South West London Health Protection Unit (SWLHPU)
Incident and Emergency Response Plan (IERP)

If you have just been notified of, or suspect there to be a Major Incident/Emergency, please use the SWLHPU incident reporting risk assessment checklist (in Section B: Operational Procedures to the SWLHPU IERP, Appendix 1) and then contact the on-call Consultant in Communicable Disease Control/Consultant in Health Protection (CCDC/CIHP) immediately via:

020 8812 7850 (office hours)

or

020-8390-4008 (out-of-hours)

It is intended that the SWLHPU IERP is used as a guide rather than a prescriptive plan. It is anticipated that the on-call consultant (CCDC/CIHP), in consultation with others, will quickly assess the need and respond appropriately. This may or may not involve activating the Emergency Operating Control (EOC) Room/Area. This may involve seeking specialist expertise. It is recognised that there is great potential as to the type, scope and scale of an “incident”. This plan has therefore been developed to be as flexible as possible.

The bulk of this plan is intended for reference prior to an incident.

During an incident please refer to Section B: Operational Procedures to SWLHPU IERP, as appropriate.
This plan has been adapted from the national generic version and national HPU template to reflect local arrangements.
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Summary of SWLHPU major incident process

TAKE ALL DETAILS OF THE INCIDENT. SEE APPENDIX 1, SECTION B OPERATIONAL PROCEDURES FOR HPU INCIDENT REPORTING RISK ASSESSMENT CHECKLIST

LOG AND RECORD EVERYTHING e.g. calls in & out, events and action taken

Liaise with on-call NHS/PCO Director. Agree who is informing NHS London (normally Public Health Consultant/DPH)

On call CCDC/CIHP contacted via 1st on-call

Assess & monitor situation (provide updates to HPA and NHS/LA partners) Assess if BCP plan to be activated

Decision to open emergency operations control (EOC) room

Yes

Open EOC room/area (or attend PCT/London Level EOC)

Assess, review, act

Declare incident over and debrief

Inform HEPA and HPA London Director (if not already aware) plus HPA London Communications Lead

See Section B 3.4 for contact details

See Section B4 and B Appendix 10 for EOC set up instructions

See Section B Appendix 4 for each role’s SOP

See Section B Appendix 9 for lessons learnt info/templates

See Section B Appendices 6 & 5 for EOC attendance log and template agenda

Call in Duty 1st and/or 2nd on-call Admin volunteers

Call in/ discuss with expert(s)
Section A:

A1 Introduction and background

1.1 Introduction

This document sets out the South West London Health Protection Unit (SWLHPU) response to a major incident/emergency. It is based on expert national guidance from the Health Protection Agency’s (HPA) Incident and Emergency Response Plan (IERP) and ‘guidance for planning and responding to incidents for HPA responders’ (see HPA intranet under Emergency Response Arrangements section). The plan accords with the requirements of the Civil Contingencies Act (CCA) 2004 (under current review), Contingency Planning Regulations 2005, and the HPA’s responsibilities as a Category 1 responder.

Primary Care Organisations(PCOs)/GP consortia (once established) and community health service providers are responsible for emergency planning, working with local authority partners and co-ordinating the health response for their population. Health protection provides the health protection component of the response to incidents. In exceptional circumstances, SWLHPU may provide a stand alone response.

1.2 Background to HPA and SWLHPU emergency planning

The HPA is a national organisation which provides Health Protection Services to other health related organisations and the public. The Health Protection Services (HPS) division of the HPA provides frontline services to both acute and community level National Health Services (NHS), local government and government regional offices.

The relationship of the HPA IERP with other plans, such as local HPU plans, guidance documents and the preparedness, planning and performance management cycle is illustrated below (Figure A1)

Figure A1. The relationship of HPA emergency plans and governance arrangements, Local and Regional multi-agency plans and HPA Threat Specific Plans*
HPA threat specific plans and guidance are in place for:

a) Severe Acute Respiratory Syndrome (SARS) as a model for unknown respiratory infection.
b) Pandemic influenza.
c) Radiological and nuclear emergencies.
d) Chemical response plans.
e) Avian Influenza.
f) National fuel disruption.
The above plans and guidance link into, and are consistent with, national plans developed by various government departments.

The HPA is also linked into plans of partner organisations; these may be strategic, generic or threat specific plans such as:

a) Department for Environment Food and Rural Affairs (Defra) animal disease plans
b) Environment Agency (EA) plans
c) DH and Cabinet Office, Pandemic Flu: A national framework for responding to an influenza pandemic
d) DH Heatwave plans for England
e) Devolved Administrations plans
f) NHS Major Incident plans including, NHS Emergency Planning Guidance and Strategic Command arrangements for the NHS during a major incident.
g) Local and Regional Resilience Forums plans
h) MOD RAMP (Ministry of Defence Reception Arrangements for Military Patients) Plans
i) Nuclear site plans
j) Nuclear response plans
k) Control of Major Accident Hazards (COMAH) plans
l) Home Office Counter Terrorism Plans

Health Protection Services can be broadly grouped as:-

- Communicable disease control
- Protecting against non infectious environmental hazards(NIEH)
- Protection against effects of Radiation
- Response to chemical, biological, radiation, nuclear and explosive (CBRNe) incidents
- Input into natural occurring emergencies e.g. flooding
- Input into emergency preparedness
The SWLHPU is the local health protection unit for the PCOs, local authorities and other NHS organisations in the local authority areas below, grouped into their London Sub Regional Resilience Forum (SRRF) areas, meetings of which the HPU is obliged to participate in:

- South West London SRRF: Richmond, Kingston, Wandsworth, Sutton, Merton
- South East London SRRF: Croydon (South East London HPU emergency planning/ South London HEPA representative/s would attend this meeting on behalf of SWLHPU. SWLHPU staff would attend local emergency planning meeting and Control of Major Accident Hazards (COMAH) meeting groups in Croydon).

The health protection service in South West London is delivered from Building 15, Springfield University Hospital, 61 Glenburnie Road, Tooting, London SW17 7DJ.

A2  Aims and outline of the IERP

2.1  Aims

The aims of the plan are:

1. To protect the health of the population of South West London and/or the functioning of the SWLHPU in the event of a major incident/emergency;
2. To contribute to the recovery and restoration of the health of the population and/or the functioning of the HPU at the cessation of a major incident/emergency.

2.2  Document outline

The document is divided into two sections:

**Section A**, Background and context. This section outlines the definitions of a major incident, alert levels, command and control structures for the HPA and London Region, and the roles of public health and SWLHPU health protection. The standard operating procedures (SOPs) and resources from Section B of this IERP (see below) should be used in conjunction with this section of the plan.

**Section B**, SWLHPU operational procedures to IERP. Contains information on how to declare a major incident and action required once a major incident is declared plus SOPs and resources e.g. checklists for use in specific major incidents (CBRNe/deliberate release, flooding, suspect packages, bomb threats, heatwave).

Procedures specific to certain types of incidents are found in the SWLHPU specific supplement plans, including:

1. Pandemic Flu
2. Avian Flu (AI)
3. Chemical and radiation incidents
4. Control of Major Accident Hazard (COMAH) site plans.
5. Outbreak plans (generic outbreak and prison outbreak)
6. Business continuity plan

The above can be located in the O drive, hpu files, on call pack, emergency planning (..\..\Emergency Planning). Partner contact details supporting the above plans are located in the same file under contacts, day and OOH incident emergency contacts which are updated on a quarterly basis( ..\..\Contacts\Day & OOH Incident Emerg Contacts ).
The procedures in the SWLHPU Business Continuity Plan should be followed to maintain the SWLHPU on-call service and other critical functions. The outbreak plans should be used for smaller outbreaks and incidents that do not meet the major incident criteria (e.g. food poisoning outbreaks/prison outbreaks), generally HPA incident levels 1 and 2. Related on call standard operating procedures (SOPs) and specific HPA incident checklists/guidance can be found in section B of this IERP. The checklists cover incidents involving CBRNe, suspect packages, bomb threats, fire, water contamination and flooding.

A3 Review, maintenance, testing and exercising the plan

This plan has been signed off by the SWLHPU Director and team. The London HEPA lead may performance manage this plan on behalf of the HPA London Director and SWLHPU Director.

The SWLHPU emergency planning lead has operational responsibility for the development, maintenance and evaluation of this plan. In liaison with the HPA Regional Health Emergency Planning Advisor (HEPA), a programme of annual, targeted briefing and training will be provided for the unit staff identified as having emergency response roles by the Plan and those who potentially have a role within an emergency response, to ensure competency in those roles and familiarisation with the roles and responsibilities of the HPA as identified by the Plan. This plan should ideally be tested through an annual exercise/training and a “real” incident every three years. The plan will be reviewed annually with quarterly reviews of partner contact details. Lessons identified from incidents and exercises will be incorporated into revisions of the Plan by the SWLHPU emergency planning lead. Revised versions of this plan will be shared with all local category 1 and 2 responders (as appropriate) in South West London, both for comment and reference.

A4 Definitions and types of a major health incident/emergency

In this document the terms ‘major incident’ and ‘emergency’ are used interchangeably. For the NHS major incident is the term in general use. With the implementation of the Civil Contingencies 2004 Act, the term ‘emergency’ may be used instead.

4.1 CCA and NHS definitions

A major incident is any event whose impact cannot be handled within routine service arrangements. It requires the implementation of special procedures by one or more of the emergency services, the NHS, or a Local Authority to respond to it.

The Civil Contingencies Act 2004 defines an emergency as:

“An event or situation which threatens serious damage to human welfare in a place in the UK, the environment of a place in the UK, all war or terrorism which threatens serious damage to the security of the UK. The definition is concerned with consequences rather than the cause or source.”

For the NHS, a major incident 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 or types of casualties as to require special arrangements to be implemented by hospitals, ambulance trusts or primary care organisations.”

NHS organisations can self-declare a major incident when their own resources, or those of their neighbours, are overwhelmed. A major incident in the NHS may not be a major incident for other local agencies.

In most cases the SWLHPU will be acting with, or on behalf of the PCOs and SHA in a major incident. It is unlikely that SWLHPU would declare a major incident in isolation.

SWLHPU service demands will fluctuate, and at times will be fully stretched. These fluctuations will be managed by using business continuity procedures, without activation of special measures.
4.2 HPA definition of an incident:

An ‘Incident’ is defined as:

‘An event or a situation which threatens or causes damage to the health of the public and that requires urgent action from the agency at whatever level.’

The above definition of an incident for the HPA includes events or situations which would constitute an emergency under the CCA. However, it should be noted that the HPA frequently responds to incidents which, although serious, are part of its normal acute response function. Incidents at Level 1 and Level 2 are a major part of the normal acute activity of Health Protection Services (HPS) Health Protection Units supported by the relevant specialist division of the agency if required, e.g. CRCE in a level 1 radiation incident. These level 1 and 2 incidents will only exceptionally constitute emergencies for the agency.

A major incident may arise in a variety of ways:

- **Big Bang** – a serious transport accident, explosion, or series of smaller incidents
- **Rising Tide** – a developing infectious disease epidemic, or a capacity/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 incidents** – fire, breakdown or utilities, major equipment failure, hospital acquired infections, violent crime
- **Deliberate release** of chemical, biological or nuclear materials (e.g. Tokyo, release of Sarin, 1995)
- **Mass casualties**
- **Pre-planned major events** that require planning – demonstrations, sports fixtures, air shows

In general an incident is major or is becoming major for the HPU if:

- There are more than two cases/casualties involved in a problem that continues to pose a public health risk (e.g fire with plume).
- Persons are being evacuated to a centre and require HPU advice (e.g. after chemical explosion)
- One case of a dire condition (viral haemorrhagic fever on a vessel).
- The team cannot respond to the volume of work required to deal with the problem
- Any possible terrorist threat – particularly involving chemical, biological, nuclear or radiological agents.
- Any incident where other agencies activate emergency plans and there is a required public health response

4.3 Types of health protection incidents

Most major incidents are managed by the emergency services and will not require public health or health protection intervention. The HPA will mainly be involved with infectious disease, chemical, radiological and nuclear incidents, and some naturally occurring emergencies such as flooding (Table A1 below). Most incidents will be in Categories A – D.
### Table A1: Types of health protection incidents

<table>
<thead>
<tr>
<th>Type of incident</th>
<th>Examples</th>
</tr>
</thead>
</table>
| A: Infectious disease events | Avian influenza  
Pandemic influenza |
| B: Chemical incidents | Fires (local and major, for example Buncefield) |
| C: Naturally occurring emergencies & accidents | Flooding (Boscastle and Carlisle) |
| D: Radiological and nuclear incidents | Source found in public domain (e.g. Polonium 210 incident 2009)  
Contamination found across an area  
Nuclear installation accident  
Weapons and transport accidents |
| E: Incident in devolved administration | Any of the above  
Would involve expert support in line with MoUs |
| F: Overseas incident with consequences to UK or nationals | SARS  
Tsunami  
Release of toxic chemicals (e.g. oil slick)  
Nuclear accident (e.g. Chernobyl) |
| G: Terrorist or security incident | Intelligence led identification of threat bombings (e.g. London 7/7 bombings)  
CBRNe attack |

Source: Table 1, HPA IERP (version 3.0)

### 4.4 Scale of major incidents (NHS)

The NHS defines three levels of incident requiring emergency preparedness arrangements based on the number of potential casualties and the impact on NHS services:

- **Major** – Affecting tens of people. More patients will be dealt with, probably faster and with fewer resources, than usual, but it is possible to maintain the usual levels of service. Examples include multi-vehicle motorway crashes.

- **Mass** – Larger-scale events affecting potentially hundreds rather than tens of people, possible involving the closure or evacuation of a major facility (for example because of fire or contamination) or persistent disruption over many days. These will require a collective response by several or many neighbouring trusts.

- **Catastrophic** – events of potentially catastrophic proportions that severely disrupt health and social care and other functions (for example mass casualties, power, water, etc) and that exceed even collective local capability within the NHS

There may be events occurring on a national scale, for example fuel strikes, pandemic or multiple events that require the collective capability of the NHS and the HPA nationally.
4.5 Levels of Major incident (HPA)

The HPA defines five levels of major incident, based on the likely impact on the HPA (Table A2). HPA criteria considered when determining the appropriate level of response are listed in Box A1:

Box A1: HPA criteria for determining incident level (indicative not exhaustive)

1. Public Health impact/consequences – potential and actual, morbidity/mortality, rapidity of spread, control measures
2. Public perception/concern – local or national politics, public confidence
3. Media attention – local, national, international – positive or negative reporting
4. Implications for partners and partnerships – resources, reputation, reciprocity
5. Impact on HPA – resources, reputation and relationships
6. Complexity of situation, and competencies for handling – are all aspects of the current situation being handled adequately?
7. Is it a potentially malicious incident (act of terrorism, deliberate release, hoax) – even if other criteria do not score highly, a possible or actual positive to this criteria will rapidly move up the levels of escalation
8. Is there any possibility of a newly emerging problem?
Table A2: Incident level, HPA impact and response

<table>
<thead>
<tr>
<th>Level</th>
<th>HPA Impact</th>
<th>Expected Resource Commitment</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>HPS</td>
<td>Other parts of HPA</td>
</tr>
<tr>
<td>5</td>
<td>A catastrophic emergency that has an overwhelming impact upon HPA. This will require an immediate response with national management. CCC will sit: Multiple SCG and/or RCCC</td>
<td>HPA National Command and Control set up through NECC to manage the situation. Response at all levels of the Agency will be required with liaison with other agencies and government departments. Likely to be protracted or have a significant recovery component Divisions/centres without a specific locus in the response will be expected to provide support to those under pressure.</td>
<td>Significant Business Continuity Issues across HPA A Forward Look group will be essential</td>
</tr>
<tr>
<td>4</td>
<td>An emergency that has a severe impact and causes major disruption to parts of HPA. This will require a large number of HPA resources. CCC will sit One or more SCGs + STACS</td>
<td>Likely to involve more than 1 region and/or will require support from other regions Local / Regional EOCs established Divisional coordination lead required</td>
<td>Business continuity issues in some parts of HPA. Forward Look group to be established if emergency or recovery is likely to be protracted</td>
</tr>
<tr>
<td>3</td>
<td>An emergency that has a significant impact on the resources of one or more parts of the agency. An SCG + STAC will sit CCC may or may not sit. Media interest likely to be high</td>
<td>Will involve at least the resources of one HPA Region and nominated Regional Director to manage front line response</td>
<td>The level of Government involvement and media interest will be significant factors in determining the resources to be committed</td>
</tr>
<tr>
<td>2</td>
<td>An emergency that has wider local effect but which can be managed within local or regional resources. Unlikely to involve an SCG but will involve significant interagency working</td>
<td>Can be dealt with within two or more HPUs with some support from regional level. Nominated Lead HPU Director would establish an Incident Control Team Consultation with Specialist Divisions/centres; they may be required to provide a team to support HPS²</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>An incident with limited local impact for the HPA, though may require liaison with other responders</td>
<td>Incident response can be managed within the capacity and resources of a single HPU taking due note of specialist advice. Consultation with Specialist Divisions/centres as appropriate.</td>
<td>Initial alert may come to any part of HPA. Where possible work through local HPU. Some situations may require immediate advice, but always inform HPU</td>
</tr>
</tbody>
</table>
A5 COMMAND, CONTROL AND RESPONSE STRUCTURES

5.1 Definitions

Within the HPA, the following definitions are used for command, control and co-ordination:

Command: This is the function of being in charge of the overall HPA response; having responsibility for strategic direction and effective management of HPA’s response to the incident.

Operational control: This is the function of directing and managing the response operation at the local/regional level or within a divisional response. It will involve managing HPA’s response as part of local or regional multi-agency arrangements in line with the command strategies and tasking. In many cases the Command and Operational Control functions can be combined.

Co-ordination: This is the function of co-ordinating the availability and delivery of HPA resources committed in support of the HPA’s response to the incident. This function supports the person in Command of the incident.

5.2 HPA command and control

For most incidents HPUs are the principal focus of delivery and the primary portal for access to the HPA’s expert Centres. The HPA London Director is responsible for ensuring that the HPA responds effectively to incidents within the region, with specialist advice from Centre for Radiation, Chemical and Environmental Hazards (CRCE), HPS/MS Colindale and Centre for Emergency Preparedness and Response (CEPR) as appropriate. The London office provides regional epidemiology, communication and health emergency planning adviser (HEPA) support to SWLHPU for the management of emergencies.

Table A3 gives an overview of HPA command and control for different levels of incident, although these will need to be assessed according to the circumstances of each incident.

HPS provides command and control for most emergencies/major incidents (Types A – D, Levels 1-2). For level 3 incidents, command may rest with Divisional Directors. For level 4 and level 5 incidents (and other incidents as appropriate), the CEO (or Duty Director) will establish a full or core National Emergency Co-ordination Centre (NECC). They must specify whether NECC is providing command or co-ordination for the others.

Exceptions are:

- National outbreaks of infectious disease distributed across the UK, such as the Salmonella Montevideo incident, where HPA Colindale is the default incident lead;
- Emergencies in Devolved Administrations and Overseas (Types E-G). Lead Divisions are shown in Table A4.

Where an event covers more than one type of emergency the relevant lead Divisions should liaise to agree which Division will provide the Command function.

A major incident by partner agencies may only be a level 1 incident for the HPA. It would be unusual for a local multi-agency major incident to be more than a level 2 incident for the HPA.

Roles and responsibilities within the HPA for emergency management are outlined in more detail in Section B of the SWLHPU IERP.
Table A3: Overview of incident response levels

<table>
<thead>
<tr>
<th>Level of incident</th>
<th>HPA Command</th>
<th>HPA Operational Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
<td>Local</td>
<td>Local</td>
</tr>
<tr>
<td>Level 2</td>
<td>Regional</td>
<td>Local</td>
</tr>
<tr>
<td>Level 3</td>
<td>Divisional</td>
<td>Regional</td>
</tr>
<tr>
<td>Level 4</td>
<td>CEO through NECC</td>
<td>Divisional/Centre</td>
</tr>
<tr>
<td>Level 5</td>
<td>CEO through NECC</td>
<td>As directed</td>
</tr>
</tbody>
</table>

The Standard Operating Procedures (SOPs) have been developed to clarify the HPS response and can be used in conjunction with this plan (see operational procedures section B of this IERP).

Table A4: Lead divisions for incidents in Devolved Administrations and Overseas (Types E - G)

<table>
<thead>
<tr>
<th>Type of Emergency</th>
<th>Default Lead Division</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infectious disease outbreak distributed across UK or in multiple regions</td>
<td>HPS Colindale; in support of HPS[CDSC(NI)] for Northern Ireland and in support of local Agencies for other DAs, at request of DA.</td>
</tr>
<tr>
<td>Category A Pathogens</td>
<td>CEPR (consulting with HPS Colindale)</td>
</tr>
<tr>
<td>Environmental Chemical Exposures and Poisonings</td>
<td>CRCE (chemicals)</td>
</tr>
<tr>
<td>Radiological/ Nuclear</td>
<td>CRCE (radiation)</td>
</tr>
<tr>
<td>Security/ Terrorism</td>
<td>Emergency Response Department (ERD), CEPR</td>
</tr>
<tr>
<td>Natural Disasters</td>
<td>HPS</td>
</tr>
</tbody>
</table>

5.3 HPA command function

1. For incidents declared by divisions other than HPS, the person in Command will have initial discussion with HPS, or the default lead Division, to confirm the level of the incident and command and co-ordination arrangements. Similarly when HPS declares an incident requiring support from other divisions of the HPA there will be an initial discussion with those divisions to agree:

2. The Level of incident
3. What resources will be made available/required
4. Who is in Command of the HPA response (a nominated person)
5. What co-ordination arrangements will be necessary
6. The location of the primary Emergency Operation Centre (EOC) Room, if required.

Box A2 lists the primary components of the HPA Command function.

Box A2: Primary components of the HPA command function

1. To be the focus for strategic decision making, including
   - Specifying the structure of the response
   - Identifying the resources required
   - Tasking the various elements of the response, including an coordination function
2. Delegating authority for elements of the response
3. Maintaining an overview of the progress of the response and applying corrective action where
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4.</td>
<td>Agreeing with HPA Communications an appropriate public and media information strategy</td>
</tr>
<tr>
<td>5.</td>
<td>Ensuring up the line briefings are provided</td>
</tr>
<tr>
<td>6.</td>
<td>Ensuring appropriate records are kept, in particular documenting the reasons for any deviations from normal policies</td>
</tr>
</tbody>
</table>
5.4 NHS and multi-agency command, control, response

5.4.1 Public Health advice

The role of the CCDC/CIHP and HPU in a major incident is to provide public health advice and operational support, together with, or on behalf of, PCO and London NHS public health. Whether public health advice is provided by NHS Public Health, the HPU, or both depends on the nature of the incident, and will be negotiated for each incident. Box A3 outlines the elements of public health advice.

Most major incidents are managed by the emergency services and will not require public health or health protection intervention. The CCDC/CIHP and SWLHPU will mainly be involved with infectious disease, chemical, radiological and nuclear incidents, and some naturally occurring emergencies such as flooding.

CsCDC/CIHP in London have a local and/or regional role depending on the level and nature of the incident. At local (sector) level, the CCDC/CIHP provides public health advice as outlined above. At London regional level, the CCDC/CIHP may be asked to chair or provide public health advice to the Scientific and Technical Advisory Cell (STAC).

Box A3: Public health and health protection advice/role for major incidents

| To provide senior assistance for the co-ordination of the response during a major incident in collaboration with the London NHS/PCO on-call officer/director |
| Recognise when a major incident has occurred or is evolving within the area (using surveillance information and information from other agencies) – call a major incident when required and request activation of other agency major incident plans |
| Assess and evaluate the public health/health protection impact of a major incident, e.g. nature and toxicity of chemical agents. This will be done in conjunction with the other expert divisions of the HPA, in particular CRCE and also other organisations (Food Standards Agency, Environment Agency, Water Boards and others) |
| Advise on the organisation of sampling and provision of countermeasures |
| Advise NHS London/ local PCO/s on the nature and required response to a major incident involving public health protection issues (e.g. communicable diseases) |
| Identify potential health protection issues in incidents during other incidents, e.g. asbestos problems during tube crashes |
| Advise the SHA/PCO on the NHS resources required to deal with the incident |
| Provide a response to the media when required in conjunction with communications departments |
| Provide information and advice for dissemination to health professionals and the public on health protection issues and countermeasures |
| Support other sectors and other agencies |
| Advise and support the long term health follow-up of affected populations after an incident |
5.4.2 Public Health Adviser
The Public Health Adviser is a specific role within the Regional Strategic Co-ordinating Group (RSCG). In London, the Public Health Adviser to the SCG is either a Director of Public Health or HPU Director, depending on the nature of the incident. The London Public Health Adviser to the SCG will:

- Attend the Strategic Co-ordinating Group (SCG);
- Act as primary contact and focal point for provision of health, public health, health protection and other scientific advice;
- Co-ordinate the necessary health, public health, health protection and other scientific advice to input into the strategic management of the incident;
- Agree clear public health messages via SCG to be given to the public and incident responders especially health care professionals;
- Manage the development, and provision, of a STAC if required.

5.4.3 Local-level multi-agency incident control teams
The London HPUs outbreak plan outlines arrangements for multi-agency working for local-level incidents and outbreaks (Levels 1 and some Level 2). For health protection incidents and outbreaks, the CCDC/CIHP, after discussion with the relevant agencies will take responsibility for initiating the outbreak plan and convening the outbreak control team.

If a major incident/emergency is declared at local level, then it may be necessary for a multi-agency strategic co-ordinating group to be established, similar to the Regional SCG. It is likely that either the Police or local authority would chair this group. The role of the CCDC/CIHP SWLHPU would be to provide public health advice and operational support, as outlined above. If necessary, a local health or expert group should be established, similar to the STAC at London level.

The command, control and response structures for multi-agency working at subregional level in London, where more than one PCT or local authority, are involved are being revised and are not yet formalised.

5.4.4 London Region SCG
For London regional-level incidents requiring a multi-agency response, a Strategic (Gold) Co-ordinating Group (SCG or GCG) may be established. The SCG is chaired by the Police and will provide strategic support and co-ordinate the multi-agency response across London (Figure A2 below).

Health has two representatives on the SCG:

- Health Strategic (or Health ‘Gold’): This is a Chief Executive of an NHS trust whose main role on the SCG is the deployment and management of NHS resources;
- Public Health Adviser (DPH ‘Gold’ or HPA ‘Gold’): The Public Health Adviser is either a Director of Public Health or HPU Director.

Each ‘Gold’ representative is supported by a small team, or ‘cell’. The Health Cell is comprised of DPH, Health Protection, NHS Strategic, communications and supporting management and administration (see section 5.4.5 below).

Where needed, a Scientific and Technical Advisory Cell (STAC) will be set up to provide specialist scientific and health advice (Figure A3 below). The membership depends on the incident, but should include scientific and clinical specialists necessary to provide advice for the incident. The STAC may be chaired by a Senior HPA Representative, in this case a CCDC/CIHP.
5.4.5 Health-specific incidents
For incidents specific to health and requiring pan-London NHS co-ordination, a NHS London Emergency Co-
ordination Centre may be established to enable the strategic management of large-scale deployment of NHS
resources, and to ensure that wider Department of Health or government assistance is accessed if required
(see Section A7 for details about SCG and STAC).

A6 DECLARING A MAJOR INCIDENT

6.1 Alerting and information

The local HPU is the first point of access to the HPA for most incidents and emergencies. A major incident can
be declared (an official term which is recognised and formally communicated internally and externally) by any
of the emergency services, the local authority, the NHS or the HPA.

Within the NHS, each organisation, through its emergency management system, will assess a situation and
can self-declare a major incident if an internal incident affects their organisation and meets the major incident
criteria. Declaring a Major Incident does not automatically mean every organisation will activate its plan in full.
It is generally accepted that it is better to over-react and err on the side of caution.

Declaring a Major Incident is a method of alerting others (and your own organisation) to the seriousness of the
situation, enabling immediate co-operation and implementation of communication links between responding
agencies.

The London Ambulance Service has specific responsibilities for alerting the receiving hospitals and the wider
health community, including the relevant HPU, via the HPA HEPAs, in the event of a major incident or civil
emergency.

6.2 Standard NHS Alerting Messages

The NHS uses standard alert messages to avoid confusion about when to implement plans (Figure A4). All
messages must include the status and contact details of the sender, and must be clear and unambiguous.
6.3 HPA/HPU declaration of major incident

SWLHPU should use criteria similar to those in the NHS when deciding whether to declare a major incident. It is unlikely that the SWLHPU (or the HPA nationally) will declare a major incident in isolation.

In the HPA, an incident may be declared by:

- Chief Executive or Duty Director
- Centre and Divisional Directors or their nominees
- Regional Directors or their nominees
- Health Protection Unit Director or their nominee
- Regional Epidemiologist or their nominee
- Regional Health Emergency Planning Advisers (or deputies).

6.4 Alert mechanisms

The identification of an incident may come from internal HPA surveillance or an alert from external sources. In most circumstances, an alert for a major incident/emergency will come to SWLHPU from:
Health Emergency Planning Advisers (HEPAs) via the HPA alerting cascade process utilising the iModus system
HPA London Director
Strategic Health Authority (SHA), as part of the London NHS cascade or SW London PCOs

But, an alert may come from a variety of other sources, including:

- Other HPA centres or divisions (e.g. CRCE)
- The ambulance service/other blue light services
- Acute trusts
- Internally from members of staff
- GPs
- Other agencies or emergency services (including local authorities)
- News media

6.5 SWLHPU internal staff alerting

This is important so that staff are given early notification of an incident. This is to ensure staff are aware and fully prepared for the escalation or de-escalation of a health emergency. The alert cascade will follow agreed SOPs and HPU on call arrangements.

6.6 SWLHPU external agencies alerting

SWLHPU should ensure that local NHS and LA partners and other relevant partners have been notified of a major incident standby or major incident declared (where relevant), unless the major incident originally notified by them. This will be the responsibility of the Incident Director.

6.7 Alert mechanisms for the NHS in London

Alert mechanisms for the NHS in London are shown in Figure A5 below.
6.8 Alerting the public and the media

In the event of a health incident or emergency the HPU/HPA releases key public health messages in consultation with the NHS and other agencies. The HPU will work with HPA regional communications team. The initial message should be released within the first hour (the ‘Golden Hour’) of the incident /emergency.

6.9 HPA alerting

Key responsibilities for alerting within the HPA are shown in Table A5 (below). For chemical incidents the chemical incident early alerting system for London is triggered by the HEPA to the local HPU (see SWLHPU chemical and radiation incident plan for more details- hpu files, on call, emergency planning).

Alerting depends on the level and complexity of the incident and alert triggering is the responsibility of the incident director. In all cases SWLHPU should alert the HPA London Director. Responsibilities for alerting partner agencies are shown in Box A4 below.
**Table A5: HPA alerting by incident level**

<table>
<thead>
<tr>
<th>Level</th>
<th>Impact</th>
<th>Alerting within HPA</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>A catastrophic emergency that has an overwhelming impact upon HPA. This will require an immediate response with national management. CCC will sit: Multiple SCG and or RCCC</td>
<td>As for 4</td>
</tr>
<tr>
<td>4</td>
<td>An emergency that has a severe impact and causes major disruption to parts of HPA. This will require a large number of HPA resources. CCC will sit. One or more SCGs + STACs</td>
<td>As for 3 but ensure all Directors are alerted NECC established Internal briefing to be cascaded</td>
</tr>
<tr>
<td>3</td>
<td>An emergency that has a significant impact on the resources of one or more parts of the agency. An SCG + STAC will sit CCC may or may not sit. Media interest likely to be high</td>
<td>Alert HPS line management, ERD, Comms, relevant Specialist Division/Centre, Duty Director Alert HPA Duty Director, HPA Duty Director to liaise with CEO about possible need for NECC</td>
</tr>
<tr>
<td>2</td>
<td>An emergency that has wider local effect but which can be managed within local or regional resources. Unlikely to involve an SCG but will involve significant interagency working</td>
<td>Alert HPS line management, local Comms, relevant Specialist Division/Centre Inform ERD Duty officer</td>
</tr>
<tr>
<td>1</td>
<td>An incident with limited local impact for the HPA, though may require liaison with other responders</td>
<td>Line management for information HPS if alert dealt with in another unit Relevant specialist division/centre as appropriate</td>
</tr>
</tbody>
</table>

**Box A4: HPA responsibilities for alerting external agencies and partners**

HPS: via the LRFs, HPS will attempt to ensure that alerting of HPA is an integral part of local multi-agency plans, and that local partner agencies are alerted by HPA.

HPS/MS Colindale: For counterparts in devolved administrations, Food Standards Agency (FSA), World Health Organisation (WHO), European Communicable Disease Control (ECDC)

CRCE: In respect of outbreaks for Nuclear Installation Inspectorate (NII), nuclear operator, MoD (nuclear submarines and weapons), International Atomic Energy Agency (IAEA)

CEPR: for DH, CO, HO, FCO, devolved administrations, security services and anti-terrorism units

Communications Division: For surveillance of breaking news, Government News Network, lead government department, communications and strategic health authorities (through their staff embedded in the HPS Regions)
6.10 Activating the HPA incident response process

6.10.1 HPA response to an incident
This is set out in Summary Table of HPA Matrix below (Table A6)

- **Level of Incident**
  
  Determined by person in command of the HPA response.

  Level 1 incident for the HPU is a local incident which may be called a “major incident” or “major emergency” by other local partner agencies.

  Level 2 and upwards requires a regional or greater response

  The Level of the incident will determine the response, who is in Operational Control and who is Coordinating the response (see table below)

- **Command**: Being in charge of the overall HPA response. Function of directing and managing the response operation.

- **Operational Control**: Directing and managing the response from the local/ regional/ divisional level. May be combined with Command function

- **Co-ordination and overview**: Strategic response: Function of co-ordinating the availability and delivery of HPA resources committed in support of the HPA response.

Refer to the HPS SOPs and HPA IERP V2 pg 17,19 for details
### Table A6: HPA incident matrix: Level, Impact, Command and Alerting

<table>
<thead>
<tr>
<th>Level</th>
<th>Impact</th>
<th>Coordination</th>
<th>HPS: Expected Resource Commitment</th>
<th>Alerting within HPA</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>A catastrophic emergency that has an overwhelming impact upon HPA. This will require an immediate response with national management.</td>
<td>CEO through National Emergency Coordination Centre (NECC) Civil Contingencies Committee (CCC) will sit: Multiple Strategic Coordinating Group (SCG) and/or Regional Civil Contingencies Committee (RCC)</td>
<td>Response at all levels of the Agency will be required with liaison with other agencies and government departments. Likely to be protracted or have a significant recovery component. Divisions without a specific locus in the response will be expected to provide support.</td>
<td>As 4</td>
</tr>
<tr>
<td>4</td>
<td>An emergency that has a severe impact and causes major disruption to parts of HPA. This will require a large number of HPA resources.</td>
<td>CEO through NECC CCC will sit. One or more SCGs + STAC Operational Level: Divisional lead required</td>
<td>Likely to involve more than 1 region and/or will require support from other regions. Local / Regional EOCs established.</td>
<td>As for 3 but ensure all Directors are alerted. NECC established. Internal briefing to be cascaded.</td>
</tr>
<tr>
<td>3</td>
<td>An emergency that has a significant impact on the resources of one or more parts of the agency.</td>
<td>Divisional Coordination Level. An SCG + STAC will sit CCC may or may not sit. Media interest likely to be high. Operational level: nominated Regional Director to manage front line response</td>
<td>Will involve at least the resources of one HPA Region.</td>
<td>Alert: HPS line management, ERD, Comms Relevant Specialist Division. Alert Duty Director: to liaise with CEO about possible need for NECC.</td>
</tr>
<tr>
<td>2</td>
<td>An emergency that has wider local effect but which can be managed within local or regional resources.</td>
<td>Regional Coordination Unlikely to involve an SCG but will involve significant interagency working. Operational Control may be at local level</td>
<td>Can be dealt with within two or more HPU’s with some support from regional level. Nominated Lead would establish an Incident Control Team.</td>
<td>Alert: HPS line management Local Comms; Relevant Specialist Division. Inform: ERD Duty officer.</td>
</tr>
<tr>
<td>1</td>
<td>An incident with limited local impact for the HPA, though may require liaison with other responders</td>
<td>Coordination and Operational: HPU level. Operational control appointed by HPU director. Overview at regional level e.g. need for escalation. Local EOC. STAC if needed</td>
<td>Incident response can be managed within the capacity and resources of a single HPU taking due note of specialist advice.</td>
<td>Line management for information. Alert HPS if alert dealt with in another unit. Relevant specialist division as appropriate.</td>
</tr>
</tbody>
</table>
The HPA operates an integrated five level response structure which would be followed by the SWLHPU (Figure A6 HPA Response Process).

**Figure A6- HPA response process**

The level and organisation of the response will be determined through a five dimensional dynamic risk assessment process using the criteria listed below. The following is not exhaustive but would be considered when determining both the appropriate level of response and any subsequent escalation or de-escalation:

**Severity:** Dynamically assessed risk of the degree of foreseeable harm that may be caused to individuals or to the population.

**Confidence:** Knowledge, derived from all sources of information that confirm the existence and nature of the threat and the routes by which it can affect the population.

**Spread:** The size of the actual and potentially affected population.

**Interventions:** The availability and feasibility of population interventions to alter the course and influence the outcome of the event.

**Context:** The broad environment, including public concern and attitudes, expectations, pressures, strength of professional knowledge and external factors including political decisions.

The authority to assign response levels lies as follows:

Level 1 - authorised by the local unit director/ incident director
The response matrix below (Figure A7) is to be used by the SWLHPU as part of the initial dynamic risk assessment and should inform the discussions between senior staff with regard to the appropriate level of response.

**Figure A7: HPA emergency response matrix/ risk assessment***

<table>
<thead>
<tr>
<th>HPA Response Level</th>
<th>Criteria</th>
<th>Management of the Response</th>
</tr>
</thead>
</table>
| **1**              | Public health impact including public interest or concern is limited to the local population and the response can be managed by one Health Protection Unit (HPU). May require liaison internally and with partner organisations. Risk Assessment will be carried out locally and HPA response level declared by HPU. | - Response can be managed within the capacity and resources of a single HPU / HPA specialist service  
- Directed by senior member of HPU staff  
- Local HPA plans to be activated  
- Threat specific plans may need to be activated  
- Involvement of Specialists from appropriate HPA Services as appropriate  
- Command, control and coordination at local unit level  
- Comms response can be managed within the capacity and resources of a single HPU / centre  
- Local media handling with partner agencies  
- Support from Regional Communications Manager and press officer as required  
- Involvement of specialist communications staff if necessary |
| **2**              | Public health impact including public interest or concern is limited to the local population but is greater than can be managed by one HPU. It may require regional support and coordination. May require support from HPA specialist service. Risk Assessment will be carried out locally and HPA response level declared by Regional Director or Head of Service as appropriate. May involve a Strategic Coordination Group (SCG) and Scientific and Technical Advice Cell (STAC). Will involve interagency working. Expect regional and local media interest. | - Managed by HPA Division / HPA specialist service or LRHS Region  
- Led by an appropriate person appointed by the Director of the HPA division or specialist service responsible for managing the incident and may involve discussion with the CEO or Duty Director  
- One or more EOCs may be established to support the response. This will depend on the nature of the incident  
- NECC may be activated |
| **3**              | Public health impact including public interest or concern is significant across regional boundaries or nationally. It may require supra regional or central coordination, support and interaction with government departments. Support will be required from HPA specialist service. Risk Assessment will be carried out regionally or centrally and HPA response level and Incident Director appointed by Head of Service and may involve consultation with the CEO or Duty Director. CCC, an SCG and STAC may sit. Possible media interest. | - May require resources of more than one HPA specialist service  
- Level and Incident Director appointed by CEO or Duty Executive Director  
- NECC will be activated  
- One or more EOCs will be set up to provide support the response  
- Incident Director to consider implications of escalation in discussion with Duty Executive Director  
- Comms response may require resources of more than one HPA specialist service  
- Director of Communications will lead with support from RCMs and Specialist Service press officer |
| **4**              | Public health impact including public interest or concern upon the national population is severe. It will require central direction of the HPA response and significant interaction with government. Requirement for cross-Agency working. Will require significant HPA resources. CCC will sit. One or more SCGs and STACs. HPA National Command and Coordination through NECC. National and international media interest. | - May require resources of more than one HPA specialist service  
- Level and Incident Director appointed by CEO or Duty Executive Director  
- NECC will be activated  
- EOCs will be set up to provide support the response  
- Comms response may require resources of more than one HPA specialist service  
- Director of Communications will lead with support from RCMs and Specialist Service press offices  
- Possibility of external staff to supplement if required |
| **5**              | Public health impact including public interest or concern upon the national population is catastrophic. Central direction of the HPA response will be required involving extensive agency resources and significant interaction with government. HPA National Command and Coordination through NECC. Significant requirement for cross-agency working. CCC will sit. Multiple SCG and/or Regional Cell Contingencies Committee (RCC). National and international media interest. | - May require resources of more than one HPA specialist service  
- Level and Incident Director appointed by CEO or Duty Executive Director  
- NECC will be activated  
- EOCs will be set up to provide support the response  
- Comms response may require resources of more than one HPA specialist service  
- Director of Communications will lead with support from RCMs and Specialist Service press offices  
- Possibility of external staff to supplement if required |

* From HPA IERP V8.0 Oct 2010, Figure 3, page 21.

The HPA’s response for higher level incidents may require the activation of one or more Emergency Operations Centre (EOC) the function of which is to provide a focal point for coordination of the response.
and gathering, processing, archiving and dissemination of information across the agency and externally where appropriate. In the cases of levels 3-5 where national coordination is required, a NECC may be activated (see latest version of HPA IERP (hpu files, on call, HPA plans, IERP) for details plus NECC roles and responsibilities/ SOPs).

The relevant emergency operations centre (EOC) should then be activated according to the response level with an appropriate level of Incident Director and the SWLHPU IERP put into operation.

A7 The Structure of the multi-agency response to an incident

7.1 Strategic (Gold) Co-ordinating Group (SCG or GCG) (Figure A8)

There are 3 inter-linked operational levels:

- **Gold** (strategic): each agency’s overall executive command with responsibility for completing the objectives of that agency. The HPA may have a representative on the Gold group or be represented via a STAC
- **Silver** (tactical): each agency nominates a Silver representative who attends the scene to set tactics, but does not get involved physically. Exceptionally, the HPU may send a representative.
- **Bronze** (operational): each agency deploys a Bronze representative to implement the tactics set by silver.

In a multiagency incident, initially, Gold commands may be virtual i.e. communicating via phones etc.

- **GOLD** Coordinating Group (GCG) can meet with Gold commanders from the each agency. Usually Police will coordinate this but can sit anywhere. For very large incidents, a SCG is set up with the strategic coordinating centre (SCC) is usually located at Hendon Police Training College. Local Authority Gold has the authority to act on behalf of all Local Authorities.

- **SILVER** Coordination will be conducted at a Joint Emergency Services Coordination Centre (JESCC) at or near to the scene of the incident, which is comprised of the command vehicles of the emergency services.

- **3 levels of NHS lead, depending of incident scale:**
  - **i)** Primary Care Organisation (PCO). If more than one PCO involved, one takes the lead for NHS gold at the GCG. HPA incident level 1-2: Local/Regional command. -HPU advises/ informs/ supports Lead PCO

  - **ii)** Strategic Health Authority (SHA). For London-wide incident, the SHA may deploy the NHS London Coordination Centre to mobilise the NHS response and liaise with other agencies. HPA incident level 2-3. Regional/Division command. HPU advises/ informs/ supports Lead PCT/ LCC via the GCG or the STAC.

  - **iii)** National/Regional Civil Contingencies Committee (RCCC). RCCC links with DH Emergency Coordination Centre and Cabinet Office Briefing Room (COBR). HPA: incident Level 4-5 National Emergency Coordination Centre Divisional/National command: advises/ informs and supports RCCC
7.2 Health sector representation at the GCG

Both the senior DPH and HPA can be represented at the GCG to lead their organisation. Depending on the incident, the Public Health (STAC) Adviser can be from the HPA or NHS.

- **STAC Adviser:**
  - Co-ordinates health, public health, health protection and other scientific advice to input into the strategic management of the incident
  - Agree clear public health messages via SCG to be given to the public and incident responders especially health care professionals
  - Manage the development and provision of the Scientific and Technical Advice Cell (STAC)
  - NHS Gold Directs and commands the response of the NHS. Will co-ordinate NHS service delivery for the incident and for operational service delivery via the LCC at the SHA, usually via DPH 01 (see STAC diagram below).

7.3 Scientific and Technical Advice Cell (STAC)

The STAC (Figure A9) provides scientific advice to Gold:
- Requested by the Police GCG, although the Health sector leads or other Category 1 and 2 responders may advise the Police Gold that a STAC is necessary

- The STAC chair sits on GCG and relays advice/ information

- HPU lead may be required to chair STAC, depending on the incident.

- Includes a Director of Public Health or equivalent

- HPA may include or obtain input from: microbiology, epidemiology, toxicology, Health Protection Units including Consultants in Communicable Disease Control and other organisations providing scientific advice, such as Meteorology Office, Environmental Agency

The nature and role of the STAC has been detailed in the current London STAC Arrangements document (produced by the London Resilience Team). A copy of the latest document is located in hpu files, emergency planning, emergency-STAC guidelines. Other current London emergency preparedness plans from London Resilience Team can be located at http://www.londonprepared.gov.uk/londonsplans/emergencyplans/index.jsp

**Figure A9: Scientific and Technical Advisory Cell (STAC):**

7.4 **STAC implications for HPU’s**

HPUs may be required to (with PCO/LAs DPH)

- Provide staff to chair and support the STAC;

- Arrange for the STAC to have appropriate scientific and technical input from other HPA divisions such as CRCE, RPD or HPS/MS Colindale;

- Liaise with other agencies to join the STAC or provide advice to it.

In the event a regional, or even national, STAC is convened HPUs need to be prepared to support it with appropriate specialised and trained staff.

7.5 **Recovery Management Cell / Recovery Coordination Group**

When a Police GCG is established, a Recovery Management Cell (RMC) (chaired by Local Authority) may be established to run alongside the STAC.

After the acute phase of the incident, (when GCG stand down) the Recovery Coordination Group (RCG) is formed from the RMC.
Hence STAC will continue, in order to advise the RCG.

The HPU may be represented on the RCG.

A8 Roles and responsibilities of HPA centres

8.1 HP role overall

The HPA provides expert scientific and medical health protection advice to the multi-agency response to major incidents. The role is particularly clear in terrorist related CBRNe incidents where the HPA has the lead health protection role. Some of the HPA roles are listed below.

Summary of Health Protection role:

- Recognise when a major incident has occurred within the area (using surveillance information and information from other agencies) – call a major incident when required and request activation of other agency major incident plans.
- Acquire an overview of the impact and resulting health needs of the incident.
- Provide health advice to the multi-agency incident response team (which advice may follow meetings of the STAC) e.g. evacuate or shelter.
- Chair a Scientific Technical Advisory cell (which may be called for de novo by the police gold commander OR follow from an already established health led incident control team) and provide the relevant information.
- Liaise with other organisations involved in the major incident response and obtain advice.
- Co-ordinate any long term follow-up of potentially exposed persons (e.g. to toxic chemicals during an incident).
- Provide a response to the media when required (in conjunction with communications departments).
- Provide other action required in relation to specific incidents (e.g. providing assistance outside of the area, under exceptional circumstances provide advice at the scene of an incident).
- Support other sectors within the HPA.

8.2 Health Protection Services (HPS)

HPA is the HPA frontline at local and regional levels in England; delivery is mainly through Health Protection Units.

Other expertise from across the organisation can be brought to bear at “the front line” via HPS.

For most incidents HPS will have operational command of the response.

HPS will be also represented at national level for those incidents that require HPA-wide coordination or command.

8.3 Health Protection Unit role

The HPU will:

- Provide senior assistance for the co-ordination of the health protection response during a major incident (in collaboration with the NHS On-Call Director/Director of Public Health)
- Recognise when a major incident has occurred or is evolving within the area (using surveillance information and information from other agencies) – call a major incident when required and request activation of other agency major incident plans.
- Assess and evaluate the health protection impact of a major incident, e.g. nature and toxicity of chemical agents. This will be done in conjunction with the other expert divisions of the HPA, in
particular CRCE and also other organisations (Food Standards Agency, Environment Agency, water companies if a water contamination incident, etc)

- Advise on the organisation of sampling and provision of countermeasures
- Advise the local NHS on the nature and required response to a major incident involving health protection issues (e.g. communicable diseases)
- Identify potential health protection issues in incidents during other incidents, e.g. asbestos problems during tube crashes
- Advise the local NHS on the NHS resources required to deal with the incident
- Provide a response to the media when required in conjunction with partner communications departments
- Provide information and advice for dissemination to health professionals and the public on health protection issues and countermeasures
- Support other sectors and other agencies
- Advise and support the long term health follow-up of affected populations after an incident

8.4 HPS Colindale/microbiology services (MS Colindale)

- HPS/MS Colindale (formerly Centre for Infections (CFI)) will provide specialist advice on infectious diseases and associated outbreaks; co-ordinate the provision of clinical and epidemiological surveillance data; provide infection control advice; undertake epidemiological analyses; disseminate relevant information to the public and healthcare professionals; and undertake modelling studies
- HPS/MS Colindale will lead on national infectious disease outbreaks, maintaining close working relationships with HPS and the Regional Microbiology Network (RMN)

8.5 Centre for Radiation, Chemicals and Environmental Hazards (CRCE)

- CRCE comprises of the radiation protection and chemical and environmental hazards (formerly Chemical Hazards and Poisons Division). Each area will provide specialist advice in their areas of expertise, across the agency.

- Radiation protection provides expert advice on both ionising and non-ionising radiation and is responsible for the National Arrangements for Incidents involving Radioactivity (NAIR) scheme, which is designed to deliver expertise in support of the Police in dealing with radioactive material found in the public domain for which no other response plans exist. It is also responsible for developing and maintaining HPA’s threat specific plan on Radiological and Nuclear Emergencies and in particular it has a UK responsibility for co-ordinating radiation monitoring resources made available to it in an emergency.

- The chemical and environmental hazards section of CRCE is responsible for the provision of timely detailed advice on incidents or settings on the effects on human health of exposure to chemicals and poisons. It provides specialist advice on the health effects of environmental exposures, specialist advice and support on the diagnosis, treatment and care of individuals poisoned to NHS professional staff, including NHS Direct and NHS 24, through its networked service, the National Poisons Information Service (NPIS).
8.6 Centre for Emergency Preparedness and Response (CEPR)

- CEPR is responsible for ensuring that the Agency has appropriate and coordinated emergency response plans and provides the lead on CBRN policy and has links into the security services and Police anti-terrorism units.

- In an emergency CEPR provides support to the HPS frontline response and to the CEO and other parts of the Agency as required. In particular, if the CEO establishes the HPA's National Emergency Co-ordination Centre (NECC), CEPR staffs are likely to be involved in its operation. CEPR maintain a “Liaison cell” within DH's Major Incident Co-ordination Centre (MICC) and would provide the default team to man it in a major emergency.

- CEPR will also provide high containment laboratories and scientific expertise, particularly for high hazard pathogens.

8.7 Communications

In an emergency, the London communications team will be responsible for working with colleagues and partners across the HPA to draft accurate and appropriate public health advice to 'warn and inform' the public through the various means available.

A9 Roles and responsibilities of other local agencies (including NHS)

9.1 London Ambulance Service

- Co-ordinate the on-site operational NHS response.
- Assess the incident: nature of the incident, apparent or confirmed hazards, estimate of casualties and assessment of resources to deal with the incident.
- Mobilise NHS resources as required. This includes determining the main receiving hospital (and any other hospitals) for the receipt of those injured.
- Triage casualties:
  - P1 (Red) Immediate Require immediate life saving interventions
  - P2 (Yellow) Urgent – Within 2-4 hrs
  - P3 (Green) Delayed. Over 4 hours.
- Black card Dead
- Extricate Triage, Stabilise, Initially Treat and transport casualties to hospital.
- Provide clinical decontamination of casualties that includes dirty side triage and limited hot zone clinical intervention
- Hazardous Area Response Team
- Support public mass decontamination by maintaining health presence at the mass decontamination units
- To mobilise the UK national reserve stock, as appropriate to Ambulance Service Pod Holding Trusts only

9.2 Metropolitan Police Service (MPS)

- Chair Gold and Silver groups (unless it is a fire)
- Co-ordinate the response of the emergency services and other services (fire deal with chemical incident co-ordination)
- Protect and preserve the scene pending forensic investigation, including setting up traffic and outer cordons.
- Police Casualty Bureau collate information on names of casualties / fatalities
- Identify victims
- Facilitate inquiries carried out by the responsible accident investigation body, such as the Health and Safety Executive, Railway Inspectorate or the Air or Marine Accident Investigation Branch.
- Co-ordinate media communication.
9.3 Fire Services

- Protect life, deal with chemical or other contamination to make the incident site safe
- Responsible for the health and safety of personnel of all agencies working within the inner cordon (except if CBRN incident)
- Lead in fires
- Mass decontamination vehicles
- Urban search and Rescue (USAR) teams
- Detection and Monitoring (DIM) for hazardous material including radioactivity

9.4 NHS London

In responding to an incident:

- Make provision for a 24 hour a day emergency response
- Coordinate the local NHS response including the National Blood Service and NHS Direct
- Coordinate the public health, including health protection, response locally
- Assess the ongoing situation and identify emerging issues
- Maintain links with NHS Direct locally
- Provide resources to support the local effort using mutual aid either locally or regionally (DH)
- Support screening, epidemiology and long term assessment and management of the effects of an incident
- Liaise directly with the NHS delivery representative at the Gold Coordinating Group
- Liaise directly with the PCOs Emergency Control Rooms
- Act as a conduit for information and instructions to the local NHS and the SCC
- Act as the co-ordination point for health media strategy for the NHS
- Act as a health focal point for liaison with other agencies and organisations

The NHS emergency planning team provides on-call cover on a 24/7 basis:

- An Executive Director (NHS Gold)
- Emergency planning officer (NHS01)
- Senior Manager (SM01)
- Administration support (Admin01)
- Director of Public Health (DPH01)
- Communications manager (LON01)

9.5 NHS Acute Trusts

- Allocate space for the reception and treatment of casualties and vehicles
- Reception of casualties in A&E and arrange back-up facilities in the rest of the hospital
- Provide the mobile medical team and medical incident officers when needed (these may come from hospitals other than the main receiving hospital).
- Provide necessary secondary care psychological support to patients and relatives

9.6 Local NHS (PCO)

- Provide a 24 hour emergency management and clinical response
- Co-ordinate the NHS response to a major incident at local area level.
- Co-ordinate the primary and community and mental health response
- Provide appropriate settings for treatment of minor casualties / patients at reception centres, minor injury centres, walk in centres, community hospitals and general practice
- Provide care and advice to evacuees, survivors and relatives, including replacement medication
- Assist acute hospitals by providing staff where appropriate and supporting accelerated discharge
- Co-ordinate bed capacity in liaison with the emergency bed service and local hospitals
• Assess the effects of an incident on vulnerable care groups e.g. dialysis patients, elderly medical
  dependent, disabled
• Establish with local authorities facilities for mass distribution of counter-measures e.g. vaccinations and
  antibiotics and other counter measures
• Provide support, advice and leadership to the local community on health aspects of an incident
• Support screening, epidemiology and long term assessment and management of the effects.
• Provide psychological and mental health support to staff, patients and relatives.
• Proactively communicate information to all local NHS community and primary care staff, general
  practice staff, contractors, visitors and patients, and ensure relevant guidance and advice is available,
  including private facilities where appropriate
• Work with the local authorities and community to support the recovery phase

9.7 Local Authorities

• Provide logistical and technical support to the emergency services, including the immediate provision of
  environmental health advice
• Lead on the provision of immediate emotional and practical support to survivors and the bereaved,
  coordinate the work of voluntary, faith and community sector organisations
• Provide evacuation centres at suitable safe sites and provide administrative staff to meet the needs of
  evacuees.
• Assist in emergency transport, housing, feeding and provision of social services.
• Liaise across boundaries to provide resources for dealing with the incident, implementing
  countermeasures, and in remediation after the incident has been brought under control
• Usually lead the Recovery Working Group to rehabilitate and restore the community including sign off
  decontamination of local buildings

9.8 Mental health services

• Link with the local NHS and the Sector in co-ordinating services.
• Co-ordinate and directly provide the psychological and mental health support to staff, patients and
  relatives in conjunction with Social Services.
• Advise on the long term effects of trauma on the casualties associated with the incident and
  recommend the appropriate level of psychological intervention required.
• Ensure that mental health care patients caught up in the incident are discharged home with appropriate
  support in the community from the Community Mental Health Teams and Crisis Teams.
• To establish contact with the Social Services Psychological Care Co-ordinator, providing an
  assessment of resources and needs.

9.9 Environmental Agency (EA)

• Responsibility for the environmental protection of water, land and air in England and Wales. Key
  responsibilities for maintaining and operating flood defences on rivers.
• Include direct, remedial action to prevent and mitigate the effects of the incident, to provide specialist
  advice, to give warnings to those likely to be affected, to monitor the effects of an incident and to
  investigate its cause.
• The EA also collects evidence for future enforcement or cost recovery.

A10 HPA roles and responsibilities in the event of an incident at a top tier level COMAH site:

• Alert Primary Care Organisations and NHS London where appropriate
• Liaise with the Police and Director(s) of Public Health to advise on any requirements for the introduction
  of urgent countermeasures, including sheltering and evacuation
• Where necessary participate in establishment of a Science and Technical Advice Cell (STAC) to offer
  advice to the Multi-agency Co-ordination Group about health issues, including information which is
  suitable for distribution to the public
- Provide information and advice to Local, Regional and National Government on Health issues as required
- Provide a representative on the Recovery Working Group, if established
- Provide a representative on the Environment Group, if established
- Liaise with the Food Standard Agency (FSA) and the Environment Agency (EA) on all relevant aspects of the release of any contaminants
- Provide information to NHS Direct, GPs and hospital trusts to assist them in dealing with enquiries;
- Monitor the health of members of the public, implement measures and issue advice to ensure the general public are kept informed and as safe as practicable
- Provide health protection advice to rest centres and holding areas
- Deal with enquiries from the media in accordance with the policy and arrangements described in the media plan section of the COMAH plan
- Issue public health advice to decontaminatees, responders and anyone else involved in the incident
- Monitor the medium and long-term health of those in affected communities as part of the recovery process and initiate health monitoring and provision of advice for the affected population
- Provide authoritative scientific and medical advice to the NHS and other bodies about the known health effects of chemicals, poisons and other environmental hazards.

**COMAH top tier site located in SW London Sector:**

<table>
<thead>
<tr>
<th>Name and Address of Site</th>
<th>Main Hazard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southern Gas Networks</td>
<td>Natural Gas</td>
</tr>
<tr>
<td>Croydon Holder Station</td>
<td></td>
</tr>
<tr>
<td>Factory Lane</td>
<td></td>
</tr>
<tr>
<td>Croydon</td>
<td></td>
</tr>
<tr>
<td>CR0 3RL</td>
<td></td>
</tr>
</tbody>
</table>

See HPU files, on call, emergency planning, COMAH for copies of off site plan plus Section B of the SWLHPU IERP. A hard copy is held in SWLHPU EOC room in the emergency cupboard.
### Appendix 1. Common ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCP</td>
<td>Business continuity plan</td>
</tr>
<tr>
<td>CBRN/e</td>
<td>Chemical, Biological, Radiological, Nuclear and explosives</td>
</tr>
<tr>
<td>CCA</td>
<td>Civil Contingencies Act</td>
</tr>
<tr>
<td>CCC</td>
<td>Civil Contingencies Committee Strategic Coordinating Group</td>
</tr>
<tr>
<td>CCS</td>
<td>Civil Contingencies Secretariat</td>
</tr>
<tr>
<td>CCDC</td>
<td>Consultant in Communicable Disease Control</td>
</tr>
<tr>
<td>CEO</td>
<td>Chief Executive Officer (of HPA)</td>
</tr>
<tr>
<td>CEPR</td>
<td>Centre for Emergency Preparedness and Response</td>
</tr>
<tr>
<td>CO</td>
<td>Cabinet Office</td>
</tr>
<tr>
<td>CMO</td>
<td>Chief Medical Officer</td>
</tr>
<tr>
<td>COBR</td>
<td>Cabinet Office Briefing Room</td>
</tr>
<tr>
<td>COMAH</td>
<td>Control of Major Accident Hazards</td>
</tr>
<tr>
<td>CRCE</td>
<td>Centre for Radiation, Chemical and Environmental Hazards</td>
</tr>
<tr>
<td>DEFRA</td>
<td>Department for Environment Food and Rural Affairs</td>
</tr>
<tr>
<td>DH</td>
<td>Department of Health</td>
</tr>
<tr>
<td>DPH</td>
<td>Director of Public Health</td>
</tr>
<tr>
<td>DSTL</td>
<td>Defence Scientific Testing Laboratory</td>
</tr>
<tr>
<td>EA</td>
<td>Environment Agency</td>
</tr>
<tr>
<td>EOC</td>
<td>Emergency Operations Centres</td>
</tr>
<tr>
<td>EOD</td>
<td>Explosives Ordinance Disposal</td>
</tr>
<tr>
<td>ERC</td>
<td>Emergency Response Co-ordinator</td>
</tr>
<tr>
<td>ERD</td>
<td>Emergency Response Department, CEPR</td>
</tr>
<tr>
<td>FSA</td>
<td>Food Standards Agency</td>
</tr>
<tr>
<td>GLO</td>
<td>Government Liaison Officer (to GOLD)</td>
</tr>
<tr>
<td>GLT</td>
<td>Government Liaison Team</td>
</tr>
<tr>
<td>HAZMAT</td>
<td>Hazardous Material</td>
</tr>
<tr>
<td>HEPA</td>
<td>Health Emergency Planning Adviser</td>
</tr>
<tr>
<td>HO</td>
<td>Home Office</td>
</tr>
<tr>
<td>HPU</td>
<td>Health Protection Unit</td>
</tr>
<tr>
<td>HPS</td>
<td>Health Protection Services</td>
</tr>
<tr>
<td>HSE</td>
<td>Health and Safety Executive</td>
</tr>
<tr>
<td>JESCC</td>
<td>Joint Emergency Services Control Centre from where the incident will be managed</td>
</tr>
<tr>
<td>ICT</td>
<td>Incident Control Team</td>
</tr>
<tr>
<td>IED</td>
<td>Improvised Explosive Device</td>
</tr>
<tr>
<td>IERP</td>
<td>Incident Emergency Response Plan</td>
</tr>
<tr>
<td>LALO</td>
<td>Local Authority Liaison Officer</td>
</tr>
<tr>
<td>LHAC</td>
<td>London Humanitarian Assistance Centre</td>
</tr>
<tr>
<td>LRF</td>
<td>Local Resilience Forum</td>
</tr>
<tr>
<td>LPS</td>
<td>Local and Regional Services Division</td>
</tr>
<tr>
<td>MACA</td>
<td>Military Aid to the Civil Authority</td>
</tr>
<tr>
<td>MACK</td>
<td>Military Aid to the Civil Community</td>
</tr>
<tr>
<td>MCA</td>
<td>Military Co-ordinating Authority</td>
</tr>
<tr>
<td>MICC</td>
<td>Major Incident Co-ordination Centre of Department of Health</td>
</tr>
<tr>
<td>MRA</td>
<td>Microbial Risk Assessment group (HPA)</td>
</tr>
<tr>
<td>MOD</td>
<td>Ministry of Defence</td>
</tr>
<tr>
<td>MOU/s</td>
<td>Memorandum of Understanding</td>
</tr>
<tr>
<td>MS</td>
<td>Microbiological Services</td>
</tr>
<tr>
<td>NAIR</td>
<td>National Arrangements for Incidents involving Radioactivity scheme</td>
</tr>
<tr>
<td>NECC</td>
<td>National Emergency Co-ordination Centre (HPA)</td>
</tr>
<tr>
<td>NPIIS</td>
<td>National Poisons Information Service</td>
</tr>
<tr>
<td>OCT</td>
<td>Outbreak Control Team</td>
</tr>
<tr>
<td>PCO</td>
<td>Primary Care Organisation/s</td>
</tr>
<tr>
<td>Acronym</td>
<td>Description</td>
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<tr>
<td>---------</td>
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</tr>
<tr>
<td>PCT</td>
<td>Primary Care Trust</td>
</tr>
<tr>
<td>RCCC</td>
<td>Regional Civil Contingencies Committee</td>
</tr>
<tr>
<td>RCG</td>
<td>Recovery Coordination Group</td>
</tr>
<tr>
<td>REPPIR</td>
<td>Radiation Emergency Preparedness Public Information Regulations</td>
</tr>
<tr>
<td>RHEPA</td>
<td>Regional Health Emergency Planning Adviser</td>
</tr>
<tr>
<td>RIO</td>
<td>Rail incident officer</td>
</tr>
<tr>
<td>RMC</td>
<td>Recovery Management Cell</td>
</tr>
<tr>
<td>RMN</td>
<td>Regional Microbiological Network Division</td>
</tr>
<tr>
<td>RPD</td>
<td>Radiation Protection Division, CRCE</td>
</tr>
<tr>
<td>RRF</td>
<td>Regional resilience Forum</td>
</tr>
<tr>
<td>RVP</td>
<td>Rendezvous point in outer cordon for emergency services on reporting to attend the incident</td>
</tr>
<tr>
<td>SCC</td>
<td>Strategic Co-ordinating Centre</td>
</tr>
<tr>
<td>SCG</td>
<td>Strategic Co-ordinating Group (Gold Command)</td>
</tr>
<tr>
<td>SHA</td>
<td>Strategic Health Authority</td>
</tr>
<tr>
<td>SOPs</td>
<td>Standard Operating Procedures</td>
</tr>
<tr>
<td>STAC</td>
<td>Scientific and Technical Advice Cell</td>
</tr>
<tr>
<td>USAR</td>
<td>Urban Search and Rescue (Fire services)</td>
</tr>
</tbody>
</table>
SWLHPU EMERGENCY/INCIDENT PLAN OPERATIONAL PROCEDURES — these are located in the accompanying section B operational procedures to IERP document