EMERGENCY PREPAREDNESS AND RESPONSE

Prepared by the United Kingdom

Introduction

1. This presentation summarises the UK’s contingency plans, consequence management aspects, training and public dissemination of information. It also covers planned legislation.

Contingency plans

2. The Civil Contingencies Secretariat (CCS) was established in July 2001 at the Cabinet Office to improve the resilience of central Government and the UK. Resilience is defined as the ability to handle any disruptive challenges that can lead to, or result in, crisis - not just terrorism but eventualities such as floods or fuel crises. The CCS is a specific unit with responsibility for emergency planning and for assessing, anticipating and preventing future crises. It drives the progress of all Government departments involved in responding to emergencies. The CCS reports to the Prime Minister.

3. The aim of the CCS is to improve the UK’s resilience to disruptive challenge through working with others inside and outside Government on anticipation, preparation, prevention and resolution. Its current objectives are to:

- Lead horizon scanning activity to identify and assess potential and imminent disruptive challenges to the domestic UK and assist in the development of an integrated response. Build partnerships with other organisations to develop and share best practice in horizon scanning and develop the knowledge of the UK’s critical networks and infrastructure.

- Ensure that the Government can continue to function and deliver public services during crises, working with Departments and other Secretariats in the Cabinet Office to ensure that plans and systems to cover the full range of potential disruption are in place and exercised.

- Lead the delivery of improved resilience to disruption across government and the public sector, including supporting Ministers in developing policy, agreeing priorities and planning
assumptions and ensuring that core response capabilities are developed accordingly. This includes the development and promulgation of doctrine.

- Improve the capability of all levels of government, the wider public sector and the private and voluntary sectors to prepare for, respond to and manage potential challenges, through development of key skills and awareness.

Consequence management

4. The CCS works very closely with the Home Office, which takes the central government lead in dealing with chemical, biological, radiological and nuclear (CBRN) threats. The Home Office also works with stakeholders to ensure that capabilities are in place to respond effectively to the consequences of CBRN incidents. The emergency services are the first responders in the UK. Their capability to cope with threats is the key to minimising loss of life and since 9/11 have had additional investment in their equipment and training. This includes:

- Under a £5 million programme, the Department of Health has provided 360 mobile decontamination units and 7,250 national specification Personal Protection Equipment suits around the UK, which will enable the Ambulance Service and hospital Accident and Emergency Departments to treat people contaminated with CBRN material.
- The CBRN Police Training Centre has been established at the Defence Nuclear Biological and Chemical Centre at Winterbourne Gunner.
- As of March 2003 UK police forces have had over 2,350 officers trained and equipped in CBRN response, and this training roll-out is continuing.
- Arrangements are in place for the Fire Service to support the Ambulance Service by decontaminating people at a CBRN incident.
- £56 million has been made available to the Fire Service to provide a national mass decontamination capability. Procurement of equipment (response vehicles, portable contamination facilities and specialist protective clothing) is underway, supported by development of appropriate training.
- The Department of Health, in conjunction with Health Departments in Devolved Administrations, is funding measures to counter bioterrorism. This entails:

  - a UK Reserve National Stock of vaccines and antibiotics suitable for the treatment of infectious diseases and specialist equipment has been built up. Guidance on handling infectious diseases was disseminated throughout the National Health Service in October 2001.

  - Twelve regional Smallpox Response groups are being established around the UK. Smallpox Vaccine will be offered to volunteer healthcare personnel who will be able to react quickly and work safely with patients of actual or suspected smallpox. Specialist military personnel will also receive vaccination against smallpox. The UK has also identified reference laboratory centres capable of rapid diagnosis of the disease.

  - £16 m was allocated by the Department of Health in 2001/02 to provide medical countermeasures against CBRN agents and a further £80 million has been allocated for 2002/03, including spending on extra vaccines and antibiotics.
The Department of Health

5. The Department of Health’s Emergency Planning Coordination Unit is responsible for the coordination of contingency planning to maintain the state of readiness of the National Health Service (NHS) to respond to major incidents. It liaises with other Government departments on matters related to emergency planning and acts as the UK’s representation on key European and international committees for consequence management and policy development. The Department of Health issued guidance on ‘Planning for Major Incidents’ in November 1998 and for responding to the ‘Deliberate Release of Biological and Chemical Agents’ in March 2000. In September 2001, following the terrorist attack in the US, the NHS was asked to review its emergency plans. As part of this review, the Department of Health expanded its guidance to include a series of ‘aide-memoire’ to assist Regional Directors of Public Health, Directors of Public Health, Consultants in Communicable Disease Control and clinicians at local level in planning their public health response. DH guidance is complemented by operational guidance published by the Public Health Laboratory Service (PHLS). The dynamic process of emergency planning led to a review and updating of the DH expanded guidance, which was completed in August 2002. This expanded guidance is to help in:

- planning for a mass casualty incident and the need for special considerations of NHS capacity, including infrastructure, hospital services and specialist support requirements;
- detecting clusters of unusual diseases. It also provides an algorithm for assisting decision making in determining if the illness is likely to be due to biological, chemical or radiological causes. This information is crucial in detecting covert releases and should be brought to the attention of clinicians, microbiologists and toxicologists;
- tackling overt and covert releases of specified biological and chemical agents. This information outlines key planning tasks that need to be carried out by hospitals in the event of overt release of specific agents and in the follow up of covert releases.

The Role of the Health Protection Agency (HPA): Emergency Response

6. Outbreaks of disease have the potential to cause disruption for communities on a large scale and present operational problems to the NHS. Because disease outbreaks can develop very rapidly - being prepared and emergency planning are essential components in minimising the impact on the public. Responding effectively means organisations working together to minimise the impact and achieving a return to normality as quickly as possible. The growing threat of global terrorism means that the HPA, which was established on 1 April 2003, needs to be prepared to deal with incidents that could involve biological materials. This means new plans and new expertise. The NHS has a good track-record in responding to emergencies and over the last two years has been preparing for these new potential threats. In particular, this means that the HPA has been:

- building on the existing major incident plans.
- developing the infrastructure for surveillance and early recognition of events.

1 The different divisions that make up the new Health Protection Agency were individually responding to these threats prior to April 2003. The strength of the new organisation, is that it will bring them together in a co-ordinated way. There will be integration across the divisions operating at local, regional, and national levels. It provides a single identifiable health protection organisation for the NHS, government, and other agencies.
• continuing to produce guidance for health protection for these new hazards.
• identifying specific countermeasures and making sure they are available quickly.
• providing training and testing new plans.

7. The Agency’s Emergency Division’s role includes:

• Improving the speed and effectiveness of our overall response, both locally and nationally, in the event of any future incident or threat. This includes providing positive and authoritative messages about health protection measures in order to reduce public anxiety.
• Providing a central source of authoritative scientific/medical information and other specialist advice on both the planning and operational responses to major incidents and wider public health or other emergencies.

**Training: Counter-Terrorism Exercises**

8. The UK’s programme of **counter-terrorism exercises** is a vital part of the UK’s work in resilience and contingency planning, as it allows us to test systems thoroughly, train frontline responders, and highlight vulnerabilities. Training exercises are an important part of counter-terrorism, as they ensure that the UK is prepared to respond to any kind of terrorist attack and that our counter-terrorism arrangements are tested. Of course, Government, the emergency services and others regularly train and practise their responses to all kind of major incidents, including natural disasters and accidents. However, the Home Office runs a programme of major exercises that specifically deal with terrorist scenarios.

9. The proportion of ‘live’ to simulated elements in each exercise varies according to the exercise scenario. Types of exercise include:

• ‘Tabletop’ exercises take place in a workshop or seminar setting. These are useful to test discrete elements of a response, or for scenarios that would greatly disrupt the public if run ‘live’ – such as an evacuation of a major city.
• Command post exercises involve setting up a real incident control room to co-ordinate responses, but will not involve much action at the scene of the incident.
• Full-scale ‘live’ exercises often run over several days and typically involve hundreds of participants. In a live exercise, for example, bomb disposal teams might physically make a dummy device safe, and police officers might cordon off a simulated contaminated area.

10. All exercises are fully evaluated and participants are given detailed feedback. The results inform our ongoing review of the UK Counter-Terrorism Contingency Manual – a classified document used by everyone involved in responding to terrorist incidents. The Home Office simulates three full-scale ‘live’ terrorist attacks and 12-15 ‘tabletop’ or workshop exercises each year. Police forces lead counter-terrorist exercises, with Home Office support. Depending on the scenario, they can involve any, or all, of the following:

• government departments
• the emergency services
• the military
• local authorities and health providers
• scientists and technical specialists
• utility companies
• the security services

11. Exercises take months of planning to ensure realistic, challenging situations that involve as many agencies as possible and validate every aspect of our response. Participants do not know the scenario before it begins. A single exercise can take several days, and include various kinds of incident or attack.

**Public Information**

12. The purpose of the publication *The Decontamination of People Exposed to Chemical, Biological, Radiological or Nuclear (CBRN) Substances or Material* is to provide strategic guidance on decontamination upon which all responding agencies can base plans and Memoranda of Understanding (MOUs) for on-site management of CBRN incidents. It also provides advice on decontamination methods based on lessons learned from previous incidents and exercises and drawing on current research projects. As set out in the introduction, this guidance is intended to encompass all hazardous materials incidents, not simply the deliberate release of CBRN material by terrorists or states. It is intended to provide all those involved in the decontamination of people exposed to CBRN substances or materials with a common set of principles, using common terminology, and with a shared and agreed understanding of each others' roles and responsibilities.

13. Previous advice on CBRN and decontamination has been issued through individual emergency services, agencies or departments. The need now is to ensure that these strands are amalgamated and that procedures are aligned. The strategic guidance has been prepared with input from a wide variety of specialist and professional sources.

14. A CBRN release may quickly spread across a number of administrative and geographical boundaries, including the boundaries of the devolved administrations within the United Kingdom. Reinforcement and regional mutual aid will feature as a key consideration. Clearly, commonality of procedures and inter-operability of equipment is critical to the successful delivery of mass decontamination. This guidance has been produced with contributions from the devolved administrations and is for use across the whole of the United Kingdom.

15. This document should be read in conjunction with other national level guidance, e.g. *Dealing with Disaster* (and equivalent publications in the devolved administrations), departmental guidance and specialist publications such as the Home Office Counter Terrorism, Contingency Planning guidance manual. *Dealing with Disaster* (Revised 3rd Edition) collates the principles of co-operation which guide the multi-agency response to, and management and resolution of, a major incident. The revised 3rd Edition has been produced in recognition of considerable changes to the structure, practice, regulation and legislation in emergency planning in recent years. It is available at [http://www.ukresilience.info/contingencies/dwd/index.htm](http://www.ukresilience.info/contingencies/dwd/index.htm). The CCS publishes up-to-date information on civil contingencies on the UK Resilience website: [http://www.ukresilience.info/home.htm](http://www.ukresilience.info/home.htm). Home Office advice can be found at: [http://www.homeoffice.gov.uk/terrorism/threat/info/index.html](http://www.homeoffice.gov.uk/terrorism/threat/info/index.html).

16. The Public Health Laboratory Service provides advice to the public and health professionals at: [http://www.phls.co.uk/topics_az/deliberate_release/menu.htm](http://www.phls.co.uk/topics_az/deliberate_release/menu.htm).
This website provides advice on range of biological agents that might be used in a terrorist incident; for example. *Interim guidelines for action in the event of a deliberate release of anthrax*; *Clinical evaluation and management of persons with possible inhalation anthrax*.; and *Interim Guidance for the Investigation and Management of Outbreaks and Incidents of Unusual Illness: A Guidance for NHS Staff*. A recent addition to the list of advisory material includes a completed clinical training slide set. The Department of Health’s Emergency Planning Coordination Unit has its own website at: [http://www.doh.gov.uk/epcu/cbr/intro.htm](http://www.doh.gov.uk/epcu/cbr/intro.htm).

**Legislation: The Civil Contingencies Bill**

17. The Civil Contingencies Bill, published on 19 June 2003, repeals outdated legislation such as the Emergency Powers Act 1920 and the Civil Defence Act 1948. The draft Bill, with accompanying non-legislative measures, will deliver a single legislative framework for civil protection in the UK. It will modernise the legislative tools available to government to deal with the most serious emergencies, providing greater flexibility, proportionality, deployability and robustness. The framework will enhance existing regional resilience by delivering a new regional civil protection tier. A clear role for the regions in civil protection will ensure consistency of activity across and between the tiers, and set out clear expectations and responsibilities - from front line responders, through the regions to central government departments. At the local level, a two-tier duty will be introduced for local responders to codify existing best practice. This will clearly identify local responder roles and responsibilities within the area of civil protection, ensuring consistency and enhancing performance and communication. These improvements will deliver practical benefits and enhance the local response capability.