COMMAND POLICY

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Contents

1.   Purpose

It is essential that the language of command and control is clearly understood when responding to an incident or operation, particularly where the response involves partner agencies. NHS England have introduced a new national standard for Ambulance Command and Control of which the authority is laid out in schedule 1 of the NHS Contract.

This policy recognises that the principles are scalable and can be used to resolve incidents and operations ranging in size and scope, from a serious road traffic collision to a critical or major incident such as a multi-seated terrorist attack requiring the mobilisation of several ambulance resources.

This policy aims to ensure that South Central Ambulance Service NHS Foundation Trust (SCAS) has an integrated approach to the command and the management of incidents, events and core trust activity. It is designed to ensure that all levels of commander are trained to the same level and understand and discharge their responsibilities. It also aims to provide a shared perspective amongst commanders to help deliver the best possible response to any particular emergency / incident.

This policy also sets out the two distinct functions between the operational on call and the Incident Management Teams.

2.   Scope

All Commanders are required to comply with this policy and any other associated policies. The policy applies to all commanders working within the SCAS operational area and beyond when engaged in providing mutual aid.

3.   Objectives

•   Ensure roles and responsibilities are defined and communicated in advance of any emergency

•   Ensure relevant training / testing and support is provided to all Commanders

•   Ensure all appropriate equipment is available and accessible should any emergency arise

•   Enable a more coordinated and effective emergency management response within the Trust

•   Mitigate risks of failing to effectively provide mutual aid resources

- Ensure that lessons identified from other incidents and exercises are incorporated in to Command training and exercisingEnsure local structures link into regional and national civil protection bodies

4.   Definitions

Command and Control - Command and control can be defined as being the authority and capability of an organisation to direct the actions of its own personnel and the use of its equipment.

A **major incident** is defined as:
An event or situation with a range of serious consequences which requires special arrangements to be implemented by one or more emergency responder agency.

For the NHS this will include any event defined as an emergency in the Civil Contingencies Act as stated in the trust Incident Response Plan.

Critical Incidents are described as:
"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."

Command of a Business Continuity incident is covered in the Trust Incident Response Plan.

The NHS Ambulance Service is responsible for providing emergency pre-hospital care in England. Patients caught within complex emergency situations, including major incidents or hazardous inner cordons, are reliant on the NHS Ambulance Service to provide effective assessment, treatment, and access to onward care.

Within the context of this standard, patients would include members of the public, workers or volunteers, and the personnel of other responding agencies who may become ill or injured during an emergency.

The early provision of professional NHS care to patients caught within these situations improves survival rates and clinical outcomes.

The NHS owes an established legal duty of care to the population it serves. The duty of NHS Ambulance Services has been distinguished from that of other emergency services (note: Kent v Griffiths [2000] 2 WLR 1158). Once an emergency call has been received by the Ambulance Service and a commitment is given to attend, a legal duty is engaged between the provider and the patient which is distinct from that of other responding agencies. From that point onwards, the NHS Ambulance Service must justify any unreasonable delay or failure to provide an appropriate standard of care.

The population of England currently face a serious and sustained threat from the foreseeable events described in the Government's National Risk Register for Civil Emergencies.

The population of England currently face a serious and sustained threat from international terrorism as measured through the Joint Terrorism Analysis Centre (JTAC).

5. Functions of Command

Authoritative command is carried out by those who have been given authority over others for a specific operation or incident. Commanders should be aware that their role is to make decisions, give clear directions and ensure that those directions are carried out. Working in this way promotes cohesion and provides direction that helps to deliver the strategy. The absence of effective command by one or more in the command structure will undermine a successful operation or incident, and put both the Trust and public at unnecessary risk.

Effective command is, therefore, based on the existence of:

- Clarity of role within an organised framework Strategic (Gold), Tactical (Silver) and Operational (Bronze)
- Training, exercise and experience (accredited to the National Occupational Standards);
- Processes and systems to support effective decision making.

Command Levels
Command levels are defined as Strategic, Tactical and Operational, these are defined as:

Operational (Bronze)
The core role of the Operational Commander is to implement the tactical plan in response to an incident or operation.

Bronze is the operational level at which the management of immediate hands-on work is undertaken at the site(s) of the emergency or other affected areas. Individual responder agencies may refer to the Operational level as Bronze.

The Operational Commander(s) provides an operational level of management at a specific incident. The function of the Operational Commander is to carry out one of a range of specific functions either stand alone or under the direction of the Tactical Commander to ensure efficient clinical care response to an incident by the Trust.

Tactical (Silver)
The core role of the Tactical Commander is to develop a tactical plan which follows the Strategy and implement it through the operational command tier. The purpose of the tactical level is to ensure that the actions taken by the operational level are coordinated,

coherent and integrated in order to achieve maximum effectiveness and efficiency. Individual responder agencies may refer to the Tactical level as Silver.

The Tactical Commander provides a tactical level of management for a specific incident, once the Tactical commander is in a position to, they will take command of the incident and clear transfer of command must be logged by the Tactical Commander and the CCC.

The function of the Tactical Commander is to determine priorities in allocating resources, to plan and co-ordinate when tasks will be undertaken in order to deliver the effective resolution of the incident from an ambulance service perspective. This may involve obtaining via the Strategic Commander, additional resources for the incident. The Tactical Commander will be the Ambulance Trust Manager in overall Tactical Command of a specific incident or Scene.

Strategic (Gold)
The purpose of the Strategic level is to consider the emergency in its wider context; determine longer-term and wider impacts and risks with strategic implications; define and communicate the overarching strategy and objectives for the emergency response; establish the framework, policy and parameters for lower level tiers; and monitor the context, risks, impacts and progress towards defined objectives. Individual responder agencies may refer to the Strategic level as Gold. Where an event or situation has: an especially significant impact; substantial resource implications; involves a large number of organisations; or lasts for an extended duration, it may be necessary to convene a multi-agency coordinating group at the strategic level.
The Strategic Commander is the most senior person available (or nominated to undertake the role in the presence of an executive director) who has total control over the organisation and its assets during any specific event requiring strategic management. Strategic Commanders must be empowered to commit funding and resources without the need to first seek approval from others in order to manage the prevailing situation.
This will include having the authority to utilise the resources of all Trust Directorates for the duration of the incident. The Strategic Commander will be able to discuss and assess political and National requirements and liaise if required with Central Government Departments, principally but not exclusively the Department of Health.

Event Command
Command at special events covered by the trust will be based on the same competencies as Incident command. Event operational and tactical commanders must meet the same criteria as Incident commanders.

Tactical Advisor/NILOs
The Resilience & Specialist Operations Managers provide the role of specialist advice and support to all levels of incident command and are accredited Tactical commanders in their own right. Provision of advice is in line with the requirements of the National standards. Advice upon specific hazards, local, regional and national response arrangements including a detailed knowledge of Trust and Partner agency operational procedures for the management of specialist incidents will be provided.

Specialist Command
Specialist commanders for Incidents involving CBRNe and High threat incidents (Marauding terrorism using Firearms or bladed weapons) have been accredited through national training.

Clinical Coordination Centre (CCC) Command
The CCC Commander provides a tactical level of management to the CCC in relation to a specific incident. The function of the CCC Commander in conjunction with the Tactical Advisor and Tactical Commander is to determine priorities in allocating resources, to plan and coordinate when tasks will be undertaken in order to deliver the effective resolution of the incident from an ambulance service perspective. This may involve obtaining via the Strategic commander, additional resources for the incident.

Operational Communications (Airwave) Advisor
The Trust Radio Communications Team will be responsible for overseeing the management, maintenance and development of the Trust's Airwave Radio System; in the context of this document they will provide the day-to-day advice on all operational communications matters in addition to the technical support role, and will act as Ambulance Communications Advisor at events or major incidents as appropriate, this may be in addition to an Operational or CCC staff member assuming the communications role at a major incident either on-site or remotely as requirded by the Ambulance Incident Commander.

6. Command Training and Competencies

Command roles can be challenging and at times extremely demanding with both corporate and personal implications. It is, therefore, essential that individuals with appropriate skills are selected, trained and supported. When allocating roles, consideration should be given to the appropriateness of the task to the individual's training, experience and competence.

Ambulance Officers discharging command responsibilities should be competent and able to demonstrate how they achieved, updated and maintained this competency. This should include a record of evidence through a continuous professional development portfolio to demonstrate operational deployment and learning. Achieving, maintaining and developing competence is, however, a tri-partite relationship between the Resilience and Specialist Operations Team on behalf of the Trust, line manager and operational commander, all of whom play a role in facilitating and checking the commander's attainment of operational competence.

Everyone involved in command should reasonably expect this process, and to have their competency examined on a regular basis, but particularly during a post-event enquiry including an internal Trust Peer Review Process.

All Ambulance Commanders must meet the National Occupational Standards (NOS) for Commanders at Operational (Bronze) and Tactical (Silver) and Strategic (Gold) levels.

The Trust will no longer recognise any command training that is not aligned to the standards.

The National Occupational Standards can be found in Appendix 1.

The National & Trust Command courses comply with the National Occupational standards and will go some way to professionalising commanders within the Trust. The Professionalisation of Trust commanders and their competences are described below:

Strategic (Gold) Commander Competencies

Accountability	To Chief Executive
Availability	- To be immediately available during the on-call period for telephone advice - To be immediately available to respond (if required) to a Strategic Co-ordination Group (SCG) at one of the two Police Strategic Coordination Centre's (SCC) or to any Trust Building where Trust Strategic Coordination Room will be established.
General Deployment Criteria	- To respond to any multi-agency Strategic Coordinating Group which is convened due to an actual emergency, a potential emergency or a pre-planned event that in the opinion of the Chief Constable warrants the establishment of a Strategic Coordination Group (Multi-Agency Strategic Coordination Centre) - To respond to an NHS specific Gold Control that has been established by the NHS England to support any crisis within the NHS - To respond to any Trust building in the event that it is necessary to establish a Trust Strategic Coordination Room.

Core Role	➢ To represent the Trust at a Strategic level ensuring as far as is practical the continued delivery of high quality clinical care whilst ensuring the Health, Safety and Welfare of Trust resources ➢ Setting, reviewing, updating and communicating the strategy; ➢ Consulting stakeholders when determining the strategy, including partner agencies and community groups as appropriate; ➢ Considering setting tactical parameters for the Ambulance / Health response; ➢ Being suitably located in order to maintain effective strategic command by ensuring that appropriate communication mechanisms exist; ➢ Maintaining a strategic overview and, as such, should not become drawn into making tactical level decisions; ➢ Resourcing the response to the incident or operation; ➢ Ensuring that, where appropriate, command protocols are set, agreed and understood by all relevant parties; ➢ Remaining available to the Tactical Commander; ➢ Ensuring that the strategy for the incident or operation is documented in order to provide a clear audit trail, including any changes to that strategy; ➢ Approving the Tactical Commander's tactical plan and ensuring that it meets the strategic intention for the incident or operation; ➢ Reviewing and ensuring the resilience and effectiveness of the command structure and the effectiveness of the Tactical Commander; ➢ Identifying the level of support needed to resolve the incident or operation; ➢ Within the command structure, having overall responsibility for ensuring staff health and safety, ➢ To contribute to the multi-agency Strategic management of incidents as required, ensuring the interests of the Trust are represented ➢ To ensure the Chief Executive is appraised of developing and on-going incidents as required.
Competence / Training	➢ National Strategic Command Training (MAGIC) ➢ Strategic CBRNE ➢ Trust Strategic Command Training ➢ Business Continuity Management awareness ➢ Media Training ➢ Legal Training ➢ Command Assessments & CPD Portfolio ➢ Peer Reviews.

Exercise Attendance	➢ Attend a table-top exercise in a command function annually
	➢ Attend a live exercise in a command function once every two years
	➢ Attend high risk site specific familiarisation exercises to ensure demonstrable familiarity with the locations.

Strategic Commanders will be assessed on a bi-annual basis using the performance criteria in the National Occupational Standards. This assessment will relicense the commander for 24 months. Only licensed commanders will undertake command roles.

Strategic Commanders who still respond at Tactical Level will also be assessed biannually on the Tactical performance criteria. This assessment will relicense the commander for 24 months. Only licensed commanders will undertake command roles.

Tactical (Silver) Commander Competencies

Accountability	➢ To the Strategic Commander (When activated for a specific incident and when out of hours)
	➢ To Operations Directors during office hours
Availability	➢ To be immediately available during the on-call period for telephone advice
	➢ To be immediately available within the Trust operational area to respond to incident scenes
General Deployment Criteria	➢ To respond to incidents when directed by the Clinical Coordination Centre Centre (CCC) and in-line with this procedure and procedures for specific incidents
	➢ To respond to incidents as an initial response to support Operational Commanders at incidents involving multiple casualties, but not requiring a multiagency Tactical Coordination Group to be established
	➢ To respond to the location of a Tactical Coordination Group if convened for a specific incident or operation.

Core Role	➢ To represent the Trust at scene or at the nominated multiagency Tactical Coordination Group ensuring the tactical provision of appropriate clinical care and the arrangements to ensure as far as is reasonable practical the Health, Safety and Welfare of Trust Personnel
	➢ Developing and coordinating the tactical plan in order to achieve the strategy set by the Strategic Commander within any tactical parameters set;
	➢ Testing the Strategic Commander's strategy to ensure that it is achievable and proportionate to the threat/risks faced;
	➢ Assessing the available information and intelligence to properly evaluate the threat, vulnerabilities and risks;
	➢ Being suitably located in order to maintain effective tactical command of the incident or operation;
	➢ Ensuring that all decisions are documented in the command log in order to provide a clear audit trail;
	➢ Providing the pivotal link in the command chain between Operational Commanders and the Strategic Commander;
	➢ Reviewing and updating the tactical plan and ensuring that any changes made are communicated to the Operational Commanders and, where appropriate, the Strategic Commander;
	➢ Ensuring that, where appropriate, the strategy and tactics are properly briefed to all staff on the operation;
	➢ Ensuring that the tactics employed by Operational Commanders meet the strategic intention and tactical plan;
	➢ Considering the wider health community and implications of using certain tactics;
	➢ Managing and coordinating, where required, multiagency resources and activities during the response to a health specific incident or operation;

	➢ Ensuring that any deployment is commensurate with the level of threat / risk faced; ➢ Ensuring that a full debrief of the incident or operation takes place which contributes to organisational learning. ➢ To ensure the Strategic Commander (if deployed) or on-call Gold / Duty Director at other times is appraised of the developing / ongoing incident ➢ To front any media enquiries in the absence of the Communication team
Competence / Training	➢ Trust Tactical Command Training ➢ National Tactical Command Training (JESIP) ➢ Business Continuity Management awareness ➢ Media Training ➢ Legal Training ➢ Incident Specific National Command training (CBRNE) if a CBRNE Commander ➢ Command Assessments & CPD Portfolio ➢ Peer Reviews
Exercise Attendance	➢ Attend a table-top exercise in a command function annually ➢ Attend a live exercise in a command function once every two years ➢ Attend two pre-planned events annually as Tactical Commander ➢ Attend high risk site specific familiarization exercises to ensure demonstrable familiarity with the locations.

Tactical Commanders will be assessed on a biannual basis using the performance criteria in the National Occupational Standards. This assessment will relicense the commander for 24 months. Only licensed commanders will undertake command roles.

Operational (Bronze) Commander Competencies

Accountability	➢ To the Tactical Commander (When activated for a specific incident or out of hours) ➢ To local Clinical Operations Manager and Area Manager during office hours.
Availability	➢ To be immediately available within the operational area to respond to incident scenes.
General Deployment Criteria	➢ To respond to incidents when directed by the CCC and in-line with this procedure and procedures for specific incidents.
Core Role	➢ To support the Tactical Commander of the Trust at scene ensuring the operational provision of appropriate

clinical care and Health & Safety (H&S) and welfare of all responding Ambulance Service resources

➢ Implementing the relevant part of the Tactical Commander's plan by using appropriate tactics within their geographical or functional area of responsibility;

➢ Having a clear understanding of the Strategic Commander's strategy, the Tactical Commander's tactical plan and their own role within it;

➢ Making decisions within their agreed level of responsibility, including seeking approval for any variation in agreed tactics;

➢ Where circumstances constantly change, testing the Tactical Commander's tactical plan to ensure that it is achievable and proportionate;

➢ Ensuring staff within their area of responsibility are fully briefed and understand their role, responsibilities and limits;

➢ Updating the Tactical Commander on any changes including any variation in agreed tactics within their geographical or functional area of responsibility;

➢ Being suitably located in order to maintain effective operational command of their area of responsibility;

➢ Being available to those under their command Operational Commanders should, however, ensure that those carrying out tasks have sufficient independence to conduct their specific role in accordance with the strategy and tactical plan;

➢ Ensuring all operational decisions are documented in a command log to maintain a clear audit trail.

➢ To ensure the Tactical Commander is appraised of any developments at scene

➢ To carry out role of Chemical, Biological, Radiological and Nuclear (CBRN) Operational Commander as required

➢ To carry out role of Decontamination Officer as required

➢ To prepare full reports post event

➢ To represent SCAS at any subsequent de-briefs / enquiries

➢ To front any media interest as part of Operational response when requested to do so by the Strategic Commander

➢ The Operational Commander may also be deployed as an initial response to an emergency incident if they are the nearest resource or to support crews.

Competence / Training	➢ National Operational Command Training (JESIP) ➢ Trust Operational Command Training ➢ Business Continuity Management ➢ Media Training ➢ Mentorship ➢ Command Assessments & CPD portfolio ➢ Peer Reviews.
Exercise Attendance	➢ Attend a table-top exercise in a command function annually ➢ Attend a live exercise in a command function once every two years ➢ Attend two pre-planned events annually in a command role ➢ Attend high risk site specific familiarisation exercises to ensure demonstrable familiarity with the locations.

Operational Commanders will be assessed on a biannual basis using the performance criteria in the National Occupational Standards. This assessment will relicense the commander for 24 months. Only licensed commanders will undertake command roles.

CCC Commander Competencies

Grade	➢ Head of CCC ➢ Control Duty Manager ➢ CCC Shift Officer
Accountability	➢ To Assistant Director of Operations (CCC) during office hours ➢ Out of hours to the On Call Strategic Commander or when activated to a specific incident
Availability	➢ To be immediately available during the on-call period for telephone advice ➢ To be immediately available within the Trust operational area to respond to CCC s
General Deployment Criteria	➢ To respond to any CCC when directed by the Clinical Coordination Centre (CCC) shift officer and in line with this procedure and procedures for specific incidents
Core Role	➢ To support the Tactical Commander with CCC specifics in relation to an incident. ➢ To provide the CCC's with leadership and expert advice

Competence / Training	- CCC functions - National Command Training (JESIP) - Trust CCC Command Training - Business Continuity Management - Media Training - Mentorship - Command Assessments & CPD Portfolio - Peer Reviews
Exercise Attendance	- Attend a table-top exercise in a command function annually - Attend a live exercise in a command function once every two years

CCC Tactical Commanders will be assessed on a biannual basis using the performance criteria in the National Occupational Standards. This assessment will relicense the commander for 24 months. Only licensed commanders will undertake command roles.

Tactical Advisor and NILO Competencies

Grade	Resilience & Specialist Operations Managers
Accountability	- To Strategic Commander (When activated for a specific incident and when out of hours) - To Head of Resilience and Specialist Operations during office hours
Availability	- To be immediately available during the on-call period for telephone advice - To be immediately available to respond to incident scenes, command centres or CCC as required
General Deployment Criteria	- To respond to incidents when directed by the CCC and in line with this procedure and procedures for specific incidents to provide tactical advice and support for the management of the incident - To undertake the function of Strategic, Tactical or Operational Commander as required

Core Role	➢ To represent the Trust at scene or at the nominated multiagency Coordination Group ensuring the tactical provision of appropriate clinical care and the arrangements to ensure as far as is reasonable practical the Health, Safety and Welfare of Trust Personnel
	➢ To advise the Incident Commander in determining tactical or Strategic priorities
	➢ Assist with developing and coordinating the tactical plan in order to achieve the strategy set by the Strategic Commander within any tactical parameters set;
	➢ Assist with the testing the Strategic Commander's strategy to ensure that it is achievable and proportionate to the threat/risks faced;
	➢ Assessing the available information and intelligence to properly evaluate the threat, vulnerabilities and risks and provide advice;
	➢ Being suitably located in order to help maintain effective tactical command of the incident or operation;
	➢ Ensuring that all decisions are documented in the command log in order to provide a clear audit trail;
	➢ Providing the pivotal link in the command chain between Operational Commanders, Tactical Commander and the Strategic Commander;
	➢ Assist with reviewing and updating the tactical plan and ensuring that any changes made are communicated to the Operational Commanders and, where appropriate, the Strategic Commander;
	➢ Ensuring that, where appropriate, the strategy and tactics are properly briefed to all staff on the operation;
	➢ Ensuring that the tactics employed by Operational Commanders meet the strategic intention and tactical plan;
	➢ Considering the wider health community and implications of using certain tactics;
	➢ Assist with managing and coordinating, where required, multiagency resources and activities during the response to a health specific incident or operation;
	➢ Ensuring that any deployment is commensurate with the level of threat / risk faced;
	➢ Ensuring that a full debrief of the incident or operation takes place which contributes to organisational learning.
	➢ To ensure the Strategic Commander (if deployed) or on-call Gold at other times is appraised of the developing / ongoing incident

Competence / Training	- National Specialist Command Training. (MAGIC etc) - Tactical Advisor Specialist Training - National Interagency Liaison Officer training - Business Continuity Management - MTFA Ground Commander (National Training) - CBRN Command (National Training) - SORT Training - Media Training - Legal Training - Command Assessments & CPD Portfolio - Peer Reviews
Exercise Attendance	- Attend a table-top exercise in a command function annually - Attend a live exercise in a command function once every two years - Attend a pre-planned events as Tactical Commander annually - Attend high risk site specific familiarisation exercises to ensure demonstrable familiarity with the locations

Tactical Advisors will be assessed on a biannual basis using the performance criteria in the National Occupational Standards.

Ambulance Communications Advisor Competencies

Grade	
Accountability	- To Strategic or Tactical Commander (When activated for a specific incident and when out of hours) - To Head of ICT in hours
Availability	(First line)To be immediately available during the on-call period for telephone advice (Second line) To be immediately available to respond to incident scenes, command centres or CCC as required
General Deployment Criteria	To respond to incidents when requested by the CCC or Strategic/Tactical Commander to provide advice on Technical Communications and in line with this procedure and procedures for specific incidents and events to provide technical advice and support for the management of the incident

Core Role	➢ To represent the Trust at scene or at the nominated multiagency Coordination Group ensuring the provision of appropriate communications to ensure as far as is reasonable practical the Health, Safety and Welfare of Personnel and Patients ➢ To advise the Incident Commander in determining communication tactics to maintain the response ➢ Assist with developing and coordinating the communications plan in order to achieve the strategy set by the Strategic Commander within any tactical parameters set. ➢ Being suitably located in order to help maintain effective communications advice to the commander of the incident or operation; ➢ Ensuring that all decisions are documented in the command log in order to provide a clear audit trail; ➢ Assist with managing and coordinating, where required, multiagency communications resources and activities during the response to an incident or operation; ➢ Ensuring that a full debrief of the incident or operation takes place which contributes to organisational learning.
Competence / Training	➢ Operational Communications Advisor (Airwave) Course ➢ Command Assessments & CPD Portfolio ➢ Peer Reviews ➢ SFJCCAG5 ➢ SFJCCAC2
Exercise Attendance	➢ Attend a table-top exercise in a command function annually ➢ Attend a live exercise in a command function once every two years ➢ Attend a pre-planned events as Tactical Commander annually ➢ Attend high risk site specific familiarisation exercises to ensure demonstrable familiarity with the locations

7.   Command Protocols

A key part of effective command and control is the ability of the command team to adjust quickly to changing circumstances. One way of achieving this is through the development of command protocols.

A command protocol may contain formal arrangements that establish how the command team will react to changes; ensure the proportionate use of legal powers and how the deployment of specialist equipment will be managed.

A command protocol may also set out:

- Who is responsible for achieving each of the tasks allocated when contingency plans are activated;
- Who commands what resources and where;

- When and how resources will be transferred between one commander and another;
- Who commands each separate geographical area;
- Who is responsible for managing specific risks;
- Procedures for the transfer of command from one commander to another this includes how this is initiated, communicated and recorded;
- The relationship between the formal command structure and existing trust systems and processes;
- How each of the functions will operate during the planning, operational and post deployment stages of the incident or operation.

8.   Transfer of Command

In situations where the designated Strategic or Tactical Commander is not immediately available to take command, the transfer of command should take place as soon as is practicable once the commander has been briefed and is in a position to communicate with others. In spontaneous incidents, the quick transfer of command to the most appropriate person is particularly important as the nature of the incident becomes clearer. This can be done using the SRPR model shown below.

S = **S**ituation – What is happening?
R = **R**isks – What are the Risks and Hazards. Have they been shared with responders and other agencies
P = **P**riorities/Plan – What are the priorities and what is the Plan?
R = **R**esources – What resources do you have on scene and do you require more?

Any transfer of command should be documented in the command log and include the time and date of transfer. The new commander must ensure that the control room are aware of the change of commander.

9.   Command Support

Maintaining effective command and control, especially when faced with a complex and fastmoving situation, can present significant challenges to commanders. There is the potential for those in command to be overwhelmed if they are not sufficiently supported. Officers performing a command role should recognise that they will not be able to do everything all of the time. Commanders need support from both people and technology so that they can focus on their primary function of command.

Commanders should carefully consider the organisation and level of command support that will be needed, which will help to ensure that the level of support is commensurate with the expected demand. This may include:

- The nature and dynamics of an operation or situation;
- The size of an operation, the scale and type of resources that are likely to be deployed;
- The size and makeup of the command structure;

- The anticipated workload on individual commanders;
- The information and communication needs of individual commanders.

10. Clinical Coordination Centre

Most command support will come from the Trust's Clinical Coordination Centres (CCC). There may, however, be occasions when a specific incident or operation requires the establishment of a separate or unique control function to support the command team.

The Control Duty Manager or CCC Tactical Commander has an important role to play in the command structure and commanders should ensure that they and their staff are fully briefed during an incident or operation.

Prior to pre-planned operations, commanders should consider inviting control room staff to planning meetings. This ensures that everyone understands the role that they will play, while providing them with the opportunity to offer advice on control facilities, staff and equipment.

For larger operations and incidents or those that are dispersed over a wide area employing mobile forward control facilities in addition to a central control room may be required.

Any decision to deploy a mobile forward control facility should, however, be carefully considered to avoid:

- Confusion about who is controlling what resources and when;
- An added tier of process and communication that unduly delays distorts or disrupts the passage of information up and down the chain of command;
- A lack of capacity if there is a serious and significant change in the operation or incident that involves a substantial increase in demand.

11.   Decision Making Model to aid commanders (JDM)

Gather Information / Intelligence

Collecting information and intelligence is the first and most important stage of the Decision Making Model; it enables the threat assessment to be made, defines the strategy and tactical parameters and, ultimately, leads to a proportionate response to an incident or operation.

Assess Threat / Risk and develop a working strategy

A threat/risk assessment refers to the analysis of potential or actual harm to people or property, the probability of it occurring and the consequences or impact should it occur. It is a key function of command, based on information and intelligence, and will change over time. A risk/threat assessment, ultimately, forms the basis on which the proportionality of the ambulance / health response will be judged.

Risk Assessment should be carried out in the normal manner and although this policy does not prescribe a formal method for undertaking a threat Assessment, the following points should be considered.

A threat assessment:

- Should be based on information known at the time;
- May be supported by historic information from CCC or other services;
- Takes account of the nature of any threat anticipated and its proximity;
- Identifies to whom and under what circumstances the threat may occur;
- Describes any consequences or impacts;
- Takes account of the impact of change;
- The more accurate and specific the analysis, the greater the likelihood of being able to reduce or mitigate the threat

Consider Policy and Procedures

The response to an incident or operation should be proportionate and necessary. During the development of a strategy, therefore, commanders should consider the policies and procedures that may be available to help resolve the incident or operation.

Identify Options & Contingencies

Once a strategy has been set and the policy framework agreed in which to deliver the strategy, the development of tactical options can begin. The identification and consideration of tactical options will help to develop a tactical plan that contains the most suitable option or options to deliver the strategy.

This plan should be subject to regular review to ensure that it remains a proportionate response and achieves the strategic objectives. It should also provide a clear description of the chosen option and any contingency plans, and remain flexible enough to meet a change in circumstances or threat.

The development of tactical options will also help to identify the control measures necessary in order to return to a normality / business as usual.

The development of tactical options rests with the Tactical Commander and Tactical Advisor. Once tactics have been developed, they need to be tested against the strategy and any parameters set by the Strategic Commander to ensure that they are proportionate to the threat posed. Where a number of tactical options are identified, the Tactical Commander should decide on the most appropriate option, depending on their assessment of the situation at that time.

The Tactical Commander may wish to seek such advice as they consider necessary to make effective decisions.

The roles, responsibilities, and accountabilities of Tactical and Operational Commanders should be clearly set out and agreed. This will help to maintain an audit trail, which should record any decisions made along with the supporting rationale.

Throughout this process, a clear audit trail of decision making should be kept.

Take Actions and review what happened

When a course of action has been decided on, consideration should be given to directing resources toward the chosen action. An action may include deploying resources, activating a tactical option or briefing staff.

Commanders should also consider developing contingency or emergency plans.

It is essential that staff and other commanders are clear which tactical option they are required to carry out. Where the deployment of a particular tactical option is time critical, there should be, as far as is reasonably practicable, clearly agreed procedures for communicating any decision to defer, abort or initiate a specific tactic.

The review of actions should be 2 fold. A review post task which if completed can go on to the second face of post incident review or if the task has not been completed satisfactorily a review of the situation and retasking by following the cycle again.

Once the incident or operation has been concluded, a full debrief should be considered to identify opportunities for organisational and operational learning. Where partner agencies were involved in the response, they should be invited to participate in the debrief process. This is particularly important with larger or protracted incidents or operations where aspects of the command structure, tactics or equipment used can be reviewed for future learning.

The outcome of partner agency debriefs should be used by the Trust to develop future responses, as appropriate.

For incidents which do not meet the criteria of critical or major incident the Resilience Team will lead Peer Review debriefs to encourage personal and organisational learning.

12. Command Deployment

Office Hours

During office hours (0800 - 1800 hours) the CCC Manager will use this procedure and contact the nearest Commanders at the appropriate levels to respond to a given incident.

The general principles of grade and skill level must still apply.

However during the above period the nearest operational Commander from any level can be deployed as a management first response to an emergency incident, however they will always be backed up by the appropriate level of support.

Out of Hours

During the out of hour's period (1800 – 0800 hours), on-call Commanders will be utilised as per the on-call rota. This rota will be based on the home address of the commander and not necessarily their normal area of work. For example an Area Manager for Hampshire who lives in Oxfordshire would cover an area around their home address and not their normal place of work.

Where there are multiple resources on scene (greater than 5 including specialist resources like HART/HEMS) a Tactical commander should be mobilised to scene. This will allow the operational commander to manage operations while the Tactical level commander can provide additional support, links to other agencies, Media and Communications and any wider response. In the event of any high risk intervention (such as Water Rescue, Breathing Apparatus deployment or Safe Working at Height) a Qualified Tactical Commander (including NILO/Tactical Advisors) must be mobilised to the scene.

Appendix 1: Command License and CPD

In order to ensure that commanders remain up to date and competent to perform their role, each commander will be issued with a "Command Licence". This licence will be issued and remain current as long as the commander remains competent and has the appropriate command equipment issued to them. This will be shown by maintaining online CPD which will be audited and rated on a Red, Amber, Green basis. CPD will be Command specific and based on a mixture of competency based assessment, incident management, exercising, training and day to day management in a multiagency setting. These are renewable every two years and will be audited monthly.

Each piece of CPD will be allocated a number of points and will be weighted to maintain a rolling score. This score will need to be maintained between 75 and 100 over the continually rolling 2 years. Should the score drop between under 75 the commander will be required to bring it up above 75 within 6 weeks. Should the score drop below 50 then the commanders licence will be removed until additional training and exercising has been undertaken.

In the event that the commander is on the "on call" rota their rota position will have to be covered by other commanders. This may result in the loss of "On call" allowance (depending on the circumstance).

It is the responsibility of the Commander to continually maintain their competence.

Sample Command License ID Card.

Commander ID License

South Central Ambulance Service **NHS**
NHS Foundation Trust

Tactical Commander

Valid from:

This card is proof of Maintenancy of Competence.

First Name

LAST NAME

ID #

Signature

Command Authority:

This Command license remains valid from the date shown providing that the Licensee maintains the Continual professional development (CPD) as outlined in the South Central Ambulance Service Command Policy (OPP No 13). It may be revoked at anytime and is issued with the authority of the Chief Executive Officer of the Trust.

Signed:

Chief Executive Officer

If found this card should be returned to the Resilience depatment, South Central Ambulance Service NHS Foundation Trust, Talisman Business Park, Bicester OX26 6HR or Tel: 01962 898120

Appendix 2: Command Rota

OPERATIONAL

The Operational Command role will be undertaken 24/7hrs with the utilisation of Operational Team Leaders. Any other appropriately trained Operational Officer can also be deployed to undertake this role as and when required. All Operational commanders will be required to maintain appropriate CPD. Any commander that does not maintain their CPD or assessments will not be permitted to operate as a commander.

TACTICAL

It is recognised that during office hours the nearest appropriately trained Tactical Commander should be mobilised to any incident that requires this level of command. For the purposes of this policy Office hours will be classed as 0800hrs to 1800hrs. This may include competent commanders that do not usually form part of the rota.

Out of Hours there will be a single rota for **Tactical Commanders** across SCAS. This rota will ensure there is sufficient geographical cover and be based on commanders responding from their home address and not necessarily the area that they normally work. All Tactical commanders will be required to maintain appropriate CPD. Any commander that does not maintain their CPD or assessments will not be permitted to operate as a commander and if necessary removed from the rota.

The Out of Hours command rota will be set with the following criteria:

- All commanders on the rota must undergo the appropriate training and competency based assessment on an annual basis.
- Commanders should not be on another shift (Clinical cover) when they are rota'd on the command rota.
- Commanders must be able to facilitate movements of their diary if they have been deployed for a significant period overnight
- The rota will be put in place to ensure a minimum of 4 Tactical commanders on call at any time out of hours
- There will be a maximum of 20 commanders on the rota.
- All Area Managers and Clinical Operations Managers will be expected to participate in the rota and will be competency assessed.
- Other Managers on the On Call rota will undergo the same competency assessment must maintain appropriate CPD.
- Managers new to the role will be supported and mentored through the assessment process and transition on to the rota.

STRATEGIC

A Single trust wide Strategic Command rota (MI GOLD) is in place 24/7. This rota will be covered by appropriately trained Strategic Managers. All Strategic commanders will be required to maintain appropriate CPD. Any commander that does not maintain

their CPD or assessments will not be permitted to operate as a commander and if necessary removed from the rota.

Managers Eligible for Event Command Cover

Clinical managers other than those on Tactical On-Call rota are also eligible to act as a Commander at an event as long as they are accredited and have completed the same annual competency assessment. In the event of sickness or annual leave these managers may also be asked to backfill the Tactical Command rota if required. All Tactical commanders will be required to maintain appropriate CPD. Any commander that does not maintain their CPD or assessments will not be permitted to operate as a commander and if necessary removed from a command role.

Equipment that Tactical and Operational commanders should have available to them when on duty.

- Tabard set including badges
- Command Valise
- Log book Pack
- Appropriate stationary
- Airwave Radio
- Mobile Phone
- Spare Radio Battery and Phone charger

This equipment will be checked at command assessments.

South Central Ambulance Service Tabard Identification

South Central Ambulance Service (SCAS) use a tabard system to identify roles of ambulance staff and officers at incidents. This system of tabards is used throughout the counties of Berkshire, Hampshire, Oxfordshire and Buckinghamshire.

	Ambulance Incident Commander (AIC) National Ambulance Tabard This tabard will be worn by the Ambulance Incident Commander at an incident. The AIC has the responsibility for all tactics and resources used by the Ambulance Service. The post holder may change during an incident.
	Operational Commander & Other Functional Roles National Ambulance Tabard This tabard is used by the Ambulance Operational Commander and any other functional roles not individually listed. The Operational Commander will have the role "Operations Commander" identified on the front and back of the tabard. The role identification for the functional roles e.g. "HART Team Leader", "Triage", "Casualty Clearing" is secured to the front and back of the tabard by velcro.

	Ambulance Tactical Advisor or Inter-agency Liaison Officer (ILO) National Ambulance Tabard This tabard will be worn by a SCAS Tactical Advisor or an Ambulance ILO. The Ambulance ILO is a trained and qualified officer who can advise and support Commanders, Police, medical, Fire, military and government agencies on the operational capacity and capability of the Ambulance Service.
	Ambulance Medical Advisor National Ambulance Tabard This tabard will be worn by a Doctor who is the Ambulance Medical Advisor.

	Airwave Tactical Advisor National Ambulance Tabard This tabard will be worn by an ambulance officer who has been trained to undertake the role of Airwave Tactical Advisor. The role holder will have knowledge to provide reliable and consistent advice regarding the use of Airwave at the time of planning events, and when there are communication issues during ongoing incidents.
	Decontamination Officer National Ambulance Tabard This tabard will be worn by an ambulance officer with the responsibility of commanding an Ambulance Decontamination facility.
	Ambulance Safety Officer National Ambulance Tabard This tabard will be worn by an ambulance officer with specific responsibility for the safety of ambulance personnel at the scene of an incident.

	Ambulance Loggist National Ambulance Tabard The tabard should be worn by any staff designated as a loggist.
	Ambulance Entry Control Officer National Ambulance Tabard This tabard will be worn by an ambulance officer who ensures that all NHS resources are logged in and out of an incident through an agreed Entry Control Point. The wearer of this tabard should not be given any other role or distracted from their intended role due to safety reasons.
	Ambulance Support National Ambulance Tabard This tabard will be worn by any member of the ambulance service who has been placed in a support role.

Equality Impact Assessment Form: Section One – Screening

A full Equality Impact Assessment has been carried out on this policy and is available on request to the public and internally via our [Staff Intranet.](#)

Equality Impact Assessment Form: Section Two – Full Assessment

A full Equality Impact Assessment has been carried out on this policy and is available on request to the public and internally via our [Staff Intranet.](#)