CIVIL

CONTINGENCY

PLAN

This Plan remains current until October 2016

Approved by Board:
This plan will be reviewed annually.

Any amendments required should be referred to the Planning Department, Powys Teaching Health Board.

<table>
<thead>
<tr>
<th>Date</th>
<th>Amendment Reference</th>
<th>Page/s Amended</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 11</td>
<td>Version 1.0</td>
<td>n/a</td>
<td>Revised Plan as part of annual review</td>
</tr>
<tr>
<td>Aug 12</td>
<td>Version 2.0</td>
<td>n/a</td>
<td>A number of minor changes have been made as part of the annual review. The plan now contains the room layout of the HECC.</td>
</tr>
<tr>
<td>March 14</td>
<td>Version 3.0</td>
<td>Complete document</td>
<td>A full review of the plan has taken place as part of the annual reviewing process. The response element remains unchanged. Contact list has been updated to reflect organisational changes. The series of specific response plans previously contained as appendices within the plan are referenced and can now be located on intranet site and hard copies in Major Incident Cupboard.</td>
</tr>
<tr>
<td>September 2015</td>
<td>Version 4.0</td>
<td>Complete document</td>
<td>The review reflects recent organisational changes and latest guidance in response to CBRN incidents. Supplementary information has been included in the command and control, debrief and Information Sharing</td>
</tr>
<tr>
<td>CONTENTS</td>
<td>PAGE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CONTENTS</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Policy Statement</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Purpose of the Plan</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1 Objectives</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Definition of a Major Incident</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1 Types of Incident</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.2 Key roles and responsibilities</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Command and Control Structure</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.1 Strategic (Gold) Command</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2 Tactical (Silver) Command</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.3 Operational (Bronze) Command</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.4 Scientific and Technical Advisory Cell (STAC)</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.5 Decision Making Framework</td>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Declaring a Major Incident</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.1 Major Incident Status</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Response</td>
<td>13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.1 Incident Stages</td>
<td>13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.2 Immediate Response</td>
<td>13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.3 Recovery Phase</td>
<td>17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Record Keeping</td>
<td>18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.1 Preservation of Documents</td>
<td>18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.2 Incident Log Sheets</td>
<td>18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Specific Operational Arrangements</td>
<td>19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.1 Designated “Receiving Hospitals”</td>
<td>19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.2 Powys Hospitals</td>
<td>19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.3 Cross Boundary/Border Arrangements</td>
<td>19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.4 Dealing with Fatalities</td>
<td>19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.5 Dealing with Burns Casualties</td>
<td>20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.6 Arrangements for Children</td>
<td>21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.7 Primary and Community Health Services</td>
<td>21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.8 Liaising with the Media</td>
<td>23</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.9 Psychological Support</td>
<td>24</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.10 VIPs</td>
<td>24</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.11 Vulnerable People</td>
<td>24</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.12 Staff Welfare</td>
<td>24</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.13 Health and Safety</td>
<td>25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.14 Personal Protective Equipment (PPE)</td>
<td>25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Section</td>
<td>Page</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.15 Military Aid to Civil Communities Arrangements (MACCA)</td>
<td>25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.16 Information Sharing</td>
<td>25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.17 Voluntary Aid Societies</td>
<td>25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.18 Religious and Cultural Sensitivities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Specific Threats</td>
<td>26</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.1 Environmental Incidents</td>
<td>26</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.2 Chemical Incidents</td>
<td>29</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.3 Hazardous Sites</td>
<td>29</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.4 Dealing with Radiological Incidents</td>
<td>31</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.5 Management of Biological Incidents</td>
<td>32</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.6 CBRN</td>
<td>32</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.7 Activation of Health Countermeasure Stockpile</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Large Scale Emergencies</td>
<td>33</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.1 Role of Teaching Health Board</td>
<td>33</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.2 Rest Centres</td>
<td>33</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Action Cards</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephonist: Switchboard Log Sheet for Major Incident Call Notification</td>
<td>34</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Action Sheet 1: On-call Director</td>
<td>35</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Action Sheet 2: Strategic (Gold) Representative</td>
<td>40</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Action Sheet 3: Communications Lead</td>
<td>41</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Action Sheet 4: Setting up the Health Emergency Control Centre</td>
<td>43</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Action Sheet 5: Incident Loggist</td>
<td>45</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incident Log Record Sheet</td>
<td>46</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The following response plans will be located on the Teaching Health Boards Intranet site. Hard copies are available in the Major Incident Cupboard (Basil Webb):

- Supporting Hospital Major Incident Plan (Welshpool, Llandrindod Wells, Brecon)
- Powys tHB Pandemic Framework
- Powys tHB Major Infectious Disease Emergency Vaccination Plan
- Powys tHB Business Continuity Policy
- The Communicable Disease Outbreak Plan for Wales
POLICY STATEMENT

It is the policy of Powys teaching Health Board (PtHB) to ensure that the organisation is prepared and equipped to manage the affects of an emergency and to minimise the risks to patients, staff and anyone else likely to be affected by it. PtHB aims to achieve this by providing an overarching coordinated response that links with the operational management structures which are in place to support the needs of the health community within Powys.

The Chief Executive holds overall responsibility for Civil Contingencies. The Director of Public Health has been designated as the Executive Lead with delegated responsibility for the overall coordination of Civil Contingencies with PtHB.

PtHB commissions acute services from a number of external providers, both in England and Wales. PtHB will seek assurance from its commissioned service providers in relation to the legislative duties placed on them under the Civil Contingencies Act (2004); this will be achieved through regular contract meetings and other means such as annual reporting mechanisms and participating in joint exercises.

Powys teaching Health Board aims to:

- ensure compliance, as a minimum, with Civil Contingencies legislation, NHS standards and guidance
- ensure that comprehensive management arrangements are in place for the areas of civil contingencies and business continuity and the plans will remain relevant and appropriate
- ensure that the Board receives reports on any major incidents which occur within Powys, together with changes to the community risk profile or amendments to civil protection legislation.
- ensure continuous development of the tHB’s civil contingencies programme to make sure that organisational resilience is at the core of the our business functions and a factor to be considered as an ongoing part of day to day activity.

PLAN REVIEW

A review of the plan will take place annually. Access to the plan will be available to all staff via the PtHB staff intranet; a full copy will be held by the Chief Executive, Executive Management Team and operational on-call Managers. A further copy of the plan will be held in the Major Incident Cupboard (Basil Webb). Any revisions made to the plan will be documented and cascaded effectively. It is the responsibility of the nominated holder of the Plan to ensure that revisions are incorporated, any departmental plans altered and staff advised accordingly.
1.0 PURPOSE OF THE PLAN

The aim of this plan is to enable PtHB to respond effectively to a major incident or an emergency situation. The plan details specific arrangements for the strategic and tactical coordination and management of an incident.

It is essential that all PtHB staff familiarise themselves with those parts of the plan in which they may become involved.

1.1 OBJECTIVES
The objective of this plan is to facilitate the rapid, effective, coordinated and proportionate mobilisation of health resources in the event of an emergency occurring in the PtHB population or neighbouring areas.

It is important that the plan is seen as a flexible arrangement which can be tailored to suit a particular situation. In some circumstances, only part of the plan may need to be actioned.

This plan has been prepared in consultation with Local Resilience Forum partner agencies and reviewed by the Welsh Government Health Emergency Planning Unit. It is only a guide and those NHS personnel on duty at the time of an incident should use their discretion regarding any need for which provision has not been made.

The PtHB’s Business Continuity Policy and Plans are based upon an assessment of the organisations external risks, and should be seen as an integral part of the PtHB’s response in a major incident.

In circumstances where a multi-agency strategic level response is required this plan should be read in conjunction with the Dyfed Powys Local Resilience Forum Joint Manual Incident Plan (JMIP).

A list of partner agency roles and responsibilities in the event of a major incident is included with the JMIP.
2.0 DEFINITION OF A MAJOR INCIDENT

Following the fuel crisis and the severe flooding in the autumn and winter of 2000 and the outbreak of Foot and Mouth Disease in 2001, the Deputy Prime Minister announced a review of emergency planning arrangements. The review included a public consultation exercise, which reinforced the Government’s conclusion, that existing legislation no longer provided an adequate framework for modern civil protection efforts, and that new legislation was needed.

The Civil Contingencies Act 2004

The Civil Contingencies Bill was agreed by parliament in November 2004 and become known as the Civil Contingencies Act 2004.

The Civil Contingencies Act defines a Major Incident as:

“An event or situation which threatens serious damage to:

- human welfare
- environment
- the security of the U.K. or a place in the U.K.”

2.1 TYPES OF INCIDENT

<table>
<thead>
<tr>
<th>TYPE OF MAJOR INCIDENT</th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Accident/Incident (Big Bang)</td>
<td>Serious transport accident, explosion or series of smaller incidents e.g. Buncefield Fuel Depot Fire Dec 2004</td>
</tr>
<tr>
<td>Slowly Developing Event (Rising Tide)</td>
<td>A problem that occurs gradually, e.g. infectious disease outbreak or winter bed crisis. There is no clear starting point for a major incident to be declared</td>
</tr>
<tr>
<td>Incidents Evolving Elsewhere (Cloud on the Horizon)</td>
<td>An incident in one place that later affects (or may affect) other geographical areas. Examples of such events are: major chemical or nuclear release and influenza pandemic.</td>
</tr>
<tr>
<td>Headline News</td>
<td>A wave of public or media alarm over health issues as a reaction to a perceived threat e.g. screening problem or drug alert. The NHS may need to respond quickly to manage information</td>
</tr>
<tr>
<td>Category</td>
<td>Description</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Chemical, Biological, Nuclear, Radiological or Explosive Material (CBRNE)</td>
<td>This includes incidents (either actual or threatened) involving the deliberate release of chemical, biological, radiological or nuclear materials (CBRNE) and conventional bombs or explosive devices.</td>
</tr>
<tr>
<td>Hazardous Material Release (HAZMAT)</td>
<td>An incident involving the accidental release of hazardous material such as a chemical agent e.g. chlorine.</td>
</tr>
<tr>
<td>Internal Incidents</td>
<td>The NHS is affected by an internal major incident or by an external incident that impairs its ability to work e.g. fire.</td>
</tr>
<tr>
<td>Mass Casualties</td>
<td>Incidents resulting in a large number of casualties, with numbers into the hundreds.</td>
</tr>
<tr>
<td>Public Health Incident</td>
<td>An outbreak of a communicable disease or environmental incident that threatens public health and requires special procedures to be initiated. These procedures may include forming an Outbreak Control Team under the direction of the Director of Public Health.</td>
</tr>
<tr>
<td>Severe Weather</td>
<td>Any extreme weather event impacting upon the health, wellbeing and safety of the population e.g. Heatwave, flooding, snow.</td>
</tr>
</tbody>
</table>

### 2.2 KEY ROLES AND RESPONSIBILITIES

**Roles and Responsibilities of Category 1 Responders**
The Civil Contingencies Act 2004 divides Local Responders into two categories depending on the extent of their involvement in civil protection work. PtHB is described as a Category 1 Responder under the Act. As a Category 1 Responder PtHB is required to:-

- Assess the risk of emergencies occurring and instigate contingency planning
- Create and establish Emergency Plans
- Establish Business Continuity Management (BCM) arrangements
- Formulate arrangements to warn, inform and advise the public in the event of an emergency
- Share information, cooperate, and liaise with other local responders to enhance coordination and efficiency
The Civil Contingencies Act 2004 requires Category 1 response organisations to engage with partners via Local Resilience Forums based on police area.

PtHB is represented at the Dyfed Powys Local Resilience Forum.

Roles of Powys Teaching Health Board
In an incident, PtHB will provide overarching health command and control, coordination and support to primary, community and secondary healthcare responses within the boundary of Powys. This plan is most likely to be invoked in an emergency that requires a response to an emergency that compromises the normal working of the service and sets out strategic and tactical coordination arrangements which will be implemented in PtHB. It is underpinned by “Supporting Hospital” major incident operational plans that may be activated in order to manage the reception of minor injuries and flow of patients to support the acute sector.

The PtHB will:

- Have in place a 24 hour call-out system for emergencies together with facilities/communication systems and protocols to ensure that an effective response can be launched.
- Instigate a local and/or regional level of response and coordinate and mobilise primary care, community and community hospital services resources.
- Implement appropriate command and control arrangements and support representation at multi-agency meetings including the Strategic Coordination Group and/or Recovery Group.
- Provide direction and coordination for the health communications strategy linked to that at the SCG.
- Liaise and provide support to other agencies including neighbouring Health Boards/Trusts, Public Health Wales, the police, local authorities and Welsh Government as deemed necessary by the circumstances of the emergency.
- Coordinate the health recovery phase of the incident with partner organisations in order to restore “normality”.
- Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency.
- Share information with other local responders to enhance co-ordination.
- Corporate with other local responders to enhance coordination and efficiency.

Training Responsibilities
In accordance with the the Civil Contingencies Act, the Health Board is required to have in place a major incident preparedness training plan. Details of the training plan can be located on the Civil Contingencies Planning Page on PtHB intranet site.

Exercising Responsibilities
As a minimum requirement, the Health Board is required to undertake:

- A ‘live’ exercise every three years,
- A ‘table-top’ exercise every year
- A ‘communications’ test every six months.

(Ref: NHS Wales Emergency Planning Guidance 2010)

### 3.0 COMMAND AND CONTROL STRUCTURES

During a major incident, PtHB will participate in the multi-agency hierarchical framework known as “Command and Control”. This framework works on the basis of three levels of response:

- Strategic (also known as Gold)
- Tactical (also known as Silver)
- Operational (also known as Bronze)

#### 3.1 STRATEGIC (Gold) COMMAND referred to as the (Strategic Coordinating Group (SCG))

The purpose of the Strategic level is to consider the emergency in its wider context; determine longer-term and wider impacts and risks with strategic implications; define and communicate the overarching strategy and objectives for the emergency response; establish the framework, policy and parameters for lower level tiers; and monitor the context, risks, impacts and progress towards defined objectives.

Dyfed Powys Police will usually take the lead of a SCG

*The Chief Executive or a member of the Executive Management Team (as decided by the Chief Executive) of PtHB attend the SCG at the request of Dyfed Powys Police Authority.*

#### 3.2 TACTICAL (Silver) COMMAND

The purpose of the tactical level is to ensure that the actions taken by the operational level are co-ordinated, coherent and integrated in order to achieve maximum effectiveness and efficiency; determine priorities for allocating available resources; plan and co-ordinate how and when tasks will be undertaken; obtain additional resources if required; assess significant risks and use this to inform tasking of operational commanders; and ensure the health and safety of the public and personnel.

Health representation at Silver will depend upon the event or type of emergency. For Powys, the on-call Director may task an appropriate senior manager with attendance at this group.

#### 3.3 OPERATIONAL (Bronze) COMMAND

Operational is the level at which the management of “hands on” work is undertaken. Operational commanders become responsible for implementing the tactical commander’s plan within their geographical area or functional area of responsibility.

*It is unlikely that PtHB representation will be required at Bronze level*
3.4 Scientific Technical Advisory Cell (STAC)
In certain emergencies the SCG may require access to specific scientific and technical advice to assist in determining the strategic priorities for the emergency or informing the public warning messages.

Where the emergency crosses multiple SCGs then the STAC may be located at a central point and shared between the SCGs involved.

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

3.5 Decision Making Framework
The Joint Decision Model identifies best practice to support all decision makers. The Joint Decision Model can be applied to decision making at any emergency incident and is suitable for use by Commanders throughout the chain of command.
4.0 DECLARING A MAJOR INCIDENT

The declaration of a major incident can be made in either of two ways:-

1. By an Officer of the Emergency Services, and/or;

2. By a senior doctor, nurse or manager in the event of a sudden influx of casualties. PtHB may activate its own Plan in certain emergencies, for example a serious public health outbreak.

The Chief Executive and/or Chairman, or their respective deputies, will activate the plan in the event of admission of a VIP.

4.1 MAJOR INCIDENT STATUS

**Major Incident “Standby”** -
a formal request to be ready to implement the plan

**Major Incident “Declared”** –
activation of Civil Contingencies Plan and mobilise additional resources

**Major Incident “Cancelled”** –
this message signifies the “stand down” of the Major Incident. This message should then be cascaded down to all staff involved in the incident.

**Major Incident “Casualties Cleared” or Major Incident “Stand Down”** –
This message signifies the “Stand Down” of the Major Incident. This message should then be cascaded down to all staff involved in the incident.
5.0 RESPONSE

5.1 INCIDENT STAGES
Most major incidents can be considered to have four stages. These are listed below together with a basic time diagram:

- Stage 1 - Initial Response.
- Stage 2 - Consolidation Phase.
- Stage 3 - Recovery Phase
- Stage 4 - Restoration of Normality.

5.2 INCIDENT RESPONSE
Implementation of the plan will usually be activated by Ambulance Control via PtHB’s 24 hour switchboard arrangements irrespective of the incident being ‘declared’ or ‘stand-by’. However, declaration of a major incident may come from a number of sources, including the Police and Fire & Rescue Services.

Upon receipt of the declaration call, Brecon switchboard will complete a ‘Notification of a Major Incident Log Sheet’ (page 35) by asking for and recording:

- Identification of caller
- Telephone number of caller
- Time of call
- Type of incident – e.g. RTC, rail crash, severe weather related incident etc
- Location of incident
- Potential issues/hazards
- Estimated numbers of casualties,
- Nature of injuries
- Location of Receiving hospital if known,
- If any minor injuries are being directed to a Powys Supporting hospital
- Who else the caller has notified
- The switchboard operator must then ring back to verify authenticity

A "stand-by" notification will be used to alert the health community of a situation, which may escalate and require the mobilisation of Powys tHB resources.

The decision to provide a PtHB response will be confirmed by the on-call Director. The PtHB Director On-Call will liaise with the Chief Executive or nominated deputy to agree who will attend the Strategic Coordination Group (Gold) located at the Strategic Coordination Centre (SCC), Dyfed Powys Police HQ, Carmarthen, if one is established.

In liaison with the Chief Executive or nominated deputy, the on-call Director will consider the establishment of an Emergency Response Team (ERT) to oversee the tactical management of the emergency and to coordinate the response of the Health Board and the need to activate the Health Emergency Control Centre (HECC).

Although the Chief Executive has ultimate responsibility for the duration of the emergency, the operation of the Plan will be controlled by the Director on Call or nominated chair of the PtHB’s EMERGENCY RESPONSE TEAM. This will ideally comprise of:

- Members of the Executive Management Team
- Communications Lead
- Support staff
- Loggist
- Other senior managers may be called upon; this will be based on the information available at the time of the incident

The on-call Director/Emergency Response Team will:

- Make an initial assessment of the situation and determine the key organisational tactical priorities and establish communications with the strategic representative at the SCG, if activated.
- Ensure all hospital, community and primary care providers are alerted to the incident and the status of PtHB emergency response
- Inform Welsh Government, Public Health Wales, other neighbouring Health Boards/ NHS Trusts and any other organisations that the tHB is responding to the emergency, providing contact numbers as required.
- Ensure that the Welsh Government is kept effectively briefed
- Ensure coordination of a media/communications strategy
- Continually assess the potential impact of the incident on public health, primary care, community care, hospital and any other NHS services.
- Assess the health service resource requirements, prioritise activities during times of pressure and ensure that the capacity and resources required are made available.
- Identify and seek expert advice where internal expertise is not available within PtHB
- Decide when the need for the PtHB emergency response is over, arrange to inform staff and other organisations of the stand-down appropriately.
Action Sheets are available on page 36 to assist the on-call Director during an incident.

Health Emergency Control Centre (HECC) The responsibility of setting up an incident room lies with the on-call Director or other designated Director with support from the Civil Contingencies Manager and/or other supporting staff. The functions of the HECC are:

- To provide a base where the work of the health services may be coordinated.
- To act as a tactical communications control centre.
- To facilitate the collation of all relevant data and specialist advice.
- To support local health providers in the health service response.

An action sheet and proposed layout for setting up the HECC can be found at page 45.

Access to the Health Emergency Control Centre: Basil Webb can be accessed from 0830hr-1700hrs, Monday to Friday. The keys to access Basil Webb (during out of hour periods) and the Major Incident Cupboard are held in the key cupboard in Llewelyn Ward, Bronllys Hospital.

Setting up the Room and Contents
The Major Incident cupboard contains the following equipment:
- Stationery
- Civil Contingencies Plan & other relevant plans
- Communication equipment – telephone and fax machine
- Satellite Phone and instructions
- Remote control for flat screen TV
- Wind-up radio & torch

Telephony
The Major Incident telephone line is clearly marked and should be set up immediately. In extreme emergencies involving the total loss of communication PtHB has the use of a satellite phone (satellite phone and supporting operating instructions can be found in the Major Incident Cupboard located in the HECC (Basil Webb).

Mobile Telecommunications Privileged Access Scheme (MTPAS)
The MTPAS system is a government authorised scheme whereby mobile phone companies can reserve exclusive use of available channels for the Emergency Services and Local Authorities (Category 1 Responders at the scene of a Major Incident. It allows for calls to be made without being interrupted by overloaded networks.

MTPAS registered mobile phones are limited to key personnel within these organisations. The members of the on-call Director team at PtHB have been granted access to the MTPAS scheme. The scheme will only be initiated after careful consideration and on the authority of Police Silver who has raised the matter with the SCG (Strategic Coordinating Group).
Major Incident alert notification received

Alert received from Brecon Switchboard

Major Incident
Standby

Contact CEO and place on standby.
Agree who will attend SCC (Multi-agency Gold) if required

Agree with CEO any further action required i.e. place HECC (Health Emergency Control Centre) on standby/further liaison with other services

In the event the alert is changed to a Major Incident is Declared

HECC Chair alerts Executive Team of HECC standby or activation

Open HECC in Basil Webb if activated

Keys to open building and Major Incident cupboard can be located in Llewellyn Ward, Bronllys Hospital

Major Incident Declared

Contact CEO to:
1) Agree representation at SCC (Multi-agency Gold) and to:
2) Determine if the Emergency Response Team and HECC (Health Emergency Control Centre) should be placed on standby or Activated. Nominate a Chair

Nominated individual attends SCC (Multi-agency Gold) if required.

For circumstances in which an incident takes place in Powys but largely affects another Health Board area - contact the CEO of the Health Board to discuss incident management/communication at Strategic level.
5.3 RECOVERY PHASE
Post the initial phase longer-term action can be planned and absorbed into normal services. This will include:

- Providing extra support to hospitals or diversion of work.
- Assessing the continuing need for primary and community health services (such as psychosocial support and counselling).
- Checking adequate arrangements have been made to protect long-term health of NHS staff that may have been personally affected through Occupational Health.
- Consideration of the legal and financial risks arising from the incident
- Co-ordinating and maintaining long-term responses of healthcare services
- Assessing the impact of the Major Incident on everyday healthcare, including waiting list
- Providing psychiatric and psychological help to people in need
- Holding structured debriefs and production of a Post Incident Report and Action Plan for presentation to the Board

Recovery Working Group
A Recovery Working Group will initially be set up as a sub-committee of Dyfed Powys SCG (Strategic Coordination Group). Under normal circumstances this will be chaired by the Local Authority.

Debrief
A hot de-brief will be held with the main responding staff within 48 hours of the end of the incident.

A more inclusive Debrief for staff will occur within two weeks. The outcomes of the internal debrief are likely to be fed into a wider multi-agency debrief which will be facilitated by the Dyfed Powys Local Resilience Forum Partnership Team.

The debrief will seek to identify:

- What was supposed to happen?
- What actually happened?
- Why were there differences?
• What did we learn?
• Are there any improvements to be made and procedures?

It is vital that the post-incident debrief is recognised as a positive leaving process.

6.0 RECORD KEEPING

6.1 Preservation of Documents
Following a major incident PtHB may be invited or required to provide evidence to an appropriate enforcement agency (e.g. HSE), a judicial inquiry, a coroner's inquest, the Police or a civil court hearing compensation claims. In the course of any or each of these, we may well be obliged or advised to give access to documents produced prior to, during and as a result of the incident. Under no circumstances must any document which relates or may in any way relate (however slightly) to the incident, be destroyed, amended, held back or mislaid.

Definition of “Documents”

For these purposes “documents” means not only pieces of paper but also photographs, audio and videotapes, and information held on computers. It also includes internal electronic mail. The vital message ‘Preserve and Protect’ – needs to be spread very quickly during a major incident and must reach those who might quite unknowingly hold significant documents.

6.2 Incident Log Sheets
It is especially important that a record is kept of all key decisions, including the date and time that they were made, who made them and the reasons for so doing. All information, including actions and reports relating to the running of the incident must be recorded on Incident Log Sheets (page 47). The log sheets should provide a single comprehensive record of the actions and involvement in the incident. Details taken and information both sent and received. It is not necessary that incoming information be transcribed fully onto the Log record. It is sufficient that reference is made to such document on the Log.

Whenever possible PtHB will use a member of staff trained in ‘Loggists’ skills to keep a record of the organisations decision makers’ actions and decisions.

In and out of hour contact details for trained loggist are held via Brecon Switchboard.
7.0 SPECIFIC OPERATIONAL ARRANGEMENTS

7.1 DESIGNATED “RECEIVING HOSPITALS”
The following neighbouring District General Hospitals are designated as ‘Receiving’ hospitals in the event of an incident involving major trauma:

- Glangwili General Hospital, Carmarthen
- Bronglais General Hospital, Aberystwyth
- Withybush General Hospital, Haverfordwest
- Morriston Hospital, Swansea
- Royal Shrewsbury Hospital, Shrewsbury
- Nevill Hall Hospital, Abergavenny
- Hereford Hospital, Hereford
- Royal Gwent Hospital, Newport
- Wrexham Maelor Hospital, Wrexham
- Ysbyty Gwynedd, Bangor
- Prince Charles Hospital, Merthyr Tydfil
- Princess of Wales, Bridgend
- University Hospital of Wales, Heath, Cardiff

7.2 POWYS HOSPITALS
No hospitals in Powys are designated as ‘Receiving Hospitals’ as they are not equipped to deal with major trauma. Powys has three designated community hospitals which may be called upon via the HECC to respond to a major incident; these are referred to within the organisation as Supporting Hospital. Their role, in the event of an incident involving major trauma, would be to deal with minor injuries and to perform secondary decantation to increase their capacity in order to respond to the incident.

7.3 CROSS BOUNDARY/BORDER ARRANGEMENTS
Where an incident crosses health board boundaries, the following measures need to be considered:

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

7.4 DEALING WITH FATALITIES
This is the responsibility of Her Majesty’s Coroner (via the Police). As a general rule, no such persons shall be moved without the advice of the Police.
NOTE: Where a large number of fatalities occur at an incident site, there will be covered temporary body storage, known as Body Holding Area (not to be confused with a Temporary Mortuary).

**Temporary Mortuary**
The Coroner may request a Temporary Mortuary. In this case, no deceased person should be transferred from the incident site to the hospital mortuary, except in circumstances where a small number of fatalities occur. In these circumstances, it may be possible to accommodate them in a Powys mortuary.

**Dyfed Powys Mass Fatalities Plan**
The temporary mortuary arrangements within Dyfed Powys are facilitated by the Dyfed Powys Mass Fatalities Plan. This plan details the multi-agency arrangements. Local Authorities have the statutory duty to provide temporary mortuary facilities on behalf of the Coroner. The four Local Authorities within Dyfed Powys maintain contracts with specialist providers of such services (e.g. Blake Emergency Services) and are the identified licence holders.

Any such temporary mortuary facility will be jointly operated by the Police and Local Authority on behalf of the Coroner in premises arranged by the Lead Local Authority, in whose area the incident takes place.

PThB may be called upon to provide support, staff and equipment as considered appropriate.

**National Emergency Mortuary Arrangements (NEMA)**
Where fatalities reach such numbers that the local arrangements cannot cope i.e. a Mass Fatality incident, the National Emergency Mortuary Arrangements (NEMA) can be invoked.

The Coroner will request the commissioning of a Temporary Mortuary at one of the designated sites within the county. This is specifically intended to reduce pressure on the hospital mortuaries.

Powys mortuaries have only a limited capacity to expand to accommodate fatalities (subject to existing occupancy).

**7.5 DEALING WITH BURNS CASUALTIES**
Burns care is organised using a tiered model of care (centres, units and facilities). The most severely injured are cared for in burns centres with those requiring less intensive support being cared for in the burn units. Patients with smaller burn injuries are cared for in a facility level burn care services.

The Welsh Burns Centre is situated at Morriston Hospital, Swansea. The Burns Centre at Morriston Hospital forms part of the South West UK Burn Care Network which includes burn care services at Frenchay Hospital, Bristol; Salisbury District Hospital, Salisbury and Derriford hospital in Plymouth.
In the event of a major incident involving patients with burns the Receiving Hospital will liaise directly with the Burns Centre as per South West UK Burns Care Network Plan.

7.6 ARRANGEMENTS FOR CHILDREN
Health Boards must consider the special needs of children and their families resulting from emergencies. Where children are involved in a major incident then immediate advice should be sought from a Consultant Paediatrician.

Acute Hospitals follow the principle that where adults and children from the same family are involved in a major incident and the facilities for adults and children are in separate hospitals:

- If both adults and children are seriously injured, they may need to be taken to separate facilities, but a balance needs to be struck between the benefits to children of being kept close to their parents, and their distress at seeing severely injured patients
- If adults are seriously injured, but children are uninjured or have only minor injuries, then the family should be taken to the hospital receiving the adults where arrangements for the care of the children should be made
- If the children are seriously injured, but the adults uninjured or have only minor injuries, then the family should be taken to the children’s hospital where one exists, where the adults can be treated and help in the children’s care
- At the hospital, the assistance of Paediatricians should be sought to work in conjunction with the Emergency Department Consultant and, wherever possible, children will be cared for by paediatric-trained medical and nursing staff.

Children who self present with minor injuries will be dealt with in accordance with the Powys Minor Injuries Policies and relevant Safeguarding policies and procedures.

7.7 PRIMARY AND COMMUNITY HEALTH SERVICES
PThB will provide appropriate co-ordination of primary care and community health services involvement during emergencies. The services likely to face increased demand will include:

- General Practitioners
- Community Nurses
- Health Visitors
- Mental Health Services
- Pharmacists
- Practice Nurses
- Out-of-hours Services

Emergency Role
Primary care and community health services may be required to:
- Manage patient discharges from Receiving Hospitals
- Establish close liaison with Social Services, other Local Authority departments and other agencies to meet the needs of people affected
- Provide arrangements for social and psychological support
- Ensure that the health needs of people at survivor reception centres and rest centres have effective access to health care and support
- Recognise signs and symptoms of patients referring to surgeries who have been exposed to chemical/biological or other agents
- Deal with a large influx of patients at the surgery needing healthcare advice or re-assurance following exposure to hazardous materials
- Provide support to overwhelmed acute hospitals
- Provide healthcare support for people who have been evacuated from their homes into rest centres
- Provide support to mass vaccination and treatment programmes
- Assistance in the administration of vaccines or emergency antidotes

**Community Nursing**
Contact details for community nursing teams during operating periods are available via Brecon Reception.

**General Practitioner Services**
General Practitioner Services will be the natural focus of health care in the community in the aftermath of an emergency. They will be expected to maintain accurate records of patient/Doctor contacts relating to the emergency and may be called upon to:

- Provide routine medical services [including at rest centres] if requested to do so
- Deal with minor consequences, such as eye irritations, in their surgery / health centre, if requested to do so
- Be alert to the signs of post-traumatic stress in casualties and their families ensuring access to counselling / mental health services
- Assist Public Health Wales in the identification of patients who have or may have been exposed in a chemical / biological incident and facilitate appropriate sampling.
- Provide additional medical support to acute hospitals in an escalating emergency necessitating the drafting of extra medical help; PThB will arrange for General Practitioner support after liaison with the Medical Director of the Receiving Hospital.
The Royal College of General Practitioners believes that General Practitioners have a professional responsibility to take what action they can take in contributing to the emergency response whilst continuing to provide general medical care to the Community within the limited conditions imposed by the incident. Where General Practitioner services are utilised as a result of an emergency PtHB will compensate General Practitioner Services in accordance with the conditions specified in the General Medical Services contract.

Out of hours services
Out of hours primary care services [SHROPDOC] may be called upon to support an emergency. They will be expected to maintain accurate records of patient / doctor contacts and calls, and may be called upon to:

- Mobilise General Practitioners to support the emergency
- Assist the acute hospital in the management of casualties

7.8 LIAISING WITH THE MEDIA
Emergencies may generate huge media interest on a National, and even an International scale. Both professional media and members of the public have a great appetite for information and it is important to handle this appropriately. Media handling is an integral part of emergency planning arrangements because:

- Without appropriate procedures in place, large volumes of media enquiries have the potential to reduce the effectiveness of the responding agencies. By having an efficient media team, responding agencies can concentrate on their core business of responding to the incident.

- The media are the main, sometimes only, source of information for the public in an emergency. In the early stage, this will include the families of those involved. By issuing regular updates to the media, the number of direct enquiries can be reduced.

Social Media
The advent of Social Media (Facebook, Twitter etc.) means that we can put messages directly into the public domain without the time delay of going through professional media and without the editorial bias that they can put onto our messages. Managing Social Media requires a careful balance between not being involved enough and allowing it to take up too much time.

Co-ordination of the Media Response
The Local Resilience Forum Media Cell will usually take the lead in joint-agency co-ordination of media information. Liaison must occur between the nominated Communications Lead and other agencies to agree media involvement and press statements. PtHB and Public Health Wales [if involved] will need to give proactive advice, for example in the case of chemical incident, or may be asked for comments by the media.

On occasions when Emergencies are ongoing, without the Strategic Coordination [Gold] Group being established, the police will be responsible for co-ordinating joint press releases.
7.9 PSYCHOLOGICAL SUPPORT
Staff who have been involved in a major incident may require support and counselling. PtHB is responsible for providing social and psychological support in conjunction with Social Services in the event of a major incident. PtHB will work with General Practitioners, other Health Boards, Social Services and Mental Health providers to ensure that individuals have access to appropriate short and long term support. Debriefing is a core component of a major incident response and provides a helpful means of coping with feelings and concerns.

7.10 VERY IMPORTANT PEOPLE (VIP)
The Chairman should be notified immediately, if intelligence becomes available to notify PtHB of any VIP who may be or has the potential to be present in Powys during the incident.

7.11 VULNERABLE PEOPLE
In partnership with the local authority, PtHB may be asked to identify members of the public who are vulnerable or who may become vulnerable due to the nature of the incident. Increased support in the community would be arranged through provider services. Examples of vulnerable people are:

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

Further Planning Advice can be found in the Cabinet Office “Identifying People Who are Vulnerable in a Crisis” guidance for emergency planners and responders. A copy of the guidance is available via the intranet site and in the Major Incident Cupboard (Basil Webb).

7.12 STAFF WELFARE
Those managing the PtHB response must ensure that staff have adequate refreshment breaks and do not work excessive shift periods

All health staff involved in traumatic incidents should have access to information on the symptoms of stress and how to seek help should they need it. There must be internal debriefing of incidents, and staff afforded the opportunity to talk through their experiences with trained counsellors should they feel the need.

7.13 HEALTH AND SAFETY
The Health & Safety at Work Act 1974 places a general duty on employers to ensure, as far as is reasonably practicable, that the health, safety and welfare of their employees is safeguarded. This duty also applies to persons contracted to them and to members of the public. This duty extends to emergency situations placing a responsibility on Health Boards to ensure the health and safety implications of all activities are considered.
7.14 PERSONAL PROTECTIVE EQUIPMENT [PPE]
PtHB staff will not be required to work within the inner cordon at an emergency. Only personnel who are trained and appropriately equipped will be requested to scene of an incident in support of the Welsh Ambulance Service Trust as recommended in the all Wales MERIT (Medical Emergency Response Incident Team) Guidance.

PtHB hospital sites with Minor Injury Units have access to standard precautionary PPE, including FFP3 respirators.

7.15 MILITARY AID TO CIVIL COMMUNITIES ARRANGEMENTS (MACCA)
In the event of a major incident the Welsh Ambulances Service Trust Ambulance Control may request air assets, which includes both civilian and military helicopters, to assist with managing the incident. This will include the conveyance of appropriate patients to hospital and providing transportation for medical teams, if required.

7.16 INFORMATION SHARING
Under the Civil Contingencies Act, Category 1 and 2 responders have a duty to share information with other Category 1 and 2 responders.

In emergencies and major incidents information relating to patients, employees and Health Board assets may be shared with another agency. It is important that this is handled in accordance with appropriate guidelines.

Information sharing guidance to consider
- It is the job of the Data Protection Act 1998 to balance individuals' rights to privacy with legitimate and proportionate use of personal information by organisations.
- During an emergency it is more likely than not that it will be in the interest of the individual data subjects for personal data to be shared.
- When considering the issues and to help get the right decision in an emergency it is acceptable for responders to have in mind some fairly broad-brush and straightforward questions:
  - Is it unfair to the individual to disclose their information?
  - What expectations would they have in the emergency at hand?
  - Am I acting for their benefit and it is in the public interest to share the information?
- These suggested perspectives are not a substitute for decision about fair and lawful processing, whether a Data Protection Act 1998 condition is met or whether a duty of confidentially applies, but they are useful tools in getting the right view.
- The absence of a data sharing agreement should not prevent us from sharing data, particularly when responding to an actual emergency event.
- Always document any decision to share or not to share information.

Key Principles
- Data protection legislation does not prohibit the collection and sharing of personal data – it provides a framework where personal data can be used with confidence that individuals ‘privacy rights are respected’
- Emergency responders’ starting point should be to consider the risk and the potential harm that may arise if they do not share information
Emergency responders should balance the potential damage to the individual (and where appropriate the public interest of keeping the information confidential) against the public interest in sharing the information.

In emergencies, the public interest consideration will generally be more significant than during day-to-day business.

Always check whether the objective can still be achieved by passing less personal data.

Category 1 and 2 responders should be robust in asserting their power to share personal data lawfully in emergency planning, response and recovery situations.

The consent of the data subject is not always a necessary precondition to lawful data sharing.

You should seek advice where you are in doubt – though prepare on the basis that you will need to make a decision without formal advice during an emergency.

‘HM Government – Data protection and sharing: Guidance for emergency planners and responders’ is available in the major incident cupboard.

7.17 VOLUNTARY AID SOCIETIES
The title “Voluntary Aid Society” is taken in this context to mean WRVS, Red Cross, CRUSE, League of Friends and St John’s Ambulance Brigade, all of whom have skills and resources, which may be relevant to the health care and welfare of casualties.

If the incident involves large numbers and/or is likely to be prolonged the Voluntary Aid Societies can provide much valuable support to the PtHB. Voluntary Agencies are coordinated via the Duty Emergency Planning Officer, Powys County Council.

7.18 RELIGIOUS AND CULTURAL SENSITIVITY
The PtHB’s response in an incident must continue to respect the religious, ethnic and cultural background of patients who may present for treatment. Staff should continue to display sensitivity in working with patients and their families in the event of an incident. The Needs of Faith Communities in Major Emergencies. Some Guidelines – Home Office and Cabinet Office 2005, contains culturally specific advice on:

- Diet and fasting
- Medical treatment
- Hospital and rest centre stays
- Dying and death customs
8.0 SPECIFIC THREATS

8.1 ENVIRONMENTAL INCIDENTS
Managing Public Health Risks from Environmental Incidents; Guidance for Wales 2014 should be used when the following definition of an environmental incident (with public health impacts) is met:

“any event (usually acute) in which there is, or could be, public exposure(s) to chemical or other hazardous substances which cause, or have the potential to cause, adverse health impacts”.

Environmental incidents may be the result of accidental or deliberate actions. The guidance describes arrangements by the core organisations (Local Authority, Public Health Wales, Public Health England, Health Board’s, Natural Resources Wales) for managing the public health aspects of environmental incidents in Wales, from those incidents requiring co-ordinated action through an Incident Management Team to those that escalate or are immediately significant requiring a Civil Contingency level co-ordinated response.

N.B. Plans implemented under the Civil Contingencies Act will always take precedence over this guidance.

8.2 CHEMICAL INCIDENTS
A Chemical Incident is considered to be:

“An event leading to acute exposure of two or more individuals to any non radioactive substance resulting in illness or potential toxic threat to health; or where there are two or more individuals suffering from a similar illness which might be due to such an event”.

In the event of a major incident involving chemicals consideration should be given to activate hospital lockdown procedures, to prevent contaminated personnel entering the Hospital building and potentially spreading the contamination.

Acute hospitals Emergency Departments and the Ambulance Service are equipped, and are able to deal with contaminated casualties. All casualties at the scene will be decontaminated by the Welsh Ambulance Service, prior to transfer to hospital.

Both the Ambulance and Fire Services are equipped with mobile decontamination equipment for mass casualty chemical decontamination.

Advice has been given to all PtHB Primary and Community Care facilities in preparing for incidents involving Hazardous Material; this may be necessary for patients self-presenting from the scene that have not been decontaminated by the Ambulance Service.

The principles of the NHS Initial Operational Response (IOR) to a chemical, biological, radiological or nuclear incident will be adopted.
24 Hour Response
Advice must be sought from the On call Public Health Consultant via Ambulance Control Carmarthen.

Once the nature of the chemical incident has been ascertained further advice may be obtained from the 24 hour Chemical Incident Hotline (ChaPD) Tel: 0870 6064444. Fax +44(0) 292041 (24 hour access)

Other Sources of Information/Advice

Chemical Incidents Management Support Unit (CIMSU) Tel: 02920 715278
CIMSU provides support and advice to local authorities and health bodies in the event of an acute chemical related incident and related issues such as contaminated land. CIMSU services include 24 hour advisory and consultancy service on environmental, chemical, medical toxicological, epidemiological and public health aspects of chemical health hazards.

CHEMSAFE Tel: 01235 463060
The ‘Chemsafe’ scheme is operated by the British Chemical Industry and aims to provide accurate information on the nature of spilled chemicals, and practical assistance when required from incidents involving the transportation of dangerous incidents.

National Focus for Chemical Incidents Tel: 0541 545654
The National Focus provides a telephone specialist advice and is available 24/7. It can provide direct specialist advice, usually for incidents of national significance, or will direct callers to the appropriate sources of expertise and advice.

National Poisons Information Service (Wales Unit, Llandough) Tel: 02920 709901
Advice on toxicity of the chemical is available from the National Poisons Information Service.

Water Research Centre Tel: 01491 571531
The Water Research Centre, through its national Centre for Environmental Toxicology offers advice on a wide range of issues concerning the potential effect of chemical contaminants including:

- Contaminants in drinking water
- River water and ground water quality
- Legislation and other standards relating to water quality
- Potential health effects of contaminants
- How to deal with specific incidents

This advice is available to Consultant in Communicable Disease Control Environmental Health Officers, and other organisations with an interest in water quality.

8.3 HAZARDOUS SITES
Control of Major Accident Hazard [COMAH]
Powys has one Lower Tier COMAH establishment

Calor Gas Limited, Old Station Yard, Three Cocks Brecon, LD3 0SD

Powys has a very high pressured natural gas pipeline (part of the National Infrastructure) which runs across the County. The Dyfed Powys Local Resilience Forum WWU Gas Pipeline Plan is available on ‘Resilience Direct’ via the Civil Contingencies Manager/Dyfed Powys Local Resilience Forum Partnership Team.

### 8.4 DEALING WITH RADIOLOGICAL INCIDENTS

In the event of a major incident involving radiation, consideration should be given to activate the Hospital Lockdown procedures, to prevent contaminated personnel entering the Hospital building and potentially spreading the contamination.

Advice has been given to all PtHB Primary and Community Care facilities in preparing for incidents involving Hazardous Material; this may be necessary for patients self-presenting from the scene that have not been decontaminated by the Ambulance Service.

The principles of the NHS Initial Operational Response (IOR) to a chemical, biological, radiological or nuclear incident will be adopted.

The National Health Service does not normally provide the lead in responding to a release of radioactive materials unless occurring on National Health Service premises. The most likely scenarios involving radioactive materials are:

- Accidents during the transport of radioactive materials;
- Incidents involving lost or stolen radioactive material;
- The effects of a nuclear incident.

Roles of different agencies on the occurrence of a radiation incident are as follows, and the Emergency Response Team will make the necessary contact:

#### Radiation Protection Adviser

Current advisors are able to monitor casualties and advise on decontamination requirements. The current advisors are based at Singleton Hospital, Swansea and can be contacted on 01792 205776. Out of hours contact can be made via Singleton Switchboard and request Medical Physics on call.

#### Response Standby

The extent of the response will depend upon the type of incidents and its impact. The response to three types of Incident are summarised below:

Where an Incident may involve the release of radiation the National Arrangements for Incidents involving Radioactivity (NAIR scheme) should be instigated by the Dyfed Powys Police (with assurance of the Fire Service who possess a mobile de-contamination unit).

#### Type 1 – Non-Injured Persons
These incidents are usually reported to the Radiation Protection Adviser at Singleton Hospital. If there is a need for the administration of drugs for treatment of internal contamination, the Ambulance Service should ensure that casualties are conveyed to the Emergency Department, Morriston Hospital, Swansea.

**Type 2 – Injured Persons [e.g. Road Traffic Accident]**
For these types of Incidents, there are two national schemes in place to provide support to the police who will lead any response these are:

- **RADSAFE** – This scheme provides expert assistance to the emergency services following an Incident involving the transport of radioactive material.

- **The National Arrangements for Incidents involving Radioactivity (NAIR)** - This scheme is administered by the National Radiation Protection Board and activated by the Police. In such situations, Physicists would be alerted to attend the scene to provide advice on protection measures and to respond to the Emergency Department receiving contaminated or irradiated casualties, this would usually be Morriston Hospital, Swansea.

**Type 3 – Multiple Person Involved (e.g. Power Station Incident)**
An incident of this magnitude will require a multi-agency response, the involvement of the National Radiation Board, and the Welsh Government. The Welsh Government will establish an Incident Response Team to co-ordinate the health response and provide support to the Police arrangements.

**Reception and Treatment of Casualties**
As soon as severely irradiated casualties have been decontaminated and stabilised, they should, in liaison with the Medical Team and the Radiation Advisor, be transferred to an appropriate facility which is suitably equipped to deal with them.

**Radiation Monitoring for Members of the Public**
The Radiation Protection Advisor may need to establish a temporary Radiation Monitoring Unit (RMU) to carry out health monitoring.

**Radiation Incidents Involving the Military:**
The Ministry of Defence has separate arrangements for dealing with incidents involving the military

- **Nuclear Weapons and their transportation**
  - There are no known Ministry of Defence nuclear sites in the area
  - If nuclear devices are moved by road the Police are informed. In the event of an Incident the Welsh Ambulance Service and the Accident and Emergency department/s at Listed Hospital/s may be involved.

**Contact with the Ministry of Defence**
Public Health Information
Public Health Wales will provide appropriate advice to the Strategic Co-ordination Group who are responsible for coordinating mobile media information.

A Radiation Incident, however small, can cause widespread public anxiety and will require a robust public information and media response by the agencies involved. In such a situation, the Radiation (Emergency Preparedness and Public Information) Regulations 2001 (REPPPIR) will apply.

8.5 MANAGEMENT OF BIOLOGICAL INCIDENTS
Public Health Departments are responsible for preparing and maintaining their plans for the management of incidents of communicable disease including clusters or outbreaks. This excludes incidents of food and water borne infections for which plans are maintained by the Local Authority environmental health departments.

Public Health legislation for the control of communicable disease is vested in Local Authorities;

- Public health (Control of Diseases) Act 1984
- Public Health (Infectious Diseases) Regulations 1986

Public Health Wales has a lead role in managing an outbreak of infectious diseases.

Within PtHB, the Quality and Safety Unit are responsible for Infection Control Policies.

The All Wales Communicable Disease Plan is available on the intranet and a copy is available in the Major Incident Cupboard.

If requested by the Strategic Co-ordination Group (Gold), Public Health Wales will establish and chair a Scientific and Technical Advisory Cell (STAC). Public Health Wales is responsible for appointing members of the STAC. This would not necessarily be a local group but is more likely to be a virtual group or based in Cardiff.

In major biological incidents in which large numbers of people need treatment the Health Board may be under pressure to maintain services. In such situation arrangements will need to be put into place to ensure adequate resources are in place. This may include invoking emergency planning procedures.

Where investigations lead to the suspicion that clusters of a communicable disease may be due to bioterrorism, the Police should be informed, and arrangements for handling deliberate release should be put into place.
8.6 Deliberate Chemical, Biological, Radiological and Nuclear (CBRN) Incidents
In a deliberate terrorist release, the police will establish a Strategic Coordination Group. The Dyfed Powys Local Resilience Forum *CBRN Plan* is in place for this type of incident.

**ANTIDOTES AND SPECIALIST SERVICES**

Specialist Hospitals:
- Royal Liverpool Hospital, Prescott Street, Liverpool, L7 8XP, 0151 7062000
- Royal Marsden Hospital, Fulham Road, London, SW3 6JJ, 02073528171

8.7 ACTIVATION OF HEALTH COUNTERMEASURES STOCKPILE
The Welsh Government, in conjunction with DOH and other UK Health Departments, has established a UK stockpile of equipment, antibiotics, antidotes, vaccines and other health countermeasures for use in the event of a deliberate attack resulting in release of chemical, biological, radioactive or nuclear materials.

The Welsh Government has issued guidance on the national stockpile to Health Boards. A copy of the plan can be located in the Major Incident Cupboard (Basil Webb). The decision to deploy equipment or items will normally be made by the Ambulance Service. Contact the AMBULANCE SERVICE EMERGENCY CONTROL ROOM TEL 01267 222555

A local protocol to support this arrangement is under development.

9.0 LARGE SCALE EMERGENCIES
This issue deals with events involving large numbers of casualties or fatalities at a level above that considered to be a "normal" emergencies. The Pan Wales Response Plan provides a strategic management structure for such incidents to be in a position to respond to and support Health Boards to maintain the resilience of health services. Contact will be made through the Health Emergency Planning Advisor.

9.1 Role of Teaching Health Board
The role for PtHB in such a scenario would be to:-

- Provide for decanted patients moved from DGHs in order that care could be provided for acutely ill patients.
- Provide care for "walking wounded" and self-referrals.
- To assist in the provision of large scale vaccination programmes. Access to vaccines and antidotes will be made via the Welsh Ambulance Service Trust. Powys County Council have approved the use of leisure centres as both rest centre and for mass vaccination
- Support large-scale mortuary facilities as described at page 19

9.2 Humanitarian Assistant Centres/Rest Centres
Certain major incidents may result in significant numbers of displaced people seeking support and intervention from the statutory and voluntary sectors. The Local Authorities have been charged with providing both reception/rest centres and humanitarian ones, which require input from a health service perspective.

The Rest or Reception Centres differ in that they tend to be focused around providing shelter and accommodation during the acute phase of the emergency, health will once again need to provide affected are being met. Therefore District Nurses and GP’s will normally be the most appropriate level of response. These centre’s are activated through the Duty Emergency Planning Officer via the County’s 24 Hour Duty Room on 08450 544847.

The 24 Hour Duty Room also holds the Key Holder Lists and Contact Details for other Council Properties such as Schools, Day Centres etc.

All requests for Council Services, Out-of-Hours, including all Departmental Duty Officers are activated via this facility.

- Large-scale mortuary facilities will be installed on the Royal Welsh Showground and at Sennybridge Army Camp. PtHB may be required to support the facilities by the provision of surgical supplies.
- Under certain scenarios, military assistance may be required. This will be accessed via the Council’s Emergency Planning Officer, or in exceptional instances via the access number in the telephone index
<table>
<thead>
<tr>
<th>Major Incident Stand-By</th>
<th>□</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Incident Declared</td>
<td>□</td>
</tr>
</tbody>
</table>

**Identity of Caller**
i.e. Agency

**Tel No.**

**Name of Caller**

**Job Title**

**Time of Call**

**Nature of incident (e.g. road, rail, air, chemical, explosion, fire etc)**

**Location of incident**

**Potential issues/hazards**

**Casualties involved?**

<table>
<thead>
<tr>
<th>Estimated No’s</th>
<th>Type of injuries</th>
</tr>
</thead>
</table>

**Is the receiving hospital (if any) known?**

**Are Minor Injuries being directed to Powys MIU/“Supporting” Hospitals? Please select**

- Brecon
- Welshpool
- Llandrindod Wells

<table>
<thead>
<tr>
<th>Estimated No’s</th>
</tr>
</thead>
</table>

**Any other information?**

**Who else has the caller notified?**

**Authenticity verified by ringing caller back**

- Yes [ ]
- No [ ]

**Signature**

**Date**

---

**ACTION SHEET 1: On-Call Director**
RECORD KEEPING: It is essential that from the moment that a major incident is declared that a full timed record is kept of communications and actions taken; include as full a note as possible of reasoning behind actions taken. This information will be absolutely necessary in any subsequent investigation. A log sheet is shown on page 50.

**MAJOR INCIDENT ALERT – ‘Standby’ or ‘Declared’**
(Received from Ambulance Control or Other)

On receipt of the notification the on-call Director/Director in Charge should:

### Actions: Major Incident Standby

The on-call Director should:

- Contact the CEO (or deputy) to agree representation at the Strategic Coordination Centre if required and place on standby
- Agree with CEO any further action required for example to place the Emergency Response Team (ERT) &/or Health Emergency Control Centre (HECC) on standby, the requirement for further liaison with other services, to initiate internal communication cascade to notify of standby alert.

### Actions: Major Incident Declared

The on-call Director should:

- Contact the CEO or the nominated deputy
- Agree representation at Strategic Coordination Group (Multi-agency Gold).
- Agree if the ERT will be convened and if the HECC should be placed on standby or activated.
- Liaise with other Directors, and support staff to convene a ERT if required, and set up the HECC if activated. *Depending on the nature of the incident the ERT could hold a “virtual” meeting via audio/video conferencing facilities if available.
- The On-Call Director will be required to implement some if not all of the following actions:-
  - Ensure all hospitals, community and primary care providers are alerted to the incident and the status of PThB emergency response.
  - Activate the site specific “Supporting Hospital” major incident plans if appropriate, through the hospital supporting hospital switchboard numbers.
  - Inform the Department of Health and Social Services, Welsh Government that PThB is responding to an emergency, providing contact details.
  - Liaise with Public Health Wales as a source of expert advice and to forward information as requested.
Alert other neighbouring Health Boards, NHS Trusts, the Local Authority and any other organisations that PtHB is responding to the incident and provide relevant contact numbers.

- The On-Call Director will brief other members of the ERT, if established and retain control of the incident/ERT until such a time when a subsequent nominated member of the Executive Management Team takes over control of the response.

The on-Call Director/Chair of the ERT will:

- Commence a log of all actions and decisions made
- Lead the PtHB tactical response to the incident and manage the Emergency Response Team from the Health Emergency Control Centre (HECC) if activated.
- Designate the following:-
  - A Loggist to record all actions and decisions
  - A Communications Lead
- Set objectives
- Ensure that the CEO/nominated Strategic (Gold) Commander is fully briefed
- Be the main point of contact from the organisation with the SCG and the communications lead.
- Continually assess the impact of the event on local community and healthcare services including General Practitioners
- Take tactical decisions, for example in relation to when plans should be activated, establish a programme of works and when plans should be stood down.
- Assess the health service resource requirements, prioritise activities during times of pressure and ensure that the capacity and resources required are made available.
- Assess the likely duration of the event and plan to husband resources to meet the timescale ensuring that staff involved in the incident have adequate periods of rest
- Ensure that contemporaneous notes of all communications, decisions and actions are recorded and kept
- Work with the Hospital Coordination Teams at supporting hospital sites (if activated) to maintain an awareness of current pressures on operational activity:
- Liaise with Local Authority to ensure that consideration is given to mobilising PtHB resources to LA centres such as rest centres
- Maintain regular communication and provide regular briefings with Welsh Government
• Ensure that Health and Safety considerations of the public and personnel. Decide when the need for the PtHB emergency response is over, arrange to inform staff and other organisations of the stand-down appropriately.

• Oversee the management of the recovery phase.

**MAJOR INCIDENT COMMUNICATIONS CASCADE LIST**

This communications cascade list has been drawn up in line to be used in conjunction with the supporting action card for the On-call Director. The list is not exhaustive and contains contact numbers for members of the Executive Team/other agencies that have been referenced within the action card for the On-call Director to contact during the initial stage of an incident.

The full contact list can be found in the Emergency Contacts Directory.

<table>
<thead>
<tr>
<th>Name/Organisation</th>
<th>Number/Numbers</th>
<th>Required Y/N</th>
<th>Time called &amp; response Y/N</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Once you have been informed that the Strategic Coordination Group (SCG) is being set up:

**Action Sheet 2: Powys tHB Strategic (Gold) Representative**
- Gather as much information about the incident that is available
- Proceed to the SCC, this may be either in person (Police HQ Carmarthen SA31 2PF) or via audio or video conferencing depending on the nature of the incident and time of first SCG meeting.
- Make sure you have your on call pack, ID badge, laptop and mobile phone with you.
- Determine if Gold Support or loggists support is required at the Strategic Coordination Centre (SCC) and request support. *The SCG will keep a log of decisions made in the SCG meeting however it is recommended that you ensure that a log of all your actions, justification for those actions, and telephone calls are logged.

**Your role will be to:**

- Formulate overall strategic policy on behalf of PtHB.
- Authorise the mobilization of resources on behalf of PtHB.
- Prioritise the demands and allocate personnel and resources to meet requirements
- Source extra, longer term, resources
- Formulate and implement media-handling and public communication plans
- Direct planning and operations beyond the immediate response in order to facilitate the recovery process.

**N. B:** There may be some circumstances where the incident takes place in Powys but largely impacts on a Health Board outside of Dyfed Powys Police Local Resilience Forum area. In this scenario, the on-call Director should contact the Gold level commander of the Health Board/NHS Trust:

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

---

**Action Card 3: Communications Lead**

**The Communication Lead in an incident:**
Single agency incidents

During an incident only involving PtHB, the Communications Lead must establish contact with the on-call Director/Chair of the Emergency Response Team (ERT).

They will need to ensure that they are fully briefed on the incident and able to plan media activity accordingly.

They will advise the on-call Director/Chair of the ERT of appropriate media activity; when to issue information to the media, either proactively or reactively.

All media activity should be approved by the on-call Director/Chair of the ERT of the incident before being issued. As a courtesy, the communications teams in other agencies may need contacting to ensure that they are aware of the incident and the steps being taken. These may include:

- Other Health Boards
- Police
- Local Authority
- Welsh Government
- Welsh NHS Confederation

Multi agency incidents

During a major incident involving multiple agencies, a single communications group will be established to manage the media. It is most likely that the lead for this will be either the Police or Local Authority. Therefore PtHB Communications Lead should link into this group and support it, ensuring any media enquiries that come direct to PtHB are routed through the communications group and that the group approves any local media released.

It may be necessary for PtHB Communications Lead to relocate to the HECC if established or at the Police Media Cell within the SCC, dependent on the incident.

The PtHB Communications Lead should establish contact with the communications group and liaise through it to ensure that local management are aware of media activity planned.

The PtHB Communications Lead should also establish contact with the PtHB on-call Director/Chair of the ERT to advise them to ensure that they are aware of any communication issues and support the media on behalf of Powys teaching Health Board

PtHB Communications Lead must remain fully informed by PtHB on-call Director/Chair of the ERT to ensure correct information is available to colleagues and any media releases are correct.

Role of Communications

The role of Communications during an incident include

i. Ensure that consistent messages are sent out from the NHS.
ii. Offer and or seek mutual communicaitions support to/from other agencies
Seek to collaborate with the media, in order to:

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

If at the Police Media Cell, the Communications lead will work in accordance with SCG Warning and Informing policy and will:

i. Establish contact with the press officer from the lead agency (usually police)
ii. Make statements only on behalf of Powys teaching Health Board
iii. Where practicable and relevant, consult with the lead agency press officer prior to issuing news releases or making statements
iv. Keep the lead agency press officer and any other relevant press officers informed of any other statements made to the media, providing a written record where possible. (Ideally, each agency should provide other agencies promptly with copies of any news releases issued)
vii. Brief colleagues in the Welsh Government ECC(W) on the need to co-ordinate the media response on the lines mentioned above
viii. Keep a log of media contacts.

Action Sheet 4: SETTING UP EMERGENCY CONTROL CENTRE
If you are the first person arriving at the Health Emergency Control Centre you will be responsible for opening and setting up the room in preparation for the Emergency Response Team.

The Health Emergency Control Centre is located in the meeting room in Basil Webb, Bronlllys Hospital. A large grey “Major Incident Cupboard” is situated in a corner of this room. The Major Incident Cupboard contains a number of key items that are required in a Major Incident.

**Access to the Health Emergency Control Centre**

Basil Webb can be accessed from 0830hr-1700hrs, Monday to Friday; keys to access the HECC and the Major Incident Cupboard are held in the Key Cupboards in Corporate Services Admin Office (MAN 01 00 0034) or on Llewellyn Ward, Bronlllys Hospital.

**Layout**

Detailed information on room layout required during an incident is shown on page 49 and can also be found in the Major Incident Cupboard.

The Major Incident Telephone located in the Major Incident Cupboard should be set up immediately.
Figure 2: Layout of the Health Emergency Control Room (Basil Webb)

- Smart Board with Projector
- Video Conferencing
- Satellite TV
- Major Incident Cupboard
- Major Incident Phone line
- Wi-Fi Available
- Table to view maps etc
ACTION CARD 5: INCIDENT LOGGIST

The incident log is a legal document and will be used in evidence in a public enquiry or other court proceedings following a Major Incident.

The incident loggist will attend the designated Health Emergency Control Centre (HECC) at Basil Webb, Bronllys Hospital and sign in. If a different location is required you will be told on notification.

Ensure all staff in the HECC synchronise their watches with the HECC clock and that the clock is correct.

Establish the HECC Log if not already so, ensuring that log books are clearly marked for the incident they are being used for. These can be found in the Major Incident Cupboard.

Work with the Chair of the HECC to ensure that there is logging of all significant information, developments and requests taken during the incident.

Maintain a written contemporaneous record of issues, decisions and actions, ensuring that the Emergency Response Team Chair responsible for the log signs it at the end of the incident.

Make a record of all communications and any critical data throughout the incident.

Clarify with the Chair of the HECC any information that is not clear or ambiguous in any way as you go along.

Date, time and initial all entries into the log and at the end of your period of duty.

Post incident ensure that all log books are handed to the Civil Contingencies Manager.
## INCIDENT LOG RECORD SHEET

<table>
<thead>
<tr>
<th>Date:</th>
<th>Incident:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Role being carried out:</th>
<th>Name of Person undertaking role:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time</th>
<th>Message/Decision/Action</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
