Betsi Cadwaladr University Local Health Board

Major Emergency Plan
Specific Arrangements for the Strategic and Tactical Coordination and Management of a Major Emergency

Responsible Manager:

Mr. Neil Bradshaw, Executive Director of Planning

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The threat posed by modern environmental emergencies, terrorism, infectious diseases or major industrial accidents are likely to be one of the greatest challenge faced by the NHS in recent times. With a potential impact of increased demand, a reduced or compromised workforce and the challenges associated with remodelling the service to meet the needs of patients. Emergencies of this scale and nature would in themselves be unprecedented in scale and nature thus requiring a whole systems response.

The following plan sets out how Betsi Cadwaladr University Local Health Board (BCULHB) will react to such a major emergency and contributes to the overarching coordinated multi-agency response. This plan is underpinned by site specific Major Incident plans which are relevant to the 3 district general hospitals across North Wales. Furthermore, this plan will identify safe, workable systems that can be delivered to ensure that the public continues to receive a professional health service irrespective of whether their needs are as a result of the emergency or any other underlying medical condition.

Delivery of this plan will see many challenges in the way in which the service is provided and as such will not be achievable without the full cooperation of all staff. It is likely to result in those who work daily in a clinical environment being supported by non clinical staff groups to a much greater extent than normal. Furthermore, all staff groups will be asked to support colleagues when circumstances are likely to be at their most demanding. To this end I can only thank you for your anticipated cooperation and support during these difficult times.

Executive Director of Planning
CIVIL CONTINGENCIES POLICY STATEMENT

It is the policy of the BCULHB to ensure that the organisation is as prepared and equipped to manage the affects of a major emergency and to minimise the risks to patients, staff and anyone else likely to be affected by it. The Board will achieve this by providing an overarching coordinated response that links the operational management, shares the resources and supports the needs of the whole of the health community in North Wales.

The Chief Executive holds overall responsibility for civil contingencies though the Executive Director of Planning has been designated as the executive lead with delegated responsibility for the overall coordination of civil contingencies within BCULHB.

BCULHB sets out its civil contingencies vision as:

“To ensure that BCULHB and its entire staff are aware and capable of supporting the needs of North Wales communities should they be involved in an emergency or call upon the services of the Health Board during a major emergency.”

BCULHB will achieve this vision through the following five strategies, by:

1. maintaining compliance with the Civil Contingencies Act (2004) and all relevant guidance or statutory expectations

2. providing a sound and resilient organisational structure capable of escalating up to the needs of any major emergency with staff who are aware of their role and that of the organisation during a major emergency

3. providing an infrastructure which supports the co-ordinated management of BCULHB during a major emergency, through resilient, effective and appropriate information technology, resource allocation and a fit for purpose Health Emergency Coordination Centres

4. ensuring that the ability to deliver core activities of the Health Board are maintained and resilient through embedded and well practiced business continuity arrangements
5. providing an effective civil contingencies planning structure that facilitates and supports the preparation of emergency planning arrangements and cooperation with other responders engaged in providing local civil protection.

The Goals will therefore be to:

- recognise that civil contingencies and organisational resilience is at the very core of the organisation’s business performance and a factor to be considered as an ongoing part of day to day activity

- comply, as a minimum, with legislation, NHS standards and guidance

- establish and review civil contingencies targets, priorities and standards that are driven by incident reporting and review of the Community Risk Register and associated action plans

- ensure that the Board, receive reports on any incidents which occur within North Wales, changes to the community risks profile or amendments to civil protection legislation and the requirements of BCULHB are communicated in a timely manner

- ensure that comprehensive management arrangements are in place for the areas of civil contingencies and business continuity, and that they and this policy remain relevant and appropriate to BCULHB

- ensure that civil protection and the management of civil contingencies in all its forms is a shared responsibility, and is a prime responsibility between Chiefs of Staff and other senior members of the Clinical Programme Group teams where it is expected that Assistant Medical Directors and Assistant Directors of Nursing Services will have a role in the leadership of local emergency responses including meeting obligations of Civil Contingencies Act and ensuring business continuity

- that the Executive Team provides adequate and appropriate resources to implement the policy, and crucially, will ensure it is properly communicated and understood
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Disclaimer

When using this document please ensure that the version you are using is the most up to date either by checking on BCULHB web site for any new versions or if the review date has passed please contact the author.
REVIEW

It is the responsibility of the Executive Director of Planning to ensure that an annual review is conducted on the anniversary of the approval date and that individual supporting plans are reviewed and maintained as part of the same review process.

Annual reviews of this plan and appropriate supporting plans will involve a consultation process with key stakeholders, when significant changes to the plan are made.

In order to deliver this plan and the supporting site specific plans the Executive Director of Planning will oversee and performance manage a rolling work programme for the delivery of key performance indicators (KPIs) relating to civil contingencies within BCULHB.

FREEDOM OF INFORMATION ACT

This plan is compliant with the requirement of the Freedom of Information Act.

EQUALITY IMPACT ASSESSMENT

This plan has been assesses under the health board equality assessment scheme and bears no discrimination towards any staff members, service user or member of the public.

If any issues affecting equality and diversity are identified during a major emergency then a full Equality Impact Assessment will be undertaken.

WELSH LANGUAGE SCHEME

This document can be made available in the medium of Welsh. Correspondence through the medium of Welsh is welcome.
PART 1

BETSI CADWALADR IN THE CONTEXT OF A MAJOR EMERGENCY

Role of BCULHB

In a major emergency, BCULHB will provide overarching health command and control, coordination and support to primary, community and secondary healthcare responses within the boundaries of North Wales. It will attempt to provide the best possible healthcare to casualties involved in the emergency while continuing to deliver its normal business as far as possible.

This plan is most likely to be invoked in an emergency that requires a response to an emergency that compromises the normal working of the service and sets out the tactical and strategic coordination arrangements which will be implemented at a pan BCULHB level. It is underpinned by individual site specific operational plans which set out the operational arrangements that will be activated in order to manage the reception of casualties and flow of patients.

The role of BCULHB during an emergency will be to:

**Deliver a coordinated, effective and proportionate response.**

It will, if required:

- instigate a local and / or regional level of response, coordinate the reception and flow of patients and when required activate community, primary & mental health care services

- implement appropriate Bronze, Silver and Gold command & control arrangements and support representation at multi agency meetings including the Strategic Coordination Group (SCG) and / or Recovery working Group (RWG)

- provide direction and coordination for the health media strategy linked to that of the SCG

- make health service resources available to deal with the incident

- ensure support to any Scientific Technical Advisory Cell (STAC) arrangements and liaise directly with ambulance and public health representatives at the SCG

- provide sustainable 24 hour emergency response and establish any special arrangements required by the emergency, such as help-lines

- provide support to other agencies including the police, local authorities and Welsh Government (WG) as deemed necessary by the circumstances of the emergency

- coordinate the health recovery phase of the incident with partner organisations and restore ‘normality’
• support the overall humanitarian assistance requirements of the incident and directly lead the specific health involvement

• coordinate the public health response, including health protection, at a local level

• assess the ongoing situation and identify emerging issues and implement necessary actions to mitigate further escalation, or expedite return to normality

• provide resources to support the local effort using mutual aid at local or regional levels

• liaise with WG to support inward or outward mutual aid

• coordinate screening, epidemiology and long term assessment and management of the effects of the emergency

• identify and establish Emergency Control Rooms across BCULHB as required by the emergency

• act as a conduit for information and direction to and from the hospital, community, primary care and mental health providers and that of the Strategic Coordination Centre (SCC)

**Site Specific Operational Plans**

The BCULHB Major Emergency Plan (MEP) provides the overarching strategic and tactical coordinated response of the Health Board and is therefore underpinned and dependent on the operational site specific plans for each of the acute hospitals sites.

Individual site specific major incident plans exist to provide operational direction specially in terms of individual staff responsibilities and the following:

• major incident declaration process
• command structure that will be established including the setting up of a Hospital Control Centre (HCC)
• individual staff/function roles and responsibilities supported by specific action cards
• patient flows and management arrangements
• infectious diseases management, and
• specific operational arrangements

**Legislative Context of the organisation:**

The Civil Contingencies Act (2004), and accompanying non-legislative measures, delivers a single framework for civil protection in the United Kingdom. BCULHB is recognised as a “Category 1” responder thus subjecting it to the full set of civil protection duties, requiring BCULHB to:

• assess the risk of emergencies occurring and use this to inform contingency 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
• share information with other local responders to enhance co-ordination
• cooperate with other local responders to enhance coordination and efficiency

Furthermore, the Welsh Government has issued guidance which sets out the requirements on National Health Service Wales (NHS-W) organisations in developing their ability to respond to a major incidents or emergencies and to manage recovery whether the effects are local, regional or national.

**Definition of an Emergency**

BCULHB defines a ‘major emergency’ or ‘major incident’ as:

“Any occurrence that presents a serious threat to the health of the community, disruption to the service or causes, or is likely to cause, such numbers or types of casualties as to require special arrangements to be implemented by a hospital(s), ambulance trusts or primary care organisation’.

BCULHB recognises the wider CCA definition as:

‘An event or a situation which threatens serious damage to human welfare in a place in the UK, to the environment of a place in the UK, or war or terrorism which threatens serious damage to the security of the UK.’

BCULHB also recognises certain events have the potential to rapidly overwhelm the local capacity to respond, even with the implementation of major emergency plans.

Therefore this plan takes account of mass casualty incidents and defines them as:

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

**Declaration of an emergency**

BCULHB can collectively declare a major emergency or individual hospital, community, primary care or mental health teams can do so when their own facilities and/or resources are met the definition.

BCULHB recognises that other partner agencies may declare a major emergency which may not have met the above definition or that the health definition might not result in a major emergency for others. BCULHB will activate an appropriate level of response to support other civil protection partners should they declare a major emergency.

Triggers and activation for a major emergency are described below.
PART 2

ALERT LEVELS, TRIGGERS AND ACTIVATION

Alert levels

BCULHB operates five levels of alert. These levels are described as A to E, but there is no requirement for them to be sequential, or for any particular incident to pass through all five levels. For example a “rising tide incident” may pass through A to B to C to E, whereas a “big bang incident” may pass from A to D to C to E.

Level A – Normal

In normal time, there will be a designated lead individual for major incident planning, who will be responsible for leading the Joint Resilience Unit (JRU) within BCULHB. The team will be responsible for:

- producing and updating the organisation’s major emergency and the site specific plans
- ensuring that the Health Emergency Control Centre (HECC) and Hospital Control Centres (HCC) remain available at all times
- horizon scanning and monitoring potential risks planning mitigation accordingly
- managing the emergency preparedness of the BCULHB; and
- ensuring the BCULHB is fully engaged and integrated into North Wales Resilience Forum arrangements.

This work will be done in accordance with the requirements of the Civil Contingencies Act 2004, and that of the WG Emergency Planning Guidance.

There may be times when the day-to-day demand for healthcare places significant pressures on available capacity and reaches the upper capacity limits. In these circumstances BCULHB will, through the area escalation plans, manage the pressures where necessary using the principles described in the plan but without activation of it, and without moving beyond trigger level A.

Level B - Heightened risk

When the JRU identifies an imminent risk, it will advise the Chief Executive / Director of Planning accordingly, who may declare a heightened risk level. This may be for example when an infectious disease is spreading in another area but has not yet reached this region or when there is specific intelligence of a probable terrorist attack in the region.

At this stage, priority for physical and staff resources should be given to major emergency planning matters, and after discussion between the Chief Executive/ Director of Planning and Head of JRU, other staff may be deployed into the team to support the preparations across hospital, community and primary care areas. However at this stage normal business will continue and no Incident Commander (Silver) will normally be designated.
**Level C - Ongoing incident**

This stage will be declared by the Chief Executive or nominated deputy resulting in active management of the major emergency for its duration, which could be over a period of several days, weeks or even months. This may be the case in the event of a major outbreak of infectious disease (e.g. pandemic) or a sustained period of exceptional weather (e.g. heat wave) in which case this stage may be reached directly from a normal or heightened risk state. Alternatively this stage may be reached as a result of the downgrading of an acute incident.

The priority of the organisation will be the management of the incident and if circumstances indicate the HECC will be set up.

The Chief Executive or nominated Executive Director will designate an appropriate Incident Commander (Silver) and if required identify an appropriate representative from BCULHB to attend the Strategic Coordination Group.

**Level D - Acute incident**

This stage represents full activation of one or more of the site specific Major Incident Plans and where there is a need for coordination across acute hospitals, community and primary care areas. This stage may be declared by the Welsh Ambulance Service (WAS) or for internal incidents by the Chief Executive or nominated deputy. The on-call Silver manager will assume the role of Incident Commander (Silver).

It is probable that the HECC will be set up and that a multi-agency Strategic Coordination Group (SCG) will be established. The on-call Executive Director (Gold) will represent BCULHB at the SCG.

The on-call Executive Director (Gold) in consultation with the Incident Commander (Silver) will be required to identify the strategies and priorities for the organisation and communicate these immediately to internal and external stakeholders.

**Level E - Recovery and Review**

Whenever an acute or ongoing incident has taken place, the Chief Executive or nominated deputy will declare when the health management of the emergency has moved into the recovery phase.

At this stage, the recovery will be led by the Executive Director of Planning who will ensure that the internal hospital, community and primary care specific areas return to normal and that physical, financial and emotional aspects of the incident are managed appropriately. To achieve this, the Executive Director of Planning will establish a Health Recovery Working Group which will coordinate the return to normality across the health community and provide a link to the multi-agency Recovery Working Group.

During the recovery phase, a report on the incident will be produced, together with a debrief of lessons learnt and action plan. This will be presented to the “Board” and may also be shared with partners within the North Wales Resilience Forum, Welsh Government or public.
Triggers

The exact trigger point for initiating BCULHB involvement in a major emergency is difficult to define and will depend on the nature and extent of the incident. Therefore, the following situations may trigger a major emergency response:

- a significant incident that threatens to overwhelm the resources of one or more hospitals, community or primary care area
- a significant incident that requires coordination of more than one hospital, community or primary care area
- an incident that crosses into the area covered by another Welsh health board or equivalent English health structure
- an incident where mutual aid is requested, such as on a regional or national basis
- an incident that requires the attendance of health representation at the North Wales Strategic Coordination Group
- an incident that requires coordination of health resources and the opening of communication links with the Welsh Government Emergency Co-ordination Centre (ECCW), any other Government Office or with Public Health Wales (PHW)
- a significant internal incident within any hospital, community or primary care whereby the daily running of the service is adversely affected necessitating special arrangements to be instigated. Where this incident is realised the specific Business Continuity Plan must also be activated
- a significant incident that requires media coordination, particularly with partner organisations

The ultimate decision to activate the Major Emergency Plan lies with the on-call Executive Director (Gold).

Activation of the BCULHB Major Emergency Plan

A major incident alert may come from a variety of sources, including:

- the Welsh Ambulance Services NHS Trust (WAST)
- internally from a hospital, community or primary care area
- the Welsh Government
- any other NHS organisation such as the PHW
- any of the emergency or statutory services
Alert procedure

The decision to provide a BCULHB response will be confirmed by the on-call Executive Director (Gold).

The normal declaration of a major incident arises through the Welsh Ambulance Services NHS Trust Control Room. However, this does not preclude that incidents might arise due to incidents which do not affect the WAST and therefore notification may arise though other means or through an internal cascade.

This approach is supported by the standard messaging to be used when alerting organisations to the major emergency.

As part of the alerting procedure, the on-call Executive Director (Gold) will confirm the immediate course of action to be taken by BCULHB and the command and control arrangements. The command and control arrangements should be proportionate and based on advice from the Chief Executive, Director of Planning, Joint Resilience Unit, WG Health Emergency Planning Adviser, and in discussion with the On-call Silver and Bronze where the incident has an initial local focus.

When deciding on the organisations to be alerted, consideration needs to be given to whether non-health organisations may also need to be informed. Examples may be the police or the local authority, both having key roles to play in the overall co-ordination of a major emergencies and aspects of primary care respectively.

To enable BCULHB to exercise proper judgement about the need or otherwise to take overall strategic command of an incident, it is important that BCULHB is notified of ALL major incidents of whatever scale occurring within the region.

In and out of hours

On being alerted the on-call Executive Director (Gold) will follow the advice in the “On-Call Gold” Action Card 1 in part 6 of this plan. The on-call Executive Director (Gold) will initiate the call out cascade for key staff to support the incident at a gold level and identify a “staff officer” and “loggist” to attend the SCG (Action cards for these roles are located in part 6). An alternative Executive Director or on-call Silver may be contacted to act as the “staff officer” whilst trained loggists can be contacted through the hospital switchboard.

Furthermore, the on-call Executive Director (Gold) will liaise with the on-call Silver to consider the need for opening the HECC, and who will lead the role as the Incident Commander (Silver) from this location.

Standard messaging

The NHS has standard messages to be used in connection with the declaration of a major incident.

NHS Standard Message Application

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<th>Explanation</th>
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<tr>
<th>Major Incident Standby</th>
<th>Alerts the NHS that a major incident may need to be declared. Organisations will want to make preparatory arrangements appropriate to the incident.</th>
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<tr>
<td>Major Incident Declared</td>
<td>Organisations need to activate their Major Incident Plans and mobilise additional resources.</td>
</tr>
<tr>
<td>Major Incident Cancelled</td>
<td>Message cancels either of the above messages at any time.</td>
</tr>
<tr>
<td>Major Incident Stand Down Scene Clear</td>
<td>Most relevant to receiving hospitals after all casualties have been cleared from the scene and none are still en-route. It is the responsibility of each organisation to assess when it is appropriate for them to stand down.</td>
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**Notifying Welsh (Assembly) Government**

In the event of a major emergency it is the responsibility of the Incident Commander (Silver) to notify the WG Health Emergency Planning Advisor / On-Call Officer using the major incident contact details listed in the HECC User Handbook, a copy of which is available on the BCULHB secure emergency planning website.
PART 3

MAJOR EMERGENCY MANAGEMENT

Incident Management

In response to the appropriate triggers and following the decision by the Chief Executive or nominated deputy or if out of hours the on-call Executive Director (Gold), BCULHB will bring together an Emergency Management Team (EMT) to oversee the tactical management of the emergency and to coordinate the response of the health board. The EMT will normally be located at the HECC and led by the identified Incident Commander (Silver).

Staff to support the EMT should be called from the on-call Gold/Silver/Bronze rotas and selected on the basis of the skills needed to respond to the major emergency. Each of the on-call rota identify the skill sets possessed by the respective on-call individuals.

The Emergency Management Team will:

- Make an initial assessment of the situation and determine the key organisational tactical priorities and establish communications with the Executive Director (Gold) at the SCG, if activated.

- Ensure appropriate representation at the relevant SCG when requested to attend by the Police Gold Commander. This is likely to be the Chief Executive or an on-call Executive Director (Gold) if the incident occurs out of hours. In certain circumstances where the incident is focused initially around a health service impact then the on-call Executive Director (Gold) may request through the police Gold Commander the setting up of the SCG in this circumstance a specific activation procedure is set out in appendix X.

- Ensure all hospital, community and primary care providers are alerted to the major emergency and the status of the BCULHB major emergency response.

- Activate the site specific major incident plans, and inform other NHS Trusts, neighbouring Health Boards / English Health structures and any other organisations as required.

- Ensure BCULHB support to the Scientific Technical Advisory Cell (STAC).

- Ensure the Welsh Government is kept effectively briefed and request attendance of an appropriate WG representative to attend the HECC. (activation protocol to be drafted with Lesley Law)

- Continually assess the potential impact of the incident on public health, primary care, community care, mental health, hospital and any other NHS services.

- Assess health service resource requirements, prioritise activities during times of pressure and ensure that the capacity and resources required are available.
• Identify and seek expert advice where internal expertise is not available within BCULHB.

• Decide when the need for BCULHB major emergency management is over, inform organisations appropriately and initiate the post incident de-briefing with partner organisations.

The EMT will be staffed flexibly with the needs of the emergency determining the exact make up of the team but as a minimum should comprise of the following:

• **Strategic Commander** (Gold): Likely to attend SCG and will need to take a deputy and administrative support.

• **Incident Commander** (Silver): Will manage the tactical response from the Health Emergency Control Centre. Initially this role will be undertaken by the on-call Silver though if circumstances require an Executive Director may be asked to lead the HECC response as the incident commander (Silver).

• **Head of Joint Resilience Unit or member/s of Resilience Team:** Will be present at the HECC and provide expert advice and tactical support.

• **Department Heads / Operations Managers:** Will be present at the HECC and fulfil specific duties relating to their area of expertise.

• **Communications Officer:** Will be present at the HECC and support the communications strategy established through the SCG and that of BCULHB.

• **Loggists / Administrative Support:** Sufficient loggist will need to be called to support and attend the SCG and the functions within the HECC. As a minimum 1 loggist should be sent to the SCC 3 to support the HECC and a further 3 set to each of the HCC’s. Trained loggists can be accessed via the hospital switchboard.

Health Emergency Control Centre (HECC)

The EMT will if deemed necessary open the Health Emergency Control Centre a dedicated facility available at the Welsh Ambulance Services NHS Trust Control Centre in Llanfairfechan. The HECC is equipped to support the tactical management of the emergency and is therefore equipped with Information Communications Technology (ICT) and other supporting resources such as detailed operational plans.

The EMT at the HECC will be the focal point for the provision of command and control, coordination and tactical management of the emergency and as such all communications and decisions will be formally recorded through this facility and recorded on the incident log sheet a copy of which is provided in the supporting arrangements at page 28.

Further information on the resources available and the contact details are described in the HECC User Handbook, which is available on the secure BCU emergency planning website.

**On-call Arrangements**
Vital to providing a robust BCULHB major emergency response is the need to have effective arrangements for each level of the incident response. Therefore within BCULHB there exists an on-call Executive Director rota as well as a Silver and Bronze on call rotas. The on-call rotas are not published document as they contains sensitive contact information though copies are available on the secure emergency planning website or via the JRU.

The on-call Executive Director (Gold) rota will comprise of nominated individuals who hold the appropriate level of delegated responsibility and provides cover for the 24/7 period that runs consecutively from 09.00 am every Monday.

Initial contact with the any level of on-call will be triggered through the hospital switchboard which holds the relevant contact details and schedules.

To support the on-call Executive Director (Gold) role an action card is available in the appendices (page 33) of this plan and in the HECC User Handbook.

**Contemporaneous Incident Recording**

It is the responsibility of the Gold, Silver and Bronze Commanders to ensure that appropriate detailed logs of all communications and decisions are recorded and that subsequent notes are kept safe and secure pending any post emergency enquiry. Loggists have been trained to undertake this role though the commander is ultimately responsible for the records and must therefore sign-off each individual log.

**Staff Welfare**

Staff involved with the implementation of this plan during a major emergency are unlikely to be exposed to the sights and sounds that may cause distress at the scene of the incident. However, even though working remotely from the incident scene, some staff may be affected by the nature of the incident and may see or hear of details that cause them distress.

Managers need to be aware that major emergencies can affect some people more than others and if it becomes apparent that a member of staff has been affected, they should ensure that the member of staff is supported and referred to the occupational health scheme or their general practitioner for support, if required.

**Health and Safety**

Staff must follow the BCULHB Health and Safety and Risk Management Policies and Procedures.

For each emergency involving the establishment of an EMT, the Incident Commander will undertake a risk assessment to identify health and safety issues and appoint an individual to oversee the management of all preserved risks. Each member of staff present at the HECC or involved in the emergency should be briefed on any identified or perceived health and safety risks.

Though the Incident Commander will identify an individual to oversee health and safety risks this does not preclude the Incident Commander form holding ultimate responsibility for the health and safety of all staff present or involved, neither does it preclude the duty of all staff to monitor and ensure their own and that of others health and safety.
If the Emergency Response Team is required to operate over prolonged periods the Incident Commander has specific responsibilities to ensure that appropriate rotas are prepared, that team members have rest breaks and that refreshments are provided regularly to staff working in the HECC.

All persons entering the HECC must sign in and out on the incident log. An appointed loggist will have responsibility for ensuring this log is completed.

**Cross Border Incidents and Mutual Aid**

An emergency that has substantial impact on more than one Welsh Health Board or equivalent English Health structure or has national characteristics will involve a UK and Welsh Government response with the setting up of a National Emergency Operations Room in the Department of Health and or the Emergency Control Centre Wales (ECCW) to support health incident management.

In such an emergency the following measures need to be considered:

- Establish appropriate co-ordination arrangements between the Health Boards concerned.
- Agree lead Health Board – this will normally be the one where the incident has occurred and should take account of Police arrangements for providing strategic (Gold) control.

In the event of an Alert Level C or Level D emergency, the internal resources of BCULHB may need to be shared across the North Wales area or when circumstances require wider support might need to be sourced from other Welsh Health Boards or neighbouring Health Authorities.

An Alert Level B or Level C emergency affecting other Welsh Health Boards or Strategic Health Authority areas could require a supportive response from BCULHB. Contact details for neighbouring Welsh Health Boards and English Health Authority areas are included in the HECC User Handbook.

**Debriefing**

Where appropriate, BCULHB will hold a debrief of the health response following an emergency in order to consider the actions taken against the measures set out in this plan. Consideration will be given to amending the plan and a report prepared and made available to the Board and or Chief Executive. BCULHB will also make representation at any joint-agency debriefing as necessary.

The North Wales Resilience Forum has an agreed procedure in place to support incident debriefing and trained debriefing staff are available to fulfil this role.

**Communications**

Arrangements for communications will be essential for the effective management of the major emergency and will require dedicated management for success. On being alerted to the incident, the on-call Executive Director (Gold) will be responsible for contacting the relevant Corporate Communications Leads.
However, in the event of a major emergency confined to a single hospital, community or primary care area, the responsibility for co-ordinating communications may be better managed at the local level from the respective HCC.

The communications lead should assume responsibility for the following:

- Liaison with the SCG Media Cell, WG and all other communications leads such as the Public Health Wales communications teams ensuring they are alerted, briefed and strategies are consistent
- Working alongside the Emergency Management Team to ensure internal communications are provided and staff appropriately briefed on all aspects of the emergency
- Direct handling of all media communications on behalf of BCULHB particularly in regards to the production of media or press briefings and the identification and preparation of appropriate spokes persons
- Co-ordinating arrangements to deal with localised communications (including media liaison and information to the public) in discussion with the relevant hospital, community and primary care management teams
- Establish as required public facing help lines.

**NHS Direct**

NHS Direct Wales is a key participant in the communications process and must be kept informed of the progress of the major emergency as they may be experiencing increased calls as a result of the incident. In addition, NHS Direct Wales can provide intelligence and are able to offer helpline and public information facilities to help with responsibilities to inform the public.

The contact details for NHS Direct Wales can be found in the Emergency Management Handbook.

**Arrangements for the provision of a health alert or major incident telephone hotline by NHS Direct**

“A help line service is established as a result of an adverse event or issue of safety (the event), which will impact on patients/patient services and raise questions of public concern”1. It is a time-limited service that provides advice on a specific event.

- A helpline/advice line is usually set up to provide clear, consistent information about an event and its impact for:
  - Patients and/or families;
  - Other patients and/or members of the public who may be concerned;
  - Staff working in the NHS or with the NHS.
• It can provide direct advice or make appropriate referrals to expert advice for patients and/or families directly affected, or NHS staff directly affected or concerned. In addition, it can signpost or reassure people who contact the NHS because of the attention the incident has attracted.

• Setting up help lines or advice lines can be challenging due to the timescales often involved, the scale of the event/health alert and the amount of information required. Therefore, there are benefits in tapping into an existing infrastructure such as NHS Direct which has experience in effectively managing both national and local health alerts at short notice.

Risk Specific Arrangements

The North Wales Community Risk Register (CRR) identifies several high risk scenarios which could result in a major emergency impacting on North Wales. BCULHB has specific arrangements to respond to these scenarios and is a key contributor in the development of North Wales Resilience Forum Plans for such scenarios.

Specific arrangements exist to manage incidents involving:

• Radiological emergencies
• Infectious disease (Pandemic Influenza)
• Control of Major Accident Hazardous scenarios
• The malicious or deliberate release of Chemical, Biological, Radiological or Nuclear materials
• Incidents involving large numbers of burns patients
• Incidents involving large numbers of critical care patients
• The management of major flooding emergencies

The North Wales Community Risk Register can be viewed at www.walesprepared.com
PART 4
CO-ORDINATION AND MULTI-AGENCY INTEGRATION

BCULHB Hierarchy of Command

The command and control of major emergencies by BCULHB will be in accordance with the Strategic (Gold), Tactical (Silver) and Operational (Bronze) Command structure as follows below.

<table>
<thead>
<tr>
<th>Command</th>
<th>Definition</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gold</td>
<td>Strategic Command of the incident</td>
<td>Provide the strategic management and coordination of BCULHB resources during the emergency by ensuring secondary, community and primary care service delivery for both the incident and for normal service delivery</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Establishes and communicates policy and determines priorities for the Tactical Commanders to implement</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Allocate resources to ensure appropriate tactical and operational response</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Establish strategies for the return to normality</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Communicates with the Welsh Government and the public</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Actively or passively represents the BCULHB at the Strategic Co-ordination Centre</td>
</tr>
<tr>
<td>Silver</td>
<td>Tactical Command of the incident</td>
<td>At HECC level provide the tactical management and coordination of resources during the emergency by directing secondary, community and primary care services.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Implement the strategic policy and priorities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Prioritise the allocation of resources</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Liaison with other agencies and ensuring effective co-ordination of the tactical response</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Direct Bronze commander(s) according to requirements of the incident</td>
</tr>
<tr>
<td>Bronze</td>
<td>Operational Command of response</td>
<td>At the HCC levels</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Operationally manage all resources in line with tactical direction and strategic priorities</td>
</tr>
</tbody>
</table>
Integration with Multi-agency Partners

Civil Contingencies Committee

Cabinet Office Briefing Room (COBR)

Wales Resilience Forum

Welsh Assembly Government

Strategic Co-ordination Centre (SCC) @ NW Police HQ
( STAC and Recovery Working Group)

Emergency Co-ordination Centre Wales Health Team

BCULHB Emergency Response Team @ HECC

East Area Hospital Control Centre

Central Area Hospital Control Centre

West Area Hospital Control Centre

Welsh Ambulance Service

Public Health Wales

Contact details for these locations are recorded in the HECC User Handbook
PART 5
SUPPORTING ARRANGEMENTS

Vulnerable Groups

During a major emergency, the health service has a specific requirement, in conjunction with other organisations, to ensure the needs of those people made vulnerable as a result of the emergency or as a result of their day to day circumstances are cared for.

Examples of vulnerable people are:

- Those already ill, either with acutely or chronic health conditions
- People with dependencies
- People with physical or mental health disabilities
- Parents with babies or young children, or pregnant women
- People receiving extensive social or health home care such as renal dialysis
- The young or elderly and confused
- People whose social circumstances have altered in such a way as a result of the emergency that they can no longer care for their own needs.

The care of children requires special consideration and therefore BCULHB will seek specialist staff with knowledge and skills in the management of children to support emergencies where children are either directly or indirectly involved.

NHS Medical Countermeasures for Use in a CBRN Incident

As part of the health service preparedness to respond to major emergencies the Welsh Government, in conjunction with DH and other UK Health Departments, have established a UK stockpile of health countermeasures for use in the event of a deliberate or accidental release of chemical, biological, radioactive or nuclear materials.

This stockpile should be used only in circumstances when the scale or nature of an incident demands counter measures that are beyond what is available routinely or what is held as part of the planned response to locally identified risks.

Due to the restricted nature of these arrangements the Joint Resilience Unit can provide further guidance relating to the mobilisation processes and types and quantities of countermeasures which are available.

*However the following principles will apply:* -
It is most likely that the request to activate the UK Reserve Stock will be made by a clinician within the main receiving Emergency Department and therefore they must:

- ensure that the Incident Commander (Silver) is fully briefed and aware of the need to activate the health counter measures and that a record of the decision is entered in the incident log
- inform the recipient of the call that this is a request for activation of Health Countermeasures from the UK Reserve Stock
- state the name and contact details of the person responsible for making the request
- state the precise delivery location for the stock
- clearly identify the specific countermeasure/s needed using the standard terminology for each type of countermeasure, as detailed in this guidance
- clearly state the number of pods/quantity of drug needed

The recipient of the request will record the information given using standard terminology for each type of countermeasure and ensure all necessary details are passed to the appropriate agency who will mobilise them.

The table below provided brief details relating to the countermeasures available and the method for requesting mobilisation.

<table>
<thead>
<tr>
<th>Agent</th>
<th>Use</th>
<th>Comment</th>
<th>Mobilisation via (who’s contact details are in the Major Incident Handbook)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nerve Agent Antidote</td>
<td>Treatment of nerve agent exposure</td>
<td>Contains atropine, saline, water and pralidoxime chloride</td>
<td>Via WAST North Wales Control Duty Shift Manager</td>
</tr>
<tr>
<td>Obidoxime</td>
<td>Treatment of nerve agent poisoning failing to respond to pralidoxime chloride</td>
<td>For use after discussion with National Poisons</td>
<td>Via WAST North Wales Control Duty Shift Manager</td>
</tr>
<tr>
<td>Cyanide Antidotes</td>
<td>Treatment of cyanide poisoning</td>
<td>Contains dicobalt edete injection and glucose 50% injection</td>
<td>Via WAST North Wales Control Duty Shift Manager</td>
</tr>
<tr>
<td>Botulinium Antitoxin</td>
<td></td>
<td>Contains antitoxin and water, if not a major incident supplies should be sought from designated centre</td>
<td>Via WAST North Wales Control Duty Shift Manager</td>
</tr>
<tr>
<td>Prussian Blue</td>
<td>Treatment of thalium poisoning</td>
<td></td>
<td>Via WAST South Wales Control refer to JRU</td>
</tr>
<tr>
<td>Equipment</td>
<td>Vascular access, airway management a respiratory support equipment</td>
<td>To support 100 people (80 adult/20 paed)</td>
<td>Via WAST North Wales Control Duty Shift Manager</td>
</tr>
<tr>
<td>Modesty</td>
<td>Post decontamination</td>
<td>To redress 100 people</td>
<td>Via WAST North Wales Control Duty</td>
</tr>
</tbody>
</table>
The decision to deploy the following items will normally be made by Public Health Wales in consultation with Health Boards (including Heads of Pharmacy and Public Health Directors) and Welsh Government:

<table>
<thead>
<tr>
<th>Agent</th>
<th>Use</th>
<th>Comment</th>
<th>Mobilisation via (who's contact details are in the Major Incident Handbook)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Biological Antidote (oral ciprofloxacin)</strong></td>
<td>5 day post exposure prophylaxis to anthrax, plague or tularaemia</td>
<td>Copies of guidance documents and PGDs may be found at: <a href="http://www.dh.gov.uk/en/Policyandguidance/EmergencyplannDH_4069610">http://www.dh.gov.uk/en/Policyandguidance/EmergencyplannDH_4069610</a></td>
<td><strong>In hours</strong>: Director of Public Health <strong>Out of hours</strong>: South Wales Ambulance Control</td>
</tr>
<tr>
<td><strong>Ciprofloxacin IV injection</strong></td>
<td>Treatment of established anthrax</td>
<td></td>
<td><strong>In hours</strong>: Director of Public Health <strong>Out of hours</strong>: South Wales Ambulance Control</td>
</tr>
<tr>
<td><strong>Gentamicin IV/IM Injection</strong></td>
<td>Treatment of tularaemia or plague</td>
<td></td>
<td><strong>In hours</strong>: Director of Public Health <strong>Out of hours</strong>: South Wales Ambulance Control</td>
</tr>
<tr>
<td><strong>Naloxone</strong></td>
<td>Treatment of opioid poisoning</td>
<td></td>
<td><strong>In hours</strong>: Director of Public Health <strong>Out of hours</strong>: South Wales Ambulance Control</td>
</tr>
<tr>
<td><strong>Potassium Iodate (and Information leaflets)</strong></td>
<td>Block uptake radioactive iodine</td>
<td></td>
<td><strong>In hours</strong>: Director of Public Health <strong>Out of hours</strong>: South Wales Ambulance Control</td>
</tr>
<tr>
<td><strong>Smallpox vaccine</strong></td>
<td>Prevention of smallpox</td>
<td></td>
<td><strong>In hours</strong>: Director of Public Health <strong>Out of hours</strong>: South Wales Ambulance Control</td>
</tr>
<tr>
<td><strong>Further stocks of Ciprofloxacin</strong></td>
<td>To complete a treatment course and stocks of doxycycline to change treatment if required</td>
<td></td>
<td><strong>In hours</strong>: Director of Public Health <strong>Out of hours</strong>: South Wales Ambulance Control</td>
</tr>
</tbody>
</table>
**Scientific Technical Advisory Cell**

In certain emergencies the SCG Gold Commander may require access to specific scientific and technical advice to assist with determining the strategic priorities for the emergency or informing the public warning messages. Therefore, arrangements have been developed which will bring together technical experts operating under the strategic direction of the SCG. Where the emergency crosses multiple SCGs then the STAC may be located at a central point and shared between the SCGs involved.

The SCG will agree the high-level objectives guiding the multi-agency response, including the immediate priorities. The STAC will respond to questions raised by the SCG.

The STAC will normally be chaired by a senior member of the Public Health Wales and draw on the expertise of agencies such as Environment Agency, Environmental Health Officials, Fire and Rescue Service etc. who will provide an early assessment as far as possible of the actual or likely impact the incident may have on public safety, public health and the environment. This may include advice on sheltering and responder safety.

Due to the specific arrangements regarding Wylfa Nuclear Power site a specific STAC plan has been developed to support this facility which differs from the National arrangements in that it will focus of the know risks associated with this site.

**STAC Membership**

Membership and function of the STAC will be incident specific and tailored to local requirements. Members will have the necessary knowledge and skills to collectively provide scientific and technical advice relevant to the emergency. The cell is likely to include specialists in health, the environment, and site specific response concerns (site / infrastructure owner / operator).

Agencies covering other specific capabilities and/or responsibilities will be represented dependent on the type of incident and requirement for specific technical advice, such as local authorities, Met Office, Government Decontamination Service, utility and transport operators.

The core membership of the cell will be decided by the STAC Chair based on the nature of the incident and the expert scientific and technical advice required. The SCG Chair may request wider advice which will be considered in consultation with the STAC Chair.

Although not exhaustive, appropriate membership will be drawn from:

<table>
<thead>
<tr>
<th>Public Health Wales</th>
<th>Health Boards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Protection Agency</td>
<td>Environment Agency Wales</td>
</tr>
</tbody>
</table>
Local authorities (including Environmental Health & Trading Standards) | Met Office
---|---
Health and Safety Executive | Government Decontamination Service
Emergency services technical advisers | Animal Health
Site operator technical advisers | Marine Management Organisations
Welsh Assembly Government Scientific and Technical Advisers | Welsh Assembly Government Fisheries Unit
Food Standards Agency | Welsh Assembly Government Communications Division
Countryside Council for Wales | Utilities

Other agencies invited to address sector specific issues, such as the transport operators and other environmental organisations

Further guidance relating to the STAC can be obtained via the BCU secure emergency planning webpage, or the JRU.

**Humanitarian Assistance Centre (HAC)**

Certain major emergencies may result in significant numbers of displaced people or persons seeking support and intervention from the statutory and voluntary sectors. Therefore, the local authorities have been charged with providing both reception/rest centers and humanitarian ones, which require input from a health service perspective. The Incident Commander (Silver) will therefore allocate appropriate and proportionate resources to support each of these facilities based on the specific needs of the respective centre.

The purpose of a Humanitarian Assistance Centre (HAC) is to:

- act as a focal point for information and assistance to all those directly affected by, or involved in, the emergency. This group is likely to include the families and friends of those missing and killed, survivors, and the wider community
- enable those affected to benefit from appropriate information and assistance in a timely, coordinated manner
- offer access to a range of services – allowing people to make informed choices according to their needs
- ensure a seamless multi-agency approach to humanitarian assistance in emergencies that should minimise duplication and avoid gaps

A Humanitarian Assistance Centre (HAC) is distinct from other centres that may be part of a welfare response, such as Rest or Reception Centres. Establishing a HAC should be considered as part of the response to a wide range of emergencies, including terrorist incidents, major transport incidents and natural disasters, such as severe flooding. Coordination of the HAC will be achieved through a management group which health will be a member of.
Rest or Reception Centres differ in that they tend to be focused around providing shelter and accommodation during the acute phase of the emergency, health will once again need to provide input into these centres though this is usually aimed at ensuring that the chronic needs of people affected are being met. Therefore, primary and community teams will normally be the most appropriate level of response.

**Humanitarian Assistance Centre Management Group (HACMG)**

The designated chair will convene a HACMG meeting as soon as is practicable. The make up of the HACMG will reflect the nature of the incident and this group will make the necessary arrangements to set up a HAC. The HACMG will select a HAC Manager who will most likely be a senior officer from the social care sector of the most affected local authority. The North Wales Resilience Forum has published a plan which sets out the role and mechanism for the setting up of a HAC and HACMG that is available on the BCU On-call secure web site.

**Recovery**

Following the acute response phase organisations, including health, will need to focus on the return of normal services and the reinstatement of the socio-economic normality which existed prior to the emergency. In order to achieve this the SCG will change its focus to that of developing recovery strategies as well as passing over the chair to the lead local authorities whose area the emergency has occurred within.

**Recovery Strategy**

At the start of the recovery process, it is vital that a clear recovery strategy is developed and agreed. The North Wales Resilience Forum Recovery Plan has suggested the following key objectives:

- an impact assessment (covering impact on residents, businesses, infrastructure, environment, etc) is carried out as soon as possible and is regularly updated
- a concise, balanced, affordable recovery action plan is developed that can be quickly implemented, involves all agencies and fits the needs of the emergency
- the community is fully involved in the recovery process
- all agencies work closely with the community and those directly affected, including on monitoring and protection of public health
- utilities (e.g. water) and transport networks are brought back into use as soon as practicable
- a pro-active and integrated framework of support to businesses is established
- all affected areas are restored to an agreed standard so that they are ‘suitable for use’ for their defined future purposes
- environmental protection and recovery issues are coordinated
- information and media management of the recovery process is coordinated
- effective protocols for political involvement and liaison (Town, Community /County / and Parliamentary) are established.
## INITIAL EMERGENCY INCIDENT CALL

<table>
<thead>
<tr>
<th>Time of call</th>
<th>Name of caller</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of call</td>
<td>Originating organisation</td>
</tr>
</tbody>
</table>

**Contact Information**
- Primary call back telephone number
- Secondary call back telephone number
- Fax number
- Email address
- Other

**Major Incident**
- Declared or Stand-by (incl Date & Time of Declaration)

**Exact location**
- Exact location/ geographical area of incident

**Type of Incident**
- Flooding/Fire /
- Utility failure/ CBRNE/ Disease outbreak etc

**Hazards**
- Present and potential

**Access**
- Best routes for access and egress/ inaccessible routes

**Number of Dead/Casualties**
- Types & nos dead/casualties/ displaced persons/ Vulnerable groups

**Emergency Services**
- Required/ On scene

**Intentions**
- Intentions/ Actions of those informing BCULHB

**Intentsions**
- Intentions / Actions of BCULHB to information provided

**Time and Location of SCG/ HECC / HCC’s**

All further communications, decisions and actions should be recorded on the following sheet.
# LOG SHEET

**Sheet No**

<table>
<thead>
<tr>
<th>ISSUE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>DECISION</td>
<td></td>
</tr>
<tr>
<td>ACTION</td>
<td></td>
</tr>
</tbody>
</table>

Time and Date ________________________
Entry made by_________________________   Sign / Print ________________________
Decision made by______________________  Sheet No / of ________________________
Role and Responsibility of Partner Organisations

Welsh Ambulance Services NHS Trust (WAST):

- Have a major incident plan that considers all foreseeable causes of a major incident and all aspects of the ambulance response.
- Ensure that staff are trained and equipped for their roles in major incident.
- Exercise the Plan.
- Provide an annual report to the North Wales Regional Director and for submission to the North Wales Emergency Planning Group.

In the event of a major incident, the Welsh Ambulance Services NHS Trust must alert the receiving hospital and/or BCULHB, the Public Health Wales and support any co-ordination arrangements that the Health Board implement.

Public Health Wales (PHW) (formally the National Public Health Service for Wales)

The remit of the PHW is to support the strategic and/or operational management of the public health aspect of a major incident. This includes incidents in which there is a release of biological or toxic agents (chemical, biological, radiological, nuclear) that have the potential to affect the public health. Furthermore, PHW may be asked to chair any STAC that is established as a result of the emergency.

The generic responsibilities of the PHW in a major incident situation are to:

- Assess the potential risk to the public health.
- Recommend measures to protect the public health and mitigate the effects of the incident, as appropriate.
- Where necessary provide the public health response at strategic, tactical and operational levels.
- Ensure that health care providers are kept informed in relation to biological, chemical, radiological and nuclear incidents.
- Ensure that specialist advice is made available to health care providers and emergency services personnel, where necessary.
- Liaise with health care providers to help ensure that health care needs arising from such incidents can be met.
- Provide health advise to the public and media.
- Provide a strategic view on long-term threats.
- Arrange epidemiological follow-up if necessary.
- Provide public health advice during the recovery phase in the aftermath of a toxic release, in collaboration and co-operation with specialist agencies.
- Provide advice and support to agencies at local, regional and national level in relation to other incidents that may threaten the public health directly, or indirectly arising from measures to manage such incidents (e.g. oil spillages at sea, foot and mouth disease).
- To chair the Scientific Technical Advisory Cell if required.

The PHW has specific responsibilities in relation to major communicable disease, chemical and radiological incidents. These responsibilities are detailed within the “National Public Health Service for Wales Emergency Management (Major Incident) Plan” (10.2004)
Local Authorities
During and following a major incident, BCULHB is likely to need to liaise with one if not all of its partner Local Authority organisations, initially through the Local Authority Emergency Planning Office (EPO). Access can be gained through the Welsh Ambulance Service control room.

Local Authority responsibilities will include:

- Co-ordinating the response to certain major incidents e.g. serious pollution (including shoreline oil pollution), heavy snow, dangerous buildings, incidents involving schools, rabies and notifiable disease outbreaks.
- Supporting the emergency services and those engaged in the response to an incident and maintain existing services to the community.
- Providing a wide range of support services.
- Activating the voluntary agencies and faith community, and co-ordinating their response.
- Providing suitable rest centres for the temporary accommodation of survivors/evacuees.
- Providing and equipping suitable temporary mortuary premises.
- Assisting with arrangements to warn, inform, evacuate, feed and shelter the local population.
- Assisting at friends and relatives reception centres.
- Leading recovery of the scene and return to normality.

North Wales Police
The primary areas of North Wales Police responsibility in a major incident may be summarised as follows:

- The saving of life, in conjunction with the other emergency services.
- Assuming overall control and co-ordination of the activities of various services at the scene throughout the period of a major incident by establishing a ‘Gold’, ‘Silver’ and ‘Bronze’ command structure.
- Assist with the provision of public information and public warnings of potential incidents and manage the evacuation of the public in the affected area, as appropriate.
- Activating and calling out all the services needed in an emergency.
- Protection, preservation and security of the scene.
- Providing a comprehensive information service in the event of a major incident – this service could cover both enquiries from the public and the media.
- Identification of victims, on behalf of Her Majesties Coroner.
- Participating in investigations, collecting evidence and preparing reports.

North Wales Fire and Rescue Service
The role of North Wales Fire & Rescue Service is derived from its experience in fire fighting and rescue operations of all types, together with its ability to immediately mobilise an appropriately sized response and can be summarised as:

- The rescue of live casualties.
- Preventing further escalation of the incident by tackling fires, dealing with released chemicals and other hazardous situations.
- Information gathering and hazard assessment to give advice to the Police and enable them to advise the public to evacuate or stay put.
- Liaison with the Police regarding the provision of an inner cordon around the immediate incident to enable the Fire Service to exercise control.
- The safety of all personnel involved in rescue work.
- Consideration of the immediate effect the incident may have on the environment and the action to be taken to minimise this.
- Assisting the Police with recovery of the dead.
- Participating in investigations as appropriate and preparing reports and evidence for enquiries.
- Stand-by during non-emergency recovery phases to ensure continued safety at and surrounding the site if necessary.
- If necessary, implement the Chemsafe Scheme – to provide advice and assistance in accidents arising from the transportation of dangerous chemicals.

**Maritime Coastguard Agency**

The role of Maritime Coastguard Agency in major incidents may be summarised as follows:

- Co-ordination of all civil maritime search and rescue operations around the coastline of the UK and for 1000 miles into the North Atlantic. This includes mobilising, organising and despatching resources to assist people in distress at sea or in danger on the cliffs or shoreline.
- Co-ordination of the involvement of the emergency services and other agencies in the response to a maritime incident.
- Initiation of an early warning to M.P.C.U. and the Police of any threat from oil or chemical pollution or munitions.

**Environment Agency Wales**

At incidents involving actual or potential environmental damage, EA’s role is to provide co-ordination and management of the environmental response to the incident. In particular, we will take action, where appropriate, to:

- Assess the risk of the incident to the people, environment and property
- Prevent or minimise the impact of the incident on human health, the environment and property particularly where the risk is serious or immediate
- Investigate and gather information and evidence for possible enforcement and legal action in accordance with its role as regulator
- Ensure the owner/operator/polluter takes responsibility for the appropriate remedial actions
• Where the source is not identified or the required action is not instigated by the owner/operator/polluter, consider what action to take in respect of remedial actions
• Ensure remedial action is undertaken in an approved, professional and competent manner and not, in general, to do the work ourselves
• Notify, warn or advise relevant stakeholders
• Work effectively with external partners e.g. the emergency services
• Recover the costs of the incident response and investigation at every opportunity.

Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBRN</td>
<td>Chemical, Biological, Radioactive and Nuclear</td>
</tr>
<tr>
<td>CCA2004</td>
<td>Civil Contingency Act 2004</td>
</tr>
<tr>
<td>CCC</td>
<td>Civil Contingencies Committee</td>
</tr>
<tr>
<td>CE</td>
<td>Chief Executive</td>
</tr>
<tr>
<td>COBR</td>
<td>Cabinet Office Briefing Room</td>
</tr>
<tr>
<td>DEFRA</td>
<td>Department of Environment, Food and Rural Affairs</td>
</tr>
<tr>
<td>DH</td>
<td>Department of Health</td>
</tr>
<tr>
<td>DPH</td>
<td>Director of Public Health</td>
</tr>
<tr>
<td>EA</td>
<td>Environment Agency</td>
</tr>
<tr>
<td>ECCW</td>
<td>Emergency Coordination Centre Wales</td>
</tr>
<tr>
<td>EMT</td>
<td>Emergency Management Team</td>
</tr>
<tr>
<td>EMTH</td>
<td>Emergency Management Team Handbook Restricted Document</td>
</tr>
<tr>
<td>HAT</td>
<td>Health Advisory Team</td>
</tr>
<tr>
<td>HAC</td>
<td>Humanitarian Assistance Centre</td>
</tr>
<tr>
<td>HACMG</td>
<td>Humanitarian Assistance Centre Management Group</td>
</tr>
<tr>
<td>HCC</td>
<td>Hospital Control Centre</td>
</tr>
<tr>
<td>HECC</td>
<td>Health Emergency Control Centre</td>
</tr>
<tr>
<td>HPA</td>
<td>Health Protection Agency</td>
</tr>
<tr>
<td>HPU</td>
<td>Health Protection Unit</td>
</tr>
<tr>
<td>LRF</td>
<td>Local Resilience Forum (Planning)</td>
</tr>
<tr>
<td>MERIT</td>
<td>Medical Emergency Response Incident Team</td>
</tr>
<tr>
<td>MIP/MEP</td>
<td>Major Incident Plan / Major Emergency Plan</td>
</tr>
<tr>
<td>NBBB</td>
<td>National Burns Bed Bureau</td>
</tr>
<tr>
<td>NHS</td>
<td>National Health Service</td>
</tr>
<tr>
<td>OOH</td>
<td>Out of Hours</td>
</tr>
<tr>
<td>PCT</td>
<td>Primary Care Trust</td>
</tr>
<tr>
<td>PHW</td>
<td>Public Health Wales (formally the National Public Health Service NPHS)</td>
</tr>
<tr>
<td>RDPH</td>
<td>Regional Director Public Health</td>
</tr>
<tr>
<td>SCC</td>
<td>Strategic Coordination Centre</td>
</tr>
<tr>
<td>SCG</td>
<td>Strategic Coordinating Group (Response)</td>
</tr>
<tr>
<td>SID</td>
<td>Sharing, Information and Discussion Site</td>
</tr>
<tr>
<td>SHA</td>
<td>Strategic Health Authority</td>
</tr>
<tr>
<td>STAC</td>
<td>Science and Technical Advice Cell</td>
</tr>
<tr>
<td>WAG</td>
<td>Welsh Assembly Government</td>
</tr>
<tr>
<td>WAST</td>
<td>Welsh Ambulance Services NHS Trust</td>
</tr>
</tbody>
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PART 6

ACTION CARDS
Action Card 1

On-call Executive Director (Gold)

The on-call Executive Director (Gold) will:

- assume the role of the Gold Commander on receipt of notification, determine the impact and consequences to BCULHB and what immediate actions need to be taken, including whether BCULHB needs to stand up to the incident.

- contact the Chief Executive and other Executive Directors, if required, and agree who will attend the SCG and who will assume the Incident Commander (Silver) role.

- support or lead the Emergency Management Team (EMT), if required, and ensure that the information is being cascaded particularly to partner organisations, WG and staff in the organisation.

Following notification the following actions should be considered:

The Gold Commander will:

- Ensure continuity of own role for the duration of the incident.

- Make decisions about the implementation, escalation and stand down of this plan, and about changes in the level of alert.

- Appoint an Incident Commander (Silver).

- Liaise with other Executive Directors to ensure an appropriate balance of priority between the management of the incident and the continuity of business.

- Deploy staff to work on the emergency or to work on other non-emergency roles to provide backfill, or to continue with their normal duties. Ensure that all staff are aware of the role in which they are expected to work.

- Authorise the tactical plans devised by the Incident Commander (Silver).

- Ensure that the Chair / Board and WG is appropriately briefed.

- Ensure that priority is given to reviewing the incident and the response, and to honouring commitments made during the incident.
Incident Commander (Silver).

**NB specific actions may be undertaken by more than one person – the Incident Commander (Silver) should ensure an appropriate allocation of responsibilities depending on the skills of the individuals available at the HECC.**

**OOH : CONTACT 5 MEMBERS OF THE BRONZE ON CALL TEAM AND ASK THEM TO ATTEND THE RELEVANT HCC. CONTACT DETAILS CAN BE FOUND ON THE ON-CALL WEBSITE.**

The Incident Commander (Silver) will:

- Lead the BCULHB response to the incident and manage the Emergency Response Team from the Health Emergency Control Centre
- Contact Loggists (details can be found on the on-call website) and request their attendance at the HECC.
- Ensure that the Chief Executive/Gold is fully briefed
- Ensure appropriate BCULHB representation is available to attend the SCG as the health Gold Commander and they are supported by an appropriate supporting officer and loggist
- Advise the Chief Executive/Gold on changes to the alert level and implement response decisions to move to different levels of alert
- Manage the staff deployed to work in the HECC. This will mean designating one or more individuals to each of the roles described in these action cards, with rotas if 24 hour continuity is required
- Take tactical decisions, for example in relation to when specific Major Incident Plans should be activated, and when they can be stood down
- Ensure that staff involved in the incident have adequate periods of rest. (At an early stage for an incident in working hours it may be necessary to send home staff required to attend a night shift)
- Ensure that all individuals and organisations needing to know about the incident have been informed
- Ensure that contemporaneous notes of all communications, decisions and actions are recorded and kept
- Maintain a log of own actions, decisions and prepare a post emergency report.
- Work with the Bronze Commanders at each of the HCC’s to maintain an awareness of current pressures on operational activity, including: -
i. Inpatient bed capacity  
ii. Specialist bed capacity including ITU, burns, surgery, and burns bed capacity  
iii. Pressures on Emergency Departments  
iv. Staffing pressures  
v. Potential contamination / infection risks that may limit the use of available capacity  
vi. Mortuary capacity  
vii. Pressures on / availability of General Practitioners  
viii. Pressures on community services  
ix. Pressures within mental health  
x. Press and media enquiries

- Ensure that loggists are recording the situation periodically
- Liaise with community and local authorities (LAs) to ensure that consideration has been given to mobilising resources in the community and private healthcare sector
- Liaise with LAs to ensure that consideration has been given to mobilising BCULHB resources to local authorities’ centres such as rest centres and mortuary facilities
- Advise WAST and other neighbouring NHS organisations about the possible need to transfer patients to sites where resources are available
- Maintain communications and provide regular briefings to W(A)G
- Be the main point of contact with the SCG and the communications lead, if that individual.
- Anticipate the need for additional capacity, and advise organisations at an appropriate time that they should activate their Major Incident Plans.
- Ensure that all hospitals, community and primary care areas whose Major Incident Plans are activated are frequently briefed on the development of the incident, and advised when their plans can be stood down
- Negotiate mutual aid with other Health Boards and English health structures where the scale of the incident needs such a response, consider the need for mutual aid from other countries within the United Kingdom or wider
- Ensure that health and safety considerations are not neglected and rest periods and staff rotation are under constant review
- Agree with WAST and hospital sites the priority of needs within the short and middle term and the possible review in the longer term
- Oversee the management of the recovery phase
Action Card 3

Gold Support Officer (Staff Officer)

The Gold Support Officer will:

- Be the contact person between the wider BCULHB and the Gold Commander
- Maintain a link with BCULHB and ensure regular two way briefings
- Ensure the Gold Commander is updated to the state of BCULHB response
- Ensure the Gold Commander is updated to the state of BCULHB resources, pressures and tactics to manage health response
- Support the Gold Commander in determining and implementing the health policy for the overall management of the emergency
- Ensure that a system of recording all information and decisions in regards to the actions and decisions of the Gold Commander are recorded
- If the incident is expected to last more than 8 hours, liaise with the Incident Commander (Silver) to ensure that adequate shift arrangements are in place
- At the close of the incident hold appropriate de-briefing sessions with all who participated in the SCG and participate in the reviews held by the other responding agencies
- Contribute to a STAC and Recovery Working Group if established.
The Communications Lead will be the Head of Communications or a member of the Silver on Call team:

- May be located at the Police Media Cell within the SCC, dependent on the immediate pressures or if required at the HECC

- Establish contact with the Incident Commander (Silver) and the Bronze Commanders in the HCC’s, and ensure that they are aware of any communication issues and support the media on behalf of BCULHB

- Establish links with communications colleagues representing other organisations and with communications leads in WG. Through these links:
  
  i. Ensure that consistent messages are sent out from the NHS.
  
  ii. Offer and or seek mutual support

- Seek to collaborate with the media, in order to:
  
  iii. Keep the public fully informed
  
  iv. Advise the public who may have been involved in the incident on what actions they may take, and from where to seek further help / guidance
  
  v. Advise the public about any changes in the arrangements for healthcare for people not involved in the incident
  
  vi. Allay fear (where appropriate), including fear that the NHS may be unable to cope

- Liaise with NHS Direct Wales to ensure that information given to the public through the media and through NHS Direct Wales are consistent

- If at the Police Media Cell, the Communications lead will work in accordance with SCG policy and will:
  
  i. Establish contact with the press officer from the lead agency (usually police)
  
  ii. Make statements only on behalf of BCULHB (or on behalf of other NHS organisations as agreed)
  
  iii. Where practicable and relevant, consult with the lead agency press officer prior to issuing news releases or making statements
  
  iv. Keep the lead agency press officer and any other relevant press officers informed of any other statements made to the media, providing a written record where possible. (Ideally, each agency should provide other agencies promptly with copies of any news releases issued)
  
  vii. Brief colleagues in the W(A)G ECCW on the need to co-ordinate the media response on the lines mentioned above
  
  viii. Keep a log of media contacts.
Action Card 5

Incident Loggist.

NB this role may need to be performed by more than one person – the Incident Commander (Silver) will ensure an appropriate allocation of responsibilities depending on the skills of the individuals who are available.

The Loggists will:

- Be required at the Strategic Coordination Centre (SCC), Health Emergency Control Centre (HECC) and Hospital Control Centre’s (HCCs) if activated
- Assist with setting up of HECC and HCCs.
- Ensure that bookings previously made for the rooms being used as the HECC/HCC are transferred to other venues or cancelled as appropriate, and that apologies are sent
- Ensure alternative arrangements made for commitments of all staff involved in the incident
- Convene and take notes of any meetings required in relation to the emergency, including video and or telephone conferences
- Maintain a written contemporaneous record of issues, decisions and actions, ensuring that the commander responsible for the log signs it at the end of the incident
- Maintain a record of all communications and any critical data throughout the incident
- Assist in the taking of telephone calls and the passing of messages
- Record details of designated personnel in other responding agencies, together with their contact telephone, email and/or fax numbers for contact purposes
- Co-ordinate rotas and contact arrangements for staff who will be working to ensure 24 hour continuity
- Keep up to date rotas of staff who are involved, or who are resting in order to undertake a later shift, and record those rotas on White Boards in the incident room
- Co-ordinate refreshments for staff working out of hours on the incident.

Trained Loggists have been provided a role specific handbook as part of their training which will support their role they will fulfil.