Cabinet Office

Human Aspects in Emergency Management

Guidance on supporting individuals affected by emergencies

October 2016

This information is also available on the gov.uk website:
[https://www.gov.uk/government/publications/human-aspects-in-emergency-management]

Contents

1. Introduction

This guidance is intended to provide information and advice for the wide range of stakeholders involved in planning and delivering activities to address the Human Aspects (HA) during and following an emergency. Its primary purpose is to support local practitioners planning and co-ordinating frontline activities to address HA in response and recovery. However, planners at a national level may also find it beneficial. The planning framework described here is applicable in any emergency and should be used flexibly to meet specific needs and circumstances.

Under the Civil Contingencies Act 2004, an 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]

Whether severe weather, a transport incident, flooding, fuel shortage, outbreak of disease or a terrorist incident, emergencies may have a profound and far-reaching effect on individuals, families, communities and the general public. These impacts can be both physical and psychological and will vary throughout response and recovery according to the nature of the emergency and the local context. Anticipating and meeting the needs of those affected by such impacts is challenging, but it is crucial to the recovery of the individual and their wider community and is at the heart of responding to the HA of an emergency.

This document builds on previous versions of government guidance on Humanitarian Assistance,[2] bringing together key elements from these documents with new ideas about best practice in a single document.

---

[1] The Civil Contingencies Act 2004, section 1.

[2] Humanitarian Assistance Strategic Guidance (Department for Culture, Media and Sport (DCMS)); A detailed guide to roles and responsibilities in Humanitarian Assistance (DCMS); Humanitarian Assistance in Emergencies: non-statutory guidance on establishing Humanitarian Assistance Centres (DCMS and ACPO)

2. What are Human Aspects in emergencies?

For the purposes of this guidance, Human Aspects (HA) refers to the impacts on individuals during and after an emergency. It may also refer to the activities carried out to support those affected.

> "Those activities [that are] aimed at addressing the needs of people affected by emergencies; the provision of psychological and social aftercare and support in the short, medium and long term."
> (Eyre et al, 2007)

The overarching aim of any activity to consider the HA should be to provide appropriate care and support for all those who have been affected by an emergency. This may include survivors of an incident, the family and friends of survivors and the deceased, those responding to the emergency, and the community living and working in the area affected.

Addressing the HA in any emergency can comprise a broad range of activities, some of which may continue long after the incident occurred. These can include:

- emotional support
- first aid
- shelter, food, clothing
- information updates about the incident and individuals directly involved
- advice and support on financial, legal and insurance issues
- support to restore social networks
- opportunities for remembrance/memorialisation
- input into any evaluation process following the emergency (for example a public inquiry).

The remaining chapters of this guidance describe how to identify, plan and deliver activities to address HA in order to support those affected by an emergency. An organisation or Local Resilience Forum may appoint an individual as the 'Human Aspects Co-ordinator' to clarify responsibilities for planning efforts. Where appointment does not exist, the Local Resilience Forum may wish to determine who within the membership might take this forward.

To note: HA may sometimes be referred to as 'Social Care in Emergencies'; similarly the term 'Humanitarian Assistance' may refer to the activities carried out during and after an emergency to meet the needs of those affected. To avoid confusion, this guidance uses the term 'Human Aspects' throughout.

3. Identifying the needs of individuals affected by emergencies

Before an emergency occurs...

An emergency may affect a broad range of individuals in many different ways. Planners should take into account not only the needs of those who have been *directly* involved in an incident, but also those *indirectly* affected. Those indirectly affected may include the family and friends of the survivors and deceased, responders attending the incident and all those living and working in the community where the incident occurred. For very high impact events, consideration may also need to be given to the needs of the broader public, for example providing them with information about the incident, or providing them with the opportunity for remembrance and reflection.

It is impossible to predict how any one individual will react to a specific incident: some will respond in a way that they would not even have predicted themselves. It is, however, possible to plan and prepare for the likely needs of those who will be affected well in advance of an emergency occurring. To do this, planners should first identify any impacts on local populations likely to arise from the range of risks outlined in their Community Risk Register[3]; this process is sometimes known as a 'community needs assessment'. Identified impacts should then be synthesised into a set of 'common HA consequences' which will form the basis of HA planning assumptions across the range of local risks. These assumptions will enable planners to prepare appropriate mechanisms, resources and activities to deal with the worst impacts they face, for example in terms of likely numbers of casualties and fatalities, numbers of individuals likely to be displaced from their homes and numbers of individuals likely to require psychological support.[4]

Once an emergency has begun...

It will be important to continue to identify, monitor and consult with affected individuals as the emergency unfolds. This will help those co-ordinating and delivering the activities to adjust plans and support activities to ensure that individual needs are being met in the most appropriate and effective way.

As recovery begins...

The needs of those directly and indirectly affected are likely to be quite different in the short, medium and longer term following a crisis. As time goes on their needs are likely to become more complex and specific. Depending on the emergency, some individuals are likely to require support and advice long after the incident first occurred. Wherever possible, preparation for these long-term needs should happen well in advance of an incident. Recovery planning should incorporate input from Directors of Social Care, since

---

[3] Regulation 15 of the Civil Contingencies Act 2004 (Contingency Planning) regulations 2015.
[4] You can find further guidance on planning for HA needs in chapter 4 of this guidance.

statutory social care services (whether delivered directly by the LA or not) will normally form an integral part of the longer-term support package.

Vulnerable Groups

Whilst anyone involved in an emergency may have difficulty dealing with complications arising from it, vulnerable individuals are likely to be disproportionately affected. For example, they may have particular difficulty in getting around in the absence of public transport services, or in accessing information and advice. It is therefore very important to consider and plan for the specific needs of vulnerable individuals during and after an emergency.

Vulnerable groups may include (but are not limited to):

- older people and their carers
- those with disabilities and their carers
- children and their carers
- pregnant women
- those with serious or chronic illnesses (including asthma, diabetes, heart conditions, cancer, mental illness)
- those whose first language is not English.

Not all these groups will necessarily be vulnerable in every emergency and some individuals who may not normally be considered vulnerable may temporarily become so in particular circumstances. Vulnerability may also depend on the concurrence of a number of characteristics, for example being older and living alone.

Children and young people

Children and young people have distinct vulnerabilities in emergency and disaster situations, including unique physiological and developmental needs. These will vary depending on a number of factors including age, gender, culture, disability and socioeconomic status. Wherever possible, children and young people should be involved and considered in community needs assessments. Following an emergency, those providing support should aim to involve and empower children in their own recovery as far as possible.

Diverse Communities

An emergency occurring in the UK may involve diverse communities with different and specific needs. Local responders and HA planners should identify the specific needs of communities who may be affected by an emergency in their area, taking into account factors such as culture, language and faith to ensure that services provided are suitable for all. Some communities, such as faith communities, may already have established emergency plans; it is important that these are incorporated into broader HA plans as far as possible. Early engagement and planning will be crucial to ensuring that the needs of diverse communities are met.

Data Sharing and Protection

The key principles for data sharing within the context of HA are:

- The starting point for emergency responders should be to consider the risks and potential harm that may arise if they do **not** share information. However, they should always consider whether the objective could still be achieved by sharing less, or no, personal data.

- Category 1 and 2 responders should be confident in sharing personal data in emergency planning, response and recovery situations provided the Data Protection Act 1998 is complied with, which is likely in most emergency situations.

- Data protection legislation does not prohibit the collection and sharing of personal data. Instead, it provides a framework for personal data to be used with the confidence that the privacy rights of affected individuals are being respected.

It is important to ensure effective data sharing between responders and other delivery partners involved in addressing HA during and following an emergency. Failure to share data can lead to affected individuals not receiving the support they need, when, or as soon as they need it and may compromise the overall response to the HA. Planners should incorporate data sharing and protection protocols in their planning and ensure that all delivery partners who may have to handle data belonging to affected individuals are aware of their responsibilities. In particular, planners should familiarise themselves with the Data Protection and Sharing – Guidance for Emergency Planners and Responders,[5] which explains in detail the points set out here.

The guidance provides detailed information on sharing data in, and after, an emergency. It explains that responders should be *"re-assured that if they decide in good faith that it is appropriate to share personal information during an emergency, then they are extremely unlikely to be personally legally liable if- after the event- it turns out that the information sharing was not lawful. In the unlikely event of a complaint or mistake, any action or claim for compensation would almost certainly be made against the organisation concerned (and if not you could expect your organisation to support you)".* [6]

Gathering and sharing of personal data in an emergency situation

It is a common misconception that the Data Protection Act 1998 prevents personal data[7] being shared unless the subject has been given consent. The Data Protection Act instead provides a framework where personal data can be shared where certain conditions are met. Consent is only one of a number of conditions under which personal data can be shared. In an emergency situation, or in the aftermath, personal data can be shared if

---

[5] www.gov.uk/government/publications/data-protection-and-sharing-guidance-for-emergency-planners-and-responders
[6] Data Protection and Sharing- Guidance for Emergency Planners and Responders, paragraph 1.1.
[7] Note that personal data by definition in the Data Protection Act does not include data relating to the deceased.

responders consider it is necessary to protect the individual where there is a risk of significant harm to life, or for example, if it forms part of the exercise of functions in the public interest (i.e. activities to address the HA arising from an emergency).

Health and care staff should share information where there is a clear public interest in doing so. Every NHS and social care provider has a Caldicott Guardian, who is a senior person responsible for protecting patient confidentiality and enabling appropriate information-sharing. Staff who would like guidance on sharing information during an emergency should consult their Caldicott Guardian for advice.

Dealing with personal data gathered and/or shared in an emergency situation

Even if the data gathering and/or sharing itself is fair and lawful, it is important to ensure that the data is handled properly both during and after the event in accordance with the other data protection principles in the Data Protection Act 1998. For example, data obtained in an emergency situation should not be used for any other purpose that is incompatible with the purposes for which it was obtained in the first place. Responders will also need to ensure that any personal data they hold is kept securely and access is controlled. Any data collected should not be held for longer than is necessary and should not be excessive. These types of considerations should be addressed in the course of pre-planning, in terms of having a plan for how data will be dealt with in the aftermath.

4. Planning activities to address the Human Aspects

Once specific HA planning assumptions have been determined, planners can begin to identify the activities and resources that will be required to address them and build these into a coherent plan.

Activities to address HA will vary depending on the nature and scale of the emergency and may require a wide range of delivery partners to implement them. It is important to identify and agree who will be responsible for delivering each aspect of the plan as early as possible (see also chapter 5). Activities will also need to reflect the changing needs of those affected as the emergency evolves through response into recovery. In some instances, these activities will continue for many months or years after the emergency occurred and this may require sustained coordination from delivery partners. The range of activities required to meet the needs of individuals over time is summarised at Annex A. It is organised according to the following phases:

Stage	Timeframe	Characteristics
Immediate	First few hours	This may be sudden and unexpected (e.g. transport incident, terrorist attack) or slower and predicted (e.g. severe weather/flooding). This phase is likely to be characterised by intensive activity to resolve the most damaging immediate impacts. It may be chaotic and traumatising for those affected.
Short Term	Following hours and first few days	It is likely that action will have been taken to stop or mitigate the most severe impacts of the incident. Response activity may be well organised and prioritised at this point, but may still be intensive.
Medium Term	First few weeks and months	This phase is characterised by the shift from response to recovery, clean-up and establishing interim solutions to issues caused by the incident (e.g. temporary accommodation for people evacuated, temporary transport solutions etc).
Longer Term	Following months and years	Longer term recovery activity (for example, psychosocial support, remembrance, financial and legal support).

(The timeframes used here and at Annex A are indicative only. The timeframe for each phase and the likely activities taking place within it are fluid and will depend on the specific nature and scale of the incident that has occurred).

Human Aspects in Emergency Management

HA plans should be developed to reflect the local context including local risk profile, demography, local infrastructure and named delivery partners. They should also be flexible enough to accommodate:

- A range of emergency scenarios: grouping specific impacts together under 'common consequences' will help achieve this.

- Small or large scale incidents and those occurring over multiple sites or across LRF boundaries.

- Unforeseen issues and/or some issues requiring more resource/time than anticipated.

- Concurrency: many of the activities required to meet HA requirements will need to be carried out at the same time; this is a particularly important consideration when planning the resources that co-ordinators and delivery partners will need to carry out activities delegated to them.

Plans should be developed in collaboration with delivery partners and other stakeholders. Wherever possible, representatives of those who may be affected in an emergency should also be consulted and involved in testing and exercising. It will be particularly important to consult with vulnerable groups (or their representatives) who may have needs that will require specific planning. Completed plans should be shared with delivery partners to enable them to develop their own plans for the activities they are responsible for; they should also be notified of any changes as the plan is reviewed and revised over time.

Overseas Emergencies

As well as planning for the HA consequences of UK-based risks, it is important to consider overseas incidents that may affect British nationals overseas and their families/friends in the UK. The guidance given in this document is applicable to both overseas and UK incidents, although those occurring overseas may present different challenges. There will also be particular challenges in supporting families and friends based in the UK, since getting accurate, timely information from overseas may be more difficult than in a UK-based incident. The Foreign and Commonwealth Office (FCO) is the lead department for overseas emergencies and, where available, will be able to provide information about the nature and scale of an incident. This should help UK-based responders identify what assistance returning individuals may need. For family and friends in the UK, it should be expected that they will arrive at airports or other transport hubs seeking information about loved ones and that they may wish to travel to the incident site.

The Foreign and Commonwealth Office (FCO)

Where an overseas emergency affects British nationals, the FCO may provide an assisted departure or evacuation to the nearest place of safety or the UK. The FCO can assist British nationals, dual British nationals and, in certain circumstances, the immediate family of a British national (restricted to the individual's spouse/partner and any dependent children under 18). The FCO cannot help wider family members or nationals of other countries even if they have been living lawfully in the UK. The decision to run an assisted departure or evacuation for British nationals is made on a case by case basis with

ministerial approval, once all other options have been fully explored and after British nationals have been advised to leave by commercial means where possible.

Where an overseas incident requires the return of British nationals to the UK, the Department for Communities and Local Government (DCLG) and/or Devolved Administrations may provide advice and guidance to assist LAs to support vulnerable returnees. The needs of those returning from abroad will vary according to the nature and scale of the emergency but are likely to be similar to those of individuals affected by an emergency in the UK, for example the need to access emotional or psychological support, financial assistance and legal advice.

Rapid Deployment Teams

The FCO has a pool of over 200 volunteers from around the world that form four regional Rapid Deployment Teams (RDTs). The RDTs can be deployed overseas at short notice to provide consular assistance to British nationals and their families, working alongside personnel from the UK mission in the affected country. The FCO has also established strong links with the British Red Cross which provides psychosocial support officers to deploy alongside an RDT. When required, the FCO can also deploy Disaster Victim Identification specialists from the UK Police.

FCO Exceptional Assistance Measures

The FCO may also be able to offer specific assistance to British nationals caught up in a terrorist attack overseas through the Exceptional Assistance Measures (EAM), in recognition that many travel insurance policies explicitly exclude acts of terrorism. Assistance may include repatriation of human remains, payment of immediate medical expenses and flights for families to the site of the incident. The measures are only activated in extremis, on a case-by-case basis and are at ministerial discretion. This decision will be informed by the other potential sources of financial assistance available and that the UK government has deemed the incident to be an act of terrorism. EAM will not be made available to those who have travelled to a country for which the FCO has advised against all travel. EAM do not cover medical care in the UK or longer-term care following the incident. Access to a range of services offered through the LA may therefore still be required, as the measures will only provide immediate financial support rather than longer-term emotional support or help accessing other services once in the UK.

Department for International Development (DFID)

DFID lead on providing Humanitarian Assistance to overseas countries affected by emergencies, in compliance with international humanitarian principles. DFID and FCO, and other departments if necessary, will work together following an emergency to provide a cross-government response.

Case Study: Nepal Earthquake 2015

A 7.8 magnitude earthquake struck 81km west of Kathmandu on Saturday 25 April. Popular trekking destinations were affected which increased the likelihood of British nationals being involved. Aftershocks followed, including a significant quake on 26 April. A cross government crisis response was activated on Saturday 25 April. Immediate response priorities were to identify and give assistance to any British nationals involved in the crisis and deliver the consular response. The Foreign and Commonwealth Office (FCO) deployed a team of 28, including FCO staff members and British Red Cross staff to Nepal, to assist with the response.

A large volume of calls were taken, including repeat callers, and call volumes increased dramatically following the second quake on Sunday 26. The majority of calls came from concerned relatives and friends in the UK, rather than from people in Nepal. Communication infrastructure was affected by the crisis, which meant that many of those in Nepal could not contact family members directly. The FCO received a large volume of follow up calls from people seeking information on specialist advice and support.

Some of the support offered to British and dual nationals included signposting travellers to available exit routes and providing assistance to those who had lost passports and belongings in the earthquake. Flights out of Nepal, to the UK and to New Delhi, were also offered to some British nationals, though many chose to stay in country or to use their own travel routes onward. The FCO liaised with the Department for Communities and Local Government (DCLG) to ensure assistance was provided to those who needed it on return to the UK, including arrival arrangements at the airports and media handling advice.   We advised those affected by the earthquake to seek medical support on arrival in the UK if they needed it. This may have had an impact on medical services, though the numbers involved were relatively small.

The above case study outlines a consular response with the focus heavily on assisting British nationals and their dependents. The FCO may deal with political or terrorist crises, which will necessitate similar assistance to those affected but require different follow up support arrangements. Following the crisis in Yemen in April 2015, a number of British nationals who had been long term residents in Yemen needed longer term resettlement support when they returned to the UK, including housing and information regarding access to benefits. In very exceptional circumstances, the FCO may offer assisted departures or evacuations to British nationals affected by a crisis. When that happens the FCO will inform DCLG of those affected so that they can liaise with Local Authorities to offer assistance. However, in most circumstances British nationals will make their own way back to the UK following a crisis and may contact Local Authorities directly.

5. Engaging and co-ordinating delivery partners

Coordinating the Emergency Response

Provision of activities to address the HA of an emergency will require leadership and careful coordination as part of the wider response effort. For no notice incidents, the police will normally coordinate the entire response effort with other arrangements in place as set out within local response plans for "rising tide incidents". Further guidance on these arrangements is available within Emergency Response and Recovery[8].

With regards to addressing HA in particular, "minimising harm and alleviating suffering" are strategic objectives in almost all emergencies. It will therefore follow that a Strategic Coordinating Group (SCG) will wish to know what plans are being implemented to achieve this and Local Authority representatives will be expected to report on this.

At the Tactical level, the Tactical Coordinating Group will assess the arrangements currently in place and establish if further action is necessary making recommendations and requests to the SCG as appropriate. Local Authorities (LAs) will be best positioned to plan and co-ordinate any response to the HA considered necessary. It is, important for all LRF members to understand the broad context of the arrangements to address HA in their area, as well as any specific responsibilities they may hold themselves. For example, the police in opening and initial operation of Survivor Reception Centres or activating Casualty Bureau. In certain emergencies, particularly those affecting more than one LRF, it may be necessary for the Government to co-ordinate the response to the HA.

When developing local plans, consideration should be given to the role that the local voluntary sector could play. More information on this is available in section 5.

The Survivor Reception Centre and the Friends and Family Reception Centre will link in to the Command, Control and Coordination structure as shown overleaf:

---

[8] Emergency Response and Recovery, HM Government, 2013. https://www.gov.uk/government/publications/emergency-response-and-recovery

```
                    ┌──────────────────┐
                    │    Strategic     │
                    │   Coordinating   │
                    │      Group       │
                    └──────────────────┘
                             ↕
                    ┌──────────────────┐
                    │     Tactical     │
                    │   Coordinating   │
                    │      Group       │
                    └──────────────────┘
                             ↕
┌──────────────────────────────────────────────┐     ┌────────────────────────────┐
│ Local Authority Manager/ Crisis Support Team  │     │ • Keep LA tactical         │
│ Manager is the                                │     │   lead updated             │
│                                               │     │ • Ensures safe arrival     │
│          SINGLE POINT OF CONTACT              │ ··> │   of all staff             │
│                                               │     │ • Requests for             │
│ Managing the welfare function on behalf of the│     │   additional assistance    │
│ police and feeding back                       │     │   or resources             │
└──────────────────────────────────────────────┘     └────────────────────────────┘
      ↕            ↕              ↕             ↕
┌───────────┐ ┌───────────┐ ┌───────────┐ ┌───────────┐
│ Crisis    │ │ Voluntary │ │ Faith     │ │ Staff     │
│ Support   │ │ Sector    │ │ Support   │ │ Welfare   │
│ Team/ LA  │ │ Agencies  │ │           │ │           │
│ support   │ │           │ │           │ │           │
│ staff     │ │           │ │           │ │           │
└───────────┘ └───────────┘ └───────────┘ └───────────┘
```

Engaging Delivery Partners

Many organisations have a statutory duty to carry out activities that will form part of the response to the HA of an emergency.[9] Responsibility for co-ordinating and delivering other activities may vary according to the type and scale of the emergency scenario and the local context. For example, a variety of voluntary sector and community groups may take responsibility for some activities in both response and recovery, in agreement with the LA and emergency responders. In a transport incident, the relevant operating company may also support activities related to the HA.

It is important that the organisation responsible for co-ordinating the local response to the HA engages with all other delivery partners at the earliest possible stage of planning. The co-ordinating organisation should agree with each delivery partner exactly what their responsibilities will be during and/or following an emergency incident. It may be appropriate to do this through a memorandum of understanding or similar terms of reference, particularly for organisations with no statutory duty. This process will also provide assurance that delivery partners are properly prepared and able to deliver whatever activities will be required of them when an emergency occurs.

In particular, the agency co-ordinating the response to the HA should ensure that each delivery partner has a clear and specific understanding of:

---

[9] For further information see Annexes B and C of this guidance. Note this is intended to list some of the main duties and is not intended to be a comprehensive list of all such duties.

- the scope of the activity they are expected to deliver - what they should deliver and how it should be delivered, including any expected outcomes (e.g. delivery of food/water supplies for xx individuals; first aid support for up to xx individuals at the Survivor Reception Centre etc)

- when they will be expected to start and finish delivery (what are the trigger mechanisms for carrying out their expected duties? When will they stand down?)

- governance - command, control and communications chains (who will they report to? Will they be expected to manage other teams / volunteers etc? Will they need to inform anyone else about progress on the activity they are delivering?

- the range of delivery partners they will be working with / supporting and the activities they will be delivering.

Delivery partners who will be expected to work closely together during an emergency should be encouraged to meet regularly to ensure their planning is complementary and to build rapport between teams. If possible, the agency responsible for co-ordinating the activities to address the HA should facilitate regular (e.g. six-monthly) meetings of all delivery partners to help them maintain an overview of broader planning and to provide an opportunity for them to engage with all other partners.

Joint Emergency Services Interoperability Principles (JESIP)

HA planners should be aware that emergency services are working towards interoperability, through a common way of working that is set out in the JESIP doctrine. The Joint Doctrine: the interoperability framework[10] sets out a standard approach to multi-agency working, along with training and awareness products for organisations to train their staff. This practical guidance is aimed at improving multi-agency response.

Blue light services and other responding organisations are integrating the JESIP principles into all policies, procedures and planning assumptions.

---

[10] http://www.jesip.org.uk/uploads/resources/JESIP-Joint-Doctrine.pdf

Case Study: Rail Incident Care Teams

In February 2007, the Virgin London to Glasgow express train derailed at Greyrigg in the Lake District. The incident resulted in the death of one person and injuries to 22 others, who were treated at Lancaster and Preston hospitals. It also saw the first major deployment of a Rail Incident Care Team (RICT), who provided a range of practical support, including:

- Transportation of family members to Lancaster and Preston hospitals – this included one inter-continental flight

- Arranging and funding accommodation for families and friends close to the hospitals

- Replacement of a damaged mobile phone (to allow the individual to quickly re-establish contact with family/friends)

- Private ambulances to transport two of the more seriously injured from Lancaster/Preston to a London hospital, which was much closer to their homes, allowing family and friends to visit them more easily

- A new car wheel for the parents of one of the more seriously injured, who had experienced a puncture while travelling to visit their daughter in hospital

- A new carpet for the local primary school following its use as a survivor reception centre (the train was derailed onto a muddy field on a wet night)

- Replacing a pen and pencil set given to one of the survivors some 50 years previously by their father and lost in the accident – an item of enormous sentimental value

- Accompanying two of the survivors on the first train journey they made (on the same route) once they had recovered sufficiently

- General emotional and practical support.

Following the incident, some of those affected expressed how valuable this kind of swift, practical support can be in alleviating some of the emotional impact of such an event.

'Without the dedication and compassion shown by your colleagues, I have no doubt we wouldn't have come through it quite the same...'

'We appreciate the fact that there was such a well organised team ready to respond to such a crisis and in particular that people were ordinary volunteer workers from Virgin and not professionals…'

Embedding activities to address Human Aspects across the emergency cycle

Provision of activities to address the HA in an emergency will be most effective if consideration of the impacts on individuals, needs and planning are incorporated across the broader emergency cycle, including as part of:

- <u>risk assessment:</u> what are the HA implicit in any risk; how will individuals be affected by a specific scenario?

- <u>planning for specific risks:</u> what are the HA going to be if there is a flooding event, or a transport incident or pandemic flu etc?
- <u>capability assessment:</u> what resource is required to meet the needs of individuals identified in any given risk?
- <u>exercising/testing:</u> how will the arrangements be tested to establish their practicality and confirm organisations' roles and responsibilities?
- <u>evaluation/lessons learned</u>: what will the process be for learning from exercises or deployments to improve provision next time round?

Case Study: South Yorkshire LRF – Human Aspects Planning Approach

South Yorkshire Local Resilience Forum (SYLRF) has a formal HA Working Group. The group aims to develop and embed HA capability within the LRF civil contingencies arrangements but also to develop and embed a *culture* of considering HA in emergency planning, response and recovery. This culture encourages responders to consider the HA **throughout** the emergency cycle, rather than as a completely separate capability.

Risk Assessment

The group has included HA considerations in the risk assessment process, ensuring these are undertaken in the early stages of preparing contingency plans, arrangements and mitigation activities.

Contingency Plans

The LRF uses an HA impact and needs considerations template that is completed as part of the planning process. This covers:

- consideration of impact(s) on those affected

- timeline of impact(s) - immediate, short-term and long term

- identification of needs and how they will be supported as a result of the incident

- identification of who will meet needs (organisations, leads and agreements)

- arrangements for the care and support of responding personnel.

Training and Exercising

The LRF has established a set of objectives that can be included in exercise and training opportunities with the overall aim of considering the impacts on individuals and communities, and identifying the actions required to meet their needs. Potential exercise objectives include:

- identification and profile of who will be affected by the risk or emergency being considered

- identification of the likely impacts on those affected in the short, medium and long term

- identification of the resulting needs of those affected by the risk or emergency being considered (including responders' needs)

- identification of how these needs will be met and by which organisation

- HA response capacity and co-ordination

Response

Strategic HA response considerations are used by the LRF in its response and recovery arrangements. The HA working group supports the strategic command and control arrangement when activated and provides specific advice on HA: this includes impact assessments, needs assessments, capability and capacity, and recovery planning considerations.

The Voluntary Sector

It has been demonstrated on many occasions that the voluntary sector can provide valuable additional support during every stage of an emergency. The voluntary sector has a significant resource of trained and skilled individuals, as well as vehicles, premises and other emergency equipment that may be deployed in both response and recovery. In particular, local communities and voluntary sector organisations are often well placed to provide practical and emotional support following an emergency. Effective use of communities, volunteers and voluntary organisations can free up emergency responder capacity, especially to deliver specific, focused activities.

Smaller voluntary organisations and community groups should not be overlooked during planning. As well as providing additional resource, the involvement of local community groups can help to strengthen social networks and can to contribute to an individual's wellbeing following an emergency.

As with any other delivery partner, relationships with voluntary sector and community organisations must be embedded well in advance of an emergency – it will also be vital for them to collaborate with other delivery partners (especially emergency responders) to understand and agree the division of responsibilities.

The voluntary sector in the United Kingdom is very large and diverse and in some cases they may be able to offer support that other delivery partners cannot. The capability in each local area will vary, but some examples of support include:

Welfare

- Emotional support
- Assessment of an individual's needs
- Bereavement support
- Support at mortuary viewing area

Advice

- Signposting to other services and organisations
- Call centres
- Support lines
- Advice on loans and claims

Practical support

- Advocacy services
- Care of pets
- Provision of clothes
- First aid and medication
- Mobility aids
- Community outreach

Social and psychosocial aftercare:

- Befriending

- Advocacy
- Listening skills
- Support groups
- Spiritual and faith support

Staffing

- Extensive personnel and volunteer trained network
- Staffing of centres: Rest Centres, Family and Friends Reception Centres, Survivor Reception Centres, Humanitarian Assistance Centres

Transport

- Transport to and from rest centres/hospitals/transport hubs/mortuaries etc
- Transport of homeless
- Disabled passenger vehicles
- Assistance with evacuations to a place of safety
- Specialist vehicles including 4x4s for evacuations, emergency communications vehicles

Communications

- Radio and telephone link
- Interpretation and translation services
- Resilient radio communications

Refreshments

- Meals on Wheels
- Emergency canteens

Staffing

It is important that planners identify adequate numbers of trained personnel to deliver the range of activities to address the HA effectively; these may be drawn from the voluntary and community sectors as well as statutory services. Planners should agree staffing resources with all delivery partners and ensure that any personnel deployed will be appropriately trained for the role assigned to them. Delivery partners and HA planners have a duty of care to personnel delivering the activities to address HA. All personnel should be given appropriate rest periods and refreshments and should be given a private space to take breaks away from those they are supporting wherever possible to ensure staff welfare. They should also be offered appropriate debriefing and ongoing support once they have been deployed, including advice on recognising and coping with stress.

Planners should be aware that although spontaneous volunteers may be motivated to provide unpaid support, they may not be appropriately trained to deliver certain activities.

Training

A core number of personnel contributing to a response to the HA need to be properly trained in advance of deployment. Wherever possible, multi-agency training should be arranged so that everyone involved (whether blue-light services, LA, voluntary sector etc) understands their role and responsibilities and can meet other personnel they will need to work with during an emergency.

Training packages will vary depending on the arrangements in each LRF/LA area, but are likely to cover:

- what is meant by HA (ensuring there is a common understanding and shared approach)
- which agency/individual is responsible for delivering certain services (e.g. who opens a Rest Centre, who is responsible for setting up/managing an online support site etc)
- other roles relating to HA, such as the Coroner and Police Senior Identification Manager
- relevant legislation (Civil Contingencies Act 2004 etc)
- delivering emotional 'first-aid'/immediate psychosocial support for those expected to work directly with affected individuals in the immediate aftermath
- how to manage personnel who have returned to work following deployment
- understanding the communities which may be affected
- how to build HA capability going forward (using lessons learned, risk assessments, community impact assessments) and integrate it into the wider emergency planning cycle.

Security

Planners will also need to ensure there are security arrangements for any services to respond to the HA, whether based in a building, online or over the phone. It is important to ensure that those accessing support services, particularly where there is opportunity to access others affected by an incident, are genuine users and do not present a security or privacy risk.

In physical environments the police may provide some assistance initially but planners will need to arrange alternative security in the longer term. In virtual environments considerations may include monitoring and moderating discussion forums as well as 'members-only' sections.

6. Delivering activities to address the Human Aspects

There are a number of ways of responding to HA of an emergency, some of which are outlined in this chapter. It is important that all those affected are able to access appropriate support to meet their needs. Often this can be achieved by running more than one of the mechanisms set out here. The most appropriate mechanism will depend on the nature and scale of the specific emergency, so it is important for plans to be flexible enough to accommodate a range of options. Whatever mechanisms are used, they should be carefully linked and co-ordinated to ensure affected individuals are given the support they need in the most efficient way. In particular it is important to minimise stress and intrusion by reducing bureaucracy and information requests as far as possible, especially as individuals move from one support service to another.

First few hours

In the **first few hours** after the onset of an incident, the following mechanisms may be set up:

Casualty Bureau

Casualty Bureau is established by the Police as a mechanism for receiving and collating all data about casualties. Information received through a public-facing telephone line is collated and processed by a police team to:

- gather as much information about the incident as possible - information is processed and disseminated as appropriate to inform ongoing response operations and communications
- help trace and identify individuals who have been involved in the incident
- reunite missing persons with family/friends.

Casualty Bureau numbers may be linked to telephone support lines, which will provide initial support and signposting for those contacting the Bureau line.

Survivor Reception Centre (SuRC)

A SuRC may be established near the site of the incident by the Police to provide a secure area for survivors who do not require acute medical treatment. A SuRC can provide first aid and immediate shelter and should also signpost survivors to further support. The LA, supported by other trained volunteers as appropriate, should ensure welfare support and follow-up advice is provided for those at the SuRC.

The voluntary sector may support the Local Authority with the provision of welfare on behalf of the police, including first aid. They may also be able to provide practical support to survivors such as refreshments, mobility aids or spare clothing.

Family and Friends Reception Centre (FFRC)

FFRCs are also set up by the Police and supported by the LA. They are a focal point for relatives and friends of individuals affected by an emergency. The LA, supported by other trained volunteers as appropriate, will need to ensure emotional support is available to those at the centre. Family and friends should be provided with information about their loved one by the most appropriate agency as soon as it is available and in a sensitive way (for example notification that a person is deceased will be through police family liaison officers). The FFRC may also provide information about other support services available.

The voluntary sector can help to staff FFRCs and signpost friends and family to further support, as well as providing emotional support and practical support such as refreshments.

Rest Centre (RC)

Rest Centres are usually established by the local authority to provide short-term temporary accommodation for individuals displaced by the emergency. They may be staffed by a range of voluntary sector representatives, community groups and other responders who may offer practical and emotional support and signpost affected individuals to further support in the short-medium term.

As well has helping to support the LA in Rest Centres, the voluntary sector may be able to assist with a range of practical and emotional support.

Short-medium term

In the **short-medium** term, a number of mechanisms may be established to provide HA.

Humanitarian Assistance Centres (HAC)

A Humanitarian Assistance Centre (HAC) is a physical place/building that functions as a 'one-stop-shop' where those affected by an emergency can access a range of support. It is opened, managed and staffed by the LA with supporting organisations brought in as required, such as the police, the voluntary sector and the NHS. If it is considered necessary, a HAC is usually opened within 48-72 hours after the onset of an emergency. Before the HAC is opened it is important to ensure that it is sufficiently equipped and staffed to provide individuals with appropriate support. to individuals who have been affected by the emergency. It is important not to open the HAC prematurely as this could compromise the effectiveness of the support that is provided.

The HAC can provide short-medium term support, including:

- a safe, private space away from the public/media to meet with others affected by the emergency
- a place to talk to representatives from various organisations involved in response and recovery, including the LA, police, and voluntary sector
- legal advice
- advice on financial support, including benefits and compensation
- information about the incident, including ongoing investigations (e.g. criminal, safety etc)

- emotional support
- access/signposting to psychological support where appropriate
- refreshments
- access to showers and other washing facilities where individuals' water or power supplies have been disrupted.
- support with childcare.

The range of personnel and level of support available at any HAC will depend on the nature and scale of the emergency.

Points to consider:

- HACs offer a focal point where individuals can feel safe and supported, but may not be accessible to those living far away from them. Planners should therefore consider establishing more than one HAC, or setting up additional telephone support lines/websites if individuals have been affected across a wide area.

- HACs require the extended use of a suitably sized and equipped building to accommodate personnel and visitors with separate areas/rooms for different facilities and privacy. Planners should identify and make arrangements to use a variety of suitable sites (which may be publicly, charity or privately owned or operated) in different locations so that a HAC can be established close to wherever an incident occurs.

- HAC personnel will be in direct contact with a range of individuals including children and vulnerable adults, and may therefore need the appropriate criminal records checks if they are going to be left alone with these visitors. It is especially important to consider this with personnel who are volunteers. It may also be necessary to provide child-friendly spaces in an HAC, where children can engage in activities designed to build their coping skills and support their recovery. This will require suitable personnel who are cleared to work with children and, where required, trained in children's psychosocial support.

- The voluntary sector will be able to offer a wide range of support with the HAC.

Crisis Support Team (CST)

A Crisis Support Team (CST) is trained to provide support to those affected by an emergency, including survivors and the family and friends of those involved. CSTs are usually comprised of personnel from the LA and other agencies, such as the voluntary sector and NHS. In a transport-related incident, the operating company may have its own assistance team. Where transport operators and other similar organisations are involved, it is important that they work closely with local responders and the Strategic Co-ordinating Group (SCG), so that roles and responsibilities remain clear and the SCG retains overall control of the response.

Usually CSTs will offer emotional and practical support in the first few days following an incident and will help those affected access other support services available. In some cases they may continue to work with individuals in the medium – longer term.

Human Aspects in Emergency Management

Where Police Family Liaison Officers (FLOs) are deployed as the point of contact for families involved in body identification processes or police investigations, CSTs may offer additional HA support. In this type of arrangement, it is important for the CST to build a close relationship with FLO teams and clearly define respective roles and responsibilities in planning as early as possible to avoid confusion for those receiving FLO/HA support.

Points to consider:
- CSTs provide a single point of contact who can offer emotional and practical support for individuals affected by an emergency. The number of personnel deployed will depend on the scale of the emergency.
- CSTs do not offer a single, physical location where affected individuals can come together and talk to a range of support providers, but CST personnel can be flexible about where and when they meet affected individuals.
- CST personnel need to be appropriately trained and able to build an effective relationship with those they support. Some individuals will not wish to have any assistance from a CST, or might wish to change the CST member assigned to them. Affected individuals must be given a choice in this regard.
- The voluntary sector may support the LA with the welfare function if they are requested to do so.

Case Study: Devon County Council - Crisis Support and Defuser Teams

Devon County Council (DCC) and the Police have worked together for more than ten years to form teams that are capable of working together seamlessly in the event of an emergency involving loss of life, to ensure that the provision to meet the needs of those affected is joined-up and appropriate. Plans have been informed by lessons identified during training and exercising, and insight provided by speakers from Disaster Action. All those involved are trained to understand the traumatic environments within which they will work. In addition, work completed with Devon, Cornwall and Isles of Scilly Local Resilience Forum (LRF), Exeter International Airport, the voluntary sector and the Devon Faith Response Team (DFRT) has assisted the planning process.

The teams are as follows:

The Police - Major Disaster Room Managers (MDRMs)

- MDRMs are a substantive Sergeant or above. All who volunteer are trained to manage a SuRC, FFRC or hospital documentation team. They would also attend a rest centre in a liaison capacity.

- The team trains and exercises with DCC's Crisis Support Team (CST) and Defuser Team.

The Crisis Support Team

- Includes volunteers from Social Care Services, the voluntary sector, NHS and the Foundation Trust.

- A CST manager would act as single point of contact with the MDRM within a SuRC or FFRC and would support the Police with the provision of welfare.

- The CST manager would manage the welfare function within the centres which includes DCC, the voluntary sector and the DFRT, and would link back to the County Emergency Planning Service with information or requests for further support or resources.

- The team attends the same training as the Defuser Team and is able to use these defusing skills when working with survivors, and families and friends of those affected.

The Defuser Team

- Made up of volunteers trained to ensure the welfare of DCC's responders throughout their shift.

- Trained to provide emotional first aid, allowing individuals time to off-load and talk through the events of their day prior to them going home.

- Check team members have their own support mechanisms in place, including transport.

- Follow up on the CST members and link with their line managers at a later date.

The need was also identified to establish clear responsibility for the different centres that may be set up following an emergency. This resulted in an LRF-wide agreement that the Police will identify, open and manage SuRCs and FFRCs, and the LAs will identify, open

and manage RCs and HACs. This arrangement ensures everyone is clear on their own and each other's responsibilities from the outset, and that time is not wasted on these issues when an emergency occurs.

Online Support Sites (Virtual Humanitarian Assistance Centres)

Online support sites are websites, which can include social media, that provide a single place to access information and support for those affected by an emergency. They act as an online 'one-stop-shop' where affected individuals can speak to one another and access emotional and practical support (for example through other agencies). Support sites may be established soon after an incident has occurred by one of the responder organisations, for example the LA or a voluntary sector organisation. However, those affected may also set up their own support site/s.

Individuals affected by an emergency need to know where to access trusted information and support; numerous support sites may cause confusion and even distress. It is therefore important that planners agree responsibility for establishing, running and developing the 'official' support site with all partners early in planning; in most cases the LA will take responsibility. Support sites should be effectively communicated to all those who may need them and should continue to develop according to the specific nature of the incident that has occurred and the needs of those affected. It will also be important for the agency responsible for the site to monitor social media and engage with any other sites/forums being set up so that they may be co-ordinated as far as possible. For many individuals, the opportunity to run or contribute to their own support site will be a vital part of their recovery, and so it is important that any official site does not prevent this.

Points to consider:

- Online support sites can be accessed at any place or time from a range of devices, allowing a dispersed group of individuals to communicate and access support following an emergency.

- Support sites can be quickly established following an emergency, especially if a site ('dark pages') is prepared in advance.

- Some individuals may be unable to access the internet (particularly in the immediate aftermath of an emergency); others may be uncomfortable using it. Some vulnerable groups in particular may be prevented from using web-based support.

- Many individuals may find a support site impersonal and would prefer to access support through face-to-face contact with support workers or other affected individuals.

- Support sites will require ongoing resource to develop and monitor them as the emergency develops. In particular, official sites hosting discussion forums will need to be moderated for inappropriate posts and inaccurate information.

- The voluntary sector may be able to set up and run support sites and may have a suitable page prepared in advance. Consideration should be given to how best to ensure that sites run by the voluntary sector are monitored and moderated effectively.

Telephone Support Lines

Telephone support lines can be set up to offer a single contact number so that individuals affected by an emergency can access immediate information and/or support. They are established by one of the delivery agencies, such as the LA or voluntary organisation, and staffed by appropriately trained volunteers. Telephone support personnel will be able to provide emotional support and practical advice, and signpost individuals to other support organisations if necessary. Where police casualty bureau telephone lines have also been set up, the support line will need to remain distinct so that it is not confused with the collection of details of missing persons.

Points to consider
- Telephone support lines can be accessed by affected individuals living far away from the incident site (especially relatives / friends concerned that loved ones may have been involved).

- Telephone support lines do not offer a physical location where individuals can come together and speak face to face with a range of support providers.

- In the past, there have been a number of occasions following an emergency where the voluntary sector has set up and run a telephone support line to provide emotional support, advice and signposting to other services.

Statutory Services

In addition to any support services that may be implemented for the specific emergency in hand, there will be a range of existing, statutory services that will play a key part in the response to the HA.

Local Authority Social Care

The Care Act 2014[11] outlines the responsibilities that LAs have for health and social care. Social care is crucial in any response to the HA of an emergency and LAs will be accountable for ensuring the appropriate services are available.

Provision of social care will vary across LAs, since responsibility may be delegated to a range of external providers from the private, public and/or voluntary sectors. Where external providers are delivering social care on behalf of the LA, the LA will remain responsible for activities carried out (or not carried out) by those providers, as described in the Care Act 2014. This applies during emergencies as much as during business as usual.

---

[11] This applies to England in the main. There are similar provisions for Wales set out in the Social Services and Well-Being Act 2014 (in particular Part 2 of that Act) and in the Care Act 2014 there are some provisions relating to cross-border cases.

Human Aspects in Emergency Management

While the LA is the lead agency for response to the HA of an emergency, it is sensible to identify within the LA a lead individual within the authority to make decisions about care services and co-ordinate those organisations involved in providing care. This will involve ensuring existing services can function with heightened levels of demand and making decisions about any new services that might be required to meet needs after the emergency.

In most cases, the Director of Adult Social Care will be best placed to take on this role but, depending on the nature and impacts of the emergency other senior officers may take the lead (e.g. the Director of Children's Services). In any case, buy in and co-operation from the Directors of Adult Social Care, Children's Social Care, Public Health and Housing throughout planning, response and recovery phases will be crucial in ensuring that individuals' needs are met effectively. Engagement should happen both within the LA itself and with other LRF partners, so that all agencies are clear on their respective roles and responsibilities, and understand and contribute to the HA plans in their area.

NHS care

As well as physical care, the key NHS services for addressing the HA will be mental health services, including Children and Adolescent Mental Health Services (CAMHS). Since the implementation of the Health and Social Care Act 2012, LAs have had responsibilities for public health and should therefore already be working closely with NHS partners. It is vital that this engagement extends to HA planning, particularly with regards to the way mental health services will contribute to the response to the HA and how providers will ensure affected individuals receive timely support.

Engagement should happen not only with health providers themselves (who may be from the public, private or voluntary sectors) but also with Clinical Commissioning Groups (CCGs) who are responsible for commissioning or 'buying' health services for their area. This will help ensure that appropriate services are available following an emergency, and that they have the capacity to meet increased demand. While the LRF will be the main forum for this engagement, Local Health Resilience Partnerships (LHRPs) and Health and Wellbeing Boards present further opportunities to work with partners from across health and social care.

Transitioning and closing support activities / mechanisms

It is important that planners incorporate clear processes for transitioning from one support activity to another – for example ending SuRC and FFRC provision once a HAC is opened - and for closing down activities and mechanisms. Careful assessment and consideration should be given when deciding a service or facility is no longer appropriate or when there is no longer need for them. For example, assessment should extend beyond simplistic measures such as the number of visitors at a particular time given that forthcoming events such as inquests or anniversaries may trigger an upsurge in need. It is crucial to communicate the ending of any support activity with service users well in advance, for example through letters, consultations, or face-to-face meetings. This process will enable the agency co-ordinating the response to the HA to understand what support may still be required and ensure users have access to other services and providers where they need it.

Some individuals may experience support in the early stages of an incident but return to their homes outside the affected area once the response phase is over. This may be especially true of transport emergencies occurring in large urban areas. In these circumstances, the co-ordinating agency should ensure an effective handover with support services (particularly those which are statutory) in their own local area to ensure their long-term needs are met. It is important, however, that all those affected are given the opportunity to remain in contact with others involved in the incident and are kept up to date with information relating to recovery, including memorials and any investigations. Online support sites and telephone support lines can be a useful means of achieving this.
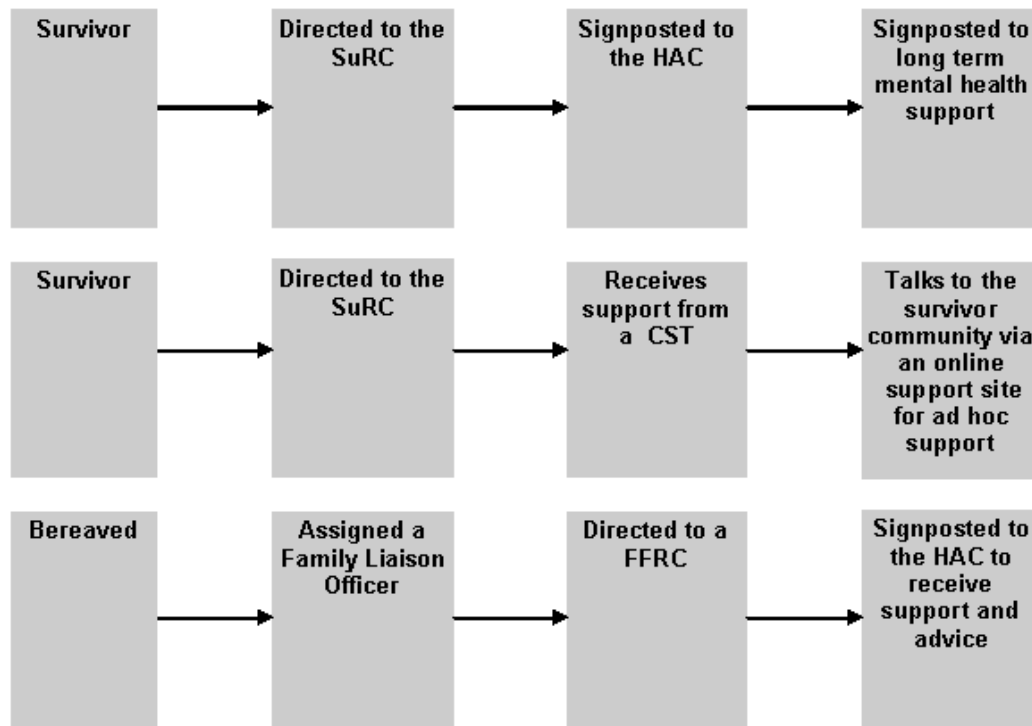
The diagram on the next page gives a guide as to when it is likely to be appropriate to open and close the mechanisms that address the HA, but planners should use discretion, information about the emergency and knowledge of the community to decide which mechanisms are best placed to meet the needs of individuals.

Human Aspects in Emergency Management

First day	First week	First month	1-3 months	After 3 months

Casualty Bureau

Opened as soon as possible by the police (normally up to 4 hours).

Closes once the missing persons inquiries have been completed.

Humanitarian Assistance Centre

Opened and managed by the LA 48-72 hours after an emergency. The VS will support the LA to ensure the welfare of survivors, family and friends. Police, NHS and other supporting agencies will also be in attendance.

Closes when there is no longer sufficient demand for services and individuals have been signposted to further support

Survivor Reception Centre

Opened and managed by the police as soon as possible. The LA will manage the welfare function, assisted by the VS.

Closes once the police have collected sufficient information (or when the HAC opens).

Crisis Support Team

Will be in place within a SuRC and FFRC as soon as possible, which may require police approval if within a cordon.

Offers emotional and practical support in the first few days.

Longer term social care support

Duty on the LA to meet personal care needs of individuals who cannot afford to self-fund their care.

May cease if the individual's circumstances change.

Family & Friends Reception Centre

Opened and managed by the police as soon as possible, supported by the LA. The VS may assist with welfare.

Closes when the police have collected sufficient information or there is no longer a need for the facility.

Longer term NHS treatment– mental/ physical health

NHS services include long term physical health treatment or mental health support.

May cease when the individual no longer requires treatment.

Rest Centre

Opened and managed by the LA, or the VS at the request of the LA, within the first few hours.

Closes once longer term shelter has been arranged for those who need it (up to 4 days).

Telephone support line

May be opened in the first few hours by the LA, or by the VS on behalf of the LA. May link individuals to NHS support where appropriate.
May stay open in the long term or close once demand for the service has decreased.

Online support site

May be opened quickly after the emergency by the LA, or the VS on behalf of the LA. May link individuals to NHS support where appropriate.
May stay open in the long term or close once demand for the service has decreased.

Who's involved?

- Local Authority (LA)
- Police
- Voluntary Sector (VS)
- NHS

30

There are a number of different ways an individual could transition through services following an emergency. The examples below are not exhaustive but provide an illustration of how a survivor or family member may experience the different support mechanisms.

Survivor	→	Directed to the SuRC	→	Signposted to the HAC	→	Signposted to long term mental health support
Survivor	→	Directed to the SuRC	→	Receives support from a CST	→	Talks to the survivor community via an online support site for ad hoc support
Bereaved	→	Assigned a Family Liaison Officer	→	Directed to a FFRC	→	Signposted to the HAC to receive support and advice

Memorials and Anniversaries

In the first few days after an emergency, particularly where individuals have been killed or injured, it is likely that those affected by the incident, as well as the wider community, will leave tributes near the incident site or at other significant locations (for example at an airport or embassy following an incident overseas). Some locations may not be suitable for such tributes, but moving them once they have been laid is likely to cause distress and anger. It is therefore important to identify a suitable area for tributes as early as possible, so that anyone wishing to leave items can do so safely and in a place where they can be left undisturbed.

In the weeks following a large-scale emergency, those affected may ask for a memorial service to be held. Memorial services may take the form of a collective remembrance of all those killed or who have suffered as a result of the incident, or may be organised for one or more deceased individuals. It is important to consult closely with the families and friends of the deceased wherever possible when planning memorial services, as they may have strong views on what should be included in the service and are likely to benefit from the opportunity to be involved. It may be necessary to provide transport to ensure that as many affected individuals as possible are able to attend. Where an incident has occurred overseas, memorial services may take place in the country where the incident occurred and at a site in the UK.

It is important that those affected by an incident, as well as the wider community, are given the opportunity to come together to remember what happened and those who have died. In the long term, those affected may want anniversaries to be publically acknowledged,

particularly where a large-scale incident has occurred. It may also be appropriate to install a permanent memorial at a suitable location. Again, the wishes of survivors and the families and friends of those involved in the incident should be taken into account, but it will be important to manage expectations of those being consulted, since funding and location may limit the possibilities.

7. Communications and media

When establishing any service to respond to the HA of an emergency, a robust and proactive communications strategy is crucial to ensure that all those affected receive information about support that is available. A clear strategy will also be important in managing the inevitable media interest in these services following an emergency, which may come from local and national outlets as well as international news organisations.[12]

Terminology and Language

While it is appropriate in the planning stages to use generic terms such as 'HAC' or 'support site', once an emergency has occurred it will be necessary to use a name that clearly refers to the incident. This will ensure services can be found easily by anyone searching for them using the internet, social media sites, directory enquires etc. The name must also be inclusive of all potential users (e.g. survivors as well families).

Generic Communication Plans

Wherever possible, plans should be developed well in advance of an emergency and agreed with key delivery partners to minimise delays when an incident occurs. Who will provide funding and how this might be apportioned should also be agreed in the planning stage. From a communication point of view, who will lead on the communication planning and provide the press officer support for a HAC should also be agreed in advance. Communications plans might include:

- details of which organisation is leading the communications and details of how they will interact and work with other communications groups.
- pre-prepared press statements that can be adjusted and activated during an emergency.
- establishing a visual identity (logo) for the services, consistent across all materials.
- pre-prepared messages for use on social media.
- agreed procedures for arranging government public service broadcasts on radio and TV.
- a pre-prepared website (or 'dark pages' on an existing site) that can be activated when an emergency occurs.
- drafts of any publicity or marketing materials and contact details of suppliers able to produce large quantities quickly.
- pre-prepared signage, including signage points for a physical HAC.
- if required, agreement on a publicity budget and which agency/agencies will contribute to this.

Any pre-prepared materials should help to explain <u>what</u> the services are, <u>who</u> they are for, <u>why</u> they exist, <u>how</u> they are run and <u>how</u> they can be accessed.

---

[12] Further guidance on communicating with the public can be found at www.gov.uk/preparation-and-planning-for-emergencies-the-capabilities-programme#warning-and-informing-the-public and in *Emergency Preparedness* (2012)*: www.gov.uk/government/uploads/system/uploads/attachment_data/file/61030/Chapter-7-Communicating-with-the-Public_18042012.pdf

Response

During the **response** phase, key communications considerations for the first 24 and 72 hours after activating services are shown below. Any messaging should take account of the LRF warning and informing plan and be properly coordinated across agencies:

24 hours

- Promotion of available services responding to the HA on news and social media.
- Uploading information onto relevant websites and providing links to any support site.
- Branding any published material with a common identity.
- Erection of on-street signage for a physical HAC.

72 hours

- Leaflets for use at an HAC and supporting the core content of any support site where one has been set up.
- Flyers advertising the relevant services.
- Consider advertising campaign in the press, on local radio and transport or outdoor sites (only if necessarily as this may be very costly).

Utilising the news media and social media

It is sensible for the agency co-ordinating the response to the HA to appoint a dedicated press officer who can work with other delivery partners and the media to disseminate messages about support services. This person should work closely with any other press officers involved in the broader response and recovery to explain the purpose of the support services, offer interviews with key figures and carry out press briefings. Full use should be made of social media platforms to promote the support available, including Twitter and Facebook.

As part of the planning phases, it is sensible to prepare a draft briefing note which can be altered to provide information on:

- the purpose of the support services, who they are for and how to access them
- any other useful detail such as the layout of a physical HAC.

This can be distributed to news media and the content used on social media platforms. Where a physical HAC is opened, allowing the media to tour the venue (before it is opened for use) will help journalists get photos and film footage of the venue, as well as further promote the services on offer. One of the main considerations of the media operation will be the need to ensure the privacy of those involved in using the centre. Some of those involved will want to talk to the media on the record, others will not. Striking the right balance- ensuring discretion and privacy while also developing a media profile can be challenging. However, it is essential for those attending to develop confidence in using the centre and media interview locations, and how the media approach to those involved is made.

Media interest can, however, become unwanted or intrusive. The press officer and other delivery partners will need to manage the media interest, and support individuals to decide whether to speak with reporters and handle any unwanted media attention.[13] Where individuals choose to speak with reporters they should be supported in that process wherever possible, according to their wishes. This could include arranging a suitable interview room for pooled media facilities (one camera crew and one reporter). The security arrangements for any services should consider media intrusion and how this will be managed, for example by providing media pens outside an HAC, but not in view of the entrance, or ensuring online support sites are password protected, with the identity of users verified before they are given access. The police will normally be able to offer some assistance with this.

Summary information about numbers and types of individuals using the services (though not their personal details) should be included in regular press briefings, and can be uploaded to social media sites along with photos and footage.

VIP visits to an HAC will also need to be carefully managed by the dedicated press officer, so that those visitors who are happy to be filmed are placed in an area away from those who do not wish to be filmed. If a small group of media accompany the VIP on the tour, they will need clear instructions on where they can and cannot film.

Managing public confidence

Subjective opinions, for example relating to the success of the response/recovery operations, are likely to be inappropriate and should not be part of public messaging, given that many individuals will have suffered significant stress and trauma. It will also be difficult at the first stages of an emergency response to judge what (if any) negative media focus might follow.

Services that address the HA of an emergency are vulnerable to various, founded and unfounded, negative news reporting and comments on social media. It is essential that the lead press officer (co-ordinating with other press offices and the News Co-ordination Centre if established) monitors and rebuts any such criticism.

It will also be important to ensure the communications strategy for the activities to address the HA is delivered as an integral part of the wider media and public communications work. In doing this, partner agencies should remember to:

- clarify what each agency's role is
- only comment on their specific area of expertise and share their lines with others
- not comment on the wider emergency if this is outside their remit
- gain approval for the release of new information with the SCG
- retain the confidentiality of those who have used the services.

---

[13] Further information for the public on handling media attention is available from the Press Complaints Commission: (http://www.pcc.org.uk/code/advice_for_complainants.html)

8. Funding

It is important to know how HA support activities and mechanisms will be funded and to plan for this as far as possible. Most emergencies should be funded through local agencies and business or individuals' insurance arrangements. Planners should agree funding arrangements with delivery partners and ensure that they will be able to continue service delivery during periods of high demand. In particular, CCGs should be engaged, since they will be responsible for ensuring NHS services (including mental health) are prepared to deal with increased demand on usual service arrangements.

In extreme circumstances, local authorities may be able to claim funding from central government for costs incurred as the result of any given emergency. The activation of funding schemes will depend on the nature and impact of the emergency.[14]

Transport operators and other private companies may also offer financial assistance if sites (e.g. industrial plants) or equipment for which they are responsible are involved in an incident. This can prove a useful source of funding, though it is important to be aware of the possibility of a conflict of interest (real or perceived) when affected companies are involved with the response to the HA. Where, for example, a company is subject to legal proceedings, they may want to withhold information about the investigation, which would not be in the best interests of those affected. Engagement with companies in the planning stage, and active monitoring for such issues throughout response and recovery, will help to clarify expectations around the provision of activities to respond to the HA and ensure any issues are identified and addressed swiftly.

Disaster Appeal Funds

Following a large-scale emergency, there may be a strong drive from members of the public to donate money or other goods to support those affected. Disaster appeal funds may be established by agencies involved in the response (for example voluntary sector organisations), or may appear spontaneously, especially if established by a member of the public through social media platforms. They provide a means of raising and distributing money, which can be of great benefit to the individuals and communities affected, and also provide an opportunity for those not directly affected to demonstrate their support. Appeal funds can, however, present challenges and cause additional distress to affected individuals if not managed correctly.

When establishing a fund, HA planners should therefore be prepared to take advice from organisations experienced in setting up similar funds.[15] They should also consider:

---

[14] Further information on recovery funding is available in chapter 5.5 of *Emergency Response and Recovery*: www.gov.uk/government/uploads/system/uploads/attachment_data/file/253488/Emergency_Response_and_ Recovery_5th_edition_October_2013.pdf

[15] Further guidance is available from the British Red Cross: www.redcross.org.uk/What-we-do/Emergency-response/Support-in-UK-emergencies/How-we-can-help/Fundraising-appeals; Disaster Action: http://www.disasteraction.org.uk/leaflets/guidance_on_management_and_distribution_of_disaster_trust_fund s/ and

- The aims and terms of reference of the fund.
- What safeguards will be put in place to ensure that money donated to the fund is not misused.
- The charitable status of the fund, and legal and tax position.
- What activities will be funded in the short and long term – e.g. payments to individuals in the immediate aftermath, installation of permanent memorials etc.
- Who the fund is for, how they can make a claim, how the fund will be promoted to them.
- Who the trustees will be if the fund is set up as a new charity – what skills/experience they have, how many there will be etc.
- An appropriate name for the fund.
- Other funds being set up (if any) and how they will be co-ordinated.
- When the fund will close and what will happen to any remaining money.

---

http://www.disasteraction.org.uk/publications/Disaster_Funds_Lessons_and_Guidance_on_the_Management_and_Distribution_of_Disaster_Funds.pdf;
and the Charity Commission: https://www.gov.uk/charities-disaster-and-emergency-appeals.

Annex A – Table of HA needs and actions

	Possible impacts of the emergency	Needs of individuals	Actions to meet needs	Resources/organisations required to meet needs
Immediate term (first few hours)	• Casualties • Fatalities • Missing/separated persons (including children) • Displaced individuals inc. pets/livestock • Emotional trauma/shock • Confusion/anxiety • Lack of food/water/clothing/ shelter • Disruption to transport networks and other infrastructure • Damage to homes/businesses • Other immediate risks – to those directly affected, responders and the wider community (e.g. collapsed buildings , risk of infection/disease etc)	• Medical treatment • Rescue • Psychological first aid • Shelter/transport to shelter • Food/water/clothing • Access to phones/internet • Accurate information about the incident, affected areas, action to take, where to report/be reunited with missing persons • Access to veterinary services	• Triage of casualties and transfer to hospital as appropriate. Provision of first aid at SuRCs. Distribution of medication • Search and rescue activities • Psychological first aid and emotional support to survivors/families/friends • Provision of food/water/clothing/means of communication • Information for survivors (location of SuRC, safe areas etc), family and friends (what has happened, where to report missing persons, location of FFRCs, available transport etc), wider community/media (what has happened, areas that are inaccessible, travel disruption etc) • Provision of areas where individuals can be reunited/where lost children can be kept safely until reunited with parents or carers.	• Ambulance service for triage, hospital transfer, and first aid. VS organisations to help with first aid • Police to set up SuRC, CasB, FFRCs, as appropriate. LAs and VS organisations to provide welfare/practical support at SuRCs and FFRCs • Fire and Rescue Service (FRS) to carry out fire fighting and search and rescue activities. • VS organisations to assist with vehicles/equipment/personnel for rescue effort as appropriate • Depending on the incident, assistance from transport operators with welfare and practical support, including financial • LA to prepare for RCs where needed, including transport and provision for pets VS organisations to assist as required • Agency with most accurate information to provide comms to public/media and to those affected. SCG to co-ordinate comms as required

Human Aspects in Emergency Management

	Possible impacts of the emergency	Needs of individuals	Actions to meet needs	Resources/organisations required to meet needs
Short term (following hours and first few days)	• Damage to property/individuals still unable to access their businesses/homes • Physical injury previously unnoticed • Continuing confusion/anxiety/anger around what has happened/who is responsible • Grief/mourning • Individuals still missing; human remains recovered but not yet identified • Ongoing risks – contamination, unstable infrastructure, further severe weather, further attacks (in terrorism incident) etc • Lack of money/access to money • Community tensions/ responses	• Access to medical services (GPs/walk-in centres/pharmacies/A&E etc) • Access to ongoing emotional support • Information about the incident and any ongoing risks; action to take • Information on body identification process • Access to financial assistance/advice • Longer term accommodation • Replacement of essential items e.g. ovens/fridges etc	• Signposting to range of support services – medical/emotional, financial, legal etc • Transport – to HAC, home, alternative accommodation etc • Provision of accurate information (as far as possible) from an official/reliable source e.g. what has happened, identification of deceased, ongoing risks/precautionary actions to take etc • Advice on, or provision of, longer term housing following closure of RC • Advice on obtaining, or provision of, essential items to enable individuals to return home when appropriate • Help making insurance claims/signposting to other sources of emergency funding	• LA to lead on setting up HAC, support lines/websites, as required and as soon as practicable. Support from voluntary sector orgs, other responding agencies, transport operators where appropriate • Directors of social care/CCGs/NHS England to ensure statutory health and social care services are functioning, appropriate to meet needs and able to cope with demand • LA to arrange longer term housing where there is a duty • FLOs to provide information direct to families on body identification process • Agency with most accurate information on the incident to provide updates to the public/media and those directly affected, likely to be police or LA • Utilities companies to ensure services are restored, particularly for priority users

Human Aspects in Emergency Management

	Possible impacts of the emergency	Needs of individuals	Actions to meet needs	Resources/organisations required to meet needs
Medium term (following few weeks and first few months)	• Grief/mourning. Gradual reduction of post-traumatic reactions over time for most individuals • Financial hardship • Damage to property yet to be fixed/individuals still unable to return home/open their businesses premises • Damage to infrastructure • Ongoing investigations into the incident/trials being held • Identification of human remains/personal possessions/personal items awaiting return to families • Managing potentially multiple funerals within families and communities	• Ongoing access to emotional support • Opportunity to talk with others affected • Opportunity for those directly affected and wider community to mourn/remember the deceased • Access to longer term income, such as out of work benefits • Assistance with transport/alternative routes to reach shops/work etc • Information about investigations and outcomes/opportunity to attend trials where possible • Return of human remains and personal items	• Provision of signposting services – HACs, websites etc directing individuals to sources of emotional, practical, financial & legal support • Assistance with contacting/arranging to meet others affected by the incident • Assistance with visiting the incident site • Arranging memorial services/setting up and distributing disaster funds • Financial assistance for funerals as necessary • Reinstatement of transport services/infrastructure – temporary services may be needed • Help with applications for benefits (due to unemployment, disability etc) • Provision of information about investigations/trials/inquests and opportunity to attend where possible (inc. transport and emotional support)	• LA, NHS and contracted service providers to ensure statutory social care/mental health services are available and meeting needs • LA/other agreed lead agency to manage HACs/support sites etc and signpost to other services. Support from other agencies (e.g. police for security), voluntary sector orgs, transport operators etc as appropriate • It is good practice for the LA to provide assistance with insurance/compensation/benefits claims. Voluntary sector orgs (e.g. Citizens Advice Bureau) to assist • Police to provide updates on investigations/inquests (via FLOs where deployed) • LA to lead on memorial services/distribution of disaster funds/payment for funerals, in consultation with affected individuals. • Police/FLOs and coroner to provide updates on the identification process and agree return of human remains and personal items

	Possible impacts of the emergency	Needs of individuals	Actions to meet needs	Resources/organisations required to meet needs
Long term (months and years following incident)	• Persistent emotional distress/possible PTSD in some individuals • Long term physical impacts – individuals with disabilities due to the incident • Repair and return to homes/businesses • Community tensions depending on incident • Conclusion of trials/investigations • Opening of inquiries, possibly years after the incident • Anniversaries	• Ongoing access to emotional support, inc. specialist mental heath services/treatments • Practical help for those unable to resume their pre-emergency activities (e.g. finding a different job, making adjustments to homes etc) • Gradual reduction of support for those no longer requiring it • Ongoing access to support services for anniversaries or those only seeking help long after the incident • Information on the outcome of investigations/trials • Opportunity to remember the incident – remembrance events, permanent memorials	• Signposting to emotional and practical support services (including those aimed at children) in the longer term • Scaling down of some services as need gradually reduces • Ongoing opportunities for those affected to contact each other e.g. opportunity to set up support groups • Installation of permanent memorials in consultation with those affected/wider community • Opportunity to attend remembrance events on anniversaries, inc. provision of transport and emotional support • Provision of information about ongoing or new inquiries into the incident	• LAs to ensure signposting is available long term e.g. through a website, telephone support line etc. Ongoing support to be offered by social care services, voluntary sector orgs, others affected by incident • LAs to lead on setting up memorials/remembrance events with input from those affected/the community and voluntary sector orgs. In large-scale emergencies, central government may also be involved • Police to provide updates on outcomes of investigations

Annex B – Roles and Responsibilities

Organisation	Roles and responsibilities
Local Resilience Forum (LRF)	The LRF is the principal form of multi-agency co-operation in a local resilience area. It brings together all Category 1 and 2 responders in that area for the purpose of facilitating co-operation in the fulfilment of their duties under the Civil Contingencies Act 2004.It is not a legal entity and does not direct its members.
Police	- To save life and prevent further loss of life in conjunction with the other Emergency Services - To prevent escalation of the incident - To co-ordinate the Response Phase of the incident (some exceptions apply) - To co-ordinate and communicate between the Emergency Services, LAs and other supporting organisations both at the scene of the incident and elsewhere, including the activation of the SCG - To secure, protect and preserve the scene - To provide traffic management and identify evacuation routes (in consultation with the highways authorities and Local Authority) - To investigate any criminal offences, obtaining and securing evidence in conjunction with other investigative bodies where applicable - To collate and disseminate casualty information - To coordinate the provision of public information in conjunction with other agencies - To recover, identify, reconcile and repatriate the deceased in a timely and dignified manner on behalf of HM Coroner - To conduct a thorough investigation with appropriate authorities - To lead the establishment of a Survivor Reception Centre, Family and Friends Reception Centre and establish Documentation Teams - To develop an accurate and coordinated media plan - To restore 'new normality' to the community - Decide whether to deploy FLOs.

Human Aspects in Emergency Management

Organisation	Roles and responsibilities
Ambulance	• Attend to the urgent medical needs of individuals affected by the emergency, • Triage and transfer casualties to appropriate hospitals as quickly as possible. The Ambulance Trust will also: • Protect the health and safety of personnel responding to the incident • Co-ordinate the NHS response at the scene • Where appropriate, provide clinical decontamination and direct mass decontamination • Establish strategic and tactical command from a health perspective.
Fire and Rescue Service	• Save lives by fire fighting and search and rescue activities, including prevention • Provide mass decontamination facilities • Provide search and rescue capabilities for individuals and animals in urban and water environments • Provide boats and high volume pumps • Ensure shelter plans are compliant with relevant legislation and make an area safe for returning individuals.
Local Authorities	• Co-ordinate and lead the recovery process • Co-ordinate the activities to address the HA, including the input from the voluntary and faith sector • Support the running of SuRCs and FFRCs, particularly with welfare provision. Given the complex and varying arrangements within different LAs, a range of groups may be involved in supporting welfare provision, including Adult and Children's Social Care, private care providers/contractors and the voluntary sector • Decide whether to set up Rest Centres for those displaced by the emergency • May deploy Crisis Support Teams and/or activate online support sites and telephone support lines following the incident • Decide whether an HAC is required and, if so, manage the centre with support from other agencies • Provide advice and management of public health through the Director of Public Health (DPH) (who is responsible for discharging LA responsibilities regarding public health in an emergency).

Human Aspects in Emergency Management

Organisation	Roles and responsibilities
Police and Crime Commissioners	• Responsible for the commissioning of victims services locally to provide continuing support (when needed) for individuals involved in a major crime incident, such as a terrorist attack, when they leave the HAC.
Directors of Adult Social Services/ Social Care	• Usually provide leadership on the social care response to an emergency, however the Director of Children's Social Care may be better placed to do this in an emergency that affects children. This may be delivered in a variety of ways and will need to complement and contribute to any other HA support mechanisms set up, such as HACs, support websites etc • Co-ordinate the range of providers delivering care on behalf of the LA in emergencies, such as private care providers and the voluntary sector; this will be especially important where social care is contracted out of the LA.
Social Care providers	• Providers of health and social care, whether contracted by the LA or funded by an individual, may need to be involved in the delivery of services to those affected by the emergency. Providers will work with the LA, which will remain responsible for any person/body they have contracted to provide social care services (for NHS funded organisations, see 'NHS England') • Ensure that regular services are maintained and that additional demand on social care services can be met • Pay particular attention to/assess vulnerable groups. Identify new service users as well as monitor existing ones • Liaise with the LRF in planning and exercising to ensure social care arrangements are in place for those affected. These arrangements may be made through private care providers/contractors or the voluntary sector, as well as directly through the LA. This will vary across the country.
Emergency Planning Units/ Emergency Planners	• Contribute to planning, training and exercising in the context of HA. • Liaise with other key groups that need to understand and/or contribute to activities to address HA, such as police, Crisis Support Teams, CCGs, social care providers, voluntary sector groups etc. Wherever possible these groups should train and exercise together for delivery of activities related to HA.

Organisation	Roles and responsibilities
NHS England (NHS Commissioning Board)	• NHS England is responsible for ensuring a comprehensive NHS emergency preparedness, assurance and response system that operates at all levels, and for leading the mobilisation of the NHS in the event of an emergency. • Ensure that CCGs and relevant service providers are prepared to deal with an emergency. • Provide leadership and co-ordination to the NHS during emergencies. • Provide support to Department of Health in their role in the Central Government response. • Outline the core standards that all NHS funded organisations must adhere to in relation to preparing and responding to emergencies.[16] Any <u>NHS funded</u> organisation must comply with NHS England/NHS Commissioning Board Core Standards for Emergency Preparedness, Response and Recovery (EPRR).[17] This includes all independent and voluntary sector providers who undertake NHS work. The core standards include planning for surges in demand for services and contributing to Local Health Resilience Partnership (LHRP) activities.
NHS Providers	• NHS Providers must ensure that they meet their duties as a Category 1 responder under the Civil Contingencies Act 2004 to assess the risk of an emergency occurring. • Plan for the management of increased demand in the services they provide. • Cooperate with other providers for the management of patient demand throughout an incident. • Respond to the requests of NHS Commissioners, including supporting any presence within the HAC as necessary. • Ensure that plans are in place to continue to provide services throughout disruption to their own organisation.

---

[16] Further information on the role of different health organisations can be found at: http://www.england.nhs.uk/wp-content/uploads/2013/03/eprr-framework.pdf
[17] Full details of the core standards for EPRR can be found at.http://www.england.nhs.uk/wp-content/uploads/2013/02/eprr-standards.pdf

Organisation	Roles and responsibilities
Clinical Commissioning Groups (CCGs)	• Responsible for the majority of the NHS commissioning budget, which it will use to commission hospital care as well as community and mental health services. • Ensure contracts with provider organisations include EPRR elements. • Ensure that the CCG itself is prepared to deal with an emergency. • Provide a route of escalation if a service provider fails to maintain EPRR capacity and capability. • Help maintain service delivery across service providers during emergencies. This will be particularly relevant to dealing with surges in demand for services following the emergency.
Health and Wellbeing Boards	• Encourage integrated working between those delivering health and social care services. The board is comprised of: • At least one councillor of the LA. • The Director of Adult Social Care for the LA. • The Director of Children's Social Services for the LA. • The Director of Public Health for the LA. • A representative of the local Healthwatch organisation for the LA. • A representative of each CCG. • Any other representative the LA deems appropriate.
Local Health Resilience Partnerships	• Provide a strategic forum for joint emergency planning and preparedness, helping health providers make their contribution to LRF emergency planning. • Facilitate the production of sector-wide emergency plans. • Provide a forum to raise any issues around health emergency planning and response. • Work closely with LRFs to ensure health emergency planning is integrated with wider emergency planning.[18]

---

[18] For further information about LHRP roles, see
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216884/EPRR-Summary-of-the-principal-roles-of-health-sector-organisations.pdf

Human Aspects in Emergency Management

Organisation	Roles and responsibilities
Airlines	• May be able to deploy special assistance teams of trained personnel who can deliver emotional support and meet some of the immediate needs of those affected. • Procure additional resources from partner airlines if required. • Establish an emergency call centre, closely linked to the police casualty bureau, to provide family and friends with information about the incident. • Provide a stand-by website that can be activated to give information to the public and media in the event of an emergency. • Help with setting up and running an HAC, facilitating maximum co-operation between agencies throughout the response and recovery phases.

Train Operating Companies	• Able to deploy Rail Incident Care Teams (RICTs) to a rail-related emergency. RICTs can:
	
	    • Provide information about the incident.
	    • Meet family and friends of those affected and accompany them to the incident site.
	    • Assist with contacting family and friends, including providing mobile phones.
	    • Arrange and pay for travel, food and accommodation.
	    • Purchase basic personal items such as toiletries and clothing.
	    • Help trace items lost during the emergency.
	    • Signpost affected individuals to other services as appropriate.
	    • Attend follow-up hospital visits, set up books of condolence and memorial funds.
	
	• Train operating companies may also be able to call upon other train operators to support any of the above activities if necessary.

Organisation	Roles and responsibilities
Coroner/ Coroner's office	- Responsible for human remains lying within their district who have met a violent or unnatural death, or sudden death of unknown cause. - Determines at inquest who has died and how, when, and where the death occurred. - The coroner's office liaises with the bereaved, police, doctors, mortuary staff, hospital staff, witnesses, and funeral directors. Their work with the bereaved includes: - Providing information about the role of the coroner and the investigation process. - Facilitating the viewing of human remains. - Giving information about the rights and responsibilities of the bereaved. - Discussing any family, community or religious preferences around post-mortems and funeral arrangements. - Providing updates on the identification process.
Utilities companies	Support will vary between different companies but in most cases will include prioritising supplies, or providing alternatives, to customers on their priority service list. Priority service customers are those who have registered themselves as: - Being of a pensionable age. - Disabled. - Chronically sick. - Hearing and/or visually impaired.
Legal Advisors	- The Association of Personal Injury Lawyers (APIL) is a membership organisation consisting mainly of solicitors, barristers, and legal executives specialising in personal injury law. Members sign up to the APIL Consumer Charter which outlines what individuals can expect from those signed up to the charter, including impartial and honest advice, a fair price, information in plain language, and no cold calling.[19] - The Law Society has guidelines for those representing claimants who are part of larger group with similar claims, for example where a group of individuals are making claims following a disaster/emergency. This requires the representatives (solicitors) to register with the Multi-Party Action Information Service (MPAIS) so that the work of the different representatives can be co-ordinated.[20]

[19] Further information is available at: www.apil.org.uk
[20] Further information is available at: www.lawsociety.org.uk/support-services/helplines/practice-advice-service/multi-party-action-information-service/

Organisation	Roles and responsibilities
Voluntary Sector Organisations	Voluntary sector organisations have a range of capabilities to assist in emergency response and recovery, including those to address HA. As well as national organisations, local voluntary sector groups may be able to offer support following emergencies. Planners should therefore engage with a range of different voluntary groups in their area. The following are just some examples of these organisations and the capabilities they can provide. • **British Red Cross** – personnel for emergency centres, telephone support line (set up within 4 hours), first aid, psychosocial support and patient transport to hospital, specially adapted emergency support vehicles and crews for those affected by major incidents, ambulances and 4x4s for evacuations. • **St John Ambulance** – first aid, ambulances, treatment centres and staff, patient transport, resilient radio communications, personnel for rest centres. • **Victim Support** (following a major incident of crime e.g. terrorism) – help running HACs, emotional support and practical advice, assessment of the needs of crime victims, referral to local victim services, liaison and advocacy with other agencies. • **Cruse Bereavement Care** – bereavement support personnel, psychosocial support. • **Salvation Army** – personnel for emergency centres, emergency canteens, refreshments for responders, pastoral and spiritual support, co-ordination of wider faith response, support for family/friends at mortuary viewing area.

Human Aspects in Emergency Management

Government Departments	
Department for Communities and Local Government (DCLG)	• Where a major emergency is declared, DCLG staff may act as Government Liaison Officers. They will relay information about the situation on the ground, and any requests for assistance, to central government. • Ensure strategic decision makers, at both central and local levels, can carry out their duties in an informed way. • DCLG also has a specific role if an incident overseas requires the return to of British nationals not normally resident in the UK. This is carried out in conjunction with the FCO and includes assisting LAs, and other local level partners, to give support to those returnees identified as vulnerable.
Foreign and Commonwealth Office (FCO)	• Arrange the assisted departure or evacuation of British nationals affected by emergencies overseas, where this is deemed necessary. • Arrange for Rapid Deployment Teams, where appropriate, to attend the incident overseas and provide additional consular assistance to British nationals. Personnel from the British Red Cross can deploy with these teams to provide emotional support to those affected by the emergency. • Activate the Exceptional Assistance Measures policy for incidents that are deemed to be acts of terrorism by the UK Government, and where there are no other means of financial support available to affected British nationals.
Ministry of Justice (MoJ)	• Includes the Criminal Injuries Compensation Authority (CICA), which provides a mechanism for assessing and administering payments to victims of violent crime under the Criminal Injuries Compensation Scheme 2012.[21] • Commissions support services including the National Homicide Service and National Witness Service. • Publishes the Code of Practice for Victims of Crime, which outlines the services to be provided to victims of crime in England and Wales.[22]
Home Office	• Produces Mass Fatalities guidance, which includes consideration of the needs of the bereaved following an emergency. • Acts as the lead department in the event of a terrorism-related incident. • Responsible for policing, with a particular interest in the role of police FLOs in the context of HA.

[21] Further information is available at: www.gov.uk/criminal-injuries-compensation-a-guide
[22] Further information is available at: www.gov.uk/government/publications/the-code-of-practice-for-victims-of-crime

Human Aspects in Emergency Management

Department of Health (DH)	• Accountable to the public and the government for the overall performance of the health and care system. DH sets national standards and shapes direction of NHS and social care services. • In the event of a major emergency, the Secretary of State for Health will ultimately be responsible for the emergency response, with a direct line of sight to the front line through NHS England and Public Health England (PHE). DH works closely with NHS England and PHE to ensure nationally consistent health emergency preparedness, resilience and response capability. For major crises, there will be national co-ordination led by DH, supported by PHE and NHS England as required.
Cabinet Office, Civil Contingencies Secretariat (CCS)	• The role of the Cabinet Office is to co-ordinate HA policy across government during the planning phase, ensuring departments' work is aligned and that they understand their role in responding to the HA following an emergency. • Cabinet Office is also responsible for reviewing and updating the HA guidance as well as reviewing and helping to build capability at the local level, working with DCLG.

Annex C – Relevant legislation for HA

This section outlines some of the key pieces of legislation that should be considered when planning for HA, but is not intended to be an exhaustive list. Planners and responders should refer to further guidance and/or seek legal advice on these Acts where necessary.

ACT	COMMENTS	FURTHER INFORMATION/GUIDANCE
CIVIL CONTINGENCIES ACT 2004	Category 1 responders should therefore have plans to ensure that, if an emergency occurs, they are able to perform any of their day-to-day functions that would help reduce, control or mitigate the effects of the incident on the individuals involved. This applies in England, Wales, Scotland and Northern Ireland. In the case of LAs, this will be particularly relevant for Adult and Children's Social Care as provision of these services following an emergency is likely to mitigate the effects on individuals.	Civil Contingencies Act 2004: www.legislation.gov.uk/ukpga/2004/36/contents Cabinet Office guidance: www.gov.uk/government/publications/emergency-preparedness www.gov.uk/government/publications/emergency-response-and-recovery
LOCALISM ACT 2011	The 'general power of competence' has given LAs in England the legal capacity to do anything an individual can do so long as it is not specifically prohibited and does not break any other laws. This allows them to be more innovative and take managed risks when aiming to improve the delivery of services.	Localism Act 2011: www.legislation.gov.uk/ukpga/2011/20/contents/enacted Department for Communities and Local Government guidance: www.gov.uk/government/publications/localism-act-2011-overview

ACT	COMMENTS	FURTHER INFORMATION/GUIDANCE
LOCAL GOVERNMENT ACT 2000	This power applies in Wales only Section 2 gives LAs the power to do anything they consider is likely to promote the economic, social and environmental wellbeing of their area (subject to the restrictions in Section 3). The power is particularly relevant following emergencies, as these aspects of a community's wellbeing are likely to be negatively affected by such incidents. Efforts to promote the economic, social and environmental wellbeing of affected communities will therefore be an integral part of the recovery process and fit with the context of HA.	Local Government Act 2000: www.legislation.gov.uk/ukpga/2000/22/contents

ACT	COMMENTS	FURTHER INFORMATION/GUIDANCE
CARE ACT 2014	The Care Act 2014 applies to England only. Section 1 creates a general duty of a local authority to promote the individual's wellbeing. This is relevant in the context of HA since many of the elements constituting the wellbeing of an individual are likely to be negatively impacted by an emergency, including physical and mental health, social and economic wellbeing, family and personal relationships, and suitable living accommodation. Section 2 requires LAs to act to prevent care and support needs developing. If an appropriate and timely response is given to those affected, it can prevent them from developing conditions in the longer term as a result of the incident. This will help improve their long term health prospects. Section 79 makes clear the ability of LAs to delegate certain services (for example social care services) to third parties. However, it also clarifies that the LA remains responsible for anything done, or not done, by the person delegated to deliver the function. LAs therefore cannot absolve themselves of responsibility for a function through delegation except in circumstances set out in subsection 7, broadly where there is a contract between the delegee and the LA or where there is criminal responsibility by delegee. Note there are similar provisions for Wales set out in the Social Services and Well-Being Act 2014 (in particular Part 2 of that Act) and in the Care Act 2014 there are some provisions relating to cross-border cases.	Care Act 2014: www.legislation.gov.uk/ukpga/2014/23/contents/enacted/data.htm Department of Health guidance: www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation www.gov.uk/government/publications/care-act-2014-part-1-factsheets Social Care Institute for Excellence guidance: www.scie.org.uk/care-act-2014/

ACT	COMMENTS	FURTHER INFORMATION/GUIDANCE
HEALTH AND SOCIAL CARE ACT 2012	Section 46 of the Act details the responsibilities of NHS England (the Board), Clinical Commissioning Groups (CCGs), and service providers for ensuring they are prepared to deal with relevant emergencies. The Act defines a 'relevant emergency' as any emergency that might affect NHS England, CCGs, or in respect of service providers a relevant emergency is one which increases the need for the services they arrange/provide, or affects the service they provide in any other way. A significant part of any response to the HA arising from an emergency will be ensuring that those affected are referred and can access appropriate health services (including mental health services). Section 46 of the Act also gives a duty to service providers to appoint an individual to be responsible for ensuring that the provider is prepared to deal with an emergency.	Health and Social Care Act 2012: www.legislation.gov.uk/ukpga/2012/7/contents Department of Health guidance: www.gov.uk/government/publications/health-and-social-care-act-2012-fact-sheets Local Government Association guidance: www.local.gov.uk/health-wellbeing-and-adult-social-care/-/journal_content/56/10180/3627331/ARTICLE

ACT	COMMENTS	FURTHER INFORMATION/GUIDANCE
CHILDREN ACT 2004	Schedule 2 sets out how the Children Act 2004 affects other pieces of legislation, including the Local Authority Social Services Act 1970. Rather than a single director of social services, the Children Act introduces a director of children's services and a director of adult social services. Both of these posts are statutory.	Children Act 2004: www.legislation.gov.uk/ukpga/2004/31/contents
HOUSING ACT 1996	Section 189 of the Housing Act identifies those made homeless or threatened with homelessness as a result of an emergency as having a priority need for accommodation. This applies in England and Wales.	Housing Act 1996: www.legislation.gov.uk/ukpga/1996/52/contents

ACT	COMMENTS	FURTHER INFORMATION/GUIDANCE
Equality Act 2010	This Act brings together the various discrimination legislation in one place and also creates new public sector equality duties. Emergency responders will need to be aware of the provisions in respect of disabled persons. In the context of HA, the service provider provisions are most likely to be relevant. The Act in this respect provides that service providers must not discriminate against disabled people by treating them less favourably than non-disabled people or treating them less favourably because of something arising in consequence of their disability where the provider cannot show the treatment to be a proportionate way of achieving legitimate aims. Further there is a duty to make reasonable adjustments where a provision, criterion, practice or physical feature puts a disabled person at a disadvantage. The duty extends to take such steps as it is reasonable to do so to avoid the disadvantage.	Equality Act 2010: www.legislation.gov.uk/ukpga/2010/15/contents
Occupiers' Liability Act 1957	This provides that an occupier of premises owes a duty of care to visitors to its premises. The use of buildings for any activity to address HA is likely to count as occupation. Further premises includes buildings and vehicles. The duty of care owed is a duty to take such care as is reasonable in all the circumstances to see that the visitor is reasonably safe in using the premises for the purposes for which he/she is invited or permitted to use the premises (so for the activities related to HA in this case). There is also a further Occupiers' Liability Act (1984) which deals with the duty of care where someone is trespassing. If a person is not a visitor or is a visitor but starts using the premises outside of the purposes for which he/she was invited, these provisions may imply instead. The duty of care is much more constrained. There must be knowledge of the trespasser, knowledge of the danger and a risk which in all the circumstances is reasonable to protect against.	Occupiers' Liability Act 1957: http://www.legislation.gov.uk/ukpga/Eliz2/5-6/31/contents

Annex D – Links to other guidance and resources

Data Sharing & Protection
Cabinet Office guidance on data sharing and protection in emergencies
www.gov.uk/government/publications/data-protection-and-sharing-guidance-for-emergency-planners-and-responders

Disaster Action's code of practice on privacy, anonymity and confidentiality
www.disasteraction.org.uk/leaflets/working_with_disaster_survivors_and_the_bereaved_code_of_practice_on_privacy_anonymity_and_confidentiality/

Emergency Preparedness
Cabinet Office guidance to accompany the CCA (2004)
www.gov.uk/government/publications/emergency-preparedness

Response and Recovery
Cabinet Office guidance to accompany the CCA (2004)
www.gov.uk/government/publications/emergency-response-and-recovery

Evacuation and Shelter
Cabinet Office guidance on Evacuation and Shelter
www.gov.uk/government/publications/evacuation-and-shelter-guidance

Mass Fatalities
Home Office/Cabinet Office guidance on dealing with fatalities in emergencies:
www.gov.uk/government/uploads/system/uploads/attachment_data/file/61191/fatalities.pdf

NHS Emergency Preparedness Response and Recovery (EPRR) arrangements
http://www.england.nhs.uk/wp-content/uploads/2013/03/eprr-framework.pdf

http://www.england.nhs.uk/wp-content/uploads/2013/02/eprr-standards.pdf

Vulnerable People
Cabinet Office guidance on identifying vulnerable people in emergencies
www.gov.uk/government/publications/identifying-people-who-are-vulnerable-in-a-crisis-guidance-for-emergency-planners-and-responders

Warning & Informing
Cabinet Office guidance on Warning and Informing
www.gov.uk/preparation-and-planning-for-emergencies-the-capabilities-programme#warning-and-informing-the-public

Evidence and Guidance on Best Practice in HA

Overview of forms of support and best practice guidelines for addressing people's needs in emergencies, by Dr Anne Eyre

www.gov.uk/government/uploads/system/uploads/attachment_data/file/61224/ha_literature_review.pdf

Faith Communities
Voluntary Sector Civil Protection Forum guidance on working with faith communities in civil protection
www.gov.uk/government/publications/working-with-faith-communities-in-civil-protection

Cabinet Office/Home Office guidance on the needs of faith communities in major emergencies
www.gov.uk/government/uploads/system/uploads/attachment_data/file/61226/faith_communities.pdf

JESIP
The Joint Doctrine: the Interoperability Framework
www.jesip.org.uk/resources-JESIP-Joint-Doctrine.pdf

Lessons learned reports

Buncefield Social Impact Assessment
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/78983/Buncefield-Social-Impact-Assessment-Final_20Report_0.pdf

Guidance for Responders – practical information and advice on a range of topics aimed at responders addressing the needs of those affected by disasters
http://www.disasteraction.org.uk/guidance_for_responders/

Needs assessments
Disaster Emergency Needs Assessment, British Red Cross
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/79015/impact-assessments-disaster-emergency-needs-assessment-redcross.pdf

7/7 Assistance Centre – lessons learned
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/61227/7july_ac_lessons_learned.pdf

Social Care and Emergencies
Social Care Institute for Excellence report on the contribution of social care to emergency response and recovery
www.scie.org.uk/publications/knowledgereviews/kr19.asp

Social Media
Cabinet Office guidance on using social media in emergencies
www.gov.uk/government/publications/public-emergency-alerts-reviews-and-guidance
Support for Bereaved People and Survivors

'When Disaster Strikes' – a leaflet series offering information, advice and support for those directly affected, written by and for those with direct experience of disaster
http://www.disasteraction.org.uk/when_disaster_strikes/

Annex E – Glossary

This glossary includes the terms most relevant to this guidance. All definitions and acronyms are drawn from the Cabinet Office Civil Protection Lexicon.[23]

Term	Acronym	Definition
Casualty Bureau	CasB	Initial point of contact and information, maintained by the police, for collecting all data relating to casualties.
Category 1 responder	Cat 1	A person or body listed in Part 1 of Schedule 1 of the Civil Contingencies Act 2004. These bodies are likely to be at the core of the response to most emergencies. As such, they are subject to a range of civil protection duties in the Act.
Category 2 responder	Cat 2	A person or body listed in Part 3 of Schedule 1 to the Civil Contingencies Act 2004. These are co-operating responders who are less likely to be involved in the heart of multi-agency planning work, but will be heavily involved in preparing for incidents affecting their sectors. The Act requires them to co-operate and share information with other Cat 1 and 2 responders.
Community Impact Assessment	CIA	Procedure to identify the impact a police operation or response may have on communities, including actions necessary to overcome potential negative effects either before or after the deployment of resources, and to specify primacy for community engagement with respect to each element of the operation or response.
Emergency responders		Organisations that respond to emergencies in the local area, including fire, police, ambulance services and the Local Authority.
Family Liaison Officer	FLO	Police officer designated to facilitate an investigation into individuals believed to be missing or deceased and to assist identification by collecting ante-mortem data.

---

[23] The full Lexicon can be found at: www.gov.uk/government/publications/emergency-responder-interoperability-lexicon

Human Aspects in Emergency Management

Term	Acronym	Definition
Friends and Family Reception Centre	FFRC	Assistance centre established for the family and friends of individuals who may have been involved in an emergency, in order to collect and share information about casualties.
Humanitarian Assistance Centre	HAC	A 'one-stop-shop' assistance centre established during the first 72 hours of an emergency to cater for the medium and longer term needs of individuals affected by an emergency.
Local Resilience Forum	LRF	Multi-agency partnership comprising the category 1 and 2 responders within a police force area for the purpose of facilitating co-operation in fulfilment of their duties under the Civil Contingencies Act 2004.
Recovery		Process of rebuilding, restoring and rehabilitating the community following an emergency or disaster, continuing until the disruption has been rectified, demands on services have been returned to normal levels, and the needs of those affected have been met.
Response phase		Phase in which decision making and actions are focused on response to an actual emergency or disaster.
Rest Centre	RC	Building, which could include overnight facilities, designated by the local authority for the temporary accommodation of evacuees.
Strategic Co-ordinating Group	SCG	Multi-agency body responsible for co-ordinating the joint response to an emergency at the local strategic level.
Senior Identification Manager	SIM	Police officer appointed by the senior police officer to manage and co-ordinate all aspects concerning the identification of the deceased in support of the HM Coroner or (in Scotland) the procurator fiscal.
Senior Investigating Officer	SIO	Detective officer appointed to assume responsibility for all aspects of a police investigation.

Term	Acronym	Definition
Survivor Reception Centre	SuRC	Assistance centre in which survivors not requiring acute hospital treatment can be taken for short-term shelter and first aid. Note: previously a Survivor Reception Centre was denoted by the acronym 'SRC'. However, SRC now stands for 'Shoreline Response Centre' in the Cabinet Office Civil Protection Lexicon.
Tactical co-ordinating group	TCG	A multi-agency group of tactical commanders that meets to determine, co-ordinate and deliver the tactical response to an emergency.
Voluntary Sector	VS	Voluntary organisations that provide assistance and support to Cat 1 and Cat 2 responders during an emergency.