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# Minimum Occupational Standards for Emergency Preparedness, Resilience and Response (EPRR)

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## Contents

<b>1</b>	<b>Introduction</b> .....	<b>2</b>
<b>2</b>	<b>Purpose</b> .....	<b>2</b>
<b>3</b>	<b>Achievement and recording of competence and training</b> .....	<b>2</b>
<b>4</b>	<b>Roles covered by this document</b> .....	<b>3</b>
4.1	Roles with specified NOS .....	3
4.2	Other roles .....	3
<b>5</b>	<b>Respond to incidents and emergencies at the Strategic level</b> .....	<b>4</b>
5.1	Performance criteria .....	4
5.2	Knowledge and understanding .....	4
<b>6</b>	<b>Respond to incidents and emergencies at the Tactical level</b> .....	<b>5</b>
6.1	Performance criteria .....	5
6.2	Knowledge and understanding .....	5
<b>7</b>	<b>Respond to incidents and emergencies at the Operational level</b> .....	<b>6</b>
7.1	Performance criteria .....	6
7.2	Knowledge and understanding .....	6
<b>8</b>	<b>Record decisions (Loggist)</b> .....	<b>7</b>
8.1	Performance criteria .....	7
8.2	Knowledge and understanding .....	7
<b>Appendix 1 – NOS aligned to roles</b> .....		<b>8</b>
<b>Appendix 2 – Example NHS roles</b> .....		<b>10</b>
NHS England .....		10
Strategic Commander .....		10
Tactical Commander .....		10
Operational Commander .....		10
Command Support .....		10
NHS Provider Organisations .....		10
Strategic Commander .....		10
Tactical Commander .....		10
Operational Commander .....		10
Command Support .....		11

## 1 Introduction

The NHS needs to be able to plan for and respond to a wide range of incidents and emergencies that could affect health or patient care. These could be anything from extreme weather conditions to an infectious disease outbreak or a major transport accident or a terrorist act. This is underpinned by legislation contained in the Civil Contingencies Act 2004 (CCA), the Civil Contingencies Act 2004 (Contingency Planning Regulations) 2005, the NHS Act 2006 and the Health and Care Act 2022.

This work is referred to in the health service as 'emergency preparedness, resilience and response' (EPRR).

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

## 2 Purpose

This document sets out the minimum national occupational standards that health commanders, managers and staff responding to incidents as part of an incident management team and other staff involved in EPRR must achieve in order to be competent and effectively undertake their roles. All staff with a command role in incident management must maintain continual professional development (CPD), maintaining personal development portfolios (PDPs) in accordance with NHS Core Standards for EPRR. Regional EPRR teams can provide good practice examples of PDPs on request.

As part of ongoing CPD, the [Skills for Justice National Occupational Standards \(NOS\) Framework](#) should be evidenced in addition to these minimum standards. Suggestions as to the NOS aligned to roles are provided in Appendix 1. In addition, there may be a need for specific specialist training for roles required.

This guidance must be used in conjunction with the [NHS Emergency Preparedness, Resilience and Response Framework](#) which sets out requirements for EPRR, including definitions of strategic, tactical and operational command.

The standards apply to all commissioners and providers of NHS-funded services where the NHS Core Standards for EPRR apply. These occupational standards are provided as EPRR Guidance as defined in the NHS Standard Contract.

## 3 Achievement and recording of competence and training

Training should be focused on the specific roles and requirements assigned to an individual, aligned to a training needs analysis. In addition to covering all aspects of the response role, training should also highlight wider organisational and multi-agency response structures.

Organisations will need to adapt the roles specified in Appendix 1 to match them to the roles they use in their Incident Response Plans.

In order to provide evidence of competence, it is essential that all training objectives and outcomes are met and recorded. Trained individuals must have protected time and the opportunity to practice their skills and increase their confidence, knowledge and skill base through regular exercises. Individuals who have a role within the planning for and/or response to an incident or emergency must demonstrate competence against the required standards every three years as a minimum. Individual organisations may set more frequent periods depending on the assessed risks.

## 4 Roles covered by this document

### 4.1 Roles with specified NOS

The following roles have specified NOS, as outlined in Appendix 1, as the expected minimum standards for the role:

- EPRR Specialist/Adviser
- Business Continuity Lead
- NHS Emergency Ambulance Commanders (Strategic, Tactical and Operational)

### 4.2 Other roles

The following list is provided as examples of the roles in use across the NHS and should be used as a guide in determining the applicable standards for the role in individual organisations. Where minimum occupational standards are not specified then the appropriate NOS must be used, as described in Appendix 1:

- Chief Executive Officer (Strategic)
- Accountable Emergency Officer (Strategic)
- NHS Strategic Commander
- NHS Tactical Commander
- NHS Operational Commander
- EPRR Strategic Advisor (these cover such incidents as chemical, biological, radiological, and nuclear (CBRN) etc)
- EPRR Tactical Advisor
- Loggist
- Communications Officer
- Command Support.

NHS Decontamination Operatives/Practitioners are aligned to Skills for Health occupational standard [EC25 – Decontaminate individuals affected by a chemical, biological, radiological or nuclear incident](#).

Appendix 2 provides examples of roles within NHS England and NHS provider organisations and how these may be matched to the roles specified above.

## 5 Respond to incidents and emergencies at the Strategic level

The NHS Strategic Commander has overall command of the organisation's resources. They are responsible for liaising with partners to develop the strategy, policies and objectives and to allocate the funding which will be required to manage the incident. They will also ensure arrangements are in place to support the recovery from an incident.

### 5.1 Performance criteria

The NHS Strategic Commander must be able to:

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

### 5.2 Knowledge and understanding

The NHS Strategic Commander must know and understand:

1. the legal basis of their authority and the powers that derive from this (e.g. statute, contract, policy etc)
2. the principles of ['Emergency Response and Recovery'](#) and the ['NHS Emergency Preparedness Resilience and Response Framework'](#)
3. the command and control structures for health and multi-agency emergency response
4. the roles and responsibilities of key emergency response partners (i.e. emergency services, local authorities and other health partners)
5. the key elements of organisational and multi-agency incident and emergency plans
6. the factors relevant to setting and reviewing the response strategy, identified in point 1 of the Performance Criteria (e.g. risk assessment, community impact, environmental impact and the longer-term recovery process)
7. the financial arrangements that are needed to enable an emergency response
8. how to assess the short- and long-term human impact of the incident or emergency and identify the most vulnerable groups

9. how to ensure the provision of continued support for individuals affected by an incident or emergency
10. how to access sources of technical and professional advice
11. the information needs of the various organisations involved in the response
12. the [Joint Services Interoperability Principles \(JESIP\) joint doctrine](#).

## 6 Respond to incidents and emergencies at the Tactical level

The NHS Tactical Commander is responsible for directly managing their organisation's response to an incident. They will interpret strategic direction and develop the tactical plan to achieve the objectives set by strategic command.

### 6.1 Performance criteria

The NHS Tactical Commander must be able to:

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

### 6.2 Knowledge and understanding

The NHS Tactical Commander must know and understand:

1. the legal basis of their authority and the powers that derive from this (e.g. statute, contract, policy etc)

2. the principles of '[Emergency Response and Recovery](#)' and the '[NHS Emergency Preparedness Resilience and Response Framework](#)'
3. the command and control structures for health and multi-agency emergency response
4. how to undertake an ongoing risk assessment
5. the roles and responsibilities of key emergency response partners (i.e. emergency services, local authorities and other health partners)
6. the key elements of organisational and multi-agency emergency plans (i.e. aim & objectives, activation process and roles and responsibilities of responding agencies)
7. the range of tactical options available and how they should be communicated
8. how to assess the short- and long-term human impact of the incident or emergency and identify the most vulnerable groups
9. the information needs of the various organisations involved in the response
10. the Joint Services Interoperability Principles (JESIP) joint doctrine.

## 7 Respond to incidents and emergencies at the Operational level

The NHS Operational Commander is responsible for managing the main working elements of the response to an incident, by ensuring rapid and effective actions are taken, and implementing the tactical plan.

### 7.1 Performance criteria

NHS Operational Commander must be able to:

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

### 7.2 Knowledge and understanding

NHS Operational Commander must know and understand:

1. current legislation, policy and procedures relevant to the response role being undertaken, including that relating to health, safety and welfare
2. their relevant organisational incident and emergency plans and arrangements
3. how they fit into the wider command and control structure (organisational & multi-agency)
4. the communication channels to be used to liaise with other responders and the chain of command
5. the organisational policy on dealing with the media
6. the correct procedures for handing over responsibility
7. the purpose of recording information and the types of records that must be kept.

## **8 Record decisions (Loggist)**

The Loggist is responsible for ensuring that appropriate decision logs are recorded for a specified Decision Maker.

### **8.1 Performance criteria**

The Loggist must be able to:

1. Fully record decisions, actions, options and rationale in accordance with current guidance, policy and legislation as specified by nominated Decision Maker
2. Ensure effective and timely handover of Logging.

### **8.2 Knowledge and understanding**

The Loggist must know and understand:

1. Current legislation, policy and procedures relevant to the role of the Loggist
2. Log keeping requirements including ways of working with the decision maker and the purpose of decision logs.



## Appendix 1 – NOS aligned to roles

The minimum standards are outlined in the body of this document. CPD should take place to develop the role where ‘optional for role’ is indicated, with ongoing CPD to achieve all other NOS.

**M - Mandatory for Role, O – Optional for Role**

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

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

## Appendix 2 – Example NHS roles

The information provided in this Appendix is to provide information as to some of the commonly used roles within the NHS in England and how they may be matched to the roles specified in these standards.

**The lists are not intended to be prescriptive or exhaustive and must be adapted to local needs and circumstances.**

### **NHS England**

#### **Strategic Commander**

Chief Executive  
Chief Operating Officer  
National Director  
Second On-Call  
Incident Director  
Regional Director

#### **Tactical Commander**

First on call  
Incident Manager

#### **Operational Commander**

Task Manager  
SitRep Manager  
Briefing Manager

#### **Command Support**

Incident Management Team Support Officer

### **NHS Provider Organisations**

#### **Strategic Commander**

Chief Executive  
Clinical Director  
Director  
On-Call Director

#### **Tactical Commander**

General Manager  
Site Manager  
Clinical Lead  
Matron

#### **Operational Commander**

Service Manager  
Service Head/Lead

Clinical Lead  
Clinical Site Team  
Ward Manager

**Command Support**

Ward staff  
Specialist service staff  
Pharmacy  
Pathology  
Security  
Supplies  
Porters  
Administration  
Communications, including switchboard  
Human Resources

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