

Responding to Terrorist Incidents

Developing Effective Command and Control

SUPPLEMENTARY GUIDANCE – FIRST AID

The role of Security Control Rooms during a terrorist attack

Edition 3, March 2023



National Protective
Security Authority

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National Protective
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NATIONAL
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This document has been developed in collaboration with the Home Office and National Counter Terrorism Security Office (NaCTSO).

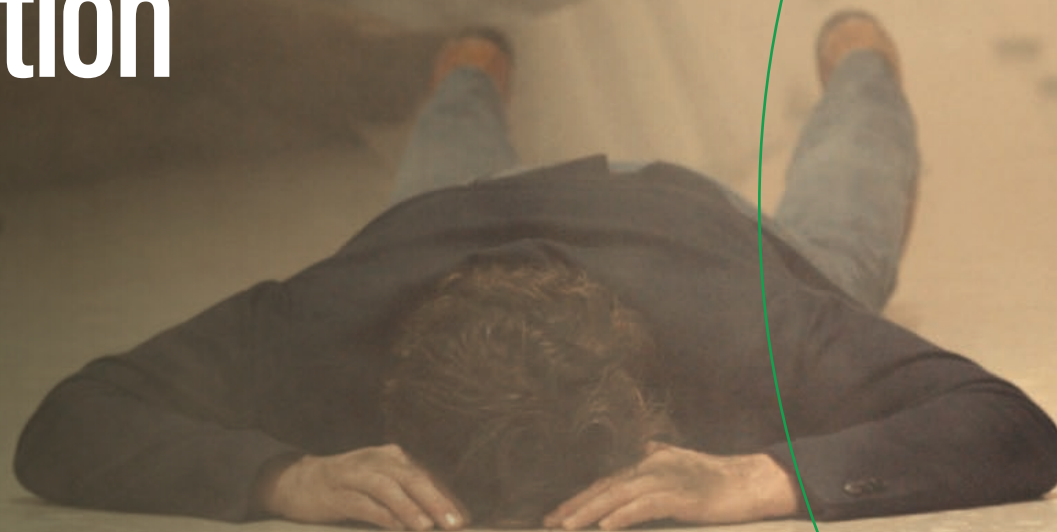


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1. Introduction



1. Introduction

First aid will help save the lives of those who have received life threatening injuries. As the attack ends and before the emergency services arrive, there is a period during which the actions of the SCR can have a considerable impact.

Introduction

This document provides guidance on how the delivery of effective command and control during a terrorist attack can save lives through the identification and treatment of those who have received life threatening injuries.

It is intended:

- For Security Control Rooms (SCR) who do not have a trained medical professionals located in the SCR who can co-ordinate the first aid response.
- To provide guidance on the provision of first aid to casualties before the arrival of the emergency services.

It does not cover the specifics of what or how first aid should be provided to casualties. There is a critical dependency on these elements, and readers can find further information about the treatment of casualties and the equipment available to support their treatment at:



Accredited First Aid training and suppliers of first aid products.
<https://www.sja.org.uk/>



Free information on how to stay safe and treat casualties before the 999 services arrive.
Suppliers of first aid products.
www.citizenaid.org

For more information, look at: <https://www.gov.uk/government/publications/counter-terror-first-aid-awareness>

Terrorist attacks are intended to cause violence towards people and are likely to cause fatalities and severe injuries. A very common issue is major bleeding. Attacks may involve using Improvised Explosive Devices (IEDs), firearms, bladed weapons or vehicle as a weapon attacks.

Research into serious injuries shows that the quicker casualties are treated, the greater their likelihood of survival.

The Manchester Arena Inquiry highlighted the importance of filling the 'Care Gap'. The Care Gap for a mass casualty event is the period of time between a person receiving a life threatening injury and paramedics or other healthcare professionals arriving at the scene and commencing treatment. There are two key factors: first, how is the Care Gap made as short as possible and secondly, how can those present at the scene, before the experts arrive, provide vital life-saving interventions? To help plug the gap, consideration should be given to:

- The first aid training and equipment that should be provided to treat the injuries that are most likely to occur.
- How can more people be empowered to deliver first aid?
- Understanding the crucial role that the Security Control Room can play in the mobilisation and support to those providing first aid.

1. Introduction

This guidance provides information that will help save the lives of those who have received life threatening injuries. It is intended for National Infrastructure (NI) sites and crowded places with an SCR or event control room. It is a technical supplement to the National Protective Security Authority (NPSA) guidance 'Responding to Terrorist Incidents – Developing Effective Command and Control' (<https://www.npsa.gov.uk/incident-management>), which details the actions that the SCR should take in responding to a terrorist incident. This guidance does not cover dealing with chemical attacks. For further information see <https://www.npsa.gov.uk/security-campaigns/recognise-assess-react-rar-chemical-biological-and-radiological-cbr-incidents>

It sets out:

- The additional planning that organisations should complete to prepare for an attack.
- The actions that SCR operators can take in the immediate aftermath of an attack.



1. Introduction

It is critical to provide an expert medical intervention as quickly as possible. In the absence of such a response being immediately available first aid should be provided as soon as it is safe. Where multiple casualties have been caused, attention should be focused on providing first aid to the most seriously injured. This will include those who:

- Have major bleeding, such as a severed limb, open wound or substantial blood loss.
- Are unresponsive with absent or abnormal breathing.

First aid should only be provided when a decision has been made that the immediate threat from the attack has diminished and it has been assessed that the scene is safe to enter. This decision may be taken by those who are on the ground and in a position to assess the situation they are faced with or by the SCR who may have greater situational awareness. The SCR should establish that there is no immediate risk from the attackers and there are no significant risks created as a result of the attack on buildings or other infrastructure before encouraging and directing others to deliver or support the delivery of first aid.

As the attack ends and before the emergency services can provide a significant response, there is likely to be a period during which the actions of the SCR can have a considerable impact as:

- Gathering information about the number, nature and location of casualties and passing it to the emergency services will enable them to rapidly mobilise.
- Deploying people to give first aid, to the right location, with the right equipment will save lives.



2.

What happens at the scene - considerations for an SCR?



2. What happens at the scene - considerations for an SCR?

For those working in an SCR, it is important to be aware of behaviours that are common during or immediately following a terrorist attack, as anticipating these will help in management of the situation. It is difficult to predict the impact of a terrorist incident on the people involved. The stress reaction to an attack may result in an unexpected response from even highly trained individuals. This response is natural.

- People who have been trained to respond to incidents may freeze or leave the scene, while those with no formal training or experience may get involved and provide direct assistance to victims.
- Others who are told to evacuate the area may enter the scene to assist with little understanding of the risks they may face.
- Others may run from the scene, leaving their property abandoned at the scene.
- The injured, including sometimes those with life threatening injuries, may hide; they may instinctively try to move from the immediate scene of an attack to find a safe refuge.
- Friends and family will try to rescue victims.
- People who may leave the scene may congregate, on mass, in areas they feel they are safe (e.g. adjacent to a building that has just been attacked). They may want to regroup with friends or family as they may have become separated.

An attack in the 'grey space' may exacerbate these issues due to the potential for multiple organisations to be involved or a large area with unrestricted access. Therefore, joint planning will be necessary to understand how sites can work together to support each other if an attack occurs in this area.



3. The role of the SCR



3. The role of the SCR

The SCR has a vital role in the response to a terrorist incident. Detailed guidance is provided in the NPSA guidance 'Marauding Terrorist Attacks Supplementary Guidance - Are you ready? Testing and Exercising.' Throughout an attack, SCR operators can influence the actions of those working and visiting their sites. Their actions can have a positive impact on the likelihood of casualties surviving their injuries. In addition, taking action and tasking others is likely to result in more positive outcomes for the injured.

Tasks will already have been triggered as part of the SCR's response to the incident. Therefore, the tasks detailed below should be considered a continuation of what is already happening rather than standalone activity.

The SCR must deal with the terrorist's locations and updating the police first and foremost. If and only once that element of the attack subsides can they focus on delivering first aid and getting assistance to the casualties.

This guidance is focused on the period of time after the initial attack phase has finished and before the emergency services have arrived at the scene and are able to assist the injured. The guidance relies on first aiders having the basic level of training already described. It should be to a level that allows for casualties to be prioritised and treated. Although NPSA do not recommend deploying SCR operators to provide first aid, it does recommend that the operators are first aid trained.



3. The role of the SCR

This time will be a critical period for treating serious casualties. During this time, the SCR should consider how they can complete the tasks that will increase the chances of casualties surviving their injuries. If possible, all these tasks should be conducted simultaneously and continually reviewed, in line with the decision making model at figure 1. If this is not possible, it is recommended that they are completed in the order detailed in figure 2: SCR First Aid Tasks below.



Figure 1: Decision Making Model

The SCR is likely to be located in a safe location away from the immediate scene of the attack. They may be able to rapidly develop an overview of what has taken place and gather information from sources. Including:

- Site CCTV system.
- Radio messages from security officers.
- Calls into the SCR.
- Fire detection systems.

They are likely to be in the best place to:

- Gather information and assess the threat.
- Inform the emergency services.
- Secure the area and direct security and other available resources.
- Support the assessment, triage and treatment of the injured.

The SCR must be cognisant of the critical capability they deliver in coordinating the response to any attack. They should not be tempted to deploy operators out of the SCR unless they are confident they can continue to provide the full functions at a time of crisis without them.

Once the police arrive they may direct people to leave the area. The SCR should assist them in evacuating the scene and should not do anything that would hinder their response.

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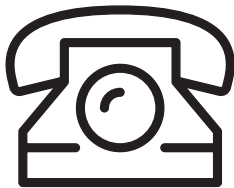
DELIVERY OF FIRST AID AFTER TERRORIST ATTACKS

IMMEDIATE ACTIONS FOR CONSIDERATION *ACTING FAST WILL SAVE LIVES*



ASSESS

THE THREAT AND HAZARDS. IS THE SCENE/SITE SAFE TO ENTER?



999

TELL

EMERGENCY SERVICES LOCATION, NUMBER AND NATURE OF CASUALTIES.



SECURE THE AREA

IF THE THREAT IS OUTSIDE OR TO PREVENT LARGE NUMBERS EVACUATING THROUGH A SCENE WHERE THERE ARE MASS AND SEVERE CASUALTIES.



First aid

1. MOBILISE FIRST AIDERS

2. DEPLOY FIRST AID KITS

3. SEARCH FOR SERIOUS CASUALTIES

4. IDENTIFY SAFE ROUTES

5. DIRECT THOSE WITH MINOR INJURIES TO MOVE

3. The role of the SCR

Once the police arrive they may direct people to leave the area. The SCR should assist them in evacuating the scene and should not do anything that would hinder their response.

Assess the threat

The SCR must assess the threat to the site before they deploy people to deliver first aid. The SCR should continuously monitor the threats they are already aware of and identify new threats.

The primary threat will come from the initial attack. This may involve the attackers either not leaving the scene or returning after a short while. Therefore, it is essential to try to keep track of the location of the attackers.

It will only be when the primary threat has gone that it will be safe to enter the scene of the attack.

For example:

- Attackers carrying weapons have left the building.
- Attacker(s) have been incapacitated.

You should not enter the scene of the attack if a primary threat remains

For example:

- An attacker with a weapon has paused the attack / stopped attacking victims but still has a weapon.
- Not all attackers have been accounted for.
- An incapacitated attacker is carrying an IED/suicide vest that has not functioned.



3. The role of the SCR

Secondary threats and additional hazards may be hard to identify and will require a broader assessment of risk. The attackers may have:

- Left a secondary device to target those responding to the incident.
- Caused a fire to start at the scene, where the fire and/or smoke could pose a serious hazard or could impede the recovery of casualties.
- Caused severe damage to buildings or other infrastructure (e.g. falling glass or other debris, partial building collapse etc), which may have made it dangerous for others to enter the site.
- Caused a mass movement of people as they try to flee from the attack. This may result in crowd crush injuries.

The SCR must assess the risk to those involved in treating casualties. The situation should be continually monitored, ensuring that the attackers are not returning and that the site remains safe.

Regardless of the risk they face, people may decide to enter the scene to provide first aid. If this happens, the SCR should provide them with as much information as possible about what is going on. This can be done by using the available communications methods, that may include radio messages, Public Address and Voice Alarm (PAVA) announcements or other local systems. It is important to have control of the fire alarm and PAVA systems as alarms or sirens that are not serving a useful function at that time may hinder the ability to communicate. People can then make their own decisions as to whether it is safe to continue with what they are doing.



3. The role of the SCR

Inform the emergency services

The response from the emergency services will be critical to the rescue of casualties. They will depend on detailed information about the situation being passed to them from the SCR.

- Police officers - their primary task will be to deal with attackers before administering first aid. They may, however, leave first aid equipment with people who are injured.
- Ambulance crews – will attend the scene, and their initial action will be to triage the injuries of all those they can identify. They will then start to treat and remove to hospital those they consider to be most in need of urgent treatment.
- Firefighters – their primary responsibility during major incidents is saving life and the rescue of people. They will deal with any casualties that become trapped and assist in the evacuation of casualties.

The SCR will already have made contact with the emergency services. The focus of the initial engagement will be on stopping the attack. However, the focus of that activity will now change to the identification and treatment of any casualties.

If contact is in place with the police, the SCR should assume that they will take responsibility for transferring all information about casualties to the other emergency services. Making a separate call is likely to waste valuable time and resources.

The ambulance service will require a high-level assessment of:

- The number of people injured
- Their location
- The nature of their injuries.



3. The role of the SCR

Once the attackers have left the scene, it will be reassuring to both casualties and first aiders to know that the ambulance service are on the way. Announcements should be limited to saying that the emergency services have been called, rather than providing more detailed information.

The emergency services will have responsibility for providing information on the identification of casualties and the details of which hospitals they are being taken to, friends and family and the media.

Secure the area

As part of the immediate response to an attack, the SCR may have decided to lockdown the site. The intention of this action is to either:

- Keep attackers out of the site and to keep those within safe or
- To prevent large numbers evacuating through a scene where there are mass and severe casualties.

However, as soon as the attack has passed, consideration needs to be given to the benefit of maintaining lockdown.

If people inside the locked down site have been injured during the attack, it may be essential to allow others to enter the site to provide them with first aid. Alternatively, people inside the site may be able to collect first aid equipment and treat casualties in surrounding areas.



3. The role of the SCR

If a site has been attacked and remains insecure after the attack has finished, it may be beneficial to leave it insecure. This will enable first aiders and other rescuers to enter the site as quickly as possible. Only if a further immediate threat has been identified should the site be locked down. However, it will be essential to keep people out of the scene of an attack unless they are delivering a beneficial task. This may be done by making announcements or using other messaging systems to tell people to keep the area clear.

Securing the scene of an attack should be left to the police.

Support the identification of the location, assessment, triage and treatment of the injured

Once the above initial steps have been taken consideration should be given as to other tasks that can be completed. These steps should include the following:

Mobilise first aid trained personnel

Use available messaging systems to ask for first aid trained personnel to assist, directing them to the location of the casualties. These may be staff, visitors or passers-by, such as doctors and other medical staff

Contact co-located and neighbouring sites that are close and ask for their assistance.

Deploy first aid equipment to the location of casualties

Request that staff and others move first aid equipment to the casualties. The SCR should have a record of where all first aid equipment, including defibrillators and specialist equipment for use on trauma injuries, is located.



3. The role of the SCR

Search the site for the seriously injured

Deploy security guards and others to search for casualties with life threatening injuries. Make PAVA announcements and use other messaging systems to ask staff to contact the SCR if they have seriously injured casualties with them. Casualties may have tried to move away in an attempt to hide from the attackers.

Use the CCTV to search the site for casualties. The SCR should use the CCTV system to search camera by camera for casualties and others that may have hidden during the attack. This should include searching for trails of blood left as those with serious injuries as they try to hide.

Mark on site plans the location of each casualty as they are reported. Ensure this information is then passed to the emergency services.

Establish the viability of using routes in and out of the site.

Gather information on how access routes that can be used by the emergency services to move casualties may have been compromised by the attack. Pass this information to the emergency services.

Consider how minor casualties can be moved

Direct those with minor injuries to a place of safety or to leave the area, this will help clear the scene of the attack and create room for those treating casualties with serious injuries.



3. The role of the SCR

Who else can be mobilised to help?

In the immediate aftermath of an attack, critical decisions need to be made that will help determine the outcome. The SCR will be able to support people make decisions that will help casualties. These will be made by:

Security Officers deployed within the site. May be able to deploy to the scene to:

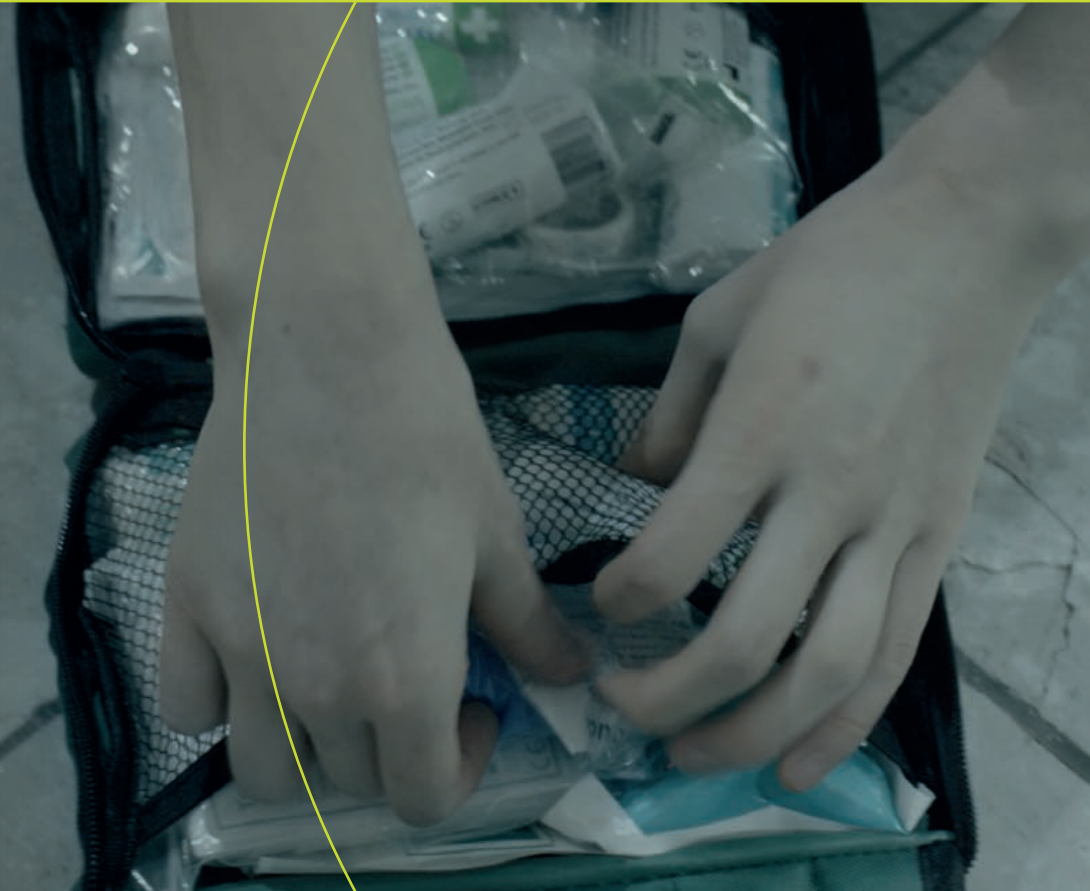
- Assess the situation
- Secure the area to:
 - Keep attackers out of the site and to keep those within safe or
 - To prevent large numbers evacuating through a scene where there are mass and severe casualties.
- Search for the injured
- Deliver first aid to the injured
- Take first aid equipment to the scene
- Assist with the evacuation of casualties.

People working at the site. These people will decide to either get directly involved in delivering first aid and supporting the victims or evacuating the scene. They may know where first aid equipment is located and be able to take it to the casualties. They are also likely to know the safe routes out of the site to facilitate the evacuation of casualties.

Members of the public. Either visiting or passing by the site. They may decide to enter the scene of the incident and place themselves at risk. They are unlikely to know where first aid equipment is stored but will be willing to get involved to assist those most in need. The level of skill they can provide will vary considerably, ranging from highly trained doctors and paramedics to those with no first aid training at all.

Surrounding sites. Those working in neighbouring sites may quickly become aware of the attack but be less affected by the incident. They may have resources trained, equipped and able to respond to the incident.

4. Plan, train and test and exercise



4. Plan, train and test and exercise

Consideration should now be given to the planning, training and testing and exercising that can be completed in advance of an attack. Sites will improve the response to any incident if consideration has been given as to what could occur and a plan has been developed to enable the response. This should include consideration as to the nature and number of injuries that could be caused if the threats identified as being of greatest risk were delivered, and the first aid response to them. Planning should include reviewing the site First Aid Needs Assessment to decide:

- If additional specialist, first aid trauma treatment equipment should be purchased. These could include:
 - Public Access Trauma (PACT) First Aid Kits.
 - Automated External Defibrillators (AEDs).
- The locations where equipment should be stored.
- If additional staff training is required to:
 - Use the new equipment.
 - Enable them to deliver first aid.
 - Provide them with the details of the plan.
- Which messaging systems are likely to be most effective to deliver messages during this phase of the attack?
- How can the control room collect information regarding the location of casualties?
- How can the control room support the evacuation of casualties by identifying casualty clearing areas and safe routes to them?



4. Plan, train and test and exercise

Once this work is complete, the plan should be tested and exercised. This should initially be undertaken internally and then include the emergency services. An example of a scenario is supplied in annex A. The plan should then be revised in response to the learning that took place.

Once complete and after any changes have been made, the plan should be shared with the emergency services.

Once the plan is in place, checks should be made on a regular basis to ensure that the security teams and others on duty have the relevant first aid skills, numbers, and training and that the necessary equipment remains available to support the delivery of first aid.



5. Annex A



5. Annex A

It is essential to use testing and exercising to ensure that the SCR operators are prepared for a range of different types of terrorist attacks. Detailed guidance on Testing and Exercising is available in the NPSA guidance titled 'Marauding Terrorist Attacks Supplementary Guidance - Are you ready? Testing and Exercising.' The site security risk assessment should be used to identify the most reasonably foreseeable attack scenarios.

The following information sets out a scenario that could be used to test the SCR's response to an attack and how they consider the delivery of first aid.

This scenario is not based on a specific type of site and is intended to allow it to be readily adapted to meet the needs of any site.

The scenario:

The site has an SCR with a supervisor and two SCR operators. There are also three security officers patrolling the site. In addition, the site has CCTV and a PAVA system that covers all the major entry points to the site and thoroughfares and stairwells through the site.



5. Annex A

Inject 1

An IED is placed into a busy area at the entrance to the site. A blast occurs before the IED is spotted, and the area can be evacuated. Multiple casualties can be seen on the CCTV, and there appear to be several fatalities.

- What are the immediate actions of the SCR?
- What factors should the SCR consider when assessing the scene concerning the provision of first aid?
- What information will the emergency services require about casualties?
- What considerations should be made about securing the site?

Inject 2

It becomes apparent that the emergency services are still a few minutes away.

- What actions can the SCR take to support the treatment of casualties?
- Who else could assist the site security officers in delivering first aid and finding first aid equipment?
- What information should the SCR have available to them about the first aid equipment at the site?

