

Chapter 3

Responding agencies

Summary

- This chapter outlines the roles and responsibilities of the main agencies and sectors that are likely to become engaged in the response to and recovery from emergencies at the local level. This chapter describes arrangements in both England and Wales unless otherwise stated.
- It includes information on:
 - police services (paragraphs 3.1–3.5);
 - fire and rescue services (paragraphs 3.6–3.8);
 - health bodies (paragraphs 3.9–3.20);
 - HM Coroner (paragraphs 3.21–3.24);
 - local authorities (paragraphs 3.25–3.30);
 - government agencies and other non-departmental public bodies (NDPBs) (paragraphs 3.31–3.43);
 - the Armed Forces (paragraphs 3.44–3.49);
 - the private sector (paragraphs 3.50–3.57);
 - the voluntary sector (paragraphs 3.58–3.62); and
 - the community (paragraphs 3.63–3.66).
- The Civil Contingencies Act 2004 (“the Act”) establishes the legal framework for emergency preparedness at the local level in the United Kingdom. Annex 1A describes the nature and scope of the duties it imposes on the majority of the bodies listed in this chapter.
- The Act establishes the basis for Local Resilience Forums in England and Wales (based on police areas outside London), which help facilitate co-ordination and co-operation between responders at the local level in the preparedness phase (see *Emergency Preparedness*, Chapter 2).

Police services

3.1 The police will normally co-ordinate the activities of those responding at and around the scene of a land-based sudden impact emergency. The saving and protection of life is the priority, but, as far as possible, the scene must be preserved to safeguard evidence for subsequent enquiries and, possibly, criminal proceedings. Once life-saving is complete, the area will be preserved as a crime scene until it is confirmed otherwise (unless the emergency results from severe weather or other natural phenomena and no element of human culpability is involved). Where practical, the police, in consultation with other emergency services and specialists, establish and maintain cordons at appropriate distances. Cordons are established to facilitate the work of the emergency services and other responding agencies in the saving of life, the protection of the public and property and the care of survivors.

3.2 Where terrorist action is suspected to be the cause of an emergency, the police will take additional measures to protect the scene (which will be treated as the scene of a crime) and will assume overall control of the incident. These measures may include establishing cordons to restrict access to – and require evacuation from – the scene, and carrying out searches for secondary devices. All agencies with staff working within the inner cordon remain responsible for the health and safety of their staff, but the police will ensure that this is informed by an assessment of the specific risks associated with terrorist incidents. If there is the possibility that an emergency has been caused by terrorist action, then that will be taken as the working assumption until demonstrated otherwise.

3.3 The police oversee any criminal investigation. Where a criminal act is suspected, they must undertake the collection of evidence, with due labelling, sealing, storage and recording. They facilitate enquiries carried out by the responsible accident investigation bodies, such as the Health and Safety Executive (HSE) or the Air or Marine Accident Investigation Branches.

3.4 The police process casualty information and have responsibility for identifying and arranging for the removal of fatalities. In this task they act on behalf of HM Coroner, who has the legal responsibility for investigating the cause and circumstances of any deaths involved.

3.5 Survivors or casualties may not always be located in the immediate vicinity of a disaster scene. It is, therefore, important to consider the need to search the surrounding area. If this is necessary, the police will normally co-ordinate search activities on land. Where the task may be labour intensive and cover a wide area, assistance should be sought from the other emergency services, the Armed Forces or volunteers.

Fire and rescue services

3.6 The primary role of fire and rescue services in an emergency is the rescue of people trapped by fire, wreckage or debris. They will prevent further escalation of an incident by controlling or extinguishing fires, rescuing people and undertaking other protective measures. They will deal with released chemicals or other contaminants in order to render the incident site safe or recommend exclusion zones. Also, they will assist other agencies in the removal of large quantities of flood water. They will also assist ambulance services with casualty-handling and the police with the recovery of bodies.

3.7 Fire and rescue services are trained and equipped to manage gateways into the inner cordon – if requested to do so by the police – liaising with the police to establish who should be granted access (particularly where terrorist action is the suspected cause) and recording entry and exit. However, responsibility for the health and safety of personnel working within the inner cordon remains with individual agencies, which should ensure that personnel arriving at the scene have appropriate personal protective equipment and are adequately trained and briefed. Health and safety issues will be addressed collectively at multi-agency meetings on the basis of a risk assessment.

3.8 Although the National Health Service (NHS) is responsible for the decontamination of casualties, fire and rescue services will – where required – undertake mass decontamination of the general public in circumstances where large numbers of people have been exposed to chemical, biological, radiological or nuclear substances. This is done on behalf of the NHS, in consultation with ambulance services.

Health bodies

Ambulance services

3.9 Ambulance services have responsibility for co-ordinating the on-site NHS response and determining the hospital(s) to which injured people should be taken, which may depend on the types of injuries received. The officer of the ambulance service with overall responsibility for the work of the service, at the scene of an emergency, is the Ambulance Incident Officer (AIO). If necessary, the ambulance service will seek the attendance of a Medical Incident Officer (MIO).

3.10 Ambulance services – in conjunction with the MIO and medical teams – endeavour to sustain life through effective emergency treatment at the scene, to determine the priority for release of trapped casualties and for decontamination in conjunction with fire and rescue services, and to transport the injured, in order of priority, to receiving hospitals.

3.11 Ambulance services may seek support from voluntary aid societies (e.g. British Red Cross and St John Ambulance) in managing and transporting casualties.

Acute trusts

3.12 Acute trusts manage local hospitals. Each acute trust – including foundation trusts – maintains arrangements for dealing with emergencies. In the event of an emergency, ambulance services will designate hospitals with major accident and emergency departments as casualty-receiving hospitals. The trust will provide a clinical response to the emergency, including provision of general support and specialist healthcare to all casualties. The trust, when called upon to do so, will provide a mobile medical team (MMT).

Primary and community care services

3.13 The provision of primary and community care services covers a range of health professions, including general practitioners, community nurses, health visitors, mental health services and pharmacists, many of whom would need to be involved, particularly during the recovery phase of an emergency. In the early stages, following an incident, the focus would be on the follow-up to injuries incurred at the incident, i.e. the continuing recovery of patients,

physiotherapy, chest clinics, orthopaedic clinics, dressings, drug regimes and the post-traumatic stress caused by the event. Depending on the nature of the emergency, there may then be a requirement for more long-term health monitoring/surveillance. Appropriate NHS organisations ensure that these services are engaged in NHS emergency preparedness activities.

Private health trusts

3.14 It is the responsibility of NHS organisations to ensure that providers of independent healthcare in their area – including independent treatment centres – are engaged in the process of planning and response to an emergency. In addition, ambulance services have links with their local private ambulance services for the deployment of agreed resources as required in the event of an emergency.

Strategic Health Authorities (SHAs) in England

3.15 SHAs are the local headquarters of the NHS and, as such, are able to mobilise and commit resources across the authority area. They are responsible for co-ordinating the health response across a widespread incident that affects several hospitals. They will liaise with the Department of Health (DH) to support a regional response.

Local Health Boards in Wales

3.16 Local Health Boards provide local co-ordination of NHS emergency planning and response within their areas and lead health co-ordination over a wider area covered by each Local Resilience Forum. They liaise with the Welsh Assembly Government's Health and Social Care Department to support a pan-Wales response.

Health Protection Agency (HPA)

3.17 Outbreaks of disease and radiological and chemical incidents have the potential to cause disruption, to communities, on a large scale. The HPA is a non-departmental public body which makes public health advice available to government departments, the NHS, the statutory agencies and directly to the public. It provides a central source of authoritative scientific/medical information and other specialist advice on both the planning and operational responses to public health or other emergencies. This includes providing authoritative

messages about health protection measures in order to reduce public anxiety. In Wales, the HPA works closely with the National Public Health Service for Wales.

Public health

3.18 The Regional Directors of Public Health (RDsPH) represent the Chief Medical Officer in the English regions. In the event of a major public health emergency, the RDsPH – working closely with the directors of the HPA – provide public health advice, support and leadership to help SHAs and the wider NHS manage the emergency. They ensure co-ordination with regional resilience mechanisms in preparing for and responding to outbreaks of infectious diseases and other public health emergencies.

3.19 Public health advice is available in Wales from the National Public Health Service for Wales. The service will provide management of the public health aspects of emergencies in Wales, working closely with other parts of the NHS and non-NHS agencies as appropriate.

Department of Health

3.20 DH will take control of the NHS resources, in England, in the event of a complex and significant emergency – including those on a national and international scale – through its Emergency Preparedness Division Co-ordinating Centre. It will provide the co-ordination and focal point for the NHS and will support the Health Ministers and Secretary of State. It will also co-ordinate with the health departments in the devolved administrations.

HM Coroner

3.21 The role of the coroner is defined by statute. In an emergency, the coroner will be responsible for establishing the identity of the fatalities and the cause and circumstances of death. Essentially, they will determine who has died, how, and when and where the death came about. The coroner will be supported by a deputy and an assistant deputy. Current legislation dictates that a body lying in a coroner's district (irrespective of where death has occurred) will trigger and determine jurisdiction, provided the deceased has died from violence or sudden death of an unknown cause. If an emergency

spans across more than one district, a lead coroner should be established to deal with all fatalities.

3.22 Following the recovery of the deceased from the emergency (which in most circumstances will be led and co-ordinated by the police and carried out by trained body-recovery teams), it will be for the coroner to decide whether a post mortem is required to establish the cause of death. On the instruction of the coroner, a pathologist carries out the post mortem. If the death does not require an inquest, the death may be registered on receipt of a coroner's certificate detailing the cause of death; if an inquest is required, the coroner registers the death when the inquest is concluded.

3.23 Coroners should have an emergency plan for their own mortuaries in dealing with multiple deaths – in terms of how this might impact on the normal working arrangements. Additionally, they are instrumental in the development of local and regional emergency plans for extraordinary emergency mortuary arrangements. It is also vital that coroners are familiar with any major incident plans held by the police.

3.24 The role of the coroners and their officers in terms of planning and responding to emergencies is further explained in the Home Office documents *Guidance on Dealing with Fatalities in Emergencies* (May 2004) and *Interim Guidance and Update* (June 2005). Both of these documents are available at <http://www.ukresilience.info>

Local authorities

3.25 Local authorities play a critical role in civil protection. They have a wide range of functions that are likely to be called upon in support of the emergency services during an emergency (e.g. social services and housing) and crucially exercise a community leadership role. Local authorities maintain a small hub of planners who co-ordinate and facilitate emergency planning and response work across the authority.

3.26 In emergencies that exceed existing mortuary provision, the local authority will liaise with the coroner's office to provide emergency mortuary capacity. For further details on arrangements for dealing with fatalities in emergencies see Chapter 5.

3.27 The welfare of emergency response personnel is an important consideration in the case of a protracted emergency. This will include catering facilities, toilets and rest rooms. Depending on the circumstances and available premises, the local authority may provide facilities for use by all agencies, in one place.

3.28 As the emphasis moves from response to recovery, the local authority will take the lead in facilitating the rehabilitation of the community and the restoration of the environment.

3.29 It will play an enabling role in close collaboration with a wide range of bodies who are not routinely involved in emergency response (e.g. Regional Development Agencies, building proprietors and land owners). In particular, the local authority will work with partners to:

- meet the longer-term welfare needs of survivors (e.g. social services support and financial assistance from appeal funds) and the community (e.g. anniversaries and memorials, helplines and drop-in centres); and
- facilitate the remediation and reoccupation of sites or areas affected by an emergency.

Port health authorities

3.30 These are separately constituted local authorities that carry out a range of functions at seaports and airports. Their primary duties relate to the control of infectious disease, environmental protection, imported food control and hygiene on vessels. In some instances, they are part of a local authority, in others they may be a joint board of local authorities serving a number of ports in a harbour, or a single authority carrying out the function across the districts of a number of local authorities. They work closely with the Health Protection Agency, Food Standards Agency, Maritime and Coastguard Agency, Department for Environment, Food and Rural Affairs (Defra) and the National Public Health Service for Wales.

Government agencies and other NDPBs

The Environment Agency

3.31 The Environment Agency is the leading public body for protecting and improving the environment

in England and Wales. As an environmental regulator, with a wide range of roles and responsibilities, it responds to many different types of incident affecting the natural environment, human health or property.

3.32 The Environment Agency's main priorities, at incidents, are to:

- prevent or minimise the impact of the incident;
- investigate the cause of the incident and consider enforcement action; and
- seek remediation, clean-up or restoration of the environment.

3.33 The role of the Environment Agency at an incident depends on the nature of the event.

- In a flood event, it focuses on operational issues such as issuing flood warnings and operating its flood defence assets to protect communities at risk.
- In a pollution incident, it will seek to prevent/control and monitor the input of pollutants to the environment.
- In other emergencies (such as animal disease outbreaks), its principal role is usually to regulate and provide advice and support on waste disposal issues.

Health and Safety Executive

3.34 HSE's mission is to protect people's health and safety by ensuring that risks in the workplace are properly controlled. HSE regulates health and safety in nuclear installations, mines, factories, farms, hospitals, schools, offshore gas and oil installations and other workplaces. It also regulates the safety of the gas grid, railway safety, and many other aspects of the protection of both workers and the public.

3.35 HSE's remit encompasses the workplace health and safety of other responding agencies, including the emergency services. In addition, its chemical, biological, radiological and nuclear (CBRN) experts can provide relevant specialist or technical advice to support planning for, response to and recovery from emergencies, especially, but not exclusively, those events that involve major hazard industrial sites. HSE is not, itself, an emergency service.

Highways Agency

3.36 The Highways Agency is responsible for the overall management and maintenance of all motorways and trunk roads within England, otherwise known as the

Strategic Roads Network. It becomes involved with any 'incident' that adversely affects or disrupts the normal operation and availability of the road network. These include incidents involving vehicles and, less frequently, such things as terrorist threats/activity, demonstrations on the roads or severe weather.

3.37 At the time of writing, the Highways Agency is undergoing a major transition towards becoming a full, 24-hours-a-day operational response organisation. Once completed (estimated 2007), the National Traffic Control Centre (NTCC) will be a central hub for the collection and dissemination of traffic and travel information using all familiar forms of media. Seven Regional Control Centres, situated throughout England will further assist with collection and dissemination of information and will also act as control centres for the management of localised incidents. Highways Agency Traffic Officers will liaise with and help road users, assist the police, and assist with the clearance of incidents and with general management of traffic, including diversions.

3.38 In Wales, responsibility for the operation and management of the motorway and trunk road networks rests with the Welsh Assembly Government.

The Maritime and Coastguard Agency (MCA)

3.39 The MCA is an executive agency of the Department for Transport. The MCA's Directorate of Operations includes HM Coastguard (responsible for civil maritime search and rescue) and the Counter Pollution and Response Branch.

3.40 The primary responsibility of HM Coastguard is to initiate and co-ordinate civil maritime search and rescue within the UK Search and Rescue Region. This includes mobilising, organising and dispatching resources to assist people in distress at sea, or in danger on the cliffs or shoreline, or in certain inland areas. The Counter Pollution and Response Branch is responsible for dealing with pollution at sea, and assists local authorities with the shoreline clean-up.

3.41 HM Coastguard may assist other emergency services and local authorities during civil emergencies, such as flooding, at the specific request of the police or local authority.

3.42 Co-located with the MCA is the Secretary of State's Representative (SOSREP). SOSREP is empowered under merchant shipping legislation to intervene on behalf of the Secretary of State for purposes relating to safety or pollution in respect of ships, given certain conditions. This includes powers to give directions. SOSREP has similar powers regarding pollution from offshore oil and gas installations.

3.43 The MCA's emergency response and recovery roles are further explained in the *Search and Rescue Framework for the United Kingdom* and the *National Contingency Plan for Marine Pollution*. Both documents may be found on the MCA's website at <http://www.mcga.gov.uk>

The Armed Forces

3.44 The Armed Forces' national structure, organisation, skills, equipment and training can be of benefit to the civil authorities in managing the response to and recovery from emergencies. This support is governed by the Military Aid to the Civil Authority (MACA) arrangements. The Ministry of Defence (MoD) joint doctrine publication *Operations in the UK: The Defence Contribution to Resilience* sets out the detailed rules and procedures governing the employment of the Armed Forces for MACA operations. This can be accessed at <http://www.ukresilience.info/contingencies/defencecontrib.pdf>. Reserves, including Civil Contingencies Reaction Forces (CCRFs), can be deployed alongside regular service personnel.

3.45 The Armed Forces maintain no standing forces for MACA tasks. There are, by definition, no permanent or standing MACA responses. Assistance is provided on an availability basis and the Armed Forces cannot make a commitment that guarantees assistance to meet specific emergencies. Neither the production of contingency plans nor Armed Forces' participation in civil exercises guarantees the provision of MACA support. It is therefore essential that responding agencies do not base plans upon assumptions of military assistance: the Armed Forces should be called upon only as a last resort. The provision of Armed Forces' support requires approval by a Defence Minister following a request by a government department.¹

¹ Unit commanders have prior approval – in certain limited circumstances – to provide urgent assistance where it is necessary to save life, alleviate distress or protect property in the event of an emergency without specific approval.

3.46 The Army acts as the lead service for MACA on land. The Regional Brigade Headquarters will be able to give advice and should be contacted in the first instance. All such headquarters have 24-hour emergency contact telephone numbers. The MoD's Joint Regional Liaison Officer may act in a liaison capacity within local or regional civil emergency control centres when appropriate, providing a link to the MoD's UK command structure. Liaison involves the provision of advice and exchange of information. It does not guarantee the provision of support. In exceptional circumstances, requests for assistance may be directed to any service unit, station or establishment.

3.47 Any requests for assistance should focus on the capability required: the solution will be determined by the availability of military resources and the commander's judgement. Templates for requesting MACA assistance can be found in *Operations in the UK: The Defence Contribution to Resilience*.

3.48 Where there is a direct threat to life, the MoD may, at its discretion, choose to waive the recovery of costs. In cases where human life is not deemed to be in danger, civil organisations will be required to meet all or some of the costs of the service response. When the response moves towards the recovery phase, and danger to human life subsides, continued military assistance will be considered as routine and charged for at rates determined by the MoD. Civil authorities should consider the disengagement of military assistance at this point, if very high costs are to be avoided.

Search and rescue (SAR)

3.49 The MoD has responsibility for providing SAR facilities for military operations, exercises and training within the UK and, by agreement, for civil aeronautical SAR on behalf of the Department for Transport. Where the coverage provided by military SAR assets meets the civil SAR coverage requirements, they will be made available for civil maritime and land-based SAR operations. The MoD establishes and maintains the Aeronautical Rescue Co-ordination Centre (ARCC) at RAF Kinloss for the operation and co-ordination of civil and military aeronautical SAR, and requests for aeronautical SAR assistance should be placed directly with ARCC.

The private sector

Essential service providers

3.50 There is a wide range of private sector bodies that – while not routinely involved in the core of multi-agency emergency response and recovery work – will have an important role in the response to and recovery from incidents affecting their sectors. They include:

- gas and electricity transmitters and distributors;
- fixed and mobile telecommunications providers;
- water and sewerage undertakers; and
- a range of transport companies.

3.51 They are crucial players in the response and recovery, and will work closely with emergency services and local authorities to deliver timely restoration of essential services and to minimise the wider impact on the community.

3.52 There are established sector-specific emergency planning arrangements in each of these sectors to build resilience and put in place effective response frameworks. For example, emergency management done by water and sewerage undertakers is governed by a Security and Emergency Measures Direction (SEMD) made under Section 208 of the Water Industry Act 1991.

3.53 The Civil Contingencies Act 2004 defines these organisations as Category 2 responders, requiring them to co-operate and share information with Category 1 and other Category 2 responders. This multi-agency co-operation will ensure that these industries' own arrangements are fully linked with those of the wider emergency management community.

3.54 There are also established multi-agency arrangements for dealing with incidents affecting sites covered by the Control of Major Accident Hazards, Pipelines Safety, and Radiation (Emergency Preparedness and Public Information) Regulations.

Other private sector organisations

3.55 A wider community of industrial or commercial organisations may also play a direct role in the response to emergencies, especially if their organisation is the cause of an emergency (e.g. industrial accident at their premises); is affected by an emergency (e.g. staff need to be evacuated); or can provide resources required to mitigate the effects

of an emergency (e.g. food retailers, caterers). Site or service managers may, therefore, become involved in emergency response and recovery work.

3.56 In the recovery phase, the private sector will play a significant part, given the size of the resources, specialist expertise and capabilities (e.g. site clearance, decontamination and engineering) at its disposal. It also has a direct commercial interest in ensuring the remediation of sites and the rapid rehabilitation of the communities they operate within.

3.57 Insurance is a key enabler in the recovery process and the insurance industry is, therefore, an important player. Insurance staff (e.g. loss adjusters) can deploy to the scene rapidly. The Association of British Insurers (ABI) provides insurance information and advice to members of the public who have suffered loss or damage as a result of an emergency. They have the capability to set up an advice service close to the scene, if required. There is a strong case for building the insurance industry into planning arrangements. This will ensure that the need to give insurance industry personnel appropriate access to the scene is given due consideration.

The voluntary sector

3.58 The voluntary sector can provide a wide range of operational and support skills and services to statutory responders. These skills and services include:

- practical support: first aid, support to ambulance services, supporting hospital personnel, referral to other organisations, rescue, refreshments and emergency feeding, searching for survivors, transportation and medical services (e.g. diagnosis, administration of drugs);
- psycho-social support: comforting, befriending, listening, helplines, support lines, support networks, advice, counselling, spiritual support and group therapy;
- equipment: communications (e.g. radios), medical aid equipment (e.g. mobility aids), bedding, clothing and hygiene packs (e.g. washing kits); and
- information services: public training (e.g. first aid, flood preparation), communications and documentation.

3.59 Statutory responders should be aware of the capabilities and capacity of local voluntary organisations and the means of accessing their

services, whether as individual volunteers or as members of local or national volunteer organisations. Statutory responders should develop and implement agreed processes for activating call-out mechanisms and systems for organising, managing, briefing and debriefing volunteers. The voluntary sector should also be included in post-response review and evaluation activity.

3.60 Mutual aid arrangements do exist within and between many of the voluntary sector organisations, for activation as required, particularly across boundaries. In the event of a major or international emergency, voluntary sector support may be accessed through the head offices of the relevant voluntary organisations or through the Voluntary Sector Civil Protection Forum or the National Voluntary Aid Society Emergency Committee (NVASEC).

3.61 Through local multi-agency liaison arrangements (i.e. Local Resilience Forum (LRF)), the statutory services will maintain an overview of the services that are offered across a range of voluntary organisations and will provide an agreed system for co-ordinating the voluntary sector response, including members of the public who may volunteer their services in response to an incident (convergent volunteers). It is important to avoid double-counting and gaps in service provision by indicating which statutory responder has first call on (or priority need for) any particular voluntary sector contribution.

3.62 Agencies using volunteers may become responsible for the health and safety of volunteers and will need to ensure that they are properly equipped, trained, supervised and supported. Statutory responders may also enter into agreements with voluntary organisations in relation to the payment of costs.

The community

3.63 The community can play a vital role in the response to and recovery from emergencies. It can provide resources, expertise and knowledge in support of the response agencies. Members of the community may need to provide self-help and can also provide support for local vulnerable people who may need physical assistance or reassurance.

3.64 There will also be local networks for the dissemination of information that the response

agencies need to pass on to the local community. The community may also be able to advise on the different cultural or language needs of its members.

3.65 Response agencies should take account of this local resource when responding to emergencies. Some local authorities have recognised its potential by developing community response plans, particularly in relation to specific risks (flooding, major accident hazard sites, nuclear sites, etc.).

3.66 In the recovery phase, members of the community will want to help themselves and support each other, and may establish support groups. They should be consulted at all stages when the response agencies are developing their recovery strategies. It is particularly important to consult the community before establishing plans for any rebuilding or regeneration of the affected area. The community should also be involved in any memorial services or appeal funds.