LONDON RESILIENCE PARTNERSHIP

London Mass Casualty Framework

Version 3.3, October 2019

London Resilience Partnership Mass Casualty Framework	
Lead Agency for Review	NHS England and NHS Improvement
Work-stream Lead	Barry Emerson (NHS England and NHS Improvement, Specialist Health Advisor to London Resilience)
Lead Author	Barry Emerson (NHS England and NHS Improvement, Specialist Health Advisor to London Resilience)
London Resilience Capability Lead	Steve Innis (London Resilience Officer)

For information, please contact:

LONDON RESILIENCE GROUP

London Fire Brigade Headquarters

169 Union Street

London

SE1 0LL

LondonResilience@london-fire.gov.uk

www.londonprepared.gov.uk

LONDON RESILIENCE GROUP

The London Resilience Group is jointly funded and governed by the Greater London Authority, London Local Authorities and the London Fire Commissioner. We are hosted by the London Fire Brigade. Our work, and that of the London Resilience Partnership, is overseen by the London Resilience Forum.

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Part 1: Mass Casualty Framework Strategic Summary

Part 1 offers a quick reference guide for strategic decision-makers during an incident response and should be used alongside the London Strategic Coordination Protocol (SCP). It outlines the structures that govern the strategic multi-agency response and offers a proportionate range of options to inform decision-making in this context.

Part 2 offers more detailed guidance relating to management of mass casualty-generating incidents and is also intended to support agencies in planning their local response.

1 Definition / purpose

This Framework supplements existing multi-agency emergency preparedness arrangements in London to ensure that London can meet regional and national planning assumptions in relation to incidents involving mass casualties.

A mass casualty incident is likely to involve hundreds or thousands of casualties with a range of injuries; the response to which will be beyond the capacity of normal major incident procedures to cope and requires further measures to appropriately deal with the casualty numbers.

Mass casualty incidents are usually caused by sudden onset events (big bang) and exclude casualties resulting from infectious disease outbreaks such as pandemic influenza, heatwave or severe weather. However, several smaller incidents may combine to require a larger response or be geographically diverse therefore requiring a mass casualty response to be enacted due to the large number of simultaneous casualties.

Response to a mass casualty incident will require the coordination of a number of partner agencies from across the London region, and nationally.

The SCP details the escalating strategic coordination arrangements for London's response to a disruptive incident. Please refer to this Protocol and the LESLP Major Incident Procedure Manual.

Incidents involving Chemical, Biological, Radiological or Nuclear (CBRN) agents will be managed within the context of the partnership CBRN framework.

2 Action checklist

Complete	Action	Section
	Activate relevant structures	Section 4: Activation process
	Determine the structure of the response and sub-groups	Section 5: Structure and sub-groups
	Assess short, medium and long-term implications and impacts	Section 6: Key considerations
	Determine resources and support	Section 7: Resources and support
	Set strategy and objectives	Section 9: Draft Strategic Aim and Objectives

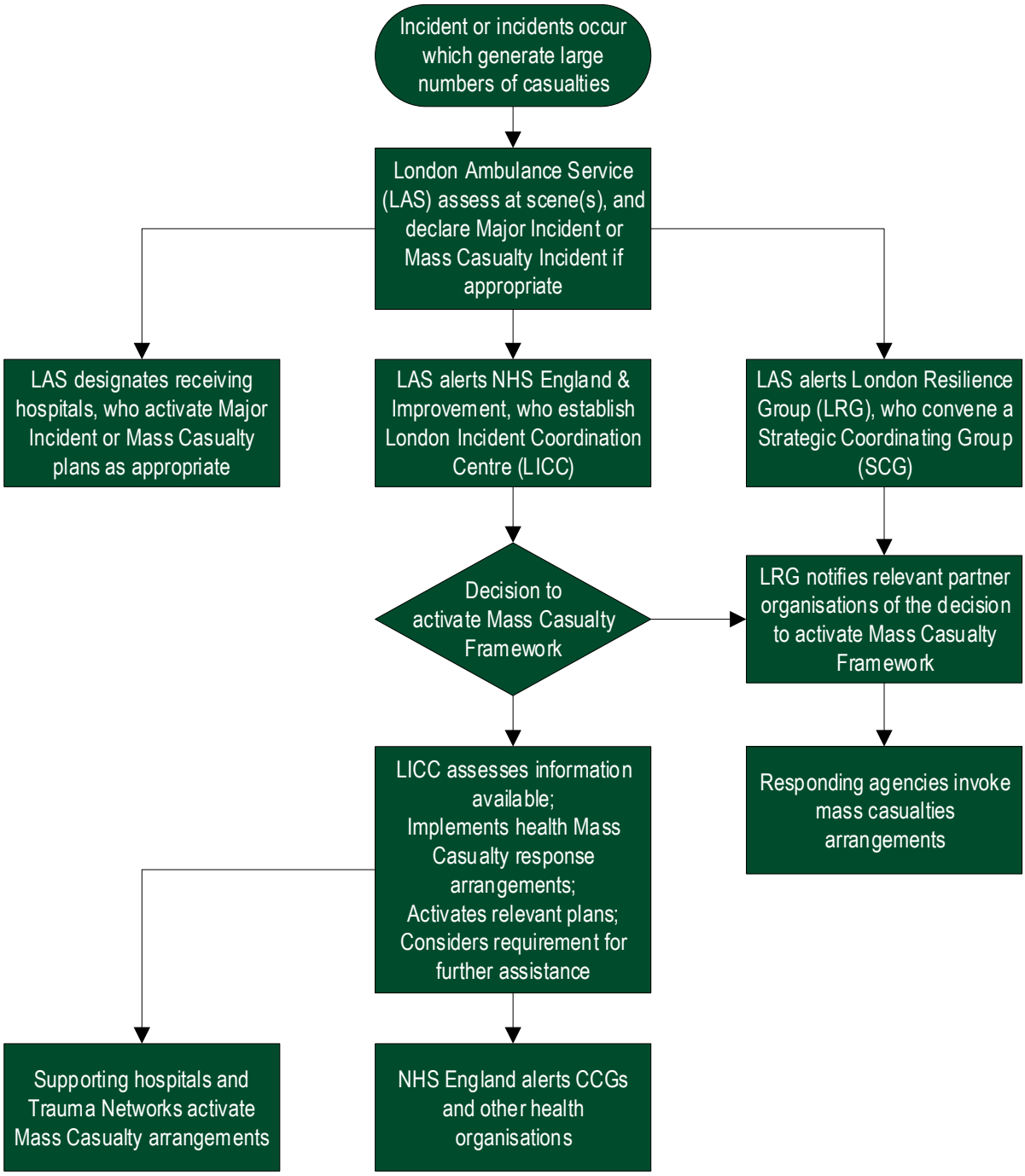
3 Activation process

The decision to activate the London Mass Casualty Framework will be made by NHS England and NHS Improvement (London) in consultation with London Ambulance Service (LAS) and other key partners.

It is likely that for a sudden impact event some local decision-making at the scene may mean a form of response is already underway before being raised to the Strategic Coordinating Group (SCG) or Police Commander.

The decision to activate the Framework will be based on one or more of the following criteria:

1. LAS declares a mass casualty incident
2. LAS declares a number of concurrent major incidents, resulting in high numbers of casualties, which will go beyond the capacity of normal major incident procedures to cope and require further measures to appropriately deal with



The LAS Tactical Commander in conjunction with the Medical Advisor on scene may declare a mass casualty incident and will also request an SCG (if not already established) via existing protocols.

If so, **the LAS Emergency Operations Control (EOC) must contact NHS England and NHS Improvement (London) on-call Duty Officer (NHS01) immediately.**

The NHS England and NHS Improvement (London) response includes the following activation actions:

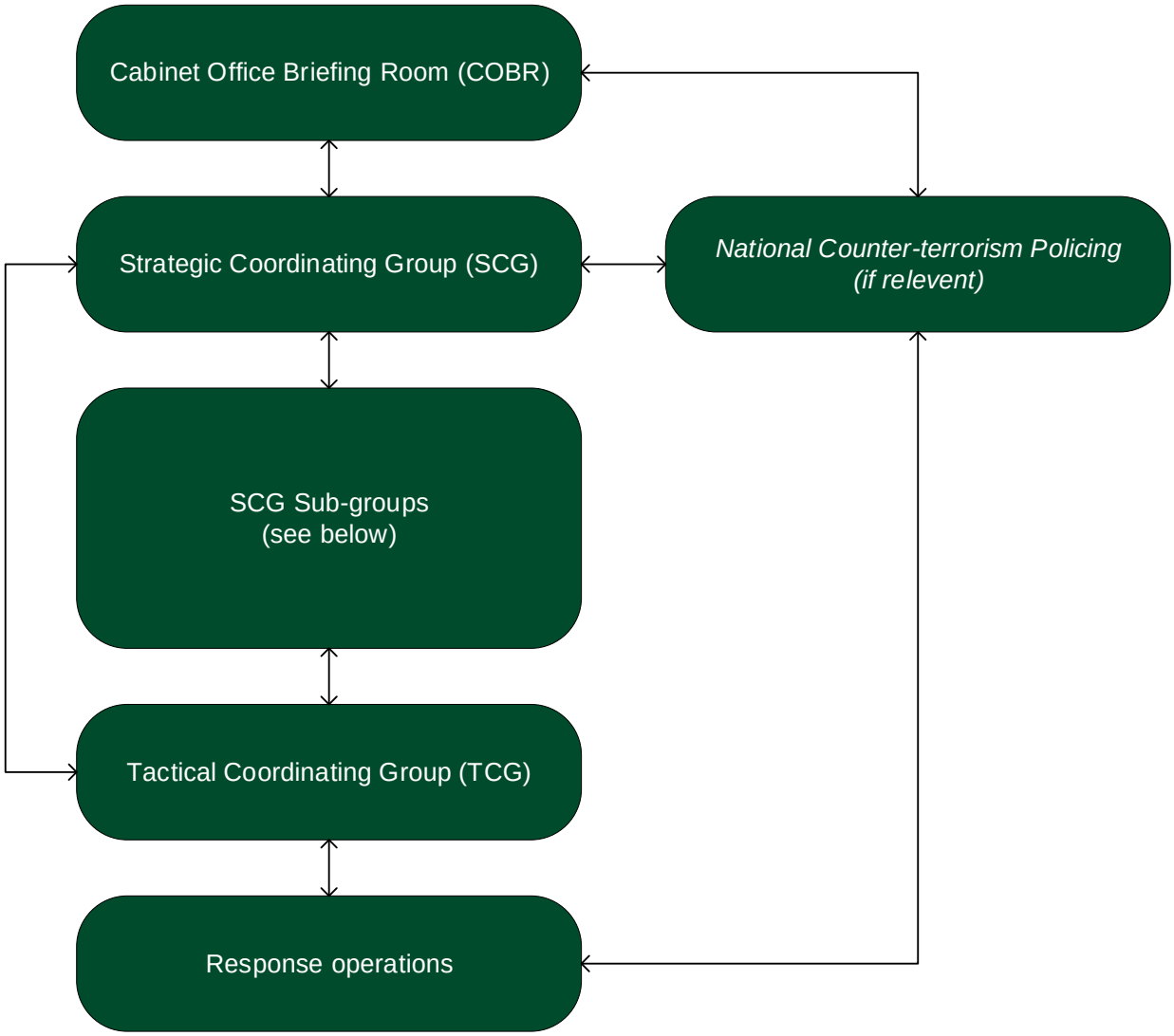
- Stand-up the London Incident Coordination Centre (LICC) arrangements
- Inform the appropriate Clinical Commissioning Groups (CCG) and NHS Provider organisations
- Activate the NHS England (London) Regional Response Plan for Managing Mass Casualties
- Coordinate the response of health and medical resources within the London region; this may include the use of private sector resources to create capacity in NHS receiving hospitals
- Ensure that NHS England and NHS Improvement (National) are advised of a Mass Casualty incident and regularly updated

Incidents that exceed regional resources will result in NHS England and NHS Improvement (London) escalating to the National Incident Coordination Centre (NICC) to request deployment of national/ international assets.

NHS England and NHS Improvement (London) may call for the activation of this Framework to ensure partners are briefed on the situation and appropriate support from non-health agencies can be requested to support the response.

The activation process may not exactly follow this pathway; however, it is likely that some level of London-wide coordination will be in place prior to the decision to invoke the framework. Partners mentioned in *Section 12 – Roles and responsibilities* will be notified where necessary by the London Resilience Duty Officer, or through their participation in, or invitation to the SCG.

4 Structure and sub-Groups



Sub-groups[1] to be considered

Sub-group	Purpose
Communications Group	Ensure appropriate and consistent communications
Humanitarian Assistance Steering Group	Facilitate psychosocial support to those affected
Mass Fatalities Steering Group	Coordinate the processes for managing fatalities
Recovery Coordinating Group	Plan for and influence wider longer-term outcomes
Scientific and Technical Advice Cell	Provide relevant subject matter expertise
Tactical Coordinating Group	Translate strategy into tactics and operations

[1] Appendix 1 of the SCP provides a list and summary of capabilities and details of the lead agencies.

5 Key considerations[2]

Operational Responders	Tactical Responders	Strategic Responders
• Threat, hazard and risk assessment • Rescue and recovery of casualties • Triage, treatment and transportation • Scene and Environmental protection • Evacuation and shelter • Survivor Reception Centres, Rest Centres and Humanitarian Assistance (including access to services) • Preservation of evidence • Health and wellbeing of casualties and responders	• Tactical command, control and coordination structures. • Resource management and capabilities versus capacity . • Identification of strategic and tactical holding areas. • Scene management. • Intelligence and/or evidential gathering opportunities • Warning and Informing • Public reassurance • Coordination and distribution of medical counter measures • Logistics –the displacement of people, places, food, transport • Major transport hubs and the London Underground network • Early setting up of Casualty Bureau • Community impact assessments. • Liaison with and coordination of transport providers to assist with casualty movement, if appropriate.	• Strategic and tactical parameters • Balance between investigation and multi-agency consequence management • International / national media • Communications and press strategy – tailored messaging considering both mainstream and social media • National reporting • Political sensitivities • Impact on infrastructure • Critical National Infrastructure (including those with International consequences) • Threats to strategically significant locations and events • Impacts of the deployment of the Counter-Terrorism infrastructure • Recovery planning and management • Political sensitivities and international relations • Economic and financial implications • Legislation and policies • Any community tensions • Public health impacts and long-term monitoring • Wider consequences

[2] The list is subject to the scale, impact and complexity of the incident. It is non-exhaustive and wider factors may need consideration

6 Resources and support available

Resources and support can be requested from across the London Resilience Partnership through the strategic coordination structures. Partners mentioned in *Section 12 – Roles and responsibilities* will be instrumental in incident response and should be represented at any SCG meetings.

Due to the scale and likely duration of a mass casualty-generating incident, resources may be needed from other regions, or from national agencies.

7 Strategic Coordinating Group – considerations

A mass casualty event can be distinguished from a major incident by nature of its scale, duration, intensity and impact upon infrastructure, supply chain and wider community implications. Significant media and public information challenges will need to be addressed early in the response.

Key challenges will include:

- Treatment of those seriously ill or injured as a direct result of the incident
- Early establishment of a Casualty Bureau by the relevant police service
- Coordinating and prioritising demands for assistance
- The potential for a move in the threat level to critical
- Responding to routine emergency calls from the public
- Treatment of those with minor injuries, or requiring subsequent monitoring and ongoing support in the community
- Maintaining public safety and managing risk – people affected by loss of services / supplies etc
- Warning and informing the public in order to manage expectations
- Management of potential crime scene and information gathering
- Maintaining ongoing high priority community health, mental health and social care provision, in areas that might be difficult to access, to minimise additional demand on NHS services

In any large scale incident, the SCG should consider identification of those people who receive life-preserving services who may be made vulnerable by the effects of the incident.

The following types of mass casualty incident decisions are likely to fall to the SCG:

- The establishment of an overall strategy for London
- Coordination of multi-agency support to healthcare facilities
- Managing the various demands such as response, humanitarian and recovery issues
- Requesting Military Aid to Civil Authorities (MACA)
- Ensuring effective tactical level command and control arrangements are in place
- Ensuring implementation of nationally derived priorities / strategies within London
- Convening a Scientific, Technical and Advisory Cell (STAC) if appropriate – where this is not already in place at regional level
- Considering strategic issues in relation to the developing impact of the incident, noting that for some organisations the response will commence at the consolidation phase

- Considering support to people or sites made vulnerable through the impact of the incident (travellers, homeless, prisons etc.)
- Establishment of a Recovery Coordinating Group under the London Recovery Guidance, lead agency and focus
- Determining the effect (i.e. desired end state) it wants to achieve, which will subsequently inform any national assets that could be deployed
- Considering long-term planning and building in resilience to regional response arrangements

8 Draft Strategic Aim and Objectives

To work together to coordinate an effective emergency response to save and protect life, preserve evidence, minimise the impact on London's communities, and facilitate recovery.

- To save and protect life and limb, and minimise injuries
- To make the scene safe and secure to protect the wider community, facilitate investigations, gather information and intelligence, and preserve evidence
- To facilitate wider consequence management (including survivor and humanitarian assistance, remote casualty management, and associated economic impacts)
- To ensure the delivery of a timely, effective and cohesive communications strategy
- To inform the public and businesses, and maintain public confidence
- To restore and maintain continuity of essential service provisions
- To steer towards recovery and the return to a new normality

Part 2: Associated Guidance

9 Definitions

The term 'mass casualties' is not specifically defined within the Civil Contingencies Act (2004) legislation. The NHS England and NHS Improvement *Concept of Operations for managing Mass Casualties* defines a mass casualty incident for health services ***as an incident (or series of incidents) causing casualties on a scale that is beyond the normal resources of the emergency and healthcare services' ability to manage.***

Department of Health and Social Care (DHSC) guidance defines a mass casualty incident as: ***"A disastrous single or simultaneous event(s) or other circumstances where the normal major incident response of Category 1 organisations must be augmented by extraordinary measures in order to maintain an effective, suitable and sustainable response"***

This Framework will focus on the response to an incident requiring pan-London coordination and resources.

10 Planning considerations

A range of risks (as outlined in the London Risk Register) could result in a scenario resulting in mass casualties. The NHS England and NHS Improvement *Concept of Operations for managing Mass Casualties* states that casualties are likely to be a mixture of categories with 25% requiring immediate lifesaving intervention, 25% requiring intervention that can be delayed, and 50% being walking wounded or minor injuries. The table below provides illustrative guidance for calculating the potential number of casualties in each triage category and based on the London planning assumption of 2,000 casualties.

Triage category	Patient condition	Total (%)	Total casualties
Priority 1 (P1)	Requiring immediate lifesaving resuscitation and/ or surgery	25	500
Priority 2 (P2)	Stabilised casualties needing early treatment but delay is acceptable	25	500
Priority 3 (P3)	Casualties requiring treatment, but a longer delay is acceptable	50	1000

Capacity for P1, P2 and P3 casualties is likely to be exceeded in London, where incidents have up to 2,000 casualties. Therefore, contingency plans are required detailing different ways of working to manage the casualties than might previously have been considered.

Capacity planning assumes that the number of casualties identified in the London capacity assessment will place a high burden on the NHS in London. Multi-agency planning and support is imperative to ensure that responding agencies **'do the most for the most'**. NHS organisations have plans in place to increase capacity across the emergency care pathway to maximise the outcome for casualties, including different ways of working. This will include casualties (where appropriate) being treated and transferred to areas other than the local NHS facilities, including interregional transfers. NHS England and NHS Improvement (London) will work with partner agencies to ensure national mutual aid is requested if required.

The London Mass Casualty Framework is intended to be a scalable framework, providing strategic direction for a range of scenarios, up to the reasonable worst case outlined above. The intention however is to activate the Framework at the lowest level necessary to minimise disruption to

London, keep the management simple and use responder resources sparingly. The scale of the mass casualty incident will therefore need to be kept under review.

Robust multi agency planning locally can support the response, such as NHS primary care, community services providers and Local Authorities (LAs) supporting the rapid discharge of patients from acute care settings, and planning to provide suitable alternative treatment areas away from scene for casualties with minor injuries. This will include the creation of physical capacity, equipment requirements and the training and support necessary to allow staff to work in areas other than those with which they are familiar. Within the assessment for required resources at the scene of an incident it may be appropriate to consider the use of alternative modes of transportation to convey large number of P3 casualties.

Consideration should be given particularly to how resources (human, organisational and infrastructural) can be accessed to enhance the response. Consideration should also be given to how staff and equipment will be shared, based on memorandums of understanding.

It is necessary to consider the dynamics of the incident, the nature and severity of the trauma suffered, the ratio of ambulance / medical resources available, and the accessibility and appropriateness of clinical expertise / resource available, within a critical timeframe, in order to reduce mortality from injury. Therefore, it is difficult to map options against fixed casualty thresholds and the options that are implemented will vary from one scenario to the next.

It should be appreciated that staff of responding agencies may find themselves involved in the incident / event, or wrapped up with the implications, so that they may be delayed or in the wrong location. Also, it has to be recognised that staff may fail to report for their duties due to the circumstances of the incident (e.g. because of concerns for their own welfare or that of their family). This may impact on the responding agencies' ability to be able to undertake some of the roles set out in this Framework.

There are separate emergency service multi-agency arrangements to deal with a mass casualty incident resulting from a marauding terrorist firearms attack. This includes triage and treatment within the warm zone[3].

Military support and assistance would only be considered once all other options, including mutual aid, have been explored. Once all other NHS options have been exhausted, any request for military assistance should follow procedures set out in the NHS England and NHS Improvement *Concept of Operations for Managing Mass Casualties*. The decision for other agencies to request military assistance should follow existing Partnership arrangements.

11 Response arrangements

11.1 Command and control

Activation of this plan will occur when a mass casualty-generating incident or series of incidents requires London response capabilities. Depending upon the nature of the incident, demand on response resources may gradually increase and it may well be that local resources are quickly challenged.

In the case of an incident which gradually increases in resource demand, the Ambulance Incident Commander or Ambulance Emergency Operations Centre (EOC) may activate mutual aid agreements to obtain access to additional resources. In London the LAS and hospitals have established procedures designed to handle a certain level of increased patient activity, which may

[3] Incidents can be designated into the following zones:

- Hot Zones – require a specialist with specific equipment for that zone to enter to deal
- Warm Zones – may require a specialist with specific equipment, but the area presents a reduced risk
- Cold Zones – is designated where specialist equipment may be required but not to the detriment of the responder

include utilising the agreed Initial Casualty Dispersal Model, contained in the NHS England and NHS Improvement (London) *Regional Response Plan for Managing Mass Casualties*.

The coordination structure is detailed and it will vary depending on the nature of the incident. The SCG will need to be aware of and communicate the command and control arrangements in place for the incident.

An outline of the roles and responsibilities of the relevant agencies is provided in Section 12.

11.2 Communicating with neighbouring regions

It is essential that there is communication with neighbouring regions especially when a mass casualty incident will impact on areas beyond London. Coordination with other LRFs is arranged through Ministry for Housing, Communities and Local Government Resilience and Emergencies Division (MHCLG RED); coordination for a mass casualty incident will not be different from generic arrangements for any large-scale major incident.

There is a need to supply early information about London's response, the intended involvement of surrounding LRFs and the extent to which London can support them (if this is necessary).

11.3 Communicating with the public

Communicating with the public is key to ensuring an effective response. The LRCG is responsible for coordinating strategic communications in London during a major incident or emergency. The LRCG will coordinate communications to the public and other key audiences regarding the response process. Face to face communications, and local advice, will be the responsibility of local responders.

The following organisations will report incident related figures to the media:

- NHS England and NHS Improvement (London) will report information regarding the total number of patients receiving treatment at NHS provider organisations
- LAS will report the number of casualties transferred to hospitals
- London Fire Brigade (LFB) may report on casualty figures at some incidents, especially where they involve protracted rescues
- The relevant police service has responsibility for reporting fatality figures

12 Roles and responsibilities

Organisation	Key Functions and Responsibilities
Government Liaison Team (GLT)	• Provide representation on the SCG. • Act as central Government's principal channel for information on the situation. • Facilitate the notification to neighbouring LRF areas as appropriate as soon as the decision has been made to evacuate an area(s) of London. • Assist with the communication between Local Authorities in their regions and the LLACC.
London Resilience Group (LRG)	Provide advice to the SCG on London Resilience Partnership plans Create an incident on the London Situational Awareness System (LSAS) and monitor LSAS, as appropriate. Liaise with the Mayor's Press Office to provide support to the Mayor in his role as the 'voice of London'.
Local Authorities	• Undertake the roles and responsibilities as defined in LESLP. • Provide representation on the SCG through the LLAG arrangements. • Responsible for the safety and preparedness of schools, children's homes and public highways that are not motorways or major trunk roads. • Set up Local Borough Emergency Control Centres to support the response. • Coordinate Local authority and Voluntary agency resources with a view to appropriately supporting the management of large numbers of vulnerable persons. • Ensure that local authorities work with providers of NHS funded care to identify and support the vulnerable. • Assist health organisations with the rapid discharge of patients from acute care settings. • Manage and develop a humanitarian assistance response as per the arrangements of the humanitarian assistance plans for London.
Police (MPS, BTP, CoLP)	• Police will appoint a Strategic Commander to chair/attend SCGs as required. • Police will supply officers to assist in investigations both Criminal and Coronial if required as well as support to all types of Humanitarian Assistance as and when required. • Provide policing support as per the incident strategic aim and objectives. • Assist with the Crime Prevention Strategy. • Assist with Community Cohesion. • Provide specialist staff to assist with aspects of the incident as and where required, including investigators and hospital reception teams operating in support of Casualty Bureau Staff. • Provide staff to act in the role of as Bronze Hospital and Bronze Hospitals Coordinator.
London Fire Brigade	• Provide representation on the SCG. • Undertake the roles and responsibilities as defined under the heading Fire Brigade in the LESLP manual. • Activate arrangements to allows for casualty recovery from scene as required. • Provide accurate casualty information where protracted rescues take place or casualties are still trapped.
London Ambulance Service	• Provide representation on the SCG. • Undertake the roles and responsibilities as defined under the heading Ambulance Service in the LESLP manual. • Determine if the incident is a Mass Casualty Incident and declare accordingly. • Deploy mass casualty response arrangements as per the LAS plans.

Organisation	Key Functions and Responsibilities
NHS England and NHS Improvement (London)	• Following LAS assessment of the incident as a Mass Casualty Incident, request activation of the framework from SCG (or LRG if SCG has not been convened) • To lead and coordinate all NHS providers and commissioners in response to a mass casualty incident in London, working closely with LAS, responding NHS trusts and other partner agencies. • Represent all non-ambulance NHS organisations in London at regional SCGs; and liaise with NHS England and NHS Improvement (National) and other regions. • Establish a reporting routine and share collated situation reports with all NHS organisations in London. • Provide a route of escalation for resource issues, working with local commissioners and providers to resolve escalated issues. • Seek cross-regional and national support for issues escalated and not resolved. • Coordinate and share information across the NHS in the London region. • Act as the single point of casualty information for the incident.
Public Health England	• Maintains an overall responsibility for public health. • Provide representation on the SCG. • Establish, and provide a chairperson for, the Science and Technical Advisory Cell (STAC), if one is required. • Commission appropriate monitoring of patient and survivor health outcomes.
Transport for London (TfL)	• Provide representation on the Strategic Co-ordinating Group on behalf of TfL. • Support through all available resources the emergency resources and other responder organisations as required in order to protect life. • Provide a transport communications capability and media, including call centre, web site, local staff and PA announcements. • Provide support and resources in respect of Traffic Signal Plan Capability and strategic network signing VMS. • Return service delivery to normality as soon as practicable. • Transport Cell - Facilitate the coordination with other transport agencies (Highways England, Network Rail, RDG) to feed into the SCG. The Transport Cell also provides the opportunity for all stakeholders if required to be co-located if needed to enhance communications and interoperability.
Military	• Provide a point of liaison with the SCG. • Undertakes the roles and responsibilities as defined in the LESLP Manual.
Voluntary Sector	• Provide assistance through liaison with Local Authorities, LAS and NHS healthcare providers as appropriate.[4]

13 Response considerations

The decision to declare a mass casualty incident will be determined by a combination of factors including the number and type of casualties and the ability of local services to become overwhelmed. Declaration will initiate a series of predetermined actions by multiple agencies as set out in *Section 12 – Roles and responsibilities*.

The operational response to a mass casualty-generating incident involves triage, transport, treatment, and logistics support. The London approaches, as outlined below, will be used to support the local response to a mass casualty incident.

[4] For further information about Voluntary Sector Capabilities refer to 'London Voluntary Sector Capabilities Document' available www.london.gov.uk

These approaches are not listed in the order they would necessarily occur and may be employed simultaneously. Consideration should also be given to patients who may self-present, and arrive by private transport, taxis or police vehicles.

13.1 Expansion of capacity in treatment facilities to accept critical patients

All NHS medical treatment facilities will be expected to expand their capacities by cancelling or rescheduling elective surgical procedures, discharging non-critical patients, and diverting non-critical patients to other facilities. Additional transportation assets will likely be required to support the discharge/ diversion/ transfer of patients.

13.2 Transport casualties to outlying unaffected areas

Casualties may be transported to outlying areas that have not been affected by the mass casualty-generating event. Communication of critical information and bed capacity by London acute trusts will be necessary in addition to transportation assets. On-scene triage will need to be reviewed on a dynamic basis. NHS England and NHS Improvement (London) Strategic (Gold) will approach partners via the SCG to request any transportation required. Availability of transportation will need to be assessed, acknowledging there may be other demands on vehicles (e.g. for mass evacuation), that there may be time constraints on their provision, and that partner provided drivers will not be medically trained and will need NHS support.

13.3 Receive deployable medical assets in affected area

It is not possible to specify locations that may be utilised as this will be directly affected by the dynamics of the specific incidents. It is envisaged that patients who are P3 (walking wounded) will have low clinical needs.

Where possible, deployable medical assets from within the region will be directed to be deployed by the NHS England and NHS Improvement (London) Strategic (Gold) Officer. National assets, if available, will be deployed to support the region. Assets may also come to London through Mutual Aid Agreements. In any of these instances, the assets will be used to establish additional off-site treatment facilities to augment the arrangements that are already in place.

Local Authorities and the Police, in accordance with their standard response arrangements, should have established Survivor Reception Centres and other types of Reception Centres for evacuees.

13.4 Ensure information is managed effectively and shared amongst responders

The effective management of information is essential to the success of any major incident response. The NHS England and NHS Improvement LICC will coordinate the flow of Health information horizontally and vertically to ensure that casualty information is shared and collated. The NHS Strategic (Gold) representative will regularly update the SCG on events and health issues and will be the source of casualty figures. They will also ensure that regular situation updates are provided to NHS England and NHS Improvement national colleagues.

All responding agencies will need to ensure that their systems and processes are developed to ensure appropriate sharing of information during an incident.

Casualty Bureau should be activated from the outset by the relevant police service. The Casualty Bureau will provide a central point to receive and collate all information in relation to an incident.

Upon activation, the Casualty Bureau will:

- Establish lines of communication with SPOCs in reception centres/ triage points/ hospitals/ temporary mortuary/ third parties involved (ie Hospital Bronze)
- Record all data in relation to persons involved, or believed to be involved, witness information/intelligence, and prioritise and progress all information with the relevant police resources and partner agencies

- Senior Officer(s) (SIM/SIO) to liaise with police media teams to assist in the support and management of public expectations immediately and during recovery phase

14 Casualty and survivor distribution processes

In the event of a mass casualty incident the LAS are responsible for treating and conveying casualties to an appropriate acute hospital or treatment centre. Where casualty numbers exceed LAS transportation resources it may be necessary to consider alternative transportation support, including the use of Local Authority transport and Transport provider resources.

The aim of the NHS in a mass casualty incident is to provide the optimum care to the maximum number of casualties possible, “doing the most for the most”.

Casualties are triaged at the scene according to their clinical condition and categorised by priority level 1-4 to ensure they receive the most appropriate clinical resources.

Severity	Triage Category	Extraction	Patient Condition
Immediate	Priority 1 (P1)	< 1 hour	Requiring immediate lifesaving resuscitation and / or surgery
Urgent	Priority 2 (P2)	< 4 hours	Stabilised casualties needing early treatment, but delay is acceptable
Delayed	Priority 3 (P3)	May be treated on site	Casualties requiring treatment, but a longer delay is acceptable
Expectant	Priority 4 (P4)		Casualties severely injured who are unlikely to survive even if treated aggressively
Deceased	Dead		No further medical intervention useful.

Casualties will be conveyed to the most appropriate care setting, with best endeavours to avoid unnecessary secondary transfers.

The expectant (P4) category is for casualties that are severely injured who are unlikely to survive even if treated aggressively, either as a direct consequence of the limited nature of the medical resources available (e.g. immediate surgery is required but unavailable), or because the input required would make such demands on these sparse resources that the lives of other less seriously injured patients would be jeopardised. The use of this category is only authorised at a strategic level by the LAS Strategic Commander in consultation with the LAS Gold Doctor, NHS England and NHS Improvement Strategic (Gold) officer and Medical Director. The decision on which casualties, at scene, fall into this category would be decided by the doctor performing the casualty clearing clinical lead role. To-date it has never been required in Britain; however, should that request be made it would be important for the SCG to acknowledge and record that decision.

14.1 Additional bed capacity reporting requirements

Although the NHS in London has an agreed casualty capacity model for the initial two hours of casualty distribution, all receiving hospitals are requested to confirm capacity with the LAS and the LICC.

Receiving hospitals will confirm their receiving capacity to LAS at specified intervals.

15 Recovery

In accordance with the London Recovery Management Protocol, a Recovery Management Cell (RMC) should be set up as soon as possible after the establishment of a Strategic Coordinating

Group (SCG). The RMC functions as a sub-group of the SCG is chaired by a nominee of London LLAG.

At the point at which it is felt by members of the SCG that the balance of work leans more naturally towards recovery than response, the Chair of the SCG and the Chair of the RMC will formally agree this, and the RMC will become the Recovery Coordination Group (RCG). The RCG will be chaired by the most appropriate Local Authority Chief Executive and will direct partnership recovery efforts.

The recovery from an incident requiring the use of the Mass Casualty Framework is likely to be complex and prolonged.

16 Reimbursement of costs

In the event of an exceptional emergency, Government departments may consider providing financial support to various aspects of the recovery effort. Guidance on financial support in an exceptional emergency is available from the Department for Communities and Local Government.

The use of Special Requisition/Purchase Order forms during a crisis should be planned for, so that cost recovery from insurance companies and other emergency grant schemes has a clear audit trail.

17 Training and exercising

Each organisation is responsible for ensuring that its staff are fully trained in its own emergency response procedures, and in its particular role in support of the operation of the London Mass Casualty Framework and associated plans and protocols.

The London Resilience Partnership will support a consistent approach towards strategic multi-agency understanding through Partnership wide workshops at the sub-regional and pan-London levels, overseen by the LRF Training and Exercising Group.

17.1 Exercising and review

All responders should have a clear understanding of their role and responsibility throughout any incident where the procedures outlined in this document have been invoked. This should be achieved through training and exercising at all levels. Training should take place prior to exercising the plan. The experience from exercises and incidents should contribute to reviews of the document.

The London Resilience Group maintains a list of lessons identified through exercises and incidents on behalf of the wider Partnership. These are identified, recorded and implemented in accordance with the Partnership's Learning and Improvement Protocol. The status of these lessons is reported to LRPB, and the London Resilience Forum.

Appendices

Appendix 1: Glossary of abbreviations and terms

BECC	Borough Emergency Control Centre
BTP	British Transport Police
COBR	Cabinet Office Briefing Room
CoLP	City of London Police
GLA	Greater London Authority
GLT	Government Liaison Team
JESIP	Joint Emergency Services Interoperability Programme Joint Doctrine
LESLP	London Emergency Services Liaison Panel
LICC	London Incident Coordination Centre (NHS)
LLACC	London Local Authority Coordination Centre
LLAG	London Local Authority Gold
LRF	Local Resilience Forum
LRG	London Resilience Group
LRCG	London Resilience Communications Group
LRPB	London Resilience Programme Board
MHCLG RED	Ministry of Housing, Communities and Local Government Resilience and Emergencies Division
MPS	Metropolitan Police Service
NHS	National Health Service
NPCC	National Police Chiefs Council
Pan London	The whole or a large part of London
RCG	Recovery Coordinating Group
RMC	Recovery Management Cell
SCG	Strategic Coordinating Group
SCP	Strategic Coordination Protocol
STAC	Science and Technical Advisory Cell
TfL	Transport for London

For information, please contact:
LONDON RESILIENCE GROUP
London Fire Brigade HQ
169 Union Street
London, SE1 0LL

LondonResilience@london-fire.gov.uk
www.london.gov.uk

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