging issues that will likely impact the central response.

Responsibilities will include but not be limited to:

- lead a team to scope the longer-term strategic health and social care problems and options for Health Gold Command SC to consider;
- investigating issues, identifying impacts and potential impacts and working to mitigate them or prepare packages with recommendations for escalation;
- commission papers, clarify tasks and ensure that all actions/tasks that arise from decisions being made by Senior Officials, Ministers or at national level are delivered in time;
- responsible for briefing and updating Health Gold Command on relevant situational awareness and feeding back from Health Gold Command SC to the other EOC functions, when authorised to do so by the EOC Chief of Staff .
- Note that policy decision making should always be cleared by SC through to Minister;
- consider how the issues and impacts seen could affect other Departments, Devolved Administrations or UK Government.

ALL DECISIONS AND ACTIONS THAT ARE AGREED SHOULD BE RECORDED AND FILED ACCORDINGLY FOR POTENTIAL FUTURE LEGAL OR PUBLIC INQUIRY REASONS

Action Card 14a – Policy Cell - Senior Health/Medical Professionals

Some emergencies may require the involvement of policy experts from across DoH to advise on emergency situations within policy responsibility. This will include as required professional expertise to supply specialist knowledge to the EOC, as well as Health Gold Command.

Responsibilities will include but not be limited to:

- assist the Policy Cell Lead to scope the longer term strategic health and social care issues and help provide options to the SC Chair.
- supply of specialist strategic knowledge directly to the EOC and SC Chair;
- horizon scanning;
- provide expertise on subject matter for briefings/SitReps;
- provide expertise on key actions, as appropriate;
- liaise with EOC Cells and HSC Silver, as appropriate
- assist the work of the Policy Cell in helping to develop Health Impact Management Assessments;
- membership could include:
 - Allied Health Professionals;
 - Social Services;
 - Pharmaceutical services;
 - Dental services;
 - Nursing services;
 - Medical services;
 - Chief Environmental Health Officer.

ALL DECISIONS AND ACTIONS THAT ARE AGREED SHOULD BE RECORDED AND FILED ACCORDINGLY FOR POTENTIAL FUTURE LEGAL OR PUBLIC INQUIRY REASONS

Action Card 14b– Policy Cell - Policy Team

- Liaise closely with EOC Cells and HSC silver to be kept informed of the emergency as it develops, for example, by receiving copies of all Sit-Reps / CRIPs etc. but should not be involved in the immediate response;
- provide broad strategic options that are health specific;
- produce a daily Health Impact Management Assessment report according to the “Reporting Rhythm”;
- provide strategic health and social care assessments of scientific and policy issues that may arise in timeframes of days, weeks, months and years, to the EOC Manager. This may include assessments of:
 - site-specific issues and consequences of infrastructure gaps;
 - variation to expected plans;
 - early consideration to whether partial or complete evacuation of any parts of the service is likely to be necessary to enable early planning to commence;
 - early consideration to the need to contact various contractors and service providers to arrange for any changes in service levels which might be require;
- identify required expertise for team;
- identify support requirements;
- establish meetings/teleconference schedule, draft agenda and time-scale for reporting

ALL DECISIONS AND ACTIONS THAT ARE AGREED SHOULD BE RECORDED AND FILED ACCORDINGLY FOR POTENTIAL FUTURE LEGAL OR PUBLIC INQUIRY REASONS

Departmental Emergency Alerts - Potential Notifications

The Department may be alerted to an emergency affecting Health and Social Care organisations by the following:

| Type | Reported by | Could be reported to | Initial actions following emergency alert | Notes |
|---|---|---|--|--|
| Local Emergency e.g. HSC Trust declaring a 'Major Incident', potentially involving multiple casualties / outbreak of communicable disease. HSCB / PHA able to provide strategic advice and direction. | 1. HSC Trust 2. CCPB 3. Media | Office Hours: 1. Emergencies Officer 2. CMO's Office 3. Press Office Outside Office Hours: 1. N/A | 1. Notify Emergencies Officer (EO) 2. EO monitors situation for signs of adverse media attention 3. Prepare to activate partial EOC or continue to monitor the response | Strategic advice or assistance at this level is provided by the HSCB, PHA or BSO i.e. HSC Silver organisations |
| Significant Emergency e.g. Two or more HSC Trusts under pressure / Emergency Services declared a 'Major Incident' / localised outbreak of communicable disease / chemical incident. PHA / HSCB coping but may seek DOH strategic direction / assistance for escalating media enquiries. | 1. HSC Silver 2. CCPB 3. Media | Office Hours: 1. Emergencies Officer 2. CMO's Office 3. Press Office Outside Office Hours: 1. Press Office | 1. Notify Emergencies Officer (EO) 2. EO informs senior officials / CMO of decision to activate Level 1 (significant) response 3. Level 1 activation communicated to key stakeholders 4. Partial EOC opened to monitor progress of HSC Silver and develop sit-reps, briefings and media lines as necessary. | Monitor and be alert to a worsening situation. Emergencies in this category may be scaled down as the emergency services get on top of the situation and begin to manage the emergency |
| Serious Emergency e.g. Health and Social Care service badly affected by prolonged severe weather / widespread outbreak of communicable disease. DOH leads full strategic response from Health Gold Command. | 1. HSC Silver 2. CCPB 3. Other NI or GB Government Department 4. Media 5. WHO | Office Hours: 1. Emergencies Officer 2. CMO's Office 3. Press Office Outside Office Hours: 1. Duty Emergencies Officer 2. CMO | 1. Notify Emergencies Officer (EO) 2. EO informs Senior Emergencies (Duty) Officer / CMO (or deputies) – decision made to trigger Level 2 callout 3. Consideration given to NICCMA activation 4. Actions communicated to stakeholders 5. EOC opens 6. Sit-rep / CRIP / HIMA / briefings developed 7. Strategic Cell assesses emergency | Emergencies in this category are likely to be prolonged and severe in their effect on the community. It is likely to be some time before the HSC family and emergency services begin to cope and get on top of the emergency |
| Catastrophic Emergency e.g. UK-wide impact from terrorism, industrial accident or outbreak of Pandemic Influenza. Activation of NICCMA default. | 1. CCPB 2. Other NI or GB Government Department 3. Media 4. WHO | Office Hours: 1. Emergencies Officer 2. CMO's Office 3. Press Office Outside Office Hours: 1. Duty Emergencies Officer 2. CMO | 1. Notify Emergencies Officer (EO) 2. Decision to activate the full Health Gold Command response and NICCMA (if health-led) made by CMO 3. Actions communicated to stakeholders 4. EOC opens 5. Sit-rep / CRIP / HIMA / briefings / media response developed 6. Strategic Cell assesses emergency | Health Gold Command will provide strategic health advice to support the Northern-Ireland wide response. |

Suite of supporting civil contingency documents

| DOH Plan | Version | Version Date |
|---|-----------|--|
| A Guide to Emergency Planning Arrangements in Northern Ireland | N/A | September 2011 |
| The Northern Ireland Civil Contingencies Framework | | September 2011 |
| A Guide to Plan Preparation | N/A | March 2002 |
| Northern Ireland Standards in Civil Protection | N/A | 2001 |
| Lexicon of UK civil protection terminology | V 2.1.1 | February 2013 |
| National Risk Register of Civil Emergencies | N/A | September 2017 |
| Joint Doctrine: the Interoperability Framework | Edition 2 | July 2016 |
| The DoH Emergency Response Plan | V3.0 | November 2013 |
| DoH-Corporate Incident Management and Business Continuity Plan | V3.1 | June 2017 |
| Add DOH Continuity Plans | | |
| Northern Ireland Health and Social Care Influenza Pandemic Preparedness and Response Guidance | V1.1 | January 2013 |
| Cabinet Office: The Lead Government Department and its role – Guidance and Best Practice | | |
| Emergency Response and Recovery Non statutory guidance accompanying the Civil Contingencies Act 2004 | | October 2013 |
| Northern Ireland Infectious Disease Incident / Outbreak Plan | N/A | September 2018 |
| Guidelines for Smallpox Response and Management in Northern Ireland in the Post-Eradication Era <ul style="list-style-type: none"> issued as 'DRAFT' to the PHA on 20/01/11 – awaiting comments UK clinical discussions on the maintenance of vaccinated Regional Smallpox Management and Response Teams continue - Northern Ireland interests are represented by the lead SMO for EP Internal document HPRM: DH1/10/54360 | N/A | April 2010 (Draft out for PHA review) |
| DoH Contingency Planning Incidents Involving Radioactivity <ul style="list-style-type: none"> Internal document HPRM: DH1/11/43609 | N/A | March 2011 |
| HSC(PHD) 1/2010 Emergency Preparedness for Health and Social Care Organisations | N/A | April 2010 |
| HSC (PHD) 01/2011 Hospital Lockdown Guidance for Health and Social Care Trusts | V5.0 | April 2011 |
| HSC (PHD) 02/2011 The role of HSC Trusts on Emergency Support Centres | N/A | June 2011 |
| HSC (PHD) 03/2011 FFP3 Respirators and Fit Testing Guidance for Health and Social Care Organisations | N/A | October 2011 |

NOT PROTECTIVELY MARKED

Section 11

Acronyms and Glossary

Acronyms

| | |
|--------------------|---|
| ADSO | Assistant Departmental Security Officer |
| ALB | Arm's Length Body |
| BSO | Business Services Organisation |
| CBRN | Chemical Biological Radiological Nuclear |
| CBRNe | Chemical, Biological, Radiological, Nuclear and Explosive materials. |
| CCG(NI) | Civil Contingencies Group (Northern Ireland) |
| CCPB | Civil Contingencies Policy Branch |
| CMG | Crisis Management Group |
| CMLO | Consequence Management Liaison Officer |
| CMO | Chief Medical Officer |
| COBR | Cabinet Officer Briefing Rooms |
| CRCE | Centre for Radiation, Chemical and Environmental Hazards |
| CRIP | Common Recognised Information Picture |
| CT | Counter Terrorism / Counter Terrorist |
| DAERA | Department for Agriculture, Environment, and Rural Affairs |
| DE | Department of Education |
| DfC | Department for Communities |
| DfE | Department for the Economy |
| DfI | Department for Infrastructure |
| DHSC | Department of Health and Social Care (England) |
| DoF | Department of Finance |
| DoH | Department of Health (NI) |
| DoH (ROI) | Department of Health (Republic of Ireland) |
| DoJ | Department of Justice |
| ECDC | European Centre for Disease Control |
| EIS | Executive Information Service |
| EOC | Emergency Operations Centre |
| EPB | Emergency Planning Branch |
| ERP | Emergency Response Plan |
| ESS | Enterprise Shared Services |
| GLO | Government Liaison Officer |
| HAG | Health Advisory Group |
| HART | Hazardous Area Response Team |
| HIMA | Health Impact Management Assessment |
| HLO | Health Liaison Officer |
| HSC | Health and Social Care |
| HSC Silver Command | A joint HSC response (HSCB, PHA and PSO) managing the HSC Silver response |
| HSCB | Health and Social Care Board |
| HCID | High Consequence Infectious Disease |
| HLIU | High Level Isolation Unit |
| IA | Internal Audit |
| ICT | Information and Communication Technologies |
| IEM | Integrated Emergency Management |
| JESIP | Joint Emergency Services Interoperability Principles |
| JREP | Joint Response Emergency Plan |

| | |
|------------|--|
| LGD | Lead Government Department |
| MACA | Military Aid to Civil Authorities |
| MCCS | Managed Contact Centre Services |
| M/ETHANE | Major incident declared; Exact location; Type of incident; Hazards; Access; Number of casualties; Emergency responders |
| MIP | Major Incident Plan |
| MoD | Ministry of Defence |
| MOU | Memorandum of Understanding |
| MSU | Management Services Unit |
| NI | Northern Ireland |
| NIA | Northern Ireland Assembly |
| NIAS | Northern Ireland Ambulance Service |
| NIBTS | Northern Ireland Blood Transfusion Service |
| NICCOMA | Northern Ireland Central Crisis Management Arrangements |
| NICS | NI Civil Service |
| NIFRS | Northern Ireland Fire & Rescue Service |
| NIO | Northern Ireland Office |
| NIOBR | Northern Ireland Office Briefing Rooms |
| NIPSA | Northern Ireland Public Service Alliance |
| NIRT | Northern Ireland Related Terrorism |
| NPFS | National Pandemic Flu Service |
| NSC | National Security Council |
| NSC (THRC) | National Security Council, Sub Committee on Threats, Hazards, Resilience and Contingencies |
| PHA | Public Health Agency |
| PHD | Public Health Directorate |
| PHE | Public Health England |
| PSNI | Police Service of Northern Ireland |
| PXR | Post Exercise Reports |
| RQIA | The Regulation and Quality Improvement Authority |
| SCC | Strategic Coordination Centre |
| SCG | Strategic Coordinating Group |
| Sitreps | Situation Reports |
| SMO | Senior Medical Officer |
| SOPs | Standard Operating Procedures |
| SLO | Silver Liaison Officer |
| SSU | Safety Strategy Unit |
| TEO | The Executive Office |
| TMG | Top Management Group (DoH) |
| UK | United Kingdom |
| WHO | World Health Organisation |

Glossary

Wherever possible definitions have been aligned with the [emergency responder interoperability lexicon](#).

Arm's Length Body (ALB) – this is a body which has a role in the processes of national Government, but which is not a Government department, or part of one, and which accordingly operates to a greater or less extent at arm's length from Ministers. Executive ALBs carry out a wide range of administrative, regulatory, executive or commercial functions on behalf of Government.

Reporting Rhythm – the order of business or the sequencing of meetings and briefings to be adopted in an emergency.

Business Continuity Management (BCM) – the strategic and tactical capability of an organisation to plan for and respond to incidents and business disruptions in order to continue business operations at an acceptable predefined level.

Business Continuity Plans (BCP) – documented procedures and information developed, compiled and maintained, in readiness for use in an incident, at a local, regional and strategic level which allow an organisation to continue delivery of services, or business operations, at an acceptable predefined level in the event of any incident.

Business Recovery Team (BRT) – the DoH coordinating body consisting of representatives from each of the areas involved in the restoration of essential services and on-the-ground activities and Head of Directorates. It aims to manage and prioritise the delivery of individual Branch or Departmental Recovery Plans.

Business Services Organisation (BSO) – provides a broad range of regional business support functions and specialist professional services to the whole of the HSC sector in Northern Ireland.

Cabinet Office Briefing Rooms (COBR) – This is the UK Government's dedicated crisis management facilities, activated in the event of any emergency which requires support and co-ordination at the national strategic level.

Capabilities Programme – a programme to develop a range of capabilities that underpin the UK's resilience to disruptive challenges. These capabilities are categorised as being structural (e.g. local response), functional (e.g. mass casualties) or relating to essential services (e.g. financial services).

Capability – a demonstrable capacity or ability to respond to and recover from a particular threat or hazard.

Catastrophic Emergency – an emergency which has an exceptionally high and potentially widespread impact and requires immediate central Government direction and support.

Cell – a single component of the Regional Health Command Centre with predefined roles, responsibilities and resources.

Central Operations Room – entity that controls the flow of information into and out of the Crisis Management Group and Civil Contingencies Group (Northern Ireland).

Chemical, Biological, Radiological and/or Nuclear (CBRN) – a term used to describe Chemical, Biological, Radiological or Nuclear materials. CBRN is often associated with terrorism – see **CBRNe**.

Chemical, Biological, Radiological, Nuclear and Explosives (CBRNe) – a term used to describe Chemical, Biological, Radiological, Nuclear and Explosive materials. CBRNe terrorism is the actual or threatened dispersal of CBRN material (either on their own or in combination with each other or with explosives), with deliberate criminal, malicious or murderous intent.

Chief Medical Officer (CMO) – Northern Ireland Government's principal medical adviser who additionally acts as the professional head of all medical staff in Northern Ireland.

Civil Contingencies – risks to civilian health, safety, and property from emergencies as defined in the Civil Contingencies Act 2004 and the NI Civil Contingencies Framework (2011).

Civil Contingencies Act (2004) – consolidates good practice in civil contingencies in the UK. It introduces statutory duties on organisations to

undertake civil contingencies activities and updates emergency powers provisions. For a range of practical and constitutional reasons it was not appropriate to use the Act to place statutory duties on organisations delivering transferred functions in NI. Within NI this is provided the **Civil Contingencies Framework**.

Civil Contingencies Activities – activities undertaken by individuals and organisations to prevent emergencies and critical business interruptions, to mitigate and control their effects and to prepare to respond. These activities include horizon scanning; risk assessment; Business Continuity Management; Integrated Emergency Management; preparedness; validation; response and promotion of recovery and restoration.

Civil Contingencies Framework (2011) – produced by TEO this takes the principles contained in the Civil Contingencies Act, as well as the principles which apply to UK wide and GB regional civil contingencies activities and applies them in a way which is appropriate for NI.

Civil Contingencies Group NI (CCGNI) – a Northern Ireland multi-agency forum for the development, discussion and agreement of civil protection policy for NI public services. In addition to its policy role, CCG(NI) supports strategic co-ordination of emergencies, and during the response to an emergency would support the **Crisis Management Group (CMG)**, supplementing existing lead department arrangements. In circumstances where the CMG is not convened but where cross-cutting strategic management is required the CCG(NI) would fulfil this role.

Civil Contingencies Policy Branch (CCPB) – a branch within The Executive Office (TEO) which has policy responsibility for Civil Protection, which promotes the development of effective Civil Protection arrangements in the public sector in Northern Ireland. CCPB provides secretariat function to CCG(NI) and NICCMA.

Civil Protection – organisation and measures, under governmental or other authority, aimed at preventing, abating or otherwise countering the effects of emergencies for the protection of the civilian population and property.

Common Recognised Information Picture (CRIP) – A single, authoritative strategic overview of an emergency or crisis that is developed according to a standard template and is intended for briefing and decision-support purposes.

Consequences – Impact resulting from the occurrence of a particular hazard which is measured in terms of the numbers of lives lost, people injured, the scale of damage to property and the disruption to a community's essential services and commodities.

Consequence Management – measures taken to protect public health and safety, restore essential services, and provide emergency relief to Governments, businesses, and individuals affected by the impacts of an emergency.

Consequence Management Liaison Officer (CMLO) – a nominated representative from TEO attending the Strategic Coordinating Group (SCG) meetings at the Strategic Coordination Centre (SCC) - providing advice, options for mitigating the impact and longer-term recovery to PSNI Gold on the potential impact of a terrorist incident on the affected population, businesses and the wider community.

Crisis – General definition (BSI PAS200): an inherently abnormal, unstable and complex situation that represents a threat to the strategic objectives, reputation or existence of an organisation. Specific definition: an emergency of magnitude and/or severity requiring the activation of central Government response.

Crisis Management Group (CMG) – within the NI Central Crisis Management Arrangements (NICCMA), this is the Minister-led strategic co-ordination group which is responsible for setting the overall strategy for the NI Administration's response to a Level 2 or Level 3 emergency.

Dynamic Risk Assessment – continuing assessment appraisal, made during an incident or emergency, of the hazards involved in, and the impact of, the response.

Emergency - an event or situation which threatens serious damage to human welfare in a place in the UK, the environment of a place in the UK, or war or terrorism which threatens serious damage to the security of the UK

Emergency Operations Centre (EOC) – the control centre set up to support the DoH SC to manage and co-ordinate the health response in an emergency.

Emergency Planning Branch (EPB) – the branch in DoH with responsibility for overseeing EPRR for the health and social care sector and for activation and operation of Health Gold Command in the event of an emergency occurring.

Emergency Powers Directions – Chair of Health Gold Command (CMO) has the power to direct and redeploy HSC resources for the duration of an emergency and recovery period. The Emergency Powers Directions provide the necessary legal basis.

Emergency Preparedness, Resilience and Response (EPRR) – a co-ordinated approach to civil contingencies activities which includes assessment of risk, and development and implementation of contingency planning to mitigate the risk to prevent emergencies from occurring, together with arrangements to prepare for and respond to emergencies.

Emergency Response – immediate management of the consequence elements of an incident.

Emergency Response Plan – document that sets out the overall framework for the initiation, management, coordination and control of personnel and assets to reduce, control or mitigate the effects of a health emergency.

Executive Information Service (EIS) – supplies central Press Office services for the NI Departments, as a supplement to those provided by Departmental Press Offices.

Governance Statement – a frank appraisal by the Accounting Officer with responsibility for maintaining a sound system of internal control that supports the achievement of departmental policies, aims and objectives, whilst safeguarding public funds and departmental assets.

Government Liaison Officer (GLO) – the lead member of the Government Liaison Team – in a terrorist emergency an official from the Northern Ireland Office.

Hazardous Area Response Team (HART) comprises of specially trained paramedics who provide the pre-hospital care response to major incidents. HART mainly operates within the inner cordon of a highly hazardous incident, working alongside other Emergency Services to provide enhanced medical response whenever large numbers of casualties are predicted, or to protect responding agencies.

Health Gold Command– all personnel with a role to play in Health Gold Command. This includes the Strategic Cell and the Emergency Operations Centre.

Health Impact Management Assessment (HIMA) – a DoH assessment, providing a forward look to the health consequences of a realised threat or hazard.

Health Liaison Officer (HLO) – a representative from the DoH SC nominated to support the PSNI Strategic Co-ordinating Group (SCG) or other lead Department and provide Health Impact Management Assessments (HIMAs) and advise on the potential impact to health of strategic decisions under consideration.

Health and Social Care Trust – health and social care organisation responsible for the delivery of community, hospital and social care.

Health and Social Care Board (HSCB) – focuses on commissioning, resource management and performance management and service improvement to the whole of the Health & Social Care sector in Northern Ireland.

Health Gold Command – the strategic level of command and control (above HSC Silver level and HSC Bronze level) at which policy, strategy and the overall response framework are established and managed for individual responder agencies. Unless specified, Health Gold in this plan refers to the Strategic Cell.

HSC Bronze – the tier of command and control within a single organisation (below Health Gold and HSC Silver level) at which the management of ‘hands-on’ work is undertaken at the incident site(s) or associated areas. The operational response to an emergency, providing direct services to bring an incident to an end and ensure public safety. In the case of Health this is the HSC Trust level response.

HSC Silver – tactical tier of command and control within a single agency (below Health Gold level and above HSC Bronze level) at which the response to an emergency is managed. Within this plan, HSC Silver relates to the combined emergency response arrangements of the HSCB, PHA and BSO.

Immediate Actions – a pre-determined list of prioritised instructions that must be carried out. These could include the opening of Health Gold Command accommodation and ICT needs; the activation of access control mechanisms; or the instigation of a staff cascade-call-out system.

Information Push – standardisation of information flow into and out of the Regional Health Command Centre.

Integrated Emergency Management (IEM) – a multi-agency approach to emergency management entailing six key activities – anticipation, assessment, prevention, preparation, response and recovery.

Joint Response Emergency Plan – the combined Emergency Response Plan for the HSCB, PHA and the BSO (HSC Silver).

Lead Government Department (LGD) – a Department of the UK Government or devolved administration designated as responsible for overall management of the Government response to a given emergency or disaster. There are LGDs identified for both the response and recovery phases of emergencies.

Local Emergency – emergencies where the outcomes are confined to a relatively small area or number of people, where local or sub-regional organisations, or the sub-regional offices of regional organisations, deliver the response.

Major Incident – event or situation requiring a response under one or more of the emergency services' major incident plans.

Marauding Terrorist Firearms Attack (MTFA) – an attack by armed individuals or groups, on members of the public, where the aim is to inflict the maximum number of fatalities/casualties and disruption. Weapons used may vary from knives to firearms and increasingly frequent are attacks using vehicles.

Mass Casualty Incident – an incident (or series of incidents) causing casualties on a scale that is beyond the normal resources of the emergency services.

Mutual Aid - In emergency planning terms, mutual aid is an agreement among emergency responders to lend assistance across jurisdictional boundaries. This may be by supplying personnel, equipment, countermeasures or technical expertise.

National Resilience Extranet (NRE) / “ResilienceDirect” – secure web based infrastructure to enable multi-agency information sharing and which has a specific information function during emergency response and recovery.

National Resilience Capabilities Programme – a programme to develop a range of capabilities that underpin the UK’s resilience to disruptive challenges. These capabilities are categorised as being structural (e.g. local response), functional (e.g. mass casualties) or relating to essential services (e.g. financial services).

National Resilience Planning Assumptions (NRPA) – to assist with national and local planning, the Government provides a confidential list of the common consequences coming out of the NRA that cover the maximum scale, duration and impact, that could reasonably be expected to occur as a result of emergencies to assist organisations in planning their preparedness and response.

National Risk Register (NRR) – the National Risk Register of Civil Emergencies is the unclassified version of the NRA which is made available as a public resource to allow individuals and organisations to be better prepared for emergencies.

National Security Council (NSC) – a coordinating body, chaired by the Prime Minister, to integrate the work of the foreign, defence, home, energy and international development departments, and all other arms of Government contributing to national security.

National Security Council, Sub Committee on Threats, Hazards, Resilience and Contingencies (NSC (THRC)) – a Ministerial subcommittee of the National Security Council, which will come together in both policy and crisis response modes. This may be in some contexts be more colloquially referred to as 'the COBR Committee'.

Northern Ireland Central Crisis Management Arrangements (NICCMA) – the totality of the arrangements by which the NI Executive provides strategic coordination in appropriate emergencies.

Northern Ireland Civil Contingencies Framework (2011) – the Northern Ireland Civil Contingencies Framework (2011), published by TEO, takes the principles contained within the Civil Contingencies Act and applies them in a way which is appropriate for NI. This document, in conjunction with the TEO document, A Guide to Emergency Planning in Northern Ireland, provides guidance within which NI public service organisations will discharge their civil contingencies responsibilities

Northern Ireland Fire and Rescue Services (NIFRS) (Emergency) (NI) Order 2011 creates a statutory requirement for NIFRS to take action in relation to CBRN incidents, search and rescue, serious flooding and serious transport incidents.

Northern Ireland Office Briefing Rooms (NIOBR) – central facility to support the Secretary of State for NI in providing strategic direction following a serious terrorist incident in NI.

Northern Ireland Related Terrorist (NIRT) – Terrorist incidents carried out by organisations on the list of [Proscribed Terrorist Organisations](#) linked to Northern Ireland related terrorism.

Public Health Agency (PHA) – established under the 2009 Reform Act, with responsibilities in relation to health protection, including protecting the community against *“communicable disease and other dangers to health and social well-being, including dangers arising on environmental or public health grounds or arising out of emergencies.”*

Recovery Phase – phase focused on recovery, commencing at the earliest opportunity following the onset of an emergency, and running in tandem with the response phase.

Resilience – the ability of the community, services, area or infrastructure to detect, prevent, and, if necessary to withstand, handle and recover from disruptive challenges.

Response Phase – Phase in which decision-making and actions are focused on response to an actual emergency or disaster.

Serious Emergency – a Serious Emergency (Level 2 response) is one which has, or threatens a wide and prolonged impact requiring sustained coordination and support from many departments and agencies. The extent or severity of an emergency is such that a large number of local, sub-regional and regional organisations are involved in delivering the response and strategic level coordination is required. The LGD can ask for NICCMA to be convened to facilitate strategic coordination. Examples may be a Foot and Mouth Disease outbreak; very severe weather (i.e. flooding and heatwaves) across NI; or a terrorist attack.

Significant Emergency – a Significant Emergency (Level 1 response) has a narrower focus, which is likely localised in one geographical area, but is of sufficient severity to require strategic coordination. Such an emergency is unlikely to require the activation of NICCMA, or to be handled by Health Gold Command. Examples of emergencies on this scale could include the response to a water pollution incident; a localised chemical incident; severe weather; or prison riot.

Situation Report (Sitrep) – a report produced by an officer or body, outlining the current state and potential development of an incident and the response to it.

Stakeholders – for the purposes of this document, any group, organisation or individual that has responsibility for a role with regard to the response to an emergency that impacts on provision of health and social care.

Standard Operating Procedures (SOPs) – a document which describes regularly recurring operations relevant to the activation of Health Gold Command. The purpose of a SOP is to carry out the operations correctly and always in the same manner – it is a compulsory instruction. Examples include: building, IT and personnel security instructions; and health and safety directions.

Strategic Coordination Centre (SCC) – the location at which the PSNI Strategic Coordinating Group (SCG) meets.

Strategic Coordinating Group (SCG) – PSNI-led multi-agency body responsible for coordinating the joint response to an emergency at the local strategic level.

The Working Time Regulations (Northern Ireland) 1998 – Requires the Department to take all reasonable steps to provide rights and protection for workers (including all Civil Servants).

Threat – intent and capacity to cause loss of life or create adverse consequences to human welfare (including property and the supply of essential services and commodities), the environment or security.

Threat Assessment – a component of the civil protection risk assessment process in which identified threats are assessed for risk treatment.

UK Health Departments – the four UK Health Departments will work closely together in emergency planning and preparedness.