



# **Preparing Scotland**

**SCOTTISH GUIDANCE ON RESILIENCE**

**CARE FOR PEOPLE AFFECTED BY EMERGENCIES**

**November 2017**

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# Checklist for Senior Managers Responsible for Caring for People

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If an emergency was to happen today:

- are you fully prepared to lead the response of your organisation in caring for people affected?
- can your organisation, alone, resolve all of the problems encountered by those affected by emergencies? If not is your work co-ordinated and integrated with the other agencies that care for people?
- have you trained and exercised for your personal role?
- are you confident that your organisation's arrangements for preparation and caring for people following emergencies are auditable and will withstand scrutiny in the event of a public inquiry?
- does your formal role recognise your management responsibilities for preparation and caring for people affected by emergencies?
- is your organisation prepared to support you in your management role?
- are you prepared and ready to lead a multi-agency Care for People Team?
- have you trained and exercised for the lead role in the multi-agency Care for People Team?

**Does your organisation:**

- have arrangements in place to play its part in the Care for People Team?
- authorise you to lead the Care for People Team if necessary?
- have a scheme of delegation that gives you authority to deploy resources and incur expenditure?
- provide for the welfare of staff who will deal with an emergency and its effects, in the short and long term?
- have a documented Risk Register founded on an assessment of the impacts of risks on caring for people?
- support functional staff in preparing for emergencies?
- formally approve Care for People arrangements?
- have complementary arrangements (property, finance, communications, etc.) to support care for people?
- have arrangements that are documented and clearly and easily accessible for both staff and the public?
- have arrangements that provide an audit trail of resources deployed, when, why and by whom, to facilitate cost recovery?
- have a policy to support staff called to give evidence at public inquiries?

# Introduction

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This document is part of the [Preparing Scotland](#) suite of guidance. Preparing Scotland guidance is set out as a "Hub and Spokes" model. The central hub incorporates the philosophy and principles of resilience Scotland, governance structures, regulatory guidance and recommended good practice. The spokes, of which this guidance is part, provide detailed guidance on specific matters. This guidance relates to Care for People.

Users who are familiar with the structures and processes of resilience in Scotland may use this Care for People guidance in isolation. For those unfamiliar with these structures it is recommended that this guidance is read in conjunction with the central hub, [Preparing Scotland](#).

To allow a deeper understanding of how best to promote resilience and recovery, this document should be read in conjunction with the full suite of documents mentioned above and in particular the supplement "[Responding to the Psychosocial and Mental Health Needs of People Affected by Emergencies](#)".

*A summary of the legislation and the related duties and structures underpinning responding to emergencies is included at Annex A.*

The basic principles in the Care for People guidance and content have not changed. The substantive change has been to restructure the format to align it with the format of the Psychosocial supplement which has made it possible to embed references to Psychosocial First Aid where appropriate. We have also taken the opportunity to incorporate elements from the related UK Guidance which included the incorporation of case studies.

The guidance has been recently updated and re-ordered - with a view that it will be re-visited in 2018 to ascertain how fit-for-purpose it is given developments in the Care for People field.

## **Purpose of Guidance**

Preparing Scotland, Care for People Affected by Emergencies, is not intended to be an operations manual, but is instead guidance to responders assisting them in planning and response. It establishes good practice based on professional expertise, legislation and lessons learned from planning for and dealing with major emergencies at all levels. It is intended to be a flexible and responsive document, able to respond to new hazards and threats as well as those more frequently encountered.

Helping people to cope with the immediate and longer-term personal impact emergencies is a vitally important part of effective response and recovery. The ability of responders to deal with and support the human aspects of an emergency, both physical and psychosocial, will determine the success of their overall endeavours.

Experience has shown that the needs of individuals and communities affected by emergencies are diverse and complex. They are influenced by a variety of factors and may change over time. This guidance provides advice on the establishment of flexible and adaptable arrangements that allow responders to manage the provision of personal support at all times following an emergency.

It is important to recognise communities' ability and desire to be involved in their own recovery. From the outset the relationship between the people affected, their communities and the responding agencies is crucially important.

# Defining “Care for People”

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Emergencies have wide-ranging effects on individuals, their families, friends and the communities in which they live or they are connected.

Emergencies affect people’s personal, social and economic lives. The impact may be transient or prolonged.

Care for People lies at the heart of any emergency response. It is demonstrated by:

- the life-saving activities of the emergency services
- the practical and emotional support activities offered by the professional health and Local Authority services, and others
- the work of volunteers, community resilience groups, faith groups, friends and neighbours, in helping those affected and rebuilding communities.

Care for People covers activities that are aimed at providing support to meet people’s practical and emotional needs after an emergency. Support may be required for weeks, months and years following the incident. The direct physical effects on people’s lives may be readily seen, while the impacts on people’s mental health and wellbeing may be less obvious and are sometimes hidden. Minimising the suffering of individual people, families and communities, and averting the risk of emotional and psychological injury are important parts of the response to any emergency.

In this guidance "Care for People" embraces the actions taken to promote the wellbeing of all people affected by emergencies. It does not include the immediate lifesaving activities which are well provided for by the emergency services, but it does include meeting the essential needs of survivors when removed from danger. It encompasses:

- the support provided for individuals’ personal, physical, practical and health needs
- direct intervention to assist groups and individuals
- caring for people affected by insidious and slow developing emergencies that affect their lives in less dramatic but, nonetheless, harmful ways
- sustaining and, if necessary, contributing to the regeneration of communities as part of the recovery process.

Care for People covers a diverse range of activities. The following chapters in this guidance provide advice on how to identify, plan and deliver the activities in a consistent and co-ordinated approach to support those affected by emergencies.

# Range of Incidents and Those Affected

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In order to develop effective plans Care for People Teams should identify the range of incident to prepare for and the range of people likely to be affected.

## Range of Incidents

Care for People arrangements should follow the Integrated Emergency Management Principles outlined in the Preparing Scotland suite of guidance and focus on consequences not causes.

For instance, care for people issues can arise from a wide range of incidents which share few other characteristics. A flood, a terrorist attack or an industrial incident can all lead to similar requirements for shelter and support to a local community. As a result, many aspects of preparation can be generic in nature, focussing on mitigating the consequences of an emergency whilst, from a planning perspective, paying relatively little attention to the cause of the disruption. This all-risks approach, concentrating on consequences rather than causes, allows a process of generic planning which can be adapted readily to fit to a wide range of issues around response and recovery.

## Range of people affected

People who are affected by emergencies frequently respond with great fortitude and resilience. Statutory responders should recognise this and should actively promote the fullest participation of local, affected populations.

People affected by emergencies will be drawn from all walks of life and backgrounds and fall into broad categories. They include:

- those physically injured in the emergency
- those directly involved in the emergency who are physically uninjured but who may be in emotional or psychological distress
- the bereaved, families and friends of those involved
- vulnerable people (including those with disabilities, medical conditions, learning difficulties, children and young people and elderly people)
- affected communities, which could be geographical or characterised by common interests, identity or demographic features
- those indirectly involved in the emergency who need support or reassurance
- rescuers and members of the public involved in the rescue effort, response workers and staff providing support in the aftermath of the emergency.

However, the list is not, and cannot be, comprehensive, as the impact on people's welfare will depend on the individual and the particular circumstances of an emergency. It is important to remember that there will be people made vulnerable *by* the emergency and those who were vulnerable *before* it happened.

It is recognised that there are sensitivities related to the use of generic terms to describe people affected by emergencies. In this guidance the term "those affected" is used simply as a means of describing the many categories of people affected by emergencies including responders.

## **Vulnerable People**

Caring for vulnerable people in emergencies needs careful consideration and where possible, plans and arrangements should establish in advance the mechanisms for identifying those in the community who are known to be vulnerable, e.g. older people or those with disabilities. This may best be done by working with those agencies that have up to date records of individuals and an awareness of their needs. In some cases people may become vulnerable as a result of the incident (especially in an extended event), or may be vulnerable but not appear on any formal lists such as those without transport, elderly or frail people in their homes or people with temporary medical conditions. Plans and arrangements should consider how such people can be identified or contacted.

In addition, responding agencies should gather information about people who may have been made vulnerable by their direct involvement in the emergency.

The following factors are associated with an increased likelihood of distress and risk of developing mental health problems:

- perception of high threat to life;
- physical injury;
- circumstances of low controllability and predictability;
- the possibility that the emergency might recur;
- an experience of disproportionate distress at the time;
- experience of multiple losses (of relatives, friends or property);
- exposure to dead bodies or grotesque scenes;
- a high degree of destruction of community infrastructure and social networks;
- perceptions of limited social support and/or actual lack of this;
- pre-existing or previous mental disorder.

Recording systems should include the facility to collect relevant information on those people considered to be at risk of psychological distress, so that follow-up support can be offered.

## **Children and Young People**

The specific needs of children who are affected by emergencies should be addressed and support and advice should be provided for parents and/or carers. Education services have an important role in restoring and normalising community life for children and their families.

Responders should be trained to recognise and respond to the needs of children affected by emergencies, whether or not they work with children normally. Reuniting children with a parent or other familiar/trusted adult should be a priority. Responders should begin from the assumption that parents (and carers) are the best placed to support their children and should empower them to do so. Professionals should not work directly with children without the consent of a parent or guardian. They should

do so only if there is no familiar and trusted adult who is able to provide the necessary care, for example if the parents' own reactions to the emergency overwhelm their ability to provide effective parenting. Schools and youth groups will have an important role in restoring and normalising community life for children.

## **Range of activities**

Emergencies can affect people's personal, social and economic lives and the impact may be transient or prolonged.

It is important for the Care for People Team to recognise the wide range and diversity of activities required to support and assist those affected by emergencies. In addition to immediate shelter and practical assistance, there may be a need to provide psychosocial support for a number of years. Survivors, the bereaved and others affected will expect a seamless response.

Utilising the Community Risk Register, the Regional Risk and Preparedness Assessment and their planning assumptions, the Team should consider the impacts of emergencies on their functions. They should then consider the services that individuals and communities will need as a result and the management arrangements that will be necessary to deliver them. They may include:

- administrative processes and the means of recording and tracking those affected and their needs;
- shelter and physical wellbeing;
- practical support and advice;
- emotional and psychological support;
- community wellbeing, regeneration and recovery;
- wellbeing and support for response staff; and
- effective communication with those affected and the public.

A stepped care model should be used that begins by attending to basic needs (such as safety, security, food, shelter, acute medical problems); it should then proceed through requests made by people, families and communities to non-specialised support services; and lastly to specialist mental health care service.

The stepped model of care should be based on the principles that of Psychological First Aid (PFA). There are a number of components of effective PFA, on page 11. The components should be modified to match the needs of each individual. A child, for example, will require a different explanation of trauma reactions than an adult. There is no particular order to follow, as this will depend on the people affected and on the emergency.

## Key Components of Effective Psychological First Aid

- provide immediate care for physical needs
- protect from further threat and distress
- provide comfort and consolation for people in distress
- provide practical help and support for real-world-based tasks (e.g. arranging funerals, information gathering)
- provide information on coping and accessing additional support
- facilitate reunion with loved ones where possible and/or connection with social supports
- provide education about normal responses to trauma exposure including two essential elements:
  - recognising the range of reactions
  - respecting and validating the normality of the post-trauma reaction

The likelihood of a person developing more serious psychosocial problems or mental disorders will depend on many factors including the intensity and duration of their exposure to emergency-related stressors, certain prior experiences, and the availability, or otherwise, of social support. The stepped care model should be applied in ways that include a clear pathway for accessing specialist services for those people who are thought to be at particular risk.

As with other aspects of caring for people and managing the recovery following an emergency, the best outcomes are likely to be achieved by working in partnership with the affected people and communities, and by facilitating a high level of self-determination by those affected.

Further information and advice on psychological first aid can be found in the [Preparing Scotland: Care for people affected by emergencies Supplement: Responding to the Psychosocial and Mental Health Needs of People Affected by Emergencies.](#)

# Establishing a Care for People Team

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## Multi-agency Team

[Preparing Scotland](#) recommends establishing a number of specialist sub-groups to drive forward work in particular areas of emergency planning.

The Care for People Team is a multi-agency functional team that is active at the tactical level in preparation, response and longer-term recovery. It is one of a number of functional groups which should be established at the tactical level (for example, a Public Communications Group and a Scientific and Technical Advice Cell).

The Care for People Team both in preparation and response should comprise of representatives from all agencies and functions with a part to play in caring for people, including:

- local authorities (e.g. social care, children, adults and housing services);
- health service (e.g. primary care, mental health services);
- Police (e.g. family liaison co-ordinators);
- utilities;
- transport operators and their care teams;
- occupational health and staff welfare;
- voluntary organisations (e.g. British Red Cross, RVS, Salvation Army, St Andrews First Aid, Samaritans, Cruse, Animal Welfare Organisations);
- faith communities;
- Community Resilience Teams;
- other organisations with a role in caring for people (e.g. housing associations, private/commercial carers).

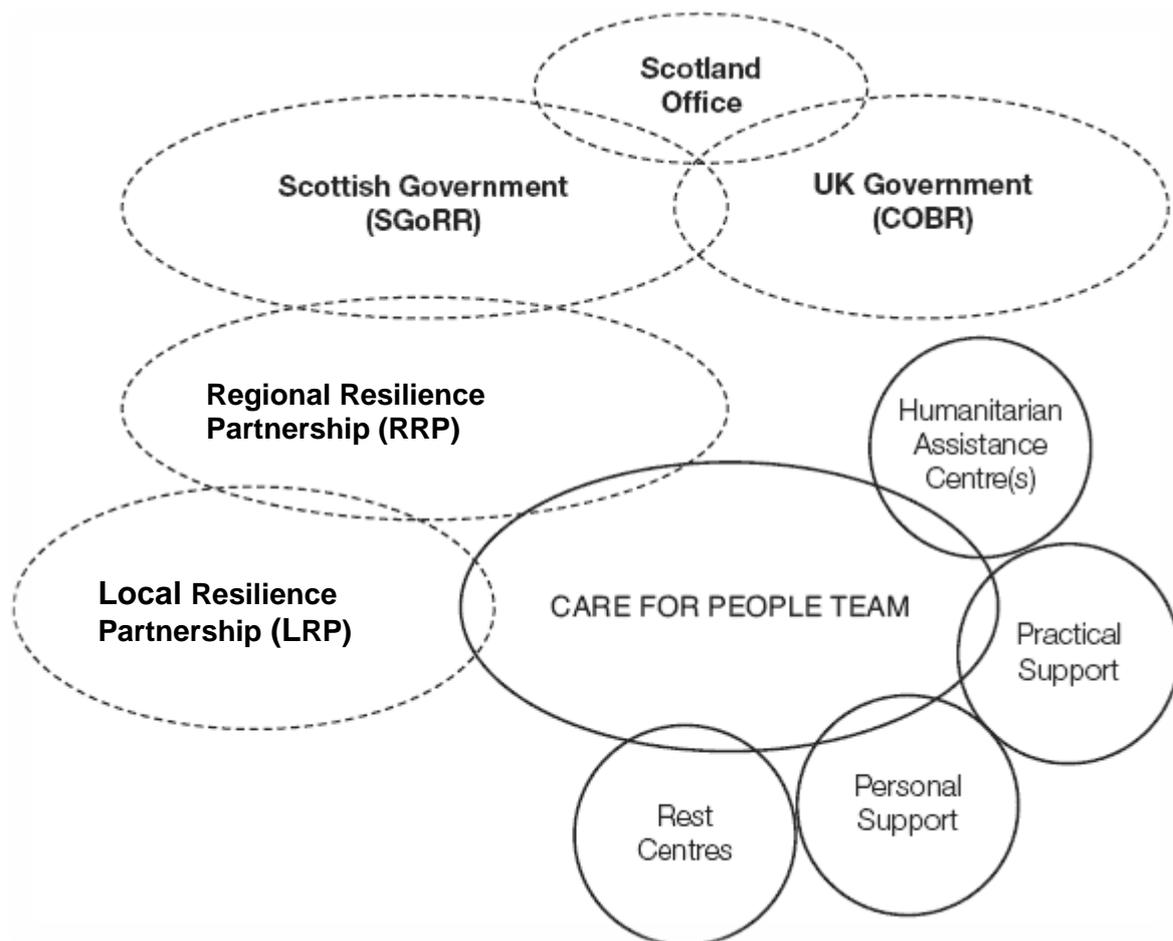
Membership should reflect local conditions and agencies. Members should be senior practitioners who would be responsible for caring for people during an emergency.

## The Care for People Team's Place in the Resilience Partnerships Framework

Caring for people affected by emergencies is predominantly provided at a local level by the relevant local authorities, NHS Boards and voluntary sector organisations through Resilience Partnerships and working with Joint Integrated Board. In doing so they should consider the needs of affected communities; those evacuated from their homes; other displaced persons; the vulnerable; the injured and bereaved; the families and friends of those affected, the welfare of those responding and any others as considered necessary.

Subsidiarity – As with all aspects of an emergency response, care for people should be responded to following the principle of subsidiarity. Local responders' IEM

arrangements are the foundation of dealing with emergencies with control of operations being exercised at the lowest practical level. The coordination and support of local activity should be at the highest level required and both principles should be mutually reinforcing. The majority of incidents are dealt with at the local level with little or no regional or government involvement. This approach has proven to be robust in Scotland.



**Figure 1** represents the relationship of the Team with the Resilience Partnership management framework.

Where one response/advice group/team overlaps with another, both must ensure that effective means of communicating are in place and that individuals involved in those group/teams are aware that they are expected to make connections to facilitate coordination.

The Chair of the Care for People Team will both lead the Team and inform/advise the resilience partnership as and when necessary. They will lead the coordination of the Team's activity in implementing the Resilience Partnerships' strategies as they affect care for people.

The person(s) linking the Care for People Team and the Resilience Partnership will seek to integrate the Team's work with that of the other functional teams responding. They will keep the Resilience Partnership informed of the Team's activity, draw upon

any support the Team requires and identify if its support might help others. For example, they might ask property managers to identify and open a building as an outreach facility in a remote community, work with the Public Communications Group to inform the public of the Team's activities and services or offer to provide emotional support for agency staff.

The Care for People Team's specialist group leaders should be identified in advance with the support of their group. They will work with Team colleagues to identify the best way to implement the Resilience Partnerships' strategy for caring for people and lead specific operational aspects of the Care for People Team's work. The team should identify appropriate mental health and social care professionals from the Health Board and Local Authority to give real-time advice to responders during both the emergency response and recovery phase. (Examples of specialist groups are shown in Figure 1 for illustrative purposes only as rest centres, personal and practical support, and humanitarian assistance centres). Group leaders will ensure that their group's operations are co-ordinated with the Team's overall activity.

## **Overseas Incidents**

This could include arrangements required for Scottish residents involved in catastrophic incidents and repatriated.

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.

Care for People Teams should work with UK Government/tour operators where the incident has taken place overseas to ensure people are able to return home and/or so that bereaved families can travel to the location of the emergency to identify and repatriate their loved one's body.

Further information on the role of the Foreign and Commonwealth Office is provided in UK Government publication [Human Aspects in Emergency Management](#).

# Coordinating the Response and Working with Other Delivery Partners

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## Single Point of Reference for Preparation and Coordination

The purpose of the Team is to provide a single point of reference for preparation and caring for people affected by emergencies within the affected area. It will care for people before, during and after emergencies by establishing and sustaining formal partnerships to co-ordinate its joint activity. It will ensure that its members own and maintain their arrangements and are fully prepared to respond to emergencies at all times.

The Team will:

- advise and inform the decisions of the Resilience Partnership;
- implement the Resilience Partnership strategies by co-ordinating its members' activities; and
- deliver services through its members' staff working at an operational level.

An event may affect more than one LRP/RRP, or it may be necessary to evacuate into an LRP/RRP area unaffected by the event. Where possible, during planning the affected LRP should consider the cross-boundary impacts of an event, the need to coordinate with neighbouring LRPs/RRPs, and the management of mutual aid. Coordination should seek to ensure that neighbouring LRPs/RRPs are aware of any planning that could have an impact on them, and that evacuation and shelter plans complement each other. In some cases it may be beneficial to develop joint plans.

## Support Centres

Many of the activities involved in caring for people will take place within a support centre and so they are a key element to the responding to an emergency.

Planning for support centres should be proportionate to the type of risks identified locally and may range from small-scale local events to risks that have national consequences requiring large scale evacuation and shelter. Guidance on local risk assessments are available through the local Community Risk Register and [Risk Preparedness Assessment](#) process (RPA).

*Further detailed information on the types of support centres that may be set up are in Annex B.*

The table below provides a summary of the types of centres typically set up during an emergency. Naming of the centres may differ at a local level but should follow the basic principles and purposes.

Type of Centre	Lead Agency	Purpose
Survivor Reception Centre	Police or Transport Company	Secure area where survivors not requiring hospitalisation can be taken for first aid, documentation, comfort and interview etc.
Rest Centre	Local Authority	Safe & Secure Place: Temporary accommodation Evacuation: remove from danger zone.
Family & Friends Centre	Local Authority /Police	Coordination point for family and friends to await/provide information.
Humanitarian Assistance Centre	Local Authority [LRP/RRP approval may be required]	Long-term one stop shop for all those affected by the emergency and for the coordination of agencies responding to the emergency, including public, private and voluntary agencies.

The requirements of these centres will vary depending on the needs of those attending them, including both those affected and the staff of the organisations responding.

The purpose of the support centre may change as the incident develops. And this may require the purpose and function of the centre to evolve to meet the needs of those affected and to effectively respond to the incident.

The decision to open and maintain any of any of the support centres detailed above must be subject to regular review and advice sought from the various partner agencies. Not every incident will require all types of centres to be set up, however staff should be aware and understand the differences and services provided by each as time passes and needs change.

If a centre is established to meet the psychosocial and mental health needs of the affected populations, care should be taken to ensure the services remain available to all those affected and are integrated with other community, social and mental health services.

Staff will require training in their roles and this should be carried out on a multi-agency basis. Where voluntary agencies are to be used they too should be clear in the tasks they are being asked to provide and form part of any training events.

The emergency services may establish a Survivor Reception Centre (SRC) for short term shelter, first aid and, perhaps, the gathering of evidence, until the Team becomes involved.

The initial needs of those affected (survivors) are likely to include:

- safety, shelter and warmth;
- comforting;
- food and drink;
- minor first aid to treat injuries;
- help to meet any health and mobility needs;
- changing, washing and toilet facilities; and
- personal practical needs, for example, warm clothing, blankets, etc.

The Team would establish a rest centre as a refuge for evacuees and others affected. People arriving at the rest centre will be registered (to ensure the names and addresses of all those affected are recorded), provided with shelter, refreshment and practical support and, if necessary, interviewed by the Police. Care must be taken to avoid duplication of processing for those transferred from SRCs. People affected may also need support beyond their immediate requirements, for example, access to transport or temporary accommodation or referral to a humanitarian assistance centre.

RRPs and local responders should maintain lists of accommodation suitable to be used as rest centres and other facilities during emergencies. The Team must work closely with RRP members' functions that manage accommodation and associated resources to ensure the appropriateness of accommodation for its purposes and achieve rapid activation when required.

A family and friends reception centre (FFRC) may be established by the Police in consultation with the Care for People Team.

The purpose of a FFRC is to help reunite family and friends with survivors. Family and friends of those involved, or thought to have been involved, in an emergency will be directed to the FFRC, where they will be registered and their identification confirmed by the Police. They will be briefed regarding the emergency and given access to initial practical and emotional support from the Team and its partners in a particular emergency. Experience has shown that many people will travel to the scene or to meeting points, such as travel arrival and departure points, if they believe their family or friends may have been involved in an emergency. The Team should prepare to work with transport operators and similar organisations to provide essential services for those affected.

Survivor reception centres, rest centres and friends and family reception centres may meet the needs of those affected in the short term. However, experience has shown that providing for their personal needs may require the Team's support for a considerable time. How that support is provided must be determined on the basis of the impacts of the emergency and matters such as the numbers of those affected, number of fatalities and potential inquiries and investigations. The Team will consider a range of options for conducting its work that may include:

- co-ordinated extension of partner organisations' normal work;
- providing a personalised service for a small number of people;
- establishing a "virtual" support centre using helplines or websites;
- developing rest centres or other emergency centres into fully functioning humanitarian assistance centres (HACs);
- establishing one or more HACs;
- establishing HACs to deal with particular client groups (friends and family members, the bereaved or particular communities); or
- other initiatives designed to meet the particular needs of the emergency.

## **Humanitarian Assistance Centre**

The RRP may agree that a physical humanitarian assistance centre(s) (HAC) will be established. It may be necessary to open a number of HACs to deal with the needs of those affected by an emergency at remote locations in the UK or overseas.

The HAC will provide accommodation for Team members who can access the necessary support and assistance for all of those directly affected.

The purpose of an HAC is to:

- act as a focal point for information and assistance for those affected by an emergency, including survivors and the bereaved;
- offer access to, and guidance on, services available to allow people to make informed choices according to their needs;
- ensure a seamless multi-agency approach to care for people at all times; and
- facilitate the gathering of evidence to aid identification where necessary.

## **Data Sharing and Protection**

The key principles for data sharing within the context of Care for People 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](#) 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)”* p.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 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 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 preplanning, in terms of having a plan for how data will be dealt with in the aftermath.

The introduction of a Persons at Risk Database (PARD) type system can resolve some of the difficulties between partners of sharing information in an emergency. Information Sharing Agreements are in place before the incident specifying what and how information will be shared and in what circumstances with the necessary

approvals from responsible officers of the participating Category 1 and Category 2 responders.

## **Identify Professionals from Specialist Services**

It is recommended that responders identify functional managers to take forward their functional work in emergencies. They will know best how to adapt their skills, knowledge and expertise to care for people in an emergency. The functional managers should work with the Resilience Partnerships Care for People capability groups to make local arrangements for preparation and response to emergencies.

Relevant specialists from services such as social care, public health, mental health and education should be identified and consulted in the preparation phase so that they can provide advice in the event of specific emergencies.

## **Family Liaison Officers**

The nature of the emergency may require the Police to appoint family liaison officers (FLOs) whose duties are primarily related to investigation. FLOs work closely with the bereaved and may call upon other agencies to provide caring services and support.

The Team will work closely with FLOs and select staff to train with them, share understanding of respective duties and the special needs for confidentiality. Support for the bereaved must be integrated and consistent in both the Police and Care for People Team arrangements.

## **Voluntary Sector**

Category 1 responders should 'have regard' to the voluntary sector in their planning under the Civil Contingencies Act 2004. They should have in place effective arrangements through which they can engage with the large and diverse voluntary and community sector.

The voluntary sector and community organisations support (including faith-based organisations) can play a significant role in providing humanitarian assistance during an emergency. Experience shows that the active engagement of the voluntary sector and community organisations in emergency preparedness work such as planning, training and exercising enables all responders to be more effective in the event of an emergency.

The roles that voluntary organisations includes but is not limited to offering practical and emotional support in the immediate, medium and longer term. Support can include:

### **Welfare**

- Emotional support
- Assessment of an individual's needs
- Bereavement support

### **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
- Listening skills
- Support groups
- Spiritual and faith groups
- Support groups

#### Staffing

- Extensive personnel and volunteer trained network
- Staffing of support centres (rest centres etc)

#### 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, 4x4s for evacuations, emergency communications vehicles

#### Communications

- Radio and telephone
- Interpretation and translation services
- Resilience radio communications

#### Refreshments

- Meals on wheels
- Emergency canteens

Voluntary agencies whose staff are providing psychological treatment should liaise with the person's GP, wherever possible, to ensure a coordinated response to their care.

Community groups and leaders can also promote self-help within affected communities and among vulnerable community members.

## **Community Resilience**

As with other aspects of caring for people and managing the recovery following an emergency, the best outcomes are likely to be achieved by working in partnership with the affected people and communities, and by facilitating a high level of self-determination by those affected.

Effective social support plays a vital role in people's recovery following emergencies. There is evidence that supportive social networks can help people to cope with traumatic events and can protect against the development of stress-related mental illness.

Scottish Government recognises the contribution individuals and communities can make in preparing for emergencies and for a number of years has been promoting individual and community resilience. For example where communities are prone to flooding, people are encouraged to register for flood-warning schemes and to learn the flood-warning codes. In addition, the preparatory work undertaken by local authorities and communities at the planning stage has proved to be very beneficial when an incident occurs. Such communities are more likely to identify what needs to be done prior to the arrival of the emergency services and may feel more confident in their ability to be self-sufficient for a period of time.

## **Transportation /Organisational Care Teams**

A number of agencies within the transport sector have their own organisational care teams, which may be set up in the event of an incident involving their organisation and members of the public. These teams are trained and equipped to respond to the needs of their passengers and others affected by the incident and should not be overlooked. There will be a need to ensure the work carried out by these teams is based on the principles of PFA and that they are given appropriate recognition in the overall structure of response and recovery, particularly if their procedures involve the routine setting up of a Survivor Reception Centre.

Whilst primarily established to respond to transport incidents, consideration could be given to mutual aid in the correct circumstances.

# Delivering Care for People Activities over Time

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As part of the planning process Care for People Teams should exercise and prepare for activations.

As part of the preparation process Care for People Teams should consider the diverse and complex needs of individuals and communities affected by emergencies. As the needs are influenced by a variety of factors and may change over time planning should be based on the PFA step change model and incorporated the stages and timeframe in table below.

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).

Table 1<sup>1</sup>

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<sup>1</sup> [Human Aspects in Emergency Management: Guidance on supporting individuals affected by emergencies](#) p.7

## Care for People Activities to Prepare for an Activation

The aim of the Care for People Team is to prepare effective management arrangements to coordinate the activities of all responders to care for people by:

- providing for the welfare and wellbeing of those affected by emergencies;
- reducing to a minimum the harmful effects of any emergency on individuals and communities;
- contributing support for their recovery; and
- being ready to respond at all times.

Tasks and activities that the Team should consider when preparing to care for people during emergencies include:

- identify recruit and train managers and staff to care for people following an emergency;
- clarify leadership in preparation and response;
- clarify information-sharing protocols in advance so that there are no barriers to the provision of support to people affected by emergencies;
- agree recording systems to identify/contact those made vulnerable by the emergency;
- engage community groups to promote local response;
- plan, support and deliver regular training and exercising.

Spontaneous volunteering and donations can be helpful but how it can be managed and co-ordinated should be considered as part of the planning process. Responders should make plans for how to communicate with the public about what sort of help is needed, and how it will be coordinated.

## Training and Exercising

It is recommended that the multi-agency training programme should include explicit arrangements for the testing and rehearsing of the psychosocial and mental health components of the emergency plans.

The [Preparing Scottish Exercise Guidance](#) is a useful resource to help plan for an exercise.

All agencies should ensure that their staff receive appropriate training in the psychosocial aspects of emergencies. This should include emergency service staff, those working in local authorities (particularly welfare and social care) and health services (particularly general practitioners). Where third sector organisations are involved in a response or care provision, consideration should be given to the benefits of joint training with statutory providers. Training should be developed in conjunction with specialists in psychosocial and mental health care and should include:

- the principles of psychosocial care and PFA;
- the psychosocial and mental health effects of emergencies on people of all ages;
- awareness of possible longer term consequences;

- awareness of referral pathways for people who need more specialised care;
- self-care for staff.

Agencies should identify in advance those people within their organisations with appropriate skills who could contribute to the psychosocial care response. Staff identified to work within any centre should be provided with appropriate training to undertake their designated duties. This includes both single and multi-agency training and exercising as appropriate. Training in Psychological First Aid will be beneficial and is available through the [Scottish Resilience Development Service \(ScoRDS\) website](#).

## **Staff Welfare**

Wellbeing and support for response staff is vitally important for all staff and volunteers responding to emergencies. Each organisation has a duty of care to its staff. Demonstrating that staff are valued and cared for can boost morale in the darkest hours of response. Staff may be called upon to undertake some particularly harrowing and distressing tasks in a stressful and demanding environment. The effects on individuals can vary and there is a good deal of research and advice available for professionals. Most large organisations will have arrangements in place to support staff and these will have increased salience in emergencies.

In caring for staff, resilience partners will consider:

- physical needs including: accommodation, catering, refreshment;
- stress management including: rotas, rest periods;
- personal support including: debriefing, access to support, monitoring; and
- stand-down and return to normal work.

The Team will be involved in providing personal support and should ensure that its work is integrated with other aspects of staff welfare. There are some elements of staff support that might be assisted if those responsible for staff care within their organisations were engaged with the Team to:

- share their experiences;
- ensure that there are no gaps in provision;
- provide an independent and discreet support service;
- ensure that those working outside their normal support mechanisms are not overlooked;
- provide for those who are not part of a formal support structure for emergency response (contractors, volunteers, etc.) and
- coordinate assistance for its partners if required.

The Care for People Team also has a responsibility to its members to ensure that their welfare is protected when they are working remotely from their normal place of work and support networks.

# Care for People Tasks and Activities Following an Emergency

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The Team's activities should follow the stepped care model described above.

For the purpose of illustrating the Team's activities following an emergency, the examples below are built around response to a catastrophic emergency in one location. However, by basing its response on generic arrangements, the Team will be able to adapt to the particular needs of most emergencies. Resilience partners should acknowledge that the Team's activation may be required for events below the scale of emergency identified by the Civil Contingencies Act.

In an emergency the Team would be called out and would take action to care for people. The Team's arrangements will need to describe activation and reporting procedures. The activation procedures should minimise delay in alerting and implementing the Team's activities. Ideally a single point of contact will have access to those authorised to act regardless of the establishment of the resilience partnership strategic level.

The emergency services are well trained and prepared to deal with those seriously injured or whose lives are at risk. Those activities are covered in Responding to Emergencies in Scotland elsewhere in Preparing Scotland.

There may be evacuees and those who have survived and have been assessed as not requiring medical treatment. They may be traumatised, suffering from shock, anxiety or grief. The emergency services may ask the Team to provide for their wellbeing while they address other urgent needs.

## Immediate - During the First Few Hours

The core activity of the Care for People team is to provide practical and psychosocial support for those affected by the emergency. As noted previously the response should be based on the principles of PFA and:

- provide immediate care for physical needs
- protect from further threat and distress
- provide comfort and consolation for people in distress
- provide practical help and support for real-world-based tasks
- provide information on coping and accessing additional support
- facilitate reunion with loved ones where possible and/or connection with social supports
- provide education about normal responses to trauma exposure.

In the event of an incident such as a building collapse, transportation incident, an industrial accident or similar event where there is a need to provide short term shelter to those who may have been directly affected by the incident but do not require immediate hospitalisation, the Police may request a Survivor Reception Centre to be established.

A Rest Centre may also be established to provide a place of safety where people who have been evacuated from an area of risk and unable to return to their own premises can receive welfare assistance and/or psychosocial support.

Depending on the circumstances, the centre may be opened for a short or prolonged period as appropriate. It may provide shelter; food and hot drinks; comfort and support; advice and information, and if necessary dry and clean clothing. Again, depending on the geographical location and specifics of the incident, these premises may be required to be capable of sheltering and coping with large numbers of people and in exceptional circumstances may be required to provide overnight accommodation.

Following incidents where there have been a significant number of casualties or fatalities, relatives and friends of those involved may decide to travel to the scene. In such an event and normally on the request of the Police, the Local Authority (or other operator), may arrange for the opening of a Family and Friends Reception Centre to receive them.

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.

## **Short Term - Following Hours and First Few Days**

Specific formal interventions, such as single session debriefing, should not be provided.

Whilst the immediate needs of those affected are being addressed the Team should consider people's requirements for the medium to longer term. It should adapt its management arrangements to suit the circumstances of the emergency.

Wherever possible, the Team should work in partnership with the individual, family and community to promote self-help and enhance social support.

Tasks and activities that the Team should consider when caring for people during the first week of an emergency include:

- activate and coordinate multi-agency response to the emergency.
- establish support centres as appropriate if not already set up in the first few hours for example a Humanitarian Assistance Centre (HAC) may be established if the response is likely to run for the medium to long term. (See Annex B on different functions of centres and tips on setting them up)
- provide shelter and sustenance for those affected.
- provide practical support and advice for those affected.
- provide comfort and emotional support (based on principles of PFA)
- contact people identified as vulnerable prior to the emergency.
- collect information about the people affected by the emergency so they can be offered follow on services as appropriate.
- aim should be to record data only once and for there to be effective information sharing between partners. If there is a Police investigation, balance the need to collect evidence with people's needs for practical and emotional support.
- engage with the affected communities.
- plan for funerals/memorial services with the affected people (see section on memorials).
- communicate with the public (including through incident specific websites, and in a range of language/formats).
- work in collaboration with your agency's press office to provide quick and accurate updates for the Media and to convey to the public, coordinated with other agencies as required.
- provide care and support to staff of responding organisations.
- see advice regarding establishing appeal funds (see section on donations).
- seek specialist advice from social care, public health and mental health professionals.

An important role for the Team's managers is to keep abreast of the contemporary environment in which its work is set and adapt its management to suit and linking in with the broader recovery team. This will include the important decisions to expand, maintain, reduce or discontinue any special arrangements and manage the transition to provide care through normal services. These decisions should be taken with the knowledge and support of those affected.

Managers will need to reflect upon a variety of features which may include:

- the Team's capacity and arrangements for joint working including: location, hours, staffing levels;
- identifying the needs of those affected by virtue of the particular circumstances of the emergency;
- establishing the means of reaching out to individuals and communities that might include:
  - a single or multiple outreach centres for those affected (HACs);
  - outreach facilities for particular communities;
  - provision for the bereaved, relatives and friends of those affected;
  - direct contact with affected individuals;

- community engagement and monitoring of community wellbeing;
- public information (helpline, website, newsletter, etc.) in conjunction with the Public Communications Group (PCG);
- service delivery at the point of need;
- links with other agencies (transport operators, those affected support groups, etc.);
- links with remote support organisations (for example, local authorities at departure points in transport accidents); and
- links with the RRP's other functional management teams (PCG, STAC, finance, etc.)

## **During the First Month**

Flooding and storm damage can result in need for shelter and support for a number of weeks and longer. The cumulative effects of Storm Desmond and Storm Frank in 2015/16 would have required this type of support.

Tasks and activities that the Team should consider when caring for people during a prolonged emergency include:

- review and co-ordinate multi-agency response to the emergency including practical and psychosocial needs, seeking specialist advice as appropriate.
- ensure emergency specific support centres are available to all those affected and are integrated with other community, social and mental health services (see Bond Helicopter Case Study on page 31).
- facilitate mutual support between those affected if they wish to meet.
- address practical needs of those affected, e.g. shelter, support dealing with insurance claims.
- monitor vulnerable people including those directly affected (bereaved, injured, made homeless) and offer psychosocial support as required. In some situations (e.g. where those affected are spread across a wide geographical area) monitoring may be done via a Mental Health Check, where people are sent a questionnaire to assess how they have been affected and whether they require additional support.
- provide mental health assessments and evidence-based psychological treatment as required.
- update websites and other public communications.
- continue to support staff involved in the response (especially where staff are involved in the response role in addition to their usual role).

### **Case Study: Bond Helicopter Crash 2009**

The April 2009 North Sea helicopter crash involved a Eurocopter AS332L2 Super Puma Mk 2 belonging to Bond Offshore Helicopters, engaged on flight 85N, that crashed 11 nautical miles (20 km) north-east of Peterhead, Scotland just before 2:00 pm on 1 April 2009 in the North Sea while returning from a BP oil platform in the Miller oilfield, 240 km (150 mi) north-east of Peterhead. The crash killed all sixteen people aboard. The cause was main rotor separation following a catastrophic gearbox failure. Fifteen of the dead lived in Aberdeen City or Aberdeenshire and there was one foreign national.

The oil companies involved wish to set up a facility to support the bereaved families and an Incident Support Centre was set up in a detached property within the grounds of an Aberdeen Hotel. The centre was designed to be a focal point for information and assistance to bereaved families, friends and work colleagues, and to all those directly affected by, and involved in, the incident. The Centre was staffed by Social Workers from both Aberdeen City and Aberdeenshire Councils, Salvation Army, RVS, Red Cross as well as the companies who had staff onboard the helicopter.

The centre was opened for 3 weeks where support, advice and signposting for everyone who was involved directly and indirectly. A very few were referred to statutory services/support services ie financial and bereavement. A closure date for the Centre was determined at the outset, albeit the length of time it remained opened was extended to allow all ongoing support mechanisms to be put in place.

All bereaved families were allocated a Social Worker who continued to work with families as required once the Centre closed.

The OOH Social Work Service was the initial point of contact after the Centre closed for those who required support, but did not access it whilst the Incident Support Centre was operational. The Incident Support Centre telephone number which had been widely publicised was replaced with an answering machine message which gave information on how to access support.

## **Two Months and Beyond**

It is important to recognise that the wide range and diversity of activities required to support and assist those affected by emergencies may need to be in place for some time. In addition to immediate shelter and practical assistance, there may be a need to provide psychosocial and mental health support for a number of years. For example, it is not uncommon for legal proceedings relating to emergencies to take place several years after the event. These proceedings and their findings, together with any associated media interest, may be a source of further distress for those affected by the emergency and for the wider community.

The Lockberrie Disaster, the Dunblane massacre and the helicopter crash at the Clutha bar are all examples where this has been a concern for the community and the families involved.

Tasks and activities that the Team should consider when caring for people for emergencies that may have happened months and years previously include:

- continue to provide practical and psychosocial support to those affected.
- provide specialist support as appropriate, e.g. financial or legal advice.
- provide mental health assessments and evidence-based psychological treatment as required.
- liaise and consult with support groups if established.
- ensure emergency specific support centres are available to all those affected for as long as need persists.
- give careful consideration to the closure of support centre and ensure they are integrated with other community, social and mental health services.
- provide work, rehabilitation and play opportunities for those who need them to re-adapt to routines of everyday life.
- memorial services, acts of remembrance and cultural rituals marking the anniversaries of the emergency should be planned in conjunction with the people who have been affected. Some people may require additional support at this time.
- as it is not unusual for legal proceedings relating to emergencies to take place several years after the event, the Care for People team should work with communication teams and relevant agencies to ensure psychosocial support is available to those involved.

## **Memorials**

Experience has demonstrated that memorial services provide an opportunity for people to come together in mutual support and that this can help or hinder people's recovery in the aftermath of an emergency.

It can be a challenge to balance the needs of the bereaved, of survivors, and their family and friends with those of the local and national community but funerals, memorial services, acts of remembrance and cultural rituals should be planned in conjunction with the people who have been affected.

Memorials may also receive extensive media coverage. For these reasons it is important to consider the organisation and structure of events very carefully (covering such aspects as timing, invitations, representation and conduct) and to liaise with relevant media agencies.

Preparations for such an occasion should involve representatives of the bereaved, survivors, the local community and relevant faith communities as well as dignitaries, those who provided different aspects of the response and advisers on security and media coverage.

Consideration should also be given to the appropriateness of the location and lifespan of spontaneous floral or other tributes which may be displayed.

# Communication and the Media

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Effective communication is a crucial aspect of post-incident response and recovery.

Through their communications teams, responders can ensure that those affected and their communities are informed about any existing risks, that they have the knowledge to mitigate them, and that they are kept updated regarding access to whatever support services they require.

Communications is also central in promoting public confidence in the actions taken by responders and other agencies.

## Planning

Wherever possible a clear, robust and proactive communications strategy should be agreed and understood by staff prior to any event.

Publicity material including media statements, social media posts and web pages should be drafted in advance, ready to be adjusted or activated during an emergency.

Similarly, mechanisms for coordinating a full communications response should be mapped and tested, including out of hours on call arrangements, the activation of Resilience Partnership public communications groups, the activation of public service broadcasts on radio and TV, and the dissemination of wider advertising campaigns.

The lead communications agency should be agreed in advance or at the earliest stage of a response, and senior officials and potential spokespeople should be trained and confident in participating in media interviews.

When discussing care facilities, any messages should help to explain what the services are, who they are for, why they exist, how they are run and how they can be accessed.

Such planning will minimise delays when an incident occurs, ensure that high levels of media interest can be handled and support a swift, coordinated and effective response.

Whilst it is convenient during the planning stage to use generic terms when naming the support centres during the response and recovery phase it will become necessary to use a name that clearly refers to the incident. This will ensure services

can be found easily when searching for them using, for example, the internet and social media. The name chosen should, where possible, also be inclusive of all potential users (e.g. survivors and families or the bereaved).

## **Response and Recovery**

Following an incident, media and public interest will be intense and the expectations placed on responders will rightly be high.

As with all elements of a response, the first priority of communications should always be to protect life, by providing public safety information to those who have been affected or who may be in harm's way. It will be crucial to provide clear information regarding availability of and access to HACs as soon as they are established.

From an early stage it will also be important to confirm the actions being taken by responders, and to explain clearly any limitations or perceived delays in the response. Active monitoring of media and social media will be necessary to effectively respond to concerns among those effected and to predict the course of the public narrative, both during the immediate response and throughout the recovery phase.

All media requests for information should be directed to the appropriate communications representatives, and all statements should be properly approved, avoiding subjective comment and focusing on the organisation's specific area of expertise. All statements and information bulletins should be shared and co-ordinated among key partners - consistency, even on seemingly small details, is essential.

Operational teams should work closely with the relevant communications leads from the outset to ensure the provision of accurate information to communication offices, in order both to inform the developing strategy and to allow the swift rebuttal of inaccuracies in reporting. Where possible, senior officials should be provided for interview on key issues.

Longer term considerations regarding recovery from the incident should be discussed from the early stages of a communications response, and where possible the appropriate groundwork laid to ensure as swift as possible a return to normality.

## **Privacy and Support**

Should HACs be established, it will also become crucial to manage the media effectively and protect the privacy of the individuals accommodated there, for instance by providing media pens out of view of the entrance and by briefing the media as to the limits of their access.

Regular media briefings, updating on key developments and figures, should be conducted - both to ensure that the press are kept informed and to provide them an opportunity to feedback on arrangements. All information provided should be co-ordinated by and confirmed to all communications teams, and key elements shared on social media.

Any media entry to a HAC, including during a VIP visit, should be carefully arranged to ensure some areas are kept private, and these limitations made clear both to media and residents.

Those members of the public who do wish to speak to the media should be supported wherever possible, for instance through arranging private rooms for interviews, by arranging for footage to be pooled, or for the interviewee to be anonymised.

# Funding/Cost Recovery

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Costs for opening and managing the various Centres, particularly where they are opened for a period of time, could be substantial and a process for recording costs (and where possible cost recovery) should be considered at the planning stage.

## Disaster Appeals

In the aftermath of an emergency, members of the public want to help those affected and may send money or other gifts. This can be a source of comfort for the affected people and community but dealing with donations and accompanying letters can be time consuming and establishing an appeal fund can be a complex and sensitive task. Considerations are required as to whether it should be of a charitable status or not, who the trustees will be, how will the funds be distributed etc. It requires the input of a professional finance officer and should be considered at the planning stage. Advice is available from a number of sources including the British [Red Cross Disaster Appeals Scheme](#).

Serious consideration should be given to the consequences of issuing requests for donations rather than requests for funds. Support from the public should be welcomed as it can assist with the recovery by providing much needed resources to help those affected. However as previous experiences have highlighted major concerns in respect to the receipt of unsuitable goods have disrupted the effective management of centres, requiring unwarranted time and effort to resolve.

## Legislation

Preparing Scotland is underpinned by the principal legislation involved, the Civil Contingencies Act 2004 ("the Act") and the Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Regulations 2005/Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Amendment Regulations 2013 ("the Regulations").

The Contingency Planning (Scotland) Regulations, 2005 require Category 1 responders to consider whether it would be helpful for a number of them to work together and maintain a multi-agency functional plan.

**The Scottish Government believes it would be beneficial for responders to maintain multi-agency arrangements (generic plans) to care for all people affected by emergencies, including those directly or indirectly involved, the emergency responders seeking to support them, and their communities.**

### Responders

The Act and the Regulations outline the key organisations responsible for ensuring the effective management of emergencies in Scotland.

### Duties

The said legislation places a number of legal duties upon Category 1 responders. These are, in brief;

- Duty to assess risk
- Duty to maintain emergency plans
- Duty to maintain business continuity plans
- Duty to promote business continuity<sup>2</sup>
- Duty to communicate with the public
- Duty to share information
- Duty to co-operate.

For Category 2 responders the basic legislative principle is that they must co-operate with Category 1 responders in connection with the performance of their duties, including the proper sharing of information.

### Structures

The Regulations<sup>3</sup> outline the structure within which cooperation to meet these legal duties should be undertaken, namely the Regional Resilience Partnerships (RRP).

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<sup>2</sup> This duty applies to Local Authorities only

<sup>3</sup> The Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Amendment Regulations 2013; Reg: 2(2)(a)

## **Legislation**

There are three RRP, the North of Scotland, East of Scotland and West of Scotland.

To support working arrangements and maintain effective local liaison, the RRP areas have been sub-divided into 13 Local Resilience Partnerships (LRPs), taking account of existing local authority and, where applicable, health board boundaries.

The Resilience Partnership framework is integrated with the Scottish Government emergency arrangements which in turn are integrated with UK Government. The Scottish Government may establish its Resilience Room (SGoRR), as appropriate, which is linked with the activities taking place within the Cabinet Office's Briefing Rooms (COBR). The Scottish Government's corporate arrangements involve all of its directorates and a Cabinet Sub-Committee CSC (SGoRR), as necessary, depending on the nature of the emergency.

The management framework, therefore, describes the communications links from local to UK Government level.

## Support Centres

The following should be considered when identifying potential centres.

1. Premises - When choosing premises managers should ensure they are fit for purpose, giving consideration to proximity to the incident (ie close enough to be convenient for those using, but far enough away from danger; size; facilities available - e.g. sitting areas, kitchen, toilets etc; security; transport links; communication links; available parking; access for emergency services; sustainability and impact on normal use, whilst considering compliance with all relevant legislation including Health & Safety at Work Regulations and the Equality Act 2010.
2. Roles and Responsibilities – Whether from statutory or voluntary agencies, staff working at a centre should be clear of the purpose of the centre. All staff should be briefed prior to starting their first shift which should include, information on their specific role, other support which may be offered in the centre, reporting structures and how they can access support if they are overwhelmed by their involvement. It may be of benefit if these are clearly laid down within the specific guidance for the various agencies.
3. Call Out Procedures – These should form part of the overall emergency contact process and staff should make themselves aware of their own organisations' generic emergency procedures and where they fit into the wider picture.
4. Documentation – In most areas across Scotland, pre-printed documentation forms for use in Support Centres have been prepared and made available for the collection of basic personal information. These forms should include a question which seeks consent to share information with relevant agencies to facilitate the provision of support. It is important that staff members working in a Support Centre are trained in the appropriate processes. In addition, Category 1 and 2 Responders should be aware that there is a legal duty (within the limitations set out in the Civil Contingencies Act 2004) to share information in the context of emergencies and should develop information sharing protocols (particularly in relation to identifiable people) as part of their data-sharing partnership arrangements. Information sharing across the agencies should be agreed and understood and if necessary, specialist advice should be sought on data protection and duties of care as they apply to different organisations. The care for people response may stall if agencies are not able to contact those affected.
5. Religious or Cultural Requirements – specialist requirements should be considered prior to an event in addition as to how these will be provided. These may include - dietary requirements, social engagement, provision of interpreters and body handling in the event of a deceased person.
6. Further Medical Provision – if appropriate, the provision of a First Aid Room should be identified to allow the treatment of minor injuries and other illnesses not requiring hospitalisation. An agreed procedure should also be considered for the attendance of a medical practitioner, e.g. a nurse and/or doctor to attend as required; the attendance of a pre identified GP; making use of an individual's own GP or the utilisation of a doctor or paramedic. Procedures on how to obtain prescribed medications out with normal working hours should also be identified and understood

## Support Centres

by staff. Particular attention should be given to the elderly, disabled or unaccompanied children who may not make their medical needs known to staff. Medical staff should be trained in Psychological First Aid and should be able to access advice from a mental health clinician as required.

7. Pets – A clear policy on pets should be agreed in advance of an incident as to whether or not they will be accommodated at a centre. Previous incidents have identified that some people will not evacuate from their homes without their pets, and arrangements to care for their animals need to be built into plans. For public health, hygiene and sanitation reasons, animals should not be sheltered in the same area of a building as humans. To assist the decision making process, advice may be available from local environmental health offices or the Scottish SPCA. However, if pets are not allowed within the centre, alternative arrangements should be considered and evacuees advised accordingly. Further information is available at paragraph 4.43 of the Guidance Document “Evacuation and Shelter Guidance”, HM Government January 2014.

The table below provides a summary of the 4 main types of centres typically set up during an emergency, it is recognised that some areas may also activate other types of centres. Naming of the centres may differ at a local level but should follow the basic principles and purposes. See also section on communications with regards to the naming of centres during an activation.

<u>Type of Centre</u>	<u>Lead Agency</u>	<u>Purpose</u>
Survivor Reception Centre	Police or Transport Company	Secure area where survivors not requiring hospitalisation can be taken for first aid, documentation, comfort and interview etc.
Rest Centre	Local Authority	Safe & Secure Place: Temporary accommodation Evacuation: remove from danger zone.
Family & Friends Centre	Local Authority /Police	Coordination point for family and friends to await / provide information.
Humanitarian Assistance Centre	Local Authority [LRP/RRP approval may be required]	Long-term one stop shop for all those affected by the emergency and for the coordination of agencies responding to the emergency, including public, private and voluntary agencies.

## Support Centres

### Survivor Reception Centre (SRC)

A Survivor Reception Centre is a secure area in which survivors not requiring hospital treatment can be taken for short-term shelter, first aid, documentation and, if necessary, Police interview.

The decision to open a SRC will normally be taken by the Police. The Care for People Team should be advised of the decision. The safety and wellbeing of survivors is of prime importance and the location of the SRC will be dictated by the type, scale and location of an emergency.

Its purpose includes:

- provision of immediate shelter and information;
- registration, recording details of survivors for the Police Casualty Bureau and Care for People Team;
- initial interviews of survivors as potential witnesses and to gather evidence;
- minor first aid to treat injuries;
- help to meet any health and mobility needs;
- refreshment;
- immediate assistance and support for survivors; and
- transfer to rest centres if required.

### Location

A decision on the location of an SRC is likely to be a dynamic one that is influenced by a number of factors. Early contact with the Care for People Team may assist in identifying appropriate accommodation. A risk assessment should be carried out on any potential or actual location. In addition to considering the physical safety of survivors and ensuring they are not in any further danger, consideration should then be given to the facilities and services required and a location that does not provide reinforcement of the emergency that has occurred (for example, overlooking railway lines for train crash survivors). Considerations should include:

- access and facilities for disabled people;
- reception/registration area;
- rest area;
- interview rooms;
- first aid;
- toilet and washing facilities;
- communications availability;
- segregated areas for changing, nursing mothers, etc;
- refreshments; and
- areas for managers and staff.

## Support Centres

Predetermined arrangements and early contact with the Care for People Team might allow access to accommodation that could meet the short term needs of a SRC and longer term rest centre if required. This would then avoid the need for those affected to travel between centres.

### Management of the Survivor Reception Centre

A Survivor Reception Centre may involve a number of organisations including the Police, Local Authority, health and voluntary organisations. A Police Officer will generally be appointed as SRC manager in the first instance. As soon as possible, a Local Authority manager will assume the role of SRC manager, allowing the Police to concentrate on their principal activities. Some companies (e.g. transport operators and oil companies) may wish to make their own arrangements for establishing SRCs for their clients/personnel. It is important that these are identified in preparation and integrated with the Care of People Team's arrangements.

The centre manager will work with partners to ensure that the SRC is managed effectively. In particular that:

- those using the SRC are treated with sensitivity, dignity and respect;
- effective arrangements are in place for reception and registration;
- the personal needs of those affected are addressed as effectively as the situation allows;
- evidence gathering procedures are implemented, if necessary;
- good communications links are maintained with the Police Tactical Commander, Care for People Team, Casualty Bureau, Public Communications Group and other relevant response teams;
- the welfare and wellbeing of SRC staff is considered at all times; and
- health, safety and security are maintained.

### Multiple SRCs

There may be more than one SRC in the response to a very significant incident or where survivors have been transported out of an area during the initial response. If SRCs are opened by other RRP's close contact should be maintained between the Police, Casualty Bureau, RRP's, PCGs and Care for People Teams in all areas.

## Support Centres

### Rest Centre

A rest centre is a safe and secure place managed by the Local Authority for the temporary accommodation of people displaced by an emergency. It may provide overnight facilities in the short term.

Its purpose includes:

- providing safety and shelter;
- providing necessary health care (at the centre or elsewhere);
- providing light refreshments;
- registration, to enable details of evacuees to be gathered for the use of a Police Casualty Bureau and the Care for People Team;
- providing for people's wellbeing and offering access to a range of personal and practical support services;
- enabling contact with family and friends;
- providing access to information on the progress of the emergency and its impacts. For example:
  - the nature of the incident;
  - news about family, friends or colleagues who may have been involved in the emergency;
  - the location of other survivors;
  - what will happen to them and when; and
  - providing facilities for the Police to interview affected people and witnesses, if necessary.

### Decision to Open a Rest Centre

In most emergencies the emergency services will ask the Care for People Team to open a rest centre. In preparation, the Team should clarify the process for alerting Team members and property owners for opening a centre.

### Location

In preparation Local Authority functional managers responsible for property should work with their RRP partners and the Care for People Team to identify possible locations for rest centres. They should consider:

- general access, parking and facilities for disabled people;
- cleanliness, warmth, lighting and ventilation;
- impact on normal use;
- comfortable rest area with suitable furniture;
- separate sleeping areas with appropriate facilities;
- toilet and washing facilities;
- communication links, telephones, fax and internet, etc;
- ability to meet routine regulatory requirements for use by large numbers of people;

## Support Centres

- security and privacy;
- out of hours access arrangements;
- health and safety;
- facilities for:
- reception and registration;
- first aid;
- food preparation and catering;
- nursing mothers;
- religious and cultural needs;
- pets and animals (outside the centre);
- staff facilities and rest rooms;
- offices for managers;
- interview rooms; and
- recreation.

## Management of the Rest Centre

A rest centre manager should be appointed by the Local Authority to lead a centre management team. The organisations which would be present at the rest centre should form a management team. It should include Local Authority functions (social services, child and adult care, environmental health, catering), Police, health and voluntary organisations and property owners. All members of the management team and their staff should be trained, exercised and clear about the rest centre and the facilities it offers.

The management team will ensure that the centre is managed effectively. In particular that:

- those using the centre are treated with sensitivity, dignity and respect;
- arrangements are in place for reception and registration;
- good communications links are maintained with the Care for People Team, Casualty Bureau, Public Communications Group and other relevant response teams;
- statutory requirements are fulfilled (health and safety, environmental health, etc.)
- the welfare and wellbeing of staff is considered at all times;
- health, safety, order and security are maintained; and
- the personal needs of those affected are addressed as effectively as the situation allows.

## Support Centres

### Family and Friends Reception Centre (FFRC)

A family and friends reception centre (FFRC) is a safe and secure place, away from public view, that is established to act as a focal point for the family and friends of those believed to be involved in an emergency.

Its purpose includes:

- registration, confirmation of identity and interviewing of family and friends;
- providing information about the incident;
- recording full details of persons believed to be missing for the Casualty Bureau;
- assisting with the investigation into the incident;
- collecting forensic samples to assist in the identification and/or investigation process; and
- providing initial practical and emotional support to families and friends.

### Decision to Open a Family and Friends Reception Centre

A FFRC is likely to be required following emergencies causing significant casualties and/or fatalities.

The decision to open a family and friends reception centre will be made by the Police Tactical Commander in consultation with the Police Strategic Command.

In response to an emergency the Police will take the lead in identifying and opening an FFRC. The Care for People Team should be consulted as part of this process. As part of its preparation, the Team should clarify the process for alerting Team members and owners of property at which a FFRC is to be established.

### Location

In preparation Local Authority functional managers responsible for property should work with their RRP partners and the Care for People Team to identify possible locations for FFRCs. They should consider:

- the Community Risk Register;
- impact on normal use and the local community;
- general access, parking and facilities for disabled people;
- security and privacy;
- general ambience (natural lighting, furnishing, etc.);
- areas for:
  - reception and registration;
  - rest;
  - toilet and washing facilities;
  - food preparation and dining;

## Support Centres

- religious and cultural needs;
- staff working and rest facilities; and
- communication links, including telephones, fax and if possible, internet and television reception.

Potential venues should be assessed by the Police for the privacy, safety and security of all those using the FFRC.

## Management of the Family and Friends Reception Centre

Managing a FFRC will involve a number of organisations including the Police and Care for People Team. At a very early stage the Police will appoint a FFRC manager who will form a FFRC management team. The management team may include commercial organisations (for example, transport operators) and property owners.

The management team will ensure that the centre is managed effectively. In particular that:

- appropriate organisations are represented at the centre;
- medical support is available if required;
- disability and diversity requirements (including interpreters) are assessed;
- good communications links are maintained with the Care for People Team, Casualty Bureau, Public Communications Group and other relevant response teams; and
- it constantly reviews the need to establish a humanitarian assistance centre (HAC).

## Family and Friends Reception Centre Manager

The FFRC manager will be a Police Officer responsible for the overall operational effectiveness of the centre. They will consult with the Police Senior Investigating Officer (SIO) and the Police senior identification manager (SIM) regarding the FFRC role in the particular investigation and ensure that:

- those using the centre are treated with dignity and respect;
- effective arrangements are in place for their reception and registration;
- accurate details of those using the centre are recorded and shared with the Care for People Team;
- details of missing persons are recorded on the appropriate forms;
- a risk assessment is carried out on use of the premises and appropriate control measures introduced if necessary;
- details of those attending who need to be assigned a Police Family Liaison Officer are forwarded without delay ( SIO and SIM will be consulted on this process);
- those using the centre are clear on the action being taken (including the deployment of FLOs where relevant) prior to them leaving the FFRC;
- arrangements are in place to provide transport, accommodation and other necessary support for those using the FFRC; and

## Support Centres

- the special needs related to re-uniting family and friends are met by providing reunion areas: discreet private areas, perhaps remote from other centres, with appropriate facilities and support.

It is recognised that some companies (for example, transport operators and oil companies) may wish to make their own arrangements for establishing FFRCs for their clients and/or personnel. It is important that these are identified in preparation and integrated with the Team's arrangements.

## Humanitarian Assistance Centre (HAC)

A humanitarian assistance centre is the place where co-ordinated support for people affected by an emergency is provided. The HAC is the "public face" of the Care for People Team. It is a multi-agency facility established to meet the needs of individuals and communities. It supports all of those directly affected by emergencies including survivors, the bereaved, families, friends and relatives of those affected, the wider community and staff.

The purpose of the HAC is to:

- act as a focal point for gathering and disseminating information and advice;
- provide a single point of access to services and support offered by all of the agencies caring for people;
- allow people to make informed choices according to their needs;
- ensure a seamless multi-agency approach to care for people to minimise duplication and avoid gaps in provision;
- ensure that support is provided by those best able to meet people's needs;
- monitor individual and community needs; and, where necessary,
- gather evidence to assist investigations and identification processes.

Other emergency centres will refer individuals to a HAC for support and advice. It is important that the Care for People Team make effective arrangements to manage and share information between the centres set up in response to emergency.

Establishing a HAC should be considered as part of a generic response to a wide range of emergencies. A HAC will be required for emergencies involving large numbers of casualties (e.g. terrorism, transport accidents, natural disasters) here or overseas. They may cater for returning travellers, evacuees and visitors as well as local people.

There may be occasions where there is a local HAC (or a number of local HACs) from which a "one-stop service" will provide access to a range of specialist support services which are available but not present. On other occasions it may be appropriate to establish a virtual" HAC (helpline, website) from which support and advice can be provided and services delivered at remote locations. Communications links will become increasingly important at such times.

## Support Centres

The HAC should only be opened when it is staffed and equipped to fulfil its purpose. The HAC specialist group should work closely with the Public Communications Group to publicise the opening of the HAC and its purpose.

### Location

In most circumstances, a HAC will need accommodation at which access to support and information services can be managed. In preparation, Local Authority property managers, working with their RRP partners and the Care for People Team, should identify possible locations for HACs. Accommodation should enable the creation of an environment that is safe, secure and allows privacy where necessary. Issues to be considered in selecting a suitable venue include:

- impact on normal use and the local community;
- general access, parking and facilities for disabled people;
- capacity to deal with the potentially large numbers of agencies and staff that may be involved;
- security and confidentiality;
- public transport links;
- toilet and hygiene facilities;
- communications facilities and provision;
- refreshments;
- areas for managers and staff (offices and rest rooms, catering, etc.); and
- sustainability, since a HAC may be required for a considerable time.

Potential venues should be assessed by the Police for the privacy, safety and security of all those using the HAC.

### Facilities

The Care for People Team will determine specific requirements in the light of the emergency. Consideration should be given to providing for the following facilities at a HAC:

- reception and registration - for recording details of those affected and gathering information for the Care for People Team;
- interview areas and rooms where enquiries and interviews can take place in privacy;
- trained staff able to identify needs and provide access to personal support;
- information points with access to current information, helplines, websites and the internet;
- access to telephones;
- quiet areas for those affected, families and friends who may wish time to reflect or relax;
- food and refreshments for those affected;
- childcare facilities; and
- first aid provision.

## Support Centres

### Other Services

A range of additional services may be required depending on the emergency. They might include:

- victim support services;
- representatives of the Foreign and Commonwealth Office and officials from foreign governments where required;
- representatives of transport companies or travel operators' care teams; and
- access to independent advice on legal and insurance matters, compensation claims, benefits payments, and insurance related issues.

### Management of the HAC

Once the RRP has authorised the opening of a HAC, the Care for People Team will determine:

- which functions and services are required to meet the needs of those affected by the emergency; and
- whether these are best met in a single or multiple centres dealing with different groups of those affected or communities.

The Team will delegate the day to day management of the HAC to its trained HAC specialist group. The group will identify a HAC manager.

### Specific Roles within a Humanitarian Assistance Centre

Particular roles that should be considered include:

**HAC manager** - Who will work with partners to ensure that the HAC is managed effectively. In particular that:

- those using the HAC are treated with sensitivity, dignity and respect;
- arrangements are in place for reception, registration and identification of needs;
- good communications links are maintained with other relevant response teams;
- the welfare and wellbeing of HAC staff is considered at all times;
- health, safety and security are maintained; and
- the needs of those affected are addressed as effectively as the situation allows.

**Initial reception** - Trained staff will record the details of all those attending the HAC for the first time. Each individual who is permitted access should be issued with an identity pass that should be displayed at all times.

## **Support Centres**

**Support teams** - After reception, those affected will need to be guided through the various services offered by the HAC and provided with a longer-term point of contact for follow-up support. Support teams should be formed to fulfil this role.

**Security** - This will normally be carried out by the Police in the first instance. There must be clear, effective communication between security personnel and the initial reception.

Staff working at the HAC should be issued with identity passes and must be trained and exercised in their personal role and their part in the HAC activities. They should be briefed on beginning their shift with the latest situation report, updated information and other relevant matters.

### **Ground rules**

The HAC specialist group should consider drawing up "ground rules" in respect of the use of the HAC by staff and visitors.

## Literature Review/ Further Reading:

- [Evacuation and Shelter Guidance](#) – HM Government (2006), Updated January 2014.
- [How to help children cope in emergencies](#). Save the Children
- [Support for bereaved children](#) Child Bereavement UK

### **Data Sharing & Protection**

[Cabinet Office guidance on data sharing and protection in emergencies](#)

*Disaster Action's [code of practice on privacy, anonymity and confidentiality](#)*

### **Evacuation and Shelter**

Cabinet Office guidance on [Evacuation and Shelter](#)

### **Preparing Scotland Guidance**

[Preparing Scotland Hub](#)

### **Vulnerable People**

[Cabinet Office guidance on identifying vulnerable people in emergencies](#)

### **Faith Communities**

*Voluntary Sector Civil Protection Forum [guidance](#) on working with Faith Communities in civil protection*

### **Lessons learned reports**

[Guidance for Responders](#) – practical information and advice on a range of topics aimed at responders addressing the needs of those affected by disasters

[Needs assessments](#) Disaster Emergency Needs Assessment, British Red Cross

[‘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