PH 10 INCIDENT AND MAJOR EMERGENCY PLAN

Northamptonshire Teaching Primary Care Trust

Generic response plan for the management of incidents and major emergencies

Date: October 2008
Review: October 2009
Version: 1.0
Owner: Professor Stephen Horsley, Director of Public Health
IMMEDIATE ACTION

IF YOU ARE REQUIRED TO TAKE IMMEDIATE ACTION ON THIS INCIDENT AND MAJOR EMERGENCY PLAN AND YOU HAVE NOT READ IT BEFORE DO NOT READ IT NOW

FIND THE RELEVANT ACTION CARD IN ANNEX A AND FOLLOW THE INSTRUCTIONS

This document is a publicly available document and therefore does not contain confidential contact details. These are retained separately in the on-call handbook held by Directors and Associate Directors.
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## 1 Amendments

Amendments to this plan are to be recorded in the table below by the PCT emergency planning team.

Updates to this plan will be disseminated by email. It will be the plan holder’s individual responsibility to ensure their plan is kept up to date. A full plan review will be carried out on an annual basis or following recommendations from actual incidents, exercises, emergency debriefs or changes in risk assessments.

No unauthorised amendment is permitted. Amendments should be requested via the emergency planning team. Amendments must be notified to all of those on the distribution list.

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<td>Description</td>
<td>Generic response plan for emergency management</td>
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<td>Target audience</td>
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<tr>
<td>Author</td>
<td>Sharon Benford</td>
</tr>
<tr>
<td>Department</td>
<td>Public Health</td>
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<td>Directorate</td>
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<tr>
<td>Approved by</td>
<td>Governance Committee</td>
</tr>
<tr>
<td>Date of approval</td>
<td>7&lt;sup&gt;th&lt;/sup&gt; October 2008</td>
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<tr>
<td>Contact details</td>
<td>Name: Sharon Benford</td>
</tr>
<tr>
<td></td>
<td>Address: Bevan House</td>
</tr>
<tr>
<td></td>
<td>Telephone: 01536 480337</td>
</tr>
<tr>
<td></td>
<td>Email: <a href="mailto:sharon.benford@northants.nhs.uk">sharon.benford@northants.nhs.uk</a></td>
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3 Foreword

This incident and major emergency plan has been produced in line with The Civil Contingencies Act 2004 and The Department of Health NHS Emergency Planning Guidance 2005, which places duties on NHS organisations regarding health emergency preparedness.

Primary Care Trusts are classed as Category One responders, alongside emergency services, local authorities, the Health Protection Agency, NHS acute trusts and other Government bodies.

The plan has been produced to assist PCT staff in an emergency and aims to identify key personnel, services and resources that are best placed to affect the correct response to any incident and major emergency.

The role of Northamptonshire Teaching Primary Care Trust (NtPCT) in an emergency includes:

- managing its own response
- commanding and coordinating local NHS organisations
- assisting the wider community
- supporting emergency services and other responding agencies
- endeavouring to minimise the effects of an emergency as far as practicable
- to continue its normal business where possible

Staff will be supported with training relative to their individual roles. The incident and major emergency plan will be subject to continual review and it is the responsibility of all staff, to ensure contact details are available and up to date.

John Parkes
Chief Executive
Northamptonshire Teaching Primary Care Trust
4 Introduction

4.1 Aim of plan

This document is the overarching plan for the PCT response to, and management of, incidents and emergencies, ranging from those that are entirely local in their impact, through to those which require national level command.

4.2 Objectives

The plan is intended to provide:

- a clear major emergency command and control process that will be activated in the case of an incident or major emergency impacting on the Northamptonshire area
- identification of the specific roles and responsibilities of NtPCT and Provider Services Arms Length Management Organisation (ALMO) staff in an emergency
- an alert system, which when activated, triggers an agreed process
- coordination arrangements for public health input and advice
- robust capacity planning and assessment of health service capacity in the event of a major emergency to optimise ongoing patient care
- the framework for the longer recovery of the health community after an emergency
- an overview of the roles and responsibilities of the multi-agency partners responding to an emergency
- facilitation of mutual aid arrangements to support the NHS and other partner organisations

These objectives will guide NtPCT and Provider Services ALMO in the response to major emergencies to provide:

- optimised care and assistance to those in need (patients, relatives and staff), subject to the constraints imposed by the emergency
- assistance in minimising the consequential disruption to healthcare services
- a speedy return to normal levels of functioning
4.3 Business continuity

Key to an effective response to an emergency is an ability to maintain essential health services. The PCT Business Continuity Plan makes provision for emergency management of essential services should facilities and/or resources become disrupted.

In responding to a major emergency, consideration should be given to the priorities set out in the Business Continuity Plan, particularly if the emergency response is prolonged. The PCT is in the final phase of developing business continuity plans and these will be added to the emergency plan upon completion.

5 Definitions of a major emergency

For the purposes of this plan, the term ‘emergency’ is taken directly from The Civil Contingencies Act 2004. For reasons of continuity, Department of Health guidance and the majority of the NHS retains the term ‘incident’ which has a broader meaning, encompassing events or situations which are, or may become, abnormal, and warrant investigation to determine if corrective action is needed. Incidents may develop over a long time span and are not emergencies in themselves. Within the context of this plan;

An emergency is an event or situation that threatens:

- serious damage to human welfare
- serious damage to the environment
- serious damage to the security of the UK

For the PCT this would mean an emergency that:

- requires the PCT to respond outside its normal, day to day working procedures
- involves one or more PCT service areas
- results in service areas experiencing serious or ongoing internal disruption

For the NHS a major emergency is defined as:

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

Three levels of emergency require emergency preparedness. They are listed below:

<table>
<thead>
<tr>
<th>Scale of emergency</th>
<th>Example</th>
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<tbody>
<tr>
<td>Major</td>
<td>Emergencies such as multiple vehicle collisions where more patients will be dealt with, probably faster and with fewer resources than usual, but it is possible to maintain usual levels of service.</td>
</tr>
<tr>
<td>Mass</td>
<td>Larger scale emergencies affecting possibly hundreds of people. Possible evacuation of a major facility or persistent disruption over many days. The emergency will require a collective response by several or many neighbouring NHS organisations.</td>
</tr>
<tr>
<td>Catastrophic</td>
<td>Events of potentially catastrophic proportions that severely disrupt health, social care and other functions and that exceed collective local capability within the NHS.</td>
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In addition, there are pre-planned major events that require major emergency planning and may also require a response. There may also be events on a national scale, such as an outbreak of pandemic flu that will require the collective capability of the NHS nationally.

6 Examples of major emergencies

- **big bang** - serious transport accident, explosion, or series of smaller emergencies
- **rising tide** - a developing infectious disease epidemic, or a capacity or staffing crisis
- **cloud on the horizon** - a serious threat such as a major chemical or nuclear release developing elsewhere and needing preparatory action
- **headline news** - public or media alarm about a personal threat
- **internal emergencies** - fire, breakdown of utilities, major equipment failure, hospital acquired infections, violent crime, serious untoward emergencies
- **deliberate release** - of chemical, biological or nuclear materials
- **mass casualty emergencies** - resulting in many casualties into the hundreds (not to be confused with mass fatalities)
- **pre-planned major events** – demonstrations, sports fixtures, air shows, typically where advanced notice enables a pre-planned response to be made
7 Community risk register

The Civil Contingencies Act 2004 (CCA), places a legal duty on emergency responders via the Northamptonshire Local Resilience Forum to assess the risk of an emergency occurring within the county and maintain and publish the information in a Community Risk Register.

The CCA identifies three types of risk, those that are:

- national
- local
- threats

The highest risks currently for the county include flooding and pandemic influenza.

Other examples considered on the risk register include:

- industrial accidents and environmental pollution
- transport accidents
- severe weather
- human health
- animal health
- public protest
- industrial technical failure
8  PCT role in responding to a major emergency

NtPCT has the responsibility to:

Command and control a major emergency that cannot be contained within the normal resources of the PCT or other NHS organisations in Northamptonshire, or requires input from the broader local health community.

The key roles for the PCT include:

- if required, declare a ‘major emergency’
- arrange appropriate command and control arrangements
- as county lead health organisation for emergency planning, if required, coordinate the local NHS response and NHS Direct input
- coordinate the local public health response, including health protection
- provide coordinated NHS public relations/media response and support multi-agency communications response
- make NHS resources available to deal with the emergency
- provide effective liaison with and briefing to the Strategic Health Authority (SHA), other external NHS and non-NHS organisations, neighbouring PCT’s and local independent sector providers
- provide support to NHS and non-NHS organisations
- coordinate and/or delegate the recovery phase of the emergency with other NHS partner organisations to restore ‘normality’ and to assess the ongoing impact on NHS services
- if required, invoke the Mutual Aid Agreement with other local NHS organisations and where possible provide mutual aid to neighbouring NHS organisations
9 Prioritisation of local NHS business and mutual aid agreement

In order to create capacity within Northamptonshire to deal with a major emergency, it may be necessary to draw staff and resources from all areas of the local NHS. In a situation where ‘normal business’ is suspended all efforts will be made to accommodate priorities within the PCT, Acute, Mental Health and Ambulance Trusts.

Each NHS organisation, as part of its own major emergency plan, will have assessed the risks of such a situation and developed business continuity plans according to identified priorities.

In addition to activating its own PCT business continuity plan if required, NtPCT as the lead organisation for health emergency planning will liaise with health organisations with regard to invoking the Northamptonshire NHS Organisations Mutual Aid Agreement for Emergency Planning (December 2007).

In the event of a Level 2 emergency (see Section 21), the resources of other PCT’s may need to be accessed. Level 2 emergencies affecting another PCT could require a supportive response from NtPCT.

10 Declaration of a major emergency

A major emergency alert can be activated via the following routes:

- internally
- externally e.g. NHS, emergency services, local authority, central Government

The PCT is encouraged to declare a major emergency earlier rather than later because experience has shown it is easier to scale back the response after an initial escalation than it is to attempt to build a response to catch up with the progress of the emergency later.

11 Triggers for PCT involvement in a major emergency

The trigger point for initiating PCT involvement is difficult to define and will depend on the nature and extent of the incident or emergency. The following examples are offered as a guide to when the PCT will wish to consider involvement:

- a PCT internal emergency that cannot be managed within normal resources
- a significant emergency that threatens to overwhelm the resources of more than one NHS organisation in or bordering Northamptonshire
• a significant emergency that requires coordination of more than one NHS organisation
• an emergency where mutual aid is required e.g. countywide or regional
• an emergency that requires the attendance of the NHS at the Strategic Coordinating Group (Gold Command)
• a significant internal emergency within another NHS organisation whereby the daily running of the organisation is adversely affected necessitating special arrangements to be instigated
• a significant emergency that requires media coordination, particularly with partner agencies and organisations
• significant emergencies requiring NHS support
• emergencies affecting large numbers or having catastrophic effects on smaller numbers of individuals

12 Activating the incident and major emergency plan

Section 15 provides a flow chart to help assess the needs and required response of the PCT to an emergency.

Whatever the type of emergency, the declaration of it as a major emergency is important for the following reasons:

• to act as a trigger to implement alerting procedures
• to commence the activation of the plan
• to engage other organisations as part of a coordinated response to a major emergency
• to initiate pre-planning for the emergency where advanced notice is given

Depending upon this assessment and the scale of the incident or emergency the on-call team may decide to activate the emergency plan in part or full.

Part activation

In response to emergencies with minor consequences or impacts, relevant parts of the incident and major emergency plan can be utilised to aid the response. This can be considered as part activation.

Full activation

Full activation would be made with appropriate consultation involving the Chief Executive and/or the Director on-call and if necessary, liaison with other members of the executive team (in and out of hours) where there are likely or there is potential for significant implications for the community the PCT and/or the health community and cannot be managed within normal day to day management.
As a result of a decision to activate the plan in full (or part) it is likely that an incident room would be opened and an incident team convene (see Annexes A and B for supporting guidance).

In the event of a major emergency being declared for an emergency that borders the county, appropriate assessment should be made of the implications for the PCT and possible requests for mutual aid assistance before the plan is activated in full and the incident team convened.

13 Alerting procedures

Annexes A and B provide guidance on who to alert in an emergency (Section 42 incident manager; Section 62 notification checklist) and should be used in conjunction with the emergency contact number list (Section 61) and confidential staff contact numbers contained within on-call information held by Directors and Associate Directors.

Consideration also needs to be given to whether non-health organisations need to be informed. Examples may be the Police or the local authority, both having key roles to play in the overall coordination of a major emergency.

In some circumstances for example very large scale/cross-border incidents, NHS East Midlands may need to take command and control of the emergency.

To enable NHS East Midlands to exercise proper judgement about the need (or otherwise) to take overall strategic command of an emergency, it is important that NHS East Midlands is notified of all major emergencies occurring within the area of NtPCT.

14 C.H.A.L.E.T.

Used by emergency services, C.H.A.L.E.T. is a useful acronym for all personnel responding to an emergency as a checklist of information to gather that will assist in assessing the situation and reporting information to others:

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<td>Location</td>
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<td>E</td>
<td>Emergency Services (range and commitment)</td>
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<td>Type of emergency</td>
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15 Incident and major emergency plan activation flow chart

**EMERGENCY**
(in/out of office hours)

Notification via ‘on-call’ mobile phone

On-call Director/Associate Director to gather information.
C.H.A.L.E.T

**FOR INFORMATION ONLY**

There may be no formal requests for assistance but the nature or location of an emergency may be of interest to the PCT in some way. In these instances it is mutual sharing of information that can be helpful.

**ACTION:**
- Record details
- Brief staff as appropriate

**POSSIBLE RESPONSE REQUIRED**

If an emergency has a potential to escalate, on-call personnel need to be ready to activate the relevant services as required. It may be pertinent to alert services to the emergency (‘Stand-By’) and clarify that at this stage no response is required. It is easier to scale down a response than to quickly escalate one.

**ACTION:**
- Watching brief of the emergency
- Awareness of what resources could be required if emergency escalates
- Brief CEO or Deputy and Executive Team as appropriate
- Contact appropriate services (internal and external)
- Advise/discuss what resources might be required

**PCT RESPONSE REQUIRED**

If an emergency has occurred and PCT resources are required, on-call personnel should consider the following actions relative to the scale or potential scale of the emergency:

**ACTION:**
- Alert appropriate services identifying potential resource requirements
- Brief CEO and executive team
- Consider full or part activation of major emergency plan/‘declare major emergency’
- Consider command & control/ incident room requirements
- Consider longer term response resilience and recovery plan

**NO FURTHER ACTION REQUIRED**

**EMERGENCY OVER**

- ‘Stand down’ staff/resources
- Complete emergency logs
- Prepare for emergency debrief
- Activate recovery plan if necessary
16 PCT incident and near miss policy

The management of untoward incidents can be addressed within the framework of the incident and major emergency plan. Reporting arrangements for all untoward events, incidents and near misses are detailed in the Incident and Near Miss Policy (Policy Gov 07).

17 The incident team

If required, the PCT will convene an incident team to oversee the management of the incident or emergency and to coordinate the NHS response in Northamptonshire as appropriate.

PCT employees will be sought to resource the incident room.

An initial list of out of hours administration ‘volunteers’ with whom contact to request assistance in a major emergency has been agreed, is available in the corporate ‘on-call folder’ accessible by on-call staff.

The overall role of the incident team is, where necessary, to provide effective management and coordination of the NHS response and deployment of resources across Northamptonshire and beyond Northamptonshire borders if appropriate. Refer to Annex A for further guidance including Section 42: Roles and responsibilities Director/Associate Director; Section 43: Roles and responsibilities: incident team; Section 44: Sample incident team meeting agenda.

Staff must follow relevant PCT Health and Safety and Risk Management Policies and Procedures.

In prolonged incidents, the incident team will require an appropriate rota system and team members will need rest breaks and provision of refreshments.

18 Public health advice

The role of public health is to provide 24 hour health advice on an emergency to support decision making by the incident team. For contact details (in and out of hours) see emergency contact numbers Section 61.

More specifically, public health will:

- assess and advise on the impact of the emergency on the health of individuals/the public/services/personnel
- provide the first contact point for health advice and on the need to access other specialist support
- mobilise and coordinate specialist public health advice at local level
- liaise with the Local Resilience Forum (via the local authority emergency planning department) and alert the SHA as appropriate
• advise on the need to obtain mutual aid from other partners including the NHS and Local Authority
• advise on the establishment of an incident team and a scientific and technical advice cell (Section 25)
• ensure the diversity and equality needs of those affected by the emergency are considered in securing an effective response
• act as health spokesperson for the media as appropriate
• advise on issues relating to medical performance/professional matters

19 Incident room

Room G12 in the PCT headquarters in Bevan House, Kettering and Room 229 in Highfield, Northampton, have currently been designated for use as incident rooms (see Section 69 for set up details).

The incident room will require setting up by the incident team. A schedule of available equipment is listed in the incident room cupboard located in each room.

In the event of an alternative incident room being required, mutual aid may be available from NHS partners or the local authority emergency planning department.

20 Standard messaging

The NHS has standard messages to be used in connection with the declaration of a major emergency. These are as follows:

<table>
<thead>
<tr>
<th>Message</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Emergency Standby</td>
<td>Alerts the NHS that a major emergency may need to be declared. Organisations will want to make preparatory arrangements appropriate to the emergency.</td>
</tr>
<tr>
<td>Major Emergency Declared</td>
<td>Organisations need to activate their major emergency plan and mobilise additional resources.</td>
</tr>
<tr>
<td>Major Emergency Cancelled</td>
<td>Message cancels either of the above messages at any time.</td>
</tr>
<tr>
<td>Major Emergency Stand Down</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>
</tr>
</tbody>
</table>
21 Command and control of emergencies

The command and control of major emergencies within NtPCT is in accordance with the Strategic (Gold), Tactical (Silver) and Operational (Bronze) command and control structure as described below:

<table>
<thead>
<tr>
<th>Command Band</th>
<th>Definition</th>
<th>Application</th>
</tr>
</thead>
</table>
| Bronze       | Operational level (the ‘doers’) | • The level of management where tasks are undertaken, to resolve the incident safely and quickly, at the incident scene  
• Bronze command directs and deploys resources at and around the scene of an emergency |
| Silver       | Tactical command of the emergency | • The level of management comprising senior representatives from the key organisations involved  
• Silver command manages the implementation of the policy established at the strategic level  
• It determines priorities in obtaining and allocating resources and plans and coordinates the overall response  
• It also provides the reporting point for operational activities |
| Gold         | Strategic command of the emergency | • The level of management which comprises senior strategic decision makers from the key organisations involved  
• It directs the overall multi-agency response, authorises expenditure, and ensures long term resourcing and expertise  
• Gold command is in overall command and has responsibility and accountability (with regard to the individual organisations) for the incident or event  
• Usually led by the Police unless otherwise indicated |

The application of the command structure will be consistent for all emergencies but the level of response will depend on the scale of the major emergency.
Two levels of emergency response, according to the severity of the emergency, are recognised as follows:

<table>
<thead>
<tr>
<th>Level</th>
<th>Definition</th>
<th>Command Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Major emergency contained within PCT area</td>
<td>The majority of emergencies can be handled within the resources of NtPCT and Local Resilience Forum partners. Although the SHA will need to be notified for information or in case of escalation, they will only take a passive role.</td>
</tr>
<tr>
<td>2</td>
<td>Major emergency is too large or complex to handle solely by PCT – or the emergency is widespread</td>
<td>Some incidents will be of a magnitude that cannot be handled within NtPCT/county resources or will be widespread involving areas outwith the county. In these circumstances it is likely that the region will take over the overall command and control but local Gold will remain in place.</td>
</tr>
</tbody>
</table>

### 22 Major emergency phases

There are distinct phases within a major emergency. The key actions for dealing with a major emergency during each phase are as follows:

<table>
<thead>
<tr>
<th>Phase</th>
<th>Description</th>
<th>PCT Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre – Emergency</td>
<td>A pre-planned activation of a contingency plan in advance of the emergency/major planned event</td>
<td>• Will usually involve the PCT working with multi-agency tactical command levels locally</td>
</tr>
</tbody>
</table>
| Response  | The emergency response                                                      | ▪ Ensuring Alert activated to relevant organisations  
▪ Clarify PCT involvement and command structure  
▪ Open incident room if required  
▪ Ensure health representation to Strategic Coordination Group (SCG or Gold Command) at Police Headquarters, Wootton Hall, Northampton NN4 0JQ tel: 0845 3700700, unless otherwise directed  
▪ Provide public health advice to Commander of the SCG as required  
▪ Provide communications links and representation with SCG and PCT incident room |
### Recovery
- Returning conditions to normality
  - Provide health input to recovery team if required
  - Debrief response phase
  - Maintain or stand down health response as required

### Normality
- End of the emergency, conditions returned to as near normal as possible
  - Returning normal levels of health service
  - Preparation for subsequent emergency inquiries, public inquiries
  - Full debrief and plan revision where necessary

## 23 Training and exercising

Training and exercising will take place to ensure that staff are suitably prepared to respond to an emergency. This will ensure that those involved:

- understand their role and that of others
- understand the major emergency plan, systems and procedures
- know where equipment is kept and how to use it
- make necessary preparations
- perform to an agreed standard
- learn from experience

Exercises will be led by the emergency planning leads and will take place in working time and out of hours. As a minimum, all elements of the plan will be tested once a year, using a tabletop exercise. Every three years a ‘live’ exercise will be conducted involving assembly of the incident team to work with partner organisations through a response to a simulated emergency in real time. The communications cascade will be tested every six months.

The plan will be reviewed annually by the emergency planning team to take account of organisational changes and after any emergency or exercise of the plan.

## 24 Record keeping

The Director/Associate Director on-call leading the PCT response to the emergency will have overall responsibility for ensuring that all members of the incident team keep accurate and up-to-date records. Records must be completed at the time of managing the incident e.g. contemporaneously, or as soon as practicable.

The actions of those involved in the handling of any major emergency, often become the subject of intense public scrutiny, inquest, criminal or civil proceedings. Records are crucial in assisting with examination of the facts, regardless of whether there is a formal inquiry.
Green emergency log books should be used for record keeping during the response and are available in the incident room equipment cupboards. The incident team loggists will ensure all records are logged in the log books which need to be stored securely at all times.

All personal logs will be collated by the administration manager for the incident, therefore no records/notes/action cards should be destroyed or thrown away, including flip charts/photographs/emails/rough notes etc.
25 Arrangements for setting up a scientific and technical advice cell (STAC)

The importance of providing clear and consistent public health and health protection messages and advice is widely accepted. The establishment of a STAC is particularly important where a major emergency may have significant wider health and environmental consequences.

Public health and scientific advice to the Commander of the Strategic Coordinating Group (if convened) is now provided through a Scientific and Technical Advice Cell (STAC), which will initially be led by the Regional Director of Public Health. Provision of ongoing organisation and leadership of the STAC will be undertaken by the local PCT Director of Public Health.

Initiated by the Health Protection Agency (HPA); the STAC brings together technical experts operating under the direction of the Strategic Coordinating Group. The STAC would be expected to advise on issues such as impact on the health of the population, public safety, environmental protection, and sampling and monitoring of any contaminants.

In the East Midlands region it has been agreed that there should be a single route through which a STAC can be activated. This is through the HPA 24 hour emergency line. The contact number for this is included in the flow chart in Figure 1 below.

In addition to those members drawn from the NHS, the STAC can also include a range of specialist advisors appropriate to the emergency for the provision of advice. These may include personnel from:

- the Environment Agency
- local authority environmental health department(s)
- the Food Standards Agency
- water supply companies

Role of lead organisations

The main roles of lead organisations are detailed as follows:

Health Protection Agency

- signpost early scientific and health advice
- identify and contact cell lead (Director of Public Health)
- work with cell lead to identify STAC membership (by agency)
- contact regional and national STAC members
- trigger local STAC arrangements (contact Local Authority duty Emergency Planner)
- coordinate early meetings and teleconferencing
• provide staff officer support to the cell lead for initial meetings

**STAC Cell Lead (Director of Public Health)**

• work with HPA to identify STAC membership
• confirm STAC venue as (Police Headquarters or alternative venue)
• contact local PCT Director on-call and request the PCT to contact local health advisors to convene at STAC venue
• local DPH to take over from on call DPH and organise ongoing STAC arrangements

**Northamptonshire Police**

• Gold Commander to activate STAC request by contacting HPA directly on HPA 24/7 📞 07092 980004
• provide STAC venue and telephone (with IT access if possible)
• confirm STAC venue (Police Headquarters, Wootton Hall, Mereway, Northampton, NN4 0JQ)
• please note: ‘back-up’ STAC venue: Northamptonshire Primary Care Trust, Room 229, Highfield, Cliftonville Road, Northampton NN1 5DN (contact PCT on-call Director for access 📞 07796 548664)

**Northamptonshire County Council**

• confirm STAC venue
• contact local ‘non-health’ STAC members from pre-determined list as directed by HPA Health Emergency Planning Advisor, and direct members to convene at STAC venue

**Northamptonshire Teaching Primary Care Trust**

• provision of ongoing organisation and leadership of STAC
• PCT Director/Associate Director on-call to contact ‘health’ members as specified by STAC Cell Lead and direct to STAC venue
• provide ‘back-up’ STAC venue e.g. incident room venue (PCT DOC to arrange access following procedure in Director on-call handbook)

**All STAC Members**

• to provide clerical support as necessary
**Fig 1: Flow chart for delivery of STAC**

Specific request for STAC from SCG* Gold Commander or Regional Director of Public Health or HPA Regional Director by direct call to HPA 07092 980004

- HPU* = Health Protection Unit
- HEPA* = Health Emergency Planning Advisor
- DPH* = Director of Public Health
- HPA = Health Protection Agency
- SCG = Strategic Coordinating Group

HPA* Health Planning Emergency Advisor on-call 24/7

- In hours – HPU* OOH – 3rd on-call
- Lead STAC Cell In hours: Local DPH OOH: on-call DPH

- HEPA*, HPU and STAC Cell Lead (DPH*) identify STAC membership (by agency)

- STAC Cell Lead to contact PCT Director on-call and request that health members are contacted by the PCT

- HEPA and HPU to trigger regional and national members

- HEPA to trigger local STAC arrangements and coordinate early meetings & teleconferencing

Local Authority to initiate/trigger:

- Access to STAC venue at: Police HQ (or back up venue: PCT)
- Contact local non-health STAC members e.g. District Councils, EHO, Highways etc

**LOCAL STAC ARRANGEMENTS TAKEN OVER BY STAC LEAD (LOCAL DPH)**

* HPU = Health Protection Unit  *HEPA = Health Emergency Planning Advisor
* DPH = Director of Public Health  *HPA = Health Protection Agency
* SCG = Strategic Coordinating Group
26 Cross boundary emergencies

For major emergencies where the impact can be effectively managed by services within Northamptonshire, the expectation is that the NHS response will be led by the Chief Executive or a Director/Associate Director from NtPCT.

In major emergencies where the impact on services is across county boundaries, the SHA may take the lead.

27 Mass casualties

The potential for emergencies that produce larger patient numbers has increased, and there is now a need to be prepared to respond to emergencies of a different scale and nature than might previously have been thought.

Therefore, the Northamptonshire health community needs to prepare for, and respond to, events that may result in patient numbers well in excess of those used in past planning assumptions. This requirement sits in the context of cross-government work to ensure that local communities are more resilient to a range of major disruptive challenges, whatever the cause.

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

Mass casualty emergencies are commonly of three main types:

- ‘big bang’ (e.g. chemical plant explosion – Buncefield Oil Depot)
- ‘rising tide’ (e.g. pandemic influenza)
- chemical, biological, radiological and nuclear (e.g. Dirty Bomb)

Chemical, Biological, Radiological and Nuclear emergencies are referred to as CBRN emergencies. The NHS response to such emergencies in Northamptonshire would be largely led by East Midlands Ambulance Service (EMAS) who have specific procedures in place for decontamination and the administration of antidotes.

The role of the PCT will be to coordinate the county NHS response for mass casualty emergencies in the context of an emergency that will have regional and national significance.

In particular, there may be a need to access reserve national stocks of drugs and antidotes, the contact point for which is the local Health Protection Unit. The Health Protection Agency contact numbers are included in Section 61.
The PCT would be expected to take the lead in responding to a mass casualty emergency to coordinate:

- the provision of healthcare services for an influx of significant numbers of the population that may have been evacuated, regionally or from abroad
- the decontamination of large numbers of individuals in a CBRN event
- mutual aid within and across the boundaries of the area
- recovery of health services

28 Military assistance

The Military may be able to give assistance if they have the required assets available. Multi agency Gold Command (led by the Police) would make contact with the military if assistance were to be sought.

29 VIP visits

VIP visits to the PCT during and after an emergency will be coordinated by the PCT communications lead.

30 Staff welfare

PCT staff involved with a major emergency may be exposed to sights and sounds that may cause distress.

Even if working remotely from the emergency scene, some staff may be affected by the nature of the emergency and may see or hear of details that cause them distress.

Managers need to be aware that 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 treatment, if required.

31 Vulnerable groups

The care of vulnerable groups and children during the response to a major emergency will require specific issues to be addressed at the primary care level.

The PCT should satisfy itself that the needs of vulnerable groups and children are being considered at all levels of command. See Section 73 for further details.
32 Plan dissemination

The Civil Contingencies Act 2004 places a duty on responders to ensure their plans are published under the ‘warning and informing’ part of the legislation.

This plan is therefore classified as an open document for the purposes of the Freedom of Information Act 2000, apart from confidential contact details which can be accessed in on call handbooks.

Electronic copies of the plan will be available to PCT staff and organisations in the distribution list at the rear of this document.

This plan is maintained on behalf of the Director of Public Health by the emergency planning team within the Public Health Directorate. The plan will be updated as required and will be reviewed fully and submitted for approval to the board annually.

33 Incident and major emergency documentation

Following an emergency, NtPCT may be required to provide evidence to an appropriate enforcement agency (such as the Health and Safety Executive), a judicial inquiry, a Coroner’s inquest, the Police or a civil court. The PCT may be obliged or advised to give access to documents produced prior to, during and as a result of the emergency.

Actions, interactions and decisions are documented in a green emergency log book, including courses of action considered but not followed (giving the reasons why). All log entries must be made in black ink and must be timed, dated and signed. Records to be kept in accordance with HSE 1999/053.

At the conclusion of any emergency, all green log books, and any other documentation produced during the emergency will be collated by the designated administration manager for the incident to be filed and kept secure in line with existing PCT Records Management Policy.

Under no circumstances must any document in any way relating, to the emergency be destroyed, amended, held back or mislaid. Failure to provide the evidence of decisions taken will compromise NtPCT’s legal position. Records may be kept for several years as they are legal documents.

For these purposes ‘documents’ mean not only rough notes and pieces of paper but also photographs, audio and video tapes, and information held on a word processor or other computer. It also includes electronic mail.

The need to ‘preserve and protect’ all documentation must be understood in advance of a major emergency, but also needs to be spread very quickly during an emergency to reach those who might quite unknowingly hold significant documents.
Where the release of personal identifiable information, health records etc is required, the guidance of the PCT Caldicott Guardian or nominated deputy should be sought.

34 Staffing for prolonged emergencies

Major emergencies may last for days or weeks and require staffing for a prolonged period. In any emergency where a health response is required for more than eight hours (or less depending on the type of emergency), plans should be put in place for shift working so that personnel are regularly rotated and do not become exhausted.

Consideration may have to be given to supplementing PCT personnel by staff from other NHS organisations or vice versa.

35 Debriefing arrangements

At the conclusion of the emergency, the incident manager or emergency planning leads will conduct a ‘hot debrief’ immediately following the emergency.

There will be a subsequent full ‘cold’ debrief for staff involved in the response. Other health organisations involved will be required to debrief their own involvement in the emergency.

Debriefing may take the form of the completion of a proforma, and/or a structured debrief meeting as appropriate. In addition, the PCT may be required to contribute to any multi-agency debrief.

At the conclusion of the emergency, the incident team will prepare a report on the response to the major emergency, to include issues identified by the debriefing process, together with an action plan to address the issues raised and lessons learned. The report and action plan will then be submitted for the information of the PCT Board by the Director of Public Health.

36 Communications

Robust arrangements for communications are essential for the effective management of a major emergency and require dedicated management for success. The PCT will adopt a proactive communications policy to ensure timely information and public confidence.

On being alerted to the emergency, the Director/Associate Director on-call will be responsible for contacting the PCT communications lead. In the event of a major emergency requiring a Strategic Coordinating Group (SCG), communications will be coordinated by the SCG communications lead.

The PCT will have the responsibility for coordinating health communications arising from the SCG communications team, in accordance with the PCT major
emergency communication strategy and relevant countywide multi-agency communication arrangements.

The exception to this is a situation where NHS East Midlands assumes the NHS management of the emergency.

In this instance, at the discretion of the SHA Director on-call, the communications role may be taken over by the Strategic Health Authority and will become the responsibility of the NHS East Midlands major emergency team and rest with their communications lead.

All local NHS organisations and individual members of staff must channel all health communications through the PCT communications lead. NtPCT will then ensure all health media releases are coordinated with the multi-agency media lead where a Strategic Coordinating Group is in place.

Incident rooms are equipped with a range of communications equipment and set up details are contained in the incident room equipment cupboard, including information on computer access, including log on details and passwords. Equipment is routinely checked and maintained.

During normal working hours, information technology (IT) support is available via the IT Service Desk. Details of in and out of hours cover is provided in the contacts section of on-call handbooks.

37 NHS Direct

The local office of NHS Direct is a key partner 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. In addition, NHS Direct can provide intelligence and are able to offer help line facilities (Section 70).

38 Contact numbers and notification checklist

General emergency contact numbers are contained in Section 61. See also Notification Checklist Section 62. Confidential staff numbers are held within on-call handbooks.

39 Recovery phase and restoration of normality

Recovering from the effects of a major emergency can take weeks or months to complete as it seeks to address the ongoing human, environmental, physical, social and economic consequences of emergencies. Recovery is not just a matter for statutory organisations; the wider community plays a vital role.

Response and recovery are not two discrete activities and do not occur sequentially. Recovery is an integral part of the combined response from the beginning, as decisions made can impact on longer term recovery outcomes.
Strategic assessment of both response and recovery needs must be considered in parallel wherever possible to ensure they are fully integrated.

Recovering from the effects of any incident may require additional activities to be undertaken by the PCT. The restoration of normality is best achieved if this work is led by a separate group of individuals not drawn from those directly involved in responding to the incident.

The early implementation of a recovery team will improve Northamptonshire NHS business continuity and reduce the service interruptions caused by the incident.
Annex A
Key Action Cards
40 Action cards: general guidance

- each separate incident will generate its own unique response. The following action cards and associated documentation provide practical guidance for PCT staff involved in responding to an incident or major emergency

- when on-call or at work, keep relevant information in an accessible place

- as some information includes building access details and personal telephone numbers, keep information in a secure place

- keep your NHS photo ID card with you and show on request (you will not be able to access to the Strategic Coordinating Group (GOLD), tactical command or cross cordons without it)

- at all times, take reasonable precautions for maintaining your own safety and ensure someone knows where you are

- ensure that all your actions, interactions and decisions are documented in a green emergency log book, which should be kept secure at all times

- it is the duty of all staff to follow existing PCT policies and procedures as far as it is practicable to do so

- it is the duty of all staff to maintain confidentiality at an individual patient and organisational level
41 Roles and responsibilities: DIRECTOR (GOLD COMMAND)

Nominated Post Holders

- CEO or
- On-call Director

**Role**

- lead the overall PCT strategic response, including coordination of countywide health community response if required
- designate key roles and actions

**Responsibilities**

- gather intelligence to understand the nature and extent of the emergency*
- in the event of a ‘major emergency declared’ inform East Midlands SHA
- identify support required
- open an incident room if required
- convene an incident team
- assign roles and action cards
- convene initial meeting of incident team – ensure individuals understand and are able to execute roles**
- agree and ensure communication arrangements and links are in place: staff, internal and external partners, coordinated multi-agency approach
- review capability for critical functions and non-essential services
- assess business continuity arrangements and direct actions
- ensure availability of financial and other resources available. Seek advice regarding further resources outside the capacity of NtPCT
- if convened attend Strategic Coordination Centre (Gold Command), normally situated at Northamptonshire Police Headquarters, Wootton Hall, Northampton NN4 0JQ tel: 0845 3700700, or other designated venue
- identify senior public health professional to attend gold command to work alongside PCT gold command representative (e.g. Director of Public Health, Deputy Director of Public Health or Public Health Consultant)
• if (as Director) you are acting as incident manager, see Section 42 Roles and responsibilities: Director/Associate Director (Silver Command) for further guidance

• consider the need for mutual aid

*Initial factors to consider:

• the nature of the incident
• the location of the incident
• the current situation
• the risk to public health
• the equality needs of people in responding to the emergency and explicitly the needs of vulnerable groups
• does the PCT have the necessary staff available to set up an incident team?
• is the major emergency still manageable within the local health community?
• does the PCT need the support of the HPA, communications network or other organisations outside the health community?
• when the emergency is over, declare ‘stand down’ and initiate debriefing procedures and recovery
• keep under constant review

**Initial contacts:

• if Gold Command has been established, alert the East Midlands SHA for information (discretion should be used to contact the SHA prior to a major incident being declared)
• CEO (if not already aware)
• incident manager (if task not undertaken by Director or Associate Director on-call)
• senior operational manager on-call
• Director of Public Health
• other senior staff members as required
• PCT health emergency planning lead
• acute trusts, if appropriate, particularly if one is a receiving hospital
• other NHS Trusts as appropriate
• ensure the appropriate Trusts’ CEOs are aware of the situation advising them of communication/media arrangements required
• inform the Health Protection Agency (HPA)
• consider informing non-NHS organisations e.g. local authority etc

Document/record all decisions – date and time
42 Roles and responsibilities: Director/Associate Director (SILVER COMMAND)

Nominated Post Holders

- On-call Director or
- On-call Associate Director or
- Nominated deputy

Role

- act as INCIDENT MANAGER for the overall response to an incident or major emergency (functioning at a TACTICAL level)

Responsibilities

On receipt of an alert:

- record initial alert using the initial record form (Section 63)
- make an initial assessment of the situation (further guidance Section 44: sample incident team meeting agenda)
- determine the key individuals/organisations with which to establish communications including NHS and non-NHS partner agencies and ensure robust communications are maintained, for example:

  1. Chief Executive
  2. Director on-call
  3. Senior Manager on-call
  4. Kettering and Northampton General Hospitals
  5. East Midlands Ambulance Service (if major emergency declared by PCT – indicate support required)
  6. SHA on-call
  7. Health Protection Unit
  8. Public Health on-call
  9. IM & T Senior Manager on-call
  10. Communications lead
  11. GP Out of Hours Service
  12. GP practices in the affected area
  13. Northamptonshire Health Care Trust
  14. Make contact with non-health agencies as required e.g. local authority emergency planning department
  15. Make contact with Gold Command if set up

- If requested, identify PCT representative to attend multi-agency Silver or Gold Command
• if an incident is likely to require a coordinated response over a period of
days or longer, consider setting up an incident room. Inform partner
agencies of the opening of the incident room, giving contact details

• if necessary convene an incident team. Determine size and requirements
of personnel for the incident team e.g. first assign the core roles listed
below and then consider other key personnel for the team, depending on
type of incident and services affected:

1. Incident manager
2. Administration manager
3. IM & T senior manager on-call
4. Loggist
5. Message taker/runner
6. Communications lead

• prepare briefing for incident team (see Section 43 Roles and
responsibilities: incident team)

• agree key actions and timescales and set up regular review meetings

• start an incident log that records all events, discussions, disagreements
and decisions in a green emergency log book (stock in incident room
cupboard)

• provide regular updates to the Strategic Coordinating Group (Gold) if
convened or East Midlands SHA as appropriate

• continually assess the impact of the emergency on public health, primary
care, community care, mental health, acute hospitals and other NHS
services

• assess NHS resource requirements, prioritise activities during times of
pressure and ensure the capacity and resources required are in place

• establish what health support services (if any) are being requested from
responding agencies

• consider welfare needs of incident team, organise rotas if necessary

• dispatch a PCT liaison officer to the scene of the incident/multi-agency
incident room if required

• assess if the incident constitutes a ‘major emergency’ for NtPCT or the
wider health economy and consider if the incident and major emergency
plan needs to be partly or fully activated (See Section 12)

• record all key information about the emergency on an incident summary
board

• request the communications lead to prepare a communications plan and
key messages e.g. holding statements, regular briefings (internal and
external), press releases and links to local radio e.g. BBC Radio Northampton

- arrange with communications lead to inform NHS Direct to ‘stand-by’ to provide public help line information if required

- advise all staff that only the Police or the HM Coroner can release information about individual casualties or fatalities resulting from the incident

- ensure all switchboard operators and receptionists are briefed with details of the incident and appropriate responses

- decide when incident is closed, declare ‘stand down’ and inform relevant agencies/staff

- arrange for all incident logs and associated records to be collated and filed for future retrieval by the administration manager

- consider any legal implications that may follow NtPCT’s role in the management of the incident

- organise and attend incident debriefs (internal and external) and produce report

- amend procedures as appropriate in line with review

**Document/record all decisions – date and time**
43 Roles and responsibilities: INCIDENT TEAM

Core roles of the incident team include:

- Incident manager
- Administration manager
- IM & T lead
- Loggist
- Message taker/runner
- Communications lead
- Others as determined by the nature of the incident

**Role**

- determine how NtPCT will manage the emergency

**Initial Actions**

- on arrival at the incident room, all staff must sign in
- first person(s) on site: establish incident room by accessing major emergency cupboard and connect PC, fax and telephones, and ensure they work (liaise with IM&T lead as appropriate)
- send test messages to other incident rooms via e-mail, fax and telephone to notify them the incident room has been opened (ask for acknowledgement to confirm receipt). This also checks that communication links are in place
- print off any emails. Record all messages received and any action taken
- designate one telephone for incoming and one for outgoing calls
- ONLY DECLARE the telephone(s) for incoming calls, so that you have a line to use – make sure all key contacts have this number
- ensure incoming telephones, faxes and PC’s are staffed
- set up incident summary white board
- on arrival of the incident manager, provide a hand over of information

**Responsibilities**

Once the incident team has been established room the following actions must be taken:

- conduct an immediate assessment of the situation
• assign core roles to individual members of the incident team, in particular responsibility for:
  o managing the response (incident manager)
  o maintenance of a written log of information received and decisions taken by the incident team (loggist)
  o establishment of facilities – stationery, telephones, fax machines, computers, printing, refreshments, etc (administration manager, IM&T lead, message taker/runner)
  o managing communications with the public, media, press, NHS Direct etc (this MUST be a communications lead or person working with the communications service)
  o other team members as dictated by nature of incident

• inform appropriate internal and external leads (see notification checklist Section 62) and confirm contact details

• cross-border incidents will require the relevant PCTs to be informed – this should be done via East Midlands SHA

• some incidents have their own specific incident plan that gives additional details and additional information on how to manage certain types of emergency. These specific plans should be used in conjunction with the incident and major emergency arrangements e.g. pandemic flu plan, heat wave plan

• ensure regular briefing/updates are faxed to Gold Command if set up, on-call staff, OOH services, GP premises and staff etc, in order that they are kept up to date

• **Prepare an incident team briefing**
  o on arriving at the incident room all staff will need to sign-in and receive a briefing of the nature and scale of the incident and the overall strategy that will be used to manage the emergency
  o preparing an overview of the developing situation will assist in the decision-making that will be required. See Section 44 sample incident team meeting agenda
  o the administration manager should update an incident summary board as new information becomes available. Emergency situations can change rapidly and efforts should be made to keep an up-to-date understanding of exactly what is known and what might happen next
  o the summary board should display the following key information:
    • location of the incident
• key details and nature of the incident, including scale

• name of incident manager

• names of any PCT liaison officers

• time of next incident team update

• any other key information staff need to be aware of

• key incident telephone numbers

• assess the size of the incident and clarify the number of sites and, therefore, staff required in the initial phase. Initially estimate the likely length of the incident and the possible need for staff shift working

• ensure, in consultation with public health on-call, clear guidance for staff in their duties (i.e. if vaccinations are required, what is the clinical guidance for use of vaccines, anti-viral medication, including issues such as supply of syringes, local storage of vaccines etc)

• determine the need for the establishment of dedicated treatment centres, and the arrangements for suspension or relocation of routine services (business continuity plans)

• produce a tactical management action plan with identified resources and review dates, including short and medium-term responses

• set up a separate recovery team

• at the end of the incident ‘stand down’ the incident team and all of those alerted

Document/record all decisions – date and time
44 Sample incident team meeting agenda

Description of incident

Meeting venue

Date and time

The Terms of Reference of the group are to:
- make decisions about the management of the incident, agree time scales for implementation and produce an action plan
- input sufficient resources to manage the incident
- ensure the maintenance of routine services as far as possible (business continuity plans)
- start planning for recovery
- inform and link with provider services
- communicate requirements to and from Provider Services in charge of health clinics and community hospitals etc
- identify shortfalls and further requirements that may need to be resourced via bank staff or mutual aid etc. This should include not only the numbers of people required but skills as well
- brief all deployed staff
- make arrangements for staff rotas to be created if appropriate
- after the initial meeting make arrangements for further regular meetings via the most appropriate method in order to monitor and maintain appropriate resources
- ensure meetings are fully minuted and these minutes are produced as soon as is practicable after the meeting

AGENDA

1. Current situation report
2. Impact on patients/provision of assistance with discharges and transfers
3. Impact on the PCT/Provider Services/wider health economy
4. Liaison and communication arrangements
   a. Press and media relations
   b. Other public information e.g. PCT website, NHSD help lines and staff briefings
5. Authorisation of expenditure
6. Reporting arrangements
7. Horizon scanning
8. Recovery team
9. AOB
10. Time and date of next meeting
Ensure an attendance sheet is completed for every meeting detailing who was present and which role they performed. Refer to the guidance below for explanatory notes.

**Guidance notes**

The following themes are suggested as a meeting outline:

**Current situation report**
- What has happened, what is currently being done and what needs to be done?
- Which organisation is leading on the incident?
- What requests have been made of the PCT?

**Impact on PCT – service continuity**
- How will the patients/functions of the PCT be affected by the incident?
- What interim arrangements are needed?

**Staff and other resources**
- How can PCT resources be used to help mitigate the incident?
- Can external agencies assist the PCT?
- Can the PCT help external agencies?
- What are the implications of using these resources, staff rotas etc?
- Review staff deployed on the incident?
- Are all health and safety and welfare arrangements in place?

**Liaison and communication arrangements**
- How will communications be maintained between the PCT and other responding organisations?
- What is PCT representation at:
  - Multi-agency Silver (if convened)
  - Multi-agency Gold (if convened)
  - Local Authority Control Centre (if necessary)
  - Northamptonshire Resilience Forum media cell
- Are PCT liaison officers required?

**Press and media relations**
- Who is coordinating the PCT media arrangements?
- Has a holding statement been issued?
- What is the press and media interest so far?
- What media releases have other organisations made?
- Is there a multi-agency press and media response e.g. via Northamptonshire Local Resilience Forum or Strategic Coordinating Group (Gold)?
- Has an interim statement been issued to staff?
Public information, help lines and staff briefings

- Who is the lead organisation for giving public information?
- Which other agencies are giving out public information?
- What information should the PCT give to the public during the incident?
- What arrangements are being made for help lines?
- Information for distribution to PCT staff/external partners

Authorisation of expenditure

- What are the arrangements for authorising expenditure?

Reporting arrangements

- Who needs to be kept informed about the incident?
- Who needs to be briefed e.g. other CEOs, Trust Boards, SHA, recovery team?
- How often do they need to be updated, and by whom?

Horizon scanning

- How long is the incident likely to last?
- Is the incident going to get any worse?
- What is the next threat?
- Are arrangements in place to sustain a response over the next period? e.g. rotas/maintaining usual services etc?

Recovery team

- Identify staff to form a separate recovery team to work alongside incident team
- Identify key steps to returning services to normal
- Produce recovery action plan
- Identify at what point should recovery arrangements begin

Any other business

Time and date of next meeting – who else should attend?

Note: Regular meetings should be set to work through this agenda, even if the team is meeting continuously. It is easy to become engrossed in the response and to lose sight of the overview and it is important to share a common understanding of what is happening between all team members
45 Roles and responsibilities: COMMUNICATIONS LEAD

Nominated Post Holder

- Communications lead

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<tr>
<th>Role</th>
<th>Responsibilities</th>
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<tr>
<td></td>
<td>oversee management of PCT communications in responding to incident</td>
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- establish the organisation as a credible and reliable source of information to the media, internal and external partners
- provide factual information about the PCT role in the incident and what it is doing to respond to its effects
- establish if a coordinated county communications response is being arranged through Gold Command or multi-agency Silver Command, and/or whether health communication messages are being coordinated by the Health Protection Agency
- liaise with other Trusts/agencies communications staff and establish a media coordination procedure if not already set up
- if appropriate, provide factual information about the general condition and treatment of patients (bearing in mind their right to confidentiality and if in doubt the PCT Caldecott Guardian should be consulted). Defer to the Police or HM Coroner for information about casualty numbers, fatalities, or individual cases
- ensure close liaison with the media so that staff are not hindered in their response and patients and relatives are not disturbed
- do not discuss or speculate how the incident occurred or comment on other people or agencies involved in the incident
- establish who will be PCT media spokesperson (Section 46), and provide briefing and support
- if staff are available, allocate role of press officer (Section 47)
- agree with the incident team the appropriate messages to be communicated
- ensure front line staff, e.g. receptionists are briefed
- establish a help line if needed, liaising with NHS Direct where necessary (see Section 70 for guidance)
- handle telephone, fax and face-to-face media/public enquiries and record actions
• produce press releases, including early holding statement

• if appropriate, set up media room and arrange regular briefing sessions

• arrange VIP visits if appropriate

• give staff clear and specific messages so they know what is expected of them e.g:
  - come to work or
  - stay at home or
  - take action but remain in situ or
  - remain on standby, but do nothing at this time

• individuals communicating with staff and others should state whether the incident is real or a training exercise

• telephone communications should begin with details about the incident title and the name of the individual making the call. This approach is also recommended in sending out e-mails, faxes, memos, etc.

• during working and out-of-hours, the person answering the call may not necessarily be the person required and it may be inadvisable to leave messages if this can be avoided

**Document/record all decisions – date and time**
46 Roles and responsibilities: MEDIA SPOKESPERSON

_Nominated Post Holder:_

- nominated by the incident manager as credible source of information with experience in conveying key messages to the media

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<tr>
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<tr>
<td>convey key media messages on behalf of the PCT</td>
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<th>Responsibilities</th>
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<tr>
<td>to be briefed and supported by communications lead and/or press officer at regular intervals</td>
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<tr>
<td>to communicate key messages as agreed by incident team</td>
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<td>to be contactable at all times</td>
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_Document/record all decisions – date and time_
47 Roles and responsibilities: PRESS OFFICER

Nominated Post Holder

- nominated by the communications lead

Role

- support the communications function

Responsibilities

- liaise with press offices in other organisations as appropriate
- ensure the media strategy employed by the lead authority, is complied with
- arrange media statements and briefings and arrange for copies to be faxed to Non-Executive Directors, MPs, East Midlands SHA, PCT CEO and Chair/Board Members (if appropriate) as well as media contacts
- brief spokesperson
- keep internal staff informed
- set up and maintain media log

Document/record all decisions – date and time
**48 Communications management: guidance notes**

**Introduction**

The key role of the communications service is to coordinate information from the incident team to the news media (TV, radio, press, and internet), the provision of public information, briefings and information to staff. In addition, the communications cell must monitor the content of media reports to enable rapid correction of any factual errors that arise.

The media has a key role to play in any emergency and has a legitimate right to information about what is going on. If this information is not forthcoming the media will attempt to seek it out, possibly at the cost of the smooth running of the emergency response. It is therefore important to appreciate their information needs and to facilitate access and timely statements that will enable them to meet their deadlines.

**What the media want to know**

Basically, the information the media are seeking can be summarised in the answers to the following questions:

- how bad is it?
- will it get worse?
- can anything be done?
- what is being done?
- and increasingly they will be seeking to discover ‘who was to blame’?

In addition to providing information to such inquiries, the communications lead may also have to arrange and coordinate VIP visits that often follow a major emergency.

Although the health media response for major emergencies is likely to be led by the SHA, it is important that the PCT has a significant input to any arrangements to ensure the Trust’s perspective is well represented.

**Holding statement**

It is common practice to release at the earliest opportunity a holding statement to the media. This will buy valuable time for the incident team to get better information about the incident, and the media position of other responding organisations, and determine whether additional arrangements for handling the media will be needed. For significant incidents the Northamptonshire Resilience Forum Communications Plan may be activated (contact local authority emergency planning department for details). If this occurs then close cooperation between the Trusts and other responding agencies will be essential to the presentation of a coherent media response.

Throughout the incident **ONLY** HM Coroner or the Police are authorised to release information about individuals involved in the emergency.
**Media monitoring and recording**

As soon as you become aware of an incident, start to monitor and, if possible, record all news broadcasts. The pressures of 24-hour news, phone cameras etc, have brought a new dimension for rapid broadcasting of incidents to air in less than an hour. This additional source of information to responders should not be overlooked as Sky and BBC News 24 can provide live feeds that can help to shape the PCT’s response.

Portable radios will be provided in incident room cupboards in Bevan House and Highfield. Depending on the nature of the incident, consideration will need to be given to obtaining television equipment for further media monitoring.

**Switchboard and reception information**

As the first point of public contact, reception and switchboard staff should be briefed about the incident, the content of the holding statement, and advised not to provide any other information but to refer all media enquiries to the communications lead. Staff should be reminded that the media may employ subterfuge to gain further information, and they should be guarded in any comments to the public.

**Contacting other media leads**

Notify other communications leads in the SHA, NHS Direct, Regional Health Emergency Planning Advisor, Government News Network, Police, Fire and Rescue, EMAS and the Local Authority that the PCT is responding to a major emergency. Depending upon the nature of the emergency other agencies may also need to be contacted.

If an incident team is being established, pass on details of contact names and phone numbers that should be used. Seek information if other organisations are also opening a similar facility, and if so, obtain their preferred contact details.

Agreeing a common media strategy between responders can ease the load and avoid the media playing one organisation against the other.

**Media briefing facilities**

At the earliest opportunity a media briefing facility needs to be established to coordinate information from the PCT with other responding organisations. It is impractical and undesirable to allow the presence of external media in the same location as the PCT incident room.

**Providing public information using NHS Direct**

As a national organisation NHS Direct (NHSD) has the capacity to provide high quality information to the public and has ability to scale up operations easily should the need arise. Using this service may incur a cost and must be approved by the incident manager.

With only a limited number of phone lines available at NtPCT and staffing (also bearing in mind the need to ensure business continuity for non-incident
communications), early approaches to NHSD to provide a public help line must be considered.

Early notification to call NHSD to stand-by will enable them to manage the demands on their system and prepare staff to respond. See Section 70 for guidance.

When this service becomes operational ensure that reception staff are made aware that calls can be re-directed to NHS Direct who will provide a public information help line.

**Providing staff information**

During an incident PCT staff will need to be kept informed of the situation and regular bulletins should be provided. Staff should be reminded not to talk to the media or speculate on what might be happening, and to report any approaches to the communications lead giving details of who made the contact if possible.

**VIP visits**

Following any major emergency there is the likelihood that visits will be arranged for VIPs either to the site, to see the ‘victims’ or to meet the responders. It is normal for VIP visits to be arranged by the police who liaise with the other responding agencies. It is important that the PCT has an opportunity to become involved in such events. If approaches are made directly to the PCT, as a courtesy other responders need to be informed and if appropriate invited to participate.
49 Roles and responsibilities: ADMINISTRATION MANAGER

Nominated Post Holder:

- Designated administration lead

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<tr>
<th>Role</th>
<th>Responsibilities</th>
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<td></td>
<td>manage the information flows in the incident room and ensure accurate records are maintained by all responding staff</td>
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- attend the incident room (if opened) and sign in on arrival

- receive briefing from incident manager on the nature and scale of the incident/emergency

- allocate loggists according to incident managers instructions and direct loggists to start an incident log that records all events, discussions, disagreements and decisions

- ensure call/message takers accurately record all incoming messages

- prioritise incoming messages and ensure they are drawn to the attention of the appropriate staff

- ensure all incoming and outgoing communications are effectively logged and monitor the progress of tasks allocated to other staff

- update incident room notice board as required

- provide additional administration support to the incident team/gold command representative as required

- ensure all staff incident logs and original records are filed safely at the end of each shift. Collate copies of incident logs and any related paperwork and compile report following the end of the emergency

- ensure all staff and visitors log in and out of the incident room

- assist the incident manager in monitoring the welfare needs of responding staff

- attend incident de-briefs as requested

Document/record all decisions – date and time
50 Roles and responsibilities: LOGGIST

Nominated Post Holder:

- Designated administration staff

**Role**

- support the designated members of the incident team by accurately recording all key issues, decisions and interactions relating to the emergency

**Responsibilities**

- attend the incident room (if opened) and sign in on arrival

- receive a briefing from incident manager on the nature and scale of the incident

- start an incident log using a green emergency log book to record all events, discussions, disagreements, actions, policy, action decisions and why, and other courses of actions considered (follow procedure at the front of log book)

- all records are legal documents therefore at the end of your shift ensure that a copy of the incident log (and any other related paper work) is copied and sent to the administration manager for filing

- keep all your original records in a safe place

- attend incident de-briefs as requested

**Document/record all decisions – date and time**
51 Roles and responsibilities: RECEPTIONIST

Nominated Post Holder

- Designated staff member

Role

- during the response, to receive calls relating to the incident and to direct these to the incident room
- if you receive the notification and details of an incident, immediately alert the on-call Director of the major emergency and pass on relevant details

Responsibilities

- if you are notified of an incident or major emergency your role is to obtain the following information:
  - name, location and contact telephone number of the person reporting the incident
  - description of the incident – exactly what has happened
  - exact location and address
- You should then:
  - telephone the on-call Director 07796 548664 and immediately inform them of the situation
  - if for any reason you are unable to contact the on-call Director immediately call any other Director
  - record the information (Section 63 initial record form)
  - follow any instructions given by the on-call Director
  - if necessary, instigate the use of a recording out-going message to eliminate non-urgent calls
  - field further calls as necessary to the incident team
- Your role as part of the incident team:
  - transfer calls as directed to the incident room
  - take messages when unable to pass on a call, ensuring that the message is passed directly to the relevant person
  - log all messages you take
  - greet and handle callers at reception and direct as appropriate to the relevant member of the incident team

Document/record all decisions – date and time
52 RECEPTIONIST: guidance notes

 Provision of information

Reception staff support the emergency response by providing a first point of contact for the PCT. They provide a liaison point with the public and the media by signposting enquiries to members of the incident team and other agencies.

It is important that the information that is given out is accurate and ONLY that which is cleared to be released to the public.

Do not talk to the press or media beyond providing this agreed information. The holding statement provided by the communications lead will give details of when and where additional information will be made available and where the media can ask any questions.

Most journalists understand this position, but this will not stop some unscrupulous journalists trying to pass themselves off as a member the public or relatives of those involved in an attempt to gain further information.

Do not be drawn into any speculation of what may have happened, or what the PCT or other responders may be doing. ONLY provide the facts as supplied by the incident team. Refer any suspicious enquiries to the communications lead.

Building security (reception)

Ensure all visitors to the building are signed in, for non-PCT visitors to the incident room request to see some form of ID. Representatives from other organisations working with the incident team will not be offended if they are asked to provide proof of identity.

If in doubt contact the incident manager.

Report any suspicious activity in and around the incident room building to the incident manager.
53 Roles and responsibilities: MESSAGE TAKER/ RUNNER

Nominated Post Holder:

- Designated staff member

**Role**

- act as message taker/runner for the incident team

**Responsibilities**

- attend the incident room (if opened) and sign in on arrival
- take and relay messages immediately to relevant member of incident team (see message recording guidance below)
- standby for further instructions appropriate to role
- report back to administration lead when each task is completed

**MESSAGE RECORDING**

- write legibly using the message recording form (Section 66). Ensure you complete all the required information boxes on the form as it may be necessary to contact the caller later. Take the next available free number from the message index number sheet, strike out that number and complete the details of the message, putting the selected number into the message number space on the form
- pass the completed message recording form in to a ‘received’ box. The administration manager will circulate the information to the appropriate individual (or direct you to do so), or use the information to update the incident board or meeting agendas
- when dealing with callers do not be drawn into speculation about the incident or response, ONLY provide the facts provided by the incident team. Refer all requests for information to the administration lead
- the communications lead will have produced a holding statement that will give details of when and where additional information will be made available to the media, ask for copies of this information
- refer any suspicious enquiries immediately to the administration manager

**Document/record all decisions – date and time**
54 Roles and responsibilities: PUBLIC HEALTH LEAD

Nominated Post Holder:

- Director of Public Health or
- Public Health Consultant or
- Nominated Public Health Lead

**Role**

- provide specialist public health advice to the incident team on issues relating to public health
- convene and chair scientific and technical advice cell (STAC) if requested

**Responsibilities**

On receipt of alerting call from Director on-call:

- ascertain nature of incident and need for public health advice
- attend incident room if required and sign in on arrival
- if attendance not required immediately, maintain liaison with incident team in order to ensure early identification of potential public health issues
- record all information, including advice given in a green emergency log book or incident log form (Section 64)

On receipt of alerting call to form STAC

- see ‘Activating STAC Cell Guidance’ (Section 25)

Other roles may include:

- epidemiological investigation and follow up of infected individuals
- coordinate specialist advice from the Health Protection Agency (HPA), other health bodies or HM Government departments
- provide an overall health perspective to the incident and the implications of medium and long term recovery and the restoration of normality
- support other directors in coordinating mutual aid
- for Chemical, Biological, Radiological, Nuclear (CBRN) incidents coordinate the services to provide medical and/or psychological support to the casualties post decontamination
- at the end of your shift ensure that your incident log (and any other paper work) is copied and sent to the administration manager for filing
- keep all your original records in a safe place
- attend incident debriefs as requested

**Document/record all decisions – date and time**
55 Guidance notes: chemical, biological, radiological and nuclear (CBRN) incidents

All three emergency services have officers equipped and trained in the use of personal protective equipment (PPE) in a CBRN incident. The immediate health response to CBRN incidents is led by the ambulance service.

Every acute trust is equipped with standardised PPE. Following a CBRN incident the casualties who are decontaminated and do not require immediate medical attention at an A & E department will need a level of medical and/or psychological support and reassurance at the scene or local reception centre. In keeping with the PCT’s responsibility for the health of the community, the PCT will have primary responsibility to ensure ongoing support is provided to these individuals.

Coordination will be required between NtPCT, EMAS, NHS Direct, HPA, the police, Fire & Rescue Service, and other responders, to provide effective management and post-incident care. If necessary, psychological support to casualties and their relatives should be coordinated using the services of other organisations e.g. Northamptonshire Healthcare Trust.

Remember to give particular attention to the needs of children and other vulnerable groups directly or indirectly involved in the incident.

NATIONAL RESERVE STOCKS (PODS)

There are national stockpiles of resources that can be made available to assist in an emergency response.

Access to these resources is coordinated through East Midlands Ambulance Service dispatch centre and includes:

POD 1. Modesty clothing
POD 2. Nerve agent antidote (atropine)
POD 3. Cyanide antidote
POD 4. Medical equipment
POD 5. Ciprofloxacin
POD 6. Doxycycline
56 Roles and responsibilities: INFORMATION MANAGEMENT AND TECHNOLOGY (IM&T) LEAD

Nominated Post Holder:

- Designated IM & T Lead or IM & T Senior on-call

Role

- provide technical advice and support to the incident team and the use of health informatics networks
- facilitate the incident room in setting up systems in support of emergency working and to archive incident related communications and documents

Responsibilities

- attend the incident room (if opened) and sign in on arrival
- receive briefing from incident manager on the nature and scale of the incident/emergency
- ensure that all the IT support needed is provided and functioning, and to provide assistance with any modifications to this system as may be required by the incident manager
- initially this should be the network and facilities already in place in the incident room including PC’s, printers, telephones*, faxes etc. If network not available, set up portable PC’s
- *if not conversant with telephony, identify the most appropriate PCT lead to undertake this role
- if not already done so, set up email account ‘Incident Room’
- set up a PCT help line number if required (if not using NHS Direct)
- provide an archive facility for the electronic/data communications used
- at the end of your shift ensure that your incident log (and any other paper work) is copied and sent to the administration manager for filing
- keep all your original records in a safe place

Document/record all decisions – date and time
57 Roles and responsibilities: DIRECTOR PROVIDER SERVICES

Nominated Post Holder:

- Director of Provider Services
- Nominated Deputy

**Role**

- direct mobilisation of community services in response to an emergency

**Responsibilities**

- assemble at incident room (if opened) and sign in

Conduct needs assessment of requirements for community services:

- deployment at Reception/Evacuation/Survivor Centres
- staff resources
- resources implications
- dissemination of information
- administration

- link with senior managers regarding HR deployment and rota issues

- in liaison with the relevant team leaders to coordinate arrangements and action at community service venues

- regularly update the incident team

- ensure staff receive regular updates/briefing

- maintain regular liaison with the Director of Public Health

- ensure the maintenance of accurate contemporaneous records

- support care homes as appropriate at their request

**Document/record all decisions – date and time**
58 Roles and responsibilities: COMMUNITY STAFF
LEAD (PROVIDER SERVICES)

Nominated Post Holder:

- Senior Operational Manager Provider Services
- Associate Director Provider Services

Role

- assist the Director of Provider Services by coordinating deployment of community resources in support of the emergency

Responsibilities

- attend the incident room (if opened) and sign in on arrival
- receive briefing from incident manager on the nature and scale of the incident/emergency
- liaise with appropriate leads (PCT and ALMO) to mobilise OOH, community team leaders/managers, community nurses and health visitors etc as required
- if an evacuation centre has been set up by the local authority, deploy an operational manager to visit the centre to assess health care requirements and identify available staff resources to support the multi-agency teams working at the centre
- continue to monitor healthcare provision requirements at the centre by maintaining regular contact with nursing staff via a liaison officer (if assigned), a lead nurse or centre management staff
- organise relief for deployed staff
- arrange for an administration officer to be dispatched to support the community staff at the centre and to maintain records of all action taken, including the personal details of all those screened
- provide situation reports every 4 hours to the incident team, this can be delivered via email (e.g. Blackberry etc) or over the phone with the detail recorded by the loggist
- organise a rota for community staff and the liaison officer to ensure adequate cover is provided
- conduct an assessment of the impact of any emergency on nursing homes affected by the incident
- liaise with NHCT to assess mental health support as appropriate
• liaise with Northamptonshire County Council emergency planning department to share information about vulnerable groups or individuals who may require additional support from emergency responders

• facilitate mutual aid (as required)

• ensure staff have access to adequate supplies of appropriate personal protective equipment (PPE) and are encouraged to make dynamic risk assessments throughout their shifts

• ensure deployed staff are fully briefed on the following:
  - the nature of the duty to be undertaken
  - who to report to
  - the likely duration of the duty and rota/handover arrangements
  - exactly where the deployment is and how to get there
  - what equipment is required
  - what other agencies are involved
  - the availability of refreshments
  - the dynamic risk assessment

• ensure community nurses/deployed staff have access to patient log forms (Section 67). Arrange for collection of copies of record forms, and ensure appropriate patient follow up

• ensure deployed staff maintain an incident log, using a green emergency log book or the incident log form in Section 64. At the end of each shift ensure that incident logs (and any other paper work) are copied and sent to the administration manager for filing

• keep all original records in a safe place

• attend incident de-briefs as requested

* Dynamic risk assessment: a continuous process of identifying hazards and risks and taking steps to eliminate or reduce them in rapidly changing circumstances of an operational incident

Document/record all decisions – date and time
59 Roles and responsibilities: COMMUNITY STAFF
DEPLOYED TO EVACUATION CENTRES

Nominated Post Holders:

• Designated operational managers
• Designated community staff

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<tr>
<td></td>
<td>provide health service support to evacuees at evacuation/welfare centres established by the local authority in response to an incident</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>if the operational manager identifies there is a need then community staff will be moved from non-essential duties and deployed to the centre to:</td>
</tr>
<tr>
<td>o provide health screening to identify health problems requiring attention</td>
</tr>
<tr>
<td>o provide support for the replacement of prescribed medicines or medication which has been lost or left behind. This support may be in the form of contacting the patient’s GP or the Out of Hours Service, or via Community Pharmacists who regularly dispense medication to the patient. Once details have been obtained and a prescription provided, replacement medication can be acquired from a community pharmacist</td>
</tr>
<tr>
<td>o provide support and health related medical advice and information on the consequences of the incident</td>
</tr>
</tbody>
</table>

• the operational manager will assess the impact of any emergency on nursing homes affected by the incident

• the operational manager will continue to monitor healthcare provision requirements at the centre by maintaining regular contact with nursing staff via a liaison officer (if assigned), a lead nurse or centre management staff and organise a rota for deployed staff to ensure adequate cover is provided

• an administration officer will be dispatched to support community staff at the centre and to maintain records of actions taken, including the personal details of all those screened

• situation reports to the incident team will be provided every 4 hours by the operational manager
**Action prior to deployment of staff to centres**

- prior to any staff deployment confirm the exact location of the centre to which staff will be deployed

- an operational manager will visit the centre and meet with the centre manager to discuss the health needs of evacuees when registering at the centre, and the medical resources currently available to provide support

- once a decision is made to deploy community staff, and assuming initial uncertainty concerning the duration of the deployment, it is essential that community nursing staff take the following basic items:
  
  o identity badges (wear at all times)
  o protective/disposable aprons
  o gloves
  o thermometer
  o clinical waste bags
  o sharps bin
  o blank patient medical log forms (Section 67)
  o blank incident log forms (Section 64)
  o pens
  o GP contact details (e.g. Medical List)
  o alcohol gel

- a number of ‘Grab Bags’ could be made available in advance and retained by operational managers who attend the initial centre assessment visit; they could provide this essential kit to community staff when they arrive to speed up the process

**Arrival at the centre – community staff**

- on arrival locate the operational manager to report for duty and make yourself known to the centre ‘designated person in charge’, and confirm the role you expect to perform as per the operational manager’s instructions

- at the earliest opportunity, confirm the following details:
  
  o allocated working area (ensuring private area for consultations)
  
  o estimated time of arrival of evacuees
  
  o other centre team members and their working locations
  
  o expected developments as per situation reports
  
  o the routing and flow of evacuees on arrival at the centre
opportunities/agreed procedures for the screening of evacuees
ascertain those who may be in need of medical care
prepare the area in which you will work, as necessary seeking the
assistance of the centre manager to resolve any shortfalls
proposed documentation
telephone access

**Medical assistance**

- if required, contact GP Practices to obtain information relating to
  medication requirements or the Out of Hours Service in the event of the
  need for urgent medical attention
- in the absence of a GP, if a client becomes ill call for an ambulance

**Arrival of evacuees**

- on arrival at the centre, evacuees will be registered by the local authority
  registration team and introduced to the community medical support
  teams present as necessary
- if present at the centre, East Midlands Ambulance Service (EMAS) will
  lead on triaging patients and these will be passed to community staff if
  necessary. If EMAS are not present at the centre, community staff will
  lead on triaging evacuees. The local authority will lead on all other areas
  of responsibility relating to the centre
- if medication is required urgently this will be obtained via GP’s or the Out
  of Hours Service, to raise prescriptions and obtain essential medication
- clarify the most appropriate and immediate links to a general practice in
  case there is a need for urgent medical attention
- report to the nominated operational manager to confirm:
  - contact telephone number
  - centre status and estimated time of arrival of victims
  - forecast of expected developments
  - the GP practice (s) that will be used in the event of a requirement
    for urgent medical attention
  - any difficulties encountered or foreseen
- the deployment may be for some time and facilities limited. Therefore
  consider taking:
  - a change of clothing or extra warm clothing
  - snacks and drinks
- personal medication, toiletries
- important telephone numbers
- cash and/or mobile phone or phone card and diary

- carry out dynamic risk assessments i.e. be aware of the environment, working conditions, the demeanour and attitude of the clientele, the availability of rest and refreshments, back up or relief cover. If conditions become, or are likely to become, dangerous or other factors suggest that staff safety is, or may become, compromised, this must be reported immediately and staff are empowered to withdraw from the area if appropriate until the situation is resolved or alternative arrangements are made

- if a client is, or is likely, to become aggressive or violent, call for the police prior to reporting the situation to the incident team. **Staff safety is paramount**

**Media guidance**

- operational staff should not speak to the press – the press will only be managed by designated PCT communications staff

- 24hr news media may turn up at the site of the incident itself with satellite broadcast vehicles and a sizeable entourage. Refer any direct enquiries to the communications lead, who will arrange for an officer to arrive on site to manage the journalists/media, which may include the need to set up a media briefing room
60 Roles and responsibilities: RECOVERY TEAM

Nominated Post Holders

- As designated (separate staff from incident team)

<table>
<thead>
<tr>
<th>Role</th>
<th>Context</th>
</tr>
</thead>
<tbody>
<tr>
<td>- develop the strategy and action plan for addressing the ongoing consequences of the emergency and restoration of normality</td>
<td></td>
</tr>
<tr>
<td>- the consequences of an emergency can have an extreme impact on a community. The recovery phase should be incorporated in planning and should encompass the physical, social, psychological, political and financial aspects of an emergency and its subsequent recovery</td>
<td></td>
</tr>
<tr>
<td>- recovery is an integral part of the combined response from the outset, as decisions made can impact on longer term recovery outcomes</td>
<td></td>
</tr>
<tr>
<td>- wherever possible, strategic assessment of both response and recovery needs must be considered in parallel to ensure they are fully integrated</td>
<td></td>
</tr>
<tr>
<td>- recovering from the effects of any incident may require additional activities to be undertaken by the PCT and best achieved if this work is led by a separate group of individuals not drawn from those directly involved in responding to the incident</td>
<td></td>
</tr>
<tr>
<td>- early implementation of a recovery team will improve Northamptonshire NHS business continuity and reduce the service interruptions caused by the incident</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>- assess the departments or organisation(s) that need to be invited and represented as part of the recovery team</td>
</tr>
<tr>
<td>- linking in with incident team, assess recovery needs, priorities for action and formulate a recovery plan</td>
</tr>
<tr>
<td>- consider ongoing implications of strategic coordinating group (gold) or tactical coordinating group (silver) decision making (i.e. the response phase) in relation to immediate and or future recovery needs</td>
</tr>
</tbody>
</table>

Document/record all decisions – date and time
Annex B
Supporting Information
## 61 Emergency contact numbers (validated July 2008)

<table>
<thead>
<tr>
<th>Name/agency</th>
<th>In hours</th>
<th>Out of hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kettering General Hospital</td>
<td>MI emergency line - 01536 492222 - switchboard - 01536 492000</td>
<td>01536 492000 ask for Site Manager</td>
</tr>
<tr>
<td>Northampton General Hospital</td>
<td>01604 634700</td>
<td>01604 634700 ask for Director on-call</td>
</tr>
<tr>
<td>East Midland Ambulance Service (Northants)</td>
<td>07811 163262 01908 264939 ask to page Garry Mawby</td>
<td>01908 264939 ask for EPO on-call for EMAS</td>
</tr>
<tr>
<td>Northamptonshire Healthcare Trust</td>
<td>01536 493020</td>
<td>01604 752323 ask for Duty Director</td>
</tr>
<tr>
<td>Northamptonshire teaching Primary Care Trust</td>
<td>01536 480300</td>
<td>07796 548664 ask for Director on-call</td>
</tr>
<tr>
<td>Northamptonshire Health Informatics</td>
<td>01604 638777</td>
<td>07717 734438</td>
</tr>
<tr>
<td>East Midlands Strategic Health Authority</td>
<td>0115 968 4466/ 07824529389</td>
<td>0870 0555500 call sign NHSEM1</td>
</tr>
<tr>
<td>Fire and Rescue Service</td>
<td>01604 797099 (Fire Control)</td>
<td>07879434659 or Fire Control 01604 797099</td>
</tr>
<tr>
<td>Police (Emergency Planning Officers)</td>
<td>Contact via 08453 700700 (main switchboard) and ask for Contingency Planning Department</td>
<td>Contact via switchboard 01604 700700 ask for force control room duty inspector</td>
</tr>
<tr>
<td>Northamptonshire County Council (NCC)</td>
<td>01604 236844</td>
<td>07659 145277(1st) 07659 182932</td>
</tr>
<tr>
<td>NCC Emergency Planning Department</td>
<td><strong>01604 236844</strong></td>
<td><strong>07885 292851</strong> <strong>07885 292858</strong></td>
</tr>
<tr>
<td>Social Care and Health</td>
<td>01604 236236</td>
<td>01604 626938</td>
</tr>
<tr>
<td>Environmental Health: Corby</td>
<td>01536 464299</td>
<td>01536 400088</td>
</tr>
<tr>
<td>Daventry</td>
<td>01327 302531</td>
<td>01527 550805 01527 550906</td>
</tr>
<tr>
<td>Department</td>
<td>Contact Details</td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>East Northants</td>
<td>01832 742000 / 01832 733530</td>
<td></td>
</tr>
<tr>
<td>Kettering</td>
<td>01536 534323 / 01536 416005</td>
<td></td>
</tr>
<tr>
<td>Northampton</td>
<td>01604 838000 / 01604 837837</td>
<td></td>
</tr>
<tr>
<td>Wellingborough</td>
<td>01933 229777 / 01933 229777</td>
<td></td>
</tr>
<tr>
<td>Anglia Water</td>
<td>0845 7145145 / 0845 7145145</td>
<td></td>
</tr>
<tr>
<td>Gas Emergency Service</td>
<td>0800 111999 / 0800 111999</td>
<td></td>
</tr>
<tr>
<td>Department of Environment Flood and Rural Affairs Help line (DEFRA)</td>
<td>08459 335577</td>
<td></td>
</tr>
<tr>
<td>Environment Agency</td>
<td>Emergency Switchboard 24hrs 0800 807060</td>
<td></td>
</tr>
<tr>
<td>Food Standards Agency</td>
<td>0207 276 8448 / 0207 270 8960</td>
<td></td>
</tr>
<tr>
<td>Communications Officers</td>
<td>01536 480344 / 1st Chris Gomm 07747 458573</td>
<td></td>
</tr>
<tr>
<td>Public Health</td>
<td>01536 480336 (Via Business Manager)</td>
<td></td>
</tr>
<tr>
<td>Via East Midlands Ambulance Service (0115 9296477) and ask for public health on-call</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PCT Infection Control Nurses</td>
<td>01536 494001 or 01536 494491 or 01536 494298 / 0709 2980004 (24 hour phone line) HPA</td>
<td></td>
</tr>
<tr>
<td><strong>Hospital Infection Control:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kettering General: Cons. Microbiologist Infection Control Nurse</td>
<td>01536 492482 / Head Microbiologist on-call 01536 492000</td>
<td></td>
</tr>
<tr>
<td>Northampton General: Cons. Microbiologist Lead Infection Control Nurse</td>
<td>01604 545138 / 01604 545785 / Consultant Microbiologist on-call 01604 634700</td>
<td></td>
</tr>
<tr>
<td><strong>Microbiology Labs:</strong> Switchboard</td>
<td></td>
<td></td>
</tr>
<tr>
<td>University Hospitals Leicester</td>
<td>0116 254 1414</td>
<td></td>
</tr>
<tr>
<td>Hospital</td>
<td>Phone Number</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>---------------</td>
<td></td>
</tr>
<tr>
<td>Kettering General Hospital</td>
<td>01536 492000</td>
<td></td>
</tr>
<tr>
<td>Northampton General Hospital</td>
<td>01604 634700</td>
<td></td>
</tr>
<tr>
<td>Peterborough General Hospital</td>
<td>01733 874000</td>
<td></td>
</tr>
<tr>
<td>Community Hospitals:</td>
<td>Switchboard - ask for Duty Manager</td>
<td></td>
</tr>
<tr>
<td>Corby</td>
<td>01536 400070</td>
<td></td>
</tr>
<tr>
<td>Cynthia Spencer House</td>
<td>01604 678030</td>
<td></td>
</tr>
<tr>
<td>Danetre</td>
<td>01327 708800</td>
<td></td>
</tr>
<tr>
<td>Favell House</td>
<td>01604 678045</td>
<td></td>
</tr>
<tr>
<td>Isebrook Hospital</td>
<td>01933 440099</td>
<td></td>
</tr>
<tr>
<td>Princess Marina</td>
<td>01604 752831</td>
<td></td>
</tr>
<tr>
<td>Rushden</td>
<td>01933 319601</td>
<td></td>
</tr>
<tr>
<td>St Mary's Kettering</td>
<td>01536 410141</td>
<td></td>
</tr>
<tr>
<td><strong>GP out of hours services:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NENEDOC (Kettering)</td>
<td>01536 514694</td>
<td></td>
</tr>
<tr>
<td></td>
<td>01536 522955</td>
<td></td>
</tr>
<tr>
<td>NENEDOC (Northampton)</td>
<td>01604 603326</td>
<td></td>
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<tr>
<td></td>
<td>01604 601170</td>
<td></td>
</tr>
<tr>
<td>SNOWDOC</td>
<td>01327 702215</td>
<td></td>
</tr>
<tr>
<td></td>
<td>01327 704700</td>
<td></td>
</tr>
<tr>
<td></td>
<td>01327 877062</td>
<td></td>
</tr>
<tr>
<td></td>
<td>01327 702215</td>
<td></td>
</tr>
<tr>
<td>Brackley OOH Service</td>
<td>07909 967525</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0845 3458995</td>
<td></td>
</tr>
<tr>
<td>Oxon - out of hours team coordinator</td>
<td>01235 205566</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0845 345 8995</td>
<td></td>
</tr>
<tr>
<td><strong>Prisons &amp; Detention Centres:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wellingborough</td>
<td>01933 232700</td>
<td></td>
</tr>
<tr>
<td><strong>Rainsbrook Secure Training Centre</strong></td>
<td>01788 528800</td>
<td></td>
</tr>
<tr>
<td><strong>Ryehill Prison</strong></td>
<td>01788 523300</td>
<td></td>
</tr>
<tr>
<td><strong>Onley Young Offenders Institute</strong></td>
<td>01788 523400</td>
<td></td>
</tr>
</tbody>
</table>
| **Faith communities**  
  *c/o Welfare Group Lead, Emergency Planning Department, NCC* | 01604 236844  
  07885 292851 |
| **Psychiatric Services:** | **Switchboard** |
| **Princess Marina - Duty Doctor** | 01604 752323  
  01604 752323 |
| **St Mary's Hospital - Duty Doctor** | 01536 410141 |
| **Care Homes:** | **Office**  
  *No OOH service*** |
| **East Midlands area Commission for Social Care Inspection** | 01223 771300 |
| **Northamptonshire Police Headquarters (for Gold Command) Wootton Hall Northampton NN4 0QJ** | 08453 700700  
  08453 700700 |
| **Health Protection Agency, East Midlands Regional office** | 7092980004  
  0709 2980004 (24 hour phone line) |
# Notification check list

<table>
<thead>
<tr>
<th>DATE AND TIME</th>
<th>Notification of incident</th>
<th>Notification of stand down</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Executive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Director of Finance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Director of Corporate Services and Human Resources</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Director of Public Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Director of Commissioning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Director of Quality, Standards and Learning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Managing Director Provider Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PCT Communications Lead</td>
<td></td>
<td></td>
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<tr>
<td>I M &amp; T Lead</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PCT Chair</td>
<td></td>
<td></td>
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<tr>
<td>Director of IM &amp; T</td>
<td></td>
<td></td>
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<tr>
<td>Corporate Business Manager</td>
<td></td>
<td></td>
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<tr>
<td>Health Emergency Planning Leads</td>
<td></td>
<td></td>
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<tr>
<td>Northamptonshire Health Care Trust</td>
<td></td>
<td></td>
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<tr>
<td>KGH Acute NHS Trust</td>
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<tr>
<td>NGH Acute NHS Trust</td>
<td></td>
<td></td>
</tr>
<tr>
<td>East Midlands SHA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Protection Agency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior Manager Operational on-call</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Authority (if appropriate)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Estates and Facilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Executive Directors</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# 63 Initial record form

On receiving a warning message or alert call, record the following information:

<table>
<thead>
<tr>
<th>Information</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date and time call received</td>
<td></td>
</tr>
<tr>
<td>Received from (organisation)</td>
<td></td>
</tr>
<tr>
<td>Name of caller</td>
<td></td>
</tr>
<tr>
<td>Telephone number</td>
<td></td>
</tr>
<tr>
<td>Caller identity verified?</td>
<td></td>
</tr>
<tr>
<td>Has Police Gold Command been activated?</td>
<td></td>
</tr>
<tr>
<td>Time/date of incident</td>
<td></td>
</tr>
<tr>
<td>Type of incident</td>
<td></td>
</tr>
<tr>
<td>Location</td>
<td></td>
</tr>
<tr>
<td>Access</td>
<td></td>
</tr>
<tr>
<td>Hazards</td>
<td></td>
</tr>
<tr>
<td>Emergency services already in attendance</td>
<td></td>
</tr>
<tr>
<td>Casualties</td>
<td></td>
</tr>
<tr>
<td>PCT Director on-call notified (date, time, name of director)</td>
<td></td>
</tr>
</tbody>
</table>

Other organisations involved:

If there is any doubt about the authenticity of the call, THE ALERT MUST BE VERIFIED by calling a recognised number for the alerting body.

Forward a copy of the completed form to the Director on-call and health emergency planning lead.
**64 Incident log form**

If a green emergency log book is unavailable, please use a copy of the incident log form below for recording purposes.

<table>
<thead>
<tr>
<th>Time</th>
<th>Issue/Event</th>
<th>Action Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

*Completed by:*

*Role:*
65 Staff tracker form for remote working

Please start a new sheet for each day. Ensure completed sheets are forwarded to the administration manager for filing.

<table>
<thead>
<tr>
<th>Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name and job title</th>
<th>Contact telephone number</th>
<th>Location of remote working site</th>
<th>Start time</th>
<th>Finish time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
# 66 Message form

<table>
<thead>
<tr>
<th>To: ____________</th>
<th>From: ____________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tel No: _________</td>
<td>Tel No: __________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Message number:</th>
<th>Time: ____________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: __________</td>
<td></td>
</tr>
</tbody>
</table>

Message/information:

________________________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________________________

Action taken:

________________________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________________________

Received by:____________________________ Sender:___________________

Result:

________________________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________________________

Time & date cleared__________________ Signature_____________________

Print name__________________________

Return completed forms to administration manager for filing
### 67 Patient medical log form

Please complete the following details. On completion, please forward a copy to the community staff lead.

<table>
<thead>
<tr>
<th>Date</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td></td>
</tr>
<tr>
<td>Patient name (PRINT)</td>
<td></td>
</tr>
<tr>
<td>Patient address</td>
<td></td>
</tr>
<tr>
<td>Date of birth</td>
<td></td>
</tr>
<tr>
<td>Patient contact telephone number(s)</td>
<td></td>
</tr>
<tr>
<td>GP and GP practice</td>
<td></td>
</tr>
<tr>
<td>Site of clinical assessment</td>
<td></td>
</tr>
<tr>
<td>Reason for referral</td>
<td></td>
</tr>
<tr>
<td>Clinical assessment</td>
<td></td>
</tr>
<tr>
<td>Treatment/advice given</td>
<td></td>
</tr>
<tr>
<td>Follow up advice</td>
<td></td>
</tr>
<tr>
<td>Additional information</td>
<td></td>
</tr>
<tr>
<td>Name of nurse/clinician (PRINT)</td>
<td></td>
</tr>
<tr>
<td>Signature of nurse/clinician</td>
<td></td>
</tr>
</tbody>
</table>
68 Language interpretation

Community Access and Language Service
Northamptonshire County Council
Room 129
County Hall
Northampton NN1 1PN

In hours: 01604 237773
Out of hours: Language Line 24/7 Telephone Interpreting Service*
Fax number: 01604 637390

Interpretation Services

- face to face
- telephone interpretation
- translation
- sign language

*Accessing a Telephone Interpreter

When your client is with you

1. Phone 0845 310 9900

2. The operator will ask you for:
   • your ID Code (see Associate Director/Director on call pack for details of the code which is confidential to the organisation)
   • your organisation name (and department where appropriate)
   • your initial and surname
   • the language you require
   • your client’s location, i.e. with you

3. Stay on line while the operator connects you to a trained interpreter (about 30 seconds)

4. Note the interpreter’s ID code, introduce yourself and brief the interpreter saying what phone you are using, e.g. single/dual handset, speaker phone or mobile

5. Ask the interpreter to introduce you and themselves to your client and give the interpreter the first question or statement. Give the interpreter time to interpret between you and your client. Continue the conversation

6. Let your client and the interpreter know when you have finished

Making outgoing client calls

The operator will connect you to an interpreter, then conference your client into the call

1. Have your client’s name and telephone number ready
2. Follow steps 1 and 2 for ‘When your client is with you’, but advise the operator when your client is NOT with you

3. Give the operator your client’s name and telephone number

4. Stay on line while the interpreter connects you to a trained interpreter (about 30 seconds)

5. Note the interpreter’s ID code. Introduce yourself and brief the interpreter: explain the operator is phoning your client. Ask the interpreter to introduce you and themselves to your client and give the interpreter the first question or statement

6. The operator introduces your client into the call. The interpreter proceeds as you directed above

7. Give the interpreter time to interpret between you and your client. Continue the conversation

8. Let your client and the interpreter know when you have finished

Handling incoming client calls

If you have conferencing facilities

1. Put your client on hold using your organisation’s conference call facilities (try to obtain your client’s telephone number in case they hang up while on hold)

2. Follow steps 1 and 2 for ‘When your client is with you’, but advise the operator your client is ON HOLD

3. Brief the interpreter, then conference your client into the call

If you do not have conferencing facilities

1. Note your client’s telephone number, language and, ideally, name

2. Assure your client that you will call back shortly with an interpreter

3. Follow the procedures for ‘making outgoing client calls’

General enquiries, feedback and materials

Tel: 020 7520 1430
Fax: 020 7520 1450
Email: enquiries@languageline.co.uk
Website: www.languageline.co.uk
Post: 11-21 Northdown Street, London, N1 9BN

Document translations
Tel: 020 7520 1425
Fax: 020 7520 1450
Email: translations@languageline.co.uk
69 Incident room set up

Designated incident room sites

- **Northampton**: Room 229, Highfield, Cliftonville Road, Northampton NN1 5DN. Main switchboard telephone number 01604 615000

- **Kettering**: Room G12, Bevan House, Kettering Parkway, Kettering Venture Park, Kettering, Northants NN15 6XR. Main switchboard telephone number 01536 480300

Access

- For access to incident rooms in Bevan and Highfield – refer to Director and Associate Director on-call handbook for details

Set up instructions

- Set up instructions are kept in each incident room cupboard, along with action cards, key documents and equipment
70 NHS Direct help line

- the Healthcare Commission (formerly known as the Commission for Healthcare Improvement) stated that:

- “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”. It is a time-limited service that provides advice on a specific event

- a help line/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 emergency 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

Where the PCT has to set up a help line and has decided to use NHS Direct to deliver the service, the following process should be followed:

- contact NHS Direct (NHSD) to negotiate setting up a professional help line service

- when this has been agreed, the communications lead will provide scripts and guidance to NHSD in advance/during the incident/emergency

A core liaison team will be identified within 2 hours of the need being identified to consist of:

- communications lead
- other managers, as required

Initial task to identify in liaison with NHSD are:

- what are the issues
- what needs to be communicated
• what will be the public concerns
• what information needs to be collected
• what follow-up information should be sent, by whom, when and how

NHSD will:

• establish rotas to staff help line
• arrange staff training on what to say, what information to collect and advice to give
• for the help line to be publicised on NHS Direct
• ensure that at end of each shift/beginning of next, update staff on level of response, any changes in information to pass on/advice to give
• ensure all staff understand their role

The PCT will liaise with NHSD to ensure:

• help line details are publicised on BBC Radio Northampton; PALS; local newspapers and on the Northamptonshire PCT website, indicating hours when available
• a press statement is issued on what has happened, what action is being taken and how to get help

To set up a help line contact:

In hours: 0115 9489301

Out of hours: 0115 9489349

In ‘extreme’ major emergency situations (24 hour national on-call):
07748 631304
71 Staff care during major emergency response

- we do not want burn out
- staff should work planned shifts and be required to rest
- staff should be de-briefed at the end of each shift to give support to them and inform action
- counselling for staff should be available from the first day

Staff briefing model

- staff deployed during the course of an incident require proper briefing and need to understand exactly what is required of them
- if the PCT or Provider Services intends to deploy staff support to the incident, those members of staff should receive a structured briefing and collect operational and personal equipment
- effective briefing ensures that staff are fully aware of their duties and what is expected from them. It allows managers to satisfy themselves that their staff are in possession of the details of the incident and that important areas of risk assessment and safety have been considered
- documentary evidence that structured briefings have taken place will become essential evidence in the event of an enquiry

The briefing model follows a simple mnemonic – I.I.M.A.R.C.H:

**INFORMATION** - This is the detail of the incident as far as we know it. This would include future predictions and what to expect at the scene of deployment

**INTENTION** - This, expressed in a simple sentence is what we intend to do, i.e. support the local authority in the running of a rest centre

**METHOD** – This is where we express how we achieve the intention. It is the plan of action and would include where to go, who goes there, what they do when they get there, contingencies etc

**ADMINISTRATION** – This is where any details of organisational or personal administration are dealt with, i.e. transport, refreshments, overtime claims and expenses, hand over arrangements etc

**RISK ASSESSMENT** – This is where the risk assessment is delivered and detains any real or potential hazards. We should not be deploying staff into areas of risk. We need to clarify with the requesting authority what their risk assessment is of the situation and the area we are being asked to deploy to

**COMMUNICATION** – This is where detail of contact numbers, methods of communication is recorded

**HUMAN RIGHTS COMPLIANCE** – Instructions need to be human rights compliant. As the purpose of PCT deployments are to maintain the health of the community we will be acting in accordance with the Human Rights Act. Clients may refuse to offer personal details and if this is the case a physical description of the individuals and their demeanour will suffice
## 72 Staff briefing template

<table>
<thead>
<tr>
<th>Incident/exercise name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Time/date of briefing</td>
<td></td>
</tr>
<tr>
<td>Briefing officer name</td>
<td></td>
</tr>
<tr>
<td>Briefed personnel</td>
<td></td>
</tr>
<tr>
<td>INFORMATION (what you know)</td>
<td></td>
</tr>
<tr>
<td>INTENTION (very briefly what you intend to do)</td>
<td></td>
</tr>
<tr>
<td>METHOD (in detail how you intend to do it)</td>
<td></td>
</tr>
<tr>
<td>ADMINISTRATION (e.g. travelling, access, personal and operational equipment required, refreshments, claims, handover etc)</td>
<td></td>
</tr>
<tr>
<td>COMMUNICATIONS (contact numbers, methods of communication i.e. mobile, landline)</td>
<td></td>
</tr>
<tr>
<td>RISK ASSESSMENT (a combination of information from the organisation requesting our assistance combined with PCT’s assessment of known or potential hazards. This should come from the incident team)</td>
<td></td>
</tr>
<tr>
<td>HUMAN RIGHTS COMPLIANT</td>
<td>Staff deployment made to secure and maintain the health of the community, personal data only recorded with consent and patient confidentiality maintained</td>
</tr>
</tbody>
</table>
73 Provision for vulnerable people including children

During a major emergency, the NHS has a specific requirement, in conjunction with other organisations, to ensure at risk groups are specifically cared for.

This prime NHS responsibility rests with Primary Care Trusts and other NHS Trusts, and the incident team should satisfy themselves that appropriate plans have been instigated in the community.

Examples of vulnerable people are:

- those already ill, either acutely or with chronic health problems
- people dependent on drugs for disease management, symptom support or pain relief
- people with mental health problems
- people with learning disabilities
- parents with babies or young children, or pregnant women
- people receiving home renal dialysis
- people with physical disabilities
- the elderly and confused

The care of children requires special consideration. Children have special needs in any major emergency, being different from adults in terms of their size, physiology and psychological needs, all of which has an impact on their care. Health and other emergency services should take their needs into account in responding to major emergencies.

Anyone involved in a major emergency may suffer from stress and trauma. This is particularly important where children are involved. Parents and staff may be greatly distressed and counselling and support needs to be planned for:

- children
- families, including carers and siblings
- staff

Access to psychological and counselling support would normally be coordinated by general practitioners. Patients requiring such support should be directed to the most appropriate source, which may be NHS mental health services, social services or non-statutory bodies such as Cruse Bereavement Care, Young Minds or Victim Support.

Children (and adults) with visual, hearing, physical or mental impairment are a particularly vulnerable group in a major emergency. If a major emergency involves school-children, the school and Local Education Authority should be informed. The Local Education Authority may provide support to health services in these circumstances, such as by contacting parents.

The PCT and multi-agency organisations are working together to formalise existing partnership arrangements for meeting the needs of vulnerable people in an emergency. This process will be incorporated into the plan on completion.
74 Chemical, biological, radiological and nuclear (CBRN) incidents

A guide to clinical management and health protection in CBRN incidents has been written by the Health Protection Agency, primarily for front line health care professionals in emergency departments, but also useful for health care professionals in primary care and public health.

For the most up to date guidance access the Health Protection Agency Website:  HPA - CBRN Incidents: A Guide to Clinical Management and Health Protection

The handsheets contained in the Health Protection Agency guidance are separated into six sections: generic incident management, chemical incidents, radiation incidents, associated injuries/illnesses, and a picture gallery. Together these sections contain the core information needed to plan for, recognise, and respond safely and effectively to the early stages of a CBRN incident.

The guide is not intended to be a complete guide to emergency medicine. The unconscious patient is more likely to have taken an overdose, drugs or alcohol, to be a diabetic or to have had a stroke than to have been exposed to cyanide.

But remember you may be the first person to recognise that a CBRN incident has occurred. If you SUSPECT that a patient has been exposed to a chemical, to a biological agent, or to radiation that could have been released deliberately, IMMEDIATELY alert your local Health Protection Agency (see Section 61 emergency contact numbers).
75 Record keeping

Contemporaneous records

It is important that all responding staff keep detailed and contemporaneous records. These should include:

- instructions received
- risks assessed
- action taken
- reasons for actions taken/disagreements
- information given to other agencies and the public
- any other incidents

These records will assist the PCT in evaluating the success of the emergency response and also provide evidence to any enquiry that may follow.

Incident logs should include actions taken, when and by whom and dated and signed. Action sheets should include space for team members to note the time at which they initiated each action. Green emergency log books for all members of the incident team will be available in the incident cupboard in each incident room (alternatively use a copy of the incident log form in Section 64). No records/notes/action sheets/emails/rough notes/flip charts should be destroyed or thrown away.

All records will be collated and may be used in any subsequent inquiries. This may be a PCT review to elicit the level of success and lessons learnt from the PCT’s response, an independent inquiry following a decision by NiPCT or East Midland SHA or, a statutory inquiry ordered by the Secretary of State for Health.

Incident logs should remain intact and no part of the record destroyed or erased, no matter how trivial it may seem. All entries should be made in black pen only. Green emergency log books are to be handed over to replacement members of staff if the holder is released during the incident.

A SITREP (situation report) record will be maintained in the incident room and regularly updated.
76 Debrief

Immediate post event a ‘hot debrief’ can be used to capture information in fast time in order to promote and enable continuous improvement. It can also be conducted at many distinct stages, e.g. shift changes, command handover and operational phase completion.

There are some general principles about a ‘hot debrief’. It should be conducted before staff go off shift or are deployed to other duties. For this reason it should be short. Unless a traumatic event has occurred (a critical incident stress debrief may be required for staff who have been exposed to traumatic events), it should focus on immediate events.

The suggested process is for the person responsible for first line supervision to ask staff to identify any difficulties that have presented over the time period. They should be asked how they overcame these issues. These should be recorded; quality assured by the supervisor, prioritised for action and passed up the command chain.

In this way the ‘hot debrief’ can be a means of highlighting emerging themes and addressing potential difficulties before they become embedded in the operational process.

High priority issues can be fast tracked to the appropriate command authority for decision and action, whilst other issues can be dealt with at a slower time process. There should be a means for the information to be reviewed as part of the command support function.

A more formalised/structured ‘cold’ debrief will take place after the incident has ended to provide a more comprehensive review of management of the incident and to learn from the incident. PCT staff may also be required to attend multi-agency debriefs. Discuss the use of debrief template with PCT emergency planning leads.

77 Related plans and documents

The incident and major emergency plan is one of a number of PCT and multi-agency emergency planning documents. Whilst each plan is specific to the individual organisation and to the level and type of response required to manage any particular emergency, the plans form part of an inter-related major emergency management system designed to ensure the appropriate response is delivered to effectively manage major emergencies in a structured and coordinated way.

The PCT together with its local and regional partners has or is in the process of developing a number of other plans relevant to emergency responsiveness.

Examples include:

- Northamptonshire Pandemic Flu Plan (2008) Revision in Progress
• Regional Pandemic Influenza Concept of Operations – this describes how the local and regional resilience tiers will cooperate in the event of a flu pandemic to ensure that there is an efficient coordinated response. This has been recently revised and is awaiting final approval.

• NtPCT communications plan for emergencies. Plan production date December 2008.

• NtPCT communications plan specific to pandemic influenza. Plan production date December 2008.

• NtPCT business continuity arrangements. These will be finalised and tested in Autumn 2008.

• Health Protection Agency East Midlands Protection Unit ‘Incident and emergency response plan’ 2008.

78 Incident over

• at the end of an incident it is declared as ceased or stood down by the Strategic Coordinating Group (gold command) or the Chief Executive Officer (or designated deputy) or incident manager.

• evaluate what further action(s) are needed, e.g. does the help line need to continue? Impact on continuation of services? Are there longer-term psychological requirements and so on?

• record evaluation and report led by incident manager.

• debrief staff directly involved.

• arrange debrief for organisation to learn from incident.

• agree further actions and by whom.

• summarise the incident, action taken and submit to Chief Executive.

• collect all records and retain securely.

• prepare a PCT Board report, with summary of recommendations for improving services.

• depending on the type of incident/emergency, the level of demand tailing off may indicate the appropriate time to stand down the help line. There may be occasions when a scaled down response is required. If so, the principles above apply with all staff responding being trained in their role. The same contact number must be used.
• a decision by the Chief Executive or incident manager, based on the advice from the communications lead and NHSD help line, to stand down the help line must be recorded

79 Equality and human rights

NtPCT should take account of the guidance issued by the Department of Health to ensure human rights are respected in the development of planning and provision of services by the NHS including the response to incidents and major emergencies. The guidance emphasises a human rights based approach, which encompasses the following key principles:

• putting human rights principles and standards at the heart of policy and planning
• empowering staff and patients with knowledge, skills and organisational leadership and commitment to achieve human rights based approaches
• enabling meaningful involvement and participation of all key stakeholders
• ensuring clear accountability throughout the organisation
• non discrimination and attention to vulnerable groups

80 Roles of other responding organisations

The following information provides a brief summary of some of the key organisations who may be involved in the response to an emergency.

Control of Major Accident Hazards (COMAH) Site Operators

COMAH regulations apply mainly to the chemical industry, but also to some storage activities, explosives and nuclear sites. The aim of the regulations are to prevent and mitigate the effects of major accidents involving dangerous substances which can cause serious harm to people or the environment. The local authority emergency planning team holds copies of local COMAH site plans.

The Environment Agency

The Environment Agency is the leading public body responsible for protecting and improving the environment with responsibilities including air, land and water. With regard to emergency management the Agency has responsibilities for flood incident management and environment management. Flood incident management includes forecasting and warning of flood events. Environment management includes regulation of industrial processes at sites with the greatest polluting potential; regulation of liquid discharges to surface or underground waters; the control of solid waste disposal and transport of special wastes and regulation of the disposal of radioactive wastes.
**Faith communities**

When an emergency occurs it is likely a cross section of the community could be involved or affected. This may require additional skills and responses during the emergency.

Faith and cultural needs will be considered in all emergency situations with the assistance of Home Office guidelines *The Needs of Faith Communities in Major Emergencies* and also in liaison with the local authority emergency planning department that has developed specific areas of work to support the faith and cultural needs of the community in an emergency.

**Health and Safety Executive**

The Health and Safety Executive are the enforcing authorities for health and safety regulation. The Executive's mission is to protect health and safety by ensuring risks in the workplace are properly controlled. The Executive may be involved in any subsequent investigation of an emergency if it is appropriate.

**Health Protection Agency**

The Health Protection Agency (HPA) is an independent body responsible for providing public health advice in response to emergencies ranging from infectious diseases to the effects of chemicals or poisons. The agency also incorporates the National Radiological Protection Board.

**Highways Agency**

The Highways Agency is an executive agency of the Department for Transport. The purpose of the agency is to provide safe and reliable long distance journeys on strategic national routes by managing traffic and administering the network as a public asset including routine and winter maintenance.

**Met Office**

The Met Office operates the National Severe Weather Warning Service and from 1st June to 15th September the Heat Health Watch System which complements the Department of Health Heatwave Plan. Weather warnings are issued to help the public make informed decisions that protect their life, welfare and property in the event of severe weather. The Met Office also operates the CHEMET service which, at the request of the Fire and Rescue Service, forecasts the atmospheric dispersal of products which may be discharged as a result of an emergency e.g. toxic smoke.

**Military**

Military assistance to the Civil Authorities (MACA) cannot be guaranteed due to operational commitments. However where assistance is available this can
include considerable resources and skills of use in emergencies such as search and rescue or in response to national emergencies.

**Network Rail and Train Operating Companies (TOCs)**

Network Rail is responsible for the operation of the railway network and major railway stations and will provide the focal point for liaison, technical advice and assistance and contribute to investigation of the emergency. The train operating companies are responsible for passengers and their families in any rail accident. In a rail emergency, TOCs will liaise with the local authority and emergency services with regard to setting up survivor reception centres, hospital liaison and other appropriate facilities.

**Utilities**

Utility companies are responsible for the supply of communications, electricity, gas and water and have certain obligations with regard to supply of services to customers. In response to any emergency, utility supplies are key to enabling an effective response. Where the community has been affected by supply disruption, utility companies will play a role in recovery.

**Voluntary organisations**

There are a large number of voluntary organisations within Northamptonshire who could assist in responding to an emergency. Further details of the resources, personnel and services voluntary organisations are able to provide are available from the local authority emergency planning department.

**Northamptonshire Fire and Rescue Service**

The service has a key role with regard to fire fighting and urban search and rescue operations, including the rescue of trapped casualties and where appropriate assisting the police and ambulance services. The service prevents further escalation of an emergency by dealing with released chemicals and other hazardous situations, and continues to monitor the area affected to ensure that the site poses no further hazard to the public or environment.

**Northamptonshire Police**

The role of the police includes coordinating emergency services and supporting organisations responding to an emergency. Responsibilities include saving life, protecting property, criminal investigations, preserving, investigating the scene of an emergency, collating and disseminating casualty information and identifying deceased persons on behalf of the Coroner.

**East Midlands Ambulance Service**

The primary roles of the ambulance service are triage, treatment and transportation. The service will also coordinate the overall medical response to an emergency, including medical teams and voluntary agencies such as St Johns Ambulance. The ambulance service has the responsibility for decontaminating patients in CBRN incidents.
81 Distribution List

- PCT Chief Executive
- PCT Executive Directors
- Managing Director: Arms Length Management Organisation
- PCT Non-Executive Directors
- East Midlands Strategic Health Authority
- PCT and Provider Services Staff
- PCT Clinical Cabinet
- Health Protection Agency
- Northamptonshire County Council Emergency Planning Unit
- Kettering General Hospital Chief Executive
- Northamptonshire General Hospital Chief Executive
- Northamptonshire County Council Chief Executive
- Neighbouring PCT Chief Executives
- Northamptonshire Health Care NHS Trust
- East Midlands Ambulance Service
- Emergency Planning Leads:
  - Kettering General Hospital NHS Trust
  - Northampton General Hospital NHS Trust
  - Northamptonshire Health Care NHS Trust
  - East Midlands Ambulance Service
  - Adult and Community Services
- Communications Officers:
  - Northamptonshire Teaching Primary Care Trust
  - Kettering General Hospital NHS Trust
  - Northamptonshire General Hospital NHS Trust
  - Northamptonshire Health Care NHS Trust
- Northamptonshire Police
- Northamptonshire Fire and Rescue
# 82 Glossary

<table>
<thead>
<tr>
<th><strong>Bellwin Scheme</strong></th>
<th>The Bellwin Scheme provides assistance to local authorities who as a consequence of an emergency, would otherwise incur an undue financial burden providing relief and carrying out immediate works to safeguard life or prevent suffering or severe inconvenience to affected communities.</th>
</tr>
</thead>
</table>
| **Business continuity** | Under the Civil Contingencies Act 2004, as a Category One responder, PCT’s have a requirement to maintain business continuity plans to ensure the following:  
• continue to perform their normal functions  
• at the same time be able to respond to emergencies as they arise  
• facilitate and promote recovery during and after an emergency  
Critical business activities: during an emergency the response may overshadow the normal work of the department. The primary focus will be on maintaining key activities identified in the business continuity planning process which may lead to the temporary suspension of other services. |
| **Category One responders** | Category one responders are organisations that are at the core of the response to most emergencies and include the emergency services, local authority, National Health Service, the Health Protection Agency and the Environment Agency. Category One responders are subject to the full set of civil protection duties as detailed in the Civil Contingencies Act (CCA) 2004 as follows:  
• assess the risk of emergencies occurring and use this to inform emergency planning  
• put in place emergency plans  
• put in place business continuity arrangements  
• put in place arrangements for warning and informing the public in an emergency  
• share information with other local responders to enhance coordination. |
<p>| <strong>Category Two responders</strong> | Category Two responders are organisations that are less likely to be involved in planning but are likely to play a role in emergency response. They include organisations such as the Health and Safety Executive, transport and utility companies and the Strategic Health Authority, and are subject to a lesser set of civil protection duties including information sharing and cooperation as detailed in the CCA. |</p>
<table>
<thead>
<tr>
<th><strong>Civil Contingencies Act 2004</strong></th>
<th>The CCA 2004 and accompanying non-legislative measures delivers a single framework for civil protection in the UK. The Act is separated into two substantive parts: local arrangements for civil protection (Part One) and emergency powers (Part Two).</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RAYNET (Radio Amateurs Emergency Network)</strong></td>
<td>A national voluntary communications service provided for the community by licenced amateurs. Capable of providing a flexible communications service for major civil emergencies or related exercises and local community events.</td>
</tr>
<tr>
<td><strong>Regional Civil Contingencies Committee (RCCC)</strong></td>
<td>In larger scale emergencies on a regional level affecting Northamptonshire, the RCCC may be convened to offer support and assistance to local responders where appropriate and provide a link between responders at a local level and central Government.</td>
</tr>
</tbody>
</table>