Department of
**Health, Social Services
and Public Safety**
www.dhsspsni.gov.uk

AN ROINN
**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MÄNNYSTRIE O
**Poustie, Resydènter Heisin
an Fowk Siccar**

DHSSPS

EMERGENCY

RESPONSE

PLAN

(ERP)

History

Status

The current status of this document is: ***approved by Dr Michael McBride (sponsoring Board Member) for issue to the Departmental Board***

Version history

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V0.2	20090416	Incorporating first round stakeholder feedback	
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The person responsible for this document is *Head of Emergency Planning Branch, (028) 9052 2535.*

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1. INTRODUCTION

1.1 Aims and objectives

Under the 1972 Order[1], the Minister / Department has overall responsibility *"to provide or secure the provision of integrated health services in Northern Ireland designed to promote the physical and mental health of the people of Northern Ireland through the prevention, diagnosis and treatment of illness…and the Ministry shall so discharge its duty as to secure the effective co-ordination of health and personal social services."*   The Department therefore, needs to ensure it has the necessary resources, information and advice with which to fulfill this responsibility in the context of an emergency situation and to enable it to take decisions and give direction at a *strategic level* (**'GOLD'**). It can do so by activating its emergency response facility, the 'Regional Health Command Centre' (RHCC), supported at a tactical level (**'SILVER'**) by the Health and Social Care (HSC) SILVER command.

The Department of Health, Social Services and Public Safety (DHSSPS) **Emergency Response Plan** sets out, generically, how the Department will deploy and operate an effective and resilient response for any emergency for which it is designated the Lead Government Department (LGD)[2] or how it will provide strategic health and social care policy advice or direction in support of the efforts of others, where another Department or its arms length body (ALB) is in the lead.

To accommodate a flexible response, the **DHSSPS Emergency Response Plan** (DHSSPS ERP) outlines a modular management and communications structure that can be adopted in full or in modified form to meet the particular needs of the emergency. By subdividing the full health response into individual 'Cells' – with each having predefined roles, responsibilities and resource requirements – the Department can easily scale up or scale down or adapt its emergency structures as circumstances dictate.

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[1] The HPSS (NI) Order 1972, Article 4
(www.opsi.gov.uk/RevisedStatutes/Acts/nisi/1972/cnisi_19721265_en_1)
[2] Lead Government Department – source document 'The Role of the DHSSPS as a Lead Government Department', located on the DHSSPS Intranet at
http://dhssps.intranet.nigov.net/index/emergency_planning.htm.

The Department's overall response will be managed from the **'Regional Health Command Centre' (RHCC)** – the Department's emergency response facility – and its responding staff to be known as the **'Crisis Management Team'** (CMT). Resourcing the CMT will focus on staff within the Chief Medical Officer's Command, particularly from its senior medical officers, the Director of Population Health Directorate and members of Emergency Planning Branch.

The lead within the Department, known as the **'RHCC Strategic Cell',** will normally be chaired by the Chief Medical Officer (CMO) and provides the ultimate source of strategic health, social care and public safety advice and direction in response to a health emergency.

It is of paramount importance that all personnel involved in the health response are prepared to interpret and apply the procedures within the **DHSSPS Emergency Response Plan** (DHSSPS ERP) as circumstances dictate.

The Department's Business Continuity Plan (BCP) may also be fully or partially invoked either as a result of, or in response to, the health emergency. Departmental staff tasked with ensuring the continuity of the emergency health response or of Departmental critical business functions will be known as the **'Business Recovery Team'** (BRT),

The severity or complexity of an emergency may then dictate that both Chairs of the 'Crisis Management Team' (CMT) and 'Business Recovery Team' (BRT) attend the overarching **'Top Management Group'**, chaired by the Permanent Secretary, to resolve potentially competing demands for resources between the two elements of the *overall* emergency response; this may even require the reprioritisation of strategic aims and objectives. The relationships between these three structures are detailed at 'Action Card 1', Section 9.

Relationship Diagram
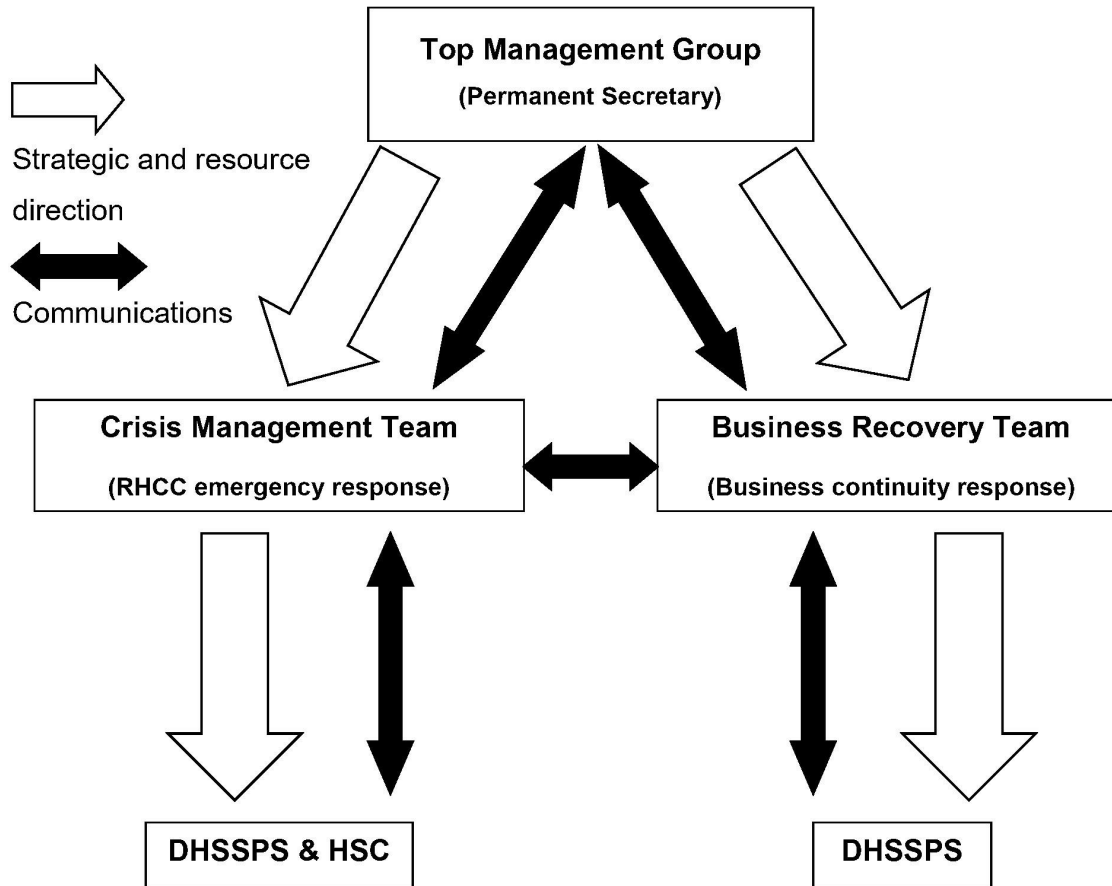
In some infectious disease emergencies, there may also be time to allow 'accelerated planning' to take place in parallel to the emergency response and to make provision for an accelerated planning board to be set up.

The **DHSSPS Emergency Response Plan** (DHSSPS ERP):

- scopes the overarching policy and practice underpinning any RHCC activation;
- explains trigger and alert procedures;
- explains how the RHCC will activate and operate to support strategic health decision-making;
- identifies the components and resources within DHSSPS that need to be deployed;

- defines roles and responsibilities, with supporting Action Cards and the means of communication and information flow;
- identifies the links which DHSSPS would make with other organisations;
- explains the integration of the 'Crisis Management Team' (CMT) with the 'Business Recovery Team' (BRT) for the management of any concurrent (potential or actual) business disruptions during the emergency response; and
- clarifies stand down / hand over arrangements and post incident actions.

1.2 Functions of the Regional Health Command Centre (RHCC)

The primary functions of the RHCC are to:

- obtain an early and clear picture to help inform the severity, location, immediate affects, consequences and duration of the emergency;
- facilitate a strategic overview of the health and social care response to the emergency;
- provide a forward look to issues that may arise considering long-term recovery measures, ongoing welfare provision and potential for public enquiries;
- provide and advise on health policy as directed by the Minister, Chief Medical Officer (CMO) or other top management;
- disseminate the health, social care and public safety strategy to the Public Health Agency, Health and Social Care Board, Business Services Organisation, Patient Client Council – collectively known as **'SILVER'** – and through them to the Health and Social Care Trusts, Voluntary Sector, The Regulation and Quality Improvement Authority (RQIA) and special agencies – collectively known as **'BRONZE'**; and to other key stakeholders as necessary, such as PSNI, NIFRS, and other Government departments;
- liaise with the Department of Health and other Northern Ireland, GB and Republic of Ireland Government Departments / agencies as necessary;
- lead any health aspects for Northern Ireland following meetings of the Civil Contingencies Committee (CCC) in the Cabinet Office Briefing Rooms (COBR);
- ensure that Health and Social Care responders receive appropriate logistical and resource support;

- provide Ministerial briefings and statements, instil and maintain trust and confidence by ensuring that the public and the media are engaged and well informed and are enabled to take steps to sustain their own safety and well being in advance of, and throughout, the emergency;

- facilitate clear, coordinated and timely decisions and actions;

- disseminate and implement the Minister's, CMO's or other top management decisions quickly;

- assess the viability of the Health and Social Care (HSC) infrastructure and evaluate the need to invoke the DHSSPS Emergency Powers Directions;

- manage the distribution and deployment of the countermeasures stockpile of drugs and equipment.

1.3   Context

DHSSPS has Business Continuity Plans in place to deal with disruptions to services caused by internal and external factors. Most of these disruptions will be managed by individual or collective Branch Recovery Plans (BRPs) reprioritising and reallocating existing financial and human resources. However, when external disruptions cannot be handled unilaterally using Business Continuity Plans or by specific operational procedures; then the **DHSSPS Emergency Response Plan** (DHSSPS ERP) will apply.

The **DHSSPS Emergency Response Plan** (DHSSPS ERP) is consistent with 'The Northern Ireland Civil Contingencies Framework'[3], in that an emergency is concerned with the consequences rather than with its cause or source, and 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 war, or terrorism, which threatens serious damage to the security of the UK'.

DHSSPS is the Lead Government Department (LGD) in Northern Ireland for the human health consequences of:

  o chemical, biological, radiological and nuclear (CBRN) incidents;

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[3] Source: www.ofmdfmni.gov.uk/index/making-gov ernment-work/emergencies/emergencies-publications.htm

- o disruption of medical supply chains;

- o infectious diseases; and

- o mass casualties.

1.4   Scope

The DHSSPS Lead Government Department role extends to:

- providing strategic direction, advice and leadership to support Health and Social Care (HSC) organisations in responding to a Local Emergency (see Chapter 4) or Significant Emergency (see Chapter 5) affecting Northern Ireland;

- providing strategic direction, advice and leadership to lead the health response to a Serious Emergency (see Chapter 6) affecting Northern Ireland;

- coordinating through the Department of Health, London (DH), COBR's[4] UK health response to a Catastrophic Emergency by providing strategic direction, advice and leadership for the health response for Northern Ireland (see Chapter 7); and

- providing wider strategic health advice to any other Government department where they have lead responsibility and there are, or is the potential for, health consequences for the population of Northern Ireland.

The **DHSSPS Emergency Response Plan** (DHSSPS ERP) details the strategic management level of emergency response, **'GOLD'**. It does not detail the tactical management level of emergency response, **'SILVER'**, or the operational management level of emergency response, **'BRONZE'**. The emergency response arrangements of **'SILVER'** are collective matters for the Public Health Agency, HSC Board, Business Services Organisation and Patient and Client Council who also manage the operational level of response, **'BRONZE'**, which is led by public facing or front-line health and social care services such as HSC Trusts, voluntary services, independent sector and special agencies.

1.5   Policy and practice

1.5.1 General

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[4] COBR – The Cabinet Office Briefing Rooms

Three levels of response are articulated in this **DHSSPS Emergency Response Plan** (DHSSPS ERP) and remain consistent with the levels previously agreed by the October 2008 Departmental Board in the DHSSPS publication, 'The Role of the DHSSPS as a Lead Government Department[5]'. They are:

- **RHCC 'Level 1'** response to a **Significant Emergency**;
- **RHCC 'Level 2'** response to a **Serious Emergency**; and
- **RHCC 'Level 3'** response to a **Catastrophic Emergency**.

The RHCC response can either be graduated or immediate depending upon the prevailing circumstances; and in conjunction with a robust training and exercise programme, encourages operational flexibility from a knowledge-based 'Crisis Management Team'.

1.5.2 Priorities

Activation of the RHCC will place a number of early demands on the 'Crisis Management Team' (CMT). These will include:

- **Connectivity** – ensuring that internal and external systems for communication are set up quickly.
- **Clarity** – obtaining an early and clear picture to help inform the severity, location, immediate affects and consequences and duration of the emergency.
- **Coordination** – the timely arrival of all Crisis Management Team (CMT) responders and access to pre-identified stakeholders through various ITC channels including video or tele-conferencing.
- **Strategy** – producing a handling plan, determining the strategic aims and objectives in respect of the Department's response to the emergency.
- **Media and Warning and Informing the Public** – consideration for the articulation of an early media response.

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[5] Lead Government Department – source document 'The Role of the DHSSPS as a Lead Government Department', located on the DHSSPS Intranet at
http://dhssps.intranet.nigov.net/index/emergency_planning.htm.

- **Business Continuity** – determining the extent, if any, for the full or partial activation of the RHCC or Departmental Business Continuity Plans.

2. RESPONSIBILITY AND MAINTENANCE

2.1 Ownership

The **DHSSPS Emergency Response Plan** (DHSSPS ERP) is owned by the Chief Medical Officer for Northern Ireland and can be referred to as the '**DHSSPS ERP**'.

Emergency Planning Branch will maintain, review and update the **DHSSPS ERP**. No change is to be made to the **DHSSPS ERP** without the written authority of the Head of Emergency Planning Branch, DHSSPS at the following address:

The Department of Health, Social Services and Public Safety
Population Health Directorate
Emergency Planning Branch
Castle Buildings
BELFAST
BT4 3SQ
Tel: 028 9052 2535

2.2 Supporting documents

DHSSPS ERP is one of a suite of emergency planning documents that together set out how the DHSSPS prepares for, and discharges, an effective and resilient response for any emergency for which it is designated the Lead Government Department (LGD) or is required to provide strategic health policy advice or direction in support of the efforts of others. This document should be read in conjunction with specific health emergency planning documents, as listed at **ANNEX J.**

2.3 Maintenance

DHSSPS has adopted the principle that assurance on Health Contingency 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 **DHSSPS ERP** have been carried out to review guidelines.

2.4 Review

The **DHSSPS ERP** review is intended to ensure that its validity and relevance have not been overtaken by time or internal or external events, such as restructuring, staff changes or changes in the nature of the threat.

The following approaches must be used in combination:

- **Fundamental review:** a fundamental review of **DHSSPS ERP** will be carried out after live exercises 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 **DHSSPS ERP** or following significant enhancements to the nature of the threat. Where these opportunities have not arisen, a fundamental review will be carried out at intervals of no greater than three years.

- **Group read-through:** group read-through of **DHSSPS ERP** is both a review process and useful means of refreshing individuals' knowledge of the content of the **DHSSPS ERP**. It will take place immediately before a plan content review. Any issues identified during group read-through will be addressed before plan content review takes place.

- **Plan content review:** reviews of the contents and detail of the **DHSSPS ERP** will be carried out regularly at intervals of between 3 and 6 months. These will cover both the fundamentals of contingency plans (including aim, objectives, planning assumptions and response activities) and details such as allocation of individuals to roles, contact telephone numbers etc. Plan content review will be carried out with internal and external stakeholders.

All three approaches to plan review will be applied after any significant internal or organisational restructuring.

3. ALERT PROCEDURES

3.1 Invocation

As an emergency can occur at any time, DHSSPS alert procedures are sufficiently robust to cope with any and all eventualities. A full staffing complement will be available to respond to all in-hours 'RHCC Level 1' emergencies and, through an out-of-hours service, to all 'RHCC Level 2' and RHCC Level 3' emergencies. For the sustained effectiveness of this system, it will remain embedded into the **DHSSPS ERP** review process.

In-hours alerting:

- Following a bona fide in-hours alert the Head / Emergency Planning Branch or the Director of Population Health, will approve the activation of 'RHCC Level 1' within 30 minutes;
- Following a bona fide in-hours alert the Head / Emergency Planning Branch or the Director of Population Health will gain approval from the CMO or deputy for the activation of 'RHCC Level 2' or 'RHCC Level 3' within 30 minutes;

Out-of-hours alerting:

- Following a bona fide out-of-hours alert the Duty On-Call Emergencies Officer will gain approval for 'RHCC Level 2' or 'RHCC Level 3' activation from the CMO or deputy within 60 minutes;

Following approval to activate, RHCC will be electronically operable within 90 minutes and fully manned within 120 minutes.

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

ACTION CARD No.5 provides an algorithm of the RHCC alert and activation procedure.

3.2   During office hours

Emergency Planning Branch, C4 Castle Buildings, acts as the focal point for all health-related emergencies affecting DHSSPS. In the eventuality that the first Emergencies Officer cannot be reached, a second contact is provided. In the exceptional circumstance that neither contact can be reached, then the CMO's Office should be alerted. The primary points of contact for working days between 0900 and 1700 are:

- Emergencies Officer (1st Contact)   ☎ (028) 9052 XXXX

    Blackberry XXX XXXX XXXX

    ✉ emergencyplanning@dhsspsni.gov.uk

OR

- Emergencies Officer (2nd Contact)   ☎ (028) 9052 XXXX

    Blackberry XXX XXXX XXXX

    ✉ emergencyplanning@dhsspsni.gov.uk

THEN

- CMO's Office (3rd Contact)   ☎ (028) 9052 XXXX

For an effective response, it is essential that the Department is notified at the earliest opportunity following any declared 'major emergency', or when it is thought one is likely to occur. The default premise is that the Department should always be alerted for all 'Level 1', 'Level 2' and 'Level 3' emergencies.

Cautionary note – It should never be assumed that an e-mail notification has been received successfully – always confirm by speaking to an Emergencies Officer / CMO's Office.

All e-mail correspondence to the 'emergencyplanning' generic account must contain the word **'RHCC'** in the 'Subject:' field (caps insensitive) to reach the intended recipients.

Based on the initial conversation, the Emergencies Officer in consultation with the Director of Population Health Directorate or Chief Medical Officer or their deputies will make a dynamic risk assessment[6] to agree on the appropriateness and level of any RHCC activation.

Following a decision to activate, a judgement for the immediate alerting of Private Office, senior officials and other key stakeholders will be made. This will be undertaken by way of a telephone "ring round" and followed as soon as possible by a written Situation Report (sit-rep).

3.3   Out of office hours

The DHSSPS maintains a 24/7 alert response procedure throughout the year for all RHCC 'Level 2' and 'Level 3' emergencies. 'Level 1' emergencies should be reported from 0900 the next working day as per procedures outlined at Section 3.2.

The out-of-hours service is in operation for all Public and Bank Holidays or on working days between 1700 and 0900. Cover is managed by a Duty On-Call Emergencies Officer.

Default:

- On-Call 1st Contact   Blackberry XXX XXXX XXXX

                                         ✉ emergencyplanning@dhsspsni.gov.uk

                    OR

- On-Call 2nd Contact   Blackberry XXX XXXX XXXX

                                         ✉ emergencyplanning@dhsspsni.gov.uk

Variations:

- Duty on-call weekly rota as circulated by Emergency Planning Branch.

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[6] **"Dynamic Risk Assessment"** – the ongoing evaluation of events and circumstances surrounding an emergency, with a view to dealing with them with optimal effectiveness.

4.   LOCAL EMERGENCY

4.1   Definition

A **Local Emergency** will be confined to a relatively small area or number of people. **Coordination of response and recovery is facilitated by** a local organisation; usually the PSNI, the District Council, or for Health, by **an individual Health and Social Care Trust**. Examples of emergencies on this scale could include the response to:

- an outbreak of infectious or communicable disease (MRSA, Norovirus);
- water / sewage contamination;
- chemical pollution; or
- flooding / power cuts impacting upon vulnerable sectors of society.

4.2   Strategic assistance / coordination

Health and Social Care Trusts are accustomed to normal fluctuations in daily demand for services and will respond to such emergencies with local emergency plans. Where a declared 'major emergency' then challenges normal capacity and / or procedures; **strategic advice and coordination will be provided by 'HSC SILVER[7]'**. The detail of this 'SILVER' management level of emergency response is outside the scope of the **DHSSPS ERP** (see Section 1.4 Scope).

4.3   DHSSPS notification

A **Local Emergency** will rarely require strategic advice or direction from the DHSSPS. However, it should continue to receive 'Serious Adverse Incident' reporting where applicable, or be alerted directly whenever the emergency attracts disproportionate media interest. This will allow Emergency Planning Branch to monitor the situation more closely, providing briefings to Minister and senior officials. **RHCC will not be activated for a Local Emergency**.

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[7] 'SILVER' - tactical level management chaired by the HSC Board and including representatives from the Public Health Agency, HSC Board, Business Services Organisation and the Patient and Client Council, providing support for the operational response (BRONZE)

5.   SIGNIFICANT EMERGENCY

5.1   Definition

A **Significant Emergency** (**RHCC 'Level 1'**) is likely to be localised in one geographical area and see two or more Trusts declare a 'major emergency'.   **Coordination of response and recovery is facilitated by** the activated **'HSC SILVER'** (comprising members from the Public Health Agency, Health and Social Care Board, Business Services Organisation and the Patient and Client Council as appropriate).   Where the emergency attracts significant media interest, or where UK-wide emergency response fora are established, DHSSPS will provide strategic advice to 'SILVER' and may do this by activating a partial 'RHCC Emergency Operations Centre' (RHCC EOC).   Examples of emergencies on this scale could include:

- any escalated **Local** emergency or de-escalated **Serious** emergency;
- cryptosporidium or *Clostridium difficile* outbreak;
- localised chemical incident;
- incident requiring casualty dispersal to a number of Trusts; or the
- monitoring of a developing outbreak of Pandemic Influenza or other infectious disease, in which the UK Civil Contingencies Committee (CCC) requires strategic assessments from Northern Ireland.

A **Significant Emergency** is a situation, either arising or threatened, which may require the special mobilisation and / or redeployment of staff or other resources with consequent interruption to routine activities.   Such emergencies have the potential to affect hundreds of people.

5.2   RHCC components (see Action Card No.7 for resource summary)

A **Significant Emergency** will **seldom require strategic advice or direction from the DHSSPS beyond routine lines of enquiry or media management**.   However, as the potential remains for the provision of health advice and communication at the national level; DHSSPS may be required to invoke RHCC 'Level 1'.   This may see the partial activation of the 'RHCC Emergency Operations Centre' (RHCC EOC), which would

monitor and maintain contact with 'HSC SILVER', and provide national strategic health advice, Ministerial briefings and media lines-to-take.

Once activation is authorised, RHCC accommodation will include:

- RHCC Emergency Operations Centre (RHCC EOC).

5.3   Strategic assistance / coordination

When activated, RHCC 'Level 1' allows DHSSPS to monitor the lead response of 'SILVER' or other Government departments in their lead response to a **Significant Emergency**.   DHSSPS will provide strategic health advice at the national-level and coordinate the media response effort where their interest is significant.

5.4   RHCC Level 1 communication and information flows
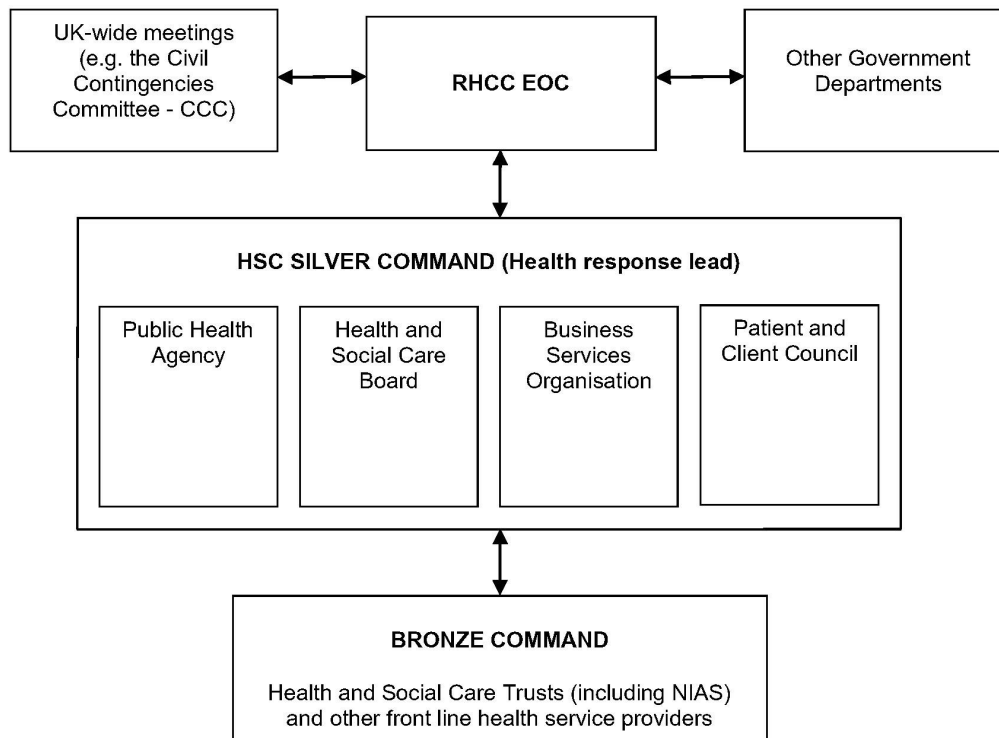
6.   SERIOUS EMERGENCY

6.1   Definition

A **Serious Emergency** (**RHCC 'Level 2'**) is one which has, or threatens a Northern Ireland-wide prolonged impact to the health of the population requiring sustained coordination and support from many Departments and Agencies, with a potential to affect thousands of people. **DHSSPS will establish 'GOLD'[8] to coordinate strategic health policy advice or direction, linking directly to 'SILVER'[9]** through the deployment of 'SILVER' liaison officer(s), or other officers that the Chair may request, to the 'RHCC Strategic Cell'. As a 'Lead Government Department', DHSSPS can additionally ask for the Northern Ireland Central Crisis Management Arrangements (NICCMA) to be activated to facilitate strategic coordination across all Northern Ireland departments. Details of NICCMA alert procedures and its operation are contained in **ANNEX K**. Examples of emergencies on this scale could include:

- any escalated **Significant** emergency or de-escalated **Catastrophic** emergency;
- very severe weather across Northern Ireland, such as widespread flooding or the effects of heatwaves;
- a health emergency affecting GB or the Republic of Ireland but needing Northern Ireland support;
- an emergency principally affecting GB or the Republic of Ireland but with residual impact on Northern Ireland in terms of, for example, Chemical, Biological, Radiological or Nuclear material or Explosives (CBRNE);
- any emergency where DHSSPS may require substantial PSNI, military or other departmental assistance;
- an outbreak of pandemic influenza or other infectious diseases with sustained community transmission in the UK;
- any terrorist attack against Health's critical infrastructure;
- the release of CBRNE materials in Northern Ireland;

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[8] 'GOLD' - strategic level management led by DHSSPS to establish policy, determine strategy, anticipate requirements and for making senior command decisions
[9] 'SILVER' - tactical level management chaired by the HSC Board and including representatives from the Public Health Agency, HSC Board, Business Services Organisation and the Patient and Client Council, providing support for the operational response (BRONZE)

- any serious and prolonged public disorder which impacts on the delivery of health or social care services; or

- loss or denial of a major Health and Social Care (HSC) facility, such as a hospital.

A **Serious Emergency** has the potential to severely disrupt health and social care services and other utilities (power, water etc) and can even exceed the collective capability of HSC organisations. Such events may require the implementation of the DHSSPS (Emergency Powers) (No.1) Direction (Northern Ireland) and the mobilisation of health countermeasures.

6.2   RHCC components (see Action Card No.8 for resource summary)

Once activation is authorised, minimum RHCC accommodation will include:

- RHCC Strategic Cell;
- RHCC Emergency Operations Centre (RHCC EOC) - incorporating the RHCC Information Cell, RHCC Briefing Cell, RHCC Record Cell, and RHCC Forward Look Cell;
- RHCC Communications Cell;
- RHCC Logistics and Resources Cell;
- RHCC Security Cell.

but, may also include:

- RHCC Professional Cell;
- RHCC Business Recovery Cell;
- RHCC Multi-agency Cell.

6.3   Strategic assistance / coordination

RHCC 'Level 2' allows DHSSPS to respond to any **Serious Emergency** which has or threatens a wide and prolonged impact to the health of the population of Northern Ireland. The overall response, led by DHSSPS, will be on 3 levels - the Department (**GOLD**) will provide strategic health policy advice and direction; the Public Health Agency working

alongside the Health and Social Care Board and potentially the Business Services Organisation and Patient and Client Council (**SILVER**) will provide tactical management; and the Health and Social Care Trusts and other front line health services (**BRONZE**) will provide the operational management of the emergency.

At **'GOLD'**, the 'RHCC Emergency Operations Centre' (RHCC EOC) opens to receive and process health information about the emergency from the **'SILVER Information Hub'**[10] and from a variety of other sources. Collectively, these allow the RHCC EOC to develop and maintain a 'Common Recognised Information Picture'[11] (CRIP) to inform strategic decision-making by the 'RHCC Strategic Cell' to agree any Departmental policy or advice, media response or reporting to Minister(s), senior officials, the Northern Ireland Assembly or the Civil Contingencies Committee. The focus at **'SILVER'** is to carry out the tactical health response within the strategic aims and objectives set by **'GOLD'**, while the focus at **'BRONZE'** is to carry out the operational health response within the tactical aims and objectives set by **'SILVER'**. Indicative responsibilities for **'GOLD'**, **'SILVER'** and **'BRONZE'** are shown in Diagram 1.

Early information requirements of the RHCC EOC from **'SILVER'** are indicated by 'SBAR' methodology (Situation, Background, Assessment, and Recommendation) at **ANNEX F**. These will be developed throughout the emergency by the 'SILVER Information Hub' and articulated in the form of a CRIP.

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[10] "**SILVER Information Hub**" – a component of 'HSC SILVER' responsible for the collation and transmission of information relating to the scene of, or impacts from, the health emergency.
[11] "**Common Recognised Information Picture**" **(CRIP)** – a single, immediate, authoritative overview of the current situation.

Diagram 1: Management levels of response
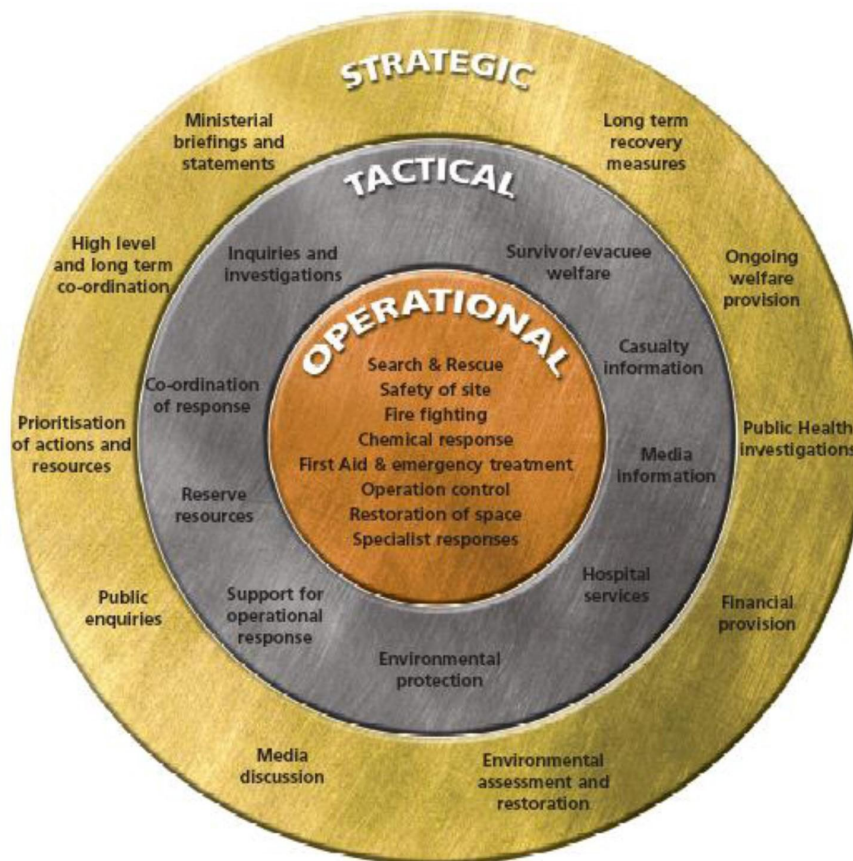
Specifically, DHSSPS will be required to:

- provide strategic direction of a Northern Ireland health dimension, based on:
  - a single, immediate, authoritative overview of the current situation, called a **Common Recognised Information Picture (CRIP)**, developed by the **'SILVER Information Hub'**; and enhanced by the 'RHCC Emergency Operations Centre' (RHCC EOC) with:
  - specialist or scientific advice developed from the 'RHCC Professional Cell';
  - advice from the police GOLD Commander;
  - advice from other Government departments, agencies or the military; and
  - advice from COBR or from other Whitehall Departments.
- determine the public health information strategy from the 'RHCC Communications Cell';

- consider the invocation of the DHSSPS (Emergency Powers) (No.1) Direction (Northern Ireland) , NICCMA or Business Continuity arrangements.

Where the emergency occurs solely in Northern Ireland and the main consequence is for health, DHSSPS will lead the overall response; even if this requires strategic guidance from other Northern Ireland departments. A liaison officer from those departments will be required to remain in regular contact, or to even attend the 'RHCC Strategic Cell' in person or by video or tele-conference, to assist in determining the overall health strategy. If necessary, the 'RHCC Multi-agency Cell' will be opened to facilitate this process.

Civil Contingencies Policy Branch (CCPB), OFMDFM maintains the out-of-hours contact list for all Northern Ireland departments (see ANNEX M).

However, where there is a potential for the effectiveness of the RHCC-led response to be overwhelmed, then the decision to invoke the NICCMA must be made.

6.4 RHCC Level 2 communication and information flows
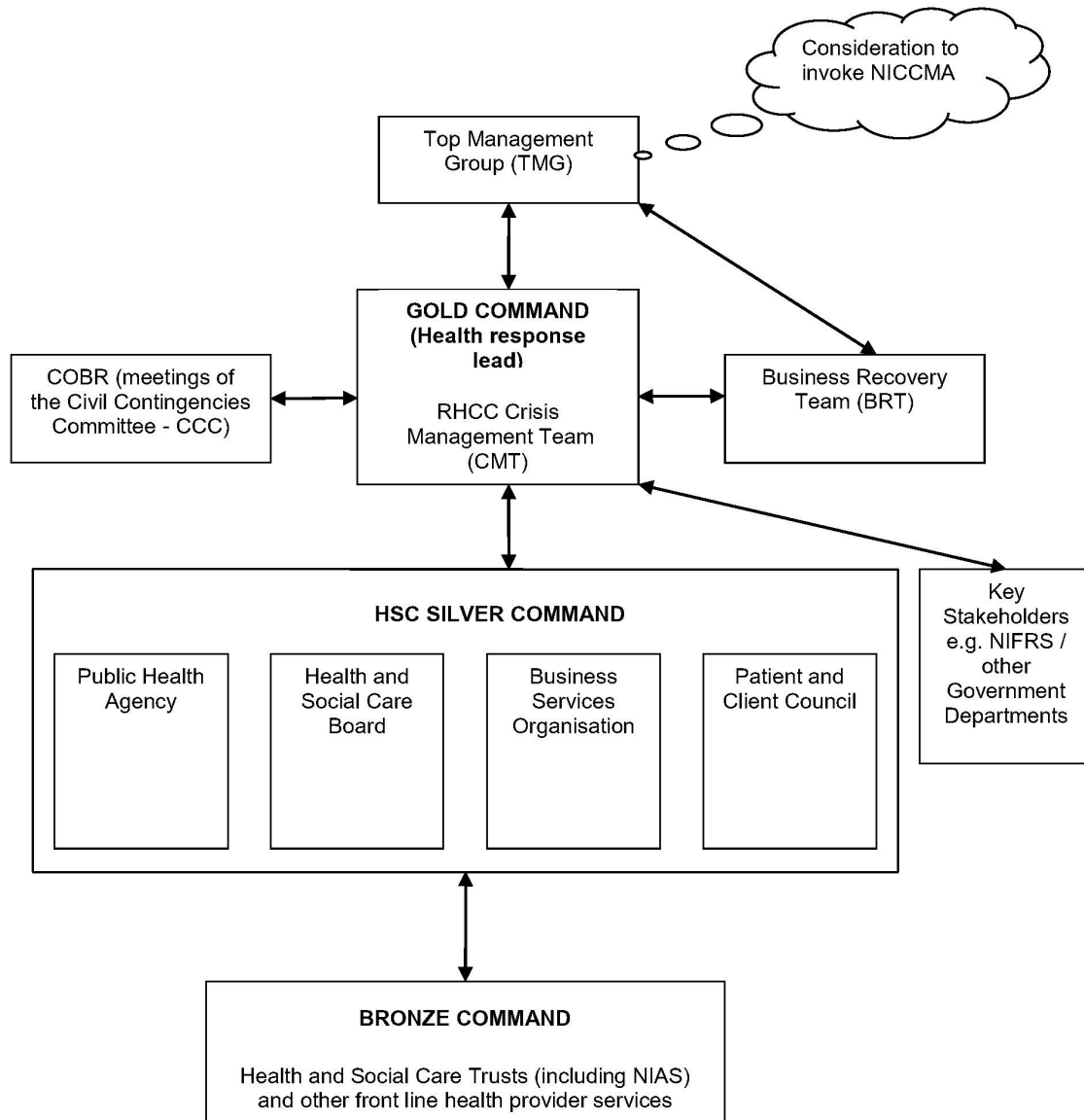
NB
- A pragmatic approach is to be taken for each and every emergency, deciding if some or all of the groups and information flows are necessary.

- This decision rests with the RHCC Chair; whose overriding aim is to deliver a fully effective and resilient health response to any **Serious Emergency**.

7. CATASTROPHIC EMERGENCY

7.1 Definition

A **Catastrophic Emergency** (**RHCC 'Level 3'**) 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 in the chair, the strategic coordination for any consequence management and recovery issues for Northern Ireland would likely be delivered under the Northern Ireland Central Crisis Management Arrangements (NICCMA), known as **'PLATINUM'**[12]. DHSSPS would remain the lead department for all health elements of this Northern Ireland-wide response, activating its **'GOLD'**[13], **'SILVER'**[14] and **'BRONZE'**[15] emergency command structures. Examples of emergencies on this scale could include:

- any escalated **Serious** emergency;
- full strategic response to an outbreak of Pandemic Influenza;
- Chernobyl scale industrial accident;
- 9/11 scale terrorist attack in the UK; or
- an emergency only affecting Northern Ireland but of such proportions or consequences as to require Prime Ministerial intervention.

7.2 RHCC components (see Action Card No.9 for resource summary)

Once activation is authorised, RHCC accommodation could include:

- RHCC Strategic Cell;
- RHCC Emergency Operations Centre (RHCC EOC) - incorporating the RHCC Assessment Cell; RHCC Briefing Cell; RHCC Record Cell and RHCC Forward Look Cell;
- RHCC Logistics and Resources Cell;

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[12] 'PLATINUM' – coordination of the NI central response when multiple government 'GOLD' commands are active
[13] 'GOLD' - strategic level management by DHSSPS to establish policy, determine strategy, anticipate requirements and for making senior command decisions
[14] 'SILVER' - tactical level management by the PHA or HSC Board
[15] 'BRONZE' Operational level management by HSC Trusts and front-line health service providers to deal with the activities being undertaken at the scene of the emergency.

- RHCC Professional Cell;

- RHCC Communications Cell;

- RHCC Multi-agency Cell;

- RHCC Business Recovery Cell;

- RHCC Security Cell.

7.3   Strategic assistance / coordination

RHCC 'Level 3' allows DHSSPS to respond to any **Catastrophic Emergency** which has, or threatens, a prolonged impact to the health of the population of the United Kingdom. RHCC will be activated to facilitate the Northern Ireland health response and to support the overall health strategy being developed in COBR, through the activated NICCMA.

The overall response, led by DHSSPS, will be on 3 levels - the Department (**GOLD**) will provide strategic health policy advice and direction; the Public Health Agency working alongside the Health and Social Care Board and potentially the Business Services Organisation and Patient and Client Council (**SILVER**) will provide tactical management; and the Health and Social Care Trusts and other front line health services (**BRONZE**) will provide the operational management of the emergency.

With the additional activation of the NICCMA, this overarching structure is to be known as **'PLATINUM'**, and effectively links multiple departmental **'GOLD'** commands together into one overarching strategic coordination group for Northern Ireland (see **ANNEX K**).

At **'GOLD'**, the 'RHCC Emergency Operations Centre' (RHCC EOC) opens to receive and process health information about the emergency from the **'SILVER Information Hub'**[16] and from a variety of other sources. Collectively, these allow the RHCC EOC to develop and maintain a 'Common Recognised Information Picture'[17] (CRIP) to inform strategic decision-making by the 'RHCC Strategic Cell' to agree any Departmental policy or advice, media response or reporting to Minister(s), senior officials, the Northern Ireland

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[16] "**SILVER Information Hub**" – a component of 'HSC SILVER' responsible for the collation and transmission of information relating to the scene of, or impacts from, the health emergency.
[17] "**Common Recognised Information Picture**" **(CRIP)** – a single, immediate, authoritative overview of the current situation.

Assembly or the Civil Contingencies Committee. The focus at **'SILVER'** is to carry out the tactical health response within the strategic aims and objectives set by **'GOLD'**, while the focus at **'BRONZE'** is to carry out the operational health response within the tactical aims and objectives set by **'SILVER'**. Indicative responsibilities for **'GOLD'**, **'SILVER'** and **'BRONZE'** are shown in Diagram 1, Section 6.3.

Early information requirements of the 'RHCC Emergency Operations Centre' (RHCC EOC) from **'SILVER'** are indicated by 'SBAR' methodology (Situation, Background, Assessment, Recommendation) at **ANNEX F**. These will be developed throughout the emergency by the 'SILVER Information Hub' and articulated in the form of a CRIP.

The full RHCC suite of accommodation will be activated and likely to operate on a 24-hour basis for a period of time being determined by the emergency itself and availability of resources. Given the national default position of a Prime Minister lead, it is also likely that the Minister for DHSSPS could chair RHCC or link to COBR meetings, with the DHSSPS Permanent Secretary attending or chairing meetings of Crisis Management Group (CMG)[18] at NICCMA.

Specifically, DHSSPS will be required to:
- provide strategic health direction for Northern Ireland following the lead from COBR, based on:
  - a Common Recognised Information Picture (CRIP) developed by the **'SILVER Information Hub'**; and enhanced by the 'RHCC Emergency Operations Centre' (RHCC EOC) with:
  - specialist or scientific advice developed from COBR and the 'RHCC Professional Cell';
  - advice from the police GOLD Commander; and
  - advice from other Northern Ireland departments on the wider impact and long-term recovery issues.

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[18] **"Crisis Management Group" (CMG)** – Minister or top management-led strategic coordination group responsible for setting the overarching strategy for the administration's response to an emergency.

- consider the invocation of the DHSSPS (Emergency Powers) (No.1) Direction (Northern Ireland);

- determine the public health information strategy for Northern Ireland from the 'RHCC Communications Cell';

- consider implementing the full Departmental Business Continuity Plan.

7.4   RHCC Level 3 communication and information flows

NB

- A pragmatic approach is to be taken for each and every emergency, deciding if some or all of the information flows are necessary.

- This decision rests with the RHCC Chair; whose overriding aim is to deliver a fully effective and resilient health response to any **Catastrophic Emergency**.
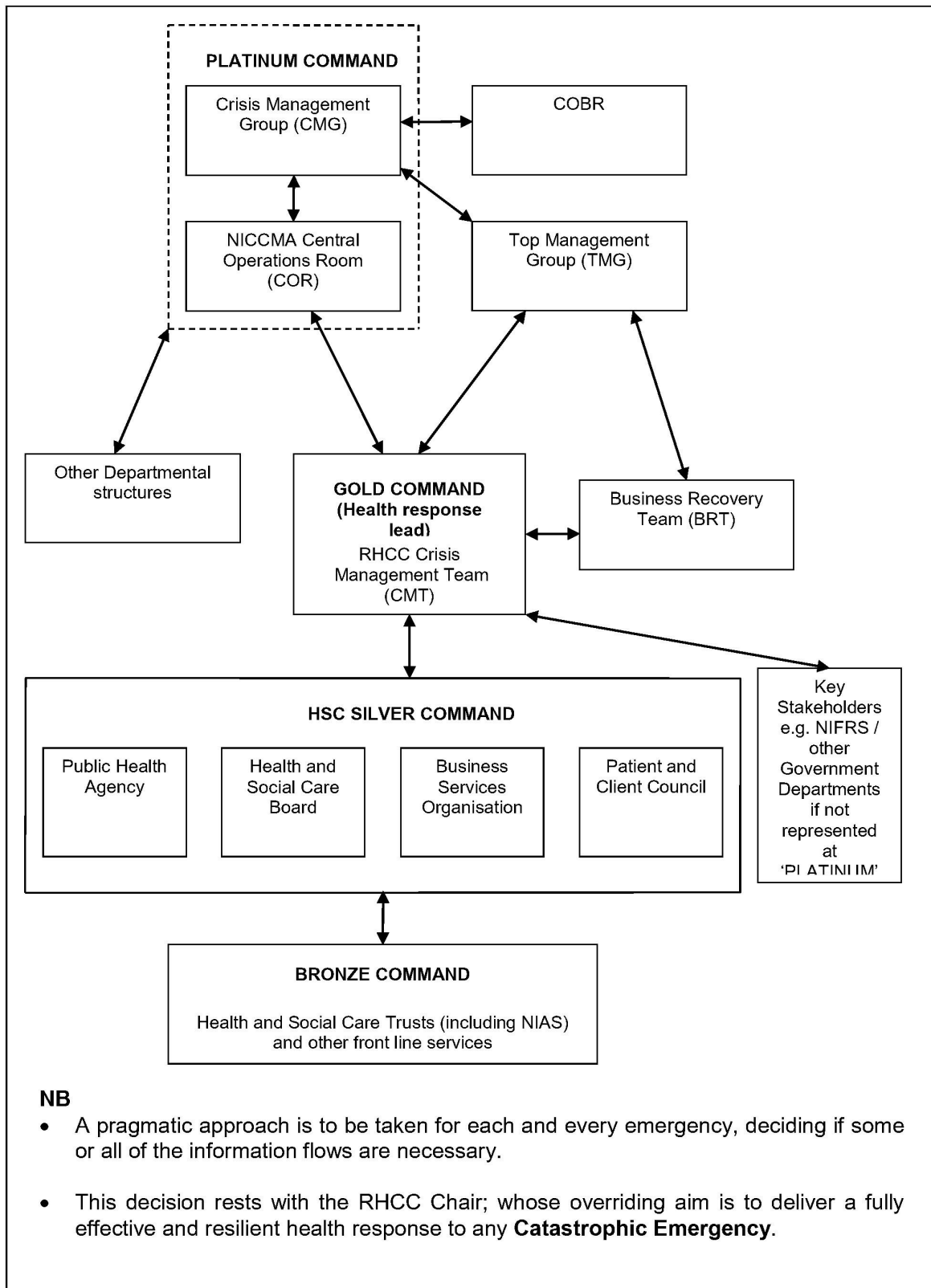
8.   LIST OF ANNEXES

A   RHCC Standard Operating Procedures (SOPs)

B   RHCC Location and Layout

C   RHCC Conduct of Business

D   RHCC Emergency Alerts

E   RHCC Strategic Cell

F   RHCC 'Information Push' templates

G   RHCC Stand down / Debrief Notification

H   Staff Welfare

I   DHSSPS (Emergency Powers) (NO 1) Direction (Northern Ireland)

J   Suite of Emergency Planning Documents

K   Northern Ireland Central Crisis Management Arrangements (NICCMA)

L   Northern Ireland Lead Government Departments

M   Directory of Emergency Contacts

N   Glossary

O   Commonly Used Acronyms

ANNEX A – RHCC Standard Operating Procedures (SOPs)

Registration

In response to an emergency, all staff reporting to the Regional Health Command Centre (RHCC) must accept that their movements in and out of the facilities will be monitored. The process will be managed by 'RHCC Security Cell' and aims to prevent unauthorised entry.

Passes

Special 'RHCC Staff'; 'RHCC Visitor'; and 'RHCC Contractor' passes will be available for responders, invited visitors and maintenance staff. Where access control mechanisms have been activated, these passes will permit entry to secure accommodation. Non pass holders will be challenged by members of the 'RHCC Security Cell', who will also escort contractors around the facilities. It is Departmental Policy to always display an individual security pass.

Tabards

Coloured RHCC tabards distinguish 'Visitors' (red), from 'Contractors' (blue) and 'Security staff' (yellow). These must be worn inside the RHCC. Key management roles inside the RHCC will be allocated grey tabards. These will minimise confusion regarding a person's role, and thereby facilitate communication and information flow within the 'RHCC Emergency Operations Centre' (RHCC EOC), as well as assist shift changes / staff handovers.

Data security

All reporting staff must be fully aware of DHSSPS policy on the protective marking of documents; their safe storage, destruction and transmission as contained in the Northern Ireland Security Advisory Unit (OFMDFM) publication, 'a guide to Document and IT Security'.[19]

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[19] Source: http://dhssps.intranet.nigov.net/itg-document-security-guide.pdf

Health & Safety

All responding staff must be fully aware of the DHSSPS policy on Health and Safety at Work[20].

Initial briefing

On arrival at the RHCC, all responding staff will receive an initial briefing by a representative from the 'RHCC Briefing Cell', covering where possible, the following topics:

- the nature of the emergency;
- location(s) of the emergency;
- immediate impact to the Department / HSC / public;
- number or likelihood of casualties / deaths;
- lead organisation at the scene;
- latest information (to include the time that information was received);
- level of press coverage;
- overview of data security and health and safety arrangements;
- action taken internally to keep key senior officers advised;
- emergency structures established.

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[20] Source: http://dhssps.intranet.nigov.net/index/health-safety.htm

ANNEX B – RHCC location and layout

RHCC 'Level 1'

The DHSSPS response to a **Significant Emergency** will be to support the health response led by '**SILVER**' – providing strategic health advice from a national perspective, advice to Minister and senior officials and the coordination of media lines to take, where necessary. Where the decision is made to open the 'RHCC Emergency Operations Centre' (RHCC EOC) this will be convened within Emergency Planning Branch accommodation. The full RHCC facility will not be stood up.

RHCC Components	Location	Rooms
RHCC EOC – Briefing and Record Cells	Castle Buildings, C4	C4.22, C4.13

RHCC 'Level 2' and 'Level 3'

The DHSSPS response to a **Serious** or **Catastrophic Emergency** will require a limited to full activation of the RHCC facility based in D2 accommodation, Castle Buildings. The 'RHCC Strategic Cell' will provide strategic health, social care and public safety advice and direction to lead the health response to the emergency. It will be supported by the 'RHCC EOC' (relocated to the D2 Lecture Theatre and surrounding offices) and by the 'RHCC Communications Cell'. Any displacement of staff and / or the postponement of Lecture Theatre / video-conference room bookings will be managed through Departmental business continuity arrangements. The full RHCC accommodation can be summarised as follows:

RHCC Components	Location	Rooms
RHCC Strategic Cell	Castle Buildings, D2	Conference and VC Room
RHCC EOC – Information, Record and Briefing Cells	Castle Buildings, D2	D2 Lecture Room, D2.18 – 20, Post Room
RHCC Forward Look Cell	Castle Buildings, D2	D2.16 - 17
RHCC Professional Cell	Castle Buildings, C5	C5.17
RHCC Communications Cell	Castle Buildings, C5	C5.20
RHCC Multi-agency Cell	Castle Buildings, D2	D2.5 -15

RHCC Business Recovery Cell	Castle Buildings, D2	D2.1 - 4
RHCC Security Cell	Castle Buildings	Block A Reception
RHCC Logistics and Resources Cell	Castle Buildings	Personnel accommodation

RHCC accommodation – Castle Buildings, Block D, RHCC 'Level 2 and Level 3'

RHCC Emergency Operations Centre	
RHCC Business Recovery Cell	**RHCC Multi-agency Cell**
RHCC Forward Look Cell	**RHCC Strategic Cell**

ANNEX C – RHCC conduct of business

Empowerment

Staff operating in the RHCC are assigned roles and responsibilities based on skill, experience and availability. Within the confines of the emergency response, the 'RHCC Information Manager' will decide the roles and responsibilities of CMT staff operating in the 'RHCC EOC' and is empowered to allocate additional resources as necessary to maintain the flow of information into, and out of, the 'RHCC Strategic Cell' without concern relating to substantive grade.

Command and control

The Chair of the RHCC, when it is supporting the Department's role as the Lead Government Department, is authorised to give direction to not only DHSSPS resources but also 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.

Information flow into RHCC

The effectiveness of strategic decision-making in the RHCC is wholly dependent upon the timeliness and quality of the information supplied and its presentation to members of the 'RHCC Strategic Cell'. To aid the development of timely and accurate health reporting and strategic decision-making, the emphasis from **'SILVER'** and other key stakeholders is for information to be pushed ('**information push**') into the 'RHCC Records Cell' of the 'RHCC Emergency Operating Centre' (RHCC EOC). Information can be pushed by telephone, e-mail, facsimile or video or tele-conferencing. Advice on the timing of scheduled updates / meetings will be issued by the 'RHCC Record Cell' and is to be known as the 'RHCC Battle Rhythm'.

Information flow out of RHCC

The 'RHCC Record Cell' will equally push strategic advice and direction out to **'SILVER'** and other external stakeholders on a daily basis or as timed by the 'RHCC Battle Rhythm'. Examples of information pushed out from the 'RHCC Record Cell' include: strategic aims and objectives – reflecting the current strategic priorities for the Northern

Ireland health response; 'Health Impact Management Assessments' (HIMA) - 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.

Strategic aims and objectives

The 'RHCC Strategic Cell' will agree and modify the strategic aims and objectives for duration of the health emergency response. These will be displayed and updated across the RHCC and broadcast by the 'RHCC Record Cell' to **'SILVER'** and to other key external stakeholders where appropriate.

Preservation of records

All information pushed into and out of the RHCC will be logged by the 'RHCC Record Cell'. The 'RHCC Logistics and Resources Cell' will assign loggists to key members of the 'RHCC Strategic Cell' and arrange for the minute-taking of all strategic and information meetings. Not only will this help to inform emergency response decision-making, but it will also provide documentary evidence of all decisions taken, options discounted and the rationale associated with it and therefore, assist with any subsequent accountability to the Northern Ireland Assembly or Government-appointed or independent inquiry.

Liaison Officers

Any DHSSPS 'Health Liaison Officer' deployed to other crisis management facilities needs to be familiar with the location, Chair and culture of the host organisation. Particular attention should be given to the observation of rank and / or insignia.

ANNEX D – RHCC emergency alerts

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. Agency / Board 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 RHCC EOC or continue to monitor the response	Strategic advice or assistance at this level is provided by the Public Health Agency or the Health and Social Care Board i.e. 'SILVER'
Significant Emergency e.g. One or more HSC Trusts under pressure / Emergency Services declared a 'Major Incident' / localised outbreak of communicable disease / chemical incident. Agency / Board coping but may seek DHSSPS strategic direction / assistance for escalating media enquiries.	1. '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 'RHCC Information Director' / CMO of decision to activate RHCC Level 1 (significant) 3. RHCC Level 1 activation communicated to key stakeholders 4. Partial RHCC EOC opened to monitor progress of 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. DHSSPS leads full strategic response from RHCC.	1. '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 'RHCC Information Director' / CMO (or deputies) – decision made to trigger RHCC callout 3. Consideration given to TMG, BRT and NICCMA activation 4. Actions communicated to stakeholders 5. 'RHCC EOC' opens 6. Sit-rep / CRIP / HIMA / briefings developed 7. 'RHCC Strategic Cell' assesses emergency	Emergencies in this category are likely to be prolonged and severe in their affect 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 likely.	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 full RHCC, TMG, BRT and NICCMA made by CMO 3. Actions communicated to stakeholders 4. 'RHCC EOC' opens 5. Sit-rep / CRIP / HIMA / briefings / media response developed 6. 'RHCC Strategic Cell' assesses emergency	RHCC will provide strategic health advice to support the Northern-Ireland wide response.

ANNEX E – RHCC Strategic Cell

Location:

Castle Buildings, D2 Conference Room, in person or by teleconference. Any video-conference meetings of this group will be facilitated from the D2 Video Conference Room.

Terms of reference:

To provide strategic direction, advice and leadership to HSC and where appropriate to emergency responders and to provide wider strategic health advice to: - DHSSPS (including Minister and senior officials);   - other Government Departments (Executive or UK departments such as NIO);   - emergency responders;   - UK-wide emergency response structures (including CCC / COBR / NIOBR / CMG / NICCMA); and   - the media and wider public,   including oversight of surveillance and infectious disease control for the duration of an 'RHCC Level 2' (serious) or 'RHCC Level 3' (catastrophic) emergency for which DHSSPS is the Lead Government Department for the health consequences to the population of Northern Ireland.
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 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 DHSSPS and HSC organisations when pragmatic and safe to do so.

Core membership:

RHCC Chair; RHCC Deputy; RHCC Information Director; HSC SILVER Liaison-officer(s); RHCC Communications Liaison-officer; Senior Medical Officer; HR Liaison-officer (DHSSPS); HR Liaison-officer (HSC); Finance Liaison-officer
Variations to be detailed within specific DHSSPS emergency plans. RHCC Chair to ultimately decide the final composition of membership after considering the strategic needs of the specific emergency

RHCC Chair - roles and responsibilities:

To agree, revising where appropriate, the strategic aims and objectives to lead the entire HSC emergency response
To make strategic health decisions based on Departmental advice from the 'RHCC EOC' and from other 'Strategic Cell' members' information sources, as well as from UK Government / other bone fide sources
To provide effective leadership of the 'Crisis Management Team' and wider DHSSPS and HSC responders and staff
To assess strategic issues facing the HSC response, its critical infrastructure or stockpiles, providing a forward-looking action plan to minimise any realised disruptions
To ensure the HSC responders receive appropriate logistical and resource support being mindful of redeploying resources if deciding to invoke the DHSSPS (Emergency Powers) (No.1) Direction (Northern Ireland)
To assess critically and document all options when arriving at strategic decisions
To agree the escalation, de-escalation or closure of the RHCC or activation / deactivation of a health-led 'NICCMA'
To agree any ad hoc membership of the 'RHCC Strategic Cell' to aid the decision-making
To liaise with DH, DoHC, HPA on the national and all island of Ireland health dimensions
To support the Minister and Permanent Secretary with all public information engagements
To authorise any move to RHCC fallback facilities
To agree deputy / succession arrangements
To agree the 'RHCC Battle Rhythm' and 'Information Push' requirements

Draft Agenda

Initial meeting of the Regional Health Command Centre (RHCC) Strategic Cell

[*Date*]

[*Time*]

[*Location*]

AGENDA

1. Purpose of meeting

2. Enhanced Common Recognised Information Picture (CRIP) / review of events

3. Situation update and forward look

   - 'GOLD'

   - 'SILVER'

   - 'BRONZE'

   - Others (as information requirements and / or consequences dictate)

4. Agreement of strategic aims / objectives / handling plan / battle rhythm

5. Agreement of Health Impact Management Assessment

6. Public information strategy

7. Next steps

   - Advice to Minister / Secretary / CMG / public / other top management

   - Timing of next meeting

Draft Agenda

Initial meeting of the Northern Ireland Central Crisis Management Arrangements (NICCMA)

[*Date*]

[*Time*]

[*Location*]

[Departmental Chair]

AGENDA

1. Purpose of meeting

2. Health Common Recognised Information Picture (CRIP) / review of events

3. Situation update and forward look

   - Departmental assessments and actions taken
   - Identification of cross-cutting issues and actions required

4. Agreement of strategic aims / objectives / action plan / battle rhythm

5. Agreement of the Northern Ireland Government Impact Management Assessment

6. Public information strategy

7. Next steps

   - Advice to Ministers / senior officials
   - Timing of next meeting

ANNEX F – RHCC 'Information Push' templates

TEMPLATE - 'Information Push' to RHCC using the 'SBAR' form

The **'SBAR'** template allows RHCC to gather immediate information about the strategic impact of the emergency from **'SILVER'**, in a standardised format. The **'SBAR'** provides detail on the **S**ituation and **B**ackground to the emergency; as well as providing an **A**ssessment of its impacts and any **R**ecommendations that might be required from the 'RHCC Strategic Cell'. The 'SBAR' will be used by the Duty On-Call Emergencies Officer or official receiving the initial alert of an emergency during office hours.

	'SBAR' MESSAGE TO RHCC	
	Your reference: …………………	
S	**Situation** Originating Caller………………………………from…………………………………………….. Calling about………………………......……….................................(Emergency Name) Date……………………………………….Time of call……………………………………	
B	**Background** The following has occurred: …………………….……………………………………….. Location: ……………………………………………………………………………………… Time of emergency: …………………………………………………………………………. Other organisations / Trusts involved: ……………………….…………………………… Actions already taken: …………………………………………………………………...… Key contacts: …………………………………………………………………………………	
A	**Assessment (to inform strategic response)** Impact to essential HSC services…………………………………………………………… Financial implications for the HSC response…………………………………………….… Urgency for access to national / regional stockpiles………………………………………. Environmental health and restoration issues………..………………………………….... SILVER priorities and objectives………......…………………………………………….… Long-term recovery issues / estimated return to normality……………………………… Level of media interest………………………………………………………………………	
R	**Recommendations** Urgent strategic decisions are needed by……………………………………(date / time) Covering the following topics……………………………………………………………………	

TEMPLATE - General correspondence form

RHCC CORRESPONDENCE FORM

(Please tick)

Date: _____   **Telephone** ☐

Time: _____   **Facsimile**   ☐

Log Ref: _____   **E-mail**   ☐

                              Other   ☐ Please specify: _____

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

MESSAGE DETAIL / ATTACHED (delete as appropriate)

_____

_____

_____

MESSAGE REFERRED TO:

	FOR DHSSPS INTERNAL USE ONLY
RHCC Record Cell: ☐	**RHCC EOC Manager:** ☐
Date:	**Time:**

URGENCY: **TIMING / ACTION COMMENTS:**

(Please tick)

Immediate (<2 hours for action) ☐   _____

Urgent (< 1 day for action)   ☐   _____

Routine (> 1 day for action)   ☐   _____

                                      _____

MESSAGE ACTIONED:

Yes ☐   No ☐   Partially ☐   No Action Required ☐

By: _____   Date: _____   Time: _____

TEMPLATE – RHCC Situation Report (Sit-rep)

SIT-REP Number:	**XX**	Information is correct as of 17:00	
Date:		**Time (24hr):**	
Lead Official:			
Email:	@dhsspsni.gsi.gov.uk		
Tel:	(028) 9052 xxxx		
Fax:	(028) 9052 xxxx		
Alternate Contact:			
Email:	@dhsspsni.gsi.gov.uk		
Tel:	(028) 9052 xxxx		
Fax:	(028) 9052 xxxx		

Contacts

Regional Health Command Centre (RHCC) – <u>Emergency Operating Centre</u>

Telephone: (028) 9052 XXXX or YYYY or ZZZZ
Fax: (028) 9052 XXXX
Email:rhcc@dhsspsni.gsi.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.

<u>**Given the current situation, sections highlighted in red must be completed whilst those highlighted in blue remain optional for completion at the discretion of departments.**</u>

Information within SIT-REPs should be correct as of hh:mm. Sit-reps are due by hh:mm the following morning to rhcc@dhsspsni.gsi.gov.uk

New information should be highlighted using a light shade background colour or red text.

Emergency Planning Branch

Date: 20 January 2010

1. Key issues for CRIP

This section is used to direct the DHSSPS / RHCC Emergency Operations Centre (RHCC EOC) to specific issues that the author believes should be reflected in the Common Recognised Information Picture (CRIP). It will be for the RHCC EOC Manager to decide whether the information recommended is incorporated.

-

2. Current situation in Northern Ireland

This section is used to provide DHSSPS / RHCC Emergency Operations Centre (RHCC EOC) and agencies with the key issues relating to the situation. It should describe the current situation in sufficient detail for, if necessary, decisions to be made.

-

3. Background / overview

This section is used to provide DHSSPS / RHCC Emergency Operations Centre (RHCC EOC) and agencies with any background details that would assist the reader in understanding the situation or specific key issues being reported.

-

4. Operational response

This is used to provide DHSSPS / RHCC Emergency Operations Centre (RHCC EOC) and agencies with the reporting agency's operational response to the situation. It should describe the operational response in sufficient detail for, if necessary, decisions to be made.

-

5. Stakeholder engagement with essential services & issues reported

-

6. Resources and readiness

This section is used to provide DHSSPS / RHCC Emergency Operations Centre (RHCC EOC) and agencies with any resourcing and readiness issues that the reporting agency is currently dealing with or require wider visibility.

-

7. Next steps / forward look

This section is used to provide DHSSPS / RHCC Emergency Operations Centre (RHCC EOC) and agencies with information relating to what action is planned to take place over the coming reporting period or longer as appropriate, helping to develop the Health Impact Management Assessment.

-

8. Political / Policy

This section is used to provide DHSSPS / RHCC Emergency Operations Centre (RHCC 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

-

9. Media and communications

This section is used to provide DHSSPS / RHCC Emergency Operations Centre (RHCC 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.

-

10. Business continuity & staffing issues
This section is used to raise any manpower or staffing issues related to the emergency either centrally or in responding agencies.

-

11. Finance
This section is used to raise any financing issues related to the incident. It does not relate to the economy.

-

12. Other issues not covered elsewhere

-

13. Information Requirements (IR) / Requested Clarification (RC)
This section is used to seek information or clarification from DHSSPS / RHCC Emergency Operations Centre (RHCC 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.

- IR-01: **Priority** : xxxx
- RC-01: **Priority** : xxxx

TEMPLATE - GOLD Information Report

Information Report to 'RHCC Strategic Cell' (GOLD)

Northern Ireland Enhanced CRIP

'SILVER Information Hub' to generate daily and weekly reports to GOLD

PLUS

Strategic advice and direction developed and maintained through the 'RHCC Emergency Operations Centre' (RHCC EOC) from:

- Cabinet Office;
- other NI and GB Government Departments;
- ROI, European and International sources (e.g. WHO, EU).

Resources and Finance

Strategic advice and direction developed and maintained through the 'RHCC Emergency Operations Centre' (RHCC EOC).

Sourced in liaison with the 'RHCC Logistics and Resources Cell', ensuring that any decisions made stay within available resource envelope.

Communications

Strategic advice and direction developed and maintained through the 'RHCC Emergency Operations Centre' (RHCC EOC).

Sourced in liaison with the 'RHCC Communications Cell', ensuring there is a consistent, co-ordinated and cohesive response to public, political and media requirements.

Other Strategic Issues

Potentially to include:

- Impact on HSC services;
- Stockpile management and distribution;
- Business Continuity;
- Indicators to invoke the DHSSPS (Emergency Powers) (NO 1) Direction (Northern Ireland).

TEMPLATE – DHSSPS BATTLE RHYTHM   [INSERT DATE]

Title	Time	Frequency	Who will attend	Lead Department	Secretariat	Location

ANNEX G – RHCC Stand-down / Debrief Notification

Department of
**Health, Social Services
and Public Safety**
www.dhsspsni.gov.uk

AN ROINN
**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MÄNNYSTRIE O
**Poustie, Resydènter Heisin
an Fowk Siccar**

From the Permanent Secretary and
HSC Chief Executive

Name

Date:

To:

Castle Buildings
Stormont Estate
BELFAST BT4 3SQ
Tel: 028 9052 0559
Fax: 028 9052 0573
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Our Ref:

DEPARTMENT OF HEALTH, SOCIAL SERVICES AND PUBLIC SAFETY – RHCC EMERGENCY COMMUNICATION

1. I am writing to advise you that RHCC 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

INVESTOR IN PEOPLE

ANNEX H – Staff welfare

DHSSPS Welfare and Health & Safety Officers will be responsible for ensuring the safety and well-being of RHCC 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. Staff welfare is an element of the 'RHCC Logistics and Resource Cell'.

Conditions of Service

NICS pay and conditions, including travelling expenses and overtime, will apply where appropriate. These will be reviewed as part of debrief sessions to ensure that they adequately reflect the circumstances involved.

Any extended operation of the RHCC will need to be appropriately resourced to meet the Working Time Regulations (Northern Ireland) 1998. Staff will be relieved of RHCC duties on a regular basis, i.e. for breaks, meals and rest, including sleep.

Environment

The 'RHCC Logistics and Resource Cell' will ensure that:

- the RHCC 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;
- refreshments are available;
- rest room and washing facilities are available; and
- for **Serious** or **Catastrophic** emergencies, facilitate staff who wish to contact friends and family.

ANNEX I – DHSSPS (Emergency Powers) (No.1) Direction (Northern Ireland) to be known as the 'DHSSPS Emergency Powers Direction'

The Chair of the RHCC can during a period of an emergency invoke the '**DHSSPS Emergency Powers Direction**', to direct and redeploy Heath and Social Care resources to secure and advance the health and social welfare of the people of Northern Ireland.

This Direction may be invoked where an event or situation which presents a serious threat to human welfare only if it involves, causes or may cause loss of human life, human illness or injury arising from:

- Chemical, Biological, Radiological and Nuclear (CBRN) incidents;
- disruption to medical supply chains;
- infectious diseases;
- mass casualties; or
- large scale threat to the welfare of the population of Northern Ireland, including homelessness, disruption of supply of food, water, energy, fuel or other essential commodity or essential services, flooding and contamination of land, water or air.

The '**DHSSPS Emergency Powers Direction**' mirrors the requirements in Part 1 of the Civil Contingencies Act 2004.

Part 2 of the Civil Contingencies Act 2004 also extends to Northern Ireland. UK emergency powers regulations are kept in permanent draft and can come into operation the day the emergency regulations are made but must be debated at Westminster within 5 days. The UK Emergency Powers Regulations include additional measures in respect of public health, control of ports and airports and requisition of land and buildings.

The '**DHSSPS Emergency Powers Direction**' reflects the revised Health and Social Care structures, following completion of the Review of Public Administration on 1 April 2009.

ANNEX J – Suite of DHSSPS emergency planning documents

DHSSPS Plan	Plan approval date
The DHSSPS Business Continuity Plan	December 2009
Emergency Response at Gold and Silver Level for the 2nd wave of Swine Flu and associated costs for DHSSPS operational support	November 2009
Northern Ireland Contingency Plan for Health Response to an Influenza Pandemic	November 2008
The Role of the DHSSPS as a Lead Government Department	October 2008
The Northern Ireland Multi-Agency Concept of Operations – Response to a Major Chemical, Biological, Radiological and Nuclear (CBRN) Incident	April 2008 [development led by NIO]
Department of Health Smallpox Mass Vaccination	March 2005
DHSSPS Contingency Planning Incidents Involving Radioactivity	August 2004
Department of Health Interim Guidelines for Smallpox Response and Management in the Post Eradication Era	December 2003
DHSSPS Interim Contingency Plans for SARS in Northern Ireland	December 2003
DHSSPS Chemical Incident Action Manual for A&E Departments	November 2002

ANNEX K – Northern Ireland Central Crisis Management Arrangements (NICCMA)

Central strategic coordination

When a Serious (RHCC 'Level 2') or Catastrophic (RHCC 'Level 3') Emergency has occurred or is anticipated, which is likely to have a regional impact on Northern Ireland, central strategic coordination arrangements will be required to:

- coordinate the response across the Northern Ireland departments; and
- provide an interface with other emergency coordination bodies in Northern Ireland and at national level.

These **'PLATINUM'** coordination arrangements are known as the **Northern Ireland Central Crisis Management Arrangements (NICCMA)**. The Ministerially-led Crisis Management Group (CMG) is responsible for setting the overarching strategy for the Northern Ireland Administration's response to the emergency. CMG, with the authority of the Executive to which it reports, has the power to direct the response and commit resources across the Northern Ireland Civil Service. CMG's strategic decision-making role includes:

- directing and coordinating the efforts of Northern Ireland departments in responding to the emergency;
- assessing the wider impacts of events and decisions on infrastructure, systems and people;
- identifying (from the start of the response) 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.

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 Northern Ireland Civil Service, 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. The Executive Information Service, through its membership, coordinates the delivery of public information and media response in Northern Ireland.

Activation

At RHCC 'Level 2' or 'Level 3', the Lead Government Department (through its Minister, Permanent Secretary or civil contingencies lead official as appropriate) or the Executive or the First Minister and deputy First Minister can 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 OFMDFM.

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;
- 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)[21] meetings;
- collect, collate and deliver information as requested by the Lead Government Department;

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[21] **"Civil Contingencies Group (NI)" (CCG(NI))** – works in support of the ministerially-led 'Crisis Management Group' (CMG) to coordinate the response across the Northern Ireland departments and other organisations such as the emergency services and district councils, in line with the strategic direction set by CMG. In addition, CCG(NI) has an ongoing role to review and develop cross-cutting civil contingencies arrangements in Northern Ireland and to facilitate the flow of civil contingencies information between member organisations

- agree the actions they will take to manage and coordinate the situation within their own areas of responsibility;

- provide appropriate contact information to the Lead Government Department and to CCPB.

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

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

- 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 Lead Government Department between meetings and to circulate any additional information / requests to CCG(NI) members;

- commission and collate Situation Reports for Northern Ireland and pass these to the Executive, the Head of the Northern Ireland Civil Service, CMG and CCG(NI), NIO and / or the Cabinet Office as appropriate.

ANNEX L – Northern Ireland Lead Government Departments

Incident	Lead Government Department
	Northern Ireland
Default	Civil Contingencies Policy Branch of the Office of the First Minister and Deputy First Minister provide advice on lead allocation
Terrorism:	Northern Ireland Office
Conventional / Siege / Hostage / Chemical,	Northern Ireland Office
Biological, Radiological and Nuclear (CBRN)	Appropriate lead Northern Ireland Department for consequence management
Civil Defence	Cabinet Office (CCS) working closely with Overseas Defence Secretariat
Flooding (coastal and riverine)	Department of Agriculture and Rural Development (DARD) (Rivers Agency)
Maritime and coastal pollution (oil, chemical or gas): From vessels and offshore installations	Counter Pollution Branch of Department of Transport (DfT) Maritime and Coastguard Agency (MCA)
From land	Department of the Environment (DOE). For marine water pollution in association with MCA
Marine Salvage	UK: DfT's MCA
Radiation Hazard	The UK's Radioactive Incident Monitoring Network (RIMNET); operated and managed by The Department of Energy and Climate Change (DECC), supports all UK radiological emergencies
Initiated or threatened by terrorism	Northern Ireland Office
Civil Nuclear installations	DOE
Defence nuclear installations and defence nuclear material in transit	MOD (DOE to lead consequence management)
Accidental release of radiation from civil nuclear material in transit	DOE

Incident	Lead Government Department
	Northern Ireland
CBRN (non terrorist)	Appropriate lead Northern Ireland Department for consequence management
Radiation Hazards (arising outside the UK) Result of terrorist action overseas Result of accident overseas	FCO leads on all relations with overseas government(s)
	Home Office - Office for Security and Counter Terrorism (OSCT) to lead in considering potential threat to UK
	DOE
Satellite Incidents	CCS is responsible for ensuring a lead department takes responsibility for managing consequences once these become clear. Planning based on assessments worked up in close consultation with the British National Space Centre of the Department for Innovation, Universities and Skills (DIUS).
Disasters Overseas (in which UK assistance is sought)	UK - Department for International Development (DfID)
Mass influx of people from abroad (e.g. in event of humanitarian crisis or disaster)	Home Office
Search and Rescue (SAR) Civil Maritime and Coastal Rescue	DfT's MCA
Military shipping and aircraft, civil aircraft at sea/on land where the location is unknown	MOD
Severe storms and weather Primary impact is on the transport infrastructure	CCPB to ensure the LGD takes lead in good time to support the response Department for Regional Development (DRD)
Primary impact is on power system	DETI
Severe weather's primary effect is flooding	DARD or DRD depending on the source of flooding
Primary impact is on the built environment	Appropriate lead Northern Ireland Department for consequence management

Incident	Lead Government Department
	Northern Ireland
Transport Accidents (including those overseas involving UK registered ships and aircraft) Shipping and other transport accident at sea	DfT's MCA
Land transport	DRD
Disasters in sports Grounds (whether sporting or non-sporting events)	Department of Culture, Arts and Leisure (DCAL)
Dam failures	DRD
Earthquake	Department of Enterprise, Trade and Investment (DETI)
Major structural failure in Buildings (other than those caused by external impact, gas explosion, fire or industrial process)	Appropriate lead Northern Ireland Department depending on outcome of the event
Serious Industrial Accident	CCPB responsible for confirming the Lead Government Department in effective time to support the response to an industrial accident
Focus of attention relates to the operations of the HSE	DETI, working with HSE, NI.
Focus of attention relates to the wider economic and commercial impacts	DETI
Pollution arising	DOE
Unexploded Wartime Ordnance Disposal	Police calling on MOD support
Information on whereabouts of unexploded bombs	Department for Communities and Local Government (DCLG)

Incident	Lead Government Department
	Northern Ireland
Major software failures (analogous to Y2K)	UK - Cabinet Office (CCS) in consultation with the e-Government unit
	Department of Finance and Personnel (DFP)
Electronic Attack	UK - Home Office/ Centre for the Protection of National Infrastructure (CPNI)
	DFP will coordinate activity in their areas in support of the UK effort where there is a Northern Ireland dimension.
Disruption of Supply chains	**UK -** - Department of Health – medical - Defra - food, water, waste - Department of Business, Enterprise and Regulatory Reform (BERR) – telecommunications, postal services, strategic chemicals and manufacturing industry - DECC - upstream and downstream oil, gas, electricity - DfT - transport network - Her Majesty's Treasury (HMT) - finance
	Appropriate lead Northern Ireland Department depending on the outcome of the disruption
Animal disease and welfare	UK – (EU and international aspects)
	DARD
Food contamination	Foods Standards Agency (FSA) in NI
Drinking Water Contamination	DRD
Infectious Diseases	DHSSPS
Plant Diseases	DARD working with the Forestry Commission.

ANNEX M – Directory of emergency contacts and cascade callout detail

PROTECT

DETAIL HELD SEPARATELY TO THE DHSSPS ERP

PROTECT

ANNEX N – Glossary

The following definitions apply:

"**Branch Recovery Plans**" **(BRPs)** – a collection of branch-level procedures and information that is developed, compiled and maintained in readiness for use in the event of a business disruption.

"**BRONZE**" – the tier of command and control within a single agency (below GOLD level and SILVER level) at which the management of 'hands-on' work is undertaken at the incident site(s) or associated areas. The BRONZE level is also known as the operational level.

"**Business Continuity Management**" – Holistic management process that identifies potential threats to an organisation and the impacts to business operations that those threats, if realised, might cause, and which provides a framework for building organisational resilience with the capability for an effective response

"**Business Recovery Team**" **(BRT)** – a coordinating body to manage and prioritise the delivery of individual Branch or Departmental Recovery Plans.

"**Business Services Organisation**" – provides a broad range of regional business support functions and specialist professional services to the whole of the Health and Social Care sector in Northern Ireland.

"**Cabinet Office Briefing Rooms**" **(COBR)** – despite COBR being a location, the committee operating from COBR is commonly (but erroneously) referred to as 'COBR'. For terrorist emergencies, the COBR strategy group will meet and for civil emergencies, the Ministerial Committee on Civil Contingencies (CCC) will meet. COBR is the UK Government's dedicated Crisis Management facilities, which are activated in the event of an emergency requiring support and coordination at the national strategic level.

"**Cabinet Office Civil Contingencies Secretariat**" – Cabinet Office secretariat which provides the central focus for the cross-departmental and cross-agency commitment,

coordination and cooperation that will enable the United Kingdom to deal effectively with disruptive challenges.

"**The Capabilities Programme**" – this is the core framework through which the Government is seeking to build resilience across all parts of the United Kingdom. The programme identifies the generic capabilities that underpin the UK's resilience to disruptive challenges, and ensures that each of these is developed. These capabilities include dealing with mass casualties and fatalities, response to chemical, biological, radiological or nuclear incidents, provision of essential services and warning and informing the public.

"**Catastrophic Emergency**" – a Catastrophic Emergency (Level 3 response) is one which has a high and potentially widespread impact and requires immediate central government direction and support, such as an outbreak of Pandemic Influenza; a Chernobyl scale industrial accident; or a 9/11 scale terrorist attack in the UK. Although the response would be led from COBR, often with the Prime Minister in the chair, the strategic coordination for any consequence management and recovery issues for Northern Ireland would be delivered under Northern Ireland Central Crisis Management Arrangements (NICCMA). All counter-terrorist elements for Northern Ireland would be coordinated from NIOBR (see definition: "NIOBR") chaired by the Secretary of State.

"**Cell**" – a single component of the Regional Health Command Centre (RHCC) 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 Northern Ireland civil contingencies Framework (2005).

"**Civil Contingencies Act 2004**" – Act of 2004 which established a single framework for Civil Protection in the United Kingdom. Part 1 of the Act establishes a clear set of roles and responsibilities for Local Responders; Part 2 of the Act establishes emergency powers. In Northern Ireland, Part 1 of the Act only currently applies to the Police Service of Northern Ireland (PSNI) and the Maritime and Coastguard Agency (MCA) who are designated 'Category 1' emergency responders and to telecommunication providers who are designated 'Category 2' emergency responders.

"**Civil Contingencies Activities**" – are the 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 Group (NI)**" **(CCG(NI))** – Body responsible for supporting the Crisis Management Group (CMG) to coordinate the emergency response across the Northern Ireland departments and other public sector organisations.

"**Civil Contingencies Policy Branch**" **(CCPB)** – the aim of the Civil Contingencies Policy Branch is to promote the development of Civil Protection arrangements within the Northern Ireland public sector to ensure that the most efficient and effective response can

be made to assist the public during, and in the aftermath of, a civil emergency affecting all, or a large part of Northern Ireland.

"**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 Operating Picture**" – single display of information collected from and shared by more than one agency or organisation that contributes to a common understanding of a situation and its associated hazards and risks along with the position of resources and other overlays of information that support individual and collective decision making.

"**Common Recognised Information Picture**" (CRIP) – a single, authoritative strategic overview of an emergency, developed according to a standard template. Within RHCC, the CRIP is typically collated and maintained by the 'RHCC EOC' and circulated where relevant to responders.

"**Consequence**" – the perceived or estimated potential 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 OFMDFM attending police Strategic Coordinating Group (SCG) meetings at the Strategic Coordination Centre (SCC) - providing advice, options for mitigating the impact and longer-term recovery to police GOLD on the potential impact of a terrorist incident on the affected population, businesses and the wider community.

"**Controls Assurance Standard**" **(CAS)** – in this context, a set of standards to ensure preparedness for an effective response to an emergency and to ensure that the HSC fully recovers to normal services as quickly as possible.

"**Control of Major Accident Hazards regulations 1999**" **(COMAH)** – the Control of Major Accident Hazards Regulations 1999, applies mainly to the chemical industry, but also to some storage activities, explosives and nuclear sites, and other industries where threshold quantities of dangerous substances identified in the Regulations are kept or used.

"**Crisis**" – In central Government arrangements for responding to emergencies: the "Concept of Operations" - crisis is treated as being synonymous with an emergency of magnitude and/or severity requiring the activation of central government arrangements for responding to emergencies.

"**Crisis Management Group**" **(CMG)** – Minister or top management-led strategic coordination group responsible for setting the overarching strategy for the administration's response to an emergency.

"**Crisis Management Team**" **(CMT)** – an holistic term for DHSSPS emergency responders based in Regional Health Command Centre (RHCC) accommodation.

"**DHSSPS (Emergency Powers) (No. 1) Direction (Northern Ireland)**" – known as the 'DHSSPS Emergency Powers Direction' – when signed by the Chair of the RHCC it gives the legislative authority to direct and redeploy HSC resources for the duration of the emergency and recovery period.

"**DHSSPS Emergency Response Plan**" – document setting out how the DHSSPS will deploy and operate an effective and resilient response for any emergency for which it is designated the Lead Government Department (LGD).

"**Dynamic Risk Assessment**" – continuing assessment of risk in a rapidly changing environment.

"**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 Response**" – the DHSSPS's immediate management of the consequence elements of an incident and where applicable, the NIO's immediate management of any counter-terrorist elements.

"**GOLD**" – the strategic level of command and control (above SILVER level and BRONZE level) at which policy, strategy and the overall response framework are established and managed for individual responder agencies.

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

"**Government Liaison Team**" **(GLT)** – in order to establish an effective link between the Government's crisis committee and the police command centre at the scene, a Government Liaison Team (GLT), headed by the GLO is immediately deployed to act as a single point of contact.   The GLT includes the Consequence Management Liaison Officer (see definition: "CMLO").

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

"**Health Impact Management Assessment**" – a DHSSPS assessment, providing a forward look to the health consequences of a realised threat or hazard.

"**Information Push**" – standardisation of information flow into and out of the Regional Health Command Centre (RHCC).

"**Immediate Actions**" **(IAs)** – a pre-determined list of prioritised instructions that <u>must</u> be carried out. These could include the opening of RHCC accommodation and ICT needs; the activation of access control mechanisms; or the instigation of a staff cascade-call-out system.

"**Impact Management**" – managing the social, economic, political, media and health consequences of a realised threat or hazard.

"**Lead Government Department**" **(LGD)** – Department of the United Kingdom government or devolved administration designated as responsible for overall management of the government response to an 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. Coordination of response and recovery is facilitated by a local organisation, usually the PSNI or the District Council, but may be another lead organisation such as the Health and Social Care (HSC) Board or the Public Health Agency.

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

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

"**Ministerial Committee on Civil Contingencies**" **(CCC)** - considers, in an emergency, plans for assuring the supplies and services essential to the life of the community and to supervise their prompt and effective implementation where required.

"**Mobile Telecommunications Privileged Access Scheme**" **(MTPAS)** – scheme that provides call preference for key emergency management organisations if public network access is restricted.

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

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

"**Patient and Client Council**" – provides a powerful, independent voice for patients, clients, carers, and communities on health and social care issues.

"**PLATINUM**" – a term connected with the activation of the Northern Ireland Central Crisis Management Arrangements (NICCMA) coordinating the Northern Ireland central response when multiple government "GOLD" commands are active.

"**Public Health Agency**" – established under the 2009 Reform Act[22], with responsibilities in relation to health protection, transferred to it from the former HSS Boards. Health protection functions include 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 focussed on recovery, commencing at the earliest opportunity following the onset of an emergency, and running in tandem with the response phase.

"**Regional Health Command Centre**" **(RHCC)** – a safe and secure facility from which the DHSSPS can provide timely, accurate and relevant strategic direction to support the Health and Social Care's response to an emergency.

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[22] The HSC (Reform) Act 2009, Section 13(3)(b)
(www.opsi.gov.uk/legislation/northernireland/acts/acts2009/nia_20090001_en_1)

"**Resilience**" – the ability of the community, services or infrastructure to withstand the consequences of an incident.

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

"**RHCC Battle Rhythm**" – the order of business or the sequencing of meetings and briefings to be adopted in an emergency.

"**RHCC Emergency Operations Centre**" **(RHCC EOC)** – a unit within the Regional Health Command Centre responsible for collating information from multiple sources to create the Northern Ireland Common Recognised Information Picture (CRIP).

"**RHCC Strategic Cell**" – highest group in the Regional Health Command Centre (RHCC) providing strategic health, social care and public safety advice and direction to lead the health response to an emergency that occurs in, or affects, Northern Ireland.

"**Science and Technical Advice Cell**" **(STAC)** – group of technical experts from those agencies involved in an emergency response that may provide scientific and technical advice to the strategic coordinating group chair or single service gold commander.

"**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 Lead Government Department **can** ask for the 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 Northern Ireland; 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

the 'RHCC Strategic Cell', and be handled by the 'RHCC EOC'. Examples of emergencies on this scale could include the response to a cryptosporidium outbreak; a water pollution incident; a localised chemical incident; severe weather; or prison riot.

"**SILVER**" – tactical tier of command and control within a single agency (below GOLD level and above BRONZE level) at which the response to an emergency is managed.

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

"**Standard Operating Procedures**" (**SOPs**) – a document which describes regularly recurring operations relevant to the activation of the RHCC. 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.

"**Statement of Internal Control**" (**SIC**) – 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.

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

"**Strategic Coordinating Group**" (**SCG**) – 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**" – Component of risk assessment in which identified threats are assessed for future action.

"**Top Management Group**" **(TMG)** – a strategic group consisting of DHSSPS Board members and chaired by the DHSSPS Permanent Secretary. TMG is tasked to prioritise strategic aims, objectives and resources when both crisis response (CMT) and business recovery teams (BRT) operate simultaneously, as well as providing representation at Crisis Management Group meetings, if NICCMA is convened.

ANNEX O – Commonly used acronyms

ALB	Arms Length Body
BCP	Business Continuity Plan
BRP	Branch Recovery Plan
BRT	Business Recovery Team
BSO	Business Services Organisation
CAS	Controls Assurance Standard
CBRN	Chemical Biological Radiological Nuclear
CCG(NI)	Civil Contingencies Group (Northern Ireland)
CCPB	Civil Contingencies Policy Branch
CCS	Civil Contingencies Secretariat
CMG	Crisis Management Group
CMLO	Consequence Management Liaison Officer
CMO	Chief Medical Officer
CMT	Crisis Management Team
COBR	Cabinet Officer Briefing Rooms
COMAH	Control of Major Accident Hazards
CRIP	Common Recognised Information Picture
CT	Counter Terrorism / Counter Terrorist
DH	Department of Health (GB)
DoHC	Department of Health and Children (Republic of Ireland)
DSO	Departmental Security Officer
EIS	Executive Information Service
EOC	Emergency Operations Centre
EWTD	European Working Time Directive
GLO	Government Liaison Officer
GLT	Government Liaison Team
HPA	Health Protection Agency
HSC	Health and Social Care
HSCB	Health and Social Care Board
IA	Internal Audit
IAs	Immediate Actions
ICT	Information and Communication Technologies
ITG	IT Group
LGD	Lead Government Department
MoD	Ministry of Defence
MSU	Management Services Unit
NIAS	Northern Ireland Ambulance Service
NICCMA	Northern Ireland Central Crisis Management Arrangements
NIFRS	Northern Ireland Fire & Rescue Service
NIO	Northern Ireland Office
NIOBR	Northern Ireland Office Briefing Rooms
NIPSA	Northern Ireland Public Service Alliance
NIRMPS	Northern Ireland Regional Medical Physics Service
NSID (PSR)	National Security, International Relations & Development (Protective Security and Resilience)
NSMC	North South Ministerial Council
OFMDFM	Office of the First Minister and deputy First Minister
PCC	Patient and Client Council
PDB	Personnel Development Branch
PMB	Personnel Management Branch
PRINCE2	Projects in Controlled Environments
PSNI	Police Service of Northern Ireland
PHA	Public Health Agency
PSP	Private Sector Provider
RHCC	Regional Health Command Centre

RQIA	The Regulation and Quality Improvement Authority
SARS	Severe Acute Respiratory Syndrome
SCC	Strategic Coordination Centre
SCG	Strategic Coordinating Group
SIC	Statement of Internal Control
SOPs	Standard Operating Procedures
TMG	Top Management Group
VTC	Video-teleconferencing
WHO	World Health Organisation

9. LIST OF ACTION CARDS

1.   RHCC Chair - Strategic Overview

2.   RHCC Chair – Strategic Guidance – Full Internal Information Flow Architecture

3.   RHCC Chair Strategic Guidance – Key Crisis Management Team (CMT) Roles, Responsibilities and Resources

4.   RHCC Chair Strategic Guidance – Shift Arrangements

5.   RHCC Alert and Activation Procedure

6.   RHCC Cascade Callout

7.   Significant Emergency - RHCC Level 1 responders

8.   Serious Emergency - RHCC Level 2 responders

9.   Catastrophic Emergency - RHCC Level 3 responders

ACTION CARD No.1: RHCC Chair - Strategic Overview

The **DHSSPS Emergency Response Plan (ERP)** pulls together the response of the whole organisation to a health emergency that requires Departmental strategic direction, advice and leadership – a component known as **'GOLD'**. The **DHSSPS ERP** aims to provide inward guidance to emergency responders within the Department's Regional Health Command Centre (RHCC) – the **Crisis Management Team** (CMT) – to deliver outward strategic health direction to the Public Health Agency, Health and Social Care Board, Business Services Organisation, Patient Client Council – to be known as **'SILVER'** – and to other key stakeholders including Government Departments.

The '**RHCC Emergency Operating Centre**' (RHCC EOC) will effectively analyse and prioritise strategic health information coming from **'SILVER'** and other sources to produce a single, immediate, authoritative overview of the current situation, called a **Common Recognised Information Picture (CRIP)**. Supported by more detailed situation reports (sit-reps), these will assist the '**RHCC Strategic Cell**' to lead the health response by setting clear strategic aims and objectives and agreeing all necessary actions, priorities and decisions.

The **DHSSPS ERP** should not be read as a book. Rather it is designed to provide guidance with regard to the issues and decisions to be considered and taken at each phase of the emergency response.

Depending on the scale and nature of the health emergency, some or all of the following emergency response teams will be established:

- Crisis Management Team (CMT) – the responding staff in RHCC accommodation;
- Business Recovery Team (BRT) – the team responsible for the maintenance of RHCC facilities and the recovery of Departmental business following any disruption to services; and
- Top Management Group (TMG) – chaired by the DHSSPS Permanent Secretary, and aims to resolve potentially conflicting demands for resources from the CMT and BRT when both are active.

The Permanent Secretary-led Top Management Group (TMG) will sit for all **Level 2 (Serious)** and **Level 3 (Catastrophic)** emergencies where coordination of both crisis response and business recovery is required. The relationship between these teams is summarised below:

Level 2 (Serious) and Level 3 (Catastrophic) health response priorities				
Event Phase	**Situation**	**Top Management Group (TMG)**	**Crisis Management Team (CMT)**	**Business Recovery Team (BRT)**
One	Invocation Phase	• **Resource the overall response** • Activate IMT cascade callout • Prioritise CMT and BRT strategic aims, objectives and resources as necessary • Attend CMG if NICCMA is invoked	• **Lead the crisis response agreeing strategic aims and objectives** • Activate RHCC cascade callout, including initial alert to TMG and BRT • Open RHCC accommodation and activate ICT • Locate Departmental and external contacts list • Assess immediate impact to Health family • Agree the Crisis Response aims and objectives and establish CRIP • Reference specific health emergency plans • Schedule first 'RHCC Strategic Cell' meeting • Monitor unfolding events	• **Lead the recovery response agreeing strategic aims and objectives** • Assess the degree of initial disruption and need for full or partial plan activation – including support to the crisis response • Confirm critical services / products and recovery time objectives • Establish resources for stabilisation phase • Assess impact upon Branches and Directorates • Activate appropriate BRT cascade callout
Two	Stabilisation Phase	• Ongoing resource management and prioritisation of CMT and BRT needs	• Ongoing crisis management • Continuing Departmental and external stakeholder liaison • Communications, media planning and public messages	• Implementation of BCP strategies providing strategic direction • Invocation and implementation of Directorate / Branch Recovery Plans • Resource recovery effort • Liaison with stakeholders and staff • Provide welfare support to CMT • Recovery to minimum service / product levels
Three	Resumption Phase	• Issue crisis response stand down and debrief notification • Formally stand down TMG • Continue to monitor BRT	• Stand down crisis response and communicate to all stakeholders	• Direct & manage full recovery across Directorates • Provide welfare support to staff • Liaise with affected

		resourcing		• stakeholders • Resume all activities as directed
Four	Consolidation Phase	• Issue recovery response stand down and debrief notification • Debrief TMG, CMT and BRT response • Agree and timetable any remedial action plans • Consider financial or other reward for responding staff to adequately reflect the circumstances involved.	• Debrief staff, review DHSSPS Emergency Response Plan and identify lessons learned and any corrective recommendations / actions plan	• Stand down recovery response and communicate to all stakeholders • Manage long term issues • Debrief staff, review Business Continuity Plans and identify lessons learned and any corrective recommendations / actions plan

Outline emergency response phases

- **Invocation Phase:** Assessment made for the establishment of the RHCC at Level 1, 2 or 3 – appropriate staffing complement mustered. Communications established to ascertain the strategic impact of the emergency to HSC organisations. Decision made to alert TMG, BRT and OMFDFM for the possible activation of the NICCMA. All pertinent stakeholders alerted – NI, GB and ROI. Reference made to pre-existing specific health response plans.

- **Stabilisation Phase:** Continue the emergency response, directing the effective resolution of all strategic health and social care aspects. Potential for staff shift rotation and change in the Lead Government Department for any Northern Ireland-wide response, led from NICCMA. A long-term response will see an increasing focus on business continuity and likelihood of regular briefings and media communications.

- **Resumption Phase:** Notification of **DHSSPS ERP** scale or stand down and debrief meeting scheduled. Business Recovery Team (BRT) oversee, direct and resource full recovery across the Department to routine service / product levels.

- **Consolidation Phase:** BRT formally stood down. Reviews initiated to capture all lessons identified, issues to address and commencement of Plan Reviews.

ACTION CARD No.2: RHCC Chair Strategic Guidance – Full Internal Information Flow Architecture
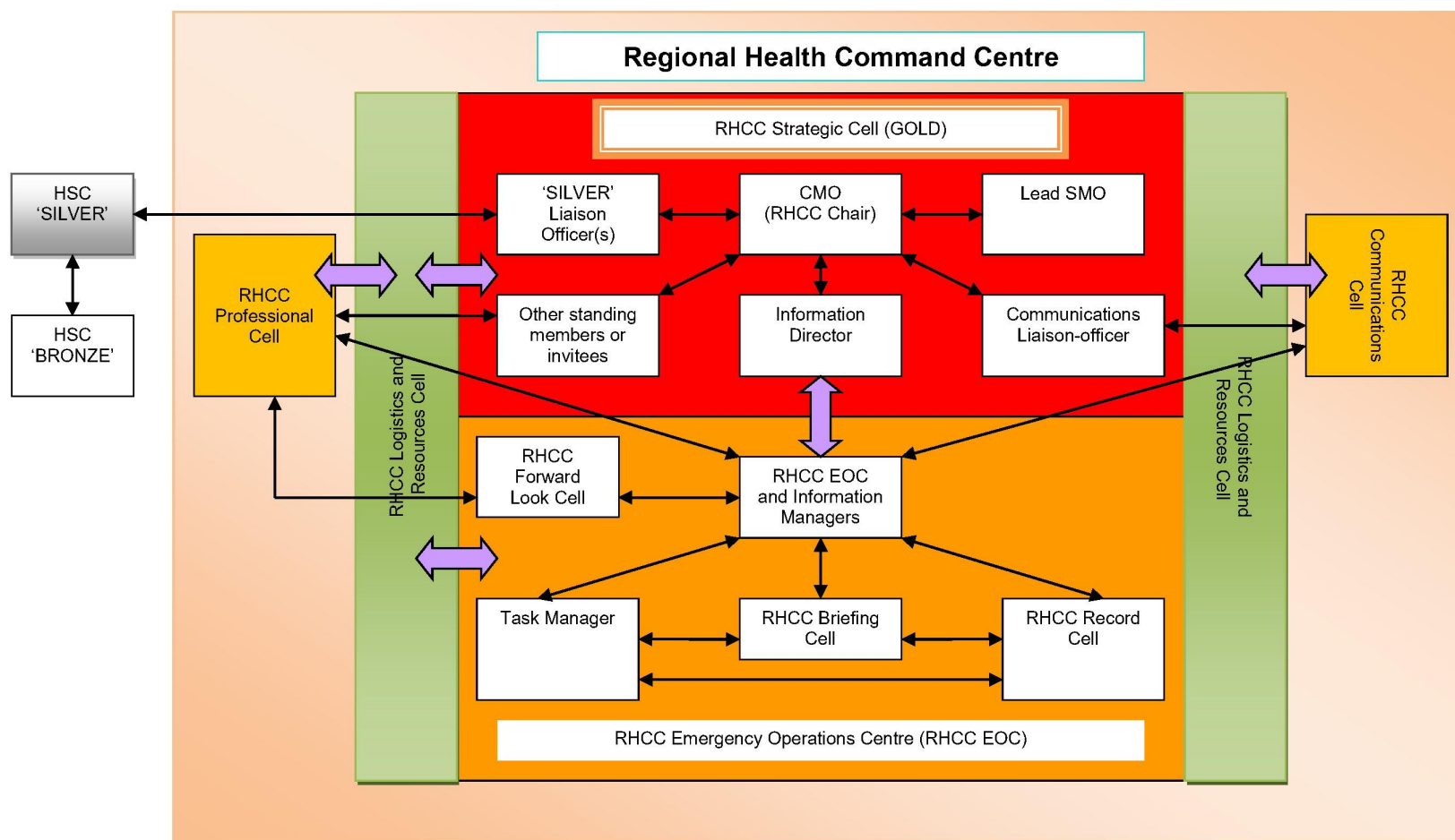
ACTION CARD No.3: RHCC Chair Strategic Guidance – Key Crisis Management Team (CMT) Roles, Responsibilities and Resources

Senior Medical Officer (SMO)

The lead SMO (covering either Pandemic Influenza or civil emergencies) supports the 'RHCC EOC Manager' and CMO (RHCC Chair), providing expert medical advice and assistance.

Senior Medical Officer	
Grade / Candidate:	SMO / or person acting in that capacity
Role:	The main duties of the lead SMO, or the person acting in that capacity, are as follows: • member of the 'Crisis Management Team' and standing member of the 'RHCC Strategic Cell'; • provision of professional medical advice to the strategic decision making process; • provide expert knowledge of DHSSPS specific health emergency plans (e.g. Smallpox; SARS; Pandemic Influenza) advising CMO (RHCC Chair) at 'RHCC Strategic Cell' meetings.
Responsibilities:	• assist the 'RHCC EOC Manager', with the management of incoming and outgoing information which requires medical clarity or professional comment; • to provide independent assurance to the Chair of the 'RHCC Strategic Cell' that any externally sourced professional advice remains strategically appropriate to the ongoing emergency; • available to be deployed as an 'RHCC Liaison-officer' providing the conduit for strategic health advice to other Government Departments (i.e to OFMDFM); • accountable to the Chair of the 'RHCC Strategic Cell'.
Immediate Actions:	• action arising from being standing member of 'RHCC Strategic Cell'.

RHCC Information Director

The 'RHCC Emergency Operating Centre' (RHCC EOC) coordinates the supply of strategic information to CMO (RHCC Chair) and to wider Government departments and interested parties, through the 'RHCC Information Director', who is also the primary conduit for tasking and policy dissemination from them.

RHCC Information Director	
Grade / Candidate:	5, Director Population Health Directorate (Andrew Elliott) / or person acting in that capacity
Role:	The main duties of the 'RHCC Information Director' or person acting in that capacity, are as follows: • responsible for carrying out a risk assessment in discussion with the DHSSPS Emergencies Officer / 'RHCC EOC Manager'; • contacts CMO (RHCC Chair) to discuss and recommend the appropriate level and scale of an RHCC emergency response; • member of the 'Crisis Management Team' and standing member of the 'RHCC Strategic Cell'; • ensures the quality and timeliness of intelligent information from the 'RHCC Emergency Operations Centre' (RHCC EOC) to the Chair of the 'RHCC Strategic Cell'; • provides the conduit of information, tasking and direction from the 'RHCC Strategic Cell' to the 'RHCC EOC Manager'; • provides secretariat support to the 'RHCC Strategic Cell'.
Responsibilities:	• accountable for the effectiveness of the RHCC EOC; • approves information assessments from the 'RHCC EOC Manager'; • advises the 'RHCC Strategic Cell' of strategic information / issues coming from the 'RHCC EOC'; • leads on policy advice and coordination of lines-to-take for the Minister / senior officials and advice to the public with the 'RHCC Communications Liaison-officer'; • advises the 'RHCC EOC Manager' of timing and requirements for all tasking / actions from the 'RHCC Strategic Cell'; • accountable to the Chair of the 'RHCC Strategic Cell'.

Immediate Actions:	• **secretariat support to the 'RHCC Strategic Cell' providing:**
	  o **meeting agenda for the Chair;**
	  o **list of attendees and apologies;**
	  o **strict management of meeting timekeeping;**
	  o **output from the 'RHCC EOC'.**

RHCC EOC Manager

The 'RHCC EOC Manager' supports the 'RHCC Information Director' and liaises with the other cells operating in the RHCC, to ensure that all necessary actions for the setting up and running of the RHCC have been initiated / carried out. The 'RHCC EOC Manager' is assisted by the 'RHCC Office Manager' and 'RHCC Tasking Manager'.

RHCC EOC Manager	
Grade / Candidate:	7, Emergency Planning Branch / or person acting in that capacity
Roles:	The main duties of the 'RHCC EOC Manager', or the person acting in that capacity, are as follows: • member of the 'Crisis Management Team'. • support the 'RHCC Information Director' with the timely, relevant and accurate provision of strategic information; • manage the delivery of 'RHCC Strategic Cell' tasking, direction and dissemination; • manage communications to / from 'HSC SILVER information hub' and other NI and GB sources.
Responsibilities:	• responsible for the operational management of the RHCC EOC; • manages the provision of strategic information, ensuring all resources and communication channels are sufficient and available; • manage the appropriate recording, reporting and distribution of strategic information; • liaise closely with the Communications, Professional, Forward Look and Logistics and Resources Cells ; • manage agreement of a daily 'Battle Rhythm'; • ensure the 'RHCC Briefing Cell' has up-to-date and accurate information on the emergency from the 'HSC SILVER information hub' and other government sources; • provide timely advice and guidance to appropriate members of the 'RHCC Strategic Cell' through the 'RHCC Information Director'; • management and support of staff operating in the RHCC EOC particularly during handover / shift changes; • management and maintenance of essential contact numbers for Northern Ireland, GB and the Republic of Ireland; • operation of the RHCC EOC to agreed open / closing times; • accountable to the 'RHCC Information Director'.
Immediate Actions:	• **ensure all actions for the setting up and running the RHCC at 'Level 2' or 'Level 3' have been carried out;** • **manage routine work pressures / correspondence and concerns on responding staff - seeking extensions, deferrals or transfer as appropriate.**

RHCC Office Manager

RHCC Office Manager	
Grade / Candidate:	DP/SO, Emergency Planning Branch / or person acting in that capacity
Roles:	The main duties of the 'RHCC Office Manager', or the person acting in that capacity, are as follows: • member of the 'Crisis Management Team'. • operational support to members working in the RHCC EOC.
Responsibilities:	• manage the provision of stationery, office consumables and availability of ITC services; • organise catering arrangements for early and late shift working and meetings as appropriate; • manage the completion of staff overtime / travel time claims; • manage RHCC access control arrangements and supervision of contractors / visitors; • liaise with ITG, Account NI, IT Assist, staff welfare to aid the resolution of issues raised by RHCC EOC members; • accountable to the 'RHCC EOC Manager'.
Immediate Actions:	• **establishment of office protocols and proforma;** • **maintenance of contact lists;** • **rota management.**

EOC Tasking Manager

RHCC Tasking Manager	
Grade / Candidate:	DP/SO, Emergency Planning Branch / or person acting in that capacity

Roles:	The main duties of the 'RHCC Tasking Manager', or the person acting in that capacity, are as follows:
	
	• member of the 'Crisis Management Team'.
	• management and maintenance of the RHCC EOC information boards:
	  o Common Recognised Information Picture (CRIP) – the situation as we see it now;
	  o Key Events – developing situation / issues;
	  o Strategic Aims and Objectives;
	  o Actions – decisions required (by when).

Responsibilities:	• manage and maintain up-to-date information boards; • process and assign, delegating where possible, all strategic tasks for action; • prepare information boards in D2 Lecture Theatre; • monitor the delivery of strategic tasking to deadlines; • accountable to the 'RHCC EOC Manager'.
Immediate Actions:	• **prepare information boards in D2 Lecture Room;** • **prepare template for electronic CRIP.**

RHCC Briefing Cell

RHCC Briefing Cell	
Grade / Candidates:	SO / DP, Emergency Planning Branch / or persons acting in that capacity
Role:	The main duties of members in the 'RHCC Briefing Cell', are as follows: • member of the 'Crisis Management Team'; • preparation of timely, accurate and relevant reports / briefing / correspondence cases and others as required by the Chair of the 'RHCC Strategic Cell'; • provision of daily verbal briefings for shift changes / staff rotation.
Responsibilities:	• preparation of draft correspondence cases / briefing requests; • production of RHCC stand down debriefs; • maintenance of up-to-date key facts summary and lines-to-take; • close liaison with Communications Liaison-officer on media issues; • attendance at UK, NI and ROI-level meetings; • accountable to the 'RHCC EOC Manager'.
Immediate Actions:	• **creation of key facts, briefing and lines-to-take templates in TRIM.**

RHCC Record Cell

RHCC Record Cell	
Grade:	EO2 / EO1, Emergency Planning Branch / or persons acting in that capacity
Role:	The main duties of members in the 'RHCC Record Cell', are as follows: • member of the 'Crisis Management Team'; • to record a communications log; • collate and coordinate strategic information to / from 'SILVER' during an emergency, providing an appropriate audit trail; • communicate strategic direction, advice, aims and objectives to 'SILVER and other agencies and departments as directed; • prioritise incoming information for the 'RHCC EOC Manager'.
Responsibilities:	• record all incoming and transmit and record all outgoing correspondence (telephone, facsimile, e-mail or other) into TRIM 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); • immediately alert the 'RHCC EOC Manager' and 'RHCC Tasks Manager' to all 'red' traffic; • accountable to the 'RHCC EOC Manager'.
Immediate Actions:	• **create new 'For Information' and 'For Action' containers in TRIM;** • **lock-down 'For Information' containers to read only for all responding staff;** • **lock-down 'For Action' containers as full access to 'RHCC EOC' staff only;** • **agree arrangements to uniquely catalogue each information message.**

RHCC Loggists (member of the Logistics and Resources Cell)

RHCC Loggists	
Grade:	Trained pool of staff typically SO/DP grade.
Role:	The main duties of Loggists are as follows: • member of the 'Crisis Management Team'; • record a decision-maker's log; • assist the Chair of the 'RHCC Strategic Cell' to reach a reasoned lawful and justifiable decision; • facilitate operational debriefing and to provide evidence for any subsequent inquiries.
Responsibilities:	• take a contemporaneous account of all actions and decisions made by the Chair of the 'RHCC Strategic Cell'; • take a contemporaneous account of all actions and decisions made by the 'RHCC Information Director'; • accountable to the 'RHCC Logistics and Resources Cell' lead.
Immediate Actions:	• **preparation of serial numbered 'Decision-making Log Books' for the Chair of the 'RHCC Strategic Cell' and 'RHCC Information Director'.**

RHCC Minute-takers (member of the Logistics and Resources Cell)

RHCC Minute-takers	
Grade:	Trained pool of staff typically EO1/SO.
Role:	The main duties of Minute-takers are as follows: • member of the 'Crisis Management Team'; • record the minutes of all strategic and information management meetings.
Responsibilities:	• take a note of the meeting, covering discussion topics and all actions and decisions taken; • accountable to the 'RHCC Logistics and Resources Cell' lead.
Immediate Actions:	• **preparation of serial numbered 'Minute Books' for 'RHCC Strategic Cell' or 'Information Management' meetings.**

RHCC Forward Look Cell

RHCC Forward Look Cell	
Lead:	SCS / Professional, CMO Command / or person acting in that capacity
Role:	The main duty of the 'RHCC Forward Look Cell' lead is to: • assist the Chair of the 'RHCC Strategic Cell' with long-term strategic response and recovery options.
Responsibilities:	• member of the 'Crisis Management Team'; • lead the Cell (resourced from HSC SILVER) to scope longer-term problems and options for resolution; • produce strategic assessments of scientific and policy issues that may arise in timeframes of days, weeks, months and years – these are known as 'Health Impact Management Assessments' (HIMA) to the 'RHCC Information Director'; • liaise closely with the 'RHCC Information Cell' and 'RHCC Professional Cell'; • provide broad strategic options for the Chair of the 'RHCC Strategic Cell' to consider to address issues that can be Departmental, HSC-wide, national and international; • accountable to the 'RHCC Information Director'.
Immediate Actions:	• **agree membership, frequency and location of meetings and terms of reference on scope with HSC SILVER.**

RHCC Communications Cell

RHCC Communications Cell	
Lead:	PIO / or person acting in that capacity
Role:	The main duties of the 'RHCC Communications Liaison-officer' are to: • lead the 'RHCC Communications Cell', drawing principally on resources from the DHSSPS Information Office; • assist the Chair of the 'RHCC Strategic Cell' with the development and delivery of media strategies.
Responsibilities:	• production of press statements, communications and public announcements; • web content authoring, support and maintenance ; • developing media handling strategies including content and resource management.
Immediate Actions:	• **action arising from being standing member of 'RHCC Strategic Cell'.**

RHCC Logistics and Resources Cell

RHCC Logistics and Resources Cell	
Lead:	SCS, HR Directorate or person acting in that capacity
Role:	The main duties of the 'RHCC Logistics and Resources Cell' lead are to: • support and audit the strategic decision-making process of the 'RHCC Strategic Cell'; • assist the 'RHCC Information Director' by supporting the extended operation of the RHCC EOC.
Responsibilities:	• provide support for the extended operation of the RHCC – ranging from security (passes and lockdown procedures); maintaining building facilities; the sustained provision of ICT and staffing resilience; • manage all financial aspects of the emergency with the assistance of the 'RHCC EOC Manager' – from procurement to the maintenance of staff salaries; • provide a cadre of loggists to for the RHCC Chair, 'RHCC Information Director' and other senior managers as directed by the RHCC Chair; • provide a cadre of minute-takers for all strategic and information meetings; • liaise with 'SILVER', DFP and other Departments as necessary, to ensure a Northern Ireland-wide coherent support function; • accountable to the Chair of the 'RHCC Strategic Cell'.
Immediate Actions:	• **activate lockdown and security arrangements;** • **arrange pool of loggists and minute-takers.**

RHCC Professional Cell

RHCC Professional Cell	
Grade / Candidates:	Senior Health / Medical Professionals

Role:	Some emergencies may require the involvement of some or all of the Departmental Professional groups. Those required in the response to an RHCC emergency will form the 'RHCC Professional Cell'. Main duties include:
	• the supply of specialist strategic knowledge directly to the CMO (RHCC Chair);
	• to assist the work of the 'RHCC Forward Look Cell' in helping to develop 'Health Impact Management Assessments';
	• membership could include:
	   o Social Services;
	   o Pharmaceutical services;
	   o Dental services;
	   o Nursing services;
	   o Medical services;
	   o Environmental Health services.

Responsibilities:	• accountable to the Chair of the 'RHCC Strategic Cell'.
Immediate Actions:	• action arising from the 'RHCC Strategic Cell' convening.

ACTION CARD No.4: RHCC Chair Strategic Guidance – Shift Arrangements

In the event of a serious (RHCC Level 2) or catastrophic (RHCC Level 3) emergency having a substantial impact on Northern Ireland, it may be necessary to continue the operation of the Crisis Management Team (CMT) for a number of days or weeks. In particular, in the early phase of an emergency, some 'Cells' may need to be staffed continuously for a few days. Responsibility for deciding on the scale of response, including maintaining teams overnight, rests with the 'RHCC Information Director'.

A robust and flexible system will need to be in place to effectively manage an emergency throughout each phase. Should a continuous response over a number of days be required, an eight hour (mornings, afternoons, nights) or twelve hour (day and night) shift pattern may need to be considered. The staffing of 'Cells' and shift arrangements will depend primarily on the response required of the Department.

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.

For protracted events such as an infectious disease outbreak, situations could continue for many weeks or months and require a different profile of shift working. A twelve 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 retain staff rotation to prevent 'burn out'.

ACTION CARD No.5: RHCC Alert and Activation Procedure

Part 1: RHCC On-Call Emergencies Officer or official receiving initial alert during office hours

The officer receiving an initial call must ensure that the following steps are followed sequentially to gather as much information as possible – even though not all will be answerable from first contact:

1. Establish and record **information about the emergency** using the SBAR form (see ANNEX F):

   - **S**ituation;
   - **B**ackground.

2. Establish and record **strategic information of use to GOLD** using the SBAR form:

   - **A**ssessment;
   - **R**ecommendations.

3. Following the alert notification flow chart (Part 2), contact the 'Senior Duty Officer' and advise them of the SBAR information.

Part 2:

Process following alert notification

Notification of a health emergency received from 'SILVER' / NIFRS / PSNI / CCPB / CMO's Office / Press Office / other source

↓

Contact (Duty) RHCC Emergencies Officer (EO). EO records details.

↓

EO assesses situation and alerts either the Senior Duty Officer (out of hours) or Director of Population Health Directorate or deputy (in hours) → No further escalation required

No further escalation required → EO maintains contact with source and continues to monitor situation – office hours only
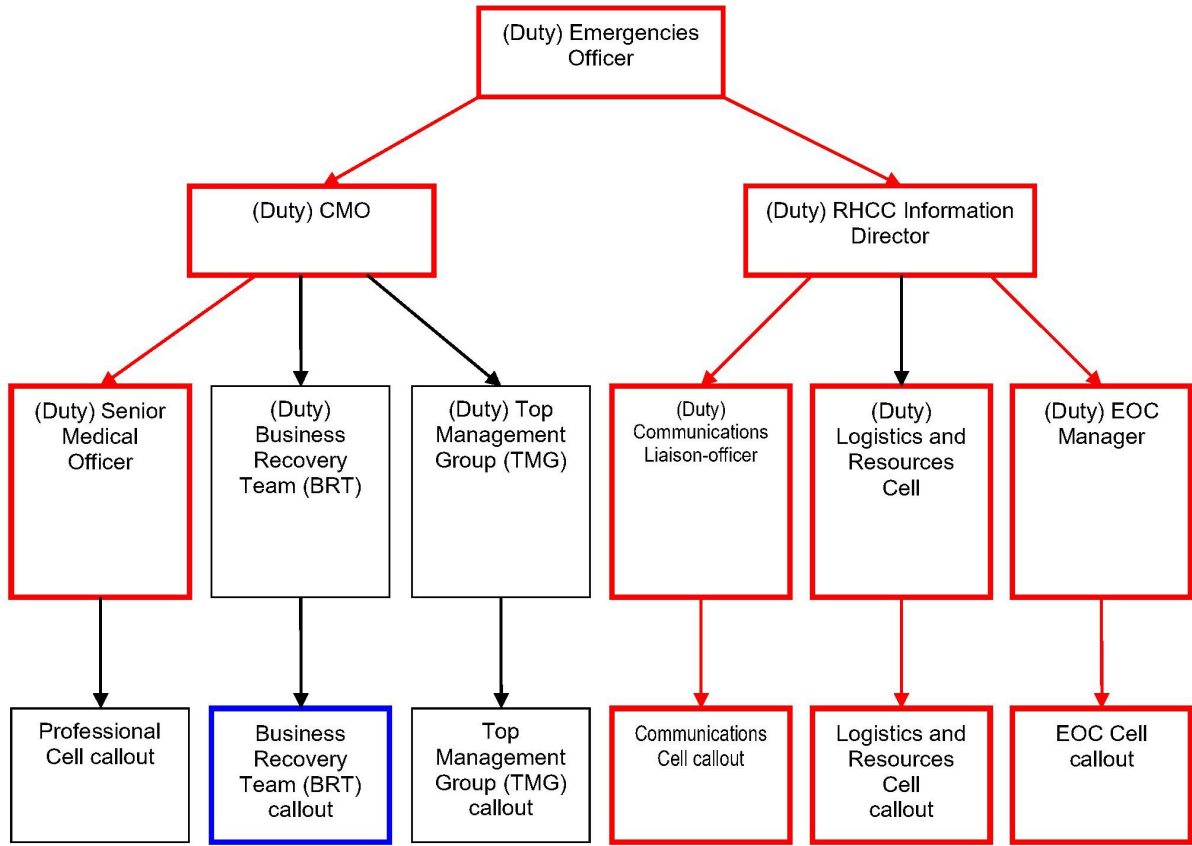
Further escalation required.

EO maintains contact with source and continues to monitor situation – office hours only → No further action required

Senior Duty Officer / Director of Population Health alerts (Duty) CMO to recommend activation of RHCC at Level 2 or 3. Cascade Callout [1] (see Action Card No.6) invoked as agreed.

No further action required → Stand Down

Responding members of 'RHCC EOC' gather detailed information from SILVER to develop 'Common Operating Picture'.

Begin a written log of events

Inform other key stakeholders / out-of-hours contacts (only if required and brief them)

Contact OFMDFM to forewarn possible activation of NICCMA

NICCMA activated

NICCMA not activated

Ensure RHCC Liaison Officer(s) appointed, deployed and supported

At conclusion of emergency stand down staff as appropriate. Prepare report to Minister / HSC / other organisations as appropriate

[1] This includes the alerting of the BRT and TMG - although the detail of the BRT alert and activation procedure is outside the scope of the DHSSPS ERP.

## ACTION CARD No.6: Cascade Callout - overview

RHCC Level 2 or 3 callout process:

```
                        ┌─────────────────────┐
                        │  (Duty) Emergencies │
                        │       Officer       │
                        └─────────────────────┘
                          /                  \
           ┌──────────────┐            ┌────────────────────┐
           │  (Duty) CMO  │            │ (Duty) RHCC        │
           │              │            │ Information Director│
           └──────────────┘            └────────────────────┘
```

| (Duty) Senior Medical Officer | (Duty) Business Recovery Team (BRT) | (Duty) Top Management Group (TMG) | (Duty) Communications Liaison-officer | (Duty) Logistics and Resources Cell | (Duty) EOC Manager |

| Professional Cell callout | Business Recovery Team (BRT) callout | Top Management Group (TMG) callout | Communications Cell callout | Logistics and Resources Cell callout | EOC Cell callout |

□ = **Minimum RHCC components (Level 2)**

□ = **Procedure outside the scope of the DHSSPS ERP**

ACTION CARD No.7: RHCC Level 1 – response summary

RHCC cells most likely to be activated for a Significant Emergency:

- RHCC Emergency Operations Centre (RHCC EOC) – including RHCC Briefing and Record Cells.

RHCC Configuration:
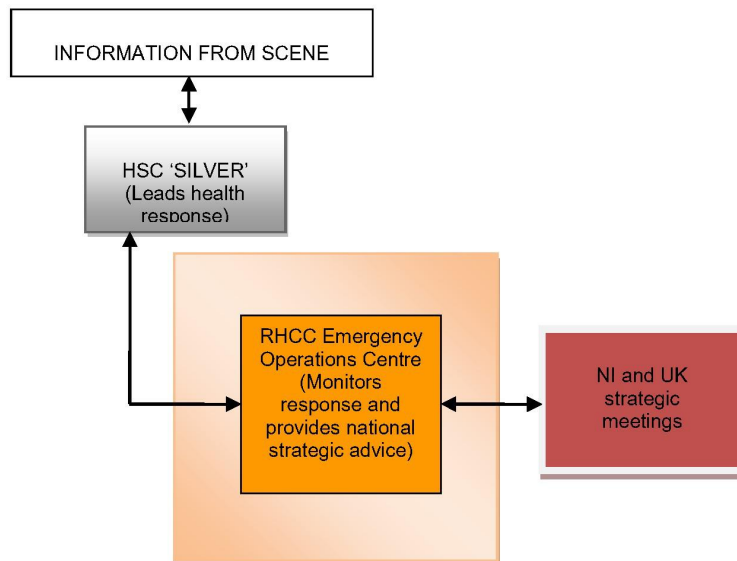
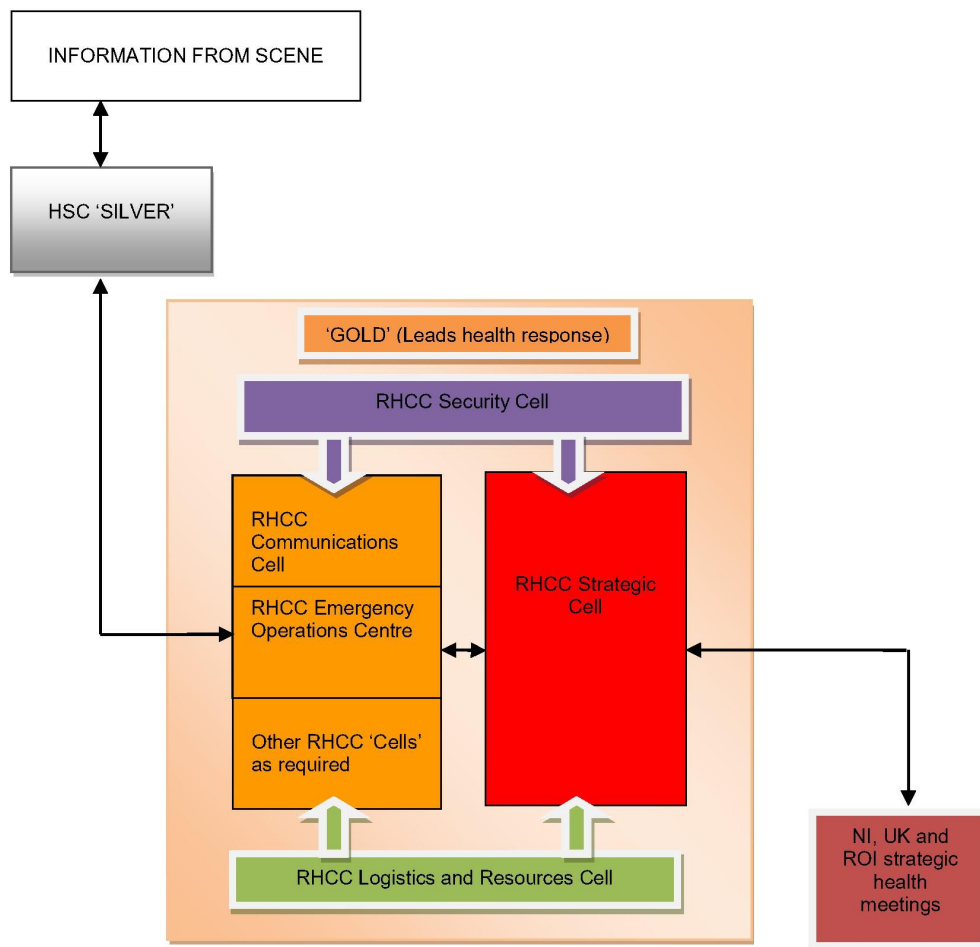**Crisis Management Team (CMT) staff likely to be involved:**

Position	RHCC Cell summary
RHCC EOC Manager – deciding appropriate resourcing of RHCC Briefing and Record Cells	**RHCC EOC** (C4 accommodation) Monitor the emergency

Response overview:

- When activated, RHCC 'Level 1' allows DHSSPS to monitor the lead response of 'SILVER' or other Government departments in their lead response to a **Significant Emergency**. DHSSPS will provide strategic health advice at the national-level and coordinate the media response effort where their interest is significant.

ACTION CARD No.8: RHCC Level 2 – response summary

RHCC cells most likely to be activated for a Serious Emergency:

- RHCC Strategic Cell;
- RHCC Emergency Operations Centre (RHCC EOC) - incorporating the RHCC Information Cell, RHCC Briefing Cell, RHCC Record Cell and RHCC Forward Look Cell;
- RHCC Communications Cell;
- RHCC Logistics and Resources Cell;
- RHCC Security Cell.

RHCC Configuration:

Crisis Management Team (CMT) staff likely to be involved:

Position	RHCC Cell summary
RHCC Chair supported by: • deputy; • Chief Executives - HSC Board, PHA and BSO; • Director of Public Health; • RHCC Information Director; • HSC SILVER Liaison-officer; • RHCC Communications Liaison-officer; • Senior Medical Officer; • HR Liaison-officer (DHSSPS); • HR Liaison-officer (HSC); • Finance Liaison-officer; • others as requested	**RHCC Strategic Cell** (D2 Conference Room and Video-Conference Room) Lead the overall health response, providing strategic direction, coordination and assistance
RHCC EOC Manager – deciding appropriate resourcing of an RHCC Briefing, Record and Forward Look Cell	**RHCC EOC** (D2 Lecture Room, Post Room and D16 – 20 accommodation) Information collation and interpretation
Cadre of loggists and minute-takers	**Logistics and Resources Cell** (HR accommodation) Supporting meetings and capturing decisions of key decision-takers
Team of Information Officers	**RHCC Communications Cell** (C5.20) Media and public information strategies
Team of Security Officers	**RHCC Security Cell** (Block A Reception) Controlling access, egress and visitors

Response overview:

- When activated, RHCC 'Level 2' allows DHSSPS to lead the overall health response to a **Serious Emergency**. **'GOLD'** is opened at the 'Regional Health Command Centre (RHCC) and through the 'RHCC Emergency Operations Centre' (RHCC EOC) it receives and processes health information about the emergency from the **'SILVER Information Hub'** and from a variety of other sources.

- The RHCC EOC develops and maintains a 'Common Recognised Information Picture'[23] (CRIP) to inform strategic decision-making by the 'RHCC Strategic Cell'.

- The 'RHCC Strategic Cell' maintains the strategic aims and objectives for the overall health response – these are used by **'SILVER'** to set their tactical aims and objectives for the **'BRONZE'**, front-line, health response.

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[23] "**Common Recognised Information Picture**" **(CRIP)** – a single, immediate, authoritative overview of the current situation.
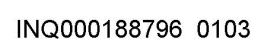
ACTION CARD No.9: RHCC Level 3 – response summary

RHCC cells most likely to be activated for a Catastrophic Emergency:

All RHCC cells are likely to be activated:

- RHCC Strategic Cell;

- RHCC Emergency Operations Centre (RHCC EOC) - incorporating the RHCC Information Cell, RHCC Briefing Cell, RHCC Record Cell and RHCC Forward Look Cell;

- RHCC Communications Cell;

- RHCC Logistics and Resources Cell;

- RHCC Security Cell.

- RHCC Professional Cell;

- RHCC Multi-agency Cell;

- RHCC Business Recovery Cell;

RHCC Configuration:

Response overview:

- When activated, RHCC 'Level 3' allows DHSSPS to lead the overall health response to a **Serious Emergency**. **'GOLD'** is opened at the 'Regional Health Command Centre (RHCC) and through the 'RHCC Emergency Operations Centre' (RHCC EOC) it receives and processes health information about the emergency from the **'SILVER Information Hub'** and from a variety of other sources.

- The RHCC EOC develops and maintains a 'Common Recognised Information Picture'[24] (CRIP) to inform strategic decision-making by the 'RHCC Strategic Cell'.

- The 'RHCC Strategic Cell' maintains the strategic aims and objectives for the overall health response – these are used by **'SILVER'** to set their tactical health response aims and objectives for **'BRONZE'** – the front-line health response.

- Where the consequences for the emergency impact on several Northern Ireland Departments, the Northern Ireland-wide strategic response will be managed through the Northern Ireland Central Crisis Management Arrangements (NICCMA) – linking several departmental **'GOLD'** commands together. The Minister-led strategic coordination group 'Crisis Management Group' (CMG) will set the overarching strategy for the administration's response to the emergency.

- Where the primary consequence of the emergency is to the health of the population, DHSSPS as the 'Lead Government Department' will chair CMG.

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[24] "**Common Recognised Information Picture**" **(CRIP)** – a single, immediate, authoritative overview of the current situation.