





Updated May 2008

## **Acknowledgments**

This document has been drafted in accordance with the latest agreed procedures of the following organisations:-

- The Association of Chief Police Officers (ACPO)
- ➤ The Chief Fire Officers Association (CFOA)
- ➤ The Ambulance Service Network (ASN)
- ➤ The Essex Local Government Authorities (LGA)
- > The Home Office.
- > The Civil Contingencies Secretariat
- Dept of Health
- > DEFRA

Any enquiries relating to this document should be addressed to the emergency planning department of the relevant service as shown below:-

- East of England Ambulance Service NHS Trust (Essex) Headquarters, Broomfield, Chelmsford, CM1 7WS.
- Essex County Fire and Rescue Service Headquarters, Rayleigh Road, Hutton, Brentwood, CM13 1AL.
- Essex Police Headquarters, Contingency Planning Section, Holts Lane, Waltham Road, Boreham, Chelmsford CM3 3BG.
- Essex County Council Emergency Plans, County Hall, Chelmsford, CM1 1LX.
- Southend Borough Council Emergency Plans, Civic Centre, Victoria Avenue, Southend, SS2 6ER.
- Thurrock Borough Council Emergency Plans, Civic Offices, New Road, Grays Thurrock, RM17 6SL
- HM Coastguard (HMCG) East Terrace, Walton on Naze, CO14 8PY.
- British Transport Police
   PO Box 260, 15 Tavistock Place, London WC1h 9SJ.
- The Environment Agency, Iceni House, Cobham Road, Ipswich, Suffolk IP3 9JD
- Mid Essex Primary Care Trust (Lead PCT for Essex)
  Swift House, Hedgerows Business Park, Springfield, Chelmsford, CM2 5PF

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## Introduction

The aims of the COPE document are as follows:

- To provide an outline document for multi agency emergency procedures
- To understand the procedures and processes involved in emergency response in a multi-agency, integrated management setting.
- To increase awareness of other agencies' roles in an emergency

Often, the Police, Fire and Ambulance Services are the first on the scene and bear the brunt of sorting out the chaos and confusion. Frequently, however, they require the involvement and assistance of other bodies to cope fully and effectively with the tragedy i.e. the hospitals, the local authorities, the public utilities, health organisations and the voluntary sector.

COPE is a generic document and it is important to be aware that the nature of major incidents is that each one is different and the response will depend on circumstances at the time of the event. It is also necessary to remember that this plan should be used in conjunction with other relevant agency plans and procedures during an incident.

It has been produced following guidance from the Civil Contingencies Secretariat, and ensures that Essex Resilience agencies meet the requirements of the Civil Contingencies Act (CCA) 2004. It also demonstrates how the various agencies should work together in partnership.

The CCA requires Category 1 responders (see section 1.1) to maintain plans for preventing emergencies, reducing, controlling or mitigating the effects of emergencies, and taking other action in the event of emergencies.

This guide is not a plan and has no operational status. It has been prepared to meet the aims listed previously. All the statements in this guide at the time of compilation are supported by the operational plans and procedures of the agencies covered.

Essex Police Contingency Planning Section are responsible for maintaining, updating, and distributing this plan. Any corrections or suggested changes should be notified to them.

## Section 1 - CIVIL CONTINGENCIES ACT 2004

### Overview

- 1.1.1 The **Civil Contingencies Act 2004**, and accompanying non-legislative measures delivers a single framework for civil protection in the United Kingdom capable of meeting the challenges of the twenty-first century. The Act is separated into two substantive parts: local arrangements for civil protection (Part 1) and emergency powers (Part 2).
- 1.1.2 Part 1 of the Act and supporting Regulations and statutory guidance Emergency Preparedness establish a clear set of roles and responsibilities for those involved in emergency preparation and response at the local level. The Act divides local responders into two categories, imposing a different set of duties on each.
- 1.1.3 The bulk of Part 1 of the Act was brought into force in November 2005 (the duty on local authorities to provide advice and assistance to business and voluntary organisations about business continuity management commenced in May 2006).
- 1.1.4 Part 2 of The Act updates the 1920 Emergency Powers Act to reflect the developments in the intervening years and the current and future risk profile. It allows for the making of temporary special legislation (emergency regulations) to help deal with the most serious of emergencies. The use of emergency powers is a last resort option and planning arrangements at the local level should not assume that emergency powers will be made available. Their use is subject to a robust set of safeguards they can only be deployed in exceptional circumstances.
- 1.1.5 Part 2 of the Act was brought into force in December 2004.

## 1.1.6 Part 1- Local Arrangements for Civil Protection

## Category 1 Responders

Local Authorities All principal local authorities	Emergency Services Police Forces	NHS Bodies Primary Care Trusts
Government Agencies Environment Agency Maritime & Coastguard Agency	British Transport Police Fire Authorities Ambulance Services	Health Protection Agency NHS Acute Trusts (Hospitals) Acute Foundation Trusts Port Health Authorities

## 1.1.7 Category 1 Responders have a duty to:

- Assess local risks and use this to inform emergency planning;
- Put in place emergency plans
- Put in place business continuity management arrangements;
- Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency;

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- Share information with other local responders to enhance co-ordination;
- Co-operate with other local responders to enhance co-ordination and efficiency;
   and
- ♣ Provide advice and assistance to businesses and voluntary organisations about business continuity management. (Local Authorities only)

## Category 2 Responders

Utilities Electricity Gas Water & sewerage Public communications providers (landlines and mobiles)	Transport Network Rail Train operating Companies (Passenger & freight) Transport for London Underground Airports Harbours & Ports	Government Health & Safety Executive
	Highways Agency	

## 1.1.8 Category 2 Responders are placed under the lesser duties of:

- Co-operating with these organisations; and
- Sharing relevant information

## Part 2 - Emergency Powers

The Act repeals previous legislation (the Emergency Powers Act 1920). It sets out a new definition of what constitutes an emergency appropriate to the times in which we live and incorporates new risks and threats which were not so relevant in 1920, including terrorist attacks, contamination of land following a biological or chemical terrorist attack and loss of communications systems on which we increasingly depend.

The Act introduced a range of other new features, mostly designed to ensure emergency powers cannot be misused and can be targeted in a proportionate manner.

Emergency powers can be introduced on a regional basis. This ensures any special temporary legislation will apply only in the part of the UK affected by the emergency, leaving those elsewhere unaffected.

## 1.2 Integrated Emergency Management

- 1.2.1 Within the United Kingdom there is no single agency that has all the skills, knowledge and resources to deal with the variety of effects caused by emergencies. Any major emergency therefore requires a combined and co-ordinated response that links the expertise and the resources of the different emergency services and the local authorities. The number and diversity of organisations involved in emergency response and recovery can pose difficulties for the effective management of local operations.
- 1.2.2 This document provides summaries of the responses and responsibilities of each of the emergency services at a major incident, as well as an outline of the support role offered by local authorities and other organisations. It outlines how the responding organisations will work in collaboration as part of a coherent multi-agency effort. We

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hope it will offer a better understanding to the individual specialists involved in working with each other in a co-ordinated way.

- 1.2.3 The procedures adopted by each of organisations in response to a major incident are understandably devoted to the role of the organisation concerned. The purpose of this document is to ensure an effective multi-agency response through the concept of integrated emergency management. It describes the agreed procedures and arrangements for the effective co-ordination of their joint efforts. In this way the overall response of the emergency services will be greater than the sum of their individual efforts, to the benefit of the public.
- 1.2.4 It has been prepared for the information and guidance of the emergency services and local authorities but can be used by any other responsible organisation that may have to respond to a major incident.
- 1.2.5 The authors of this document recognise that every major incident is different and has its own unique features. They wish to stress that the advice contained within it should only be regarded as a guide. It is designed to offer a framework for integrated emergency management within which those who are responsible for the successful resolution of the incident are able to work together with maximum efficiency.
- 1.2.6 Emergency response is based on a bottom-up approach in which operations are managed and decisions made at the lowest appropriate level. Experience has taught that there are many seemingly innocuous sets of circumstances that can, if not dealt with speedily, escalate to the level of a major incident. PREVENTION IS BETTER THAN CURE. No one will be criticised for treating an incident as serious in the first instance even if events later prove it not to be. The definitions and procedures contained in this document, dealing with major incidents, apply equally to arrangements, which should be put in hand to ensure the speedy resolution of seemingly minor incidents.

## 1.3 Essex Resilience Forum (ERF)

- 1.3.1 The Civil Contingencies Act 2004 requires local responder bodies to co-operate in preparing for and responding to emergencies through a Local Resilience Forum (LRF). Essex has always recognised the importance of multi-agency working and has addressed this for many years by engaging in a range of formal and informal groups and networks. All the organisations within the County that are involved in civil protection have joined together to form the ERF.
- 1.3.2 The ERF sits at the apex of local civil protection arrangements within Essex. Its overall purpose is to ensure that there is an appropriate level of preparedness to enable an effective multi-agency response to emergencies which may have a significant impact on the communities of Essex.
- 1.3.3 The ERF organises an annual conference to which all Cat 1 and Cat 2 Responders (and other parties having an interest in this field) are invited.
- 1.3.4 In order to support this large group, the Essex Resilience Forum Management Group (ERFMG), formerly the Essex Emergency Services Co-ordinating Group has been constituted. This is a smaller, strategic decision making group for resilience matters in the county. It consists of executive level representatives from the following Category 1 Responders.

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- Essex Police
- ♣ Essex Fire and Rescue Service
- East of England Ambulance Service NHS Trust
- Essex County Council
- Southend Unitary Authority
- Thurrock Unitary Authority
- Local Authorities
- Health Protection Agency
- Health (represented by the lead PCT)
- Environment Agency
- Military
- British Transport Police
- Maritime and Coastguard Agency
- Port Health Authority
- 1.3.5 In order to support the Essex Resilience Forum Management Group, a Support Group has been constituted. It comprises of senior practitioners from the all category 1 responders. The aim of the Support Group is to discuss in advance and in more detail proposals to be taken to the Management Group for their decision or endorsement. It provides a process at the "working level" through which multi agency planning can be delivered.
- 1.3.6 A number of working groups and sub-groups have been formed to assist the Management Group meet the requirements of the Civil Contingencies Act. The subgroups are chaired by Category 1 Responders and report direct to the Support Group.
- 1.3.7 Category 1 responders must take full account of the requirements of the Civil Contingency Act by ensuring risk assessments, emergency planning, co-operation with other agencies and information sharing (between agencies and the public) is carried out on all high risk locations through the community risk register. Contingency plans should be made available to all as appropriate.
- 1.3.8 The Essex Resilience Forum maintain a web-site which can be found at www.essexcc.gov.uk/microsites/essex\_resilience/

## 1.4 East of England Resilience Planning Structure

The Government East of England [GO East] is located in Cambridge and the following groups sit at this level:-

## 1.4.1 Regional Resilience Forum [RRF]

The RRF membership is drawn from Chief Executive and Director levels in the following organisations and groups:

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- Government Office for the East of England [GO East]
- Government News Network (East)
- Joint Armed Forces representative (Military)
- Environment Agency
- Maritime and Coastguard Agency
- Local Authority nominated representative x 2
- ACPO (Association of Chief Police Officers)
- CFOA (Chief Fire Officer Association)
- SOLACE (Society of Local Authority Chief Executives)
- Regional Director of Public Health, Department of Health (DH)
- ♣ Strategic Health Authority nominated representative
- Ambulance Trust nominated representative
- Health and Safety Executive (HSE)
- Health Protection Agency (HPA)
- East of England Regional Assembly (EERA)
- Bedfordshire & Luton Local Resilience Forum (BLLRF) Chair
- Norfolk Resilience Forum (NRF) Chair
- Suffolk Resilience Forum (SRF) Chair
- Hertfordshire Resilience Forum (HRF) Chair
- Essex Resilience Forum (ERF) Chair
- Cambridgeshire and Peterborough Resilience Forum (CPRF) Chair

### 1.4.2 Regional Resilience Forum Support Group (RRFSG)

The RRFSG membership is drawn from emergency planning practitioner levels from 30 different organisations, including the utilities and voluntary agencies.

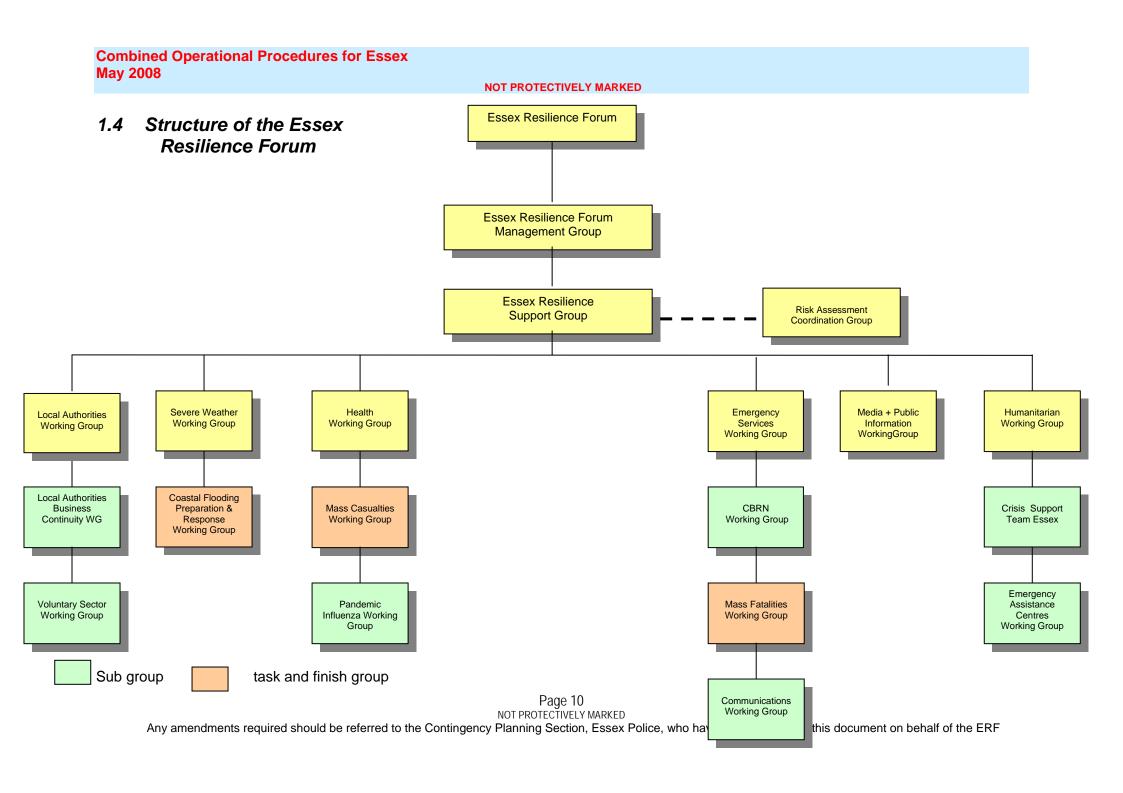
## 1.4.3 Regional Working Groups

There are a number of working groups which report up through the support group to the RRF. Currently they consist of:-

- Humanitarian Assistance Working Group (HAWG)
- Voluntary Sector Working Group (VSWG)
- Regional Resilience Forum Health Working Group (RFHRG)
- Warning, Informing and Alerting Working Group
- Mass Fatalities Working Group
- CBRN Working Group
- Mass Casualties Working Group
- Infectious Disease Consequence Management Group

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- Fire and Resilience Working Group
- ♣ Infectious Disease Consequence Management Working Group
- Flooding Working Group



## **Section 2 - MAJOR INCIDENTS**

## 2.1 Definition of Emergency

Sec 1(1) Civil Contingencies Act 2004

Emergency means;

- (1a) An event or situation which threatens serious damage to human welfare in a place in the United Kingdom;
- (1b) An event of situation which threatens serious damage to the environment of a place in the United Kingdom; or
- (1c) War or terrorism, which threatens serious damage to the security of the United Kingdom.

The event or situation in section 1(1) may occur or be **inside** or **outside** the United Kingdom

For the purposes of subsection (1)(a) an event or situation threatens damage to human welfare **only** if it involves, causes or may cause —

- (a) loss of human life,
- (b) human illness or injury,
- (c) homelessness,
- (d) damage to property,
- (e) disruption of a supply of money, food, water, energy or fuel,
- (f) disruption of an electronic or other system of communication,
- (g) disruption of facilities for transport, or
- (h) disruption of services relating to health.

For the purposes of subsection (1)(b) an event or situation threatens damage to the environment only if it involves, causes or may cause —

- (a) contamination of land, water or air with biological, chemical or radioactive matter, or
- (b) disruption or destruction of plant life or animal life.

## 2.2 Definition of a Major Incident.

- 2.2.1 A major incident is any emergency that requires the implementation of special arrangements by one or all of the Emergency Services, the NHS or the local authority for:-
  - > the rescue, treatment and transportation of a large number of casualties,
  - the involvement either directly or indirectly of large numbers of people,

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- > the handling of a large number of enquiries likely to be generated both from the public and the news media, usually addressed to the police,
- > the need for the large scale combined resources of two or more of the emergency services,
- ➤ the mobilisation and organisation of the emergency services and supporting services, e.g. local authority, to cater for the threat of death, serious injury or homelessness to a large number of people.
- 2.2.2 The broad definition above is also applicable to the NHS, as the wording indicates. However for specific NHS purposes, a major incident may be defined as:-

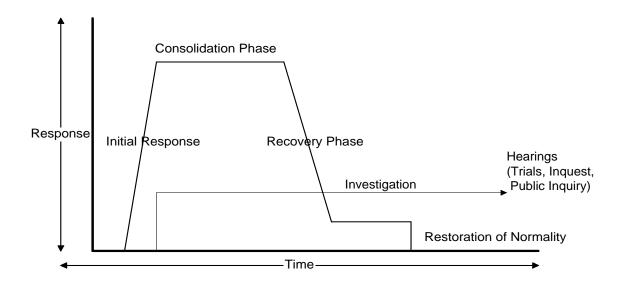
"Any occurrence which presents a serious threat to the health of the community, disruption to the service, or causes [or is likely to cause] such numbers or types of casualties as to require special arrangements to be implemented by hospitals, ambulance services or health authorities."

## 2.3 Declaration

2.3.1 A major incident may be declared by any officer of one of the emergency services, the NHS, or the local authority, who considers that any of the criteria outlined in 2.2 above have been satisfied. Despite the fact that what is a major incident to one of the emergency services may not be so to another, each of the other emergency services will attend with an appropriate pre-determined response.

## 2.4 Stages

- 2.4.1 Most major incidents can be considered to have four stages:
  - initial response.
  - > consolidation phase,
  - recovery phase, and
  - the restoration of normality.



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Any amendments required should be referred to the Contingency Planning Section, Essex Police, who have responsibility for this document on behalf of the ERF

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## **Section 3 - MAIN FUNCTIONS of CATEGORY 1 AGENCIES**

### 3.1 General

3.1.1 Rescue will most frequently be the prime function required of the emergency services. The Ambulance and Fire Services jointly manage the rescue of survivors, whereas the extinction of fire and the rescue of casualties from hazardous substances is the responsibility of the Fire Service. The care and transportation of casualties to hospital is the responsibility of the Ambulance Service. Police will facilitate these operations by co-ordinating the responses of the emergency services, local authorities for welfare of non injured survivors, and other agencies.

### 3.2 The Police

- 3.2.1 The primary areas of police responsibility at a major incident are:
  - the saving of life in conjunction with the other emergency services:
  - the co-ordination of the emergency services, local authorities, media and other organisations acting in support at the scene of the incident;
  - to secure, protect and preserve the scene, and to control sightseers and traffic through the use of traffic control and cordons:

### o Inner Cordon

In conjunction with the Fire Service, provides immediate security of the rescue zone and potential crime scene.

### o Outer Cordon

Seals off an extensive controlled area surrounding the rescue zone. All access and exit points will be controlled and persons requesting access vetted. The control/command vehicles of the emergency services must be positioned between the inner and outer cordons.

## Traffic Control

Deployed at or beyond the outer cordon preventing vehicular access to the area surrounding the scene.

- Press and media control in liaison with other emergency services, and other responding agencies
- ➤ the investigation of the incident and obtaining and securing of evidence in conjunction with other investigative bodies where applicable;
- > the collation and dissemination of casualty information;
- > the identification of the dead on behalf of HM Coroner:
- short-term measures to restore normality after all necessary actions have been taken.

## 3.3 The Fire Service

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- 3.3.1 The primary areas of Fire Service responsibility at a major incident are:-
  - > Rescue of people trapped by fire, wreckage or debris.
  - > To prevent further escalation of an incident by controlling or extinguishing fires, rescuing people and undertaking other protective measures.
  - > To deal with released chemicals or other contaminants in order to render the incident site safe or recommend exclusion zones.
  - > The provision of specialist capabilities for detection, identification and monitoring (DIM) of hazardous materials.
  - Ensure reasonable steps are taken to prevent or limit serious harm to the environment.
  - Assist other agencies in the removal of large quantities of flood water.
  - Assist the ambulance service with casualty handling and if necessary the treatment of casualties.
  - Assist the Police with the recovery of bodies.
  - ➤ Liaison with the police regarding establishment of an inner cordon and if required manage gateways into the inner cordon. However the responsibility for the health and safety of personnel working within the inner cordon remains with their individual agencies.
  - On behalf on the NHS (MOU agreed), undertake mass decontamination of the general public in circumstances where large numbers of people have been exposed to chemical, biological. Radiological or nuclear substances.
  - Participation in investigations and preparation of reports with supporting evidence for subsequent inquiries.
  - Standing-by during the non-emergency, recovery phase as appropriate.

### 3.4 The Ambulance Service

- 3.4.1 It is recognised that the ambulance service is the 'gatekeeper' to other NHS services, therefore in the initial stages of a major incident the ambulance service provides an essential link between the NHS and the many other agencies that play a part. It is therefore imperative that the Ambulance Service rapidly identifies and declares a major incident, or the potential for a major incident.
- 3.4.2 The key strategic responsibilities of ambulance services are:
  - > The saving of life, in conjunction with the other emergency services
  - > To instigate a command structure
  - > To protect the health and safety of all health service personnel on site

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- > To co-ordinate the NHS communications on site and to alert the main 'receiving' hospitals for the receipt of the injured
- To carry out a health service assessment for the incident
- > To instigate a triage process when required
- To treat casualties
- To transport casualties to hospital
- To provide clinical decontamination of casualties and to support mass decontamination
- > To maintain adequate emergency cover throughout other parts of the Ambulance Service area
- > To reduce to a minimum, the disruption of the normal work of the Service
- To alert and co-ordinate the work of the Voluntary Aid Societies within the denuded areas of the ambulance service

### 3.5 Local Authorities

- 3.5.1 The principal concerns of local authorities include support for the emergency services, support and care for the local and wider community and co-ordination of the response by organisations other than the emergency services. As time goes on, and the emphasis switches to recovery, the local authority will take a leading role in rehabilitating the community and restoring the environment.
- 3.5.2 Detailed responsibilities include:-
  - Alerting other local authorities and agencies as necessary.
  - > Assessing local authority involvement and co-ordinating the response.
  - Alerting relevant internal local authority departments.
  - > Establishing liaison with appropriate police command levels, including the deployment of Liaison Officers where necessary.
  - Setting up local authority control and co-ordination arrangements as appropriate.
  - ➤ Collecting, collating and disseminating information concerning the incident relevant to local authority involvement.
  - Alerting voluntary organisations as necessary and co-ordinating their response.
  - Providing such services as are required including survivor reception centre, rest centres, and longer term temporary accomodation, emergency feeding, assistance with travel and other welfare arrangements.

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- ➤ Co-ordinating aftercare, in conjunction with the police, health authority and voluntary organisations.
- Requesting military assistance in support of the local authority.
- Establishing liaison with Government departments, public utilities and other organisations, as appropriate.
- Co-ordinating the Local Authority emergency response with adjacent areas.
- ➤ Establishing liaison with the police Public Relations Office to ensure the co-ordination of the release of information to the news media and the issue of information and advice to the public.
- Alerting the appropriate Director of Public Health to all incidents posing actual or potential toxic hazards including oil pollution so that an early assessment can be made of any possible threat to public health.
- Establish and chair the Recovery Working Group.
- Promote Business Continuity to local businesses.

## 3.6 Health Authorities

## 3.6.1 Strategic Health Authority (SHA)

The Strategic Health Authority has two major roles in preparing and responding to major incidents:

- Performance management of NHS organisations to ensure that local plans are consistent with NHS major incident planning guidance and other relevant legislation and guidance
- Taking Strategic command and control of widespread major incidents incidents that cannot be contained within the resources of a local health economy;

Outline responsibilities of The Strategic Health Authority

- > make provision for a 24 hour a day emergency response
- coordinate the local NHS response
- > coordinate the public health, including health protection, response locally
- > assess the ongoing situation and identify emerging issues
- maintain links with NHS Direct locally
- provide resources to support the local effort using mutual aid either locally or regionally

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- ➤ liaise with the DH to support the local effort using mutual aid nationally or internationally
- liaise with the DH to support response elsewhere regionally, nationally or internationally
- support screening, epidemiology and long term assessment and management of the effects of an incident
- liaise directly with the NHS delivery representative at the Strategic Coordinating Group (SCG)
- ➤ liaise directly with the PCOs Emergency Control Rooms
- act as a conduit for information and instructions to the local NHS and the SCG
- act as the co ordination point for health media strategy for the NHS
- > act as a health focal point for liaison with other agencies and organisations

## 3.6.2 Primary Care Organisation (PCO)

The term Primary Care Organisation (PCO) is used to refer to Primary Care Trusts, Care Trusts and any other organisation with responsibility for the provision of NHS primary care services.

## **Outline responsibilities of a Primary Care Organisation**

In responding to an incident, PCOs will:

- > co-ordinate the NHS response to a major incident at PCO level
- provide a 24 hour emergency management and clinical response
- > co-ordinate the primary care, community and mental health response
- provide appropriate clinical settings for the treatment of people with minor injuries and conditions such as reception centres, minor injury centres, walk in centres, community hospitals and general practice
- provide care and advice to evacuees, survivors and relatives, including replacement medication
- assist acute trusts by providing staff where appropriate and supporting accelerated discharge
- co-ordinate community hospital bed capacity in liaison with local acute hospitals and any available local bed management system
- liaise with local authorities

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- assess the effects of an incident on vulnerable care groups, such as children, dialysis patients, elderly, medically dependent, or physically or mentally disabled
- establish with local authority facilities for mass distribution of countermeasures; for example, vaccinations and antibiotics
- > administration of medications, prophylaxis, vaccines and counter measures
- provide support, advice and leadership to the local community on health aspects of an incident
- support screening, epidemiology and long term assessment and management of the effects of an incident
- provide psychological and mental health support to staff, patients and relatives in conjunction with the appropriate provider
- proactively communicate information to all PCO staff and ensure relevant guidance and advice is available, including private facilities where appropriate
- continue to provide core business services
- maintain liaison with and co-ordinate the response with the Strategic Health Authority
- work with the local authority and community to support the recovery phase
- > assess the medium term impact on the community and priorities for the restoration of normality
- consider the need for long term monitoring
- preserve all plans and documentation used or produced during the course of the emergency response
- prepare a post-incident report for consolidation in the NHS report to be forwarded to the PCO Board, the SHA and other interested organisations

## 3.6.3 Acute Trusts

The term Acute Trust is used to cover both NHS Trusts and Foundation Trusts.

### **Outline responsibilities of Trusts**

- Provide a safe and secure environment for the assessment and treatment of patients
- Provide a safe and secure environment for staff that will ensure the health, safety and welfare of staff
- Provide a clinical response including provision of general support and specific/specialist health care to all casualties, and victims and responders

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- ➤ Liaise with the ambulance service, SHA, local PCOs, (including GPs, out-of-hours services, Minor Injury Units and other primary care providers), other hospitals, independent sector providers, and other agencies in order to manage the impact of the incident
- ➤ Ensure there is an operational response to provide at scene medical cover using, for example, BASICS (British Association for Immediate Care Schemes) and other immediate care teams where they exist. Members of these teams will be trained to an appropriate standard. The Medical Incident Commander should not routinely be taken from the receiving hospital so as not to deplete resources.
- > Ensure that the hospital reviews all its essential functions throughout the incident
- Support to any designated receiving hospital that is substantially affected including provision of effective support to any neighbouring service
- Provide limited decontamination facilities and personal protective equipment to manage contaminated self presenting casualties
- Trusts will be expected to establish a Memorandum of Understanding (MOU) with their local Fire And Rescue Service on decontamination
- Trusts will need to make arrangements to reflect national guidance from the Home Office for dealing with the bodies of contaminated patients who die at the hospital.
- Liaise with activated health emergency control centres and/or on call SHA/PCO Officers as appropriate
- Maintain communications with relatives and friends of existing patients and those from the incident, the Casualty Bureau, the local community, the media and VIPs

### 3.6.4 STAC- Scientific and Technical Advisory Cell (formerly the HAT)

Where there is likely to be a requirement for co-ordinated scientific or technical advice within the multi-agency Strategic Co-ordination Centre this should be provided through the establishment of a Science and Technical Advice Cell (STAC).

The STAC will work in a similar manner to the former Health Advice Team (HAT) arrangements, however it will now include (when relevant) wider scientific advice than the HAT previously did. It is also envisaged that the STAC will provide advice during the recovery stage.

It is anticipated that the initial focus of the STAC will be the provision of public health advice to the GOLD commander. As the incident progresses, the membership of the STAC may expand to include other appropriate scientific and technical specialists in relation to the risk, who can provide wider scientific advice to the GOLD commander.

## 3.7 H.M. Coastguard

- 3.7.1 H.M. Coastguard (HMCG) is the authority responsible for the initiation and coordination of civil maritime search and rescue (SAR) within the UK Search and Rescue Region. Given that this region embraces all the tidal waters within the UK territorial limits, by definition it also includes certain areas within Essex that also come under Port Authority jurisdiction i.e. Port of London (PLA) and Harwich Harbour Authority. (HHA). HMCG has a Maritime Rescue Sub Centre (MRSC) at Walton and a station at Woolwich. The centres are staffed 24 hours a day. In addition there are six auxiliary stations within Essex, where auxiliary teams and equipment are based.
- 3.7.2 A Memorandum of Understanding (MOU) has been agreed between HMCG with HHA and the Port of London Authority to cover their area of responsibility.
- 3.7.3 The MOU underlines the importance of maintaining safety of navigation inside and around the area affected by any incident. It also reflects the close working relationship required between the different agencies responding to any major Maritime incident.
- 3.7.4 The respective roles of HMCG, Police, Fire Service and Ambulance Service are described in various MOU's.

## 3.8 Environment Agency

- 3.8.1 The Environment Agency (EA) has primary responsibility for the environmental protection of land, water and air in England and Wales.
  - Maintain and operate flood defences on river and coastlines and warn those at risk from flooding.
  - Advise and assist in the prevention and/or mitigation of the effects of pollution arising from an incident.
  - Advise on the disposal of hazardous substances and waste.
  - Advise and assist in the restoration and monitoring of the environment following an incident.
  - Gather evidence to support any prosecution or enquiry.
- 3.8.2 The EA is responsible for providing and operating a flood warning service.

Two regional offices of the EA cover the Essex Police District.

- The EA Anglian Region.
- The EA Thames Region (North East Area)

## 3.8.3 Format of Warning Messages from the Environment Agency

There is a four stage warning system:

## **Symbol**

## **Description**



**FLOOD WATCH** means flooding is possible. Be aware! Be prepared! Watch out!



**FLOOD WARNING** means flooding of homes, businesses and main roads is expected. Act now!



**SEVERE FLOOD WARNING** means serious flooding is expected. There is imminent danger to life and property. Act now!



**ALL CLEAR** No longer any flood watches or flood warnings in force. Flood water levels receding. Check all is safe to return. Seek advice.

## Section 4 - ACTIONS by the FIRST OFFICERS at the SCENE

## 4.1 The Police

- 4.1.1 The immediate responsibility of the first police officer to arrive at the scene is to assume interim charge of police resources and act as Silver Commander until relieved by a senior officer. The first police officer will ensure that the other emergency services are informed if not already in attendance. The priority is to assess and inform and not to get personally involved in rescue work.
- 4.1.2 They must pass the following information by radio to their control room without delay. The mnemonic **SADCHALET** has been devised to help them:-

the scene, with due regard to safety	
the situation, with due regard to safety.	
the information	
approximate numbers of casualties - dead, injured and uninjured.	
present and potential	
best access routes for emergency vehicles and suitable provisional rendezvous points.	
the exact location of the incident, using map references if possible	
those emergency services present and required.	
the type of incident with brief details of types and numbers of vehicles, trains, buildings, aircraft, etc.	

4.1.3 In addition the Ambulance Service recognise the mnemonic **METHANE**.

M	Major Incident declared/standby
E	Exact Location of incident
T	Type of Incident
Н	Hazards Involved
Α	Access
N	Number
Е	Emergency Services on scene and mobile

#### **NOT PROTECTIVELY MARKED**

4.1.4 It is essential that the first officer at the scene maintains radio contact with the Force Information Room (FIR) to co-ordinate the response of the police and other emergency services until relieved by an officer of more senior rank.

## 4.2 First Fire Service Officer at the Scene

- 4.2.1 The first officer to arrive at the incident will assume the role of Fire Incident Commander. They must not become personally involved in rescue or fire fighting efforts. The primary function of that officer is:
  - complete a Dynamic Risk Assessment based on the facts known to the service and to instigate Incident Command.
  - to determine the size scope and nature of the emergency and convey that information to service control.
  - to form a plan of action to deal with the developing situation.
  - to continue the risk assessment process and take effective action and by the issue of instructions to implement or change any plan of action.
  - to give early consideration to the designation of a suitable rendezvous point for oncoming appliances and inform service control.
  - to establish as soon as possible communications and liaison with the other emergency services.
  - Consider implementing a restricted zone/cordon and sectorisation of the incident in liaison with the police.
- 4.2.2 General management of the incident will be in accord with the principles laid down in the Fire Service Manual Volume Two, Fire Service Operations Incident Command.

### 4.3 Ambulance Service First Attendance

- 4.3.1 The first Ambulance or Paramedic Response Unit may arrive on scene before the Ambulance Incident Commander (AIC). The following procedures should be adopted:
  - report arrival on scene to Ambulance Control.
  - confirm incident appears to be 'A Major Incident'.
  - liaise with other emergency service Incident Officers.
  - provide Health and Emergency Operations Centre (HEOC) with a detailed situation report, and
  - request Ambulance/Medical resources required pending the arrival of the Ambulance Incident Commander.
  - Ensure that a log of all communications and actions has been commenced.

#### **NOT PROTECTIVELY MARKED**

- 4.3.2 The first vehicle attendant should continue to act as AIO until relieved by a Senior Officer.
- 4.3.3 When a 'Major Incident' is declared HEOC will ensure that the nearest appropriate receiving hospitals are aware of the incident and appoint a dedicated person to communicate with hospitals throughout the incident. The following messages must be used to notify hospitals that there is an incident and are detailed also in the NHS Emergency Planning Guidance 2005:

## Major incident standby

This alerts the hospital that a major incident may need to be declared. If the incident is not upgraded to declaration, limited numbers of patients from the incident can be conveyed to a hospital on major incident standby. Where the numbers are not limited the incident must be upgraded.

## ➤ Major incident declared – activate plan

This alerts the hospital that they need to activate its plan and mobilise extra resources.

## Major incident cancelled

This message rescinds either of the first two messages at any time.

## > Major incident site clear-

All receiving hospitals are alerted as soon as all casualties have been removed from the site, and that the ambulance service operations are complete. Where possible, the Ambulance Incident Commander will make it clear whether any casualties are still en-route.

4.3.4 All receiving hospitals are alerted as soon as all casualties have been removed from the site, and that the ambulance service operations are complete. Where possible, the Ambulance Incident Commander will make it clear whether any casualties are still enroute.

## 4.4 Ambulance Incident Commander (Silver)

- 4.4.1 The Ambulance Incident Commander on arrival at the scene must:
  - report immediately upon arrival at the scene to Ambulance Control.
  - evaluate the situation and consider appropriate resource requirements, which may include hospital medical teams.
  - consult with other agencies and develop a strategy to manage the incident, which would include triage of casualties and establishment of a casualty clearing station.
  - following consultation with the Fire and Police Services mobilise all non-committed ambulance personnel into a 'field force' and deploy them on 'search and find' missions. Instruct to render immediate aid to the most needy, taking personal responsibility for the movement of each patient to the Triage/Casualty Clearing Station and, if necessary, on the journey to hospital.

#### **NOT PROTECTIVELY MARKED**

A record will be maintained of the total number of casualties and the hospitals to which they have been taken.

## 4.5 Medical Incident Commander (MIC)

- 4.5.1 All listed hospitals have plans for their individual response to major incidents. Each plan provides for the designation of a Medical Incident Commander (MIC). This role is undertaken by a senior clinician with appropriate experience and training. The MIC is taken to the scene by ambulance but is not part of the mobile medical team and should not get personally involved in rescue work.
- 4.5.2 The MIC has managerial responsibility for the deployment of medical and nursing staff at the scene, and will liaise closely with the Ambulance Incident Commander (Silver Commander) to ensure effective management of resources.

## 4.6 British Association for Immediate Care Schemes (BASICS)

4.6.1 Doctors from the British Association for Immediate Care Schemes (BASICS), a registered charity, will be called by ambulance control. They are Medical Practitioners who voluntarily undergo training in the pre-hospital care of victims of trauma and are suitably equipped for this purpose. Many have undergone additional training, for the management of major incidents.

### 4.7 Acute Trusts

- 4.7.1 The following are NHS Acute Trust Hospitals in Essex, with major accident and emergency departments and are designated as potential casualty receiving hospitals.
  - Basildon and Thurrock University Hospital
  - Mid Essex (Broomfield) Hospital
  - Essex Rivers (Colchester General) Hospital
  - Princess Alexandra, Harlow
  - Southend General.
- 4.7.1 In the event of a major incident the hospital will be put on alert and will set in place their major incident plan.

## 4.8 Local Authority

4.8.1 Although not usually first on the scene, once the Local Authority has been informed of an incident that requires its response, an officer will deploy to the scene to liaise with the emergency services, and arrange for the resources of the local authority to be deployed at the incident, or elsewhere as considered necessary. This officer should be capable of supplying a SITREP to the appropriate Local Authority.

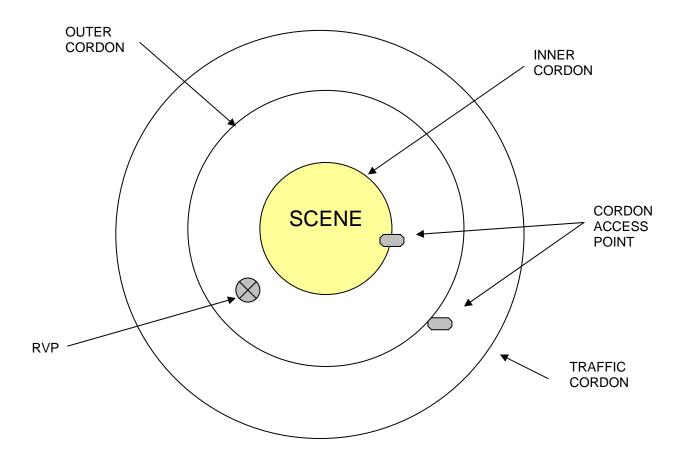
## **Section 5 - SCENE MANAGEMENT**

## 5.0 Cordons

- 5.1.1 Cordons are established around the scene to:
  - to guard the scene
  - to protect the public
  - to control sightseers
  - to prevent unauthorised interference with evidence or property
  - to facilitate the operations of the Emergency Services

## 5.1.2 *Three* cordons will be established.

- Inner Cordon provides immediate security of the hazard area and potential crime scene.
- ♣ Outer Cordon seals off an extensive area around the Inner Cordon
- **Traffic Cordon** set up at or beyond the Outer Cordon to prevent unauthorised vehicle access to the area surrounding the scene.



#### **NOT PROTECTIVELY MARKED**

- 5.1.3 In a terrorist or suspected terrorist incident it is a criminal offence to contravene a prohibition or restriction imposed under the Terrorism Act 2000. This includes crossing a police cordon.
- 5.1.4 The Fire Service may also sectorise the incident when it's size demands that the responsibility is delegated in order to ensure appropriate spans of control in command operations. The creation of sectors will only be done on the instruction of the Fire Incident Commander who will sectorise in a way appropriate to the demands of the incidents. Every sector will have a designated Sector Commander (Fire Bronze Commander). The sectors are usually consecutively numbering, clockwise from the initial access point or command post i.e. sector 1, sector 2 etc.

### 5.2 Rendezvous Points

5.2.1 A Rendezvous Point (RVP) under the control of a police officer will be established in suitable proximity to the scene. All emergency, specialist and voluntary services attending the incident should be directed to this RVP in the first instance.

## 5.3 Silver Control / Command Units

- 5.3.1 The main Police, Fire and Ambulance Service Control / Command Units will form the focus from which the major incident will be managed. These units, together with those of the public utilities and local authority, will be located close to one another and be known collectively as the Silver Control. The Silver Commanders will jointly exercise their authority from this point in a co-ordinated manner.
- 5.3.2 To avoid confusion, where a Service mobilises more than one control / command vehicle to the scene, only one of these will perform the control function. It should be clearly distinguishable from other similar vehicles, and be the only reference point from which the 'Silvers' operate.

## 5.4 Siting of Units

- 5.4.1 The officer in charge of the first Control / Command Unit on scene should make allowance for the siting of the other emergency services Command Units. The site should:
  - have sufficient space to accommodate all anticipated agency controls;
  - be away from the hazards of the scene but close enough to maintain control over it; and
  - be able to re-locate quickly should the hazard increase.

Convenience of access must be secondary to safety.

5.4.2 Ideally, the site would be served with good access, lighting, toilets and have telephone facilities close by.

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- 5.4.3 Realistically, this will be unusual in operational terms. A wide thoroughfare or surface car park may be put to use as the Silver Control in the absence of more suitable accommodation.
- 5.4.4 The advice of the Fire Service in matters of fire safety, in connection with the placement of the Silver Controls, will be sought by the other emergency services. This advice may well be extended if the incident involves chemicals or other hazardous materials, or structural hazards. The choice of the site would then be influenced by wind direction, gradient and the risk potential of the hazard.
- 5.4.5 The importance of this joint Silver Control function should not be underestimated. The experience of other disasters has demonstrated the benefits derived by the establishment of close contact between the emergency services and other agencies involved in the management of the incident.
- 5.4.6 The Police Silver Commander, in conjunction with officers of the other services, will be responsible for confirming or amending the siting of the Control / Command Units and will establish liaison between them.
- 5.4.7 The Fire Service will usually set up the inter-agency communications link between Control / Command Units. Although units should be positioned close enough to ensure efficient liaison and co-ordination, their proximity must not impair good radio communications. About 10 metres separation is ideal.

## 5.5 Arrival of Senior Officers/transfer of command

5.5.1 Senior officers arriving at their respective control/command units are to establish contact with their Incident Commanders and should also make contact with the Police Silver in order to notify any transfer of command.

## 5.6 Identification

5.6.1 To aid identification, the blue, red or green identifying lights on each of the main control units of the emergency services will be switched ON unless to do so would be dangerous, e.g., through the proximity of flammable gases. The blue lights of all other vehicles must be SWITCHED OFF, except during incidents on open motorways and unless deemed to be necessary elsewhere to avoid accidents.

## 5.7 Provision of Liaison Officers

- 5.7.1 Fire Service officers will attend Essex Police Headquarters as liaison officers when required.
- 5.7.2 The Ambulance Service will provide liaison officers to Police and Fire Service Headquarters and Acute Hospitals upon request, in addition to each receiving hospital.
- 5.7.3 The Local Authority will provide liaison officers to Essex Police Headquarters upon request.
- 5.7.4 Other organisations may be appointed as required. Great care must be taken to avoid duplication of liaison officers and the confusion it can cause.

## Section 6 - COMMAND and CONTROL

### 6.1 Initial Control

6.1.1 It is possible that members of one Service early on in the incident will spontaneously carry out tasks normally the responsibility of another. As soon as sufficient staff arrives each Service can be expected to establish unequivocal command and control of the functions for which it is normally responsible.

## 6.2 Inter-Agency Resources

- 6.2.1 Any service may request the temporary assistance of personnel and equipment of another. In these circumstances, while the supporting service will relinquish the immediate control of those resources to the other service for the duration of the task, it will nevertheless retain overall command of its personnel and equipment at all times.
- 6.2.2 For example, the Fire Service at a rescue operation may request the assistance of police officers with a rescue. The senior police officer will decide how many personnel can be provided. When offered, such police officers will come under the temporary control of the senior Fire Brigade officer in charge of the rescue operation.
- 6.2.3 Personnel from one service who assist another in this way should only be given tasks for which they are trained and not simply to supplement the other service in a potentially dangerous situation. For instance, police officers may be directed to implement cordons or become stretcher bearers in order to release fire fighters for rescue work. They should not undertake hazardous rescue work themselves.

## 6.3 Strategic (Gold), Tactical (Silver) & Operational (Bronze)

6.3.1 Gold, Silver and Bronze are titles of functions adopted by the Police and Ambulance services. Although this terminology is not used within the Fire Service it operates a compatible command structure. In summary the roles of each designated officer can be described thus.

## 6.3.2 Strategic (Gold)

Gold is the commander in overall charge of each service, responsible for formulating the strategy for the incident. Each Gold is in direct command of the resources of their own service but delegates tactical decisions to their respective Silver.

Each service Gold will consult with the other service Gold's: liaise with central government and other bodies, provide additional resources for the scene; and maintain a strategic overview.

### 6.3.3 **Tactical (Silver)**

Silver will attend the scene, take charge and be responsible for formulating the tactics to be adopted by their service to achieve the desired goal. Silver should not become personally involved with activities close to the incident but remain detached. When more than one agency is operating at the tactical level there must be consultation and co-operation between the various Silver Commanders. In order to effect co-ordination,

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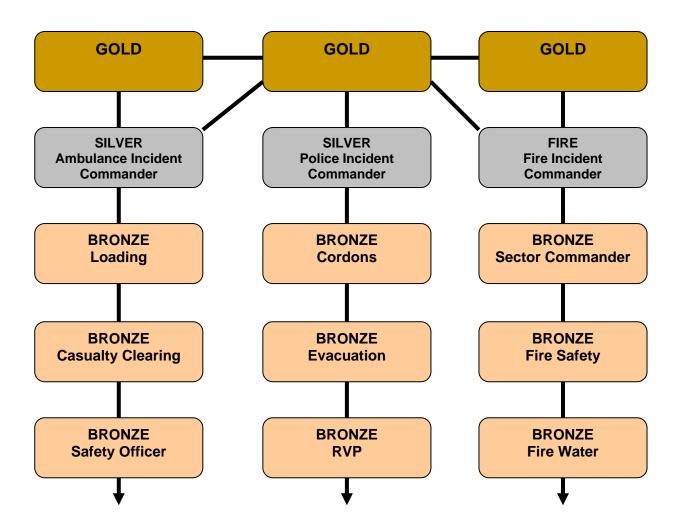
an inter-agency meeting should be held at regular intervals attended by each Silver Commander. The Police will co-ordinate the meetings and maintain a written record.

## 6.3.4 **Operational (Bronze)**

Bronze will control and deploy the resources of their respective service within a geographical sector or specific role to implement the tactics defined by silver.

- 6.3.5 It should be understood that the titles do not convey seniority of service or rank but depict the function carried out by that particular person. At the outset, and before this formal structure is established, it is imperative that the senior officers of each service on scene liaise with each other. This will be the foundation upon which all later meetings will be based.
- 6.3.6 As the incident progresses, and more resources attend the RVP, the level of supervision will increase in proportion. As senior managers arrive they will be assigned functions within the Gold Silver Bronze structure. Within the police service, the officer who began the role should remain with his supervisor to maintain continuity of policy and to act as staff officer. The Fire Brigade will invariably re deploy that officer to other duties. It is important that the titleholder wears a uniquely identifiable tabard and passes it on to their successor.
- 6.3.7 The emergency services will appoint a number of 'Bronze' officers who will perform various supervisory functions depending on the areas of operation designated by 'Silver'.
- 6.3.8 By the use of this universal structure the emergency services will be better able to communicate with each other and understand each others' functions and authority. Below is a simple model of what might occur at a major incident. It is by no means definitive.

## ORGANISATIONAL CHART



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## Section 7 - THE STRATEGIC CO-ORDINATING GROUP

### 7.1 General

- 7.1.1 The purpose of the Strategic level of management is to establish a framework of policy within which the Tactical Commanders (Silver) will work. They give consideration to the provision of resources and prioritisation of demands from the Tactical Commanders.
- 7.1.2 The requirement for Strategic management may be confined to a single agency. Certain incidents require a multi–agency response at the Gold level and a Strategic Co–ordinating Group may be formed.
- 7.1.3 Each representative must be able to make executive decisions concerning the resources of their agency and have the authority to seek the aid of other agencies in support of their role.
- 7.1.4 The Strategic Co-ordinating Group will take into account the features of an incident and may assign control of specific functions to one or more of the agencies. In extreme circumstances, such as a terrorist attack, it may be necessary for the Police to take executive action in respect of the total incident.

## 7.2 Representatives

- 7.2.1 Typically, the co-ordinating group consists of:-
  - Police (who will {normally} chair the meeting)
    Gold Commander (Overall Incident Commander)
    Senior Investigating Officer (SIO)
    Minute taker
  - Fire Senior Fire Officer (Gold Fire) Emergency Planning Officer or Aide
  - Ambulance

Senior Ambulance Officer (Gold Commander) Emergency Planning Manager

Local Authority

Chief Executive or senior representative Emergency Planning Officer.

- Health An NHS Chief Executive Support Officer
- > JLRO Military Liaison if Military Aid to the Civil Communities [MACC] is (or may be) sought.
- Additional representation will depend on the particular incident e.g. HSE Inspectors, Network Rail, Rail Accident Investigation Branch (RAIB), Air Accident Investigation Branch (AAIB), Marine Accident Investigation Branch (MAIB), public utilities and an HM Coastguard Senior Officer during maritime emergencies.

#### NOT PROTECTIVELY MARKED

7.2.2 A senior press officer (usually provided by Essex Police) will co-ordinate the media response.

## 7.3 Location of Meetings

- 7.3.1 Police will establish the machinery for co-ordination and organise the appropriate facilities. For incidents in the Essex Police district, the co-ordination meetings will normally be held at Police Headquarters at Chelmsford.
- 7.3.2 Police will also be responsible for co-ordinating facilities available to the media and the opportunity for press conferences. Information should only be released to the media after consultation with the media representatives of all members of the Co-ordinating Group. The press officers from each of the agencies will consult closely and ensure a co-ordinated approach is made to the media.
- 7.3.3 In the event of a maritime incident HM Coastguard will be the lead authority and coordination meetings will be held at Thames Coastguard MRSC. This arrangement is subject to a Memorandum of Understanding with Port of London Authority (PLA) and Harwich Haven Authority (HHA), see Section 3.

## 7.4 Frequency of Meetings

- 7.4.1 The Police Gold Commander will call an initial meeting of the Co-ordinating Group at the earliest reasonable opportunity. Subsequent meetings can be arranged at this first meeting or called by the Police Gold Commander at the request of another member of the Group.
- 7.4.2 In general, the nature and difficulties of the operation will govern the frequency of meetings. The aim will be to ensure a smooth transition from the first operational states of the incident to the later recovery stage.

## 7.5 Tasks for Consideration by the Co-ordinating Group

7.5.1 The agenda should, as far as practicable, be restricted to items that concern three or more of the relevant Services as those matters concerning only two Services can usually best be resolved by direct two-way liaison. Some items, such as safety, situation reports, the establishment of priorities, the media and future developments will always be necessary.

## 7.6 Safety

- 7.6.1 At incidents concerned with fire, the danger of fire, or involving rescue, the Fire Service will give the Co-ordinating Group professional advice on matters of safety. Each emergency service operating within the Inner Cordon (Rescue Zone) will be responsible for all members of its service within the Cordon.
- 7.6.2 When the Inner Cordon is established, it will be the responsibility of police in conjunction with the Fire Service to clear the area of unnecessary personnel (see also Section 12 Cordon Control Points).

#### NOT PROTECTIVELY MARKED

## 7.7 Situation Reports

7.7.1 Each service should briefly describe the situation as it affects its own operations and, if necessary, mention those matters for which it requires assistance or co-operation of others.

## 7.8 Priorities

- 7.8.1 Priorities are essential to create a cohesive joint strategy. This will indicate how the resources available can be deployed in the most effective and efficient manner.
- 7.8.2 Each Service will have objectives to meet within its own area of responsibility. It is important to establish which of these should have priority at the particular stage the incident has reached. In that way inter-service difficulties may be avoided and each may concentrate upon those actions which contribute most to the success of the operation.

## 7.9 Future Developments

7.9.1 Consideration should be given to the requirements of later phases of the operation, including the identification of actions which need to be taken in advance e.g. If heavy lifting equipment is expected to be needed, it may be necessary to identify and secure roads to the scene, widening access and strengthening surfaces etc.

## 7.10 Minutes

- 7.10.1 Minutes, or a 'Note of Decisions Taken', must be kept of all meetings of the Co-ordinating Group. It is also essential that individual members of the Group make their own notes of meetings. Minutes, Note of Decisions Taken and personal notes, should provide an aide memoir of the continuing overall progress of the operation. They will provide a perspective against which decisions on priorities can be made.
- 7.10.2 A major incident will necessarily result in an investigation as to its cause and quite possibly a formal inquest, inquiry or criminal trial. The actions of the senior officers of the emergency services will be of considerable interest. Notes of meetings will be made available in subsequent proceedings.

## 7.11 Media Liaison

- 7.11.1 The Police Gold Commander will make arrangements for a press liaison point or, where appropriate, a media centre and for the attendance of senior Press Officer who will co-ordinate the media response. Local authority and other involved agencies Media liaison staff should be consulted and involved in any joint press release.
- 7.11.2 Casualty figures should only be released through the Police Gold Commander who has been in contact with the Casualty Information Bureau.
- 7.11.3 Police will be responsible for the security of buildings and areas that may attract media attention e.g. survivor reception centres, evacuee rest centres, body collecting points, mortuaries, and family and friends reception centres.

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## 7.12 VIP Visits

7.12.1 It is not uncommon for visits to be made by VIPs to the scene of a disaster and to injured survivors. These visits place additional strain on the operation in terms of security, public order, increased media attention, and interruption to normal rescue functions. Police Gold will undertake the planning and liaison role for the visits.

## Section 8 - COMMUNICATIONS SYSTEMS

### 8.1 General

8.1.1 Within Essex, each of the emergency services has an entirely independent system of radio communications. They are not fully compatible so certain procedures must be followed to achieve communication.

### 8.2 Airwave

- 8.2.1 Airwave is an advanced digital trunked radio system for public Service organisations in England, Scotland and Wales. A key feature of the service is the built-in encryption, which prevents scanning by unauthorised persons.
- 8.2.2 The technology used by Airwave is similar to that used in cellular telephone systems and is less constrained by geographical location than the previous system. Talk groups can be enabled locally, regionally or even nationally where a need exists.
- 8.2.3 Currently Essex Police, East of England Ambulance Service, Essex County Council and Local Authority Emergency Planners use Airwave as their communication system. The Military also currently use Airwave. This will enable compatible communication between services during an incident.

### 8.3 British Telecom Assistance

- 8.3.1 British Telecom is able to offer the emergency services certain specialist communication equipment for use in a major incident. That which is of specific interest includes:
  - radio pagers;
  - > cellphones;
  - > pay phone trailers for use by the press or at a survivor reception centre, and
  - > an additional range of equipment such as fax machines, telex, small switchboards etc.
- 8.3.2 This and other equipment may be mobilised by contacting the 24-hour Telecom duty manager.
- 8.3.3 British Telecom wishes to remind potential users of this facility that they reserve the right to make a charge if implemented.

## 8.4 Mobile Telecommunications Privileged Access Scheme (MTPAS).

8.4.1 Public cellular mobile telephony has played an important role in responding to recent emergencies. But the networks can become overwhelmed when presented with a high concentration of calls such as those that occur immediately after a major incident. Privileged access is achieved by installing a special SIM (Subscriber Identity Module) in the telephone handset. Special SIMs are only available to entitled users and not to members of the public. The scheme was previously called ACCOLC.

#### **NOT PROTECTIVELY MARKED**

- 8.4.2 The scheme can only be activated by the Police Gold Commander in charge of the response to a major incident. Using an agreed protocol, the Gold Commander advises all network operators that a major incident has been declared and a Gold Command is being established. As a result of the incident, mobile telecommunications networks may experience an abnormally high concentration of calls. If networks become congested, handsets installed with a special SIM will stand a much higher likelihood of being able to connect to their network and make calls than other customers.
- 8.4.3 This scheme is currently under review by the Cabinet Office.

## 8.5 Radio Amateurs' Emergency Network (RAYNET)

- 8.5.1 RAYNET is a nation-wide voluntary group of qualified radio amateurs who are able to provide emergency radio communications to the emergency services, local authorities and central government departments. They have pledged that their time and equipment will be made available to provide voice and data communications at very short notice.
- 8.5.2 There radio communications equipment is specifically designated for use in emergencies
- 8.5.3 RAYNET can provide specialist VHF/UHF radio communications assistance across Essex. National and international radio communication scan can also be provided if requested.
- 8.5.4 Individual organisations should seek the assistance of RAYNET as appropriate.

## 8.6 Warning

8.6.1 No communications system (Airwave excluded) is secure from eavesdroppers. Radio scanners capable of receiving radio transmission are readily available. Similarly, fax scanner can easily intercept information transmitted between the services and agencies. Please bear this in mind when wording any transmission, including cellular telephone conversations, which may contain sensitive information.

### Section 9 - CARE & TREATMENT of THOSE INVOLVED

## 9.1 Categories

- 9.1.1 Local Authorities are responsible for co-ordinating humanitarian assistance in an emergency and it will require a multi-agency response. The department of Culture, Media and Sport have produced (in conjunction with ACPO and the LGA) a document entitled 'A Detailed Guide to Roles and Responsibilities in Humanitarian Assistance.' Copies can be downloaded from the website, <a href="www.ukresilience.info">www.ukresilience.info</a>.
- 9.1.2 A primary responsibility of the emergency services at a major incident is the recovery, treatment and documentation of those affected, who fall into one of four categories:
  - uninjured;
  - injured;
  - 🦊 dead; and
  - evacuees.

## 9.2 Uninjured

- 9.2.1 These people will have been involved in the incident but will not necessarily want or require medical attention. They must be removed from the hazard to a Survivor Reception Centre.
- 9.2.2 They will all be witnesses however and will need to be eliminated from any missing persons enquiries, the police service will need to collate their details for the benefit of the Casualty Information Bureau as well as the Senior Investigating Officer. This can be done at a **Survivor Reception Centre.**

#### 9.2.3 Survivor Reception Centre

The Survivor Reception Centre is a secure area in which survivors not requiring acute hospital treatment can be taken for short-term shelter and first aid. Information will usually be gathered by police documentation teams that will record survivors for the purpose of Casualty Bureau procedures and the national Survivor/Evacuee form may be used for that purpose.

Survivors will often be able to provide crucial information about what happened and may be important witnesses at any subsequent trial or inquiry. There must be a balance between the requirement to gather evidence from survivors and the reluctance of some to remain at the scene because of their distress. For example, prioritising information might help, so that only names and addresses are taken from those anxious to leave, with further details being obtained later.

A Survivor reception centre may be initially established and run by the police until the local authorities become engaged in the response. The LA, Primary Care Trusts and Voluntary Sector will support the police in meeting the needs of those people affected.

The Survivor Reception Centre is likely to be established very quickly and close to the incident site. It will be activated for only a limited period of time, and once survivors can go home, or be reunited with families and friends, it then may cease operation or

#### NOT PROTECTIVELY MARKED

migrate into the rest centre facility. The longer-term welfare requirements of survivors will be met through **Humanitarian Assistance Centres** if set up, or through partner agencies involved in the recovery process.

## 9.3 Injured

- 9.3.1 These people need to be rescued from the scene as quickly and safely as possible. The Ambulance and Fire Services will work together to remove casualties from the scene. The Fire Service has a specialised role in removing casualties from Fire and hazardous substance situations. The Ambulance Service will initiate pre-hospital care and the transport of patients to the receiving hospitals.
- 9.3.2 At the scene of a major incident, officers of the Ambulance Service will be deployed in the following roles: -
  - Ambulance Incident Commander;
  - Forward Incident Officer(s);
  - Communications Officer's on site;
  - Casualty Clearing Officer;
  - Ambulance Loading Officer;
  - Ambulance Parking Officer;
  - Ambulance Safety Officer;
  - Ambulance Decon Officer, and
  - Ambulance Logistics Officer.
- 9.3.3 Police will need to record the names and details of the injured for onward transmission to the Casualty Information Bureau. There will be a number of police officers at the casualty department performing the role of Hospital Documentation team.

## 9.4 Casualty Triage and Documentation

- 9.4.1 To work an effective triage system on scene, and to minimise delay in evacuation by lengthy documentation, it is essential that all casualties are prioritised and labelled in accordance with the nationally accepted Casualty Triage Label.
- 9.4.2 Ambulance services adopt a triage system at a mass casualty incident and label casualties with the following codes:

Priority	Description	Colour
1	Immediate	Red
2	Urgent	Yellow
3	Delayed	Green
4	<b>Expectant</b> Page 39	Blue

#### NOT PROTECTIVELY MARKED

Dead/Lifeless

Deceased

White or Black

9.4.3 It is particularly important that those patients who have received pain-relieving drugs can be readily identified on arrival at the receiving hospital.

#### 9.5 Deceased

- 9.5.1 HM Coroner has the ultimate responsibility of identifying people who have died, the cause and the time of death.
- 9.5.2 The dead should not be moved unless that is the only way of reaching a live casualty, or if the dead body is likely to deteriorate due to environmental hazards such as fire. Dead bodies must otherwise be left in situ until the evidence gathering stage begins.
- 9.5.3 All the emergency services have a legal obligation to HM Coroner to provide evidential continuity of the handling of a dead body from its location at the incident through its recovery, to the post mortem examination.
- 9.5.4 If only one officer has handled the body then continuity is simple to establish. If several officers, perhaps from different services, have handled the body then they must provide statements and continuity evidence regarding that body.
- 9.5.5 Once recovered, bodies will probably be removed in the first instance to a Body Holding Area where they will be collated before transfer to the Temporary Mortuary facility, if set up. If not, normal hospital mortuary procedures will apply. At the Temporary Mortuary or Hospital Mortuary, teams of police officers work with the pathologist and other specialists to ascertain the identity and cause of death of the deceased, and provide security.
- 9.5.6 Essex has a dedicated Temporary Mortuary facility with specific procedures outlined in the Temporary Mortuary Plan.

#### 9.6 Evacuees

9.6.1 Some emergencies may require the evacuation of a large surrounding area because of the danger to life and limb from environmental or structural hazards. This function is primarily a police role usually undertaken on the advice of the Fire Incident Commander, but circumstances may dictate that personnel from all of the services are included. Evacuation Assembly Point(s) from where evacuees may be transported to a Rest Centre may need to be set up within easy reach of the evacuation area.

Mass evacuation will always be a last resort and only undertaken when absolutely necessary. However, London is a large and complex city, and in a climate of heightened awareness of the consequences from acts of terrorism or natural events such as extensive flooding, there is a need to consider and plan for mass evacuation within London. It is expected that some of those evacuated will be accommodated in Essex.

#### 9.6.2 Rest Centres

A rest centre is a building designated or taken over by the local authority for the temporary accommodation of evacuees and homeless survivors, with overnight facilities.

#### **NOT PROTECTIVELY MARKED**

The longer-term housing needs of those made homeless by an emergency – or those who need to be evacuated for long periods of time – are the statutory responsibility of the local authority.

Local Authorities will record attendance at the Rest Centre, usually using self-registration.

The responsibility for organising, staffing and providing logistical support for Reception Centres and (delete highlighted) rest centres sits with the local authority. However, the local authority relies upon the contributions of other services to provide effective assistance to uninjured survivors. In particular:

- the police may need to ensure the security of these facilities, controlling access in order to prevent uninvited media representatives or onlookers disturbing those inside;
- Primary Care Trusts may be required to give assistance in treating those requiring non-acute medical care and dealing with the effects of trauma; and
- the voluntary sector can augment the local authority's capabilities and capacity to provide welfare support.
- 9.6.3 The flow of information to evacuees and homeless from responding agencies is important if anxiety and disruption to lives is to be kept to a minimum.

## 9.7 Family and Friends

- 9.7.1 Experience has shown that in the immediate aftermath of an incident many people will travel to the scene or to meeting points such as travel terminals if they believe their family or friends may have been involved in an emergency.
- 9.7.2 If necessary, the police, in consultation with the local authority, will establish Family and Friends Reception Centres at suitable locations, to help reunite family and friends with survivors it will provide the capacity to register, interview and provide shelter and support for family and friends. These may be near the scene, in the area of the community affected or at arrival and departure points. Any commercial, industrial or other organisations concerned may also need to be consulted as they may have a role in providing assistance.
- 9.7.3 Family and Friends Reception Centres will be staffed by police, local authority staff and suitably trained voluntary organisations. The authorities should also consult and involve representatives of faith communities whenever appropriate. Interpreters may also be required.
- 9.7.4 Those responsible should give the fullest possible information to enquirers seeking news people who might be affected, while taking care to preserve the privacy of the individual. Family and friends who may be feeling intense anxiety, shock or grief, need a sensitive and empathic approach. Proper liaison and control must be in place to ensure that information is accurate, consistent and non-contradictory.

#### **NOT PROTECTIVELY MARKED**

- 9.7.5 Information will usually be gathered by police documentation teams or police family liaison officers to record details of missing persons in accordance with Casualty Bureau procedures and the national MISPER form may be used for that purpose.
- 9.7.6 Access may need to be controlled in order to prevent uninvited media representatives or onlookers from disturbing those inside.

## 9.8 Casualty Information Bureau

- 9.8.1 Police will provide a Casualty Information Bureau which is an initial contact point for collating information relating to persons believed to be involved in an emergency ie dead, surviving and evacuated persons. It is imperative that no officer elsewhere gives details of casualty numbers to the press.
- 9.8.2 A Casualty Information Bureau will be set up in the immediate aftermath. Bureau staff will receive detailed information from the scene, the survivors reception centre, rest centre, Family and Friends Reception Centre, hospital and the Temporary Mortuary. At the same time, enquiries will be received by telephone from relatives and friends of persons who are believed to be involved in the incident. A telephone helpline number will be issued via the media for this purpose. The Casualty Information Bureau will sort and collate all information in order to match casualties or uninjured survivors with enquiries.
- 9.8.3 Where a match is made, bureau staff will contact the Next of Kin and inform them of the condition and whereabouts of the person concerned. If a missing person is believed to have died, the family will be assigned and informed by a Police Family Liaison Officer.
- 9.8.4 The Bureau does not close until all the casualties have been identified, all next of kin have been informed, and telephone enquiries have diminished to a level where they can be dealt with by the normal Police switchboard.

### 9.9 Crisis Support Team Essex

- 9.9.1 A multi-agency Co-ordination Group including representatives of Emergency Plans, Social Care (County/Unitary), Primary Care Trust, NHS Direct, Mental Health Trust, Essex Police (Family Liaison), Voluntary Agencies, Anglia Ruskin University can help co-ordinate the humanitarian response to a disaster and ensure a joined up and seamless response. Essex County Council's Adult and Child Social Care services chair this group.
- 9.9.2 The Crisis Support Team for Essex also has a team of Crisis Support Workers that can provide practical and emotional support to people affected by disasters. They can be deployed to a Survivor Reception Centre or a Family and Friends Reception Centre, and work in partnership with Police Family Liaison Officers to provide support to families of those missing, injured or killed.
- 9.9.3 Details are held in the Crisis Support Team for Essex Framework Document, available on the website <a href="https://www.crisissupportessex.org">www.crisissupportessex.org</a>

### 9.10 Humanitarian Assistance Centres

- 9.10.1 Humanitarian Assistance Centres may be established to provide comprehensive longer-term humanitarian assistance, in particular during the remainder of the response and any subsequent investigations.
- 9.10.2 The scale and nature of the emergency may also influence the longer-term requirement for a Humanitarian Assistance Centre and the organisations required to be present.
- 9.10.3 Having considered the potential scale of an incident, the Strategic Co-ordinating Group will make a decision on the opening of a Humanitarian Assistance Centre. This decision will draw heavily on the views of the local authority where the Humanitarian Assistance Centre would be sited.
- 9.10.4 Its fundamental purpose is to act as a one-stop shop for survivors, families and all those impacted by the disaster, through which they can access support, care and advice.
- 9.10.5 The Humanitarian Assistance Centre will:
  - act as a focal point for humanitarian assistance to bereaved individuals and families; survivors; and impacted communities;
  - enable individuals and families to gain as much information as is currently available about missing family members and friends;
  - enable the gathering of mass forensic samples in a timely manner, which enhances the ability to identify loved ones quickly;
  - offer access to a range of facilities that will allow individuals, families and survivors to make informed choices according to their needs; and
  - provide a coherent multi-agency approach to humanitarian assistance in emergencies that will minimise duplication.
- 9.10.6 Local authorities will lead in identifying and establishing these centres, in consultation with police colleagues, health and the voluntary sector. The responsibility for identifying and securing the use of suitable premises rests with the local authority, which will co-ordinate welfare support to the community in the event of an emergency. It will also be responsible for meeting the costs of securing the use of premises in the planning phase, and for providing the centre itself in the event of an emergency. However, it is important to adopt a multi-agency approach to this task. During the planning phase local authorities may enter into agreements with voluntary agencies, establishing clear expectations in relation to the responsibility for the payment of costs
- 9.10.7 The Department for Culture, Media and Sport have produced (in conjunction with ACPO) a document entitled, "Humanitarian Assistance in Emergencies: Non-statutory guidance on establishing Humanitarian Assistance Centres." Copies can be downloaded from the DCMS web-site.
- 9.10.8 The Humanitarian Assistance Centre will exist for a limited period, and ongoing support to survivors, families and affected communities will be provided through partner agencies involved in the recovery process.

## 9.11 Police Family Liaison Officers

- 9.11.1 Following an emergency that involves loss of life, police Family Liaison Officers (FLOs) have a crucial role to play in investigating those believed to be missing and assisting in the identification process by the collection of ante mortem data from families and others. They will be working to a family liaison strategy for the emergency set by the police Senior Identification Manager (SIM). This individual will have overall responsibility for the identification of the deceased on behalf of HM Coroner.
- 9.11.2 FLOs have an important role to play in providing a single point of contact particularly in the aftermath of the emergency keeping families informed of developments in respect of the identification and any investigation that may take place. The FLO will also provide a liaison point for other agencies that may be able to assist with the family needs.
- 9.11.3 ACPO produced the document 'Family Liaison Strategy Manual' which provides information and guidance in respect to family liaison.
- 9.11.4 Crisis Support Workers of the Crisis Support Team for Essex can work in partnership with Police Family Liaison Officers to provide practical and emotional support to families, as referred to in section 9.9.
- 9.11.5 Further advice is contained in a document *'Emergency Assistance Centre Guidelines'* produced on behalf of the Essex Resilience Forum. This can be seen on the Essex Resilience Forum web-site www.essexresilience.info

## **Section 10 - Helicopters**

#### 10.1 Introduction

## 10.2 Police Helicopter

10.2.1 The Police Air Support Unit was formed in 1990 and is based at Boreham Airfield. The current ASU helicopter is an Eurocopter EC135 T2 and was purchased by Essex Police in 2003.

Essex Police operate a helicopter over the whole of their area and sometimes beyond. The helicopter can, in some circumstances, provide a useful platform from which some key members of the Co-ordinating Group can obtain an overall view of the scene(s). This would be especially so in densely built up areas, or in woodland.

The helicopter is able to downlink either television or thermal pictures live to F.I.R or to a mobile receiver. This facility enables an ongoing incident to be viewed & controlled directly from F.I.R. & is invaluable for major incidents & pursuit situations.

#### 10.2.2 'Nitesun' Searchlight

Mounted beneath the aircraft is a Spectrolab Nitesun 2 searchlight, this has an illumination power of 30 million candela. It can be controlled by the police observer with a handcontroller & the beam size can be adjusted in size to illuminate larger areas. It also has the facility to be linked to the thermal imaging camera enabling instant illumination of a suspect at night. Its use can often aid rescue work pending the arrival of conventional lighting.

## 10.2.3 FLIR systems 'Ultraforce 2" stabilised camera.

The camera pod fitted under the nose of the aircraft houses a broadcast quality daytime television camera with zoom facility & 2x converter. It also houses a thermal imaging system incorporating several fields of view ranging from wide - intermediate - narrow. The cameras are operated by the front seat police observer using a laptop controller. The pictures can then be displayed on monitors located, front & rear of the aircraft cabin.

#### 10.3 Air Ambulance

10.3.1 The Air Ambulance Service in Essex was launched in 1998, and has the ability to access remote parts of Essex quickly, bringing highly qualified paramedics and sophisticated life-saving equipment to a patient within the first few vital minutes of an emergency.

Operational seven days a week, the Air Ambulance flies during daylight hours only.

The Essex Air Ambulance is a registered charity and is not funded by either the NHS or Government.

The current Air Ambulance is a Eurocopter EC 135 T2. Based at Boreham Airfield it can take off within 2 minutes of an emergency call being received. Flying at around

#### **NOT PROTECTIVELY MARKED**

150 miles per hour it is able to reach the farthest point in Essex in approx 15 minutes. The maximum flying time to the nearest hospital from anywhere is Essex is 8 minutes, saving vital minutes when conveying emergency patients.

The Eurocopter carries full life-support medical equipment, including space to hold an incubator - and is able to carry up to 2 patients at any one time – 1 on stretcher, 1 sitting. The aircraft has space to carry a Doctor or patient's relative if necessary (particularly important if the patient is a child). The previous Air Ambulances did not have room for a patient's relative or carer.

Essex Air Ambulance has a deployment policy, which dictates the circumstances under which it operates in respect of the conveyance of casualties from the scene of accident, injury or illness to a hospital. Air Ambulance operations are controlled under regulations set by the Civil Aviation Authority in a similar way to Police Air Support operations. The aircraft pilots, observers and medics are fully aware of these CAA regulations and will always operate within such guidelines. This policy does not seek to influence the Essex Air Ambulance operation but to define safe working practices to be adopted by Essex Police officers when assisting the Air Ambulance to land on a road at or near to a scene.

Where an incident occurs which involves a very high number of casualties it may be necessary for some of them to be conveyed to a hospital some distance from the scene. In such cases the Health and Emergency Operations Centre may deploy air ambulances and in certain circumstances, the military.

## 10.4 Temporary heli-pads

Temporary heli-pads might need to he identified with consideration for: -

- safety of 'crew', and aircraft from fire etc.
- safety of other aerial transport, and
- down-draught over the scene causing fire spread, undue disturbance of chemical release, the removal of evidence, or excessive noise.

## 10.5 Emergency Flying Restrictions

The Police have the facility, through the Civil Aviation Authority (CAA) to institute flying restrictions over the scene under certain circumstances. The most likely reason would be the safety of those in the air or on the ground. Requests should be made through the Police Silver Commander.

## 10.6 Search and Rescue

Royal Air Force, Royal Navy and HM Coastguard helicopters are available to assist other responding agencies, via the Aeronautical Rescue Co-ordination Centre (ARCC), based at RAF Kinloss.

This assistance will mainly take the form of transporting equipment and personnel, where this is more suitable by air, or the rescue of stranded members of the public. If this assistance is for a life risk, a charge will not normally be levied.

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The ARCC should be contacted with the nature of the incident, the exact address, time and date and details of what exactly is required. The ARCC will decide on what assistance is most appropriate and deploy assets accordingly.

Individual agencies should ensure they have details of how to contact the ARCC and procedures to request assistance.

The nearest assets to Essex are based at RAF Wattisham in Suffolk. An RAF Search & Rescue Sea King is on stand-by at 15 minutes notice during the day, and 45 minutes at night. It can reach most areas of Essex within 45 minutes of calling and can carry up to 19 ambulant personnel or 900 kgs of cargo. The winchmen are trained to paramedic standard.

## Section 11 - INVESTIGATION

#### 11.1 Court Action

11.1.1 Every major incident will be the subject of an investigation whether for HM Coroner, a Public Inquiry, or Civil or Criminal Court proceedings. Almost every major incident occurs as a result of human or mechanical fault; consequently every major incident is a potential crime scene, the most serious being homicide.

#### 11.2 Retention of evidence

- 11.2.1 These hearings will require evidence of the highest quality. This can only be gathered if the scene is secured as soon as possible and anything which can be reasonably anticipated to be required as evidence is preserved and not damaged, moved or disposed of without reference to the Senior Investigating Officer.
- 11.2.2 Depending upon the nature of the incident several different agencies may carry out their own investigation, and may attend the scene with video / photographic teams and technical experts. They include
  - Air Accident Investigation Branch
  - Marine Accident Investigation Branch
  - Rail Accident Investigation Branch
  - Health and Safety Executive
  - HM Railways Inspectorate
  - Environment Agency

#### 11.3 Notes

11.3.1 Each agency may have different criteria as to what is admissible evidence. The police will need to obtain evidence of the highest standard for court and will require that all evidence is left in situ unless the threat to life prevents this. Accurate notes of what transpires at the scene need to be made.

## 11.4 Debriefing

11.4.1 At some stage, when the incident has concluded each of the services and agencies involved in the incident will hold a series of debriefs. Initially these will be confined to each particular service, but later a multi-agency debrief will be held and any lessons learnt incorporated into this document and service manuals.

## Section 12 - HEALTH, SAFETY and WELFARE

#### 12.1 Factories and Other Industrial Sites

- 12.1.1 These locations have a range of potential hazards including substances that are flammable, reactive, explosive or toxic. Sometimes the hazards are multiple (e.g. flammable and toxic) and may involve corrosive or radioactive materials.
- 12.1.2 Protective clothing and breathing apparatus may be necessary for personal safety. Some hazards are not detectable by human senses. For some sites there are specific emergency plans made under the Control of Major Accident Hazards (COMAH) Regulations 1999, and these are held by the emergency services and other agencies involved.
- 12.1.3 Enforcing authorities, including the Health and Safety Executive, will need access to such locations following major accidents and may need to gather evidence.

## 12.2 Emergency Evacuation Signal

12.2.1 At the outset, all three emergency services may be employed within the Inner Cordon (Rescue Zone). The Fire Service have an emergency evacuation signal which all personnel must be aware of and respond to if the area becomes hazardous. The Fire Service safety officer will declare a safe point to withdraw to.

### 12.3 Cordon Control Points

- 12.3.1 Authorised personnel are logged in and out of the Inner Cordon by established systems.
- 12.3.2 The Fire Service, when requested by the Police will set up a designated inner cordon access point. All authorised personnel entering the inner cordon should report to the designated cordon access point. This will ensure that they can be logged in and out and affords an opportunity for briefing about the evacuation signal, hazards and other issues to be aware of.
- 12.3.3 Police are responsible for logging their own personnel, as well as representatives of other agencies, within the Outer Cordon including engineers from the utilities and other investigators.

## 12.4 Safe Systems of work

- 12.4.1 Operational procedures and practices are designed to promote safe operating systems. These safe systems of work are to be used so far as reasonably practicable. When necessary personnel must be fully briefed and they must clearly understand the tasks they are required to perform.
- 12.4.2 All personnel at the incident must wear appropriate personal protective clothing and must follow the instruction of the officer responsible for their area of work

#### 12.5 Environmental Health

- 12.5.1 Local Authorities can mobilise their Environmental Health Officers to a scene where there is considered to be a risk from communicable diseases or environmental hazards. They will be able to offer advice on precautionary measures and assist with the correct treatment of infected items.
- 12.5.2 The Ambulance Service is responsible for alerting the Consultant in Communicable Disease Control where public health issues are raised.

#### 12.6 Hazardous Materials

12.6.1 The Fire Service have a cadre of specialist trained Hazmat Officers. These Officers will attend incidents involving chemicals, asbestos, radiation, CBRN and other hazardous materials to provide advice on safety and operational tactics for dealing with the incident. The Hazmat Officers will be responsible for liaising with all relevant agencies including the Fire Service Scientific Advisor.

## 12.7 Welfare and Trauma Support

- 12.7.1 In the immediate aftermath of an incident it will be sufficient for most individuals to take part in close discussions with their peers, perhaps guided by their close supervisors. Opportunity must be allowed for this purpose.
- 12.7.2 However, for some people this may not be enough. Those who are particularly traumatised will require skilled professional help and this is now provided by all the services involved. Arrangements for this must be made in a way that ensures confidentiality and overcomes the cultural resistance in the emergency services to such a step.
- 12.7.3 Welfare and trauma support should be made available to staff or organisations deployed in major incident scenarios. This support should be available from the outset and if requested by individual organisations. Individuals, their manager and the welfare department within each organisation share responsibility for staff welfare.

## **Section 13 - LOCAL AUTHORITY ASSISTANCE**

## 13.1 Response

- 13.1.1 The main functions of a local authority during a major emergency are to maintain as normal a service as possible to the community, together with the support of the emergency services.
- 13.1.2 Essex County Council employs the County Emergency Planning Officer and the Emergency Plans and Core Resilience Team. Each of the 12 Boroughs/Districts, and the Unitary Authorities of Southend and Thurrock, employ their own Emergency Planning Officer, whose functions include the preparation and maintenance of the Borough/District Emergency Plan and the co-ordination of the Local Authority response with that of the Emergency Services and other Agencies involved.
- 13.1.3 In a widespread incident affecting more than one District Council area, the County may assume a co-ordinating role on behalf of the Local Authorities involved.
- 13.1.4 Following the declaration of a major incident, the Local Authority will initially act in support of the emergency services, but may subsequently take the leading role in the return to normality in the recovery phase. Their response will be flexible and commensurate with the resources available to them at the time.
- 13.1.5 Most Local Authorities have a designated Emergency Centre from where their response will be co-ordinated.
- 13.1.6 They will be alerted either directly by an emergency service, (normally the Police) initiating the Major Incident Procedure or via the County Duty Emergency Planning Officer using the County Call-Down List. Key local authority staff will then implement the County / Borough or District Emergency Response Plan.

#### 13.2 Notification

- 13.2.1 Through the County Emergency Planning Duty Officer or unitary authority duty officer who provide a 24-hour service. Not all Local Authority resources are on a 24-hour standby and therefore it is essential that the earliest possible notification be given to them. They need to be updated constantly as the incident progresses in order that their response is measured and appropriate.
- 13.2.2 Good liaison between the emergency services and the Local Authority particularly at the scene, is essential and will be enhanced by the presence of a Local Authority representative located near the Silver Control, or a police liaison officer being attached to the local authority emergency control centre.
- 13.2.3 A senior officer from the relevant Emergency Planning Team may be requested to attend Gold. The County/Unitary Authority Emergency Planning Officer or nominated deputy may fulfil this role although it may also be necessary to engage a Local Authority senior officer.

#### 13.3 Involvement

13.3.1 The Local Authority involvement during the recovery period and return to normality may be prolonged and extensive. It may include:-

Requirement	<u>Provider</u>
Immediate Crisis Support	Crisis Support Team for Essex
Adult and Child Social Care services	County/Unitary
Long term social and psychological support	County/Unitary
Co-ordination of Restoration	County/Unitary *
Emergency finance	DSS
Emergency housing	Borough/District
Clothing and hygiene	County/Unitary/District/Borough
Transport	County/Unitary/Borough
Provision of suitable premises for some of the functions described elsewhere in this document	Borough/District or County
Building/Structural Engineers	Borough/District
Environmental Health Management	Borough/District
Highways Management	County/Unitary
Logistical support through Local Authority contract resources	County or Borough/District
Long term management for restoration of normality	Borough/District and, or County

<sup>\*</sup> The Borough/District in whose area the incident took place may deal with restoration itself.

13.1.2 Continuing contact between the emergency services, voluntary agencies and the local authorities before, during and after incidents to establish liaison and the recognition of their individual roles is not only recommended, but also essential to a successful and professional return to normality.

#### 13.4 Scientific and Technical Assistance

13.4.1 Local Authorities may be able to supply specialised assistance to deal with particular problems, such as:

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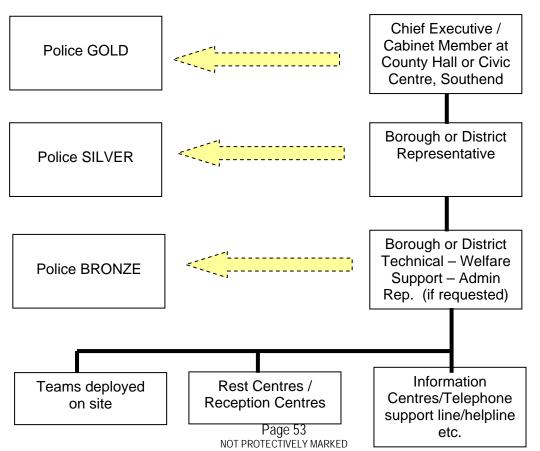
Requirement The provision of scientific or technical advice and resources	Provider Borough/District or County
Building/Structural Engineers	Borough/District
Environmental Health Management	Borough/District
Highways Management	County or Borough/District
Logistical support through Local Authority contract resources	County or Borough/District
Long term management for restoration of normality	Borough/District and, or County

#### 13.5 Mutual Aid

13.5.1 Arrangements for the provision of mutual aid will be channelled through the County or the lead Borough or District. Currently the request for Military Aid to the Civilian Community should be channelled through the County Emergency Planning Officer.

#### 13.6 Command and Control Structure

13.6.1 The following diagram details, in principle with the command and control structure within each Authority (solid lines). It also shows how this structure interfaces with the emergency services within the Gold, Silver and Bronze Command system (Broken lines).



Any amendments required should be referred to the Contingency Planning Section, Essex Police, who have responsibility for this document on behalf of the ERF

### **Section 14 - OTHER ASSISTANCE**

## 14.1 Military Assistance

- 14.1.1 Military Aid to the Civil Authorities (MACA) can be sought to support the civil authorities when they have an urgent need for help to deal with an emergency arising from a natural disaster or a major incident. However, assistance is provided on an availability basis and the armed forces cannot make a commitment that guarantees assistance to meet specific emergencies. It is therefore essential that Category 1 and 2 responders do not base plans and organise exercises on the assumption of military assistance. HQ 49 (East) Brigade, the Army Regional Brigade HQ for the East of England and East Midlands, will be able to give advice and should be contacted in the first instance.
- 14.1.2 MACA supports the civil authorities in the fulfilment of civil objectives, principally in peace. It is conducted because the Armed Forces' national structure, organisation, skills, equipment and training can be of benefit in time of emergency to fill civil authority capability gaps.
- 14.1.3 The provision of MACA is guided by 3 principles:
  - ♣ Military aid should always be the last resort. The use of mutual aid, other law enforcement agencies, and the private sector must be insufficient or be unsuitable.
  - The Civil Authority lack the required level of capability and it is unreasonable to expect it to develop one.
  - ♣ The Civil Authority has a capability, but the need to act is urgent and there is an immediate lack of Civil Power resources.
- 14.1.4 The booklet, "Operations in the UK: The Defence Contribution to Resilience" [2004] is a single source document detailing provision of military aid to the civil authorities, the legal and constitutional basis for such assistance, the procedures whereby it is provided, and some examples of assistance that has been provided in the past. The booklet is unclassified and can be accessed at <a href="http://www.ukresilience.info/publications/defencecontrib.pdf">http://www.ukresilience.info/publications/defencecontrib.pdf</a>.
- 14.1.5 The Army will take the lead on behalf of the armed services in any emergency and will contact the RN and RAF as need be. It is essential to be aware of the limits on military resources at any one time resources and specialist equipment from this region may be out of the region or out of the country. However if the need for military assistance is sufficiently great, troops may be redeployed from other areas.

### 14.2 Voluntary Aid Societies (VAS) - (Voluntary Forum) County

- 14.2.1 Under the terms set out in "Emergency Preparedness", Local Authorities are required to co-ordinate the support supplied by the Voluntary Services.
- 14.2.2 There are numerous Voluntary Aid Societies who can contribute towards the successful outcome of an incident. Most of them are members of the Voluntary Forum that is co-ordinated by Essex County Council. They are contactable through the County Emergency Plans Team Duty Officer.

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14.2.3 Their support at an incident can alleviate some pressure on the statutory bodies by providing humanitarian services. This is especially so during the consolidation and recovery phases when Fire, Police and Ambulance personnel are fully deployed elsewhere.

## 14.3 Initiating Service

14.3.1 Listed below are some of the more regularly used societies and their initiating service. On arrival the relevant VAS should either report to an emergency service control vehicle as indicated below via the RVP and Marshalling Area, or if in support of the local authority to the Local Authority representative.

## > East of England Ambulance NHS Trust

British Assn. of Immediate Care Schemes (BASICS) Doctors

St John Ambulance Brigade

**British Red Cross Society** 

## > Essex County Council

Women's Royal Voluntary Service

**British Red Cross Society** 

St John Ambulance Brigade

Salvation Army

**Essex Churches** 

Radio Amateur Emergency Network (RAYNET)

The Samaritans

## 14.4 Utility Companies

14.4.1 The public utilities can be mobilised by any of the emergency services and will normally be co-ordinated by police in the first instance. They will be able to moderate or control gas, water and electrical supplies together with the facilitation of Communications.

## 14.5 Port of London Authority (PLA)

- 14.5.1 As a Statutory Harbour Authority the PLA is responsible for the management of navigational safety on the tidal Thames between Teddington and the outer port limits. The PLA is also a Competent Harbour Authority within the provisions of the Pilotage Act 1987.
- 14.5.2 The Port of London Authority provides conservancy and vessel traffic services for ships and craft using the Port, including the maintenance of navigational channels, moorings, lights and buoys and the provision of hydrographic, tidal and other information. The PLA is also the pilotage authority for the tidal Thames.

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- 14.5.3 Other responsibilities include registration of craft, and the licensing of watermen and lightermen, and of river works extending into, over, or under the Thames below mean high water level.
- 14.5.4 In the event of a major maritime incident within the area of jurisdiction of the PLA which did not include SAR, the PLA would co-ordinate the response and the major incident procedure POLACAP or POLASEA would be initiated in line with the guidelines contained in the PLA Emergency Manual.
- 14.5.5 This co-ordination would be exercised initially from the Port Control Centre at Gravesend, but would pass to the adjacent Emergency Management Centre if deemed necessary.

## 14.6 Royal National Lifeboat Institution (RNLI)

- 14.6.1 A voluntary organisation funded totally by contributions, any request for the services of a lifeboat will be made by HMCG to the local launching officer of the RNLI who will authorise the launching of a lifeboat.
- 14.6.2 Lifeboats in Essex area are based at Harwich, Walton, Clacton, West Mersea, Burnham, Southend.
- 14.6.3 A permanently staffed inshore lifeboat has operated from Gravesend since 2002.

## 14.7 Harwich Haven Authority (HHA)

- 14.7.1 Harwich Haven Authority (HHA) was established by Act of Parliament in 1863 to safeguard the best natural haven on the east coast of England. Its jurisdiction covers the River Stour, the lower part of the River Orwell, Harwich Harbour and an area to seaward extending 12 nautical miles from the harbour entrance and covering 150 square miles.
- 14.7.2 As the conservancy and pilotage authority, HHA provides services for shipping using the commercial ports of Felixstowe, Ipswich, Harwich International, Harwich Navyard and Mistley and also boarding and landing services for the rivers Thames, Medway, Blackwater, Colne and Crouch.
- 14.7.3 The HHA's emergency response plans were drawn up in consultation with the Maritime & Coastguard Agency (MCA), Haven Oil Working Group(HOWG), the Royal National Lifeboat Institution (RNLI), and Suffolk & Essex Police, Fire and Ambulance Services. They are regularly reviewed, through internal "walkthrough" and major external exercises.

### 14.8 Search and Rescue (SAR) – Geographic Responsibilities

14.8.1 In all maritime areas of Essex, HMCG is responsible for the co-ordination of all civil maritime SAR operations and undertakes this from either the Maritime Rescue Sub Centre (MRSC), at Walton on the Naze (Thames Coastguard), or the station at Woolwich (London Coastguard).

- 14.8.2 HMCG initiate and co-ordinate all available SAR resources, which include RNLI lifeboats, Ministry of Defence helicopters and aircraft, other vessels, private and commercial, as required.
- 14.8.3 HMCG can also request deployment of SAR assets whenever life is in danger upon the coastline of the UK even if the incident is not of maritime origin.

### **SECTION 15 – MEDIA**

#### 15.1 Introduction

- 15.1.1 A major incident involving the joint work of the emergency services in Essex will inevitably attract significant and sustained interest from local, national and on occasions the international media.
- 15.1.2 It is important when dealing with the demands of journalists, press officers from the emergency services, and other agencies involved in the incident liaise and consult effectively with each other whilst recognising the differing roles of their individual services.

## 15.2 Holding Statements

- 15.2.1 Once a major incident has been declared the emergency services and other agencies will be under pressure to provide an immediate statement. At the earliest opportunity a holding statement will be agreed and disseminated by the police press officer.
- 15.2.2 The lead press office will contact their counterparts in the other emergency services and key partner press offices to make them aware of the statement and in turn be informed of the information they are releasing to the media. Care should be taken that the statements are not contradictory and do not impinge upon or undermine the actions of the other services.

#### 15.3 Liaison on Scene

15.3.1 Press officers attending the scene of the incident should seek out their counterparts at the earliest opportunity and establish regular liaison so that contentious or conflicting information can be clarified before release to the media. This information should then be passed to their individual press offices. Having a press officer from each of the key agencies basing themselves in the lead agency press office can prove very useful in ensuring this process runs smoothly.

### 15.4 Other Agencies

15.4.1 If the local authority is involved in dealing with the incident and sends a press officer to the scene he or she should be incorporated into the press officer liaison process.

## 15.5 Gold and Silver Co-ordinating Group Meetings

- 15.5.1 Ideally press officer from the lead agency will attend both Gold and Silver Coordinating Group (SCG) meetings. The SCG must develop and approve the media strategy. The media cell will then disseminate a statement to the multi-agency partners.
- 15.5.2 The lead agency press officer in consultation with gold or silver will take the lead on the content of subsequent media statements about the incident as a whole. However, it is important that each emergency service and key partner agency or organisation has the opportunity to ensure the media is aware of their front line staff's activities.

## 15.6 Casualty Figures

- 15.6.1 Confirmed casualty figures may only be released after consultation with police Gold. It is important that only one set of casualty figures should be released at one time. If the number of casualties involved in an incident rises over a period of time then all the services' press officers should refrain from giving updated figures until they have been cleared by Gold.
- 15.6.2 There may be circumstances when police specifically request that details of the name and location of the hospital(s) to which casualties have been taken are not released to the media. Although unusual this could arise in relation to alleged criminals/suspects and potential witnesses.
- 15.6.3 Therefore police Gold must be consulted before any agency releases details on casualties. If this process raises no objections then press officers may confirm the general nature of injuries and the hospitals to which they have been taken. Likewise numbers of fatalities and those seriously injured should only be given when cleared by police Gold.

## 15.7 Joint Press Briefings

- 15.7.1 If the emergency services and other key partners consider it beneficial to hold a joint press briefing, the timing location and suitable format will be decided by Gold. This decision will be aided by Silver and the lead agency press officer on scene who will be best placed to advise on press and public reaction at the scene and any contentious issues.
- 15.7.2 The following division of areas of responsibility is suggested for the briefing:-

### Police:

- Overall response to the incident assuming a police lead;
- the number of casualties:
- how the emergency services coped/are coping;
- Casualty Bureau telephone number (if issued);
- any criminal investigations (except incidents on the railway);
- local disruption (past and continuing);
- praise for local people who may have assisted in rescue operations;
- heroic actions by police officers.

## Fire:

- The rescue operation;
- how many people were trapped and in what circumstances:
- the level of its response in terms of appliances and personnel;
- what equipment was needed to free people

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- where relevant specific information related to flooding; fires or chemical incidents;
- heroic actions by fire officers.

#### Ambulance:

- The nature and seriousness of those injured;
- where casualties were taken;
- how many ambulances and medical staff were involved;
- whether air ambulance deployed;
- heroic actions by ambulance personnel.

## **Local Authority**

- what the arrangements are for people in the rest centre
- the co-ordination of any evacuation and evacuation points
- issues around schools (if any)
- long term issues

Other Category 1 responders may be represented at a joint press briefing.

#### 15.8 Media Centres

- 15.8.1 If the incident is on a large scale and is likely to attract a significant media presence for days or event weeks, press officers should consider whether it would be beneficial to establish a media centre near the scene.
- 15.8.2 Such a centre gives journalists a base to operate from, shelter from the elements and (ideally) provides toilet and refreshment facilities. The advantages to the emergency services include improved communications and speedy organisation of briefings and interviews.
- 15.8.3 Local authorities keep lists of available buildings in their areas and will assist in identifying a suitable venue such as a school or church hall, preferably with a large exterior area where heavy equipment such as outside broadcasting units can be parked.

## 15.9 Media Co-ordination Centre (MCC).

A room will be provided at the Strategic Co-ordination Centre for the public relations officers from all agencies represented at the SCC to share. This will be known as the Media Co-ordination Centre (MCC). Its purpose is to ensure that all present have access to current and accurate information on the progress of the emergency. It should also enable all concerned to work as a co-ordinated team and ensure a consistent approach. The media will not have access to this room.

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[NOTE: Prior to the MCC becoming operational, agencies must consult with the Police Press Liaison Officer on behalf of GOLD, before any statements are issued to the press. Copies of all media statements should be forwarded to the MCC].

#### 15.10 Debrief

15.10.1Heads of the emergency services Media Departments, and other agencies involved and other agencies involved will decide if the incident warrants a post incident debrief with the relevant press officers who were involved. If such a debrief is held representatives from the various press offices should consider producing a briefing note for their colleagues, evaluating media coverage and identifying best practice and any lessons that have been leaned which could assist press officers attending similar incidents in the future.

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## **SECTION 16 – WARNING AND INFORMING THE PUBLIC**

## 16.1 Background

- 16.1.1 Communicating with the public about emergencies is essential. This section outlines
  - what is meant by warning and informing the public;
  - how organisations should go about raising public awareness of the risks of emergencies,
  - and warning them and providing information and advice at the time of an emergency.
- 16.1.2 Emergency planners are expected to play their part in the communication process and not leave it to public relations officers. But it is still rare for them to engage in detailed planning at a local level with the Media.
- 16.1.3 During the first two critical hours of an incident, essential information, warnings, advice and reassurance can be hard to come by. When emergency services and other agencies are working flat out, the importance of communicating effectively with the public can be easily forgotten.
- 16.1.4 A well-informed public is better able to respond to an emergency and to minimise the impact of the emergency on the community. By informing the public as best they can, all organisations will build their trust. Part of this is also avoiding alarming the public unnecessarily.
- 16.1.5 The Civil Contingencies Act includes public awareness and warning and informing as two distinct legal duties for Category 1 responders advising the public of risks before an emergency and maintaining arrangements to warn and keep them informed in the event of an emergency.
- 16.1.6 The duties to assess risks and to prepare plans are coupled with a further duty to publish all or part of this information where it is necessary or desirable to prevent, reduce, control, mitigate or take other action in connection with an emergency.

  16.2 Communicating before Emergencies
- 16.2.1 Organisations should aim to make the public aware of the risks of emergencies and how the organisation is prepared to deal with them if they occur.
- 16.2.2 When deciding what to publish, organisations should consider whether publication will assist in dealing with an emergency, particularly by creating a more-informed public. It may make sense for organisations to group together in publishing information. It may not be necessary to publish whole risk assessments or plans. There may be sensitive information which needs to be edited out. And organisations should aim to help the public be alert but not alarmed excessive information may alarm the public unnecessarily.

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## 16.3 Being prepared to ommunicate during Emergencies

- 16.3.1 In many circumstances, it will be the Government that first provides warning that an emergency is about to occur or is occurring. The Government is ready to warn and inform the public about the whole range of possible emergencies.
- 16.3.2 But other organisations may need to ensure they too have arrangements in place to warn, inform and advise the public. In particular, organisations whose functions are likely seriously to be obstructed by an emergency or those who expect to take action in relation to that emergency and would require a redeployment of resources or additional resources to do so (e.g. emergency services or Local Authorities).
- 16.3.3 Confusion would be caused, however, if more than one organisation were to plan to warn the public about the same risk at the same time to the same extent. To avoid duplication, those organisations whose functions are affected by an emergency should aim to co-operate and identify which organisation will take lead responsibility for warning and informing in regard to a particular emergency. Organisations should also ensure that they do not duplicate warning arrangements which may already be in place in other organisations. For instance, utilities companies have a duty under their own regulatory frameworks to provide warning, information and advice in certain circumstances when their services are interrupted.
- 16.3.4 As with any other part of planning for response to an emergency, the communications strategy for warning and informing either direct with the public, or via the media should be fully integrated into the responder's emergency plans. Organisations should test their warning and informing arrangements as they would emergency plans, through exercising and providing training to staff. Just as there may be generic and specific emergency plans, so there may be generic and specific arrangements for warning and informing, depending on the type of emergency being planned for and the particular circumstances in a locality.

#### 16.4 What information is needed when?

#### The PUBLIC NEEDS:

- basic details of the incident what, where, when (and who, why and how, if possible);
- to know the implications for health and welfare;
- advice and guidance (eg stay indoors, symptoms, preparing for evacuation); and
- reassurance (if necessary).

#### The PUBLIC WANTS to know:

- other practical implications such as the effect on traffic, power supplies, telephones, water supplies, etc;
- a helpline number; and
- what is being done to resolve the situation.

## **BROADCASTERS will REQUIRE:**

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- well-thought-out and joined-up arrangements between the emergency services, local authority and other organisations, capable of providing agreed information at speed;
- an immediate telephone contact; and

## 16.5 Warning methods

- 16.5.1 The methods available to deliver urgent information to members of the public are extremely varied. Some depend on the availability of power supplies or phone lines. Some may require careful consideration of the risks to human life and health, in case at the time of an emergency staff or members of the public are exposed to hazardous substances while they are warning or being warned.
- 16.5.2 Some warning methods include:
  - Mobilising officers to go round on foot and knock on doors;
  - From car or helicopter, by loudhailer or other amplified means;
  - Media announcements, including internet;
  - Electronic/variable message boards, eg at the roadside or on motorways;
  - Direct radio broadcasts to shipping (in maritime incidents);
  - PA announcements in public buildings, shopping centres, sports venues, transport systems, etc.;
  - Automated telephone/fax/e-mail/text messages to subscribers; and
  - Site sirens.

## 16.6 Connecting in a Crisis

- 16.6.1 'Connecting in a Crisis' is an initiative by the BBC to help ensure that the public has the information it needs and demands during a civil emergency. It sets out to encourage emergency planners to work more closely with broadcasters in the preparation of strategies for communicating essential information.
  - It is about warning and informing in the interests of public safety.
  - It concentrates on delivering essential information quickly and is NOT about the wider issues of news reporting.
  - It is not a solution in itself, but sets out to provide a structure in which solutions can be worked out.
  - It offers guidance to the emergency planning community on how to engage in effective local relationships with the BBC to achieve a shared state of professional readiness.
  - ♣ It explains who to contact in the BBC, identifies key information needs and addresses logistical issues.
  - It highlights good practice and innovative partnership ideas.
  - ♣ It is a catalyst for systems that will be strong enough to survive the pressures of a major incident.

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- Let encourage planning and preparing together for the expected so that there is more time to handle the unexpected.
- ♣ It is about helping the BBC to help planners to help the public.

#### 16.7 Public Information Service

- 16.7.1 At the outset of a major incident/operation/disaster, Essex Police Media and PR Dept. will appoint from their staff a **Public Information Co-ordinator**, who will have specific responsibility to ensure that the public are provided with information pertinent to both the incident itself and the subsequent actions of those involved in any way, or living in the vicinity.
  - 16.7.2 The Public Information Co-ordinator will ensure local radio and TV stations are kept updated with details of community information such as road closures or evacuation details, to enable swift transmission of information. In addition, a BT Message link recorded message, providing latest details of the incident, will be available to all members of the public. The Service will provide a constantly updated (hourly or sooner if appropriate) 'COMMUNITY INFORMATION' ONLY service to the public by way of:
    - a pre-recorded 'BT message link' facility (2 minutes max.) on a well publicised 'always available' 0800 or 0870 telephone number, and
    - the Essex Police Internet site (www.essex.police.uk) with details that mirror the BT message link information.
- 16.7.3 The information may include advice on a range of issues including personal safety, travel, weather precautions, as well as details of the incident and relevant emergency services arrangements.

## **SECTION 17 - RECOVERY PLANNING**

17.1 Recovery is an integral part of the emergency management process and it is recognised that the local authority will take the lead co-ordination role in the process of rebuilding, restoring and rehabilitating the community following an emergency.

In order to ensure the earliest return to normality possible the recovery process will need to be implement as soon practicable. Therefore Multi-agency recovery operations should start as soon as possible after the onset of an emergency.

## 17.2 Role of Gold Co-ordinating Group

The Gold Co-ordinating Group will start considering recovery alongside the response itself. This is essential to ensure that the impact of the emergency on both the individual and communities are addressed at the earliest opportunity both to gain the initiative and to reinforce public confidence. The recovery process will comprise the following activities:

Consequence management: preventing the impacts of an emergency from escalating (e.g. restoring essential services following a disruption or securing evacuated premises).

- Restoring the well-being of individuals, communities and the infrastructure that supports them.
- Identifying at an early stage the possible long term impact of the emergency on individuals, communities and the environment and plan how to deal with them over the longer term
- Provide resources in the short term which will mitigate the long term effects.
- Establish what has happened, identifying where improvements could be made, and applying lessons learned.
- Adapting systems, services and infrastructure affected by emergencies to meet future needs.

#### 17.3 Recovery Process

The nature and extent of the recovery process will depend upon the on the nature, scale and severity of the emergency itself. The impact of the event could include

- ♣ Disruption to daily life (e.g. educational establishments, welfare services, highways infrastructure, transport systems)
- Disruption to utilities/essential services
- Public displacement, which could include evacuation of homes, business premises etc.

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- Serious injury and deaths
- Contamination of the environment including eco-systems, waste and pollution
- Suffering (including physical and psychological effects)
- ♣ Economic impact both Macro and Micro

Experience has highlighted several key factors that underpin the success of the recovery process. These are:

- clear leadership, robust management and long-term commitment
- community engagement and involvement
- private sector involvement.

## 17.4 Impact Assessment

Emergencies can have a wide range of economic, social, health and environmental impacts. The establishment of the policy and priorities for the recovery effort requires leadership from elected representatives and active participation from affected communities. This will be crucial in ensuring that communities are engaged with the process as ownership is fundamental to most recovery operations and will contribute to the recovery of the community itself and its members.

Whereas urgency and decisiveness are key to the response phase, the recovery phase requires thorough consultation with partners and stakeholders, and must include effective and timely communication with the public to ensure that key messages, timescales and details of the process are clearly explained to those most affected so that expectations do not become unrealistic. Having said this those involved in the recovery process will be expected to make very effort to speed up the recovery process where possible.

In most cases, the private sector will contribute most to the recovery operation, the assets and resources deployed, and the work done. In addition, if the physical losses caused by the emergency are insured, then the insurance companies will be heavily involved with individual policyholders and contractors through loss adjustment and settlement. This has been evident following the major floods events and is heavily referenced in the Pitt Report 2008, where the burden of recovery operations on public-sector bodies was light in comparison with the costs borne by the insurers.

#### 17.5 Recovery Co-ordination Group

Once the initial phase of the emergency has been concluded the Gold Co-ordinating Group will hand over to the Recovery Co-ordination Group (RCG).

The RCG will bring together the key agencies involved and is led by a senior officer of the agency most appropriate to the task. In many cases, the RCG will be chaired by the local authority, given its functions in relation to restoring the physical environment, coordinating welfare support, and community leadership.

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The RCG is the strategic decision-making body for the recovery phase. It will give a broad overview and represent each agency's interests and statutory responsibilities.

The purpose of the RCG is to:

- provide visible and strong leadership during the recovery phase
- establish and take advice from the sub-groups
- decide the recovery strategy and ensure the strategy is implemented and public confidence rebuilt
- ensure the coordination and delivery of consistent messages to the public and media.
- decide the overall recovery strategy, including communications, clean-up, health, welfare, economic and business recovery
- ensure that relevant stakeholders, especially the communities affected, are involved in developing and implementing the strategy
- establish appropriate sub-groups as required by the emergency
- produce an impact assessment on the situation
- coordinate the recommendations and actions of the sub-groups and monitor progress
- monitor financial matters and pursue funding and other assistance
- agree exit strategy criteria and timescales
- assess the final state of the physical infrastructure and natural environment affected by the emergency
- deal with other issues that fall outside the scope of the working group and designate an appropriate agency to address them

The membership of this Group will consist of a number of organisations which, depending upon the type and scale of the emergency, could include representatives from the following:

Local Authority (County/District/Borough/Unitary)
Scientific and Technical Advisory Cell (STAC)
Business and Economic Community Leaders
Faith/Cultural Groups
Health
Parish/Town/Community Leaders
Environment Agency
Utilities
Local Media
Government Agencies (DEFRA, DoT, DCMS etc)
Transport Companies

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This list is only indicative other agencies/organisations will be included at RCG as appropriate and depending upon the nature and impact of the emergency.

The RCG will be closed once regular multi-agency co-ordination is no longer needed and individual agencies can deal with the remaining issues as a part of their normal business.

The Chair of the RCG, in discussion with the members, will decide when it is appropriate to stand down. The needs of the community will be key to this decision.

The length of time that the RCG has to continue meeting will vary according to the nature and scale of the emergency. Some emergencies may involve long-term issues.

## Appendix – GLOSSARY of TERMS

AAIB	Air Accident Investigation Branch
ACCOLC	Access Overload Control for cellular phones
ADR	International hazardous chemicals marking scheme used during transport.
AMBULANCE CONTROL	The main mobilising control of the East of England Ambulance Service located at Broomfield, Chelmsford.
AMBULANCE CONTROL POINT	An emergency mobile control vehicle, readily identifiable by a green flashing light, providing an 'on-site' communications facility which may be at a distance from the incident. It is to this location that all NHS/Medical resources should report. Ideally, the point should he in close proximity to the Police and Fire Service Control/Command vehicles, subject to radio interference constraints.
AMBULANCE LOADING POINT	An area, preferably hard standing, in close proximity to the Casualty Clearing Station, where ambulances can manoeuvre and load patients.
AMBULANCE PARKING POINT	The place designated at the scene of a major incident where arriving ambulances can park, thus avoiding congestion at the entrance to the site or at the Ambulance Loading Point. These areas are also suitable for staff briefings, procurement of refreshments and re-stocking of equipment.
ANTE MORTEM DATA	Information obtained from family, friends, etc. about a person who is believed to be among the deceased.
ARCC	Aeronautical rescue and Co-ordination Centre
ATOC	Association of Train Operating Companies
BASICS	British Association for Immediate Care Schemes
ВСМ	Business Continuity Management
BELLWIN SCHEME	Discretionary scheme for providing central government financial assistance in exceptional circumstances to affected local authorities in the event of a major emergency.
BERR	Business, Enterprise and Regulatory Reform.  The Department brings together functions from the former Department of Trade and Industry, including responsibilities for productivity, business relations, energy, competition and consumers, with the Better Regulation Executive, previously part of the Cabinet

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	Office.		
BODY HOLDING AREA	A point close to the scene where the dead can be temporarily detained until transfer to the mortuary. Ideally, the premises should be secure, dry, cool and have ample drainage.		
BRONZE	Operational level of command		
ВТР	British Transport Police		
CAA	Civil Aviation Authority		
CBRN	Chemical Biological, Radiological, Nuclear. Material that has the potential to be adapted for use in a terrorist incident		
CCA	Civil Contingencies Act		
CCDC	Consultant in Communicable Disease Control		
СЕРО	County Emergency Planning Officer i.e. Head of Community Safety and Emergency Plans		
CERC	County Emergency Response Centre		
COPE	Combined Operational Procedures for Essex		
CASUALTY INFORMATION BUREAU	Central contact and information facility set up by the Police as a focal point for all records and data relating to casualties.		
CASUALTY CLEARING STATION	An area set up at a major incident by the Ambulance Service in liaison with the Medical Incident Commander to assess, treat and triage casualties and direct their evacuation (see Triage).		
CATASTROPHIC INCIDENT	An incident of such a magnitude that it requires an exceptional response, including a requirement for full government involvement.		
CATEGORY ONE RESPONDER	A local responder organisation listed in Schedule 1 Part 1 of the Civil Contingencies Act likely to be involved with a central role in the response to most emergencies.		
CATEGORY TWO RESPONDER	A local responder organisation (though it may not be locally based) listed in Schedule 1 Part 3 to the Civil Contingencies Act and likely to be heavily involved in some emergencies or in preparedness for them.		
СНЕМЕТ	Service operated by the Met Office providing information on the potential direction that a chemical will be dispersed in an incident.		
СОМАН	Industrial sites which are subject to the Control of Major Accident Hazards Regulations.		

COMMUNITY RISK REGISTER	An assessment of the risks within a local resilience area agreed by the Local Resilience Forum as a basis for supporting the preparation of emergency plans.
CONTROLLED AREA	The area contained by the Outer Cordon, which may be divided into geographical sectors.
CORDON	The perimeter of an area, e.g. the Rescue Zone or a sector. May be physical or improvised.
CO-ORDINATION	The term 'co-ordination' is used to indicate the process that draws together, by consent, the activity of separately responsible and autonomous organisations.
CO-ORDINATING GROUP	A meeting chaired by police, which comprises the senior representative of each service or agency which discusses and agrees future policy. It also agrees the content of all press releases.
CRISIS SUPPORT TEAM	Personnel brought together under the ECC Chief Executive to manage and co-ordinate the local authority response to an emergency.
DEPO	District Emergency Planning Officer
DATA PROTECTION ACT	The Data Protection Act 1998 came into force in March 2000. It requires organisations which hold data about individuals to do so securely and to use it only for specific purposes. It also gives an individual the right, with certain exemptions, to see that personal data.
DCMS	Department of Culture, Media and Sport.  It has responsibility for humanitarian assistance in the event of a disaster
DISTRICT EMERGENCY CENTRE	Local authority operations centre from which the management and co-ordination of local authority incident support is carried out.
EEC	Essex County Council
EMC	Emergency Management Centre, Gravesend (PLA).
EOD	Explosive Ordnance Device
EVACUATION ASSEMBLY POINT	A location of safety, near the scene, where evacuees can initially be directed for assembly prior to being transported to Rest Centres.
FSA	Food Standards Agency
FAMILIES & FRIENDS RECEPTION CENTRE	Secure area set-aside for use by friends and relatives arriving and for interviews with them. This will usually be maintained and operated by the police.
FIRE INCIDENT COMMANDER	Senior fire service officer in attendance at the incident (equivalent to silver)

FIRE SERVICE COMMAND SUPPORT VEHICLE	An emergency mobile command support vehicle despatched from Brentwood.	
FIRE SERVICE MAIN CONTROL	The main mobilising Control of the Essex Fire Service located at Brentwood.	
FORCE INFORMATION ROOM (FIR)	The Essex Police operational command and communication centre, located in Chelmsford.	
FORWARD CONTROL/COMMAND POINT	A control point/forward command post dealing directly with activity at the 'scene' and the respective emergency service resources at the scene.	
FREEDOM OF INFORMATION ACT	The Freedom of Information Act allows the public access, regardless of nationality or country of residence, to information held by public authorities or anyone providing services for them. It came fully into force in January 2005.	
GNN	Government News Network	
GO (EAST)	Government Office for the East of England	
HEOC	Health and Emergency Operations Centre	
НРА	Health Protection Agency	
HAZMAT	Hazardous Materials (HAZMAT) may be defined as:- chemical, radiological or biological substances hazardous to health or the environment.	
нна	Harwich Haven Authority	
нмсс	H.M. Coastguard	
HMRI	Her Majesty's Railway Inspectorate. The role of HMRI is to secure the proper control by duty holders of risks to the health and safety of employees, passengers and others who might be affected by the operation of Britain's railways.	
HSE	Health and Safety Executive	
HOSPITAL DOCUMENTATION TEAM	Team of police officers responsible for completing police casualty record cards in hospital.	
HOSPITAL, RECEIVING	The first listed hospital to be alerted by the Ambulance Service to receive casualties in the event of a major incident.	
HOSPITAL, SUPPORTING	A listed hospital nominated to support the Receiving Hospital in dealing with casualties from a major incident.	
HOSPITAL, LISTED	Hospitals listed by the Regional Health Authority as adequately equipped to receive casualties on a 24-hour basis and able to provide, when required, the Medical Incident Commander and a Mobile Medical/Nursing Team.	

IDENTIFICATION COMMISSION	Group representing all aspects of the identification process, which is set up to consider and determine the identity of the deceased to the satisfaction of HM Coroner.
ILO	Incident Liaison Officer (Fire)
JRLO	Joint Regional Liaison Officer (Military) Responsible for tri-service co-ordination of UK Operations (including MACA) in the region.
LRF	Local Resilience Forum
LOCAL RESILIENCE FORUM [LRF]	A process for bringing together all the Category 1 and 2 responders within a local police area for the purpose of facilitating co-operation in fulfilment of their duties under the Act.
MAIB	Marine Accident Investigation Branch
MACA	Military Aid to the Civil Authority
MACC	Military Aid to the Civil Contingencies
MACP	Military Aid to the Civil Powers
MAIB	Marine Accident Investigation Branch. The MAIB examines and investigates all types of marine accidents to or on board UK ships worldwide, and other ships in UK territorial waters.
MIC	Medical Incident Commander
MOU	Memorandum of Understanding
MRCC	Maritime Rescue Co-ordination Centre responsible for organisation of search and rescue services and co-ordinating the conduct of marine search and rescue operations.
MEDIA CENTRE	Central contact point for media enquiries, providing communications and conference facilities and staffed by press officers from all organisations.
MIC	Medical Incident Commander
NAIR	National Arrangements for Incidents Radiation, activated by the Police.
NRPB	National Radiological Protection Board
OUTER CORDON	Seals off a controlled area around an incident to which unauthorised persons are not allowed access.
OVERALL INCIDENT COMMANDER (GOLD)	Designated Principal Officer of each service who assumes the co-ordinating function for the operation as a whole on behalf of their Service.

PCC	Port Control Centre, Gravesend (PLA).
PCO	Primary Care Organisation
PCT	Primary Care Trust
PPE	Personal Protective Equipment
PLA	Port of London Authority
POLACAP	Major Incident Procedure Codeword (PLA – Lower River).
POLASEA	Major Incident Procedure Codeword (PLA -Thames Estuary).
POLICE MEDIA REPRESENTATIVE	Senior Police Appointee chosen by the Police Gold commander to be responsible for the release of information on behalf of the police.
POST MORTEM DATA	Information obtained from the post mortem examination process.
PRESS LIAISON OFFICER (SCENE)	Representatives of each organisation responsible for the initial release of information from the scene of the incident reflecting co-ordinating group policy.
PRESS LIAISON POINT (PLP)	Premises at or adjacent to the scene designated for exclusive use by accredited media representatives and through which official press releases will be issued.
RAIB	Rail Accident Investigation Branch
RIO	Rail Incident Officer. On Network Rail infrastructure the rail industry response to an incident will be led, on site by the RIO, who will also act as point of contact for the emergency services.
RRF	Regional Resilience Forum
RVP	Rendezvous Point
RADSAFE	Scheme developed to provide expert assistance to the emergency services following an incident involving the transport of radioactive material.
RAYNET	Radio Amateurs Network – volunteers who can provide emergency communications
RECEIVING HOSPITALS	Hospitals identified for receiving casualties from an incident
RECOVERY WORKING GROUP	The Local Authority isresponsible for planning for the recovery of the community following any major emergency, working closely with other local and regional partners via the Resilience Forums.

	Following an emergency, it will usually co-ordinate the recovery process, by establishing Recovery Working Group, with support from the full range of multi-agency partners as necessary.
REGIONAL CIVIL CONTINGENCIES COMMITTEE [RCCC]	Regional body which meets during an emergency when a regional response or other action at regional level is required.
REGIONAL MEDIA EMERGENCY FORUM	Group of representatives from the media (editors, journalists), government, emergency services and other organisations involved in dealing with an emergency, meeting to plan and discuss communications challenges and common interests in planning for and responding to emergencies.
REGIONAL RESILIENCE FORUM [RRF]	A forum established by the government offices of the region to discuss civil protection issues from the regional perspective and to create a stronger link between local and central government on resilience issues.
RENDEZVOUS POINT (RVP)	A point selected by the emergency services as the location for all personnel and vehicles to report to prior to attending the major incident.
RENDEZVOUS POINT OFFICER	Police Officer responsible for supervision of RVP.
REPPIR	Radiation Emergency Preparedness and Public Information Regulations 2001.
RESCUE ZONE	The area within the Inner Cordon.
REST CENTRE	Premises designated for the temporary accommodation of evacuees.
	Radioactive Incident Monitoring Network.
RIMNET	The national radiation monitoring and nuclear emergency response system.
RISK ASSESSMENT	A structured and auditable process of identifying hazards and threats, assessing their likelihood and impacts, and then combining these to provide an overall assessment of risk, as a basis for further decisions and action.
SAR	Search and Rescue
scc	Strategic Co-ordinating Centre
SCG	Strategic Co-ordination Group (GOLD)
SERM	Scene Evidence Recovery Manager (Police)
SHA	Strategic Health Authority
SECTOR COMMANDER	The Fire Service Officer in command of an operational

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	area and having functional responsibility within the controlled area for fire/rescue purposes.  Would normally equate with a 'Bronze Officer'.		
	Would normally equate with a Diolize Officer.		
SENIOR IDENTIFICATION MANAGER	Police Officer having overall responsibility for the identification process and sits as a member of the Identification Commission. Responsibility includes body recovery, and post and ante mortem teams.		
SENIOR INVESTIGATING OFFICER	Police Senior Detective officer appointed by Gold to assume responsibility for all aspects of the police investigation.		
SILVER COMMANDER (AMBULANCE)	The Ambulance Service Incident Officer on the scene (AIO).		
SILVER COMMANDER POLICE	Senior Police officer responsible for the implementation of operational tactics at the scene.		
SITREP	Situation report		
STAC	Scientific and Technical Advice Cell		
STRATEGIC CO-ORDINATION GROUP [SCG]	A group comprising senior officers of appropriate organisations which aims to achieve effective interagency co-ordination at strategic level. This group should normally be located away from the immediate scene.		
SURVIVOR RECEPTION CENTRE	Secure area to which uninjured survivors can be taken for shelter, first aid, interview and documentation.		
TEMPORARY MORTUARY	Building adapted for use as a mortuary and in which post – mortem examinations take place.		
тос	Train Operating Company		
TRIAGE	Process of prioritising the evacuation of the injured by the medical or ambulance staff at the casualty receiving station.		
WARNING AND INFORMING THE PUBLIC	Establishing arrangements to warn the public when an emergency is likely to occur or has occurred and to provide them with information and advice subsequently.		
WRVS	Womens Royal Voluntary Service		