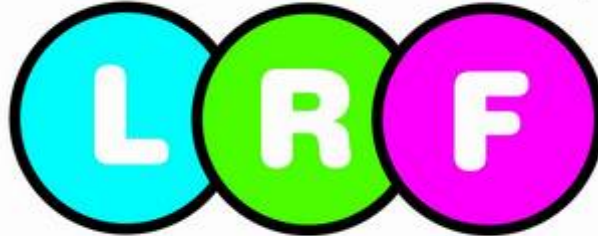


Devon • Cornwall • Isles of Scilly



Local Resilience Forum

LRF MASS CASUALTY PLAN



LRF Mass Casualty Plan v8.0

All items in this document are classed as open under the Freedom of Information Act unless otherwise stated. All closed items include the relevant Freedom of Information Act exemption.

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Review Date:	

Revision History

Revision Date	Version No	Summary of Change	Changes made by	Authorised by	Date
	v 8.0				

Distribution

Name	Department	Organisation

This Plan is owned by the Devon, Cornwall and Isles of Scilly LRF, maintained, and updated by the LRF Health Emergency Management Group. All users are asked to advise the Secretariat of any changes in circumstances that may materially affect the plan in any way.

Details of changes should be sent to:

Devon, Cornwall and Isles of Scilly Local Resilience Forum Secretariat

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LRF Mass Casualty Plan v8.0 (01.05.10) Page 3 of 29

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CONTENTS

1. Introduction	4
1.1 Title and Ownership.....	4
1.2 Introduction.....	4
1.3 Purpose of the Document	5
1.4 Protective Marking	5
1.5 Review & Amendment.....	5
2. The Plan	6
2.1 Scope of the Plan	6
2.2 Mission.....	6
3. Response	6
3.1 Concept of Operations	6
3.2 Activation	7
3.3 Response Operational Specifics	8
3.4 Public Safety	9
3.5 Health and Medical	9
3.6 Mass Care	10
3.6.1 Conventional event	10
3.7 Hazardous Materials Response	10
3.8 Search and Rescue Operations (if necessary)	11
3.9 Preliminary Damage Assessment/Preliminary Impact Assessment.....	11
3.10 Public Information.....	11
3.11 Welfare.....	12
4. Command and Control	12
5. Responsibilities	14
5.1 South Western Ambulance Service NHS Trust (SWAST).....	14
5.2 Fire & Rescue.....	15
5.3 Police Forces.....	16
5.4 NHS South West.....	16
5.5 Acute Trusts	17
5.6 Primary Care Trusts.....	18
5.7 Health Protection Agency (HPA)	18
5.8 NHS Direct.....	19
5.9 Local Authorities.....	19
5.10 Voluntary Agencies	20
5.11 Government Office South West.....	21
5.12 43 (Wessex) Brigade	22
6. Post Incident Activities	23
6.1 All responders to:-	23
6.2 National Interface	23
7. Debrief Procedure	23
Appendix 1: Mass Casualties Decision Tree	25
Appendix 2: Operational Levels of Escalation	26
Appendix 3: Glossary of Terms	27

1. INTRODUCTION

1.1 TITLE & OWNERSHIP

- 1.1.1 This document is entitled the 'Devon, Cornwall and Isles of Scilly LRF Guidance for Responding to a 'Mass Casualty Incident'.
- 1.1.2 It has been produced by the Devon, Cornwall and Isles of Scilly Local Resilience Forum (LRF). The LRF has the rights of ownership of this document, with publication and distribution being agreed by the LRF members. No amendment, replication or distribution of this plan is permitted without the express agreement of the LRF.
- 1.1.3 Full acknowledgement is given to the East of England LRF for the use of their plan as a template for 'good practice', which assisted in the development of this plan.

1.2 INTRODUCTION

- 1.2.1 The National Risk Register requires all Local Resilience Forums to plan for a Mass Casualty emergency. Following a review the Civil Contingencies Secretariat (CCS), the programme presently consists of a total of 18 capability 'work streams'.

These fall into three groups:

- Three work streams which are essentially structural, dealing respectively with the central (national), regional and local response capabilities;
 - The other five which are concerned with the maintenance of essential services: food and water; transport; health services; financial services; and utilities;
 - Ten functional work streams, dealing respectively with the assessment of risks and consequences; chemical, biological, radiological and nuclear (CBRN) resilience; site clearance; infectious diseases (human); infectious diseases (animal and plant); mass casualties; evacuation and shelter; warning and informing the public; mass fatalities; humanitarian assistance and flooding.
- 1.2.2 Even considering the most serious major incidents the NHS have experienced to date, patient numbers have not been on the scale that could be described as Mass Casualty incidents. The definition of 'mass' is 100,000+. Incidents resulting in very large numbers of casualties have fortunately not occurred in UK during the past few decades, but following the terrorist attacks in the United States in September 2001 and subsequent attacks in Bali, Spain and London, this has set the level and pace at which planning for such incidents must now be considered.
- 1.2.3 Emerging infectious diseases, including an influenza pandemic, would result in significantly high numbers of the population becoming ill. Therefore, the potential for incidents that produce larger patient numbers has increased, and there is now a need to be prepared to respond to incidents of a different scale and nature than might previously have been considered.

- 1.2.4 Training and exercising is an essential requirement to ensure activation of this plan is successful. Each organisation is responsible for identifying key personnel who may be involved in the response to a Mass Casualty Incident.
- 1.2.5 That the organisation must ensure suitable training is provided. It is anticipated that some aspects of training and exercising will be provided on a multi agency basis. Multi-agency training and exercising will be administered by the Business Management Group of the Local Resilience Forum.

1.3 PURPOSE OF THE DOCUMENT

- 1.3.1 The purpose of the document is to act as the overarching protocol by which all Mass Casualty Incidents (as defined) are managed within this LRF area and will provide the underpinning principles for the development of all tactical plans in relation to dealing with a Mass Casualty Incident.
- 1.3.2 It is intended for use by all Category 1 and Category 2 responders, as defined in the Civil Contingencies Act 2004, when each respective organisation invoke special procedures to deal with a Mass Casualty Incident.
- 1.3.3 The principles outlined in this document should act as guidance and therefore do not contain detailed instructions. They are intended to provide a basis of understanding upon which other multi-agency plans are developed. This document aims to give Strategic guidance, under which appropriate TACTICAL plans sit for each agency. These tactical plans contain the detailed information by which personnel deployed to a Mass Casualty Incident will carry out their required functions.
- 1.3.4 The guidance emphasises the necessity to establish liaison between all the responders involved in the response from the onset of an emergency and continually throughout at all levels of command. By its achievement each agency will be able to carry out their roles and responsibilities to maximum efficiency as part of a unified joint strategy.

1.4 PROTECTIVE MARKING

- 1.4.1 This plan is not subject of a protective marking classification, and is suitable for disclosure under the terms of the Freedom of Information Act.

1.5 REVIEW & AMENDMENT

- 1.5.1 The Mass Casualty Plan is a 'living document' therefore is subject to ongoing review by the LRF to ensure it is current, reflects good practice, and is fit for purpose. It was circulated for consultation in October 2008, and incorporates responses from that consultation, and was signed off by BMG in March 2009.
- 1.5.2 The representative for each group of the following organisations that sits on the Devon, Cornwall and Isles of Scilly LRF Business Management Group currently sit as full time members of the group. It is accepted that other members can be co-opted on to the Mass Casualty Sub Group as required.

- Ambulance (Chair)
- Strategic Health Authority

- Local Authorities (Devon and Cornwall)
- Environment Agency
- Isles of Scilly Council
- Acute NHS Trusts
- Primary Care Trusts
- Police
- Devon & Somerset Fire & Rescue Service
- Health Protection Agency
- Cornwall Fire Brigade
- HM Coastguard
- Voluntary Agencies representative
- 43 (Wessex) Brigade

It will be amended when required, and in any case will be subject to annual review.

2. THE PLAN

2.1 SCOPE OF THE PLAN

2.1.1 Natural and man-made hazards have the potential to generate large numbers of casualties amongst the population in the Local Resilience Forum (LRF) area, hazards include our vulnerability to flooding, the potential for a radiological disaster, a criminal act releasing a weapon of mass destruction, or a chemical release. Additionally, certain communicable diseases have the potential to spread among the population and cause illness and fatality in such large numbers that the current capacity of our medical infrastructure could be overwhelmed.

2.1.2 Under the direction of NHS South West, Regional Public Health Groups, Primary Care Trusts, Acute Trusts and all Foundation Trusts, which serve the population of the LRF. Each Trust should develop a Mass Casualty plan in cooperation with county and local authority officials, health care providers and the ambulance trust under the co-ordination of the South West of England Regional Civil Contingencies Committee (RCCC), a regional level response to a Mass Casualty-producing event would primarily involve coordination of the response at LRF level and arranging for support from regional and national assets as needed.

2.1.3 Authority for operations in response to a Mass Casualty-producing incident is derived primarily from the Civil Contingencies Act 2004. The second authority has its basis in the traditional Health Powers held by the Department of Health. Those powers include the ability to declare a Public Health Emergency and issue Public Health Orders under traditional public health authority. Third, after a Mass Casualty-producing incident, the RCCC may request Emergency Powers under the CCA. The CCA gives extraordinary powers so that extraordinary Public Health orders may be issued, including ordering quarantine, isolation, school closures, and cancellation of public gatherings in order to protect the public from disease or other public health threats.

2.2 MISSION

2.2.1 This plan provides operational concepts unique to a Mass Casualty response, assigns responsibilities to regional and county agencies and coordinates response efforts in order to meet the needs of local government following a Mass Casualty-producing incident.

3. RESPONSE

3.1 CONCEPT OF OPERATIONS

3.1.1 Local response to a Mass Casualty-producing incident involves triage, transport, treatment, and logistics support. At the regional level, four approaches will be used to support the local response to a Mass Casualty-producing incident.

- The first approach will involve expansion of the capacities in medical treatment facilities to accept critical patients.
- The second approach is to transport victims to outlying unaffected areas.
- The third is to receive deployable medical assets in the affected area and establish off-site treatment facilities.
- The fourth approach is to ensure information is managed effectively and passed between responders.

The techniques are not listed in the order they would necessarily occur and may be used simultaneously.

3.1.2 The dedicated receiving acute hospitals/medical treatment facilities will have to expand their capacities by cancelling or rescheduling elective surgical procedures, discharging non-critical patients and diverting non-critical patients to other facilities. Additional specialised transportation assets will likely be required to support the discharge/diversion/transfer of patients.

- Victims/patients will also be transported to other areas that have not been affected by the Mass Casualty-producing event.
- Communication of critical information and bed capacity will be necessary in addition to transportation assets.
- On scene triage will need to be reviewed on a dynamic basis to ensure that existing hospital capacity is not overwhelmed.
- This will need to be carried out in close consultation with colleagues at the SHA Incident Control Team and local Primary Care Trusts can ensure that adequate premises and staffing could be provided.

3.1.3 Where possible, deployable medical assets from within the region will be sent to the affected area. National assets, if available, will be deployed to support the region. Assets may also come to the LRF through Mutual Aid Agreements. In any of these instances, the assets will be used to establish additional off-site treatment facilities to augment the arrangements that are already in place.

3.1.4 Information – The effective management of information is essential to the success of any major incident. Government Office South West's (GOSW) Regional Operation Centre (ROC) will coordinate the flow of information horizontally and vertically to ensure that information is shared and collated. Each LRF (if more than 1 LRF area is involved) Multi-Agency Strategic Co-ordination Group (SCG) will be required to regularly update the ROC on events and issues within their own LRF area, the ROC will collate this and provide the link to issue regular situation reports (SITREPS) to the region and to central Government.

3.2 Activation

- 3.2.1 Activation of this plan will occur when a Mass Casualty-producing incident exceeds local response capabilities. Depending upon the nature of the incident, demand on response resources may gradually increase and it may well be that local resources are quickly overwhelmed.
- 3.2.2 The Ambulance Incident Commander may declare a Mass Casualty incident. If so, the Ambulance Clinical Hub (Communications Centre) must contact the Strategic Health Authority (SHA), who will activate the SHA Incident Control Team. The executive on-call will confirm a Mass Casualty incident, although this may not necessarily constitute a public health emergency. That declaration will be made by the Regional Director of Public Health who should be notified by the SHA. Because some or all of the county-level resources may quickly be exhausted, the SHA Incident Control Team will request assistance from the DH Emergency Preparedness Division, the Health Protection Agency, and other regions through a Mutual Aid Agreement as required.
- 3.2.3 The SHA are responsible for notifying the Department of Health Major Incident Coordination Centre (MICC).
- 3.2.4 In the case of an incident which gradually increases in resource demand, the Ambulance Incident Commander or Ambulance Clinical Hub (Communication Centre) may activate mutual aid agreements to obtain access to additional resources. At local level, the Ambulance Trust and hospitals have established procedures designed to handle a certain level of increased patient activity by transferring less critical patients to other treatment facilities, cancelling elective procedures, and expanding surge capacity.
- 3.2.5 When hospital surge capacity is exceeded at LRF level and when other resource shortfalls exist, which in turn overwhelms capacity, the Ambulance Clinical Hub (Communications Centre) may contact NHS South West to request resources. The Department of Health will, through NHS South West, coordinate the response of health and medical resources region wide. The South Western Ambulance NHS Trust will request and co-ordinate Medical Emergency Response Incident Teams (MERIT) within its area of operations.
- 3.2.6 Where there is declaration of a Mass Casualty incident a Strategic Co-ordination Centre will be established, bringing together representatives from all agencies to co-ordinate the wider response and support the Mass Casualty aspects.
- 3.2.7 Incidents that exceed both local and regional resources will result in requests for national assets. Dependent on the type of incident, appropriate interlinking LRF plans, such as CBRN, Large Scale Evacuation and Shelter, STAC, Mass Fatalities, Excess Deaths, Emergency Mortuary, and Recovery should all be activated simultaneously.

3.3 RESPONSE OPERATIONAL SPECIFICS

- 3.3.1 Due to limited resources, the South West Strategic Health Authority will convene a SHA Incident Control Team at the Government Offices and will establish response priorities and establish a system for co-ordinating resource allocation.
- 3.3.2 Life-saving operations will always be the first priority. The recommended response priorities in support of life-saving operations are:

- Public Safety
- Health and Medical
- Basic Human Needs / Mass Care
- Search and Rescue Operations (if necessary)
- Hazardous Materials
- Preliminary Damage Assessment
- Public Information
- Counselling services to mitigate psychosocial effects

3.3. Multi-Agency SCG representatives will ensure that response activities within their respective areas are coordinated between the various emergency support functions and Regional Operations Centre and that they are in concert with the priorities and policies established by the RCCC.

3.4 Public Safety

3.4.1. The Police will deploy personnel for public safety operations to support response activities, wherever practicable and safe. Police Officers may also be needed to assist in enforcement of Public Health Orders that may include quarantine or isolation of patients. The Police will also be asked to support the movement of response vehicles, equipment, and personnel as necessary.

3.4.2 Devon and Cornwall Police will control the disaster response priority flow along Main Supply Routes into and out of the disaster area.

3.5 Health and Medical

3.5.1 If appropriate, the Ambulance Service will coordinate the deployment of Medical Emergency Response Incident Teams (MERITs) to assist with the provision of medical care in the affected areas. The SHA Incident Control Team will identify which team is to be deployed. The SHA Incident Control Team will coordinate the supply of additional staff to treatment areas as needed, the establishment of, and operational function of these will be a LRF responsibility. Along with other medical professionals on scene, MERITs will undertake a triage process in order to provide medical stabilisation, continued monitoring and care for patients until they can be transported to more suitable and appropriate facilities.

3.5.2 Each of the LRF Primary Care Trusts has developed a plan for expanding health care system capacity in response to a Mass Casualty incident. NHS South West will coordinate the arrangements between the PCTs to ensure an effective response region wide.

3.5.3 The Health Protection Agency will deploy for case and contact investigation in the case of certain communicable diseases. Regional-level Epidemiology and Surveillance staff will support PCTs through the SHA Incident Control Team.

3.5.4 The SHA Incident Control Team will coordinate medical logistics to include deployment of the UK Reserve National Stockpile should that be necessary.

3.5.5 Where appropriate Patient Group Directives will be developed to enable effective patient care to be established.

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- 3.5.6 If necessary, the SHA Incident Control Team will request support from the Department of Health. This support will be co-ordinated through the Department of Health Emergency Preparedness Division who are able to obtain resources from a wide range of partners; all requests for such assistance must be relayed via the SHA Incident Control Team.
- 3.5.7 If roads are passable and ground transport assets are available, casualties will normally be evacuated via ground transportation. However, if there is a requirement for casualties to be transported by air, the South Western Ambulance Trust will coordinate these arrangements in conjunction with the SHA Incident Control Team and will select and nominate appropriate secondary landing sites.
- 3.5.8 It will be the responsibility of the Ambulance Trust to ensure co-ordination of secondary transfers between the land ambulances and the air ambulances before onward transportation to the relevant receiving hospitals. The SHA Incident Control Team is responsible for notifying receiving hospitals out side of the local area.

3.6 Mass Care

3.6.1 Conventional event

- 3.6.2 Mass Care encompasses sheltering (existing or constructed facilities); feeding (fixed sites, mobile feeding units); bulk distribution of food and supplies; first aid at mass care facilities and designated sites; and disaster welfare.
- 3.6.3 For small-scale incidents, Local Authorities have strategic rest centres capable of supporting between 50-300 evacuees. They are responsible for setting up, managing and staffing these centres, assisted by the Voluntary sector.
- 3.6.4 WRVS and the Salvation Army can assist with the provision of refreshments and food to evacuees and to responders.
- 3.6.5 The two strategies for sheltering following a large-scale disaster are: Initial and long-term emergency shelters. Depending on the nature of the Mass Casualty incident, one or both types may be needed.
- 3.6.6 An increased demand on "Special Medical Needs Shelters" may develop and alternate staffing for Special Medical Needs Shelters may be needed, since health care workers may be otherwise tasked. In order to request these resources the Ambulance Incident Commander or the Medical Incident Officer should contact SHA Incident Control Team, who will contact British Red Cross.
- 3.6.7 Local authorities within the LRF will help to identify suitable sites for conversion to treatment facilities during a Mass Casualty incident. Location would be dependent on the time of year, type of incident, and the scale of the incident. It is likely that during a wide-spread incident cross-border assistance would be needed. The LRF Large Scale Evacuation and Shelter Strategic Framework should also be consulted, as elements within it may be of assistance during a Mass Casualty incident.
- 3.6.8 The nature of the incident may be such that patients with a higher clinical need may be cared for within such shelters. This will be a decision taken by the Medical Incident Officer in conjunction with the Ambulance Incident Commander.

- 3.6.9 Where such decisions are taken the need to ensure adequate medical personnel are in place shall be the responsibility of the PCT in whose area the incident has occurred, monitored by the SHA Incident Control Team.

3.7 Hazardous Materials Response

- 3.7.1 If the incident suggests there are hazardous materials involved, the initial Hazardous Materials Response will be a local effort, with priorities set by local responders. The potential for large-scale hazardous materials release will result in the deployment of Fire & Rescue Service response assets to the damage-affected areas in order to assess the hazardous materials situation and coordinate technical assistance with support and advice from the Health Protection Agency, Trading Standards, Environment Health, the Met Office, Environment Agency, and other such essential organisations.
- 3.7.2 In the event of Mass Casualty decontamination being required then existing 'Mass Decontamination' protocols will be invoked between the Fire & Rescue Services and the Health Agencies. All associated and relevant interlinking local and LRF plans should be activated.

3.8 Search and Rescue Operations (if necessary)

- 3.8.1 Certain incidents may make search and rescue operations necessary. Initial search and rescue response will be a local effort, with priorities set by local services. Fire & Rescue Services will coordinate these arrangements to provide additional search and rescue teams and equipment into any damage-affected areas using Urban Search and Rescue (USaR) resources where required. The Fire & Rescue Services will coordinate strategic holding areas for the arrival of mutual aid to support their local efforts. The expected time of arrival of the first National Search and Rescue teams will normally be up to 2 hours after notification.
- 3.8.2 The Ambulance Service may wish to ask for mutual aid from neighbouring ambulances service in the form of deployment of their respective Hazardous Area Response Teams (HART) or USaR teams as appropriate. The expected time of arrival of the first mutual aid Search and Rescue teams will normally be up to 2 hours after notification.
- 3.8.3 This mutual aid would be directed to the pre-designated Strategic Holding Areas, where the LRF implementation of the LRF 'Strategic Holding Area plan' would need to be instigated. If, during the post-event the pre-identified strategic holding areas are unusable, any of the participating agencies can nominate other pre-determined strategic holding area to the LRF working group responsible post event.

3.9 Preliminary Damage Assessment / Preliminary Impact Assessment

- 3.9.1 The local first responders will deploy as soon as possible and conduct preliminary damage and needs assessment, and report results immediately to county and regional operations centres. Epidemiologists and other Public Health Personnel, both locally and through the HPA, will be accessed through the SHA Incident Control Team to support the County Assessment Teams.

3.10 Public Information

- 3.10.1 Information to the public will be disseminated in accordance with the LRF Warning and Informing Plan. To prevent or minimise loss of life, damage to property, and harm to the environment in Devon, Cornwall and the Isles of Scilly, the Government will provide consistent, coordinated, accurate, and timely information to the at-risk public. The information flow will begin as early as possible following initiation of the Regional Mass Casualty Plan, be maintained throughout the event and continue well after the event ends.
- 3.10.2 The public will be made aware of potential adverse effects and of actions recommended to safeguard lives and property. Information regarding prudent protective actions will be conveyed to the public as time allows during a real event, and will continue into the recovery stage.
- 3.10.3 Regional government information of greatest public interest during and immediately following a Mass Casualty incident may include: quarantine and isolation and medical-care issues, including listings of available functional hospitals and health-care facilities; humanitarian assistance services; pet and livestock care issues; traffic management; including road closures, and transportation issues, law enforcement; shelter locations; maritime issues, air and water quality, water-borne disease and environmental issues; nursing homes; enclosed communities such as prisons, bridge closures; infrastructure failure; search and rescue; government office closures, park closures; schools; insurance issues; power outages; telephone service; and hotel availability. This list is not prescriptive.
- 3.10.4 In general, regional government news releases will be issued to the mass news media region wide and to national and international media as appropriate, with priority consideration given to the media most able to effectively communicate with the at-risk population.

3.11 Welfare

- 3.11.1 The psychosocial welfare of evacuees and responders is paramount.
- 3.11.2 Responders, no matter how skilled, should be encouraged not to assist in an emergency if they have had a recent bereavement or traumatic event in their lives.
- 3.11.3 It is important that evacuees are given the opportunity to talk with suitably qualified responders. Assessments of care can be completed to ensure that follow up care is provided to those thought to be at risk and action taken to support the vulnerable and those in need throughout. Faith Response Teams will be able to assist the faith communities.
- 3.11.4 Responders should be given the opportunity to debrief prior to going off shift, and should be given regular shift changes, regular breaks, food and refreshments.
- 3.11.5 Counselling is not something that should be given to any individual in the initial stages, while suffering shock or grief. However, at a later stage and following the incident, SCG or RCCC, may form a group to lead work to mitigate the psychosocial impact of any Mass Casualty incident in coordination with the local Mental Health Trusts and the relevant voluntary agencies, such as Cruse or the Samaritans and religious organisations.
- 3.11.6 Organisations should also remain vigilant in ensuring that responders are supported throughout the rehabilitation process.

3.11.7 All responders should remain vigilant when working within a traumatic environment and should ensure that they act responsibly. They must inform their supervisor and colleagues of any H&S hazards they identify.

4. COMMAND AND CONTROL

4.1.1 A Mass Casualty event will be managed in the initial stages by the Strategic Coordinating Group as defined in Devon and Cornwall LRF CAERP. In the early stages of any Mass Casualty incident, all organisations are expected to manage their individual responses within their own major incident plans.

4.1.2 In the initial stages the management of casualties will be overseen by South Western Ambulance NHS Trust, based on their assessment at the scene and calling upon established mutual aid agreements for additional resources and activating the provisions in the National Memorandum of Understanding Concerning the Provision of Mutual Aid.

4.1.3 A Strategic Co-ordination Group (SCG) will be established in response to the incident and reports will be made to them by the Ambulance Trust. The SCG will put in place the strategic level support required to ensure that the maximum level of aid is given to enable an effective response at the scene. The SCG will always be the principal decision making body. If the Mass Casualty response lasts beyond other aspects of the emergency or take prominence, the members will agree on a revised structure for the SCG.

4.1.4 Dependent on the incident, STAC and/or the Environment Group, and the Recovery Group should be set up at an early stage.

4.1.5 Public health advice, in the form of a Scientific and Technical Advice Cell (STAC) should be available at the SCG/RCCC to offer health-related scientific advice for all incidents that require strategic co-ordination. During the initial phase of an incident, the chair of the STAC will probably be a specialist from public health, who will act as the focal point and primary contact for the police incident commander and all responding organisations.

4.1.6 The STAC will provide advice on health, public health, health protection and other scientific advice as part of the incident management process. The importance of providing clear and consistent public health messages and advice is widely accepted, facing a particularly high demand during incidents involving chemical, biological, radiological and nuclear substances, irrespective of the cause.

4.1.7 At regional level Strategic Health Authority will establish an SHA Incident Control Team to support the NHS organisations involved, working with their representatives at the SCG.

4.1.8 If more generic support is required from the region, the GOSW Regional Resilience Team will assist the SCG through the Regional Operations Centre (ROC) which will have been established at the start of the incident. The ROC will collate and provide information to assist in better informed decision making at the local level and undertake agreed tasks to aid and co-ordinate the response. Direct contact will be maintained with the SCG by means of a Government Liaison Officer.

4.1.9 If more than one SCG is established there will be a mutual agreement on a lead SCG. Government Liaison Officers will be sent to all SCGs to ensure the ROC maintains a full picture of regional activity.

- 4.1.10 When authorised by the Lead Government Department, a meeting of the Regional Civil Contingencies Committee (RCCC) may be called. The RCCC will aim to assist the SCG(s) by bringing together partners from around the region to co-ordinate support activities. The work of the RCCC will be supported by the ROC.
- 4.1.11 Local responders will be in direct dialogue with Government Departments where appropriate, but in more general terms the ROC will brief the Lead Government Department, the SCG and the RCCC to facilitate national level support.
- 4.1.12 If the Mass Casualty response is the result of a terrorist incident, the Home Office will send a Government Liaison Team to the SCG, who will have a more influential role than the GOSW Government Liaison Officer.

5. RESPONSIBILITIES

Primary roles and responsibilities of key responders in respect of Mass Casualty Incident can be summarised as follows and are in addition to the generic roles and responsibilities found within the Devon, Cornwall and Isle of Scilly Combined Agency Emergency Response Protocol (CAERP).

5.1 South Western Ambulance Service NHS Trust (SWAST)

- 5.1.1 The role of the South Western Ambulance Service in a confirmed Mass Casualty incident will be an extension of their role within a major incident with wider roles and responsibilities as identified in this plan.
- Mass Casualty incident declared message received from NHS South West if not declared by SWAST.
 - Implement Major Incident Plan and review planning to create capacity by implementing revised triage guidelines in liaison with NHS South West including permission for P4 Expectant level on scene as follows:
 - P1 casualties prioritised and dispatched to appropriate hospitals as designated by the AIC / MIO.
 - P2 casualties, consideration should be given to providing appropriate treatment on scene or at appropriate designated health care units / rest centres either within or outside the region.
 - P3 casualties should be assessed / treated and moved to home address or appropriate rest centres.
 - HAZMAT / CBRN incidents deployment and national support for ambulance decontamination teams.

- Capacity management, cancellation of all routine work, suspension of all operational training and redeploy staff / managers. Consider transport provision for Acute / community hospital patient diversion / discharge / transfer either within or outside the region by use of A&E, PTS, VCS, VAS, and private ambulance resource.
- Implementing Trust “Business Continuity Plan”.
- Consider the provision of Helicopter / fixed wing air transport for transport of large numbers of patients / equipment from designated locations.
- AIC to request activation of national Ambulance mutual aid via Ambulance Clinical Hub (Communications Centre).
- AIC / MIO to request MERIT or BAT team activation via Ambulance Clinical Hub (Communications Centre).
- Arrange transport for MERIT or BAT teams from units within or outside the region by means of national mutual aid agreements.
- Ambulance regional silver / gold commander to travel to SCG/ RCCC meetings and SHA Incident Control Team.
- Staff welfare, Occupational health team to provide welfare and counselling for all ambulance personnel attending the incident.
- Media, ambulance media cell to work with the regional health media cell and Local LRF.
- AIC / MIO to consider provision of medical support to designated rest centres.
- Request National Capability Mass Casualty Equipment Vehicle (NCMCEV) deployment via Ambulance Clinical Hub (Communications Centre).
- Prioritise deployment of VAS resources in liaison with NHS South West.
- Develop close working relationship with all other agencies via operational, tactical and strategic command structures at county, regional and national levels.
- Identify and co-ordinate ongoing support to medical treatment centres as appropriate

5.2 Fire & Rescue Services

5.2.1 Are responsible for the coordination of necessary rescue measures and the provision of associated specialist equipment. This may also include, but is neither prescriptive nor exhaustive:

- Saving life
- Fighting fire

- Coordinating the rescue of trapped casualties
- Risk assessment including information gathering and dissemination
- The provision of specialist capabilities for detection, identification and monitoring of hazardous materials
- The provision of a mass decontamination capability as laid down in memorandum of understanding and provision of equipment relating to these capabilities to support other functions
- The safety of persons within an inner cordon
- Investigative functions
- Assisting with the handling, and if necessary the treatment, of casualties
- Assisting with the recovery of bodies
- Assisting with the restoration of normality
- Assisting with communications support

5.3 Police Forces

5.3.1 In the event of a Mass Casualties incident, Devon & Cornwall Constabulary will implement a Major Incident Plan in line with the roles and responsibilities as outlined within CAERP.

5.3.2 Specifically, consideration will be given to:

- Maintaining public safety and public order
- Maintain primary access routes for emergency services, and traffic management
- Providing a Casualty Bureau facility to record and secure identification of casualties and survivors
- Setting up and managing survivor and family and friends reception centres
- Providing specialist resources and advisors to assist with:
 - Communications support
 - Hospital Documentation Teams
 - Humanitarian Assistance Centres and Rest Centres
 - Family Liaison (if appropriate)

In addition, where the incident has resulted from, or is suspected to have resulted from criminal action, the Police will provide:

- Co-ordination of Control & Control functions
- Investigative and Identification functions
- Press and Media coordination functions in conjunction with other emergency response agencies

5.4 NHS South West

- Identify, train, and assign personnel to maintain contact with and prepare to support an RCCC and SHA Incident Control Team during periods of activation.
- Implement internal Major Incident Plan and review planning with County Health Coordinating Groups to create capacity in acute trusts.
- Implement Regional Mass Casualty Plan and advise all NHS organisations and regional resilience structures of implementation.
- Liaise closely with County Health Coordinating Groups and ensure that command and control is established.
- Ensure that all resource implications are fully investigated and request additional resources where appropriate.
- Coordinate the identification and deployment of MERIT medical personnel in liaison with the South Western / Great Western Ambulance Service.
- Coordinate the request, receipt and distribution of the UK National Reserve Stockpile via the South Western / Great Western Ambulance Service.
- Link with county, regional and national levels to establish clear and robust communications.
- Manage the increased tempo of disease surveillance and epidemiology teams in conjunction with the Health Protection Agency.
- Coordinate the activation of emergency public health measures where appropriate under the guidance of the Regional Director of Public Health and Health Protection Agency.
- Ensure co-ordination of regional media response.

5.5 Acute Trusts

- Implement Major Incident Plan and review planning to create capacity
- Advise health professionals, other agencies and the public in monitoring long term effects of an incident
- Provide a MERIT if designated by the SHA (Torbay and Plymouth only)

5.5.1 Acute Hospital Planning Links

The South Western Ambulance Trust will work jointly with the Acute Hospitals within the affected area in line with the affected Acutes' Major Incident plans.

5.5.2 Main Tasks

The following Ambulance roles will be activated as per the Ambulance Trust Major Incident plan / action cards in conjunction with the affected Acute Unit.

- Deploy A&E Ambulance Officer / Manager to the A&E department as the Liaison as per action card
- Establish inter agency communication links inline with DH guidance for Ambulance Trusts.
- Request the deployment of MERIT teams and arrange transport as requested by the AIC / MIO at the scene.
- Ensure the Lead PCT has been informed and receives situation reports on a continuing basis following by CHALET format.

5.6 Primary Care Trusts

- Implement Major Incident Plans and review planning to create capacity to receive discharged patients from Acute Trusts.
- Liaise with the Lead PCT and NHS South West England to ensure that all resource implications are fully investigated and request additional resources where appropriate.
- Lead PCT to coordinate and command the NHS response within the county.
- Ensure the activation of emergency Public Health measures.
- Advise health professionals, other agencies and the public in monitoring long term effects of an incident.

5.6.1 PCT Supporting Activities

- Care of P2 and (mainly) P3 patients in community settings.
- Provide support to the emergency responders and local A&E departments with clinical and nursing staff.
- Provide Minor Injury Units/ treatment centres away from Acute Hospitals.
- Establish a County Health Coordinating Group (Silver Control) to make best use Acute/ PCT/ private beds and health resources.

- Assist the police, Local Authorities and Voluntary Aid Sector, as requested.
- Ensure that a continuing health service is provided to those unaffected by the incident.

5.6.2 Cross-Boundary Mutual Aid Arrangements

- Be prepared to activate Mutual Aid agreements.
- Deliver co-ordinated and consistent communications messages in concert with NHS South West and RCCC.

5.7 Health Protection Agency (HPA)

- Provide public health support and advice to NHS organisations, particularly Primary Care Trusts and the RDPH, and also other agencies involved in responding or managing the incident at a local, regional and national level;
- Provide impartial and authoritative advice to health professionals, other agencies and the public in monitoring long term effects of an incident;
- Support the management of incidents and support the co-ordination of the NHS response through attendance at control centres, SCGs etc;
- The HPA local and regional teams are the gateway to specialist advice at national level
- Provide specialist input to incident management teams including Scientific and Technical Advice Cell (STAC) if called;
- Provide public health advice and support to PCTs in monitoring the long-term health effects of an incident.

5.8 NHS Direct

- Maintain National 0845 service for any patients not affected by the event.
- Provide telephone assessment service for symptomatic and worried well.
- Implement contingency plans - 0 core business can be diverted to other call centres to free up lines in affected areas.
- Provide a dedicated phone line if required.
- Provide consistent information to callers via non clinical staff to callers with related non symptomatic queries – Information database can be used to provide consistent information across the National Service.

- Provide access to a dedicated National Operations Centre 24hrs a day that can provide accurate data on calls received, symptoms assessed and outcomes of calls. This can be provided to the HPA.
- Access hidden algorithms in particular emergency situations
- Nationally NHS Direct will not be responsible for Pandemic Flu – the Department of Health has stated that is to be dealt with by a separate provider.

5.9 Local Authorities

- Implement the Major Response Plan and review planning to support the care of discharged patients from acute trusts in the community.
- Dialogue with the Police and HM Coroner will need to take place to establish emergency mortuary facilities and/or victim audit areas.
- Support the police at survivor and family and friends reception centres.
- Provide, where possible, facilities and resources to support the local Health Services.
- Assist the Ambulance Service, wherever possible with the provision of transportation of appropriate casualties to selected treatment areas.
- Transportation of evacuees (walking wounded) to Rest Centres/places of safety.
- Open Rest Centres and Humanitarian Assistance Centre(s) as appropriate, supported by the voluntary sector and Faith Response Team.
- Assist the Police in collecting, receiving, and reporting information about the status of victims and assist with family reunification.
- Assist in communications support by utilisation of RAYNET.
- Ensure essential services are maintained.
- Temporary Housing and Environmental Health issues.
- Recovery.
- Set up help lines.
- Set up Disaster Appeal Fund.

5.10 Voluntary Agencies

5.10.1 Voluntary agencies may be able to support statutory authorities, through the provision of some or all of the following functions:

- Support local authorities in opening rest centres/emergency shelters, and the provision of administrative support – including registration of evacuees, (British Red Cross, WRVS, Salvation Army).
- Support local authorities in the provision of first aid at rest centres/emergency shelters, (St. John Ambulance, British Red Cross).
- Support local authorities in the provision of welfare and psychosocial support (British Red Cross, Salvation Army, Faith Response Teams, Samaritans, Cruse).
- Support local authorities in the provision of food at rest centres/emergency shelters (WRVS, Salvation Army)
- Assist where possible with tracing and messaging service and family reunification (Salvation Army), Faith Responses Teams (Devon and Cornwall). The Red Cross does not perform tracing and messaging service in the UK except where foreign nationals have come to UK due to conflict or natural disaster. It is an international function to re-unite families under such circumstances.
- Provide first aid and other related medical support within capabilities at temporary treatment centres (British Red Cross, St John Ambulance)
- Provide food for emergency medical workers, volunteers, and patients - if requested (WRVS Salvation Army)
- Assist with transport of patients and support staff (British Red Cross, St John Ambulance)
- Provide appropriate and culturally sensitive support at the emergency mortuary (Salvation Army, Faith Response Teams)
- Support a telephone help line for information and sign posting (British Red Cross, WRVS, Faith Response Teams, Samaritans)
- Provide assistance with the provision of information, (British Red Cross, Faith Response Teams)
- Assist with emergency communications (RAYNET, British Red Cross)
- Provision of clothing from charity shops, if required (British Red Cross)
- Provide short-term assistance following hospital discharge (British Red Cross, WRVS, St John Ambulance)
- Establish Disaster Appeal – if required (British Red Cross), on behalf of the local authority
- Provide access to mobility equipment for patients (wheelchairs, walking sticks, etc) (British Red Cross)

- Assist with providing longer-term care and support for recovery (British Red Cross, Faith Response Teams)
- Provide mobile First Aid / treatment centres at emergency centres, incident site for rescue workers, rail head, etc (St John Ambulance, British Red Cross)
- Provide Field Hospital(s) to support the treatment of casualties via international support. British Red Cross in discussion with Department of Health and Regional Ambulance Trust. Progress on the project will be updated via annexes to the plan.
- Assistance with the provision of 4X4 transport when required (Devon and Cornwall 4X4, Dartmoor Rescue and Exmoor Rescue)

5.10 Government Office South West

- Open a Regional Operations Centre (ROC) to assist in communications support, collate information from LRF SCGs and prepare situation reports for briefing the region and central government.
- Support the running of a Regional Civil Contingencies Committee (RCCC)
- Training of GOSW personnel to staff ROC and RCCC
 - Assist in providing additional regional and national support.

5.11 43 (Wessex) Brigade

5.12.1 With the exception of a few niche capabilities (EOD and helicopter search and rescue for example), the Armed Forces maintain no standing forces to support the Civil Authorities (i.e. Military Aid to the Civil Authorities – (MACA)) and any assistance provided would be on an availability basis out of spare capacity. To that end the Armed Forces cannot make a commitment that guarantees assistance to meet specific emergencies. However it can be assumed that should a mass casualties plan be implemented, life would be deemed to be in danger, the need to act would be urgent and Civil Authority resources would be stretched. On that basis a request for military assistance through the Regional Forces chain of command (43 (Wessex) Brigade/JRLO) to achieve a specific effect would be appropriate.

- Armed Forces (RN, Army and RAF) medical support, which is not held at any notice for UK operations, is divided into three role types:
 - Role 1 provides Primary Health Care (PHC), first aid triage, resuscitation and stabilisation.
 - Role 2 provides PHC, first aid triage, resuscitation, stabilisation and limited casualty holding.
 - Role 3 provides first aid, triage, resuscitation, stabilisation, intensive and post op care, medical and nursing care and a diagnostic capability.

5.12.2 On a day to day basis Military Role 2 and 3 and ambulance assets have limited utility to support the civilian population due to differences in the numbers and types of casualties and sick, which they are designed to meet. Military assets are configured to deliver trauma focussed care in austere conditions with basic and limited equipment and the majority of military specialist medical staff are embedded within the NHS. However, should the mass casualties plan be implemented and a request for additional medical support be made, then any military medical support and any limitations placed on that support, would be determined and prioritised by the Ministry of Defence through the chain of command.

5.12.3 Further details on the role of the Armed Forces may be found in the CAERP – paras .3 and .7.

6. POST INCIDENT ACTIVITIES

6.1 All responders to:

- Assist investigation.
- Make available all logs and records as appropriate.
- Ensure all incident payments and expenses are accounted for.
- Participate in the Lead PCT post-incident debriefing process.
- Participate in the LRF post – incident debriefing process.
- Debrief staff.
- Raise Post Incident Report.
- Ensure that local planning arrangements are reviewed and amended as necessary.
- Ensure welfare of staff during and after an incident.

6.2 National interface

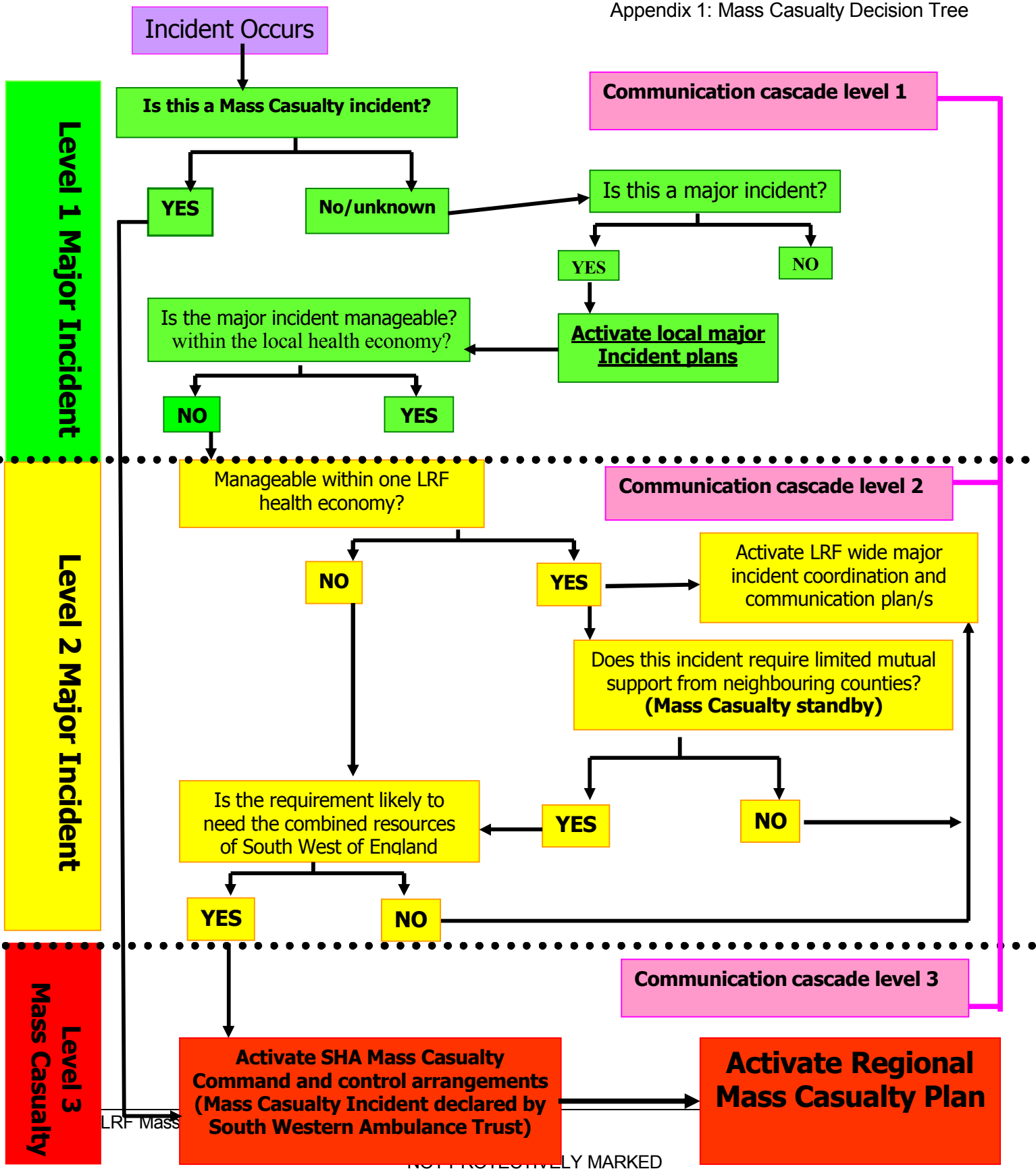
- 6.2.1 Regional response operations will interface with national response assets through the SHA Incident Control Team and through liaison between the Department of Health and NHS South West as well as with the Health Protection Agency. Liaison between the SHA Incident Control Team and the Department of Health Emergency Preparedness Division will provide access to additional national and international health and medical assets.
- 6.2.2 The importance of delivering services which meet the needs of different communities within the LRF and ensuring no-one is discriminated against is essential from both a legal and moral point of view. Responders should remain mindful and respectful of individuals' human rights and must also recognise the importance of taking into account the full range of equality strands including Race/Ethnicity, Disability, Gender (including Gender re-assignment and Transgender, pregnancy and breastfeeding mothers, marital and civil partnership status), Age, Sexual Orientation, Religion and Belief and ensuring that these needs and circumstances are considered¹.

7 Debrief Procedures

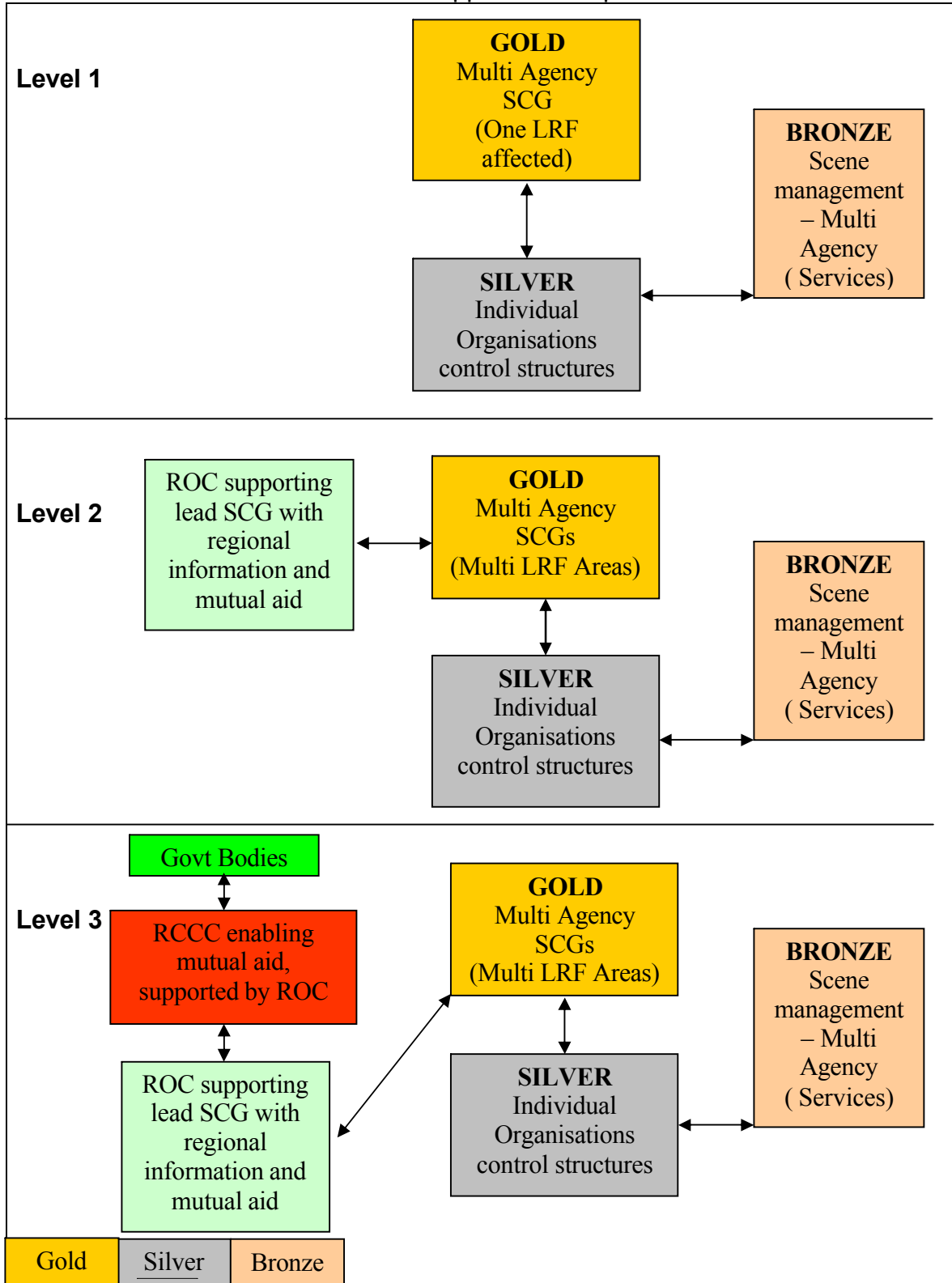
7.1 Identifying the need for a debrief

- 7.1.1 In most circumstances the need for a multi agency debrief following an incident or event will be fairly clear, particularly in circumstances where a Strategic Co-ordinating Group has been established, in other circumstances the need for the debrief may be less obvious.
- 7.1.2 In all circumstances, the decision to hold an LRF debrief will be one for the LRF Chair, however, any organisation involved in the incident may request that a debrief be held, this should be done through the LRF Secretariat.
- 7.1.3 Once a decision to debrief an incident has been made the LRF Secretariat will identify a person to plan the debrief and also a facilitator, where the scale of the incident requires it this may require a planning team to organise the debrief. These will be identified from trained staff from within LRF partner organisations.
- 7.1.4 In large scale incidents it may be more appropriate to identify a trained independent facilitator, this will be a responsibility for the LRF Secretariat.

Appendix 1: Mass Casualty Decision Tree



Appendix 2 : Operational Levels of Escalation



Appendix 3 - Glossary of Terms

A&E / ED	ACCIDENT AND EMERGENCY / EMERGENCY DEPARTMENT
AIC	AMBULANCE INCIDENT COMMANDER
BAT	BURNS ASSESSMENT TEAM
CAERP	COMBINED AGENCY EMERGENCY RESPONSE PROTOCOL
CCA	CIVIL CONTINGENCIES ACT 200
CCDC	CONSULTANT IN COMMUNICABLE DISEASE CONTROL
DH	DEPARTMENT OF HEALTH
DPH	DIRECTOR OF PUBLIC HEALTH
GNN	GOVERNMENT NEWS NETWORK
GP	GENERAL PRACTITIONER
HAZMAT	HAZARDOUS MATERIALS
HPA	HEALTH PROTECTION AGENCY
JRLO	JOINT REGIONAL LIAISON OFFICER
LHPU	LOCAL HEALTH PROTECTION UNIT
MACA	MILITARY AID TO CIVIL AUTHORITIES
MERIT	MEDICAL EMERGENCY RESPONSE INCIDENT TEAM
MIO	MEDICAL INCIDENT OFFICER
MICC	MAJOR INCIDENT COORDINATION CENTRE
NCMCEV	NATIONAL CAPABILITY MASS CASUALTY EQUIPMENT VEHICLE
NHS	NATIONAL HEALTH SERVICE
PCT	PRIMARY CARE TRUST
Pod	MOBILE EQUIPMENT CONTAINER (NATIONAL RESERVES)
PTS	PATIENT TRANSPORT SERVICES
PR	PUBLIC RELATIONS
RCCC	REGIONAL CIVIL CONTINGENCIES COMMITTEE
RD(HPA)	REGIONAL DIRECTOR HEALTH PROTECTION AGENCY
RDPH	REGIONAL DIRECTOR OF PUBLIC HEALTH
ROC	REGIONAL OPERATIONS CENTRE
SCG	STRATEGIC CO-ORDINATION GROUP
SHA	STRATEGIC HEALTH AUTHORITY
STAC	SCIENTIFIC AND TECHNICAL ADVICE CELL
SWAST	SOUTH WESTERN AMBULANCE SERVICE
VAS	VOLUNTARY AID SECTOR
VCS	VOLUNTARY CAR SERVICE
VSWG	VOLUNTARY SECTOR WORKING GROUP