

MAJOR INCIDENT PLAN



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

Reference Number: UHB 053 Version Number: 7.0	Date of Next Review: March 2029 Previous Trust/LHB Reference Number: 241
--	---

2026 / 2029 Major Incident Plan

Policy Statement
 To ensure the Health Board delivers its responsibilities and legal requirements transparently and consistently, in line with the Civil Contingency Act (2004).

Policy Commitment
 The Civil Contingencies Act 2004 sets out the duties for all designated (Category 1) responders to plan, prepare, respond to and recover from major emergencies. In addition, the Terrorism Protection of Premises Act 2025 is also recognised within this plan.

The responsible person in the event of such an incident will be the Chief Executive of the Health Board who will ensure that the action required to be undertaken by the Health Board is coordinated in an appropriate manner.

The Executive Board members of Cardiff and Vale University Health Board endorse this Major incident Plan.

- Other supporting documents are:**
- Adverse weather plans – Cold & Heat wave
 - All Wales Mass Casualty Plan
 - Clinical Board Business Continuity Plans
 - Civil Contingencies Strategic Framework
 - Fire Safety Policy.
 - Terrorism Protection of Premises Act 2025

Scope
 This policy applies to all our staff in all locations including those with honorary contracts

Equality and Health Impact Assessment	An Equality and Health Impact Assessment (EHIA) has been completed and this found there to be no impact.
--	--

Policy Approved by	Emergency Preparedness, Resilience and Response (EPRR) Strategic Oversight Group
Group with authority to approve procedures written to explain how this policy will be implemented	UHB EPRR Strategic Oversight Group
Accountable Executive or Clinical Board Director	Chief Executive

Disclaimer

If the review date of this document has passed, please ensure that the version you are using is the most up to date either by contacting the document author or the [Governance Directorate](#).

Redacted Version
Cardiff and Vale University Health Board

Summary of reviews/amendments			
Version Number	Date Review Approved	Date Published	Summary of Amendments
1	March 2011	March 2011	To replace Trust version 241
2	6 th November 2013	15 th November 2013	Annual review – replaced UHB 2011 version 1.
	12 th November 2014		Live activation – Plan validated
	8 th December 2014		Live activation – Plan validated
	13 th September 2015		Live activation – Plan validated
	18 th November 2015		Live activation – Plan validated
	12 th September 2016		Live activation – Plan validated
3	30 th March 2017	6 th July 2017	Updated UHB role titles. Expand narrative to clarify role of Executives, Chief Operating Officer and Head of Emergency Preparedness. Enhanced detail re tiers of command. Reference Business Continuity. Introduction of JESIP principles. Amendment – <i>Health Care Standard 2.1</i> . Addition of external control room contacts. Additional details of survivor reception area. Strategic Coordination Group details. Clarification of commonly used acronyms. Reference Air Quality Cell. Review and update of action cards. Lessons identified during Exercise(s) Red Kite and Talons Reach.
	16 th August 2018		Live activation – Plan validated
4	1 st March 2020	Chairs action for approval post EPRR Strategy group	Reference Wales Mass Casualty Plan. Additional action card – Neurosurgery.
5	30 th September 2021	14 th December 2021	Annual review. No amendments. Approved at Board
6	25 th May 2023	June 2023	Amendments for Manchester arena recommendations R18, R60, R69, R70 & R71, Version controls, Hand over section added, Action card check lists, Cordon zone details. EP Manager updated to EPRR Manager. New action card added – Major Trauma card 34. National occupational standards added. Lexicon added. Action cards reviewed Action cards updated – 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 12, 13, 17, 18, 22, 26 & 33.

Redacted Version
Cardiff and Vale University Health Board

			Action card 32 re numbered to 33 – Neurosurgery.
	13 th December 2023		Live activation – Treforest Explosion Plan validated
	29 th August 2024		Live activation – Bay Chambers gas leak Plan validated
	10 th October 2024		Live activation – UHL Bus Crash Plan validated
	21 st October 2024		Live activation – Standby Powys Train Crash Plan validated
	17 th December 2024		Live activation – CRI UXO Plan validated
	1 st June 2025		Live activation – BCI Widespread IT failure Plan validated
	12 th December 2025		Live activation – BCI Widespread IT failure Plan validated
	29 th January 2026		Live activation – BCI Widespread IT failure (PCIC) Plan validated
7	23 rd March 2026	30 th March 2026	Full review of the plan completed. Action cards reviewed and updated. Command and control centres details and contacts updated. Back up ICC established at UHL Friends and family's reception centre location updated Cordons updated in line with version 2 CBRN JOPs

To view the full version of this plan, visit Civil Contingencies page on SharePoint

[https://nhs.wales365.sharepoint.com/sites/CAVUHB_CAV-INTRANET/SitePages/A-Z-Index-\(C\).aspx](https://nhs.wales365.sharepoint.com/sites/CAVUHB_CAV-INTRANET/SitePages/A-Z-Index-(C).aspx)

Redacted Version
Cardiff and Vale University Health Board

Section	Subject	Page
1	INTRODUCTION	6
2	COMPLIANCE REQUIREMENTS	9
3	BUSINESS CONTINUITY	13
4	RISK	15
5	TIERS OF COMMAND and CONTROL	16
6	ROLES WITHIN THE ORGANISATION	24
7	ACTION CARDS	32
8	JOINT EMERGENCY SERVICES INTEROPERABILITY PRINCIPLES (JESIP)	33
9	ROLES/RESPONSIBILITIES OF OTHER ORGANISATIONS <ul style="list-style-type: none"> • Welsh Government Civil Contingencies Committee • Public Health Wales • Scientific and Technical Advice Cell (STAC) • Air Quality Cell (AQC) • Welsh Ambulance Services NHS Trust • Wales Air Ambulance • South Wales Police • Local Authority • Local Education Authority • Social Services • Third Sector (Voluntary) • Transport for Wales • Military aid 	36
10	SPECIAL CIRCUMSTANCES <ul style="list-style-type: none"> • Burns casualties • Contaminated casualties • Chemical Incident • COMAH site • CBRN(E) Escalation • Paediatric casualties • Mass casualties • Marauding terrorist attacks (MTA) 	40
11	EMERGENCY ADMISSIONS NOT ASSOCIATED WITH THE MAJOR INCIDENT	46
12	ACCELERATED DISCHARGES	47
13	UNINJURED, UNACCOMPANIED CHILDREN OR VULNERABLE ADULTS	48
14	CARE OF FAMILY / FRIENDS	49
15	SURVIVOR RECEPTION CENTRE	50
16	COMMUNICATION FAILURE	51
17	TRANSLATION AND INTERPRETATION SERVICES	52
18	STAFF WELFARE DURING INCIDENT RESPONSE	53
19	PSYCHOLOGICAL SUPPORT	54
20	EQUALITY and HUMAN RIGHTS STATEMENT	55
21	TRAINING / EXERCISING / AUDIT	56
APPENDIX 1 – Action cards		
No	Action card	Page
1	Switchboard	58
2	Patient access manager	59
3	Emergency Department – Nurse in Charge (Bronze)	61
4	Emergency Department – Medical Coordinator (Bronze)	62
5	Discharge coordinator	64
6	Portering and Security team managers	65
7	Tactical (Silver) Control team	66
8A	Chief Executive / Strategic (Gold) Team Leader	68
8B	Strategic (Gold) Command Team – Executive Medical Director	70
8C	Strategic (Gold) Command Team – Executive Nurse Director	72
9	Incident Recovery team (COO Office)	75
10	Relatives Support Officer	77
11	Volunteer coordinator	78

Redacted Version
Cardiff and Vale University Health Board

12	Loggist	79
13	Communications Lead	80
14	Psychological response	81
15	All Inpatient Clinical Areas	82
16	Specialist / Tertiary Services	83
17	Theatres (Bronze)	84
18	Anaesthetics	85
19	Critical care (Bronze)	86
20	Paediatric Directorate (Bronze)	87
21	Pharmacy	88
22	Radiology (Bronze)	89
23	Mortuary	91
24	Laboratory medicine	92
25	Allied Health Professionals / Therapies	93
26	Spiritual care / Chaplaincy	94
27	Outpatients and Health records manager	95
28	Operational Services	96
29	Estates (Capital Planning and Asset management)	97
30	Information Technology Department	98
31	Clinical Engineering	99
32	Procurement	100
33	Neurosurgery	101
34	Major Trauma Directorate	102
APPENDIX 2 – Schedule of locations used during Major incident		104
APPENDIX 3 – National Occupational Standards (NOS)		105
APPENDIX 4 – Lexicon		107

1. INTRODUCTION

This plan sets out the actions primarily required by the acute services of the University Health Board (UHB) to respond to a major incident that occurs outside of the organisation, although most services in the UHB will be required to support the response.

However, there is always the possibility that the incident will result from an internal major emergency such as fire / flood / structural damage / infectious disease / widespread power outage or similar event. Whilst these are dealt with in other, complementary business continuity documents, the command, control and coordination structures necessary are commensurate with those outlined within this document.

Emergencies may be defined by the manner in which they arise:

- **Big Bang** – a sudden event, for example a serious transport accident, explosion, or series of smaller incidents
- **Rising Tide** – a gradually developing incident with no clear starting point, for example a developing infectious disease epidemic, or a capacity/staffing crisis
- **Cloud on the Horizon** – a serious threat elsewhere, such as a major chemical or nuclear release, that requires preparatory action to deal with potential affects
- **Headline News** – public or media alarm over a perceived health threat
- **Internal Incidents** – fire, breakdown of utilities, major equipment failure, hospital acquired infections, violent crime
- **Deliberate Release** - of chemical, biological or nuclear material
- **Pre-planned events** (such as sports events, concerts, air shows) have the potential for a major incident to arise and may require emergency plans to be on standby for the duration of the event to optimise the response should the need arise.

The levels of emergency for which NHS organisations are required to develop emergency preparedness arrangements are:

Major - ambulance services and acute hospitals are well versed in handling incidents such as multi-vehicle crashes within their long-established major incident plans. More patients will be dealt with probably faster and with fewer resources than usual and the impact on levels of service can be managed locally.

Mass - much larger-scale events affecting potentially hundreds rather than tens of people possibly also involving the closure or evacuation of a major facility (for example, because of fire or contamination) or persistent disruption over many days. These will require a collective response by neighbouring NHS Wales's organisations as outlined within the All Wales Mass Casualty Plan.

Catastrophic - events of potentially catastrophic proportions that severely disrupt health and social care and other functions and that exceed even collective local capability within the United Kingdom NHS.

Critical - A critical incident is any localised incident where the level of disruption results in the organisation temporarily or permanently losing its ability to deliver critical services, patients may have been harmed or the environment is not safe requiring special measures and support from other agencies, to restore normal operating functions.

Terrorist incidents -The management framework for responding to, and recovering from, the consequences of a terrorist incident will be similar to that adopted in relation to non-malicious incidents. In relation to terrorism however, it may be necessary for the police to take executive action in respect of the entire incident. The impact of terrorist events on public confidence, and the possibility of further attacks, will make the provision of warnings, advice and information to the public particularly important.

Separate guidance documents detail the specific response and recovery arrangements in relation to terrorist incidents. Most of these are protectively marked and are distributed to senior staff within those organisations that require them rather than being made publicly available.

Cardiff and Vale University Health Board

The underpinning Welsh Government documents Mass Casualties Incidents – A Framework for Planning and the All Wales Mass Casualty Plan provide specific guidance on planning for, and response to mass casualty and catastrophic incidents

Major emergencies that may result in the activation of this plan (e.g. contaminated casualties who self-refer) are also linked to this document as / where appropriate.

An emergency is defined in Civil Contingencies Act (2004); Part 1 as:

- An event or situation which threatens serious damage to Human welfare;
- An event or situation which threatens serious damage to the environment; or
- War, or terrorism, which threatens serious damage to the security of the UK.

For the NHS, the definition of a 'major incident' is:

“Any occurrence that presents a serious threat to the health of the community, disruption to the service or causes, or is likely to cause, such numbers or types of casualties as to require special arrangements to be implemented by hospitals”.

Cardiff and Vale University Health Board

Whilst individual organisations and agencies may have specific responsibilities - 'the combined response' should seek to achieve the following strategic intentions to:

- save life, prevent harm and relieve suffering
- prevent escalation of the incident / disaster
- safeguard the environment and protect property
- continue to maintain normal services at a pre agreed level
- warn and inform the public to promote self-help and recovery, and restore normality as soon as possible
- facilitate criminal investigation and judicial, public technical or other inquiries
- return to a new normality by promoting recovery and consequence management
- evaluate the response and identify lessons that may influence the response to future incidents.

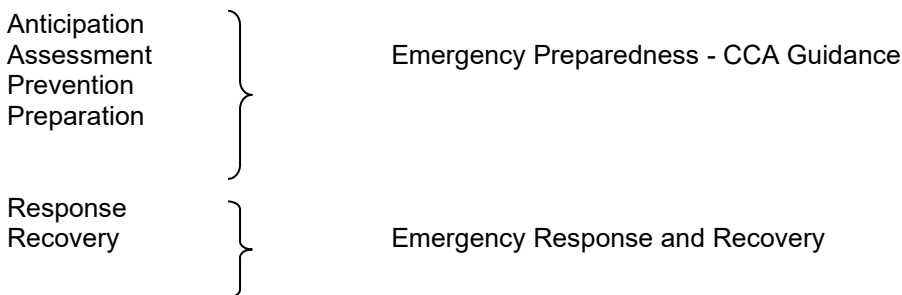
2. COMPLIANCE REQUIREMENTS

Civil Contingencies Act 2004

One of the key tenets of the Civil Contingencies Act 2004 is that organisations use an integrated emergency management approach to develop robust plans. Integrated emergency management is the cycle of planning on the basis of risk assessment, joint agency planning and consultation, information sharing, training and exercising of plans and procedures.

Civil protection arrangements need to be integrated both within and between Category 1 and 2 responders. They should also be conducted according to a practical doctrine beginning with anticipation and assessment of risk and concluding with effective response and recovery arrangements.

The Act focuses on emergency preparedness, but its requirements should be seen in the context of integrated emergency management (IEM). The United Kingdom's approach to preparing for, responding to, and recovering from emergencies is founded on the six activities of Integrated Emergency Management.



To comply with *Health Services in Wales Standard 2.1*, the major incident plans of NHS organisations will be assessed as part of the annual performance management framework.

Standard 2.1 Managing Risk and Promoting Health and Safety states:

People's health, safety and welfare are actively promoted and protected. Risks are identified, monitored and where possible, reduced or prevented.

In addition to these legal duties and service quality standards, recent major incidents, both in the United Kingdom and abroad, have highlighted the need for responding organisations to have robust communication, command and control arrangements in place in order to effectively manage the incident.

In each NHS organisation, the Chief Executive Officer is responsible for:

- ensuring that their organisation has written major incident and business continuity plans in place that take account of the requirements within the CCA for risk assessment, co-operation and information sharing with partners and communication with the public.
- ensuring that staff are trained to undertake their roles within the organisation's response plans and, as a minimum requirement, response arrangements are tested through a communications cascade every six months, a table top exercise and physical setting-up of the control centre every year and participation in a live exercise every three years.
- ensuring that the Board receives regular emergency preparedness reports, at least annually, covering risk assessment, the resilience of emergency and business continuity plans against the risks identified and the training and exercises undertaken to prepare staff and test response arrangements.
- ensuring that an Executive Director of the Board is designated to take responsibility for emergency preparedness and BCM on behalf of the organisation and that an emergency planning lead officer is appointed to support the Executive Director and Chief Executive in the discharge of these duties.

Cardiff and Vale University Health Board

- ensuring that adequate financial resources are made available to the emergency planning lead officer including staffing and resources for training, testing and exercising and provision, maintenance and replacement of equipment.

Terrorism Protection of Premises Act 2025

The Terrorism (Protection of Premises) Act 2025, commonly referred to as Martyn's Law, is intended to improve protective security and organisational preparedness across the UK.

The new Act requires certain premises and events to ensure steps have been taken to prepare for potential terrorist attacks and get ready to help keep people safe in the event of an attack. In addition, certain larger premises and events will be required to consider and, where appropriate, take steps to reduce their vulnerability to acts of terrorism.

Summary of Martyn's Law

The Act places a "Protect Duty" on operators/owners of publicly accessible premises or events: they must take steps to prepare for and respond to the risk of a terrorist attack.

It uses a tiered system: -

Standard Duty: premises where it is "reasonable to expect" 200 (or 100 in some earlier drafts) or more persons present at any one time.

Enhanced Duty: premises where 800 or more persons may be present at any one time.

Key responsibilities:

- Conduct a risk/vulnerability assessment for terrorist-related hazards.
- Put in place public protection procedures (for standard tier) and additional public protection measures (for enhanced tier) to reduce vulnerability. Train staff (e.g., counter terror awareness).
- Cooperate with the regulator (Security Industry Authority, SIA) who will issue statutory guidance and oversee compliance.

Specified National Occupational Standards

The day-to-day management of people and patients in the NHS is subject to legal frameworks, duty of care, candour and moral obligation. This does not change when responding to an incident; however, these events can lead to greater public and legal scrutiny. If staff are planning for or responding to an incident, they need to have the tools and skills to do so in line with their assigned NHS command and/or incident response role.

NHS England identifies the minimum national occupational standards that health commanders, managers and staff responding to incidents as part of an incident management team and other staff involved in EPRR must achieve in order to be competent and effectively undertake their roles. All staff with a command role in incident management must maintain continual professional development (CPD), maintaining personal development portfolios (PDPs) in accordance with NHS Core Standards for EPRR.

Performance criteria

Whilst there is no NHS Wales equivalent document, best practice, and post incident enquiries support the introduction national occupational standards across all UK Nations. It is strongly recommended that key leadership roles must be able to demonstrate the following performance criteria:

The NHS Strategic Commander must be able to:

- develop and review response and communications strategies for your organisation with appropriate stakeholders and multi-agency partners
- coordinate and communicate effectively at tactical and strategic level, across health and with multi-agency partners
- gather and share information and intelligence to inform effective decision-making
- make effective decisions based on the best available information (e.g., through use of the Joint Decision Model)
- brief the strategic plan, appropriately delegate to tactical level and regularly review
- ensure sufficient, appropriate resources are available to support the response
- identify the long-term and medium-term recovery priorities
- ensure effective and timely handover of command9.fully record decisions, actions, options and rationale in accordance with current guidance, policy and legislation.

The NHS Tactical Commander must be able to:

- work in co-operation with and communicate effectively with other health and multi-agency partners at the tactical level
- gather and share information and intelligence to inform effective decision-making
- make effective decisions (e.g., through use of the Joint Decision Model)
- undertake an ongoing assessment of the risks to the health of the community and to the delivery of healthcare to the community
- develop tactical plans, aligned to the strategic plan, based upon available information, incident and emergency plans and the assessed risks
- implement and brief tactical plans, reviewing them on an ongoing basis, in consultation with key staff and partners
- determine and prioritise the resources required for the response in both the short and longer term
- provide accurate and timely information to inform and protect the community, working with the media where relevant, and within the agreed organisational communication strategy
- coordinate responses from the operational level
- identify where circumstances warrant a strategic level of management and ensure fully briefed as required
- ensure effective and timely handover of command
- maintain the health, safety and welfare of individuals during the response
- fully record decisions, actions, options and rationale in accordance with current guidance, policy and legislation.

NHS Operational Commander must be able to:

- assess the situation and report to other responders and to tactical level
- conduct a dynamic risk assessment
- prepare, implement and review a plan of action based upon the dynamic risk assessment and tactical plan, within own operational area of responsibility
- ensure that any individuals under your command are fully briefed and de-briefed
- work in co-operation with, and communicate effectively with, other responders
- assess resources required and deploy them to meet the needs of the response
- identify resource constraints and communicate to tactical level
- monitor and protect the health, safety and welfare of individuals during the response
- identify where circumstance warrant a tactical level of management
- make effective decisions (through use of Joint Decision Model)
- ensure effective and timely handover of command
- fully record decisions, actions, options and rationale in accordance with current guidance, policy and legislation

National Occupational Standards (NOS)

There are several NOS for each role within this plan. Refer to Appendix 4 attached. All EPRR training will be linked to and include the NOS.

3. BUSINESS CONTINUITY

Within the NHS, Business Continuity Management systems support the delivery of key services at pre-determined levels during internal incidents and ensures the capability for an operational response during a Major Incident. Moreover, NHS organisations and providers of NHS funded care are required to have suitable, proportionate and up to date plans which set out how they will maintain prioritised activities when faced with disruption from identified local risks.

The 2004 Civil Contingencies Act (CCA) requires all Category 1 responders to develop plans which underpin their organisation's ability to maintain “business as usual” in the event of an emergency via application of the Business Continuity process. The CCA defines Business Continuity as:

“A flexible framework designed to help organisations to continue operating in a wide range of different types of disruption right the way along the spectrum of severity.....”

Welsh Government NHS Resilience & Business Continuity Management Strategic National Guidance for NHS Organisations defines business continuity as the management process that enables an NHS organisation –

- ≈ to identify those key services which, if interrupted for any reason, would have the greatest impact upon the community, the health economy and the organisation;
- ≈ to identify and reduce the risks and threats to the continuation of these key services;
- ≈ to develop plans which enable the organisation to recover and/or maintain core services in the shortest possible time.”

Within the context of health care there is an obligation to ensure that not only the NHS organisation, but its subcontractors and suppliers of service must also have continuity plans which demonstrate resilience and preparedness to deal with, survive and recover from an emergency incident. The Health Board Chief Executive Officer (CEO) is ultimately responsible for ensuring that the organisation can retain core services and critical infrastructure at predetermined levels in the event of a significant adverse event or major incident. These areas can broadly be described as People, Premises; Technology / Equipment; Information; and Supplies.

In practice delegated authority is assigned to the Chief Operating Officer who will deliver the imperative that potential threats and hazards are identified, risk assessed, and plans developed to alleviate or mitigate the potential threat to service delivery. This is achieved through adoption of the Business Continuity Institute, Good Practice Guidelines 2023. The guidance identifies a layered step process – referred to as the Business Continuity Lifecycle – which facilitates the adoption of a structure and consistent approach as demonstrated in diagrams 1 below:



(Diagram 1 – Business Continuity Lifecycle)

In summary BCPs should have a structure that can:

- Deliver a framework which can be used to strengthen

Cardiff and Vale University Health Board

- resilience during times of disruption
- Identify and risk assess potential threats and weaknesses of the organisation
 - Aid preparation, prevention and recovery of the identified risks and potential disruption
 - Support the continuance and recovery of core critical services
 - Promote return to business as usual
 - Defend and protect stakeholder interests
 - Ensure reputational integrity.

BCM, including processes for recovery and restoration, must be considered by NHS organisations as part of their everyday business requiring corporate ownership. Business continuity should be as embedded in the culture of the NHS as principles of health and safety, and there must be demonstrable commitment to the process from the Boards of NHS organisations. It is critical that business continuity and major incident plans are integrated and complementary to each other. This includes mirroring of the command and control structure in response to both types of incidents.

During a Major/Critical Business Continuity Incident the practical application of this process is discharged at Strategic level via the office of the Chief Operating Officer who will lead the UHB Recovery group. Activation of a critical business continuity incident would be initiated by the Chief Operating Officer.

Redacted Version
Cardiff and Vale University Health Board

Appendix 3

National Occupational Standards (NOS)

The minimum standards are outlined above. CPD should take place to develop the role where 'option for role' is indicated, with ongoing CPD to achieve all other NOS.

M – Mandatory for Role, O – Optional for role.

Skills for Justice NOS	Chief Executive Officer	Accountable Emergency Officer	NHS			NHS Emergency Ambulance Service			EPRR Specialist / Adviser	Business Continuity Lead	Comms Officer	Command Support Roles	On Call staff	Loggist
			Strategic Commander	Tactical Commander	Operational Commander	Strategic Commander	Tactical Commander	Operational Commander						
SFJ CCA A1 Work in cooperation with other organisations	O	O	M	M	M	M	M	M	M	M	O	M		
SFJ CCA A2 Share information with other organisations	O	O	M	M	M	M	M	M	M	O	M	O	M	
SFJ CCA A3 Manage information to support civil protection decision making			M	M	M	M	M	M	M		O	O	M	O
SFJ CCA B1 Anticipate and assess the risk of emergencies		O	M	M	M	M	M	M	M					
SFJ CCA C1 Develop, maintain and evaluate emergency plans and arrangements			O	O		O	O		M		O			
SFJ CCA D1 Develop, maintain and evaluate business continuity plans and arrangements		O	O	O	O	O	O	O	M	M				
SFJ CCA D2 Promote business continuity management		M							M	M	O			
SFJ CCA E1 Create exercises to practice or validate emergency or business continuity arrangements									M	M				

Redacted Version
Cardiff and Vale University Health Board

Skills for Justice NOS	Chief Executive Officer	Accountable Emergency Officer	NHS			NHS Emergency Ambulance Service			EPRR Specialist / Adviser	Business Continuity Lead	Comms Officer	Command Support Roles	On Call staff	Loggist
			Strategic Commander	Tactical Commander	Operational Commander	Strategic Commander	Tactical Commander	Operational Commander						
SFJ CCA E2 Direct and facilitate exercises to practice or validate emergency or business continuity arrangements									M	M				
SFJ CCA E3 Conduct debriefing after an emergency, exercise or other activity		O	M	M	M	M	M	M	M	M		O	O	
SFJ CCA F1 Raise awareness of the risk, potential impact and arrangements in place for emergencies			O	O		O	O		M	M	M			
SFJ CCA F2 Warn, inform and advise the community in the event of emergencies	O		M	O	O	M	O	O	M		M		O	
SFJ CCA G1 Respond to emergencies at the strategic level	O	O	M			M			M				M	
SFJ CCA G2 Respond to emergencies at the tactical level				M			M		M				M	
SFJ CCA G3 Respond to emergencies at the operational level					M			M	M	O			M	
SFJ CCA G4 Address the needs of individuals during the initial response to emergencies			O	M	O	O	O	O	M			O	M	
SFJ CCA H1 Provide on-going support to meet the needs of individuals affected by emergencies			M	M	O	O	O	O	M				O	
SFJ CCA H2 Manage community recovery from emergencies	M	O	M	O	O	O			M				O	

Redacted Version
Cardiff and Vale University Health Board

Appendix 4

Lexicon

CBRN	Chemical Biological Radiological Nuclear
CEO	Chief Executive Officer
CEPOD	Confidential Enquiry into Patient Outcome and Death
COO	Chief Operating Officer
COMAH	Control of Major Accident Hazards
DVI	Disaster Victim Identification
ED	Emergency Department
EMERTS	Emergency Medical Retrieval and Transfer Services
EPRR	Emergency Preparedness, Resilience and Response
FRS	Fire & Rescue Service
HAZMAT	Hazardous Materials
JESIP	Joint Emergency Services Interoperability Principles
JDM	Joint Decision Model
MACA	Military Aid to the Civil Authority
MERIT	Medical Emergency Response Incident Team
METHANE	An established reporting framework which provides a common structure for responders and their control rooms to share incident information. M ajor incident, E xact location, T ype of incident, H azards, A ccess, N umber of casualties, E mergency services.
MI	Major Incident
MTC	Major Trauma Centre
OPAT	Operational Planning and Transformation Centre
PCIC	Primary Community and Intermediate Care
POVA	Protection of Vulnerable Adults
POVC	Protection of Vulnerable Children
RCG	Recovery Co-ordination Group
SCC	Strategic Co-ordination Centre
SCG	Strategic Co-ordination Group
STAC	Scientific and Technical Advice Cell
SWLRF	South Wales Local Resilience Forum
SWP	South Wales Police
TCG	Tactical Co-ordination Group
WAST	Welsh Ambulance Service Trust