London Resilience Partnership Mass Casualty Plan
Version 3.2 (August 2015)
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1 Introduction

1.1 This framework is primarily designed to supplement existing multi agency emergency preparedness arrangements in London, to ensure that London can meet the national and local planning assumptions in relation to mass casualties. It is focused on facilitating the response to a conventional ‘sudden impact’ event or an ‘emergency’, which results in up to 2,000 casualties occurring simultaneously in multiple locations. Conventional incidents are defined as those that cause traumatic injuries (involving burns, fractures, bleeding etc) and/or fatalities and do not contain any chemical, biological, radiological or nuclear (CBRN) elements.

1.2 Dealing with a mass casualty incident requires the planning, cooperation and response of numerous partner agencies. These incidents have the potential to rapidly overwhelm services and careful pre-planning and a coordinated response has been shown to provide the best outcome for casualties.

1.3 The overarching Mass Casualty work stream is being led nationally by NHS England. The Mass Casualty work stream planning for the London Region is being taken forward by the London Resilience Team (LRT) in partnership with the National Health Service (NHS), under the auspices of the London Resilience Forum (LRF). NHS England (London) is the designated Lead Agency supported by The London Ambulance Service NHS Trust.

1.4 This framework builds on generic response structures described in the Department of Health (2007) “Mass Casualty Incidents: A Framework for Planning” and should be read in conjunction with this. It describes the plans and stepped approach to managing mass casualty incidents in London and should be used to inform decision making at Strategic Co-ordinating Group (SCG).

1.5 It also builds on the London Emergency Services Liaison Panel (LES LP) guidance and JESIP principles and should be read in conjunction with these.

1.6 The framework is designed to negate or mitigate the possibility that the magnitude and complexity of the incident or emergency would overwhelm the emergency services and those other agencies involved in the response.

2 Aim of the Mass Casualty Framework

2.1 The aim of this document is to provide the agencies in the London Resilience Partnership with a framework to ensure that London has arrangements in place to support the management of incidents with a large number of casualties arising from a sudden impact incident (conventional attack).

2.2 The framework outlines the agreed multi agency arrangements for responding to a mass casualty incident in London.

3 Objectives of the Mass Casualty Framework

3.1 To identify requirements, maintain, or increase if necessary the capability of the essential and emergency services to sustain safe levels of service to the rest of London during a mass casualty incident.

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2 The London Emergency Services Liaison Panel “Major Incident Procedure Manual” is available at http://www.leslp.gov.uk/
4 Examples of mass casualty incidents

4.1 Examples of complex incidents which could produce numbers on a scale that could be described as mass casualties include the following:

<table>
<thead>
<tr>
<th>Incident</th>
<th>Date</th>
<th>Location</th>
<th>Fatalities</th>
<th>Injured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Terrorist attack on the World Trade Centre</td>
<td>2001</td>
<td>New York</td>
<td>2993</td>
<td>8700</td>
</tr>
<tr>
<td>Bomb in a nightclub</td>
<td>2002</td>
<td>Bali</td>
<td>202</td>
<td>300</td>
</tr>
<tr>
<td>Multiple bombing attacks to a transport system</td>
<td>2004</td>
<td>Madrid</td>
<td>191</td>
<td>1900</td>
</tr>
<tr>
<td>Tsunami</td>
<td>2004</td>
<td>S.E Asia</td>
<td>200,000+</td>
<td>Unknown</td>
</tr>
<tr>
<td>Multiple bombing attacks to a transport system</td>
<td>2005</td>
<td>London</td>
<td>52</td>
<td>650</td>
</tr>
<tr>
<td>Marauding Terrorist with Fire Arms</td>
<td>2008</td>
<td>India</td>
<td>166</td>
<td>293</td>
</tr>
<tr>
<td>Marauding Terrorist with Fire Arms and bombing</td>
<td>2011</td>
<td>Norway</td>
<td>85</td>
<td>176</td>
</tr>
<tr>
<td>Earthquake and Tsunami</td>
<td>2011</td>
<td>Japan</td>
<td>15853</td>
<td>6023</td>
</tr>
<tr>
<td>Marauding Terrorist with Fire Arms</td>
<td>2013</td>
<td>Nairobi, Kenya</td>
<td>67</td>
<td>175</td>
</tr>
</tbody>
</table>

Fig. 1: Incidents and the number of casualties

5 Risk Assessment

5.1 The risk of a mass casualty incident occurring in London and elsewhere in the UK scores highly on both national and regional risk registers, with an estimated likelihood and potential impact which necessitates detailed regional planning.

5.2 Uncertainty about the nature of major incidents means that planning across all agencies needs to be sufficiently flexible to cope with a range of possible impacts, including those arising from natural hazards as well as threats. There is also a need to consider multiple causes or simultaneous or consequential failures, where back-up systems are compromised or cannot cope with the primary cause.

6 Command, Control and Coordination

6.1 In the event of a mass casualties incident in London, tried and tested command and control arrangements will be implemented within every responding agency, to support the management of the incident and support the best outcome for survivors.

6.2 Additionally in accordance with the LESLP and the London Resilience Strategic Coordination Protocol.3 A meeting of the Strategic Coordination Group will be convened and chaired by the appropriate lead agency (often the police / likely to be the police). This group will be responsible for setting the strategy for London and enacting strategic level decisions regarding the response.

3 The “London Resilience Strategic Coordination Protocol” is available at http://www.londonprepared.gov.uk/londonsplans/emergencyplans/
6.3 Although the activation of the Strategic Coordinating Group will result in the management of the incident passing to this group, the treatment and management of casualties remains the responsibility of the NHS.

7 Triggers for Activation of the Plan

7.1 Based on their assessment at the scene, London Ambulance Service (LAS) will declare a major incident and or mass casualty incident as per their own plans and procedures and will notify NHS England (London), and other partners.

7.2 This plan will be activated by LAS to ensure partners are briefed on the situation and appropriate support from non-health agencies can be requested to support the response.

7.3 NHS England (London) will activate the NHS Mass Casualties Plans and implement various options based on their assessment of the situation. A dynamic approach to the situation, where developments are anticipated, rather than merely responded to, will be adopted.

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

7.5 Once a mass casualty incident has been declared, all relevant response organisations will activate their own Major Incident plans (if they have not already done so) and a meeting of the Strategic Coordinating Group (SCG) will be convened, in line with the Strategic Coordination Protocol.

7.6 There are separate emergency service multi agency arrangements to deal with a mass casualty incident resulting from a marauding terrorist with firearms incident. This includes triage and treatment of casualties within the warm zone.

8 Typical Casualty and Survivor Distribution Processes

8.1 In the event of an incident, the LAS are responsible for treating and conveying casualties to an appropriate acute hospital or treatment centre. Where casualty numbers exceed LAS transportation resources it may be necessary to have support from the police service to convey low priority patients away from the scene.

8.2 The aim of the NHS in a mass casualty incident is to ensure the maximum numbers of those involved in the incident survive.

8.3 Casualties are triaged according to their clinical condition, categorized levels 1-5, with 1 being the most seriously injured, allowing appropriate clinical resources to be assigned to the patient.

8.4 The triage definitions used to identify the more serious and life threatening casualties are shown in the table below:

<table>
<thead>
<tr>
<th>Category</th>
<th>Priority</th>
<th>Extraction</th>
<th>Patient Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immediate</td>
<td>Priority 1</td>
<td>&lt;1 hour</td>
<td>Casualties needing immediate life-saving resuscitation and/or surgery.</td>
</tr>
<tr>
<td>Urgent</td>
<td>Priority 2</td>
<td>&lt;4 hours</td>
<td>Stabilised casualties needing early treatment but delay is acceptable.</td>
</tr>
<tr>
<td>Delayed</td>
<td>Priority 3</td>
<td>May be treated on site</td>
<td>Casualties requiring treatment but a longer delay is acceptable.</td>
</tr>
<tr>
<td>Expectant</td>
<td>Priority 4⁴</td>
<td></td>
<td>Casualties severely injured who are</td>
</tr>
</tbody>
</table>

⁴ Only used if authorised by NHS Gold
8.5 During any major incident response involving casualties, an assessment is made at the scene of the severity of the injuries and where the most appropriate treatment centres can be identified. Once triaged the casualties are assigned to an appropriate treatment centre or an acute hospital locally by the LAS.

8.6 Due to the type and severity of some of the injured they may be taken direct to a specialist unit, for example a burns centre, or ophthalmic specialist centre. This will be a clinical decision based upon clinical need. It may however be necessary to send patients directly to the nearest Emergency Department to improve patient survivability. LAS will attempt to move patients within the current London Trauma Networks in the first instance as appropriate to their clinical needs.

8.7 The Expectant Category is Casualties that are severely injured who are unlikely to survive even if treated aggressively. They would require greater than available medical resources in the process, thus depriving potential survivors from treatment. The use of this category is only authorised at a strategic level, by the LAS Strategic Commander in consultation with Gold doctor. The decision on which casualties fall in to this category at a scene would be decided by the doctor performing the ‘Casualty Clearing Clinical Lead’ role.

9 London Capacity Assessment

9.1 The Department of Health (2007) “Mass Casualties Incidents: A Framework for Planning,” indicates the following illustrative guidance that can be used to calculate the potential numbers of patients in each category in a conventional major incident. The column outlining London planning assumptions has been added to the table as a guide for the purposes of this Framework.

<table>
<thead>
<tr>
<th>Category</th>
<th>Patient Condition</th>
<th>% of Total</th>
<th>London Planning Assumptions – 2,000 Casualties in Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1</td>
<td>Casualties needing immediate life-saving resuscitation and/or surgery.</td>
<td>25%</td>
<td>500</td>
</tr>
<tr>
<td>P2</td>
<td>Stabilised casualties needing early treatment but delay is acceptable.</td>
<td>25%</td>
<td>500</td>
</tr>
<tr>
<td>P3</td>
<td>Casualties requiring treatment but a longer delay is acceptable.</td>
<td>50%</td>
<td>1,000</td>
</tr>
</tbody>
</table>

Fig. 4: Casualty Categories (Department of Health, 2007)

9.2 Based on the above, in a scenario with 2,000 casualties, there would be 500 P1 casualties, 500 P2 casualties and 1,000 P3 casualties.

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5 The management of high levels of fatalities is outlined in the “London Mass Fatalities Framework”. The current version of the plan is available on the London Prepared website: [http://www.londonprepared.gov.uk/londonsplans/emergencyplans/](http://www.londonprepared.gov.uk/londonsplans/emergencyplans/)
9.3 Through the London Mass Casualty Task and Finish Group and a workshop held in March 2009, and reviewed in 2013, it was identified that a suite of different options, including drawing on mutual aid from outside of London. Would be required to ensure that London’s capability is flexible enough to cope with a range of different scenarios and different numbers of casualties.

10 Planning & Preparedness

10.1 Capacity planning assumes that the number of casualties identified in the London capacity assessment will place a high burden on the NHS in London. Therefore, multi agency planning and support is imperative to ensure the survival of the highest number of patients. NHS organisations must have plans in place to increase capacity across the emergency care pathway to maximise the outcome for casualties, including consideration of different ways of working. This will include casualties (where appropriate) being treated and transferred to areas other than the local NHS facilities, including interregional transfers.

10.2 Robust multi agency planning locally can support the response, such as NHS primary care, community services providers and Local Authorities (LAs) planning to provide suitable alternative treatment areas away from scene for casualties with minor injuries. This will include the creation of physical capacity, equipment requirements and the training and support necessary to allow staff to work in areas other than those with which they are familiar.

10.3 In a mass casualty incident, the objective is to make the best possible use of available resources, save as many lives as possible and concentrate on those who can be saved. In order to achieve this, arrangements must be in place to call upon resources and mutual aid at the earliest possible opportunity.

10.4 Within the assessment for required resources at the scene of an incident it may be appropriate to consider the use of buses or coaches for the transportation of large numbers of P3 patients. Police escort should be considered and the provision of medical staff to accompany the bus in case of a patient deteriorating on route to hospital.

11 Response Arrangements

11.1 Capacity for Priority 1 (P1) casualties is likely to be exceeded in London, where incidents have up to 2,000 casualties. Therefore contingency plans are required, detailing different ways of working and managing the casualties than might previously have been considered. The regional NHS England EPRR Team will ensure national mutual aid is requested if required.

11.2 All of the key actions and outputs require robust multi agency pre-planning to ensure prompt expedition. Consideration should be given particularly to how resources (human, organisational and infrastructural) can be accessed to enhance the response. Consideration should also be given to how staff and equipment will be shared, based on memorandums of understanding.

11.3 Military support and assistance would only be considered once all other options, including mutual aid, have been explored. Once all other options have been exhausted, any request for military assistance should follow procedures set out in the London Strategic Coordination Protocol.

12 Roles and Responsibilities

12.1 Generic roles and responsibilities for responding to major incidents are covered by the LESLP manual and the document can be found here: http://www.leslp.gov.uk/, additional agencies have specific guidelines and procedures to respond to incidents which would apply in mass casualty situations.

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6 The London Regional Resilience Strategic Coordination Protocol is available at http://www.londonprepared.gov.uk/londonsplans/emergencyplans/command.jsp
12.2 Specific arrangements for agencies outside of these are listed below:

12.3 London Ambulance Service
- Deploy mass casualty vehicles to ensure adequate medical supplies at scene
- Gain approval for use and commence modified triage to ensure maximum survivor numbers
- Confirm to NHS England implementation of LAS Mass Casualty Plan
- Request mutual aid support from neighbouring ambulance trusts or private providers as required

12.4 NHS England (London)
- Activate Regional Mass Casualty response plan, and alert health trusts accordingly
- Support the Emergency Bed Service in managing critical care capacity
- Escalate to NHS England (National) and begin mutual aid process
- Notify London Resilience Team (if not already alerted through other agency)
- Commission/support the commissioning by CCGs of appropriate support services (e.g. mental health assistance) for medium and long term patient management if required
- Support NHS organisations in coordination of rapid discharge of acute patients into community based organisations where it is safe to do so to create bed capacity for patients from the incident

12.5 NHS Provider Organisations
- Activate local mass casualty arrangements
- Activate business continuity plans for patient capacity, patient transport as appropriate where normal services are disrupted due to the incident

12.6 Clinical Commissioning Groups and Commissioning Support Units
- Activate local mass casualty arrangements
- Liaise with local organisations to support new ways of working, accelerated discharge and surge management
- Commission of long term support if required

12.7 Metropolitan Police Service
- Coordinate the overall emergency response.
- To provide specialist staff to assist with aspects of the incident as and where required, including investigators and hospital reception teams operating in support of Casualty Bureau Staff.
- Assist in the designation of vehicles to act as emergency transportation at the request of the London Ambulance Service in support of patient transfer

12.8 London Fire Brigade
- Activate arrangements to allow for casualty recovery from scene as required

12.9 London Resilience Team
- Activate the London Strategic Coordination Protocol

12.10 Transport Providers
- Prepare to support patient movement outside of emergency vehicles at the request of responding emergency services

12.11 Public Health England
- Commission appropriate monitoring of patients and survivors health outcomes

12.12 Local Authorities
- Assist health organisations in the rapid discharge of patients
- Manage and develop a Humanitarian Assistance Response as per the arrangements of the Humanitarian Assistance Plans for London
- Support NHS organisations where specific support is directly requested for temporary treatment facilities or other specific operational requests.
13 Recovery

13.1 Regional recovery coordination is performed by the multi-agency Recovery Coordination Group (RCG), made up of senior representatives from relevant agencies and chaired by a Local Authority Chief Executive. Initially, during the response phase, a Recovery Management Cell will sit in parallel with the Strategic Coordinating Group (SCG) which coordinates the response to the incident. Once the response phase of the emergency has passed, primacy for dealing with the consequences of the incident passes to the RCG. The Recovery Management cell shall be subsumed into this group.


14 Debriefing, Exercising & Training

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

14.2 The London Resilience Team maintains a list of lessons identified through exercises and incidents on behalf of the wider partnership. These are identified, recorded and implemented in accordance with the partnerships lessons learned policy. The status of these lessons is reported to London Resilience Programme Board, and the London Resilience Forum.

Responsibilities for Training and Exercising

Agency specific

14.3 Agencies are responsible for ensuring that they are able to carry out the roles and duties described in this document. It is expected that this will include role specific training and an appropriate level of knowledge of multi-agency procedures.

Partnership wide

14.4 The following will support a consistent approach to multi-agency cooperation approach across the London Resilience Partnership:

- A Capability Awareness Package accompanies the document. This is prepared by the Lead Agency responsible for developing the capability. The package provides basic information about the capability for all responders.
- The LRF Training and Exercising Group will coordinate:
  - Briefing and workshops hosted by the London Resilience Team.
  - Partnership wide exercises at the sub-regional and pan-London level.

Record keeping

14.5 Agencies are to maintain records of their training programmes as evidence. The LRF will, from time to time, carry out an audit of multi-agency training across the partnership to ensure a consistent approach. The Lead Agency for each Partnership workstream is to document the development of the capability through the record of exercises, testing and activation attached to this document.
## Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBRN</td>
<td>Chemical, Biological, Radiological and Nuclear</td>
</tr>
<tr>
<td>CCG</td>
<td>Clinical Commissioning Group</td>
</tr>
<tr>
<td>DH</td>
<td>Department of Health</td>
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<tr>
<td>JESIP</td>
<td>Joint Emergency Services Interoperability Principles</td>
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<tr>
<td>LA</td>
<td>Local Authority</td>
</tr>
<tr>
<td>LAS</td>
<td>London Ambulance Service</td>
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<tr>
<td>LESLP</td>
<td>London Emergency Services Liaison Panel</td>
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<td>LRF</td>
<td>London Resilience Forum</td>
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<tr>
<td>LRT</td>
<td>London Resilience Team</td>
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<tr>
<td>NHS</td>
<td>National Health Service</td>
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<tr>
<td>RCG</td>
<td>Recovery Coordination Group</td>
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<tr>
<td>SCG</td>
<td>Strategic Coordination Group</td>
</tr>
<tr>
<td>UK</td>
<td>United Kingdom</td>
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</table>