London Ambulance Service

NHS Trust

Major Incident Plan

Emergency Preparedness Unit

18-20 Pocock Street

London SE1 OBW

"Preparing the LAS for incident response"

CONTENTS

Introduction **Page 4**

1. Definition and responsibilities **Page 5**

Operational Objectives
Definition of a Major incident
Declaration of Major incident
Responsibilities of the other Emergency Services

2. Actions by first at the scene **Page 7**

Major incident Action Cards
Structured Approach to Major incident Management
Communications Failure
First Ambulance or response – driver
First Ambulance or response – attendant or single person response
Second Ambulance crew or responder attendance
Subsequent Ambulance crew or responder attendance
Other considerations

3. Emergency Operations Centre **Page 11**

Introduction
Pre-Determined Attendance
Initial actions of Emergency Operations Centre
Ongoing actions of Emergency Operations Centre
Closure actions of Emergency Operations Centre
ICR
Silver Control
Paging
Communications
Inter Service Communications

4. Command **Page 17**

Command structure
Gold Command
Silver Command
Bronze Command
Hazardous Area Response Team (HART)
Additional LAS CBRN command structure
Logistics Department
Co-ordinating meetings – overview
Gold co-ordinating meetings
Silver co-ordinating meetings

5. Hospitals and the NHS **Page 24**

Hospital Alerting Procedures
Major incident – standby
Major incident declared – activate plan
Major incident – cancelled
Major incident - scene evacuation complete
Hospital teams Medical Emergency Response Incident Team (MERIT)
The wider NHS
Helicopter Emergency Medical Service
Medical Incident Officer Pool

6. Casualty management **Page 27**
Uninjured, evacuees
Principles of triage
Triage sieve
Triage sort
Expectant category
Casualty clearing station and ambulance loading point
Blue calls and status reporting
Arrival at hospital
Labelling and documentation
Use of buses and coaches
Urgent Care Service (UCS) and Patient Transport Service (PTS)

7. Management of the media **Page 31**
Introduction
Initial Actions
Media Handling at Headquarters
Media Handling at Scene
Joint Agency Working
Casualty Figures
Post Incident
Media Spokesperson

8. Voluntary Organisations **Page 33**
Use of resources

9. Post Incident activities **Page 34**
Operational activities
Debriefing
Post Traumatic activities
LINC Scheme
TRiM
Recovery from Major incident
Occupational Health Service

Appendix 1 – Incident site diagram **Page 36**

Appendix 2 – Bronze and Silver responsibility sectors **Page 37**

Glossary of Terms **Page 38**

London Ambulance Service NHS
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Major Incident Plan

Introduction

This Plan outlines the operational arrangements undertaken by the London Ambulance Service NHS Trust (LAS) at the time of a major incident or emergency as defined in the Civil Contingencies Act 2004 (CCA) The London Ambulance Service along with its partners, fire, police and local authorities is a Category 1 responder as defined by the CCA. This plan has been written in conjunction with all our partner agencies in the capital. It follows the format of the London Emergency Services Liaison Panel (LESLP). This plan also takes into account risk assessments completed by the Local Resilience Forums (LRFs) in our operational area.

This document is to be read in conjunction with the LAS Business Continuity Plan.

Two further documents that need to be read in conjunction with this plan are: the Special Contingencies Plan and the Catastrophic Incident Plan.

It is the nature of major incidents or emergencies that they are unpredictable and each will present a unique set of challenges. The LAS forms part of the National Health Service (NHS) response to such incidents. It is principally geared to the immediate medical needs of those involved and their subsequent transportation to appropriate treatment centres.

All LAS staff must familiarise themselves with the contents of this plan. The plan is supported by action cards and contingency plans.

Aim

1. To ensure that we treat those involved as individuals and in the enormity of the situation ensure that we do not lose sight of the needs of individual patients.

2. To ensure an effective and co-ordinated response to an incident.

3. To ensure all staff have an understanding of their role in a major incident.

4. To describe an effective command structure.

5. To ensure that the LAS responds as part of the NHS team.

References

Civil Contingencies Act 2004
Planning for Major incidents – The NHS Guidance
Department of Health- Handling Major incidents: An Operational Doctrine, 2005
Major Incident Medical Management and Support Manual, 2nd edition
London Emergency Service Liaison Panel Major Incident Procedure Manual 7th edition
IHCD Ambulance Service Basic Training Manual
ASA Operational Arrangements for Civil Emergencies
Guide to Safety at Sports Grounds
The Event Safety Guide, second edition

Peter Bradley CBE

Chief Ambulance Officer

1. DEFINITION & RESPONSIBILITIES

1.1 Operational Objectives

- to save life together with the other emergency services;
- to provide treatment, stabilisation and care of those injured at the scene;
- to treat those involved as individuals and respond to their needs as such;
- to provide appropriate transport, medical staff, equipment and resources;
- to establish an effective triage sieve and triage sort system to determine the priority evacuation needs of those injured and to establish a safe location for casualty clearing i.e. triage sort area;
- to provide a focal point at the incident for all National Health Service (NHS) and other medical resources;
- to provide communication facilities for NHS resources at the scene, with direct radio links to hospitals, control facilities and any other agency as required;
- to nominate and alert the receiving hospitals from the official list of hospitals to receive those injured;
- to arrange the most appropriate means of transporting those injured to the receiving and specialist hospitals;
- to maintain emergency cover throughout the LAS area and return to a state of normality at the earliest time;
- to act as a portal into the wider health services including the Health Protection Agency;

1.2 Definition of a Major incident

In health service terms, a major incident is any event whose impact cannot be handled within routine service arrangements.

In LESLP terms, a major incident is any emergency that requires the implementation of special arrangements by one or all of the emergency services and will generally include the involvement, either directly or indirectly, of large numbers of people.

In Civil Contingencies Act 2004 (CCA) terms, "Emergency" is an event or situation which threatens serious damage to human welfare in a place in the UK, the environment of a place in the UK or war or terrorism which threatens serious damage to the security of the UK.

1.3 Declaration of a major incident

A major incident can be declared by any member of the emergency services; however if one individual service declares a major incident which is not a major incident to the others, then the others will respond appropriately in support. In this case there is no need for the other services to declare a major incident.

1.4 Responsibilities of the other Emergency Services

Procedures and arrangements for effective co-ordination at the scene of a major incident can be found in the London Emergency Services Liaison Panel (LESLP) Major Incident Procedure Manual 7th edition. The responsibilities for the other emergency services are as follows:

Police

- the saving of life together with the other emergency services;
- the co-ordination of the emergency services, local authorities and other organisations acting in support at the scene of the incident;
- to secure, protect and preserve the scene and to control sightseers and traffic through the use of cordons;
- the investigation of the incident and obtaining and securing of evidence in conjunction with other investigative bodies where applicable;
- the collection and distribution of casualty information;
- the identification of the dead on behalf of Her Majesty's (HM) Coroner;
- the prevention of crime;
- family liaison; and short-term measures to restore normality

Fire Brigade

- life-saving through search and rescue;
- fire fighting and fire prevention;
- rendering humanitarian services;
- management of hazardous materials and protecting the environment;
- provision of qualified scientific advice in relation to HAZMAT incidents via scientific advisors;
- salvage and damage control;
- safety management within the inner cordon;

2. ACTIONS BY FIRST AT THE SCENE

2.1 Major incident action cards

All LAS staff have a responsibility to ensure that they make themselves aware of the LAS procedures listed in the LAS major incident action cards. The cards have been designed to assist all staff at the incident. **These cards must be carried by all staff.**

All ambulance responders who could be activated to the scene of a potential major incident should refresh themselves of the required procedures by reading through the LAS major incident action cards on a regular basis.

2.2 Structured approach to major incident management

The first response will be put under a considerable amount of pressure, so it is important that staff remain focused and follow structured procedures. Staff should not deal with casualties in the first instance; they should carry out first on scene action points.

It is important to stress that incident management should remain flexible allowing local freedom to adapt and develop responses in an uncertain and complex environment.

Staff should use the 'CSCATTT' mnemonic to remind them of the structured approach to major incident management.

C – Command
Appoint an Ambulance Incident Officer (AIO), Triage Officer and Parking Officer as quickly as possible

S – Safety A, B, C
a. Ensure the safety of yourself don personal protective equipment (PPE), b. safety of the scene (using cordons/cordon tape) and c. the survivors (remove to place of safety)

C – Communications
Instigate communications including control vehicles, radios etc

A – Assessment
Carry out an assessment of the incident – requesting your required resources through a CHALET(S)/METHANE report to EOC

T – Triage
Instigate the triage system as soon as possible

T – Treatment
Commence extended treatment of patients as soon as the triage sieve is complete

T – Transportation
Consider the capability, availability and suitability of types of transport

2.3 Communications Failures

In the event of a communications failure scene commanders should plan to communicate by other means. Motorcycle Response Units and Cycle Response Units should be utilised to pass messages. These facilities should be prepared as a matter of course and good communications should be treated as a bonus.

2.4 First ambulance or response - driver

On arrival at the scene, the driver of the first ambulance or response will assume the role of Silver Control and will adopt the following procedures:

- Park as near to the scene as safety permits.
- Don high visibility clothing and safety helmet (take a short time to reflect on the situation).
- Leave blue lights on to signify control point until relieved.
- Provide EOC with an initial visual report, confirming attendance of other emergency services (see CHALETS/METHANE).
- Do not leave vehicle, and where possible maintain a communications link between your attendant and EOC.
- On arrival of additional resources, designate Bronze Parking and Bronze Triage roles.
- Hold all staff at first ambulance until briefed by Silver Medic (your attendant).
- Ensure that all arriving staff are wearing high visibility clothing, safety helmets and bring their triage packs to the control point (first ambulance).

2.5 First ambulance or response – attendant or single person response

On arrival at the scene, the attendant or single person will assume the role of the AIO (Silver Medic); they will adopt the following procedures:

- Don high visibility clothing and safety helmet.
- If incident is at a Section 12 LUL station (as per list issued to all frontline vehicles), collect hand portable radios (supplied for LAS staff in the event of an incident) from LUL Station Office for use underground.
- Carry out reconnaissance of the incident site and report back to EOC (see CHALETS/METHANE).
- Declare a 'major incident' based on the criteria in the definition.

PROVIDE YOUR CALLSIGN STATE "MAJOR INCIDENT DECLARED" AWAIT CONFIRMATION FROM EOC THAT THE MESSAGE IS RECEIVED FULL CHALETS/METHANE REPORT SHOULD FOLLOW ASAP

- Think Command and Control - designate appropriate roles as per Major Incident Action cards "Doubling up" of some positions may be necessary in the initial stages of the incident.

- To assist personnel to provide the detailed report the following mnemonics **"CHALET(S)/METHANE"** have been devised, i.e.:

C	**Casualties** - Approximate numbers of casualties - dead, injured and uninjured
H	**Hazards** - Present and potential
A	**Access** - Best access routes for emergency vehicles and suitable provisional rendezvous points (RVPs)
L	**Location** - The exact location of the incident, using map references if possible
E	**Emergency** - Emergency Services present and required including local authorities. Consider medical team(s). Special equipment and services i.e. Helicopter Emergency Medical Service(HEMS), British Association of Immediate Care Schemes(BASICS), Emergency Control Vehicle(ECV), Emergency Support Vehicle(ESV) Request number of LAS resources required
T	**Type** - The type of incident with brief details of types and numbers of vehicles, trains, buildings, aircraft etc
S	**Safety** - Safety of all personnel is paramount

M	Major Incident declared; (or hospitals to standby)
E	Exact location of the incident, with map reference if possible
T	The type of incident with brief details of types and numbers of vehicles, trains, building, aircraft etc
H	Hazards present and potential
A	Access routes and suitable provisional rendezvous points (RVPs)
N	Approximate numbers of priority 1, 2 and 3 patients, dead and uninjured
E	Emergency services present and required including local authorities, Consider Medical Team(s). Special equipment and services i.e. HEMS, Emergency Planning Advisor, BASICS, ECV, ESV Request number of LAS resources required

In liaison with the other Emergency Services identify and establish:

- Access and egress routes to and from the incident site
- Ambulance casualty clearing/triage point(s)
- Ambulance control point
- Ambulance parking point
- Ambulance loading point(s)

Consider potential hazards when designating the above.

The first crew on scene should not attempt to rescue or treat casualties until relieved of their initial "First on Scene" roles by Ambulance Officers.

2.6 Second ambulance crew or responder attendance

On arrival at the scene, the second crew will adopt the following procedures:

- Park as near to the scene as safety permits.
- Don high visibility clothing and safety helmet (take a short time to reflect on the situation).
- Switch off all blue lights.
- Keys to remain with vehicle, radio sets to be turned to low volume and driver's window left open.
- Be prepared to take a command role in the initial stages of the incident. You may be designated Bronze Parking and Bronze Triage.
- Obtain a briefing from Silver Medic.
- Do not attempt to rescue or treat casualties until relieved by Ambulance Officers.

2.7 Subsequent ambulance crew or responder attendance

On arrival at the scene, subsequent crews will adopt the following procedures:

- Be prepared to take a command role in the initial stages of the incident.
- Proceed as instructed by EOC, normally to the parking point.
- Report arrival to EOC on R/T.
- Report arrival to Bronze Parking if designated, if not report to Ambulance Control Point indicated by its blue lights flashing.
- Switch off all blue lights.
- Keys to remain with vehicle, radio sets to be turned to low volume and driver's window left open.
- Don high visibility jackets and safety helmets.
- Take triage pack and primary response equipment to required location.
- As directed, carry out casualty triage sieve, labelling, management and movement.
- Consider using the extra major incident dressings packs (provided at all major transport hubs).

2.8 Other considerations

Staff should be aware that there are contingency plans for specific sites throughout London. These plans are carried on all vehicles and are available to staff prior to attending an incident. In addition, all staff are issued with major incident action cards to remind them of their role on arrival. Staff should make themselves familiar with their contents.

In order to provide sufficient initial equipment for the treatment of patients prior to the arrival of an Emergency Support Vehicle (ESV) it may be appropriate for crews to strip the first and second ambulances of their equipment. Sector based training officers can be deployed to hospitals with some (limited) extra equipment to aid in the replenishment of vehicles.

Any ambulance crew that conveys a patient MUST advise Silver Control (ECV) or EOC (or Ambulance Loading officer if in position) of the following information:

- casualty numbers
- patient classification: priority 1, priority 2, priority 3
- approximate age

It should be noted that during a major incident there is no requirement for blue calls – the use of priority 1 will suffice. Bronze Loading will advise crew staff of the receiving hospital before leaving scene.

Within the assessment for required resources at the scene of the incident it may be appropriate to commandeer a coach or single decker bus. Where possible staff should request buses/coaches via EOC.

3. Emergency Operations Centre (EOC)

3.1 Introduction

EOC is an integral part of any major incident management system. The initial call will be received at the EOC who will despatch LAS resources. The early identification of serious incidents or potential major incidents is of paramount importance.

3.1(a) Pre-determined attendance (PDA)

There is a pre-determined response for explosions on the transport network, train crashes and airport incidents, or incidents where the number or type of casualties threatens to overwhelm the service.

On receipt of such a call EOC will immediately dispatch six ambulances and six officers. Consideration will also be given to the deployment of an emergency support vehicle (ESV), command unit with forward control team (FCT), and/or emergency control vehicle (ECV). This response will be deployed upon identification of the incident or incidents, without waiting for reports from the scene.

The pre-determined attendance for a declared major incident consists of 20 ambulances, 10 officers, all available ESVs, an ECV, a command unit with FCT, and a doctor. Ambulance liaison officers and hospital liaison officers should also be deployed to the appropriate hospitals.

3.1(b) Initial actions of EOC

The senior officer on duty will assume overall responsibility for the EOC response to a major incident and ensure that the following initial actions have been taken, not necessarily in the sequence detailed:

- Dispatch **pre-determined attendance (**PDA) of ambulances and officers, ESVs, EPA, nearest DSOV and nearest DOV.
- Ensure that a log of all messages and actions has been commenced.
- Commence a Vehicle Movement Form to record resource movements.
- Ensure that a CHALETS/METHANE report has been requested and received from the first resource on scene and that the crew are told to carry out the procedure listed on their Major Incident Action Cards.
- Move into the Incident Control Room (ICR) as soon as possible, don tabards designating roles.
- Dispatch a Forward Control Team (FCT) to the incident with major incident radio pool.
- Commence paging instruction for all managers as appropriate.
- If the incident is on the underground then consideration should be given to dispatching resources to the next stations either side of the incident where casualties may evacuate from.
- All underground incidents will be responded to using the LUL identification codes to ensure the correct entrance is attended.
- Ensure the on-call radio engineer sets-up at least two dynamic radio channels to be used by all vehicles responding to the incident. Instruct all resources deployed to the incident to switch their radios to the designated channels.

- Check existence of relevant locality information and contingency plans for the location of

the incident.

- Ensure the appropriate officer(s) proceed to the scene(s) to act as the AIO(s).
- Inform the Police service and Fire Brigade.
- In consultation with the AIO, dispatch or alert specialist resources.
- Consider dispatching the ECV if the reports received indicate that the incident will require additional communications such as a leaky feeder, continue for a long period of time or it is a large scale incident.
- Notify appropriate hospital(s).
- Nominate a Medical Incident Officer and instruct him/her to report to the AIO. If Medical Emergency Response Incident Team (MERIT) is required by the AIO, notify the appropriate hospital listed to supply a team.
- Inform the on call LAS Communications Officer.
- Dispatch PTS vehicles, to the scene for early evacuation of walking casualties. Silver may wish to consider the use of TFL buses.
- Inform EBS, giving names of the receiving hospital(s).

3.1(c) Ongoing actions of EOC

- Update the Police, as appropriate, giving the names of receiving hospitals.
- Dispatch officers if necessary to fulfil all the key roles at the scene and at the receiving hospital(s).
- Mobilise the required resources for the incident.
- Maintain liaison with Gold Command Suite.
- Notify the Resource Centres requesting them to retain personnel who volunteer their attendance. Ask Resource Centres to tell staff not to self respond.
- Update receiving hospitals and EBS of relevant scene reports, obtaining revised patient intake numbers.
- Notify appropriate fleet managers and workshop supervisors to facilitate the operation of vehicles during long term incidents.
- Give regular comprehensive briefings to the gold meetings.

3.1(d) Closure actions of EOC

- Give "scene evacuation complete" messages at the appropriate time to all participating hospitals. These messages should include known/expected number of patients still en route
- Inform other agencies of London Ambulance Service "scene evacuation complete ".
- Ensure that all EOC staff involved are available for an EOC "hot debrief" immediately after the incident.
- Re-stock ICR and grab packs to ensure room is in a state of readiness.
- Collate all documentation and incident logs.
- Prepare a report for the Head of Emergency Preparedness.

3.2 Incident Control Room (ICR)

The ICR is the dedicated management suite within EOC which supports the Silver (tactical) tier during incidents, operations and events. It is responsible for:

- Controlling deployment of resources to the incident
- Allocating ambulances their destination hospital
- Communication with hospitals and external organisations
- Primary logging duties
- Paging instruction procedures
- Facilitating requests of additional resources, equipment and personnel to scene

There is a degree of flexibility surrounding the functionality of the ICR. The concept of operations allows for an 'Incident Island' of seven work stations and an 'Event' Island of seven work stations. The configuration of the ICR also allows four 'Sector' desks to be created using both Islands.

The Senior EOC Officer has a responsibility to ensure that ICR is opened at the earliest opportunity once a serious incident has been identified. The ICR should be staffed with sufficient people to manage the incident, **if necessary at the expense of EOC staffing.**

The following staff should be deployed during an incident – suggested in the following progressive order:

Level 1 control team – for events or serious incidents

Incident Commander
Responsible for the management of the ICR team and EOC's initial actions during the incident.

Radio Operator
Responsible for dealing with all radio communications and recording vehicle movements.

Telecoms Officer (changes to Primary Telecoms Officer if required - see below)
Responsible for dealing with and logging of telecommunications throughout the duration of the incident.

Level 2 control team – serious incident or major incident declared

Primary Telecoms
Responsible for dealing with and logging of all telecommunications to the designated hospitals and EBS.

Tactical Advisor
An Emergency Planning Advisor responsible for advising the Incident Commander and the ICR team.

Critical Incident Loggist
Responsible for maintaining the critical incident log. This log is a list of critical entries taken from the overall incident log requiring urgent action.

Status Board Operator
Responsible for keeping a log of events and vehicle movements and recording them on the major incident status board maintained on the admin pc at the status board position.

Secondary Telecoms
Responsible for dealing with and logging of telecommunications to partner agencies throughout the incident.

Gold/EOC Liaison
Responsible for liaison between EOC, ICR and Gold Command Suite. This member of staff is based in EOC

Information officer
Responsible for collating information about the incident from a range of sources in order that sitreps can be provided on a timely basis to Gold and other key departments, for example the team dealing with media issues.

Security officer
A security officer will be posted outside the ICR, restricting access to members of staff who are in the ICR team. They have a responsibility to keep the room access log – noting names of staff that are given access to ICR. Only staff wearing official Major incident tabards will be given access.

Tertiary Telecoms
Responsible for dealing with and logging of telecommunications throughout the duration of the incident.

3.3 Silver Control during an extended incident

The LAS has Emergency Control Vehicles (ECV), staffed by Forward Control Team members, which may be activated for response to an incident.

Red Major

Each vehicle has radio sets programmed to ambulance frequencies, hand portables, Tetra radio sets, maps and other sources of information. They also have the facility to set up a direct line telephone link between the emergency services at the scene of an incident. Each vehicle may link into British Telecom lines and has a variety of mobile phones available.
The role of the ECV is to:

- log all communications at the site of the incident
- manage the incident in conjunction with the ICR
- set up a Joint Emergency Services Control Centre (JESCC) with the other services on scene
- act as a focal point for ambulance, medical, and nursing staff and other emergency services at the scene

All VHF resources will be controlled from the ICR, but an effective radio net on scene ensures that communication is maintained. The UHF or TETRA hand portables can be used for setting up this radio net.

All messages should follow the appropriate chain of command, ensuring that control is maintained, i.e. any messages for ALOs at hospitals from bronze officers at scene should pass through ICR/ECV then on to the appropriate hospital officer.

The service Command Unit will act as a conference facility for the silver team and is not designed for controlling the incident.

3.4 Paging

On receipt of a serious incident or a major incident declaration, EOC must ensure that the paging instruction has been instigated and followed.

Each pager message will have one of three colour coded prefixes:

GREEN:	**ALL ROUTINE / INFORMATION ONLY MESSAGES**
AMBER:	**PREPARE A STATE OF READINESS/INCIDENT MESSAGES**
RED:	**ACTIVATION REQUIRED**

3.5 Communications

Members of the command structure will have a UHF radio or a TETRA radio. When an FCT responds to the scene, they should take the pool of TETRA radios from ICR, ensuring there are sufficient for the on site command structure.

A minimum of two radio nets will be established. UHF/ TETRA will provide the command channel for Silver and Bronze officers. VHF will provide a resource channel between vehicles moving to and from scene, ICR, Silver Control, GT and ALOs and HLO's.

Silver Control will seek acknowledgement of any information/action messages passed e.g. if the AIO reports the number of remaining casualties. Silver Control will relay the message to the ICR who will then seek acknowledgement from ALOs.

The following call signs will be used at major incidents.

ICR, EOC	Redbase
1st ambulance, ECV, DSOV or DOV	Silver Control
Incident Officer	Silver Medic
Tactical Advisor (EPA)	Echo Papa (Number)
Medical Incident Officer	Mike India
Patient Liaison Officer	Bronze Patients
Parking Officer	Bronze Parking
Primary Triage Officer	Bronze Triage
Forward Incident Officer	Bronze Medic
Loading Point Officer	Bronze Loading
Casualty Clearing Station Officer	Bronze Clearing
Secondary Triage Officer	Bronze Secondary Triage
Equipment Officer	Bronze Equipment
Safety Officer	Bronze Safety
Forward Medical Incident Officer	Bronze Doctor
Ambulance Liaison Officer (ALO)	Bronze suffixed with Hospital name
Hospital Liaison Officer (HLO)	Via ALO

<u>CBRN *call signs*</u>

CBRN TSO	India Alpha
Decontamination Unit Officer	Bronze Decon

If the incident covers a large area it can be divided into sectors. Each sector can be identified either by a number or a point of the compass. The Officer appointed to take charge of a sector will take the Call Sign, “Bronze” suffixed with the number or point of compass/landmark (e.g. "Bronze Parking North" or “Bronze Horseguards”). If more than one major incident is being dealt with all call signs will include a suffix indicating the location of the incident
E.g. Silver Medic Westminster. The important point is that all are aware of the method to be used.

3.6 Inter Service Communications

Robust communication links must be established as soon as possible. There are several technological solutions available for this, but these are no substitute for frequent Silver meetings along with well established working practices.

There is an interoperability talkgroup available through the TETRA system. This facility should be requested via EOC who will designate the appropriate talkgroup.

4. COMMAND

4.1 Command Structure

The command structure is designed to work on three levels - Gold, Silver and Bronze.

GOLD - strategic level. This is the senior tier of management usually based within the LAS Gold Suite. On occasions the Gold Commander (Gold Medic) may be based with senior officers of the other emergency services or the health authority, for example at New Scotland Yard or the designated Strategic Co-Ordination Centre (SCC).

SILVER - tactical level. The first member of the LAS at the scene of the incident will become the AIO. It is usual for the role of the AIO to be handed over to a more senior ranked officer as they arrive. The AIO will not directly be involved in casualty treatment. Their role is to determine priority in allocating resources; planning and co-ordinating tasks and obtaining other resources as required.

BRONZE - operational level. Those staff who are managing the operational work at the incident site. Each is responsible to SILVER MEDIC.

All staff in the command structure must wear the appropriate major incident tabards.

Silver Team Member

Silver Medic

Bronze Officer

Action Cards containing details of the roles and responsibilities have been issued and should be used by all Service personnel on scene of a major incident.

4.2 Gold Command

- **Gold Commander** (Gold Medic)

The Gold Commander is responsible for the strategic command of a major incident and will ensure that service policy is adhered to. Decisions at this level will be made in liaison with senior officers from other emergency services and communicated via the command structure for implementation by the AIO. The Gold Commander must take into account the normal workload of the Service and if necessary invoke the LAS Business Continuity Plan.

- **Gold Doctor**

Gold Doctor will either be the Medical Director of the LAS or a suitably qualified member of the MIO pool. Gold Doctor will deploy to Gold Command Suite and having established that an MIO has been appointed will then be responsible for liaising with Gold Medic and designated hospitals on strategic matters.

- **Gold Staff**

This is a senior operational officer nominated to assist Gold Medic throughout the incident.

- **Gold Command Suite**

Gold Command Suite is the location from which the Gold Commander and the Gold Team will manage any incident/s. There are enhanced communication facilities provided so that the Gold Commander can maintain an overview of the Service.
Gold Command Suite should be opened by an EPU/EOC Officer in preparation for the Gold Team when a major incident has been declared.

4.3 Silver Command

- **Ambulance Incident Officer (Silver Medic)**

The AIO is responsible for coordinating and directing the work of the Service at the scene of a major incident. He/she will be clearly identifiable by wearing a silver high visibility tabard bearing the word "Incident Officer". On arrival he/she will assume command of all Ambulance Service/medical operations on the scene. He/she will be located at the Silver Command Point through which personnel, technical and material support will be requested as required. AIO is a tactical role and directs all ambulance resources at the scene as required.

The AIO will be assisted by an FCT from EOC. This person will act as radio operator, telephonist and loggist. They will keep a log of all communications and actions. If there is no FCT the AIO is expected to keep their own log of communications and decisions.

The AIO may use Motorcycle Response Units or Cycle Response Units to convey messages if radios/mobile telephones become ineffective.

- **Ambulance Tactical Advisor**

An Emergency Planning Advisor will tactically advise the AIO of any specialist personnel or equipment that may be necessary to assist in the management of a major incident and provide advice and support on matters relating to emergency planning and other ambulance service or NHS requirements. They are also available to offer advice regarding the employment of outside agencies e.g. Local Authority and Military Aid.

- **Medical Incident Officer (MIO)**

The doctor who has overall medical responsibility at the scene. He/she will co-ordinate the work of all medical personnel on scene working directly to the AIO. He/she will be located at the Silver Command point. The MIO will ensure that all contact with designated hospitals concerning distribution of casualties is carried out through Silver Control.

- **Silver Control**

The on site control of a major incident.

4.4 Bronze Command

- **Forward Incident Officer(s) – (Bronze Medic)**

The Forward Incident Officer(s) will manage the scene under the direction of the AIO. The duties of the Forward Incident Officer include:

> ➢ Management and co-ordination of all ambulance and medical personnel forward at the actual site
> ➢ Ensuring that liaison is ongoing with other agencies at bronze level

If the incident covers a large area it can be divided into sectors. Each sector can be identified either by a number or a point of the compass. The Officer appointed to take charge of a sector will take the Call Sign, “Bronze” suffixed with the number or point of compass/landmark (e.g. "Bronze Parking North"" or “Bronze Horseguards”)). If more than one major incident is being dealt with all call signs will include a suffix indicating the location of the incident
e.g. Bronze Medic Westminster. The important point is that all are aware of the method to be used.

- **Patient Liaison Officer - (Bronze Patients)**

- ➢ The Patient Liaison Officer will be responsible for communicating with patients and keeping them informed of what has occurred and how the LAS intends to deal with it. This is an ongoing task for the duration of the incident.
- ➢ This role should be set up as soon as possible so that patients are aware of what is happening and are able to assist and cooperate.
- ➢ A loud hailer is carried on all DSO vehicles for the purpose of communicating with large numbers.
- ➢ The police hold responsibility for communication with uninjured people at the scene

- **Ambulance Loading Officer - (Bronze Loading)**

The Ambulance Loading Officer will organise the ambulance loading point(s) which should be located near to the Casualty Clearing Station. They are responsible to the AIO. The duties of the Ambulance Loading Officer include:

- ➢ Liaison with the police to ensure ingress and egress routes exist
- ➢ Ensuring liaison with the Parking Officer is commenced and is ongoing
- ➢ Ensuring that all casualties have been triaged and are labelled prior to transportation to hospital
- ➢ Instructing crew staff which hospitals to convey their patients to

EOC will provide an FCT to support this officer.

- **Ambulance Parking Officer - (Bronze Parking)**

The Ambulance Parking Officer will be responsible for ensuring that LAS resources are correctly parked and ready to proceed to the Loading Point as directed. The duties of the Ambulance Parking Officer include:

- ➢ Ensuring attending crews are wearing PPE
- ➢ Maintenance of records of staff and vehicles attending
- ➢ Ensuring liaison with the loading officer is commenced and is ongoing

- Management of keys and call signs of vehicles attending
- Instructing crew staff what equipment to take to the scene (e.g. triage cards etc.)
- Briefing crews on the nature of the incident

- **Ambulance Equipment Officer – (Bronze Equipment)**

The Ambulance Equipment Officer will be responsible for the issue and recovery of all Service equipment at the scene. Other duties of the Ambulance Equipment Officer include:

- Liaison with the ALO to arrange for specialist hospital equipment to be brought to the scene as required through Silver Control/ICR
- Arranging for refreshment points to be set up at the scene for LAS staff
- Consideration of the need for requesting the attendance of the NHS Major Incident pods
- Accessing major incident dressings packs provided at all major transport hubs

- **Ambulance Safety Officer(s) – (Bronze Safety)**

The Ambulance Safety Officer will be responsible for the overall safety of all Ambulance and NHS staff at the scene and must ensure that the environment and working practices at the scene do not place any staff at undue risk. Other duties of the Ambulance Safety Officer include:

- Identification of specific hazards
- Liaison with the multi agency safety officers
- Ensuring that the correct PPE is worn
- Identification of stress/fatigue in staff
- Monitoring rest and refreshment periods

- **Primary Triage Officer - (Bronze Triage)**

The Primary Triage Officer will co-ordinate the triage sieve of casualties at the incident site. Other duties of the Primary Triage Officer include:

- Ensuring all casualties are sieved
- Ensuring only basic airway management is performed
- Ensuring all casualties are correctly labelled

- **Secondary Triage Officer - (Bronze Secondary Triage)**

The Secondary Triage Officer will carry out the triage sort of casualties at the Casualty Clearing Station. Other duties of the Secondary Triage Officer include:

- Ensuring all casualties are continually sorted
- Ensuring all casualties are correctly labelled

- **Casualty Clearing Officer - (Bronze Clearing)**

The Casualty Clearing Officer will co-ordinate the treatment and evacuation of casualties to the receiving hospitals through the sieve and sort process. Other duties of the Casualty Clearing Officer include:

- Arranging the siting and setting up of a casualty clearing station
- Ensuring that casualties held at the casualty clearing station are triaged by a Secondary Triage Officer
- Ensuring that patient documentation has commenced

- Handing over patients to Bronze Loading

- **Forward Medical Incident Officer - (Bronze Doctor)**

The Forward Medical Incident Officer will assist with clinical treatment of patients as required and task any medical teams as required.

- **Ambulance Liaison Officer (ALO) – (Bronze suffix name of the receiving hospitals)**

Each hospital that has been placed on major incident alert will have an ALO appointed to it. This will normally be the local Sector Training Officer. The ALO's prime responsibility is for ambulance crew welfare and collation of patient numbers. Other main tasks and duties include:

- Providing equipment & consumables to restock vehicles
- Ensuring crew staff update their status with EOC
- Ensuring that triage tags are used
- Facilitating the quick turn around of ambulances
- Ensuring that staff welfare issues are considered for crew staff
- Maintaining a log of vehicle details and patients arriving

- **Hospital Liaison Officer (HLO)**

The HLO is the second ambulance officer to be deployed to each hospital on major incident declaration. This will normally be the local PTS manager. The HLO's prime responsibility is to liaise with the hospital control team. Other main tasks and duties include:

- Ensuring that liaison has commenced with the hospital control team, the police documentation team and the ALO
- Ensuring that ambulance equipment is released from the hospital as quickly as possible
- Ensuring that assistance is provided with the decanting of patients
- Arranging specialist hospital equipment that is required at scene

4.5 Hazardous Area Response Team (HART)

HART is the specialised team of Service staff who have been trained to administer life saving medical care in hostile environments such as industrial accidents, natural disasters, terrorist incidents and CBRN/Hazmat incidents. They are capable of delivering this care whilst using a range of Personal Protective Equipment which is not normally available to Ambulance Personnel.

ROLE

The role of the Hazardous Area Response Team (supported by technical and scientific advice) is to provide a rapid response to;

1. Any CBRN/HAZMAT incident
2. Any Major/Catastrophic/Critical Incident (non-CBRN/HAZMAT) which requires a combined response from all three emergency services and where the assessment, incident and casualty management is within a potentially hazardous area
3. Any intelligence led operations which would, under normal circumstances, remove core resources to be deployed away from normal duties
4. Any pre-planned event requiring a tactical CBRN response to support the overall multi-agency incident plan

The role of the Hazardous Area Response Team is to provide:

- Health input to the initial assessment of the scene
- Undertake a scene assessment directly related to the needs of the ambulance and other health services
- In collaboration with partners identify the Inner Cordon and the Hot Zone
- Initial triage and immediate life saving treatment
- Hazard Identification
- Casualty confirmation
- Estimation of the resources required
- Command & Control in a CBRN/Hazmat Hot/Warm Zone, overseeing
    - On going resource requirements
    - Ambulance/Health resource management
    - Casualty management
    - Evacuation

4.6 Additional LAS CBRN command structure

- **Decontamination Unit Officer – (Bronze Decon)**

The Bronze Decontamination Officer is located in the clean area and reports to the AIO. Duties include:

- ➢ Liaison with Bronze Medic and the CBRN tactical advisor
- ➢ Liaison with Police and Fire Service Commanders
- ➢ Ensuring that sufficient resources have been mobilised and arrangements made for their reception
- ➢ Inspection of all Decontamination operators that are to enter the warm zone to ensure that the CPPE is donned correctly
- ➢ Ensure appropriate comms/radios are available for all Ambulance Decontamination team operators
- ➢ Ensuring the health and safety of all Ambulance staff in the Warm Zone

- **CBRN Tactical Support Officer (TSO) - (Tango Sierra)**

The CBRN TSO's main function is to advise the AIO on decontamination issues. The TSO will be decontamination trained and will have experience in managing decontamination incidents at this level.

4.7 Logistics Department

In the event of a major incident the role of the Logistics Department is to provide additional equipment, drugs, disposable blankets, medical gasses and consumables as requested by ICR. In addition, logistics staff will liaise closely with suppliers and procurement to place emergency orders and ensure stocks are replenished.

In the event of a prolonged incident, the department will arrange refreshments for operational staff.

Initial Actions by Logistics

The on-call Logistics Manager will have overall responsibility for co-ordinating the

Logistics response and if instructed will report to the Gold Command Suite. The on-call Logistics Manager will continue to have overall responsibility until the Head of Operational Support or their nominated deputy takes charge. The Officer in Charge for the Logistics Department will delegate tasks to relevant Logistics Managers as necessary.

Post Incident Activities

- Replenishment of drugs and consumable stocks
- Recovery of equipment left at scene
- Restocking of pod vehicles
- Replenishment of hot cans/packs and water

4.8 Co-ordinating meetings – overview

It is important to emphasise that it is essential that the first supervising officers on scene from each of the emergency services liaise closely with each other at the earliest opportunity.

Minutes or notes of decisions taken must be kept of all the meetings of the co-ordinating groups. It is also essential that individual LAS members of the group make their own meeting notes.

4.9 Gold co-ordinating meetings

The Gold group will meet at a location detached from the scene with suitable communications and meeting facilities. In general, the nature and difficulties of the incident will govern the frequency of Gold meetings.

The Gold co-ordinating group meetings will follow the standard template which is provided in the Gold Command Suite. The group will determine the strategic issues relevant to the incident. In addition, the group may provide liaison with central government and other bodies and ensure that sufficient support and resources are available to the incident. Gold group members will execute actions from the action cards provided.

Gold meetings will also take place on a multi agency basis. A gold representative for LAS will attend and report back to LAS Gold Medic

4.10 Silver co-ordinating meetings

The Silver co-ordinating group will consist of all the partner agencies attending and will meet close to the scene.

The Incident Officers will call an initial meeting of the Silver co-ordinating group at the earliest reasonable opportunity.

The agenda should be based around the following:

- safety
- situation reports
- priorities
- future developments

The LAS should briefly describe the situation as it affects its own operations and mention those matters for which it requires the assistance or co-operation of others.

5. HOSPITALS AND THE NHS

5.1 Hospital Alerting Procedures

It is the responsibility of the Ambulance Service to select and alert the most appropriate receiving hospital(s). Where a number of listed hospitals with Accident & Emergency Departments are situated within a reasonable distance of a major incident, casualties will be distributed among them.

Receiving hospitals need a clear message that a major incident may be imminent or has been declared. For this reason, the alerting messages have been standardised. In order to avoid confusion about when to implement plans it is essential to use these standard messages.

All receiving hospitals will continue their essential function of receiving non-incident related casualties throughout the major incident.

Less severe casualties will generally be taken to hospitals further away from the incident.

5.2 Major Incident - Standby

This alerts the hospital that a major incident may need to be declared. If the incident is not upgraded to declaration, limited numbers of patients from the incident can be conveyed to a hospital on major incident standby. Where the numbers are not limited the incident must be upgraded.

When information reaching EOC indicates that a serious incident has occurred which could develop into a major incident, the appropriate receiving hospital(s) will be notified immediately.

Contact will be made through their hospital switchboard (or other major alert numbers where provided) in the following terms:-

"THIS IS THE LONDON AMBULANCE SERVICE EMERGENCY OPERATIONS CENTRE. THIS IS TO NOTIFY YOU THAT YOUR HOSPITAL IS ON MAJOR INCIDENT STANDBY, ...(NUMBER) OTHER HOSPITALS HAVE BEEN ALERTED" - followed by:-

a) Type of incident
b) Location (s)
c) Types and estimated numbers of casualties

5.3 Major Incident declared - activate plan

This alerts the hospital that a major incident has been declared and that they need to activate their plan and mobilise extra resources.

If a Major Incident is confirmed the standby will be upgraded and the hospital(s) will be informed that:

"THIS IS THE LONDON AMBULANCE SERVICE EMERGENCY OPERATIONS CENTRE. THIS IS TO NOTIFY YOU THAT A MAJOR INCIDENT HAS BEEN DECLARED. ACTIVATE YOUR PLAN,..........(NUMBER) OTHER HOSPITALS HAVE BEEN ALERTED" -followed by:-

a) Type of incident
b) Location (s)
c) Types and estimated numbers of casualties

NB: "Major Incident Declared" can be instigated without the "Standby" phase if circumstances dictate.

5.4 Major Incident - cancelled

This message rescinds either of the first two messages at any time.

If having instigated MAJOR INCIDENT - STANDBY or MAJOR INCIDENT - DECLARED it is found not to be required, it should be rescinded by the message:-

"THIS IS THE LONDON AMBULANCE SERVICE EMERGENCY OPERATIONS CENTRE. THIS IS TO NOTIFY YOU THAT YOUR HOSPITAL IS NO LONGER REQUIRED TO STANDBY FOR THE INCIDENT AT............. THANK YOU FOR YOUR ASSISTANCE"

5.5 Major Incident - scene evacuation complete

This alerts all receiving hospitals as soon as all casualties have been removed from the site.

When confirmation is received from the scene that casualty evacuation is complete the appropriate receiving hospital(s) will be informed by:-

"THIS IS THE LONDON AMBULANCE SERVICE EMERGENCY OPERATIONS CENTRE. THIS IS TO NOTIFY YOU THAT THE SCENE EVACUATION IS COMPLETE ALTHOUGH WE STILL HAVE, ...(NUMBER OF) CASUALTIES EN ROUTE TO YOUR HOSPITAL"

Ensure that details of any known/expected casualties en route for the hospital(s) are given to the hospital(s) concerned.

5.6 Hospital Teams: Medical Emergency Response Incident Team (MERIT)

The LAS (AIO and MIO) has the responsibility within the initial stages of the incident to determine the need for a MERIT to be mobilised to a major incident. The role and function of the MERIT is to provide support to LAS staff in triage and treatment and to provide specialist interventions (for example; analgesia, amputation, burn assessment & treatment).

5.7 The wider NHS

Hospital and Ambulance Service Trusts are responsible for deploying the correct healthcare resources to care for casualties either at the scene or at a hospital site. Each will mobilise local resources to the maximum extent, consistent with maintaining essential care.

Primary Care Trusts will mobilise and direct healthcare resources to local hospitals at short notice to support them and to sustain patients in the community should these hospital services be reduced or compromised for a period.

The Strategic Health Authority will take strategic control of any incident that affects, or seems likely to affect, several hospitals, or have a significant impact on primary care.

The Department of Health is responsible for national oversight and monitoring of all incidents that result in activation of a major incident plan.

Health Protection Agency will provide specialist health emergency advice to the DH, SHA & NHS. They will provide both advice and capacity to deal with communicable

diseases and chemical incidents and their Radiological Protection Division (RPD) will work to create similar capability for nuclear and radiological incidents.

5.8 Helicopter Emergency Medical Service (HEMS)

The helicopter must only be mobilised to a major incident following a direct request from the AIO. The aircraft may be used to transport medical personnel or equipment as well as in its primary patient treatment role.

If the helicopter conveys a patient to a hospital, ICR must be notified immediately.

5.9 The Medical Incident Officer (MIO) Pool

The LAS has established and operates an "MIO Pool' arrangement to serve Greater London. The protocol provides for the activation of four or five doctors as follows:

(i) One doctor to be deployed as Gold Doctor (LAS HQ)
(ii) One doctor to be deployed as MIO
(iii) One doctor to be deployed as Forward MIO (Bronze Doctor)
(iv) One or two doctors to attend the scene for tasking by the MIO

Should it become necessary to request the provision of a MIO from an acute hospital by way of 'back up', the LAS will always seek to call upon a non activated hospital.

6. CASUALTY MANAGEMENT

6.1 Uninjured evacuees

People that have been involved in an incident and do not require medical intervention are categorised as "uninjured". Once these people have been removed from any hazards and processed through a triage sieve by the LAS they must be handed over to the Police for collation of details and witness statements. It would be usual for these people to be housed at a "survivor reception centre". The LAS may be requested to provide temporary medical cover at a "survivor reception centre". **These casualties must where possible be given an LAS post incident actions business card offering other NHS assistance if needed.** Post incident actions business cards are available on the DSOVs/DOVs or from the EPAs

6.2 Principles of triage

The aim of the LAS at any multiple casualty incident is to produce the largest number of survivors. In simple terms we need to deliver the right patient to the right place at the right time so that they receive the optimum care.

During an incident the LAS will use two levels of triage - these are referred as "triage sieve" and "triage sort". Both triage systems use algorithms to determine which priority group a patient falls into. The priority groups are as follows:

Priority	Description	Colour
1	Immediate	Red
2	Urgent	Yellow
3	Delayed	Green
4	Expectant	Red with Blue Corner
Dead	Deceased	White or Black

6.3 Triage sieve

The first ambulance crew or responder on scene of a multiple casualty incident must ensure that the role of "Primary Triage Officer" is allocated. Ideally this will be the second ambulance crew or responder on scene. This bronze role has the responsibility to commence a triage sieve.

This triage sieve quickly sorts out casualties into priority groups. Each LAS vehicle has a triage belt pouch pack consisting of 20 triage cards. Using the algorithm card attached to the pouch the staff member given the responsibility of triage sieve must systematically work through the patients, triaging and labelling them.

6.4 Triage sort

On the arrival of further resources, patients are moved to a place of safety, usually the casualty clearing station. At this location they can be re-triaged using a triage sort, which in essence is the Triage Revised Trauma Score (TRTS). This system is based on three parameters: respiratory rate, systolic blood pressure and the Glasgow Coma Scale.

The Secondary Triage Officer carrying out a triage sort on a patient should use the triage card that has been attached to the patient during a triage sieve, noting the findings of the

TRTS on the card and then updating the triage category by refolding the card as necessary

6.5 Expectant category

The expectant category is only used following the authority of Gold Medic. This situation arises when there are such large numbers of patients the ability of the LAS to respond to the clinical needs of every individual is compromised. Patients with potentially unsurvivable injuries will not be treated. These patients are treated the same as the dead. This allows the LAS to "do the best for the most patients".

Expectant patients must be triage labelled as "immediate priority 1" which is red in colour but with a blue flash corner folded so that it is visible.

6.6 Casualty clearing station and ambulance loading point

The casualty clearing station is a place of relative safety to which casualties are conveyed from the incident site. Triage sort, assessment, treatment and stabilisation are carried out by LAS staff together with any mobile medical teams on scene at the station. The casualty clearing station is co-ordinated by the LAS Bronze Clearing officer, and where possible a senior doctor.

A suitable area or building between the inner and outer cordons near to the site should be identified for use as the casualty clearing station. The LAS have a number of tents held on the Emergency Support Vehicles (ESV) for this purpose. There are three coloured, single person erection tents on each ESV that should be used during initial set up. There is an inflatable tent on each ESV that if connected together can produce a "field hospital".

Once sufficient resources have arrived on scene it is vital that patient documentation starts within the casualty clearing station.

6.8 Blue calls and status reporting

All staff that convey patients to a hospital have a responsibility to ensure that EOC have been advised of the patient's triage priority, gender, and age. There is no requirement to provide blue calls due to the hospital's readiness to receive multiple casualties.

6.9 Arrival at hospital

Once the patient arrives at the hospital the patient will be re-triaged by hospital staff. The ambulance crew must ensure that they report their arrival with both EOC and the ALO at the hospital.

Where possible equipment should be retrieved and returned to the incident site. Crews may replenish some equipment through the ALO.

The ALO has a responsibility to retrieve every patient's LAS triage card. Where cards cannot be retrieved, photocopies should be made and returned to the EPU.

6.10 Labelling and documentation

Documentation of patients must start as soon as possible. Triage labels must be attached to patients in the initial stages of the incident even if there is no opportunity to collect personal details. Details of each patient should be collected as soon as they enter the casualty clearing station/area.

It may not always be possible for ambulance crews to record the usual details of patients carried on the Patient Report Forms (PRF). In this event records should be made by description, e.g. "elderly man", "teenage girl" etc. Ambulances should not be delayed at the scene in order to obtain personal details of individual casualties. These will be obtained by the police at the receiving hospitals. In all circumstances the triage label must be completed. It is particularly important that those patients who have received drugs can be readily identified on admission to hospital.

6.11 Use of buses and coaches

Within the assessment for required resources at the scene of the incident it may be appropriate to commandeer a coach or single decker bus. Where possible staff will request provision of buses or coaches via EOC. Police escorts should be considered in case of a patient deteriorating enroute to hospital. Patients should be accompanied on the bus to hospital by LAS staff. Red Cross buses should be the first option considered.

6.12 Urgent Care Service (UCS) and Patient Transport Service (PTS)

The primary role for the UCS within a major incident is to provide support for A&E by making up for the inevitable shortfall in the rest of London as 999 calls continue to be received for other incidents.

UCS also have a list of contact numbers for several private ambulance services.

In the Urgent Operations Centre (UOC) are Clinical Telephone Advice (CTA) staff. They may be utilised ringing back callers and advising that the LAS is dealing with a large incident and that they may need to make other arrangements.

Overview

The use of LAS PTS vehicles and resources should be considered at the earliest opportunity and a request made through the on call PTS senior officer.

PTS operate a fleet of double and single manned vehicles including some with stretcher capability, from a number of hospital sites across London. All of these vehicles have multi-occupancy capacity and a number of the stretcher vehicles also have blue light capability.

PTS will provide proportionate, scaled support to the incident as requested by the Service, this can include all or some of the following;

Command

PTS Gold (*Strategic*) – The on call Senior PTS manager who will be an integral part of the LAS Gold Co-ordinating Group within LAS HQ.

PTS Operations Officer (*Tactical*) – The on call PTS Manager who will be designated by PTS Gold on notification of the incident. They will coordinate PTS resources in support of the incident and maintain other PTS commitments.

PTS Bronze FUP (*Operational*) – A PTS manager/Team Leader responsible for the formation, equipping, briefing and dispatch of PTS vehicles at the nominated PTS Forming Up Points (FUP).

PTS Liaison Officer (*Operational*) – A PTS Manager/Team Leader who will attend the scene and act as the focal point for PTS resources, this Cell Leader can be utilised on scene to support the incident command team as required.

HLO (*Operational*) – A PTS manager/Team Leader who can attend nominated hospitals and fulfil the Bronze HLO role.

Control

PTS Central Services Control – PTS operate a central control point within UOC in addition to the various onsite local hospital controls. This will control PTS resources deployed in support of an incident.

PTS & Urgent Care Clinical Support – A suitably qualified clinician can provide advice and support to crews and control staff to assist in the dispatch of calls.

Transportation

Initial Vehicles – PTS can deploy vehicles from the Central Services fleet directly to the incident RVP, or alternative identified location to assist with the rapid removal of Priority 3 patients. Out of hours the on call Senior PTS Manager should be contacted.

Additional Vehicles – PTS can supply additional vehicles to support the incident. These would be deployed in cells of up to five vehicles. The cells would be assembled at a nominated PTS Forming Up Point (FUP) prior to deployment to the RVP or alternative agreed location.

Support

PTS Support Coordinator – A nominated PTS manager, or team led by a manager, who will coordinate support activities such as requests for staff or equipment movements.

7. MANAGEMENT OF THE MEDIA

7.1 Introduction

In the event of a major incident in London, the Service can expect significant interest from regional, national and international media.

It is important from the outset that the Service provides timely, accurate information about it's response to the incident. This is key to managing the organisation's reputation and reassuring the public; the media can also be used as a mechanism for providing advice to Londoners about how they should use the 999 service whilst it is under pressure.

Contact should be maintained at all times with other London agencies to ensure consistency of approach and messages.

Members of the Communications Department should refer to the department's crisis manual in the event of such an incident.

7.2 Initial actions

The on-call press officer will be notified by pager about a serious or major incident. They should obtain basic details about the incident from the Emergency Operations Centre at this stage:

- nature and location of incident
- time of first call and source
- resources sent to scene – number of staff, number and type of vehicles
- known/expected casualty numbers
- hospitals receiving casualties
- name of Silver and Gold medics

The on-call press officer should then inform senior managers in the team who will arrange for team members to make their way to Headquarters.

Contact should be made with communication professionals from other London agencies as soon as possible, through the established first alert system.

A holding statement outlining the Service's initial response should be issued to the media at the earliest opportunity.

7.3 Media handling at Headquarters

Roles should be delegated as detailed in the Communications Department's crisis manual to ensure:

- the overall management of the team
- there is an established link with the Information Officer in the incident control room (ICR) and regular updates are obtained from them
- strategic communication advice is provided at Gold meetings
- a dedicated media spokesperson is identified
- joint agency liaison takes place
- information from different sources is collated
- statements are written and issued and radio interviews are given
- incoming calls are taken and responded to
- internal communication takes place
- the external website and the intranet are updated
- media coverage is monitored

7.4 Media handling at the scene

A lead press officer and supporting press officer should attend the scene based on the findings of a risk assessment. Attendance at scene may also be dependent on whether there are one or more incident scenes. These officers should ensure:

- contact is made as soon as possible with the Service's dedicated spokesperson
- contact is made with other agency press officers
- information is fed back regularly to the Headquarters' office
- interviews are given at scene by the media spokesperson where appropriate

7.5 Joint agency working

A member of staff from the Communications Department will be responsible for liaison with other agencies. Their role will involve:

- triggering the first alert system if a major incident is declared
- contributing to teleconference calls and joint Gold communication meetings
- working from established media centres
- supporting and briefing the Service's spokesperson at joint news conferences
- making contact with receiving hospitals and ensuring they receive statements

7.6 Casualty figures

The ambulance service collates the casualty figures, but they should not be released before being approved by Police Gold.

7.7 Post incident

There can be sustained media interest in the days, weeks and even months that follow a major incident. The role of the Communications Department will involve:

- handling media requests including input to documentaries
- coordinating visits and making arrangements for tributes
- managing awards for staff
- evaluating media coverage
- ongoing internal communication

7.8 Media spokesperson

A senior operational officer will be identified in the early stages of a major incident to act as the Service's dedicated media spokesperson. Working with a member of the Communications Department, their role will involve:

- Giving interviews to the media about the Service's response to the incident. Interviews may take place at a scene, at Headquarters or at a joint media centre
- Representing the Service on the panel at joint agency news conferences.

Following the corporate debrief from 7/7, it was identified that key departments could not access timely and accurate basic information about the incident.

For the Communications Department this posed a risk to reputation because it was unable to provide the media with information about the Service's response in a timely fashion. No-one in Gold control gave the team priority, and there was no process for collating essential information.
A sitrep form was produced following 7/7 and could form the basis for the information officer's work.

8. VOLUNTARY ORGANISATIONS

8.1 Use of resources

The LAS will maximise the use of the support offered by the Voluntary Aid Societies (VAS) during a major incident. Generally this support will fall into two areas:

- At the scene
- In support of core fleet operations

The Salvation Army and the British Association of Immediate Care Scheme (BASICS) are usually called immediately to the scene to provide assistance. The Salvation Army have a number of catering units that support LAS staff with the provision of refreshments. BASICS assist the LAS with the provision of additional doctors who provide extended care skills in support of LAS staff.

The role of St. John Ambulance is to assist with core fleet duties i.e. 999 calls or urgent work back log when requested

The role of the British Red Cross is, when called to the scene, they will provide resources for the evacuation of P3 casualties.

Both organisations will deploy a duty officer to ICR for liaison purposes during the major incident.

All resources will be activated by ICR in consultation with the Tactical Advisor and AIO following a Gold decision.

9. POST INCIDENT ACTIVITIES

9.1 Operational activities

Post incident, the LAS has a responsibility to ensure that staff have access to appropriate support and welfare services. We also have a duty to ensure that operational procedures are carried out to restock and maintain the fleet. Debriefing is a very important process in order for the LAS to gain from lessons learnt, make recommendations for change to our partners and adapt service protocols if needed. It is therefore the EPU who have the responsibility on behalf of Gold to organise, chair and administer major incident debriefs - monitoring the progress of actions as necessary.

Post incident the LAS has a responsibility to ensure that the following procedural and administrative activities are carried out:

- A "hot debrief" immediately after the incident chaired by the Ambulance Incident Officer and to include the circulation of welfare information
- The re-stock of LAS resources including control rooms, NHS Pods, and vehicles
- "Stand down" time for all LAS staff involved
- Feeding of staff where necessary
- The collation of all paperwork and voice recordings to form a primary transcript record
- All members of staff receive a debrief pro-forma
- All operational and EOC command officers to submit a report to the EPU
- An internal LAS ICR debrief
- An internal LAS major incident debrief
- Lessons learnt and debrief actions to be allocated

9.2 Debriefing

The LAS internal debriefing process should be followed at an early opportunity by a joint medical services debrief involving representatives from all the medical organisations involved in the incident. The joint medical service debrief should be organised by the ambulance service who should also supply the Chair and secretarial support.

Information gathered from these debriefings can then be presented where appropriate, to the Joint Services debriefing, usually organised by the Police Service. This will review the response overall, identify any lessons learnt and any revision required to the existing plans.

It must be remembered that the notes taken at debriefs are subject to legal rules on disclosure and may form the basis of evidence before an inquiry.

The LAS have an obligation under the Controls Assurance process and the Civil Contingencies Act 2004 to assess their compliance with emergency planning requirements and must review, improve and test this plan on a regular basis. Lessons learnt are the basis of this process.

9.3 Post traumatic activities

Post incident the LAS have a moral and legal duty to consider staff's psychological needs after exposure to a potentially traumatic incident. The use of LINC workers is good practice and should be used for those who need support after an incident. LAS HR/welfare services will coordinate the support of staff post incident.

9.4 **Linc Scheme** (Listening, Informal, Non-judgemental, Confidential peer support)

LINC is a peer support network for all and is an integral part of staff support. It is therefore particularly relevant following a major incident

The aim of LINC is to promote physical, psychological and emotional well-being of staff. The scheme is there to support any member of staff. This is regardless of gender, age, ethnicity, disability, religion, culture, sexual orientation, role within the service, or rank. LINC provides a 24 hour confidential listening service.

LINC workers are not trained counsellors and do not aim to 'solve' all situations. They are there to listen, support and if necessary advise on other relevant sources of help.

9.5 **TRiM** (Trauma Risk Management)

Some incidents in which staff are involved can be distressing regardless of previous experience. It can help to talk the experience through and normalise reactions to such incidents. LINC workers are available to support staff following an incident, either by listening or meeting in the role of a TRiM practitioner.

9.6 Recovery from Major Incident

- Consider early release of operational staff and vehicles from scene if near to "scene evacuation complete" declaration.
- Amalgamate resources if multi-site incident is near to closure for the LAS on scene.
- Resource centres to view in collaboration with Gold, rota changes due to core cover Vs incident cover.
- Service Business Continuity Plan to be viewed in relation to return to normality through the whole of the LAS.
- Welfare aspects of all staff to be viewed in regard to what action to take over the following days/weeks.
- Hot de-brief actions to be implemented.
- Service de-brief dates to be viewed in collaboration with other supporting agencies and LESLP partners.

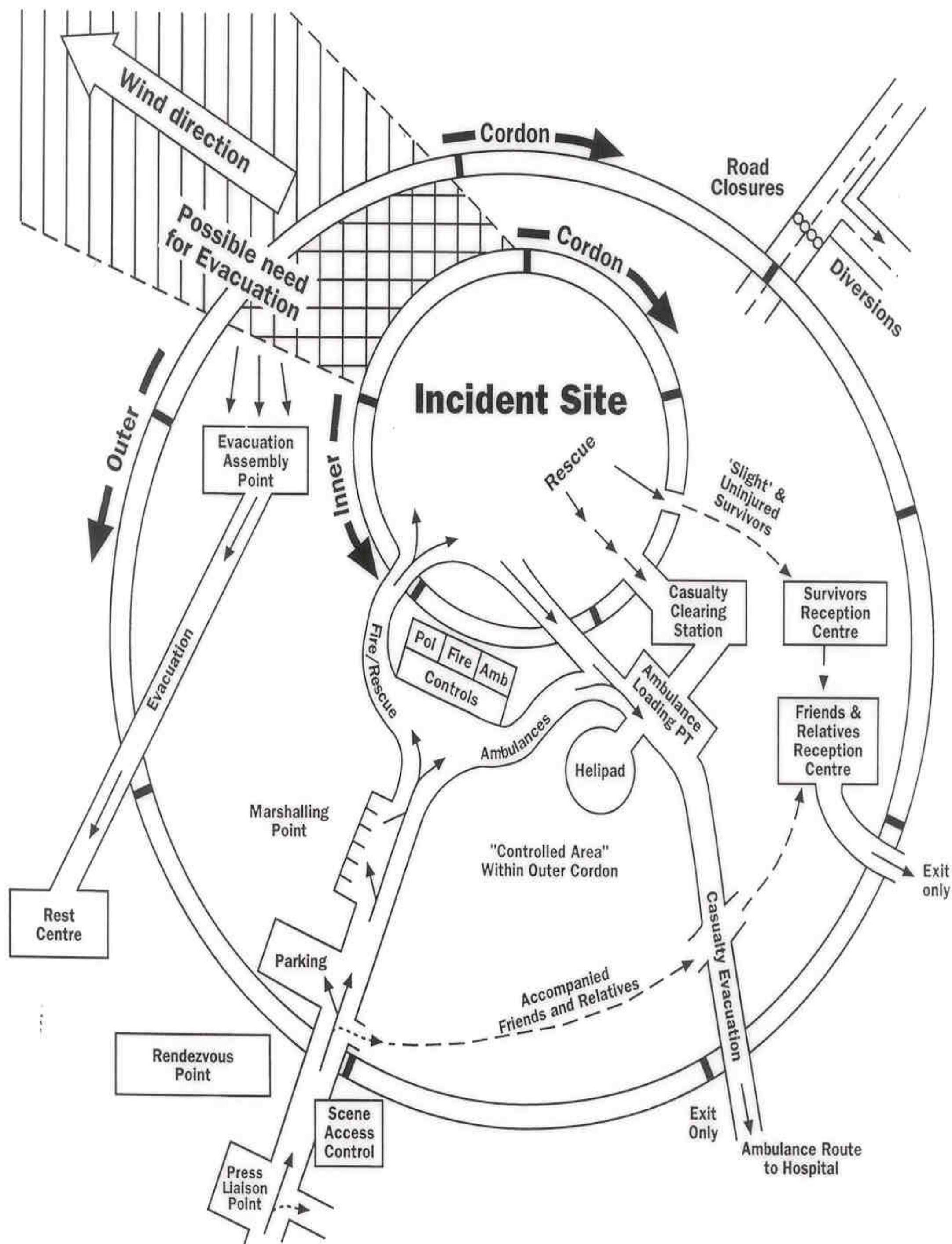
9.7 Occupational Health Service

Post incident personnel that have been referred by a LINC worker will initially be offered a professional counselling service at the Occupational Health Service.

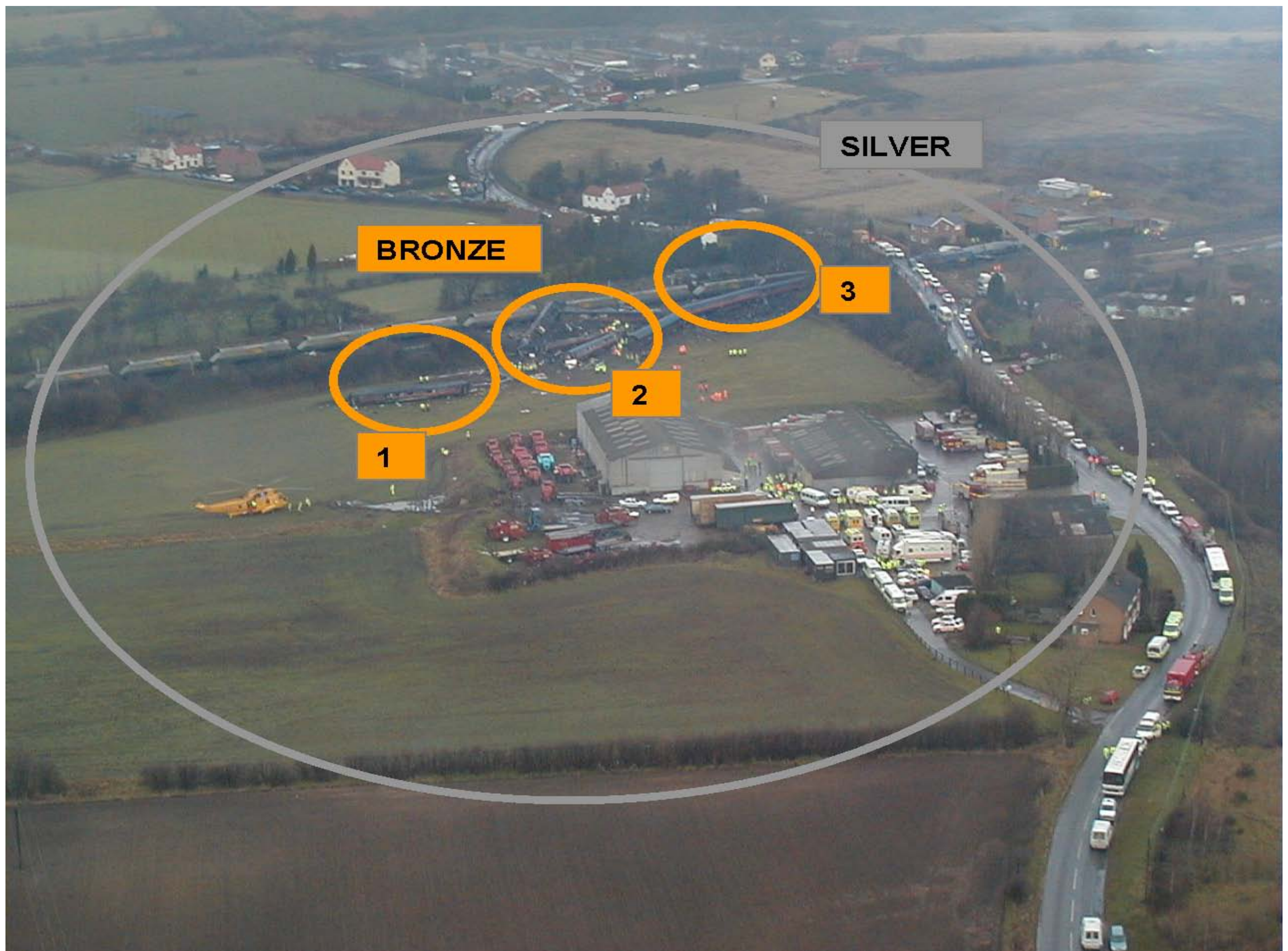
In the event that the LAS LINC worker system is saturated post incident, the Occupational Health Service will instigate a support system for the "debriefing" of staff.

Staff may self refer to the Occupational Health Department at any time.

Appendix 1: Incident site diagram



Appendix 2 – Bronze and Silver responsibility sectors



GLOSSARY OF TERMS

AMBULANCE CONTROL POINT:
A point at which a specially equipped vehicle (ECV or CCV) is sited, at the scene of a Major Incident, to operate as an Ambulance and or Medical Control Point. It provides a reporting, co-ordinating and communications centre for ambulance, medical, nursing and voluntary aid personnel. This point will be established in close proximity to the Police and Fire Service Control vehicles subject to radio interference constraints.

AMBULANCE EQUIPMENT OFFICER:
An Officer responsible for the mustering, issue and collection of all patient care equipment on site. He/she will maintain control of the Emergency Support Vehicle's equipment and will replenish on site stocks as necessary. He/she will direct, in liaison with the AIO, the on site distribution of stretcher bearers assembled at this point.

AMBULANCE FORWARD INCIDENT OFFICER:
An Officer who, under the direction of the AIO, co-ordinates health care resources at Forward Control Point(s).

AMBULANCE INCIDENT OFFICER:
The Officer in overall control of Ambulance operations at the site.

AMBULANCE LIAISON OFFICER (ALO):
An Officer responsible for providing liaison with ambulance crews and hospital receiving staff from a Major Incident. The officer is based at the hospital.

AMBULANCE LOADING OFFICER:
An Officer responsible for the management of the Ambulance Loading Point. He/she will ensure that casualties are documented and evacuated in priority order. He/she will maintain control over vehicle access/egress and personnel operating within this area.

AMBULANCE LOADING POINT:
An area, preferably on hard standing and in close proximity to the Casualty Clearing Station, from where casualties are evacuated in order of priority.

AMBULANCE PARKING OFFICER:
An Officer responsible for the management of the Ambulance Parking point. He/she will direct vehicles and staff forward to the Ambulance Loading Point as required.

AMBULANCE PARKING POINT(s):
Point(s) designated at the scene of a Major Incident where incoming Ambulance resources report and are held in readiness for forward deployment, thus avoiding congestion at the entrance to the site or at the Ambulance Loading Point.

AMBULANCE SAFETY OFFICER:
An officer appointed to ensure the safety of all LAS & medical staff working within the incident boundary and that they are correctly dressed in PPE.

AMBULANCE TACTICAL ADVISOR:
An Emergency Planning Advisor appointed to assist and advise the AIO on Major Incident protocol.

CASUALTY BUREAU:
Central information point for all records and data on casualties. Maintained by Police service.

CASUALTY CLEARING OFFICER:
An Ambulance Officer who, in liaison with the Medical Incident Officer, supervises assessment/labelling of casualties for evacuation in accordance with triage priorities.

CASUALTY CLEARING STATION:
An area set up at a Major Incident by the Ambulance Service in liaison with the Medical Incident Officer to assess, treat and triage casualties and direct their evacuation.

CASUALTY EVACUATION COMPLETE:
Term used to indicate that treatment and removal of casualties from the scene is complete.

COMAH:
Control of Major Accident Hazards Regulations.

CO-ORDINATING GROUP:
The Gold/Silver Commanders of the emergency services who convene to consider/review strategy/tactics relating to the co-ordination of activity at a Major Incident.

EMERGENCY CONTROL VEHICLE (ECV):
Specially equipped communications vehicle sited at the scene of a Major Incident to operate as the Ambulance Control Point.

EMERGENCY OPERATIONS CENTRE:
Permanent Operations Room which receives, collates and co-ordinates all demands for the A&E service in the geographical area covered by the London Ambulance Service and allocates resources accordingly.

EMERGENCY SUPPORT VEHICLE (ESV):
Vehicle equipped with specialist patient care equipment, Major Incident stocks of stretchers, blankets, patient care backpacks, inflatable tents, emergency lighting etc.

EQUIPMENT/STRETCHER BEARER POINT:
Point where bulk supplies for First Aid equipment, blankets and stretchers are available. Point where able-bodied persons are assembled to assist with the on site transfer of casualties by stretcher, to the Casualty Clearing Station or the Ambulance Loading Point.

FORWARD AMBULANCE CONTROL POINT:
A selected point, near or at the scene, where the AIO/Forward Incident Officer can direct the operation. There may be a requirement for more than one Forward Control. Forward Control(s) will maintain a communications link with the Ambulance Control Point.

FORWARD CONTROL TEAM:
A radio operator trained member of EOC staff who assists the command team with radio communications and records the AIO log.

HOSPITAL LIAISON OFFICER (HLO):
An officer responsible for providing liaison with the hospital control team staff during a Major incident. The officer is based at the hospital.

INNER CORDON:
Surrounds the immediate scene and provides security for it.

JOINT EMERGENCY SERVICES CONTROL CENTRE (JESCC):
The point from which the management of the incident is controlled and co-ordinated. All Emergency Services are represented at this location.

LESLP:
London Emergency Services Liaison Panel

LINC WORKER:
Listening, Informal, Non-judgemental, confidential peer support

LOCAL AUTHORITY EMERGENCY PLANNING OFFICER:
Co-ordinator of a local authority's response to Major Incidents etc.

MACC:
Military Aid to the Civil Community.

MAJOR INCIDENT CANCELLED:
The term used to cancel a Major Incident Alert.

MAJOR INCIDENT DECLARED – ACTIVATE PLAN:
The term used to prefix messages to confirm a Major Incident.

MAJOR INCIDENT STANDBY:
The term used to prefix messages indicating that an incident may have or has occurred which could result in a large number of casualties.

MARSHALLING AREA:
Area to which resources and personnel not immediately required at the scene, or being held for further use, can be directed to stand by.

MEDIA CENTRE:
Central contact point for media enquires, providing communication and conference facilities and staffed by spokespersons from all agencies involved.

MEDIA LIAISON OFFICER:
Officer responsible for the initial release of information from the scene of the incident and liaison with other Services at the Medical Centre.

MEDIA LIAISON POINT:
Rendezvous and initial holding area, at or near the scene, designated for use by accredited media representatives prior to establishment of a media centre.

MEDICAL INCIDENT OFFICER (MIO):
The medical officer with overall responsibility, in close liaison with the AIO, for the management of the medical resources at the scene of the Major Incident. He/she should not be a member of any mobile team.

MOBILE EMERGENCY RESPONSE INCIDENT TEAM (MERIT):
A medical team who will attend the incident site to assist the triage and treatment of casualties. The ambulance service will alert and organise transportation for the team to the incident site.

OUTER CORDON:
Seals off an extensive area to which unauthorised persons are not allowed access.

POST TRAUMATIC STRESS DISORDER (PTSD):
Stress caused as a direct result of a traumatic event causing both physical and psychological symptoms.

PRIMARY TRIAGE OFFICER:
Officer responsible for the co-ordination of the triage sieve of casualties at the incident site.

RECEIVING HOSPITAL:
Any hospital listed as having facilities to receive and treat patients who are seriously injured or critically ill resulting from a Major Incident, on a 24 hour basis. Should have facilities for provision of MIO and MERIT at request of ambulance service.

RENDEZVOUS POINT(S):
A point usually nominated by the Police, as a safe area to which all vehicles and personnel must report before proceeding to the incident site or parking points. A Rendezvous Point (RVP) will generally be identified at any high risk location for the initial mustering of Emergency Service Vehicles (Airport, COMAH site etc.).

SECONDARY TRIAGE OFFICER):
Officer responsible for the triage sort of casualties at the Casualty Clearing Station.

SENIOR CO-ORDINATING GROUP – See Co-ordinating Group)

SENIOR INVESTIGATING OFFICER (SIO):
The Senior Detective appointed to assume responsibility for all aspects of the Police Investigation.

SURVIVORS RECEPTION CENTRE (SRC):
Secure premises to which those who have been directly involved in the incident and are uninjured can be taken.

TRIAGE:
The prioritising of casualties in respect of their injuries. On this basis an effective casualty evacuation plan will be implemented.

TRiM:
Trauma Risk Management Scheme offered to staff via the LINC worker scheme