

PROCEDURAL NOTE FOR INFORMATION SHARING BETWEEN THE HEALTH PROTECTION AGENCY AND THE LONDON LOCAL AUTHORITIES FOR ENVIRONMENT RELATED INCIDENTS INVOLVING HEALTH PROTECTION ISSUES

Aim: Nothing in this document is contractual or forms a legally binding obligation. It is a working document to facilitate joint working between the London Health Protection Units and London Local Authorities. It may be of use to circulate this document to all Health Protection Unit, Local Authority Emergency Planning and Environmental Health personnel.

1. Introduction

- 1.1. This local agreement is between the Health Protection Agency (HPA) and the London Local Authorities (LA). As first responders under the Civil Contingencies Act of 2004 both the HPA and the LA have a statutory duty to improve collaborative working and strengthen communication pathways. The aim of this agreement is an attempt to address gaps in the communication systems between HPA and the LA's, and supplement the already well established reporting and communication systems used by the emergency services.
- 1.2. This document aims to support the Chemical Hazards and Poisons Division, London's (CHaPD, London) development of their Chemical Incident Early Alerting System for London in conjunction with the Non-Infectious Environmental Hazards group (see appendix A). This notification process should not replace, but aims to strengthen and complement, existing response mechanisms and local emergency plans. Currently, this agreement applies only to incidents occurring in (or very close to) any of the 33 London Boroughs.
- 1.3. Its purpose is to assist the local arrangements under which the LA and HPU will share information on incidents involving health protection issues (Section 2 sets out the general criteria for incidents that should be reported). The primary reason for implementation of this notification process is to improve the public health response to chemical incidents. As a secondary function of the system, information gathered will be used for surveillance purposes. This agreement is not intended to replace or preempt local agreements.
- 1.4. This agreement does not replace pre-existing protocol for major incidents. In the event of a major incident, procedures detailed in the local emergency plans should be adhered to. This agreement should be utilised following the occurrence of incidents that are not declared major, but have the potential to have an effect on public health, this is further defined in section 2.

2. Guidelines to the occasions when the local Health Protection Unit (HPU) should be informed of incidents

It is not possible to provide definitive guidelines for all occasions when incidents may have potential implications on public health and so therefore should be reported to the local HPU. At times there may be incidents that do not fall into any precise category and if any doubt exists as to whether an incident may have public health implications, the HPU should always be contacted. Incidents featured in the table 1 are based on past events that occurred in London.

Table 1: Examples of incidents that should be reported to HPU

Criteria	Incidents to be reported to HPU	Example incidents	Public Health Implications for HPU and LA
FIRE	Large fires (6+ pumps)	Large fire at an industrial estate. Fire required attendance of 20 fire appliances and approximately 120 fire fighters. Plastics were likely to be involved in the fire as the company produced video tapes and CDs. Train services in the vicinity of the plume were suspended due to the smoke plume produced by the fire.	<ul style="list-style-type: none"> • Fire smoke involves a mixture of chemicals which originate from the decomposition and combustion products of fires. Including asphyxiants (carbon monoxide), irritants (hydrogen chloride), unusual organic products (dioxins) and particulates. . • Mortality rate following smoke inhalation is between 45-78% with most deaths occurring before the patient reaches hospital, usually as a result of carbon monoxide and/or cyanide poisoning. • Fires may also involve the release of other chemicals causing respiratory damage unrelated to the smoke. • Asbestos involvement • Health Protection Unit and Environmental Health Officer attended silver meeting.
	Fires involving "obnoxious" substances e.g. chemicals, asbestos, tyres, waste sites		
	Fires resulting in the evacuation of large buildings e.g. high-rises		
	Generally speaking, not domestic house fires unless any of the above criteria are met.		
CHEMICAL SPILLAGES/RELEASES	Chemical spills/releases in public or commercial areas or buildings (particularly hospitals)	<p>Release of CS gas at sixth form college, 6 students experiencing symptoms taken to A&E.</p> <p>Chemical spillage on bus, passengers experiencing signs and symptoms. Liquid identified as graffiti cleaner (acetic acid).</p>	<ul style="list-style-type: none"> • These types of incidents may lead to evacuation, public health can help co-ordinate response between the scene and local authority to ensure that any relevant medical support can be provided. • Ensure identification of susceptible people in locality: such as those on renal dialysis or with significant respiratory problems. • Organise follow up if necessary for people exposed • Access to expert toxicological information to safeguard public, first responders and the NHS • Provide appropriate

			<p>decontamination advice</p> <ul style="list-style-type: none"> • Can help to ensure that emergency responders wear the correct PPE • Encourages consideration of correct disposal of the chemicals • Prepare local NHS for potential casualties
WATER CONTAMINATION	<p>Incidents involving contamination of water by chemicals, fuel, sewage etc</p>	<p>Hydrocarbon contamination of water supply of a 21 storey block of residential flats. All residents on floors 5 and above received bottled water for 8 days.</p>	<ul style="list-style-type: none"> • Advice on provision of “do’s and don’ts” for residents with regards to use of the contaminated water. • Local A&E departments, GPs and Walk In Centres can be notified about incidents and advised to be aware that residents could potentially present with symptoms as a result of the water contamination. • Identification of any vulnerable patients who may require additional aid, for example the elderly or those in need of medical care. • Incident team set up involving Local Authority and Health Protection Unit.
	<p>All reported contamination in bodies of water used for leisure activities and incidents involving substantial contamination of bodies of water where there is no known leisure use i.e. ditches, streams</p>		
INCIDENTS INVOLVING ASBESTOS	<p>Fires involving asbestos</p>	<p>Report from member of the public that old properties are being renovated involving the removal of asbestos panels. Residents were not warned that the properties contained asbestos. Query regarded appropriate removal, temporary storage and disposal of the asbestos containing material</p>	<ul style="list-style-type: none"> • Potential risk to nearby residents if material is not appropriately stored/disposed of. • Ensure that appropriate removal and, if necessary, clean up procedures are implemented.
	<p>Fly tipping of asbestos containing material</p>		
DOMESTIC HEATING OIL SPILLS/FUEL SPILLS	<p>Spills of domestic fuel if greater than 200 litres.</p> <p>Incidents that affect drinking water supply.</p>	<p>Residents noticed a petroleum taste in the drinking water. This was a result of a petrol leak from faulty car tank a couple of months previous to this. Testing confirmed the water was contaminated with hydrocarbons, thought to be due to penetration of the</p>	<p>Fuel spills have the potential to affect drinking water supplies and may also initiate a contaminated land investigation.</p>

		plastic pipes by the spilt fuel. Residents were provided with drinking water whilst pipes were replaced.	
INCIDENTS INVOLVING HAZARDOUS FLYTIPPED MATERIALS	Flytipping of material containing asbestos, chemical drums etc.	Container fly-tipped in woodland area, it was believed to contain sulphonic acid. One member of the public taken to hospital complaining of headaches and dizziness	<ul style="list-style-type: none"> • Potential risk to public who may use areas for recreational purposes ie dog walking. • If substance could potentially have an adverse effect on health, ensure that appropriate security and cordons are implemented at the scene. • Ensure that area is cleared up properly and fly-tipped substances are disposed of appropriately.
FLOODING	If 2 or more premises are flooded in an urban area	Major mains pipe burst led to the flooding of 20 homes.	<ul style="list-style-type: none"> • Flood water may potentially contain chemical components dependant on the area that floods and the area through which flood water passes. • During recovery phase of flooding incidents generators are often used to dry out homes. If not used in an appropriately ventilated area some models of generator may produce carbon monoxide. Important to pre-warn residents of these potential dangers.
	If the flood water is contaminated by chemicals, sewage, etc		
WHITE POWDER INCIDENTS	Any white powder incident with the potential to have adverse implications for public health	White powder found at Royal Mail sorting office. Material identified and incident believed to be malicious, however no persons exposed.	<ul style="list-style-type: none"> • White powders have included toxic substances such as sodium cyanide, naphthalene and ricin. • Adverse health effects have occurred from chilli powder, curry powder, cement dust and wall paper paste. • Some releases have a longer latency and medical symptoms are not immediately revealed e.g. New York anthrax release 2001. • White powders generate fear and confusion

As stated above this table provides only a guide for incidents that should be reported. Any incident where there is the potential to cause harm or distress to health should be reported at the discretion of the individual agencies.

3. Local working arrangement

For MAJOR INCIDENTS procedure outlined in current emergency plans should be followed.

For all other incidents which are not declared major, but meet one or more of the criteria summarised in section 2, the notification outlined below should be used (see appendix B for notification pathways).

- 3.1. Communication will utilise existing communication pathways between LA and corresponding HPU (see appendix C for HPU coverage and contact details).
- 3.2. If an incident requires no immediate action and notification is for information only, it is suggested that details are shared by e-mail with the HPU.
- 3.3. Depending on local arrangements and incident circumstances a nominated LA officer will be the point of contact, this will usually be an Emergency Planning Officer (EPO) or Environmental Health Officer.
- 3.4. If contact with the local HPU cannot be successfully established the on call Health Emergency Planning Adviser (HEPA) can be contacted:

Phone: 07623541132 (24 hours)

- 3.5. For all incidents that meet the general criteria in section 2 the LA (EPO or EHO) should provide the HPU with the initial details about the incident, to include:

- Location of incident (postcode/grid reference if available)
- Nature of incident (ie fire, spill etc)
- Time that incident occurred
- If incident involves chemical,
 - has it been identified
 - quantity involved in incident
 - concentration
- Have any adverse health effects been reported?
 - describe effects
 - numbers of casualties
 - numbers of people exposed
 - numbers of people potentially exposed
- Which emergency responders/organisations are at the incident scene or have been notified (ie Ambulance, Fire, Environment Agency, Utilities)

NB: Further useful information may be found in Dealing with toxic, hazardous waste and chemical incidents – ALEHM guidance.

4. Review

4.1 CHaPD, London will provide a monthly summary of all chemical incidents reported by LAs and other organisations participating in the Chemical Incident Early Alerting System. This will be disseminated to all participating LAs.

4.2 The notification process will be reviewed annually or sooner if necessary.

4.3 The annual review process will be used as a basis to design joint training events, to share best practice and to improve and enhance strategies to improve understanding of roles and responsibilities of the LA's and HPA.

Agreed by:

..... On behalf of Local Authority

Date:

Health Protection Unit Director

Date.....

APPENDIX A

Background Information

Health Protection Agency

The Health Protection Agency (HPA) is an independent body that protects the health and well-being of the population. The Agency plays a critical role in protecting people from infectious diseases and in preventing harm from hazards involving chemicals, poisons or radiation.

The Health Protection Agency (HPA) and other organisations undertake or provide advice on many health protection functions on behalf of or in conjunction with the PCTs.

Health Protection Units

Health Protection Units (HPUs) are the HPA's local services. HPUs work with and on behalf of PCTs to provide the necessary specialist expertise to deliver or support health protection functions at the local level. They are also a gateway to the HPA's specialist services (or 'Centres'), such as the Centre for Radiation, Chemicals and the Environment. Locally this relationship is formalised in a memorandum of understanding between HPUs and PCTs.

Primary Care Trusts (PCTs)

Primary Care Trusts (PCTs) are responsible for the protection of their population's health.

In responding to an incident PCTs co-ordinate the NHS response to an incident at PCT level and provide a 24-hour emergency management and clinical response. The PCT will:

- Co-ordinate the primary care and community health response
- Provide appropriate clinical settings for the treatment of people with minor injuries and conditions such as reception centres, minor injury centres, walk-in centres, community hospitals and general practice.
- Provide care and advice to evacuees, survivors and relatives
- Assess the effects of an incident on vulnerable care groups
- Work with Local Authorities and Health Protection Units, normally the HPU will lead on behalf of the PCT in all but very large incidents.

Chemical Hazards and Poisons Division, London

Chemical Hazards and Poisons Division, London (CHaPD, London) is part of the Centre for Radiation, Chemical and Environmental Hazards of the HPA. The Division provides comprehensive expert advice and support for chemical incidents. Roles and responsibilities include:

- provision of information, expertise and advice on chemical hazards

- to work with the NHS to investigate and manage chemical incidents in liaison with appropriate authorities
- response to new or emerging threats

Non-infectious environmental Hazards

HPA support, via HPUs for non-infectious environmental hazards (NIEH) includes:

- Public health input into the control of hazards related to chemicals radiological and nuclear agents.
- Specialist support to PCTs and local teams on chemical and environmental hazards, including operational advice and support in chemical and radiological incidents.
- Development, maintenance and dissemination of policies and procedures on the public health aspects of control of chemical and radiological hazards in the locality, jointly with other agencies.
- Monitoring of the number of chemical incidents, and development of integrated NIEH surveillance systems.
- Training of colleagues working in the health protection and public health field.

Local Authorities

Following the declaration of a major incident, or where requested in any other emergency situation, the Local Authority acts in partnership with the emergency services. Individual Local Authorities' response in London will differ from borough to borough but will be flexible and in proportion to those resources available to them at the time. During a major incident local authorities will maintain their normal day-to-day services to the local community. All Local Authorities employ emergency planning officers (EPOs) who are able to plan for and co-ordinate the Local Authority response to such events. Subject to statutory duties to provide certain services, the local authorities may be able to:

- Provide support for the emergency services
- Provide support and care for the local and wider community
- Use resources to mitigate the effects of an emergency; and
- Co-ordinate the response by organisations other than the emergency services.

As the incident progresses towards the recovery phase, the emergency services will need to consider a formal handover to the Local Authority in order to facilitate the authority's leading role in return to normality, the rehabilitation of the community and restoration of the environment.

Environmental Health Officers

The main role of the environmental health services in an emergency incident is to protect the public health and safety of a community through acting as a support advice agency providing specialist information and to initiate any actions appropriate to public health and the environment. The form of the advice, support and action taken will depend on the type, location, time of the incident and actions of other services responding to the emergency. This may include advice, supportive or enforcement action in a range of fields broadly including, environmental control, food safety, home and workplace safety, public health, licensing and pest control.

The specific role that the service may take will depend on the type, location, time of the incident and the actions of other services responding to the emergency. In London the role of environmental health within each borough is defined differently and how the service is programmed into the local emergency plan will also affect the response.

Chemical incident early alerting system for London

In 2004 a project was undertaken by CHaPD, London to review and compare, in retrospect, chemical incidents that occurred in London and those actually reported to CHaPD, London. Results suggested that an extremely limited number of chemical incidents were actually reported in comparison to those actually occurring in London.

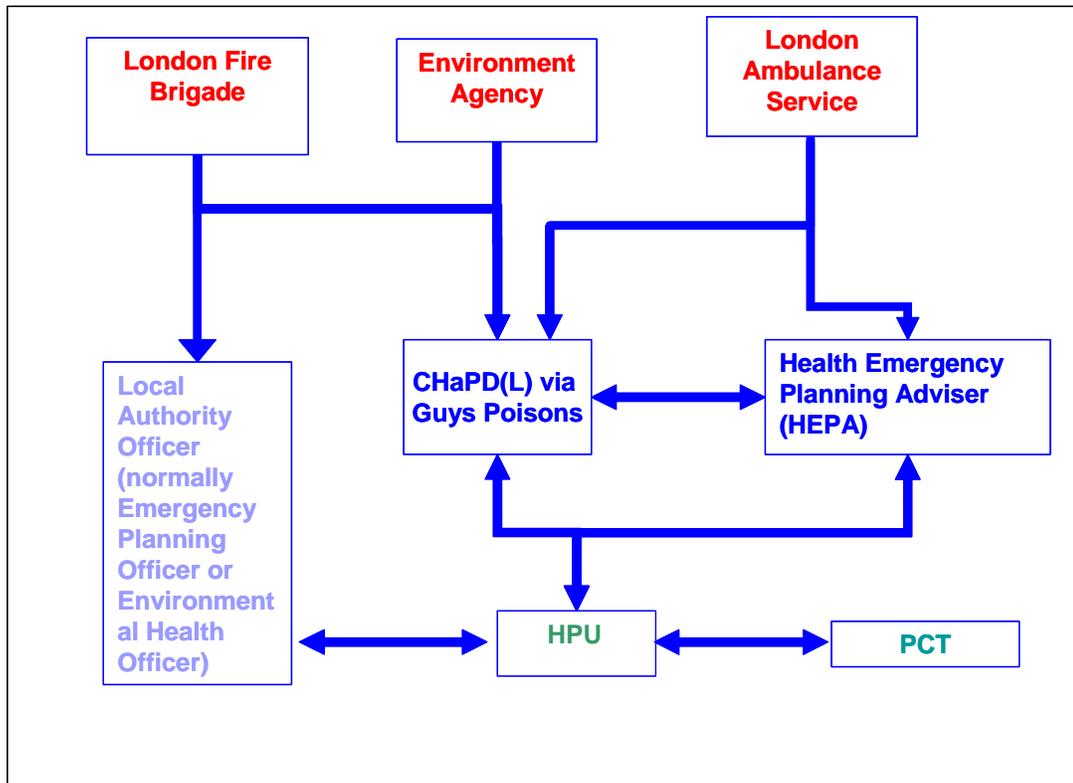
CHaPD, London, in collaboration with NIEH leads from London HPUs, is engaged in a project to build a more timely and reliable reporting capability to inform those responsible for public health. As a result of this work a chemical incident early alerting system was developed for London. The aim of this alerting system is to:

- Provide the ability to act more quickly to minimise adverse health effects and to assist in saving life
- Result in timelier public health response including support from HPA, which is a first responder in accordance with the Civil Contingencies Act.
- Provide the ability to protect NHS resources
- Share early alerting data

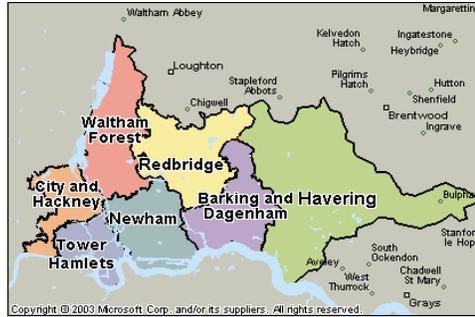
An efficient early alerting system will lead to improved surveillance and an understanding of the significance of reporting chemical incidents. Appropriate usage of the alerting system will encourage multi-agency working. This is beneficial to all organisations due to the resulting increase in resilience.

APPENDIX B

Chemical Incident Early Alerting for London



North East London



North West London Health Protection Unit

Contact details

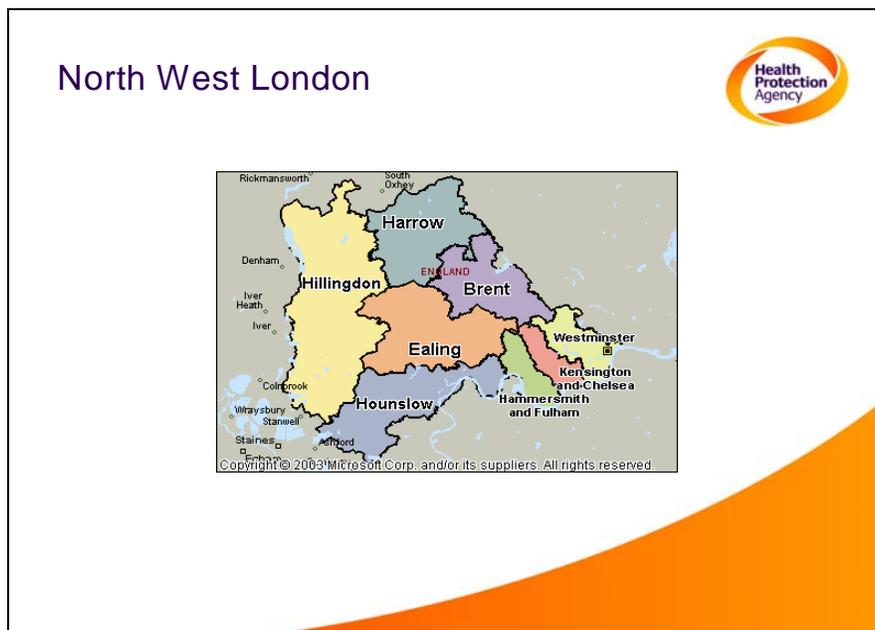
Health Protection Agency
61 Colindale Avenue
London NW9 5EQ

T. 020 8327 7181

F. 020 8327 7206

Email: nwlhpu.oncall@hpa.org.uk

Area covered



South East London Health Protection Unit

Contact details

1 Lower Marsh
London SE1 7NT

T. 020 7716 7030

Email. londonseHPU@hpa.org.uk

Area covered



South West London Health Protection Unit

Contact details

Lupin Ward
Springfield Hospital
Glenburnie Road
London SW17 7DJ

T. 020 8682 6132

F. 020 8682 5936

Email: londonswhpu@hpa.org.uk

Area covered

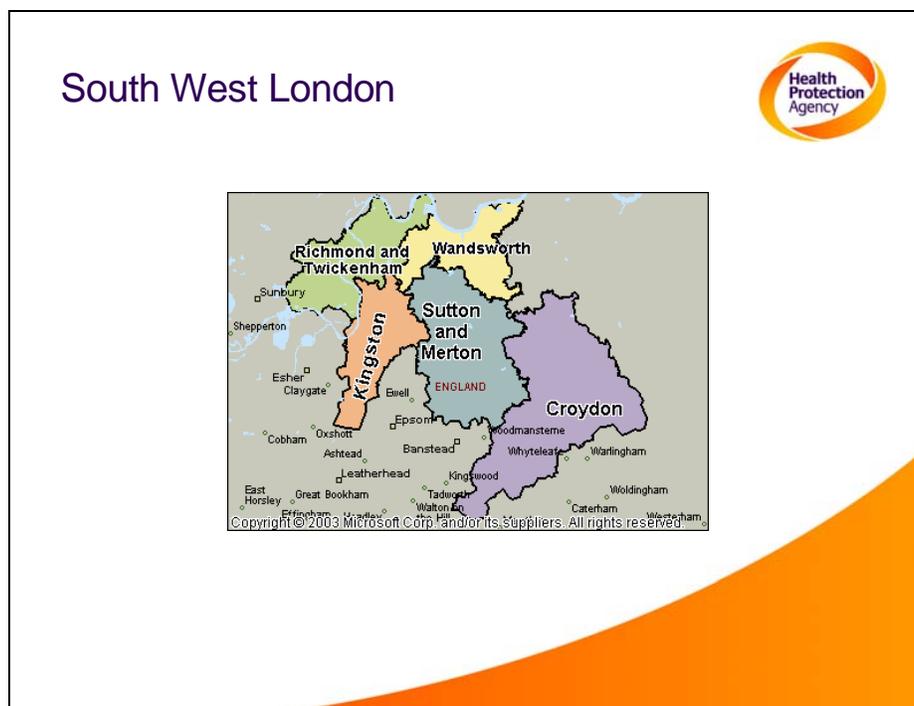


Table 1: London Health Protection Units by Borough

London Borough	Health Protection Unit	Telephone	Fax
Barking & Dagenham	North East & Central London	020-7220-4500	020-7220-4577
Barnet	North East & Central London	020-7220-4500	020-7220-4577
Bexley	South East London	020-7716-7030	
Brent	North West London	020-8327-7181	020-8327-7206
Bromley	South East London	020-7716-7030	
Camden	North East & Central London	020-7220-4500	020-7220-4577
City of London	North East & Central London	020-7220-4500	020-7220-4577
Croydon	South West London	020-8682-6132	
Ealing	North West London	020-8327-7181	020-8327-7206
Enfield	North East & Central London	020-7220-4500	020-7220-4577
Greenwich	South East London	020-7716-7030	
Hackney	North East & Central London	020-7220-4500	020-7220-4577
Hammersmith & Fulham	North West London	020-8327-7181	020-8327-7206
Haringey	North East & Central London	020-7220-4500	020-7220-4577
Harrow	North West London	020-8327-7181	020-8327-7206
Havering	North East & Central London	020-7220-4500	020-7220-4577
Hillingdon	North West London	020-8327-7181	020-8327-7206
Hounslow	North West London	020-8327-7181	020-8327-7206
Islington	North East & Central London	020-7220-4500	020-7220-4577
Kensington & Chelsea	North West London	020-8327-7181	020-8327-7206
Kingston	South West London	020-8682-6132	
Lambeth	South East London	020-7716-7030	
Lewisham	South East London	020-7716-7030	
Merton	South West London	020-8682-6132	
Newham	North East & Central London	020-7220-4500	020-7220-4577
Redbridge	North East & Central London	020-7220-4500	020-7220-4577
Richmond & Twickenham	South West London	020-8682-6132	
Southwark	South East London	020-7716-7030	
Sutton	South West London	020-8682-6132	
Tower Hamlets	North East & Central London	020-7220-4500	020-7220-4577
Waltham Forest	North East & Central London	020-7220-4500	020-7220-4577
Wandsworth	South West London	020-8682-6132	
Westminster	North West London	020-8327-7181	020-8327-7206